University of Northern Iowa UNI ScholarWorks

Dissertations and Theses @ UNI

Student Work

2016

# An examination of the perceptions of the IEP process as a team plans for the potential reintegration of a student from an alternative setting to the resident district

Sarah J. Knudsen University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©2016 Sarah J. Knudsen

Follow this and additional works at: https://scholarworks.uni.edu/etd

Part of the Special Education and Teaching Commons

# **Recommended Citation**

Knudsen, Sarah J., "An examination of the perceptions of the IEP process as a team plans for the potential reintegration of a student from an alternative setting to the resident district" (2016). *Dissertations and Theses @ UNI*. 343.

https://scholarworks.uni.edu/etd/343

This Open Access Dissertation is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Dissertations and Theses @ UNI by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

Offensive Materials Statement: Materials located in UNI ScholarWorks come from a broad range of sources and time periods. Some of these materials may contain offensive stereotypes, ideas, visuals, or language.

Copyright by

# SARAH J. KNUDSEN

2016

All Rights Reserved

# AN EXAMINATION OF THE PERCEPTIONS OF THE IEP PROCESS AS A TEAM PLANS FOR THE POTENTIAL REINTEGRATION OF A STUDENT FROM AN ALTERNATIVE SETTING TO THE RESIDENT DISTRICT

An Abstract of a Dissertation

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

Approved:

Dr. Susan Etscheidt, Committee Chair

Dr. Kavita Dhanwada Dean of the Graduate College

Sarah J. Knudsen

University of Northern Iowa

December 2016

#### ABSTRACT

The Individuals with Disabilities Education Act (IDEA) of 1990 determined that students with disabilities are to learn in the least restrictive environment (LRE). The IEP team has the responsibility to determine placement that is as non-restrictive as possible and yet appropriate. For students with Emotional Disturbances (ED) the concept of LRE is contentious. The purpose of this research was to investigate the perceptions of IEP team members as to the factors on which decisions are made throughout the IEP process for students with ED as the team planned for reintegration from an alternative setting into the student's home district. This study focused on the legal requirements, as well as attitudes, perceptions and beliefs, in the development of the IEP when behavior is a factor as the IEP team planned for reintegration following placement in an alternative setting.

As a result of IEP team member interviews and IEP document analysis nine themes emerged in response to the research questions. As IEP team members described the IEP process for students with ED, procedural compliance was understood, and yet participation in IEP meetings was not always be occurring as required. IEPs were not being developed according to key legal requirements. A collaborative team approach to IEP development was not prominent in decision making. A perceived factor on which IEP teams based placement decisions may be a result of the legal mandate for placement in the LRE affected by philosophical underpinnings, a lack of resources supporting a continuum of services, and logistical barriers. Possible resistance to reintegration may occur because of general philosophy and past experiences as well as questions related to the magnitude of the change in student behavior before reintegration was considered and tolerances of those behaviors in classrooms. Legitimate Position Power by Administrators was the predominant source of power and influence throughout the IEP planning process. Data Power was influential in the IEP process. The parent assumed a role of advocacy, on behalf of her child, as a source of influence throughout the IEP process. Expertise by Teachers was demonstrated, but stifled, as a source of influence. Although teachers demonstrated strong skills and vast knowledge along with clear evidence of working with and on behalf of the student, little evidence existed where this expertise was influential in the IEP process.

Conclusions and recommendations from this study call for better understanding of the unique needs of students with ED and the importance of LRE. Furthermore, the IEP process must be enacted based upon the spirit of the law, not merely minimal compliance. Implementation of these recommendations would significantly improve outcomes.

# AN EXAMINATION OF THE PERCEPTIONS OF THE IEP PROCESS AS A TEAM PLANS FOR THE POTENTIAL REINTEGRATION OF A STUDENT FROM AN ALTERNATIVE SETTING TO THE RESIDENT DISTRICT

A Dissertation

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

Approved:

Dr. Susan Etscheidt, Chair

Dr. Kerri Clopton, Committee Member

Dr. Tim Gilson, Committee Member

Dr. Frank Kohler, Committee Member

Sarah J. Knudsen

University of Northern Iowa

December 2016

### DEDICATION

This study is dedicated to my mom, Georgia. You are the smartest, most gifted woman I know. My accomplishments are reflective of your constant and consistent modeling of determination and a desire to always be better. We are set apart only by differing opportunities. I love you, Mom.

It is my greatest hope that Jae, Cally, Madelynn, Aibree, Maggi, Mia, and Rubi see the world as a place to learn and that each of you grow to reach your greatest potential. Remember, it is important to be smart and funny.

#### ACKNOWLEDGEMENTS

To my husband, Dr. Monte Kloberdanz:

I want to first and foremost thank you for believing in me on the many days I did not believe in myself. Thanks for giving me the courage to continue. I love you.

To Kully and Jae:

Thank you for your understanding and patience. Know that you have been in my thoughts during the many events I have missed because I was researching and writing. You two mean the world to me.

To the entire Knudsen Clan:

Words are not enough. I hope I live long enough to repay each of you for your support and encouragement. I love you. Now, we can ride!

To my aunts, Jean Anne and Donneen:

You have been my cheerleaders and biggest fans! Thank you for always, always listening and encouraging me.

To my Colleagues:

I can only say thank you for tolerating me and picking up the pieces along the way. A special thank you to Karen. I will be forever in your debt....and I will repay.

To Dr. Etscheidt:

Your support has been unbelievable. I am in awe of your knowledge and am fortunate to have learned from you. Thanks for believing in me and the importance of this study.

To my Committee:

Thank you for giving your time. Your expertise and feedback was greatly appreciated.

To my Research Participants:

I am grateful for your participation. Your honesty and willingness to share your experiences gave reality, depth, and perspective to this study. Thank you!

Finally, to the staff at Pinecrest:

Your willingness to learn and grow led me to realize that this important work on the behalf of our students as they reintegrated IS possible. I am confident that never again in my career will I have an experience as rewarding as the work we did. Working together on behalf of our students made the completion of this study so important. A special thank you to Kristi, Nick, and Lisa for the many, many long hours spent discussing kids as they reintegrated.

# TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION	1
Challenges in Serving Students with ED	2
Legal Considerations	7
Programs and Practices for Students with ED 1	1
Placement of Students with ED 1	13
Problem Statement 1	14
Social Power and the Power/Interaction Model of Interpersonal Influence 1	16
Application of Power/interaction Model of Interpersonal Influence 1	17
Purpose	38
Research Questions	39
Significance of the Study	39
Limitations of the Study4	10
CHAPTER 2 LITERATURE REVIEW 4	41
Emotional and Behavioral Disorders among Children4	11
Definition4	12
Evaluation and Eligibility4	17
Characteristics and Classification of Students with ED	54

Legal Guidance for Determining FAPE and LRE	
Prior to the 1950s	
Prior to 1974	
1975 Education of All Handicapped Children Act	
1990	
1997	
2004	
Free and Appropriate Public Education (FAPE)	102
Least Restrictive Environment (LRE)	105
Placement	110
IEP Requirements	
Education for Students with ED	129
Behavioral Supports and Discipline	130
Placement of Students with ED	
Continuum	
Placement Decisions	196
Reintegration for Students with ED	
Summary	
CHAPTER 3 METHODOLOGY	
Research Methodology	
Strategy/Genre	223
Sampling Method	227
Site Selection, Gaining Access, and Participant Recruitment	227

Site(s) Demographics	
Research Participants	
Data Collection Methods	
Method for In-depth Interviews	235
Method for Document Analysis	
Method for Field Notes	
Data Collection Procedures	
Document Analysis	
Data Analysis Method	
Data Analysis Procedures	244
First Round Data Collection	
Document Analysis	
Second Round of Data Collection	
Third Round of Data Collection	
Trustworthiness and Credibility	252
Personal Biography	254
CHAPTER 4 DATA ANALYSIS	255
IEP Fundamentals: "Required vs. Reality"	256
IEP Development: " a paper trail so you don't get in trouble."	257
Factors Affecting Placement: "Behavior is the biggest factor."	
LRE Considerations: "A Mile of Isolation"	

Resistance to Reintegration: "To get them back is tough."	302
Power and Influence: "This is what we are going to do."	312
Legitimate Position Power by Administrator(s): "That's an administrative decision."	
Information Power of Data: "The data drives it."	316
Legitimate Advocacy Power by Parent: "She knew what it was going to take to reintegrate."	
Expert Power by Teachers: "These things tend to get overlooked."	322
CHAPTER 5 DISCUSSION	331
The IEP Process for Students with ED	334
IEP Team Participation	334
IEP Development	340
Decision Making	344
Factors Affecting Placement	346
LRE Considerations	347
Reintegration Resistance	351
Sources of Power and Influence	355
Teachers as Experts without Influence	357
Conclusions	360
Implications and Recommendations	364
Professional Learning	364
Increase IEP Team Involvement	366
Capacity Building	367

Compliance Monitoring	369
Recommendations for Future Study	370
REFERENCES	372
APPENDIX A PERMISSION TO CONDUCT RESEARCH	407
APPENDIX B AES ADMINISTRATOR PARTICIPATION REQUEST	408
APPENDIX C IDENTIFICATION OF STUDENTS	409
APPENDIX D SCRIPT FOR PARENT CONTACT	410
APPENDIX E PARENTAL CONSENT FOR ACCESS TO RECORDS	412
APPENDIX F PERMISSION TO CONDUCT RESEARCH IN DISTRICT	415
APPENDIX G CONSENT FOR RESEARCH PARTICIPANTS	418
APPENDIX H COMPLIANCE DOCUMENTATION	421
APPENDIX I QUALITY REVIEW RUBRIC	429
APPENDIX J INTERVIEW QUESTIONS	431
APPENDIX K CONFIDENTIALITY AGREEMENT	449

#### CHAPTER 1

#### INTRODUCTION

Over the past 40 years, special education is considered to have undergone continuous improvement in the quality of service it provides to students with disabilities in schools across the United States. However, special education services to one population of students with disabilities remain contentious: students with Emotional Disturbance (ED). The literature confirms that the academic and social outcomes for students with ED are dismal. The literature also suggests that in order to redirect it towards a positive outcome, education must be effective and individualized (Hoge, 2013). Yet there is considerable debate regarding individualized and effective programs for students with ED. Further polarization exists around where students with ED should receive their education.

Practitioners, on a daily basis, face the challenges of providing a quality education for students who display great variability in behaviors. Due to the wide range of behaviors displayed by students with ED, teaching academic and social skills is often viewed as a formidable task. Characteristics of these students include, but are not limited to, negative verbal interactions, physically aggressive behavior, acts of delinquency, destructive behavior, depression, anxiety, social withdrawal, nervousness, hopelessness, somatic complaints, aggression, noncompliance, depression, property destruction, stealing, lying, blaming, distractibility, short attention span, difficulty listening, fidgeting, rushing through work, disorganization, impulsivity, lack of emotion, anxiety, avoiding others, lack of self-confidence, illogical thinking, delusional, disturbing thought patterns, and self-injurious behavior (Kern, Hilt-Panahon, & Sokol, 2009; Merrell & Walker, 2004; Reddy, De Thomas, Newman, & Chun, 2009; Zionts, Zionts, & Simpson, 2002).

Such behaviors require specialized instruction and support from a team of educators. Students with internalizing behaviors may be lethargic or experience psychosomatic complaints. These behaviors manifest themselves in conditions such as depression and anxiety (Kauffman, 2005; Smith, 2007). Externalizing behaviors are more easily identified: they are "out of control" and aggressive, intruding on the rights of others and violating the norms of the school, classrooms and/or community (Zionts et al., 2002). Common externalizing behaviors include conduct disorders (CD), attention deficit hyperactive disorder (ADHD), and oppositional defiant disorder (ODD). In response to specific needs of students, educators must consider differences as they provide instruction. Given the range of specific needs of students with challenging behavior, decisions in regard to an appropriate education and the environment in which this occurs often become controversial.

### Challenges in Serving Students with ED

The mere description of this population of students in our schools is cause for alarm. The number of students with needs as significant as these should result in an outcry and be at the forefront of conversation in communities across the nation. Yet the reality is a lack of financial and personnel resources, combined with blatant apathy, exacerbating rather than resolving the issues. Consequently, youth with challenging behaviors continue to be unserved, underserved, disproportionately served, and even excluded from services.

One consideration in understanding the challenges faced by schools is the total number of students with ED requiring special education services. Because of the uniqueness and range of challenging behaviors, and the fact that many behaviors manifest themselves differently, gaining a precise understanding of their prevalence is nearly impossible. The ability to determine the percentage of students receiving special education services under the category of ED is possible, based on data collected by state and federal government. In 2009–2010, approximately 6% of all students identified for special education were identified as ED (Scull & Winkler, 2011). This equates to approximately 1% of the total student population (Kauffman, Mock, & Simpson, 2007). However, the issue may be greater when consideration is given to unserved students with ED. Studies indicate that as many as 21% of school-age children my suffer from various types of disabilities where emotional and behavioral factors are considered, even though all of these students may not be determined as eligible for special education (Forness, Freeman, Paparella, Kauffman, & Walker, 2012). This presents a dichotomy for schools and service providers. Practitioners are faced with significant numbers of students displaying a wide range of behaviors that impact the learning environment. Yet, the number of students actually identified with ED is low.

Given the concerns and controversy over how many students are in need of services, the identification of students with ED is problematic. Prior to providing services, educators are faced with a tremendous challenge in the accurate identification of students with ED. The process by which a child becomes eligible for special education services is referred to as child find. Child find obligates state and local education agencies to identify, locate, and evaluate all children with disabilities who may need special education and related services (Chapman, 2008; Individuals with Disabilities Education Improvement Act, 2004). This process encompasses actions and considerations starting from the time a teacher or a school staff member, as well as family, suspect that a child is experiencing some learning, sensory, medical, or behavioral challenges that could affect his or her academic performance. If the child find team does suspect ED, a full and individual evaluation must confirm eligibility.

In order to increase the likelihood of accurately determining eligibility, an Individualized Education Program (IEP) team must develop an understanding of the student and the potential type of disorder, and determine interventions via review of the record, direct observation, and interviewing adults who play a significant role in the child's life, as well as through formal tests (Fisher, Doyon, Saldana, & Allen, 2007; Miller, Tansy, & Hughes, 1998). There must be no overreliance on a single assessment or strategy in the data collection; rather a constant convergence of data sources, assessment strategies, and methods must be utilized (Fisher et al., 2007). Fisher et al. (2007) also conclude that this consistent cross-referencing will inform the necessary intervention whether or not the student is eligible for ED services. Furthermore, the data gathered will better inform the placement decision.

However, there is a lack of reliable, valid and agreed-on assessment practices to confirm ED. Rather a constant convergence of data sources, assessment strategies, and methods must be utilized (Fisher et al., 2007). In the absence of a standard protocol, professionals employ a range of strategies to determine eligibility in ED. Commonly, the

4

process includes formal and informal assessments. Achievement tests, rating scales, or checklists are used as formal assessments (Kauffman & Landrum, 2001). Data is also collected more informally through interviews and direct observation (Horner & Carr, 1997).

Accuracy in identification of students with ED is problematic and controversial. The lack of a standard protocol contributes to the variability in rates of identification of students with ED, compared to any other category of disability (Merrell & Walker, 2004). Evidence of inconsistent identification is reflected in the variability in incidence rate of students with ED between states (Wiley & Siperstein, 2011; Zhang, Katsiyannis, Ju, & Roberts, 2014). In addition to variability in rates of identification, others are concerned about disproportionate identification (Skiba, Albrecht, & Losen, 2013; Sullivan & Bal, 2013). Disproportionate representation occurs when the identification of ED differs substantially in one particular subgroup compared with the larger population (Skiba et al., 2008). Disproportionality is a concern in areas of race/ethnicity, gender, socioeconomic status, and disability. Deficient identification practices appear to contribute to underserving or disproportionately serving this population.

For students identified with ED, both school and post-school outcomes are concerning. Students demonstrating inappropriate behaviors in the school setting are at risk for negative short- and long-term outcomes. In the short term, students with behavior problems starting at a young age experience peer rejection, suffer from low grades, fail courses at a rate much higher than their peers in other disability categories, and are truant from school (Armstrong, Dedrick & Gresham, 2003; Atkins, Hoagwood, Kutash, & Seidman, 2010; Reinke, Herman, Petras, & Ialongo, 2008). These short-term hardships often lead to more significant long-term implications. It is not uncommon for students with ED to drop out of school, experience substance abuse, and have legal infractions causing juvenile justice services to become involved (Smith, Katsiyannis, & Ryan, 2011). As students with ED transition into adulthood, they are plagued by ongoing failure. Students with ED are often underemployed or unemployed. Completion of college or other post-secondary training is problematic. Long-term income potential is affected. Relationship issues persist (Newman et al., 2011). Individual and societal consequences continue to grow.

The response by school personnel to students with ED has been punitive and exclusionary. Students with ED historically have a pattern of violating school discipline through behaviors that are characteristic of their disability. These often include abusive language, bullying, noncompliance, and disrespect (Vincent, Sprague, & Tobin, 2012). Traditionally, the methods used to respond to problem behaviors in schools have been fundamentally punitive and often led to negative disciplinary approaches. Negative discipline may include the suspension and expulsion, in-school suspension, and/or placement in alternative educational settings.

Discipline resulting in the removal from or denial of access to educational opportunity is considered exclusionary. The intent of these exclusionary practices is often to punish students, send a message to parents and protect the safety of the students and staff in schools, and the rate at which they have occurred appears to have increased over the past decade (Vincent et al., 2012). However, such procedures are ineffective in reducing the inappropriate behaviors of students (Sullivan, Klingbeil, & Van Norman, 2013). Alarmingly, educational institutions have tolerated and continue to allow practices that promote the exclusion of students with ED from the educational opportunities that have the most likelihood of impacting individual outcomes for a more positive result.

Another form of exclusion is not disciplinary, but related to exclusion within the educational environment. Often more subtle exclusion occurs, especially for students with challenging behaviors. Exclusion of students with behaviors is more common, less apparent, and equally alarming when exclusion occurs within the educational environment and results in restrictiveness of the educational placement.

It is abundantly clear that students with ED experience poor academic and social outcomes. Although challenging behaviors in the school setting appear to be a concern for educators, efforts to systemically address the very complex needs of these students are insufficient and ineffective. When efforts to provide an individualized and effective educational program are inadequate, legal consequences may result. Neglect of such students' needs, and denial of its ramifications, persist. Often in the school setting, a transference of responsibility subsists, leaving a lingering message that these kids really are someone else's problem.

# Legal Considerations

Providing an effective and appropriate education for students with disabilities is not a new issue. The federal government has responded to the denial of education to people with disabilities in an ongoing manner. Landmark legislation, the Education for All Handicapped Children Act (EAHCA), was enacted in 1975. The EAHCA required the location and evaluation of children with disabilities. Under this legislation, children were identified and eligible for services under any of 13 categories of disability outlined in the statute (Yell, 2012).

One of these 13 categories is emotional disturbance (ED). Students with ED are defined as having a condition where specific characteristics are exhibited over a long period of time and to a marked degree that adversely affects their educational performance. These characteristics include inappropriate behavior or feelings under normal circumstances, a pervasive mood of unhappiness or depression, and a tendency to develop physical symptoms or fear associated with personal or school problems. The characteristics must be severe enough to prevent the child from building or maintaining satisfactory interpersonal relationships with peers and/or teachers. The child's inability to learn cannot be explained by intellectual, sensory, or health factors. While the definition does include schizophrenia, the term ED does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (34 C.F.R. § 300.8(c)(4)(i)(ii)).

Additionally, this statute and its subsequent amendments have provided children with disabilities the right to a Free and Appropriate Public Education (FAPE). The special education services for students with a disability are to be provided in the Least Restrictive Environment (LRE). Fundamentally, FAPE requires that children with disabilities have the right to learn and be educated in a manner that benefits them and enables them to make progress in the curriculum (Yell, 2012). Students with disabilities need to have access to a free and appropriate public education personalized to their individual needs, including special education services. FAPE allows students to have equal access to education, regardless of disability (Osborne & Russo, 2014). FAPE is determined by the IEP team, which considers data and relevant factors that must be included in the development of the IEP.

Once the IEP is constructed, the LRE is considered. Placement determination is based upon an available continuum of services that is as non-restrictive as feasible, yet appropriate to the individual student. According to the Individuals with Disabilities Education Improvement Act (IDEIA), students with disabilities are to be educated with their non-disabled peers, to the maximum extent possible, referred to as providing educational services in the least restrictive environment (34 C.F.R. § 300.550 [b][1]). More specifically:

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 that 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 is such that education in regular classes with the use of supplementary aides and services cannot be achieved satisfactorily. (IDEIA, 20 U.S.C. § 1412)

The legal requirements of FAPE and LRE provide the protections essential for students with ED to overcome obstacles as educational systems plan and prepare for the necessary services. FAPE makes it the responsibility of the IEP team to determine a student's placement. The legal mandates of FAPE and LRE require collaborative planning for the development of an appropriate, legally constructed IEP. Given the numerous challenges of meeting the complex needs of students with ED, however, the right to FAPE continues to be problematic. According to Yell (2012), numerous legal requirements must be met as IEP teams develop appropriate plans for the education of students with disabilities. Required components include: (a) providing notice; (b) following timelines; (c) involving students' parents (and students at the age of transition); (d) conducting evaluations; (e) ensuring that appropriate team members participate; (f) including all appropriate content in the IEP; and (g) implementing the IEP as written (Yell, 2012). In order for an IEP to meet the compliance mandates, all of these components must be present. In addition to these required components, sound rationale for decisions is required.

In addition to FAPE, LRE, and the IEP process as the fundamental components of the law for all students with disabilities, additional legislation has had a significant impact. Although the enacted legislation is not exclusive to students with ED, given the fundamental nature of the disability its protections benefit this specific population significantly. The 1997 IDEA reauthorization reflected concern for the impact of behaviors on student learning. The reauthorization specified that inappropriate behaviors were to be addressed as a part of the IEP process. In order to do this, a behavioral assessment was to be conducted to determine the function of the behavior (Yell & Katsiyannis, 2000).

In 2004, IDEA was again bolstered in the area of behavior by adding to the discipline provisions. This reauthorization added assurances that students would not be removed from their educational placement when a behavior requiring discipline was a manifestation of their disability. Again, considering the typical characteristics of students with ED, and their increased likelihood to be facing disciplinary measures, this legislation

heightened the protection of their rights to FAPE in the LRE. Both the 1997 and 2004 legislation required IEP teams to "consider" incorporating a Functional Behavior Assessment (FBA) and Behavior Intervention Plan (BIP) under certain conditions (Zirkel, 2011).

As a result of this legislation, administrators could no longer make unilateral decisions about the placement of a student with ED when their behavior was related specifically to their disability, except in cases of very serious behavior inducing physical harm, and possession of weapons or drugs. These legislative initiatives promoted more positive interventions and response techniques, including instruction, as opposed to the ongoing use of exclusionary discipline practices.

Due to the legal requirements of FAPE and LRE, educational programming and placement appear to be critical decision-points in the IEP process. These decisions may be especially important for students with ED in ensuring access to and participation in the environment that best promotes positive results. The examination of the planning process and manner in which IEP teams reach decisions is critical (Becker, Paternite, & Evans, 2014).

# Programs and Practices for Students with ED

Although outcomes for students with ED have not been successful historically, data shows that the implementation of evidence-based practices may lead to increasingly successful results (Horn & Tynan, 2001). Research suggests that interventions for students with ED should include: (a) highly structured environments with classroom management; (b) positive behavioral supports and reinforcement contingencies; (c) positive adult mentors in the school setting; (d) effective academic and behavioral instructional practices; (e) social skills training; (f) positive engagement; (g) qualified and committed professionals; and (h) collaboration with parents and community members (Flower, McDaniel, & Jolivette, 2011; Simpson, Peterson & Smith, 2011).

Educators need to use a variety of instructional practices to serve students with ED. Effective programs and practices include Positive Behavioral Interventions and Supports (PBIS). PBIS is a school-wide positive behavior support approach to establish both the overall social culture and intensive behavior supports needed to achieve academic and social success for all students (Horner et al., 2009). An ecological classroom-based approach, aimed at institutions, environments, and individuals is a model that has demonstrated positive results (Reinke, Splett, Robeson, & Offutt, 2009). Mills and Cunningham (2014) claimed that school mental health programs in collaboration with existing school services can provide an opportunity to form various innovative and comprehensive models. Throughout the special education process, counselors may play an important role. Counselors may be critical for implementing the guiding principles put forward by IDEA (Hott, Thomas, Abbassi, Hendricks, & Aslina, 2014). Hoagwood et al. (2007) suggest that effective services for students with mental health needs in schools include an emphasis on academic skills. Over the past decade the transition planning process has received a great deal of attention (Martin et al., 2006; Test et al., 2004). Academic outcomes alone are not the only concern for students with ED. A broader scope deserves consideration. In addition to academic learning outcomes, attention needs to be given to living and working.

Although the utilization of evidence-based practices can lead to more promising outcomes for students, one critical question continues to overshadow the implementation of these strategies: where are students with ED best served? Recognizing the difficulties and challenges educators face in providing services, the requirement for LRE, and increasing expectations of better results, there is no denying that a continuum of services is necessary to meet the needs of all students with ED. While many promote the benefits of inclusion, others believe in the importance of a full continuum of services, including hospital/homebound, special schools, and self-contained classrooms (Kauffman, Bentz, & McCullough, 2002; Westwood, 2007). Given consideration to both viewpoints, this issue is particularly critical for students with ED, since they are often served in more restrictive environments than their peers in other high-incidence disability categories (Skiba, Poloni-Staudinger, Gallini, Simmons, & Feggins-Azziz, 2006; Zionts et al., 2002).

# Placement of Students with ED

Increasing numbers of students with disabilities have been educated in general education settings with typically developing peers (Landrum, Katsiyannis, & Archwamety, 2004). This same trend is not evident when examining the placement of students with ED. Data indicate that the overall rate of general education placement for students with ED is a mere 27%, compared with 50% among other categories of disabilities (Landrum et al., 2004). Considerations such as LRE may not be at the forefront of thinking by IEP team members.

Some students with ED may require restrictive placements. Aggressive behaviors that cause disruptions to instruction, teachers feeling inadequately prepared to provide

support to students with ED, and many students with ED lacking the academic skills to be successful in the general education setting serve as a rationale for restrictive placements. The nature of behavioral concerns at times require the need for a low-teacher student ratio, highly structured classrooms, and individualized support plans. Consequently, complex issues arise when IEP teams begin the process of returning these students to a less restrictive placement.

How are decisions for placement made? Although IDEA provides substantive guidance by specifically mandating components of the IEP, there appear to be marked inconsistencies in how teams utilize this information in determining placement. Throughout the IEP process, the following questions should be addressed:

- Are all required components of the IEP compliant?
- Is student progress the determinant factor in placement decisions?
- Is the need for transition services (when age appropriate) considered?
- Is the willingness of the next less restrictive environment a factor?
- Have positive behavioral supports been considered?
- Do all members of the IEP team participate in the placement decision?

# Problem Statement

Often the IEP process is not enacted with fidelity. As teams convene to consider and develop IEPs for students with ED at the time of reintegration to their home district following placement in an alternative setting, lack of fidelity to this process potentially may lead to a denial of FAPE. In spite of the IEP process being prescriptive and requiring oversight for the inclusion of all legal components in order to ensure compliance, factors other than those intended appear to be influencing the decisions reached.

When the IEP process and its legal underpinnings are not the primary factors in decision making, the result for students is one that potentially prohibits and/or delays reintegration and ultimately denies them the benefit of Free and Appropriate Public Education (FAPE). Yell, Katsiyannis, Ennis, and Losinski (2013) reported:

Even though districts are required to comply with IDEA's procedural requirements, mistakes in this area do not automatically lead to finding of a denial of FAPE. When IDEA was amended and reauthorized in 2004, Congress clarified that, when confronted with issues regarding FAPE, hearing officers are to make their decisions based on substantive grounds (i.e., was an IEP reasonably calculated to confer educational benefit?). Further, there are only three types of procedural errors that are so serious that if they are committed by school personnel they may result in a ruling that FAPE was denied: those that 1) impede the child's right to FAPE, 2) impede the parents' opportunity to participate in the decision-making process and 3) deprive a student of educational benefits. (20 U.S.C. § 1415[f][3]. p. 57).

Although there are documents including the IEP that summarize the conclusions made by the IEP team, additional, possibly "hidden" factors may influence how teams plan and develop programs in order for a student with ED to be afforded FAPE in the LRE. The aforementioned "reasonably calculated educational benefit" may or may not have been influenced by factors other than those that team members are required to consider. The attitudes, beliefs and perceptions of IEP team members may have an impact on the planning process for students with ED, from IEP development and placement to a student's cumulative level of success. Perceptions of students with ED may be different based on the educational environment in which they receive services (Evans, Weiss, & Cullinan, 2012). Examination of IEP team members' perceptions of the IEP process and the factors considered as they plan for services is therefore imperative.

## Social Power and the Power/Interaction Model of Interpersonal Influence

It is likely that social power is at use any time two or more individuals interact with one another in the workplace (Elias, 2008, p. 276). Power has served as an important construct because of its hypothesized relationship to other variables such as satisfaction, role performance, and conflict (Drea, Bruner, & Hensel, 1993, p 73). Given the nature of IEP teams, the legal requirement of team membership and the charge of the IEP team to reach consensus on decisions, members may be inclined to influence other participants toward specific outcomes. This researcher is interested in the use of (social) influence and (social) power throughout the IEP process. According to Swasy (1979):

A commonly cited definition is that of French and Raven and Cartwright and Zander who define influence as "change in cognition, attitude, and behavior or emotion of the one person which can be attributed to another agent." Social power is "the potential influence of one person over another". Thus, power is the total possible change which one social agenda can cause in another person's attitude, behavior, beliefs, etc. (p. 340)

Swasy (1979) also states that "The topic of social power is quite complex and has been described by many different sociological and psychological theories" (p 340). Furthermore, because of the wide variety of perspectives, social power is interchangeably termed "influence," "power," "decision making," and "authority" (Swasy, 1979). The measurement of power is central to understanding the behavior of organizations and individuals (Drea, et al., 1993, p. 73).

Hence, numerous conceptual lenses are viable for utilization in this study. However, to study the factors influencing the interactions of and decisions made by IEP team members throughout the planning process for reintegration following placement, this researcher considers French and Raven's (1959) and Raven's (1965, 1992) construction of social power and influence most appropriate for this study. Raven (2001) suggests that an awareness of influence strategies may "help protect innocent people from indoctrination and alienation from society at large" and goes on to suggest that "questions about instruction in ethics and morals in the schools may all benefit from a power/interaction analysis" (p. 238). Because students with disabilities, and especially those with ED, are often separated and secluded from mainstream education, investigating the use of power and influence in a critical decision-making process is relevant. Application of the Power/Interaction Model of Interpersonal Influence (PIM) to this particular study aligns with Raven's suggestions.

# Application of Power/interaction Model of Interpersonal Influence

Since its origin, several studies have used French and Raven's (1959) model to study the use of social power and its effect on changing behavior (Klein, 1998). The application of power bases and the Power/Interaction Model (PIM) has been studied across family relations, marketing and consumer psychology, health and medicine, and in education (Raven, Schwarzwald & Koslowsky, 1998). Studies have been conducted to determine factors affecting the power strategy utilized by the influencing agent as well as the target. Specifically, gender (Bui, Raven, & Schwarzwald, 1994), self-esteem (Schwarzwald & Koslowsky, 1999), cognitive closure (Pierro, Kruglanski, & Raven, 2012), and status (Koslowsky & Schwarzwald, 1993) have been researched with regard to the use of power in a variety of settings and contexts. Tauber (1985) studied the use of power and influence in the classroom within the teacher/student relationship. Another study related to education was conducted in which teacher-pupil conflicts were analyzed (Schwarzwald, Koslowsky, & Brody-Shamir, 2006). Similarly, Erchul, Raven, and Ray (2001) conducted research in which school psychologists' perceptions of the use of power bases in consultative interactions with teachers were studied. Raven (2001) reports that most studies utilizing this model have been quantitative investigations.

Although this research has primarily been quantitative, Raven (2001) recommends the use of experimental, questionnaire, and interview techniques in order to analyze actual interactions more thoughtfully. Raven implies that a qualitative examination may give insight into "more complex social power strategies that cannot be observed through questionnaires or short-term experimental laboratory situations" (p. 237). Hayes (2006) utilized French and Raven (1959) and Raven (1965) in a qualitative study of IEP team members and the decision-making process for students exiting from special education services. Hayes' exploration of the IEP process framed from this lens piqued the interest of this researcher on account of the similarities in setting and context.

Development of the conceptual framework. As a result of years of research, Raven (1992) developed the Power/Interaction Model of Interpersonal Influence (PIM). Raven (2001) describes the development of the model as a simple paradigm that gradually evolved into this framework, based on the notion that social power is very complex. Elias (2008) states that "it is worth reiterating the fact that the power interaction model offers a theoretical perspective as to how several variables interact to influence the

18

ways in which we use social power" (p. 277). The Power/Interaction model examines social power from the perspective of an influencing agent and a target agent utilizing a combination of power bases in attempting to influence others. The components of the PIM are briefly described by Raven (2001):

- Motivation to influence assumes a rational agent determining the method of influence to be utilized in order to reach the desired objective/outcome.
- Assessment of available power bases occurs as the agent considers available power bases and assesses their potential to affect the target in order to influence change.
- Assessment of the costs of differing influence strategies requires the agent to analyze the cost-to-benefit of the influencing strategy. Time, effort, and relationships are considered.
- Selecting the power strategy occurs as the agent considers what basis of influence will likely work best for the target and at what cost. Additionally, the agent's personality and motivational factors come in to play.
- Preparing for influence attempts may require the agent to utilize additional strategies (intimidation, self-promotion, ingratiation, demonstrating surveillance, favor-doing, authorization, guilt induction and/or emphasizing commonality) that set the stage for the actual influence attempt.
- Invoking the power of third parties may occur if/when the influencing agent lacks confidence or concludes that available power resources are not sufficient in accomplishing the desired outcome.

• Implementing the power strategy and its aftermath entail the actual implementation of the selected strategy followed by drawing conclusions as to whether the desired change occurred. This may then require the agent to reevaluate the decisions and the results and cause the model to be utilized again with different strategies.

Raven (2001) goes on to say:

Clearly some influencing agents are more effective than others in being able to analyze the way in which a target may respond and adjust his or her power strategies accordingly. Some targets of influence are better able to understand the sequential nature of power strategies and can therefore be more effective in parrying such attempts. Review and analyses of other such case studies, using the Power/Interaction Model as a tool, can greatly improve the influence and negotiation process. (p. 237).

Therefore, power and influence may impact the interactions of the team and the conclusions they draw when planning a student's reintegration following placement in an alternative setting for ED services.

For the purpose of this research, the primary focus will be power/interaction from the influencing agent to the target. The influencing agent (I) will be a member of the IEP team, interchangeably at any given juncture in the process. The target (T) may be any member of the IEP team given the dynamics of the group as the IEP process evolves. Given the unpredictable development of the team's dynamics, the number of decisions to be made as it reaches consensus, the number of times and the ways in which social power and influence may be utilized is impossible to predict. This study will explore these concepts broadly. <u>Bases of social power.</u> At the time of French and Raven's original work, a typology of five social power bases included: (1) reward power; (2) legitimate power; (3) expert power; (4) coercive power; and (5) referent power (French & Raven, 1959). Several years later, Raven (1965) modified the original model by adding a sixth power base, informational power. This modification clarified the other power bases by indicating the importance of surveillance for each of them.

Over time, the original power bases proved insufficient in capturing the nuances involved in the dynamics of human interactions. Ongoing research resulted in further elaboration and differentiation, breaking the six bases into 11 sub-bases of social power (Raven, 1992). An overview of French and Raven's (1959) and Raven's (1965, 1992) bases is presented below.

Coercive power is based on the perception that the power holder can punish others for not conforming to his or her demands (French & Raven, 1959). Coercive power rests on T's belief that I will punish him for not complying (Swasy, 1979). An example of coercion would be for the influencing agent to threaten a specific punishment for the targets's non-compliance with a specific request. The use of coercion is considered socially dependent and requires surveillance (Raven, 2001).

Potential scenario: Even though the general education (T) and the principal (I) have an equal voice on the IEP team, the principal may threaten the general education teacher with teacher evaluation results that are not reflective of his teaching performance, but rather a punishment for not agreeing with her. Reward power is the perception that the power holder can administer positive valences and/or decrease negative valences for preferred behaviors (French & Raven, 1959). The reward power of I over T is based on the ability to mediate positive outcomes and remove or decrease negative outcomes received by T (Swasy, 1979). In practice, I would suggest a promotion or increase in T's salary for complying with a request. Reward power is socially dependent and requires surveillance (Raven, 2001).

Potential scenario: A student with ED (I) participating in the IEP meeting physically threatens a teacher (T) by stating during the discussion, "Ya, you think that was bad, wait until you see what I do to you next time you roll your eyes at me!"

Coercion and reward power (Raven, 1992) were originally related to tangible rewards and real physical threats. After further consideration it was concluded that reward and coercion could be influenced by personal and impersonal interactions, including personal approval or threat of rejection, in addition to tangibles and threats. Thus, the differentiation was embedded in a more recent model.

Legitimacy power is the perception that the power holder has the right to ask for compliance in a given situation (French & Raven, 1959). Legitimacy power results from the internal values of T which dictate that I has the right to influence and that T is obliged to obey (Swasy, 1979). According to Raven (2001), when legitimacy power is utilized, I has the right to be prescriptive in expecting certain behavior. Legitimacy power is socially dependent and surveillance is unimportant.

Potential scenario: A discussion is occuring as the school psychologist (I) and the special education teacher (T) are walking into the meeting. The school psychologist mentions to

the special education teacher, "You know, our district is going through a compliance audit in the next few months and we have way too many kids in this restrictive environment now. We really ought to consider that when we are making decisions today."

Originally, legitimacy power was driven by terms such as "obliged," "required to" and "ought" (Raven, 1992). In the expanded model the notion that power can "be more subtle" was considered (p. 220). Therefore four additional distinctions were created, all based on social norms (Raven, 2001). Legitimate position power is the original definition of the influencing agent having the right to influence, and the target being required to comply. Legitimate power of reciprocity is creating a situation where someone does something for you because you have done something for them. Legitimate power of equity can be described as needing to compensate someone who has worked hard, has suffered or has been harmed in some way. Lastly, legitimate power of responsibility is creating a situation where there is an obligation to those who cannot help themselves or those who are dependent on others.

Potential scenarios:

Position power: (see above)

Reciprocity power: The principal from the alternative placement (I) and the resident district principal (T) are planning a time to have an IEP meeting where the potential return of the student may be determined. The principal at the alternative placement says to the resident district principal, "Gosh, I am glad we are getting this meeting scheduled. I am feeling the same squeeze you did a year ago when you sent your student here. I am glad I could help you out. Hoping now you can do the same for me. We gotta watch out for each other."

Equity power: In the course of an IEP meeting, the alternative placement principal (I) states, "I know it will be difficult to serve James as he returns to your school because you have such limited resources, and you are worried about how his coming back will affect your other students. So, if you think it will be helpful, we will be willing to come to your school and do some training with your staff."

Responsibility power: The special education teacher at alternative placement (I) is advocating for her student during an IEP meeting by explaining how well he has done in that setting. The principal from the resident district is resistant, expressing concern that other students may be afraid of him because of his behavior prior to this placement. The special education teacher supports the rights of her students by saying, "I certainly understand the position you are taking. I also want to let you know that William has made significant progress in dealing with his aggression during his time here. While I can't guarantee his behavior will be perfect, I really do want to advocate for him. He deserves to be in a school where he can have access to a rigorous curriculum and be with role models who will support his social/emotional growth."

Expert power is the perception that the power holder has special knowledge or expertise in a given area (French & Raven, 1959). Expert power is a function of the amount of knowledge T has and the degree to which the knowledge or skills of I are appropriate in a given situation. This is based on the notion of the superior skills/knowledge of the influencer (Swasy, 1979). According to Raven (2001), when expert power is employed there is an implication that I knows best what T should do in this situation. This is socially dependent and surveillance is unimportant.

Potential scenario: An IEP team is discussing the specific needs of the student as they review the behavior intervention plan during the IEP meeting. While everyone appears to be in agreement, the parent of the student seems slightly apprehensive, and says, "I am so happy about the progress Whitney has made while she was here, and I am so excited to have her go back. However, I am very concerned that she may have fallen further behind academically while she was here because so much time was focused on behavior. The special education consultant (I) responds to the mother (T) with, "Oh, I can certainly understand how that is a concern. It is one of our concerns for all of our students. However, I have observed in the classrooms here, and I can assure that based on all of my years of experience, the academic instruction she has had while here has not put her further behind. As a matter of fact, I have taken some time to do some testing myself to ensure her skills are where the teachers believe them to be, before we make this decision. I have taken lots of classes in the area of working with students with academic difficulties and I know she will be fine. Don't worry."

Referent Power comes from the desire to identify with the power holder (French & Raven, 1959). Referent power results from T's feeling of identification with I and a desire to maintain similarity with the influencer (Swasy, 1979). As described by Raven (2001), referent power appeals to a sense of mutual identification which may result in T modeling their behavior on I. This is socially dependent and surveillance is unimportant.

Potential scenario: A dialogue between all IEP members is occurring. Almost everyone is in agreement with the suggestion that Emmett should return to his elementary school. Emmett's dad (I) finally speaks up and says he is very concerned about the general education teacher (T) and how difficult it will be to have Emmett back in her classroom. He says, "I have been in Mrs. Van Slyck's classroom several times with my other kids. She is an excellent teacher. I can understand her hesitation to have him back in her room. I know, I am his dad and I have a hard time. I support her. Certainly, this team should consider her needs. Maybe she needs to share her concerns more specifically."

In the original model, expert power and referent power were conceptualized in positive forms (Raven 1992). Observation over time indicated that at times people do exactly the opposite of what is intended. Consequently negative forms of expert power and referent power were added.

Informational power comes from the potential relevant information from the power holder (Raven 1965). This power base is different in that it is independent of the influencing agent. It stems from logic and reasoning or the importance of communication provided by I, and is independent of the communicator (Swasy, 1979). Swasy states, "The content of the communication alone leads to changes in belief structures, behavior, attitudes, etc. In most situations it is difficult to independently distinguish expert and information social power" (p. 341). Raven (1992, 2001) describes informational power as the only one which is socially independent, and surveillance is unimportant because the target accepts the recommended changes without further influence.

Potential scenario: The IEP team is meeting to discuss Deanna's potential for reintegration. There has been a lot of discussion about this. Some concern has been raised by the district to which she will return. Deanna has not been in this placement for a full academic year. Deanna's parent is supportive of having her return but feels nervous because she is doing so well in this setting. The special education teacher in the returning district knows that Deanna can do well, but was feeling extreme frustration in meeting Deanna's needs prior to her alternative placement. Her special education teacher in the alternative setting has seen rapid progress and motivation from Deanna. The school psychologist in the alternative placement has supported the team in the development of and FBA and BIP. The special education teacher (I) comes to the meeting well-prepared. She has reviewed and documented current levels of performance on all appropriate spots on the IEP. There is some resistance from the members on the team from the resident district. The special education teacher continues to share data, answer questions with data and evidence that has been gathered in response to required components of the IEP. When questions are asked about the behavior intervention plan, the special education teacher asks the school psychologist to respond. The special education teacher backs up those responses with examples from the classroom, both positive and negative.

Originally based on direct information or logical argument, informational power (Raven, 1992) was subsequently differentiated as direct and indirect, following input from the field. This refinement acknowledged the fact that at times information may be suggested in a more casual, conversational setting, and that this can be as influential as direct information.

27

<u>Alternative conceptualization of PIM.</u> While the 11 power strategies proved more effective in capturing the nuances involved in the utilization of power, researchers began to recognize yet another emerging pattern. This led to the bases of power being divided into two categories: harsh and soft power (Pierro, Cicero, & Raven, 2008; Pierro et al., 2012; Raven et al., 1998; van Knippenberg, van Knippenberg, Blauw, & Vermunt (1999).

The difference between harsh-soft interactions depends on the amount of freedom the target perceives in determining whether to comply. In harsh power bases, the emphasis is on the influencing agent trying to gain compliance from the target. Soft power bases are more inclusive, with the influencing agent utilizing a more equal approach (Koslowsky & Schwarzwald, 2001). This distinction in soft and harsh bases has proven beneficial as power sources are not always mutually exclusive of one another, making it more reliable and allowing for comparison across studies (Koslowsky & Schwarzwald, 2001; Yukl & Falbe, 1991).

Harsh tactics include coercion, reward, legitimacy of position, equity, and reciprocity, and are described as unfriendly, controlling, and coercive. The soft bases of power offer the target more freedom in deciding whether to capitulate to the influencing agent. Expert, referent, and informational power bases are considered soft (Erchul, Raven, & Wilson, 2004; Koslowski, Schwarzwald, & Ashuri, 2001; Pierro et al., 2008; Pierro, Raven, Amato, & Belanger, 2013; Raven et al., 1998). Generally, the research agrees with this distinction. However, some studies' results indicate legitimate position power to be soft (Erchul, Raven, & Ray, 2001; Erchul, Raven, Whichard, 2001). The PIM is often thought to provide a structure from which to understand the choices and effects of social power and influence from the influencing agent to the target. However, differing variables, factors, and perspectives have been investigated. These include: (a) setting/situations; (b) gender; (c) leadership/supervisory status; (d) the target's motivation and decision to comply; and (e) teacher-pupil conflicts (Bui et al., 1994; Pierro et al., 2008; Schwarzwald & Koslowski, 1999; Schwarzwald et al., 2006).

A study by Erchul, Raven, and Ray (2001) empirically investigated the perceptions of school psychologists in their consultation with teachers. They sought to determine which of the power bases was perceived as most likely to encourage a reluctant teacher to comply with a psychologist's suggestions or requests. The results indicated that direct informational power and expert power were most likely to result in compliance. Of the top six strategies most likely to gain teacher compliance, impersonal reward was the only harsh power base. Generally, school psychologists perceived soft strategies to be more effective than hard when engaging in this type of consulting role. The results of a separate study suggest similar perceptions from the viewpoint of school psychologists and teachers (Erchul, Raven, & Whichard, 2001). It may be beneficial to also understand the likelihood of soft or harsh power bases being utilized. In consultative-type roles, school psychologists report using soft vs. harsh strategies (Wilson, Erchul, & Raven, 2008).

Considerations for exploration: Since the IEP process is intended to be collaborative, with no single person on the team having more authority than another, should there be any perceived evidence of harsh power strategies? 29

Although the studies relate specifically to the school psychologist as a consultant, do the concepts apply to other perceived consultative relationships on the team (i.e., a general education teacher and special education teacher may consult; an Area Education Agency (AEA) team representative on the IEP team may serve as the equivalent to a school psychologist; an AEA Team Representative may serve as consultant to anyone on the IEP team under differing circumstances)?

*Leadership/status.* Raven (1993) described leadership as the use of power to effect changes in attitude or behavior. Social power potentially brings change in attitudes, beliefs, or behaviors by using the resources available (Raven, 1993). Leadership style appears to be a factor of significance when considering employees' willingness to comply (Koslowsky et al., 2001). However, the research in this area is not conclusive. Pierro et al., (2013) attempted to explore the connections between leadership styles, the bases of power and compliance, and organizational commitment. They were interested in the mechanism through which transformational leadership affects organizational commitment. The results of their study suggested a positive and significant relationship of employee willingness to comply with soft power bases, which led to an increase in organizational commitment. However, a similar study found that both soft and harsh bases of transformational leadership led to a greater willingness to comply.

A review of the literature suggests a variety of results, all worthy of consideration and future research. Results indicated that when comparing school and work settings, the use of power strategies is situational (Koslowsky & Schwarzwald, 1993). When status is a variable, the use of reward and coercion was lower for low-level managers compared to middle managers; managers utilized position power to a greater extent with subordinates than with their peers (Yukl & Fable, 1991). Reward, coercion, and legitimacy power were used more by higher-level leaders that by lower-level ones (Frost & Stehelski, 1988).

Considerations for exploration: Leadership and status are of particular interest to this study. The principal is the only member of the team likely to have supervisory authority over any other member. Is it possible that the principal's status influences his subordinates when they are supposed to be collaborative members of the IEP team?

As any member of the IEP team fills a leadership role, will soft or harsh power strategies be utilized to influence attitudes, perceptions and beliefs? In the event that the role of leadership changes throughout the process, will different strategies be utilized, and are some more effective than others?

<u>Gender.</u> Generally, school psychologists perceive soft strategies to be more effective in influencing teachers' compliance, and are more likely to use them in this type of consultative interaction (Erchul, Raven, & Ray, 2001; Erchul, Raven, & Whichard, 2001; Wilson et al., 2008). However, gender appears to affect social influence and power.

Erchul et al., (2004) investigated the relationship between the perceptions of social power and gender in school psychology consultative practices. Their results indicated that, compared to their male counterparts, female school psychologists rated both harsh and soft power strategies as effective. However, women are perceived to prefer soft to hard strategies (Erchul et al., 2004).

31

The use of soft strategies alone was investigated by gender, considering the likelihood of expert and referent power being used by the school psychologist in a consultant to teachers' role (Getty & Erchul, 2009). Results indicated that when female teachers engaged in consultation with female school psychologists, it was significantly less likely for referent power to be used than all four other soft power sources combined. Contrarily, where a male consultant engaged with a female teacher, expert power was likely used more than all four other soft power bases combined. Male consultant to female teacher and likelihood of expert power was anticipated. According to Getty and Erchul:

It may be argued that, of the soft power strategies, expert power – although never empirically classified as a harsh base – involves influence tactics that are quite dominant and assertive in nature. Consequently, male consultants who prefer to communicate using a more direct style many find expert power to be the most agreeable form of soft power to use when trying to influence a female teacher. (p. 455)

The rationale for female teacher and female consultant results was not anticipated.

The researchers suggested that follow-up studies may be required to further examine these results.

Considerations for exploration: IEP team participants will vary by gender. Might

gender affect the type of power strategies utilized?

<u>Cognitive closure</u>. In an attempt to explore the underlying motivation for the

social influences utilized in the work environment, Pierro et al., (2012) studied the use of

soft and harsh power bases in relationship to the influencing agent and targets' need for

cognitive closure. This study was conducted in a work setting.

Cognitive closure, described by Kruglanski (2004) exists on a continuum ranging from a strong need to avoid closure to a strong need for it. A strong need for closure manifests as being urgent and requiring a permanent decision. Accordingly, closure is a need for a definite answer to a question as opposed to a response that may lead to confusion or leave ambiguity. Each individual experiences a different level of need for closure, which can be dependent on the situation and the perceived benefit or cost of closure.

The results of Pierro et al. (2012) indicate a relationship between supervisors' need for cognitive closure and their choice of social power tactics. Supervisors with high need for cognitive closure had a preference for hard tactics of social influence. These results were consistent in two studies. In a third, the researchers considered the needs of the target. They found that when the need for closure was high, subordinates' effort and performance increased if hard tactics were utilized.

Essentially, the degree of fit between a subordinate's need for cognitive closure and the supervisor's use of hard and soft power tactics is an important consideration in the development of efficient teams. Hard tactics and a high need for cognitive closure tend to call for a more autocratic system, whereas soft tactics, a lower need for cognitive closure, along with more time for discussion and group consensus, suggest that a more democratic system may be more efficient.

Considerations for exploration: In the light of the personal needs of each member of the IEP team and the urgency with which they perceive that firm responses and decisions are required, the manner in which the team conducts itself as it seeks consensus may or may not meet their needs. It may be possible that a parent is urgently seeking a placement decision by the team. Contrarily, the general education teacher may have far less need for a final decision, and would prefer more time and discussion to reach a consensus. All these factors could affect the use of power and influence tactics.

It may be difficult for the principal, who is typically in a position of authority and rapid, unilateral decision making, to acquiesce in a more democratic process. When all voices at the table have merit, even those of a teacher where he otherwise has a role as supervisor, taking the time to hear and discuss all perspectives may be difficult.

*Teacher-student conflict.* A research study was undertaken by Schwarzwald et al., (2006) based the presence of conflict in classrooms between teachers and students. Social power strategies are likely employed based on the need for teachers to gain student compliance in order to create a learning environment. The focus of the study was the perceived use of social power to gain compliance in the classroom during conflict situations based on educational sector, class level, gender, and content of the conflict. The results indicate that teachers and students in junior high perceived the use of harsh power to be higher than their counterparts in elementary. Harsh compliance tactics were perceived to be used more often with boys than with girls. Additionally, there appeared to be a relationship between the perceived power strategy and the content of the conflict. Conflicts were categorized into two categories: (a) conflicts as a result of teacher demands; and (b) conflicts derived from student behavior. Teachers and students perceived a greater utilization of harsh and soft power when the conflict originated from

students. When conflict arose from teacher demands, the teacher was perceived to be more hesitant and less likely to use harsh bases of power.

Consideration for exploration: Because this study is concerned with students with significant behaviors, conflict between a teacher and student may be one factor in how they relate, and how each of them may have their attitudes, beliefs, and perceptions of each other influenced by occurrences in the classroom. Is it possible that the factors related to the use of power strategies in the classroom carry over and influence the relationship perceived during the IEP process?

*Personal needs.* According to Raven (1992, 2001), personal motivation affects which power strategies are utilized. Raven suggests that specific needs motivate the choice of harsh or soft tactics. Harsh tactics may be motivated by esteem, confidence, status, independence, power, or a desire to harm the target. He describes this preferred use of harsh strategies as enabling the influencing agent to feel that he or she has an advantage in punished, direct, or demand compliance, which ultimately satisfies a personal need. The utilization of harsh strategies in order to meet personal needs gives the influencing agent a sense of personal achievement. The use of soft power bases does not appear to meet personal needs to the same extent (Koslowsky & Schwarzwald, 2001).

A study initiated by Schwarzwald, Koslowsky, and Allouf (2005) investigated the use of power bases as a means to satisfy personal needs by treating in- versus out-of group members differently. According to Schwarzwald and colleagues the utilization of harsh and soft power strategies may differ according to whether the target is an in-group as opposed to out-of group member. The study specifically focused on: (1) were the power interaction model assumptions applicable for intergroup relations so that power preferences become a channel for gaining in-group over out-group advantage? and (2) do status and gender influence preference for use of power strategies in intergroup relations? The researcher hypothesized that (a) an influencing agent in a conflict situation will attempt to gain compliance using harsh power tactics more frequently with out-of group targets; (b) influencing agents of higher status will use harsh power strategies more readily with out-of group target given a conflict situation; and (c) harsh bases of power will be utilized to a greater extent among males than females. Two samples were included in the study: college students and service personnel from the fields of technology, banking, and health.

The results suggest that in the student group, participants perceived harsh tactics to be more often used toward out-of group members. As the status of the influencing agent increased, the use of harsh bases of power also increased. Contrary to the hypothesis, the student group attributed the utilization of harsh power to female more than male participants. The worker group analysis resulted in the participants attributing greater use of harsh bases toward the out-of group target. An increase in status, as well as being male, correlated with an increase in the harsh power (Schwarzwald et al., 2005).

Analysis of soft bases in this study indicated no significant results from the student group. The worker group results indicated that status was the only significant variable. Participants attributed a greater use of soft bases to low-status agents. There was no significance in the use of soft power bases by same-status agents (Schwarzwald et al., 2005). Consideration for exploration: In the context of an IEP team there may be a perception of in-group/out-of group status. For example: (a) educators/parent, outside agency; (b) employees of the district/parent, AEA staff; (c) special educators including AEA staff/general education teacher, parent, principal. Therefore, the perceived utilization of harsh bases of power may affect the decision of any member of the IEP team to engage in the use of harsh power strategies.

According to the research, the PIM and variations thereof have been applied and investigated in many settings. As a result of the research, Raven (2001) reports:

Clearly some influencing agents are more effective than others in being able to analyze the way in which a target may respond and adjust his or her power strategies accordingly. Some targets of influence are better able to understand the sequential nature of power strategies and can therefore be more effective in parrying such attempts. Review and analysis of other such case studies, using the Power/Interaction Model as a tool, can greatly improve the influence and negotiation process. (Raven, 2001, p. 237).

Therefore, the exploration of Raven's (1992) Power/Interaction Model in the context of a team enacting the IEP process for the reintegration of a student with significant ED to his/her home school may lead to a deeper understanding of the power and influence strategies utilized to affect beliefs, perceptions, and attitudes throughout the process. The purpose of this exploration is to examine the perceptions of IEP team members and the potential variables of power/influence across members of an IEP team and throughout the IEP process. According to the Area Education Agency Special Education Procedures (2016): (a) an IEP meeting offers an opportunity for a team of individuals to make critical decisions about a student's educational program (p. 90); (b)

meeting participants fill a set of required roles on the team (p. 84); and (c) IEP development is a collaborative process (p. 69).

The application of PIM to this study will be valuable considering that IEP team decisions are to be made through consensus. No single member of the IEP team holds more authority or power. All team members are theoretically created equal. Decisions are to be made based on data to fulfill the required IEP components. Consequently, based on this theoretic framework, informational power should be the single source of power and influence. However, a more realistic examination will likely align with Raven's (1992) PIM, suggesting that situations and personal variables may determine use of power in educational settings. Therefore, this theoretic framework will guide the researcher as she explores the perceptions of this process.

#### Purpose

The purpose of this research study is to investigate the perceptions of IEP team members as to the factors on which decisions are made as they plan the reintegration of students with ED from an alternative setting into their home district. The foundation of this study will be a consideration of the laws to protect the rights of students with disabilities. There are specific legal requirements in the development of the IEP. IEPs developed for students with ED require additional consideration and components to support the unique needs of the individual, including Functional Behavior Assessment (FBA) and Behavior Intervention Plans (BIPs). There is an additional mandate for IEP teams to consider transition needs when determining appropriate services for students aged 13 to 21. Document analysis to evaluate the required components of the IEP and supporting documents will be used to determine basic compliance with the legal requirements. In addition to the required components that formulate a compliant IEP, the researcher will consider the empirical research in regard to the concepts of FAPE, LRE, transition, support and related services, goals, progress monitoring, and placement. Additional document analysis will provide data as to the substantive quality of the IEP and inform research questions as the exploration progresses.

Interviews will be utilized to examine the attitudes, beliefs, and perceptions that inform the complex process of IEP team planning as it unfolds and consensus is reached. The research will examine the perceived factors, intended and unintended, that influence the IEP process and team decisions In order to substantiate this study, the researcher will need to consider and examine the beliefs, perceptions, and attitudes influencing IEP team members throughout the planning process This examination will occur through interviewing IEP team members

### Research Questions

The primary research questions for this study are:

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes, and perceptions influence the IEP planning process?

# Significance of the Study

The significance of this study lies in drawing attention not only to the requirement but also to the need for teams to utilize the IEP process with fidelity when planning the reintegration process. Additionally, this study is significant as it intends to bring to the forefront the attitudes, belief, and perceptions of IEP team members regardless of whether the intended IEP process is being utilized. The study may be transferable and may potentially influence policy in the oversight and general supervision responsibilities of AEAs, as the results may identify areas in which this IEP team appropriately and/or inappropriately considered and responded to IEP requirements. Furthermore, increased understanding of the dynamics of human interaction and influence is significant, as it allows the study to remain grounded in the reality that while legalities, procedures, and rules are required, human factors – attitudes, beliefs, and perceptions – may play a significant role in outcomes.

### Limitations of the Study

This study is limited in that its focus will be on a single IEP team, therefore generalization of the results may not be appropriate. Selection of an IEP team will be limited by the location, access and time-frame of the researcher. Additional limitations include potential predetermined outcomes of the IEP team. The process utilized in selection of the team will require a team that anticipates the reintegration of the student. Researcher bias may potentially limit the study. This researcher was recently the principal at an alternative setting serving students with ED.

#### CHAPTER 2

#### LITERATURE REVIEW

The challenge to those charged with the responsibility of providing a quality education to students with ED is at times daunting. Students with ED create frustration for teachers and families. Students receiving special education services for ED have among the worst short- and long-term outcomes, including poor academic achievement, high suspension and drop-out rates, and increased risk of arrest in comparison to those with other high incidence disabilities (Bradley, Doolittle, & Bartolotta, 2008). Children with severe behavior problems are more likely to have a higher level of undesirable behavior than those with milder problems.

Children with an IEP for a behavioral problem are unique individuals with differing behavioral goals and expected outcomes. Educators have long noted the psychosocial needs of children and families and how they can overwhelm the resources of schools and undermine the capacity to educate children, including those with ED (Atkins et al., 2010). The multifaceted behaviors displayed by students with ED may cause school teams to struggle in their obligation to plan for and provide FAPE in the LRE.

### Emotional and Behavioral Disorders among Children

In order to better understand emotional and behavioral disorders among children, various classifications, characteristics, diagnoses, and the identification of comorbid conditions have been determined as a means for practitioners to utilize a common language and point of reference as educational services are being determined and provided. As this population of students continues to impact our educational, legal, and social systems, understanding the demographics is of great importance.

## **Definition**

The Individuals with Disabilities Education Improvement Act (IDEA) identifies 13 categories of disability under which students may receive disability services and describes each category's definition (20 U.S.C. § 1401(a); 34 C.F.R. § 300.7(a)(1)-(b)(13)).

Emotional disturbance (ED) is one of the 13 categories. It is a condition exhibiting one or more of the following characteristics over a long period of time and to a degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behavior or feelings under normal circumstance.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fear associated with personal or school problems. (34 C.F.R. § 300.8(c)(4)(i))

Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (34 C.F.R. § 300.8(c)(4)(ii)).

Most professionals in the field refer to the disability category as emotional and behavioral disorders (EBD), which they consider more inclusive and representative of a broader population of students with behavioral issues (Yell, Meadow, Drasgow, & Shriner, 2013). According to Topping and Flynn (2004), in addition to emotional disturbance, frequently used terms, when referring to this category of disability, include severely emotionally disturbed (SED), and behaviorally disordered (BD). This study will refer to the disability area as ED.

The social maladjustment clause in the federal definition has been present since its onset in 1975. This seemingly incongruous clause is believed to have been added to the original legislation in order to "satisfy the concerns of legislators and educational administrators who did not want schools to be mandated to provide services to delinquent and antisocial youth, a notoriously difficult to reach population" (Merrell & Walker, 2004, p. 901). Over time, researchers and practitioners have attempted to operationalize and define social maladjustment in an attempt to apply it to the appropriate identification of students with ED. No single definition has ever been agreed upon. Therefore, Merrill and Walker (2004) have compiled a list of common characteristics that reflect the traditional views of social maladjustment. They are:

- student meets DSM criteria for Conduct Disorder or Oppositional-Defiant Disorder,
- student engages in antisocial and delinquent behavior within the context of a deviant peer group,

- student maintains social status within deviant peer group by engaging in antisocial and, delinquent behavior
- problem behavior is purposive, goal oriented, or instrumental; student engages in it to "get something" they want,
- student with social maladjustment does not have internalizing/emotional problems or mental health problems,
- student with social maladjustment believes that behavioral rules should not apply to them, or that they should be able to self-select their own rules of conduct, and
- students with social maladjustment are shrewd, callous, streetwise, and lack remorse. (p. 902).

These criteria reflect the idea that "true" ED is involuntary, as opposed to SM consisting of externalizing behaviors that are more aversive. Therefore, should SM be determined by the exhibition of externalizing behaviors, and/or a diagnosis of Conduct Disorder (CD), a significant portion of the ED population potentially remains excluded (Theodore, Akin-Little, & Little, 2004). Additionally, when SM is defined in this fashion, assumptions about internalizing and externalizing behaviors being mutually exclusive potentially ignore the significance of comorbidity in this regard (Cullinan & Epstein, 2001; Olympia, Farley, & Christiansen, 2004).

The social maladjustment clause in the federal definition of ED continues to cause controversy and confusion. In fact, the U.S. Department of Education, in the absence of a definition, leaves it up to states and local education authorities to determine the behavioral characteristics that constitute SM, or whether SM should even be included as an exclusionary clause (Merrell & Walker, 2004; Sullivan & Sadeh, 2014). The states of Indiana, Iowa, and Minnesota have not included SM in their statute, which eliminates the need to differentiate ED and SM. Wisconsin prohibits the exclusion of students from being identified as eligible for special education services on the basis of SM (Sullivan & Sadeh, 2014).

Interestingly, a study conducted by Becker et al., (2011) examined the application of IDEA criteria for ED in each state. Strict adherence to the federal definition remained in 38 of 51 states. The criteria were narrowed in three of 51 states and broadened in 10. Results indicated that states that narrowed their criteria had the lowest rates of identification for ED, and states that had broadened the criteria had higher rates of identification. However, there was no statistically significant difference in rates of identification across all three categories. When comparing states that removed or retained the SM clause, a statistical difference was recognized. Considering the same comparison groups, those retaining vs. removing the SM clause, there were no statistical differences related to placement of students in mainstream or special classes.

Clearly, controversy exists among professionals with regard to the definition. Many leaders in the field contend that the federal definition of ED is ambiguous, opens the door to the possibility of misinterpretation, comes with a stigma, and can lead to a lack of understanding about the very nature of ED (Hanchon & Allen, 2013; Kavale & Forness, 2000). In fact, the IDEA definition is viewed by some as a barrier to early identification and intervention for students with emerging behavioral problems (Conroy & Brown, 2004).

Extreme critics of the federal definition refer to it as "nebulous and highly subjective" (Gresham, 2005, p. 215) and "vague and uncertain" (Olympia et al., 2004, p. 835). The determination of whether interpersonal relationships are satisfactory or feelings are appropriate in a given situation, as well as discerning the marked degree, extended period, and adverse impact described in the definition of ED, is "equivocal" and "subjective" for IEP teams (Hanchon & Allen, 2013, p. 195). Additionally, the federal definition contains outdated language (Kavale & Forness, 2000; Merrell & Walker, 2004). Furthermore the definition is riddled with reservation in regard to its fairness and validity (Hanchon & Allen, 2013).

Contrarily, Cullinan and Sabornie (2004) conducted a study in which they considered the five eligibility characteristics of the federal definition of ED to determine the relevance of those characteristics. Their study focused on middle and high school students with or without ED. While Cullinan and Sabornie (2004) acknowledge the concerns of their colleagues in the field, they say:

these criticisms have been presented and debated primarily on logical rather than empirical grounds. There are not many studies that have measured the definition's key constructs or evaluated how the definition influences identification of students, educational interventions, or other effects of its use. (p. 157).

The results of this study concluded that adolescents with ED exhibited more maladaptive functioning in all five characteristics, compared to those without ED. The results of this study appear to give some credence to the federal definition. As a result of the cumulative ambiguities, consistent and objective identification of ED remains a process of much subjectivity. Regardless of the ensuing controversy as to the definition of ED, a large body of evidence indicates concern that students with ED are underidentified and underserved in our schools (Forness & Kavale, 2000; Gresham, 2005). The need to provide an appropriate special education for students with ED exists (Forness et al., 2012). However, the fundamental nature of the definition debate illustrates a pragmatic concern: How are students evaluated and determined eligible for ED services?

#### Evaluation and Eligibility

The process by which a child becomes eligible for special education under IDEA 2004 is referred to as child find. Child find obligates the state and local education agencies to identify, locate, and evaluate all children with disabilities who may need special education and related services (20 U.S.C. § 1412 (a)(3)).

This process encompasses actions and considerations starting from the time a teacher or a school staff member, as well as family, believe that a child is going through some learning, sensory, medical, emotional, or behavioral challenges that could affect his or her academic performance. This portion of the process is often referred to as a pre-referral process. Pre-referral is required or recommended in 72% of the states (Forness, 2005). Prior to a student being determined eligible for services under the IDEA, however, a full and individual evaluation must be conducted. The evaluation may not take place without parental consent (20 U.S.C. § 1414 (a)(1)(D)(i)(I)).

Following the attainment of parental consent, a full and individual initial evaluation may begin. The evaluation must be conducted by a multidisciplinary team. The child must be assessed in all areas in which a disability is suspected. A variety of assessment tools and strategies must be utilized to conduct the evaluation. Information must be gathered that is functional, developmental, and academic, as well as information provided by the parent. A trained professional must administer tests in the student's native language. Tests must not be racially or culturally biased and must be technically sound. At the conclusion of the evaluation, an eligibility decision is to be made by the IEP team. Required members of the IEP team are the child's parent or guardian, a special education teacher, a general education teacher, a representative of the local education agency, an individual who is qualified to interpret the assessment results, and, when appropriate, the child. The IEP team must consider all evaluation data and not base their decision on one sole criterion or procedure. Eligibility is determined when the IEP team determines a student has a disability that requires special education services and a specific educational need (20 U.S.C. § 1414 (b)(2)(a);1414(1)(d)(B)(i)).

As an ED eligibility evaluation is carried out, data are gathered in a variety of ways and for a range of purposes. Throughout the process, data are gathered to determine the emotional and/or behavioral concern and whether it is persistent over time and across settings. Problem behavior needs to be considered in the context in which it occurs, including variances in time and place (Forness et al., 2012). External factors, such as changes in the home situation, may contribute to behavioral changes at school. Furthermore, biological, genetic, and environmental factors both inside and outside of the school setting can have an impact on the types and severity of the emotional disturbances present (Hyatt & Filler, 2011). Ultimately, consideration must be given to the impact of the child's behavior in the educational setting.

An important consideration in regard to eligibility for ED services is that there are no "generally accepted, standardized procedures for determining [S]ED eligibility" (Handwerk & Marshall, 1998, p. 327). Due to the variability in the emotional disturbances of the children, a single direct measurement of behavior using quantitative measures may not provide clear assessment results (Lewis, 2014; Strompolis et al., 2012). Rather, a range of assessments should be utilized. Therefore, in order to conduct a comprehensive assessment of a student's behavior, professionals use multiple sources of data in the evaluation process. Essentially a comprehensive evaluation is: (a) multimethod, (b) multisource, and (c) multicomponent (Merrell & Walker, 2004). Because there are multiple causes for inappropriate behavior, diverse assessment methods are necessary.

Allen & Hanchon (2013) researched models of comprehensive assessments as part of a study they conducted to evaluate the assessment practices of school psychologists. Their review of the literature suggests that although there are several different approaches to the assessment of ED, a common set of critical components includes: (a) normative data derived from rating scales (collected from two different sources); (b) teacher interview; (c) student interview; (d) parent interview; and (e) classroom observation (Mash & Barkley, 2007; Merrell, 2008; Sattler, 2008). These common components, according to Allen and Hanchon (2013), represent a sampling of the sources from which to gather data, techniques to collect data, and instruments that could be utilized to collect data. All of the components must be included as "minimal" expectations of a comprehensive evaluation of a student with EBD (p. 294).

Brigham and Hott (2011) claimed that to measure the frequency, intensity, and duration of behaviors critical for the identification of ED, different types of assessments should be performed. These may include observations, record reviews, functional behavioral assessment, as well as behavioral rating scales and checklists. Behavioral observations should occur directly and across settings in addition to interviewing parents, teachers, and caregivers (Horner & Carr, 1997; Uhing, Mooney, & Ryser, 2005). The student themselves should be included as a data source. Important data from the student include interview, rating scales, academic and achievement assessments (Uhing et al., 2005).

Observation is considered essential in the eligibility process (Nordness, Epstein, & Cullinan, 2013). Observations may be both structured and unstructured, according to Fisher et al., (2007). They describe informal observations as more anecdotal or a log of student behavior. Informal observation may include teacher behavior, on-task behavior, the student's interaction with other students, participation level, and responses to discipline. Data gathered from informal observation may be analyzed to inform decisions for further intervention(s). The formal interview provides data on frequency, intensity, duration, antecedents, and consequences. Direct observation of the student is the primary source in determining a specific behavior as well as its frequency. Additionally, direct

student observations may elicit information not obtained through an interview and/or confirm interview data (Fisher et al., 2007; Nordness et al., 2013).

The use of formal assessments is intended to maximize the technical adequacy of the evaluation (Uhing et al., 2005). Formal assessments are intended to discriminate between individuals with and without ED across social, behavioral, and academic domains (Uhing et al., 2005). Formalized assessment data sources may commonly include the Wechsler Intelligence Scale for Children, Achenbach's Behavior Checklist, and various social skills rating scales. Rating scales and checklists are typically given to parents and teachers to rate student behavior and provide status information in a timeefficient manner (Uhing et al., 2005).

In order to increase the likelihood of accurately determining eligibility, an IEP team must develop an understanding of the student and the potential type of disorder, and determine interventions via review of the record, direct observation and interviewing adults who play a significant role in the child's life, as well as formal tests (Fisher et al., 2007; Miller et al., 1998). They must not over-rely on a single assessment or strategy in the data collection; rather a constant convergence of data sources, assessment strategies, and methods must be utilized in the eligibility process (Fisher et al., 2007). Fisher et al. (2007) also conclude that this consistent cross-reference will inform the necessary intervention whether or not the student is eligible for ED services. Furthermore, the data gathered will likely better inform the placement decision.

While it is important to identify and understand the necessary components of a technically adequate evaluation of students with ED, the identification of the appropriate

tools and process is only as good as their translation into practice. In a study completed by Allen and Hanchon (2013), the practices of school psychologists when faced with conducting an ED evaluation for special education eligibility were analyzed. The results indicated that of the school psychologists using the five components most consistently while conducting ED evaluations, approximately 28% used critical components of a comprehensive evaluation at least 76% of the time. Approximately 30% used four out of the five critical components consistently. Just over 13% utilized only one of the five critical components, and 5% of school psychologists did not use any. The results indicated that participants who did not consistently include all five critical components most often included behavior rating data, teacher interviews, classroom observations, and parent interviews. Student interview was the least utilized component. The research participants who typically utilized only one of the five components most commonly relied on behavior rating scales.

The Allen and Hanchon (2013) study was expanded to examine additional data sources utilized by school psychologists while conducting evaluations for ED services. Of the respondents who consistently utilized all five critical components, many also reported collecting additional data such as conducting FBAs, observations of the student in alternative settings, and/or multiple observations. It was noted that as school psychologists utilized fewer of the critical components, they also utilized fewer additional data collection strategies.

Allen and Hanchon (2013) concluded their research by suggesting that school psychologists are "under greater pressure than normal" to apply best practice in

evaluation as this "facilitate(s) responsible and comprehensive evaluations designed to ensure accurate identification and to inform the development and implementation of effective interventions" (p. 297). Furthermore they acknowledge that when misapplication of ED eligibility occurs as a result of the problematic definition and/or an inappropriately conducted evaluation, long-term consequences may ensue.

Confusion on the definition of ED, lack of valid and reliable assessment measures, and vague criteria to apply to the decision-making process may be inhibiting the timely and accurate identification of students with ED. The results of untimely and inaccurate identification may include delayed intervention, inconsistent services from one district or state to another, underidentification, and disproportionate representation of students with ED (Olympia et al., 2004). Wagner, Kutash, Duchnowshi, Epstein, & Sumi (2005) report that services are initiated one year later for students with ED is than for those in other disability categories. This delay "can be traced in some fashion back to an operational definition of ED that many regard as unclear, confusing, and inadequate for the purposes of accurate identification and appropriate provision of services" (Hanchon & Allen, 2013, p. 197). This delay in delivering services may lessen their effectiveness once they are finally received (Olympia et al., 2004).

Additionally, in order to qualify for special education services, even students younger than kindergarten must display behavioral problems over time and with some level of severity, aligning with the IDEA. According to Conroy and Brown (2004), children at this young stage of development may have not yet developed what would be considered a chronic, well-established maladaptive pattern of behavior. Rather, students

53

at this age who are at risk for ED may demonstrate characteristics perceived as developmental delays, language and communication problems, and cognition. Consequently, early intervention and identification for the purposes of addressing behavioral disabilities may not occur.

The results of a study completed by Olympia et al. (2004) sum up the issues around eligibility for ED services. The authors remind practitioners to be conscious of: (a) the complexities around the assessment and evaluation of students with emotional and behavioral disorders; (b) the lack of consensus on a formal definition of social maladjustment and its impact; and (c) the fact that these issues are causing a failure to identify all students who may be in need of ED services. They state:

School psychologists need to move away from current practices that often cast the professional in an exclusionary or "gatekeeper" role to a more proactive "facilitator" of educational services. By continuing to endorse or use practices that put students at immediate or later risk for education failure, school psychologists may simply be accommodating a process that shifts problems and delays critical services to students, who would otherwise fall under the special education "umbrella." (p. 844).

Eligibility decision making in the area of ED continues to be controversial.

Disagreement in the field, however, does not end with definition of and/or eligibility for

ED services. Additional controversy exists with regard to the utility of the quantification

of characteristics and classification of behaviors.

Characteristics and Classification of Students with ED

Students with ED pose serious and significant challenges to school personnel. The

range of behaviors ascribed to ED is far-reaching. Typically, according to Topping and

Flynn (2004), ED is theoretically conceptualized in several ways. Psychoanalytic or

psychodynamic theoretical beliefs suggest that SED is "internally instigated" (p. 39). A behavioral conceptualization views ED as "failure of the individual to act or behave appropriately in particular situations" (p. 40).

Characteristics. "In its narrowest definition, the field of 'behavioral disorders' refers to special education for children with a range of emotional or behavioral disorders" (Forness, 2007, p. 235). While the definition may seem narrow, the list of characteristics that potentially define EBD/ED is long and wide-ranging. A review of the literature gleaned characteristics including, but not limited to, negative verbal interactions, physically aggressive behavior, acts of delinquency, destructive behavior, depression, anxiety, social withdrawal, nervousness, hopelessness, somatic complaints, aggression, noncompliance, depression, property destruction, stealing, lying, blaming, distractibility, short attention span, difficulty listening, fidgeting, rushing through work, disorganization, impulsivity, lack of emotion, anxiety, avoiding others, lack of self-confidence, illogical thinking, delusional, disturbing thought patterns, and self-injurious behavior (Kern et al., 2009; Merrell & Walker, 2004; Reddy, De Thomas et al., 2009). This list of behaviors may give professionals in the field a broad-based understanding of ED, but it is insufficient to provide a unified definition encompassing the diversity that exists in this area of disability.

<u>Classification.</u> "To classify is to group phenomena according to their similarities and differences. As more phenomena are observed, they may be judged similar to an existing group, or different, thus becoming the first case in a new group" (Cullinan, 2007, p. 32). In the field of ED, a classification system appears necessary. Across the field of educational practitioners, researchers and policymakers, a classification system provides consistency for communication and increased consistency of information sharing (Gresham & Gansle, 1992). A classification system that labels and defines behaviors allows for demographic, biological, and psychosocial information to be analyzed in support of understanding ED and improving interventions for students with ED (Gresham & Gansle, 1992; Topping & Flynn, 2004). Furthermore, classification systems should include operationally defined categories that that are reliable and have treatment validity (Gresham & Gansle, 1992; McBurnett, 1996).

Medical vs. educational. One common distinction in the classification of students with significant behavioral issues is that of a psychiatric versus a dimensional classification. A psychiatric categorization is in alignment with the Diagnostic and Statistical Manual of Mental Disorders (DSM) originally developed by the American Psychiatric Association (APA) in 1952. The DSM has been revised numerous times. The current version is the DSM-5. The DSM, over time, appears to be the most frequently used system for the classification of childhood pathology (Gresham & Gansle, 1992). Conditions that fall under the psychiatric classification include anxiety disorder, mood disorder, oppositional defiant disorder, conduct disorder, attention deficit disorder, and schizophrenia. The DSM is based on a medical model. It categorizes according to syndromes, symptoms, and disorders based on the premise that these result from disease,

Although the DSM is commonly utilized in the field of mental health, there is ongoing controversy as to its relevance and applicability in the field of special education. In 1992, Gresham and Gansle conducted a study in which they examined the DSM-III-R and its implications for school psychologists in their practice (1992). This research challenged the assumptions of:

(a) the conceptualization of the medical model in the area of human behavior; (b) its reliability; (c) its validity; (d) its relevance for special education placement; and (e) its treatment validity. Overall, the results of their study suggested that all five assumptions were faulty (p. 91).

The results of the research indicate that DSM-III-R's medical model "adds little relevant information to the understanding, assessment, classification, and appropriate placement of students in special education programs. We find it difficult to see how school psychologists, teachers, parents, and placement committees are better informed by a medial model conception of behavior" (p. 91). Rather, the researchers suggest a functional approach to categorization, believing it better suited to aligning diagnosis to appropriate treatment, including special education placement.

Scotti, Morris, McNeil, and Hawkins (1996) analyzed the DSM-IV for it practicality in both structural and functional utilization. They described its primary purposes as: (a) use with insurance companies requiring a medical diagnosis for reimbursement; (b) communication between clinicians and researchers; and (c) prognosis and treatment (Scotti et al., 1996). The DSM-IV focuses on the "what" of the behavior and is based on the structure of the disorder, as opposed to the "what for" (p. 1178). Their analysis suggests the DSM-IV to be primarily structure-based. This analysis, similar to that of Gresham and Gansle (1992), suggests that the lack of functional information in the DSM model renders it inadequate to determine the most appropriate choice of intervention. The American Journal of Psychiatry published a three-part report on the development of the DSM-5. The areas evaluated respond to three areas of prior concern about the utilization of DSM. These three studies addressed (1) study design, sampling strategy, implementation, and analytic approaches (Clark et al., 2013); (2) test-retest reliability of selected categorical diagnoses (Regier et al., 2013); and (3) development and reliability testing of a cross-cutting symptom assessment (Narrow et al., 2013).

The first analysis was carried out to research the design, sampling strategy, implementation and data analysis process used in the DSM-5 field trials. The field trials were conducted to test feasibility, test-retest reliability, clinical utility, and if possible, validity of newly identified diagnoses; rigorous research standards were applied to the field testing. As a result of the field testing, "trustworthy reliable coefficients could not be obtained" (Clarke et al., 2013, p. 56) for all areas of field trials for the DSM-5. The results of the study indicated a range in the categorical coefficients observed for categorical diagnosis and dimensional measures.

Part two of the study addressed the concerns of test-rest reliability. Test-retest reliability is important because there is not validity to the diagnosis without it (Regier et al., 2013). Field testing was undertaken by two clinicians independent of one another, interviewing and diagnosing the presence or absence of a DSM-5 diagnosis. The diagnoses selected for the field tests were those considered to be important to public health and those being proposed as additions to the manual. The results of the field tests indicated five diagnoses within the very good range, nine in the good range, six in the

questionable range, three in the unacceptable range, while eight diagnoses were inconclusive due to a low sample size (Regier et al., 2013).

Finally, the field testing used in the development of the DSM-5 was analyzed in order to document the development, descriptive statistics, and test-retest reliability of cross-cutting symptom measures of those diagnoses being considered for inclusion (Narrow et al., 2013). "One of the major problems of a strict categorical system has been demonstrated in clinical and epidemiological research showing high levels of symptom comorbidity crossing diagnostic boundaries" (Narrow et al., 2013, p. 71). This particular analysis is imperative to the field on account of high levels of comorbidity. Overall, this analysis reported that test-retest reliability for cross-cutting symptomology in adults was generally in the good to excellent range. For children and adolescents, parents were generally reliable reporters. The results of this field testing present evidence for the use a more dimensional approach. Documentation of cross-cutting symptoms, along with a diagnosis, may aid in treatment decisions (Narrow et al., 2013).

Conversely, a dimensional approach to classification of behavior may be utilized. This approach constructs a taxonomy of psychopathology from large-scale samples of behavioral assessment data (Achenbach, 2001). It is this construct that provides focus for assessment and intervention. A dimensional approach more broadly groups behaviors into externalizing and internalizing patterns (Achenbach & Edelbrock, 1979; Merrell & Walker, 2004). Topping and Flynn (2004) suggest that determination of externalizing versus internalizing patterns of behavior will likely lead to an educational intervention, whereas a psychiatric diagnosis may not. Gage (2013) studied students with ED in order to determine the prevalence of internalizing and externalizing behaviors. His study concluded that they exhibited externalizing behaviors more than internalizing ones. The results indicated that of the students in his study receiving services for ED, as few as 7% of them exhibited internalizing behaviors. Additionally, students who exhibited externalizing behaviors were more likely to experience academic deficiencies than students exhibiting internalizing behaviors (Nelson, Benner, Lane, & Smith, 2004).

The coexistence of two or more specific disorders or syndromes in the same individual is referred to as comorbidity (McConaughy & Skiba, 1993). According to Gage (2013), there is a high level of comorbidity in students exhibiting externalizing and internalizing behaviors. Youngstrom, Findling and Calabrese (2003) say that the comorbidity rate of internalizing and externalizing behavior ranges between 5% and 74%. Children with ED manifesting both internalizing and externalizing behaviors impact both home and school and therefore require intervention that generalizes across settings (Reddy & Richardson, 2006).

A study conducted by Jarrett, Siddiqui, Lochman, and Qu (2014) investigated whether internalizing problems were a predictor of change in the outcomes of externalizing behaviors, specifically anxiety and depression related to aggression. The results of the study suggested that co-occurring depression may be a predictor when interventions are being considered for children with externalizing behaviors (p. 33). The study by Gage (2013) suggested that students rated as having extreme numbers of internalizing behavior also demonstrated externalizing behaviors, suggesting comorbidity for externally displayed behaviors (Gage, 2013). Both study results indicate that comorbidity may be an important indicator in determining intervention.

Achenbach (2001) compared and contrasted nosological and empirically based approaches to assessment and taxonomy of psychopathology. According to Achenbach (2001), the DSM approach to diagnosis is a top-down one. The process used by the DSM begins with concepts as categories. Experts in the field then determine symptoms as the definitions of each disorder with uniformity in the number of required symptoms. Additionally, gender and age are not considered when determining age of onset (Achenbach, 2001). Conversely, a dimensional approach to the classification of behavior, based on empirical evidence is constructed from a bottom-up approach. Achenbach (2001) describes this approach as beginning to analyze the problem based on data specific to the problem. Syndromes are then derived from statistical formulations among problems that span a spectrum of maladaptive behaviors (Achenbach, 2001). Based on the study results, Achenbach (2001) states:

A possible route toward integration was outlined in terms of DSM-oriented scales that are scored from the same pool of assessment items as are used to derive empirically based syndromes. The DSM-oriented scales are scored quantitatively and normed by age, gender and type of informant. If desired, they can be used to make categorical decisions by employing clinical cut-off points on the distributions of scale scores. (p. 270).

At the conclusion of this study, Achenbach suggests that while the approaches described are fundamentally opposite, they are not mutually incompatible (p. 270). The topic remains controversial, however.

<u>Internalizing.</u> Syndromes that Achenbach (1993) considered as falling under the category of internalizing behavior are (a) withdrawal, (b) somatic complaints, and (c)

anxiety/depression. Students with internalizing behaviors are usually either withdrawn, lethargic or have multiple psychosomatic complaints. Internalizing behaviors appear withdrawn and "internal." These behaviors manifest themselves in conditions such as depression and anxiety, which are often less noticeable than acting-out or externalizing behaviors (Smith, 2007) and occur co-morbidly as often as 50% of the time (Huberty, 2009). Unlike externalizing behaviors, internalizing behaviors are passive and may go unnoticed. Programs treating externalizing behaviors risk neglecting internalizing behavioral issues (Cole & Carpentieri, 1990). Assessment and identification of internalizing disorders are difficult, according to the literature. Huberty (2009) believes the difficulty arises because:

- these children tend not to be disruptive, and thus do not call attention to themselves;
- their behaviors may be mistaken for typical manifestations of childhood and adolescence;
- their behaviors may be mistaken for other problems, such as low motivation, "laziness," attention deficit, and low ability;
- they tend to be difficult for adults to identify accurately;
- younger children have a difficult time expressing internal mood dates; and
- children typically do not refer themselves for psychological help. (p. 287).

Consequently, determining eligibility for students with ED, who primarily exhibit internalizing behavior, is a challenging area of special education. Because internalizing behaviors disrupt the teaching process far less than externalizing behaviors, students exhibiting them often go unnoticed (Reddy, De Thomas et al., 2009). Huberty (2009) suggests that the first step in recognizing and addressing the problem is to provide training to all school personnel in the identification of internalizing behavior such as anxiety and depression. Additionally, a team-based, problem-solving approach including structured observations, behavior rating scales, and student self-reporting are necessary in order to document and determine an ED disability (Huberty, 2009).

*Externalizing*. In contrast, externalizing behaviors are more easily identified. Externalizing behaviors are those that are under-controlled, aggressive and considered antisocial (Achenbach & Edelbrock, 1979) and sometimes involve hyperactivity (Achenbach, 1985). Externalizing behavior may additionally be categorized into these areas: attention deficit hyperactive disorder (ADHD); aggressive and violent behaviors; and juvenile delinquency (Smith, 2007). Observable examples of externalizing behaviors include: (a) excessive engagement in fighting; (b) destructive behaviors such as damaging other people's property; (c) sexual misconduct; and (d) self-harm. Externalizing behaviors also include behaviors of lesser intensity such as: (a) constant talking; (b) refusing to work; (c) truancy; (d) lying; (e) blaming others; and (f) making noises (Smith, 2007). Children exhibiting externalizing behaviors have demonstrated lower social, academic, and cognitive functioning (Achenbach & Edelbrock, 1983; McConaughy, Achenbach, & Gent, 1988). Externalizing behaviors are the subject of significant concern because they "create the greatest difficulty in school and society" (Topping & Flynn, 2004).

ADHD, ODD, and CD are commonly diagnosed disorders among children and adolescents exhibiting externalizing behaviors. According to the APA (2013), ODD and CD are diagnoses appearing under a newly defined citatory on disruptive, impulsecontrol, and conduct disorders. Although ADHD often occurs comorbidly with these diagnoses, it is listed under neurodevelopmental disorders. Studies have found that when any of these disorders co-occur, academic, social and behavioral problems are worsened substantially (Wei, Yu, & Shaver, 2014). Research suggests a combination of ODD and environmental factors (e.g., delinquent peers, poor adult role models, and lack of supervision) puts students with ADHD at an increased risk for delinquent, antisocial behavior as they reach adolescence and into adulthood (Reimherr, Marchant, Olsen, Wender, & Robinson, 2013).

ODD is typically associated with aggressive behavior and consistently includes the opposition, defiance, and hostility toward authority figures (Smith, 2007). Criteria for ODD typically relate to socially undesirable behaviors (APA, 2013); frequent loss of temper, arguing with adults, refusing to comply with adult requests and/or deliberately annoying people are behaviors frequently used to describe ODD (Skoulos & Tryon, 2007). DSM-V criteria for ODD do not include physical aggression toward animals or people nor does it allow for diagnosis after age 18 (APA, 2013). Prevalence rates for ODD range from 1 to 11% (APA, 2013).

A study was conducted investigating the possibility that special education students with symptoms of ODD in self-contained classrooms had deficits that were more severe than their peers with disabilities in these classrooms. In this study, teacher perceptions demonstrated that students with ODD had fewer social skills and less academic competence than those special education students who did not meet the criteria for ODD (Skoulos & Tryon, 2007). Cederna-Meko, Koch, and Wall (2014) studied youth with ODD upon entry into a treatment setting. Although the study was not specific to an educational setting, factors relating to education were considered. The study indicated that caregiver inconsistency, abuse, neglect, deprivation, and problematic caregiver-child relationships are factors in the development of ODD. Prevalence of an ODD diagnosis upon entry into programs considered high level (e.g., most restrictive, higher levels of supervision and structure with intensified services) was approximately one in five. An unintended result of the study indicated that entry criteria may have been based less on diagnosis of ODD than on other behavioral characteristics.

Conduct disorder refers to a form of childhood psychopathology that involves repetitive and persistent patterns of behavior that violate the basic rights of others or major age-appropriate societal norms (APA, 2013). Many characteristics exhibited by those with conduct disorder may warrant juvenile justice, mental health, and/or educational intervention. It is often difficult to distinguish between behavioral and emotional disturbance and conduct disorder (Frick, 2004).

Research suggests that an array of services in educational settings that vary along the continuum of restrictiveness is needed. This continuum is necessary to meet the broad variability in the severity and type of problem behavior displayed by children with conduct disorders (Frick, 2004). Frick (2004) explains:

However, since conduct disorder has not always been considered a disability and because many educators may not be familiar with the most current research on developmental pathways to conduct disorders, they may not be comfortable in developing individualized plans for these youth. Further, because of the disruptive nature of the child's behavior and concerns about the potential danger to other students in some cases, the focus of many educational decisions is on the most appropriate level of restrictiveness for the child's academic placement, rather than on the most important focus of intervention with in placement. (p. 830).

A large number of risk factors have been associated with the development of conduct disorder. According to Frick (2004), dispositional characteristics within the child such as biological abnormalities, maladaptive personality traits and cognitive deficits may all contribute to the onset and potential diagnosis of conduct disorder, along with social factors such as inadequate parenting, poor schools and peer rejection.

A study by Rolon-Arroyo, Arnold, and Harvey (2014) considered conduct symptoms in young children and the predictability of later outcomes. Their results suggest that symptoms in preschool children may predict later conduct disorder. There was however, no suggestion that ODD or ADHD with hyperactivity were precursors to conduct disorder. Property destruction, stealing and fighting independently predicted symptoms of conduct disorder emerging later, suggesting that certain symptoms in preschool children may be more meaningful than others (Rolon-Arroyo et al., 2014). A review of the literature emphasizes an interrelatedness of CD and ODD, noting that 25% of children meeting the criteria for ODD progress to a later diagnosis of CD (Rowe, Costello, Angold, Copeland, & Maughan, 2010; Turgay, 2009).

One large-scale study examined the linkages between ODD and CD in young adults aged from 9 to 21 years old. Rowe et al. (2010) determined that ODD was a significant predictor of later developing CD in boys more than girls. Additionally, a CD diagnosis better predicted behavioral outcomes versus a diagnosis of ODD more strongly predicted emotional disorders developing in early adulthood. The results of study imply that, because of their differing characteristics, it is important to be able to distinguish ODD from CD for the purposes of planning.

ADHD is a behavior disorder typically occurring in childhood that is characterized by developmentally inappropriate levels of inattention and/or hyperactivityimpulsivity (APA, 2013). The DSM criteria for this particular disorder requires that individuals exhibit at least six inattention or at least six hyperactive-impulsive symptoms before the age of seven, for at least six months, with concomitant academic and/or social impairment (APA, 2013). ADHD is divided into three subtypes: (a) inattentive type; (b) hyperactive-impulsive type; and (c) and a combined type.

ADHD is typically associated with a student being hyperactive and having excessive energy (Smith, 2007). Children with ADHD can also exhibit aggressive behaviors (Lahey, Schaughency, Strauss, & Frame, 1984). Those with ADHDhyperactive show a tendency to noncompliance toward figures of authority and experience peer rejection (Lahey et al., 1984). ADHD-inattentive types appear as sluggish, with a tendency to daydream (Lahey, Schaughency, Hynd, Carlson, & Nieves, 1987).

Students with ADHD experience difficulty in academic work, discipline, and conflict with peers (Evans, Serpell, Schultz, & Pastor, 2007). As students move past elementary school, typical behaviors related to ADHD often lead to more serious consequences. Adolescents with ADHD face problems such as automobile accidents, traffic violations, difficulty in friendships and romantic relationships, substance use and even vocational problems (Evans et al., 2007). Studies indicate that the prevalence of ADHD among students who are also ED is as high as 56% (Schnoes, Reid, Wagner, & Marder, 2006) to 65% (Wei et al., 2014).

Wei et al. (2014) conducted a study evaluating the long-term effects for students with ED and ADHD. This study concluded that more boys than girls are identified as having both ED and ADHD. Moreover, the combination of ADHD and ED, compared with ED, alone resulted in lower academic, social and behavioral outcomes that persisted over time. The academic implications for students with ED and ADHD manifested most significantly in the area of math calculations.

While none of these classifications, characteristics, and/or diagnoses automatically make a student eligible for ED services, many students who receive services for ED exhibit one or more characteristics or have a psychiatric diagnosis. A psychiatric diagnosis, however, does not necessarily mean that a child qualifies for special education services, as a psychiatric condition alone may not align with the criteria for special education under the IDEA (Topping & Flynn, 2004; Yell, Meadows et al., 2013). A student deemed eligible for special education services under the category of ED may or may not have a psychiatric diagnosis (Sullivan & Sedah, 2014). Merrell and Walker (2004) argue that, to better address school-related emotional and behavior disorders, the current federal definition of ED should change to one based on internalizing and externalizing characteristics. Currently, none of the aforementioned examples align with IDEA in defining ED. In reality, special education categories are none other than administrative labels determined by education policy (Becker et al., 2011). However, recognizing traits and characteristics of students and discerning differences may provide a framework from which to create more specific and effective interventions and services (Becker et al., 2011).

<u>Comorbidity</u>. The literature is laden with evidence indicating co-morbid relationships within the disability category of ED and across classifications. These comorbid conditions also occur across disability areas, specifically ED, learning disabilities, and language disorders (Kauffman et al., 2007). Comorbid conditions call for the recognition of the potential impact of multiple risk factors when conducting assessments and planning for intervention (Forness, 2005). Research suggests that patterns of comorbidity may put children at an increased risk of school failure (Kauffman, 2005).

Language disorders/deficits. Comorbidity of language deficits, learning and attentional difficulties can make identification more difficult, hiding emotional disturbance for a long time or leading to emotional disabilities (Costello, Foley, & Angold, 2006; Forness et al., 2012; Kauffman et al., 2002). The literature suggests that there is a general acceptance in the fields of ED and language and communication disorders of a high correlation or comorbidity of behavioral difficulties and language deficits. (Hill & Coufal, 2005; Hollo, Wehby, & Oliver 2014; Lindsay & Dockrell, 2012). Externalizing behaviors such as hyperactivity, inattentiveness and conduct problems strongly correlate with language difficulties (Snowling, Bishop, & Stothard, 2006). The prevalence of behavioral difficulties co-occurring in children with language impairments is estimated at approximately 35 to 50% (Lindsay, Dockrell, & Strand, 2007).

According to Lindsay and Dockrell, (2012), there are variations in the relationship between the type of behavioral difficulty and language difficulty. Key variables include the age of the child, the type of behavior, the type of language difficulty, academic ability, level of nonverbal ability, and self-concept of the student, the person(s) assessing the difficulties, as well as the changes and significance of behaviors over time. For example, children who have both a language impairment and low nonverbal ability tend to have behavioral difficulties (Snowling et al., 2006). The percentage of students with a language impairment displaying significant hyperactivity showed a reduction from 47% to 19% between the ages of 8 and 12 (Lindsay et al., 2007). Behavioral difficulties were predicted in children at ages 10 and 12 when expressive language difficulty was present at age 8. However, when pragmatic and receptive language were considered, expressive language was no longer significant (Lindsay et al., 2007). As children with language impairments become older, concurrent correlations are not high and predictive associations for behavioral difficulties are nonsignificant (Lindsay & Dockrell, 2012).

A similar study was conducted to look at the psychosocial outcomes of children at 15 years of age who had a history of language impairment (Snowling et al., 2006). Overall results showed that the rate of psychiatric disorders was low, with no significant association between speech language delays as a young person and the rate of adolescent psychiatric disorders. Of critical importance, this research indicated that when preschoolers identified with a language deficit had overcome it by the age of 5½, they were at no higher risk of a psychosocial diagnoses as teenagers than their peers. For students whose language difficulties continued through their school years, there was a higher incidence of attention and social difficulties, along with persistent language impairments. The issue was exacerbated if there was an additional indicator of a lower nonverbal IQ score. As in other studies, specific learner profiles resulted in different outcomes. Attention problems showed specific expressive language difficulties; social difficulties led to receptive and expressive language difficulties; and when attention, social difficulties and a low IQ were present, they associated with global language deficits. In conclusion, Snowling et al. (2006) suggest that the risk of psychiatric and language comorbidity is highest when severe and persistent language problems occur in conjunction with low nonverbal IQ.

An element of language development that appears to have significant implications for students with ED is pragmatics. Pragmatic language is how we use language to express intentions. It includes the rules of language for social interaction and conversation (Kuder, 2008). A pragmatic language impairment is one in which causes a person to have difficulty in conveying and understanding intended meanings (Mackie & Law, 2010).

Gilmour, Hill, Place, and Skuse (2004) initiated a pilot study to explore the interaction between social communication deficits and conduct disorders. Their study investigated the pragmatic language skills of children aged 5 to 10 with a conduct disorder diagnosis. These children's pragmatic language skills were compared with those of same age peers for whom a diagnosis of autism had been given. The results indicated that two thirds of children diagnosed with conduct disorder had a language disorder similar to students with autism. This supported their hypothesis that pragmatic language

disorders may be an underlying cause of antisocial behavior (conduct disorders). A study by Mackie and Law (2010) produced similar results. Following Gilmore et al. (2004), they conclude:

It seems that factors commonly associated with [Language Impairment] play a more important role in the incidence of ED than the language difficulties in themselves. Through the use of a more standardized assessment of pragmatic language skills it has been possible to assess more fully the underlying pragmatic language ability of the children with ED to consider whether they have more pervasive difficulties with the underlying pragmatic skills rather than a lack of exposure, practice or willingness affecting their social competence, though this is likely to play a role. (Mackie & Law, 2010, p. 408)

The results of these studies have implications for service delivery and planning for instruction. Where it appears that social skills-type training has been a primary strategy in addressing the needs of students with conduct disorders, a change of emphasis to pragmatic language has the potential to produce different results.

Hollo, Wehby, and Oliver (2014) studied language impairments (LI) in children with ED. They concluded that students with ED often have difficulties academically, socially and behaviorally. Many who suffer from delays in language development expressive or receptive—that have gone undetected, instead presented themselves as having behavioral issues. The results that "it is likely that four out of five children with EBD had at least a mild LI that escaped the attention of relevant adults" (p. 181–182). There is believed to be a strong connection between language and behavior, as behavior as a form of communication.

The long-term results of undiagnosed or misdiagnosed comorbid conditions of language impairment and behavioral disorder can lead to negative long-term outcomes for students with these disabilities. To better understand the ramifications, studies of juvenile offenders have been conducted. Snow and Powell (2008) studied social skills and oral language competence in high-risk boys who had become juvenile offenders. The results indicated that the juvenile offenders performed significantly worse on all language and social skills measures, and there was no evidence of lower nonverbal IQ scores. These findings suggest that juvenile offenders have less than adequate everyday language skills both socially and educationally. Furthermore, juvenile offenders experienced difficulty with language processing, as well as with the organization of thoughts in regard to their own ideas and experiences. Snow and Powell (2008) explain the potential implications:

In an effort to keep up with the highly verbally demanding nature of everyday life, young people with unidentified language deficits and poor social skills are likely to resort to monosyllabic responses, shoulder shrugging and poor eye contact. Unfortunately, such behaviors are easily misinterpreted as reflecting a lack of cooperation, rather than a lack of communication ability, and can thus incorporate a significant social penalty (p. 24).

In addition to continued research in this area, it is critical that practitioners better understand and recognize these co-occurring conditions, each with some level of specificity and applied to each student individually. Increased understanding is beneficial when planning intervention, as research has validated correlative and predictive results (Lindsay & Dockrell, 2012; Lindsay et al., 2007). In the absence of an increased awareness, appropriate intervention is not likely. Snow and Powell (2008) suggest:

The possibility that social skill deficits can at least in part, be accounted for by a decrease in underlying oral language is plausible. It is not known, however, to what extent a decrease in oral language competence correlates with a decrease in social skill. This question is important because many rehabilitative interventions for young offenders (e.g. counseling, literacy and social skill programs) are likely to have diminished efficacy in cases where oral language skills are deficient. (p. 17–18).

The literature suggests that language deficits frequently go unrecognized in students with ED. The case for language development and communication for students demonstrating characteristics of ED is strong. If a student is not able to communicate effectively, she/he is more likely to exhibit disruptive behavior. It is imperative for teachers to assess language difficulties in order to support academic, social and behavioral outcomes as well as the use of appropriate instructional language when working with students with ED (Hollo et al., 2014). In summary, the literature recommends that intervening in the area of language, without regard to the behavioral disability (and vice versa) is unlikely to lead to positive results.

<u>Mental health.</u> The identification of students with ED can be challenging on account of co-occurrence with other disability categories, including mental health diagnoses. The ED category as defined by the IDEA provides many services to special education students, many of whom also have a mental health disorder (Reddy, De Thomas et al., 2009; Reddy, Newman, De Thomas, Newman, Chun, 2009). Unlike educators, psychiatric and medical professionals use a system of classification to diagnose mental health disorders. The most commonly used is the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; APA, 2013).

The prevalence rates of mental health conditions are astonishing. Reddy and Richardson (2006) report that one in five children has a mental health condition diagnosable according to the DSM-IV criteria. As many as 11% of school-age children have a mental health disorder that impairs function moderately to extremely (Reinke et al., 2008). Yet schools seem reluctant to provide mental health services to children with such issues. Students with ED are underserved for their mental health, and likely special education needs (Kauffman et al., 2007).

Students in special education for a mental health related disability receive mental health services at a rate higher than those receiving services for a non-mental health disability, even when serious emotional behaviors are present (Pastor & Reuben, 2009). Where services are provided to students with ED and mental health issues, it is often in restrictive settings such as residential facilities; there are few options for services in less restrictive environments (Reddy & Richardson, 2006).

A study conducted by Hoagwood et al., (2007) reported that there is limited research into mental health and academic outcomes. They reviewed 2000 studies at the onset of their research, of which only 64 met their criteria. Of those 64 studies, a meager 24 examined the impact of the intervention on both mental health and educational outcomes. Given the paucity of scientific evidence in this field, it is not surprising that resources and focus are allocated to other areas. The number of children with mental health problems is also steadily increasing, with many engaging in bullying, self-injurious behaviors, and suicide (Roberts-Dobie, & Donatelle, 2007). Only 20% of youth and adolescents with mental health disorders are identified for special education services (Kauffman & Landrum, 2009).

Understanding and addressing comorbidity in the area of ED is important. Diagnosis and treatment of comorbid conditions in special education and mental health is extremely complex (Forness, 2007). Students with comorbid conditions are more likely to resist treatment (Connor et al., 2003). This is alarming given that comorbidity appears to be very common in children referred for mental health services, including special education (Angold, Costello, & Erkanli, 1999). The classification and characteristics of students with ED is of course essential to informing practitioners across disciplines, including educators. However, explicit description, quantifying characteristics, and analysis of conditions may at times exacerbate perceptions of students with ED. Even when these practices are necessary, an important underlying message remains. "Time and again," Kauffman (2005) shared,

even after reading what looked like a catastrophic case history and steeling myself for the worst, the kid I met was essentially just a kid. Relatively seldom was his or her behavior especially bizarre. More often than not the behavioral or emotional responses were crying, tantrums, mouthing off, fighting, and other things that most kids occasionally do in the course of growing up. Kids with emotional or behavioral disorders do these things but do them with much more frequency and with less provocation. Emotional or behavioral disorders are, in all but a few cases, mostly a matter of degree. What separates them is the frequency (not the kind) of emotional or behavioral response. In most cases, there is just a kid underneath all that behavioral or emotional excess, a kid who is hurt or scared or misunderstood, either because of what has happened in the past or because of the insidiousness of the disorder itself. Some few disorders are, of course, extreme and require very specific treatments. In every case however we do well to remember that we treat a child, not a disorder. (Kauffman 2005, p. 25). Demographics. The identification rate of students with ED is difficult to determine due to the range of behaviors, circumstances, duration, and intensity of problems (Zionts et al., 2002). Because there is a lack of consensus when it comes to identification and eligibility criteria, as well as varying definitions of behavioral norms, it has become impossible to measure precisely the prevalence of emotional or behavioral disorders in American schools. Identification rates vary from state to state and even district to district.

According to the US Department of Education's 35th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2013, in 2011 ED was the sixth largest disability category for school-aged children across the nation with the prevalence rates of .5% of all students going to school. Additionally, in 2011, 6.4% of all students identified as in need of special education services were identified as ED. The incidence rate of ED has remained relatively stable since 2002, when it was .7% of the total population of school-age children. However, researchers believe this to be a gross underestimate as it has been consistently estimated that at least 6% to 10% of school-aged children demonstrate serious and persistent emotional or behavioral problems (Kauffman et al., 2007).

<u>Range in identification rate of ED.</u> ED has a greater degree of variability in rates of identification than any other category of disability (Merrell & Walker, 2004). In addition to the vagueness of definition previously described, there is a discrepancy in the rate of identification of students with ED from state to state. Wiley and Siperstein (2011) conducted a study in an attempt to identify its cause. According to data from the Office of

77

Special Education Programs in 2009, at the time of this study, the national identification rate for ED was less than 1%.

The percentage of K-12 students served in the ED category in the state with the highest ED identification rate (1.89%) is more than 10 times the percentage of students identified in the state with the lowest ED identification rate (0.17%). The mean ED identification rate for the 10 highest identifying states (1.46%) is four times higher than the mean ED identification rate for the 10 lowest identifying states (0.36%). (Wiley & Siperstein, 2011, pp. 195–196).

Wiley and Siperstein's study was based on the hypothesis that there is a relationship between the political ideology of each state and its identification rate of students with ED. While these researchers acknowledged an overall underrepresentation of students identified for special education services in this category, they believed it imperative to understand its causes and begin to formulate solutions. The factors considered in the study were identification rates for ED and ID, and political, economic and demographic variables. The results indicated that in states where citizens define themselves as conservative, there were lower rates of identification of students for ED services. Variables other than political ideology had no significant causal relationship to the variance in identification rates from state to state (Wiley & Siperstein, 2011).

A follow-up study was conducted by Wiley, Brigham, Kauffman, & Bogan, (2013), in part to validate the results of Wiley and Siperstein (2011). The results of this most recent study suggested that political conservatism is a significant negative predictor of the disproportionate rate of identification for African-American students. According to Wiley et al. (2013), political conservatism as a predictor explains about 40% of the variance between states. As a result of the study, the researchers suggest that due to the over-identification of African-American students in ED being a focal point of policy and research, "it may be that underidentification plays a bigger role in explaining disproportionality due to pressure to identify fewer of the students" (p. 42).

Regardless of the cause, the literature is clear that the rate of identification for ED varies across the United States. The percentage of students identified with ED is lower in states that are less affluent (Zhang et al., 2014).

<u>Under-identification of ED.</u> Kauffman and Landrum (2013) suggest that the vagueness of the definition gives rise to concern about the under-identification of students who may be in need of ED services. Federal regulations stipulate that in order to meet the criteria for ED, behaviors must adversely affect educational performance. However, educational performance is not defined. An additional cause for the under-identification of ED may be a rigid interpretation that prohibits identification when a student continues to make adequate academic progress, in spite of significant behaviors or the presence of mental illness.

In addition, the federal definition of ED contains an exclusionary clause. The social maladjustment clause prohibits identification of students with conditions that are classified as social maladjustment unless it is determined that they have an emotional disturbance. According to Kauffman et al. (2007), this definition allows school officials to not consider students with conduct disorders (CD) as meeting the criteria for ED. This is alarming, as CD is considered a serious disability with externalizing disruptive and

antisocial behavior that often leads to discipline problems in schools (Kauffman & Landrum, 2009). Consequently, many children in need of special education services are not identified or served (Forness et al., 2012). It is believed that a significant number of students are currently not identified under the IDEA's definition of ED and consequently not protected or receiving services (Merrell & Walker, 2004). It is estimated that as many as 80% of school-age children who suffer from emotional disorders and mental health issues are not identified as ED under IDEA (Olympia et al., 2004).

A less common and yet problematic potential cause of underidentification may be gender bias (Arms, Bickett, & Graf, 2008). However, the literature in this area is extremely limited (Arms et al., 2008; Rice, Merves, & Srsic, 2008). A variety of factors may contribute to the underidentification of female students with ED (Rice et al., 2008; Cullinan, Osborne, & Epstein, 2004). Data suggests that only 15–25% of students identified in the category of ED are female (Cullinan et al., 2004).

Arms et al. (2008) conducted a review of the literature on gender and disability. Content analysis was utilized to examine trends and patterns in the literature to provide a structure by which to organize the information into categories of contribution. The results determined that the literature related to gender and disability fell into the categories (a) referral and identification, (b) school experiences, and (c) outcomes. Although the research was not limited to students with ED, results of the study had clear implications for the disability category.

According to Arms et al. (2008), with regard to the referral and identification process for special education services, the results indicate the "verifiable absence of girls

in U.S. special education classrooms" (p. 352). They suggest that girls are not identified and referred for services because teachers are more likely to notice boys, who more typically act out, not staying in their seats and becoming disruptive. Girls, in contrast, demonstrate behaviors such as depression and social withdrawal, which are far less conspicuous and unlikely to disrupt the classroom.

Drawn by similar concerns, Rice et al., (2008) embarked on a qualitative study to investigate gender differences in the expression of ED. The results of their literature review revealed that little is known about girls with ED, in regard to identification and/or intervention. Professionals participating in this study identified that they saw girls with ED as: (a) having less visible but sometimes more intense problems, (b) more isolated, (c) acting more intensely when they are physical, and (d) having fewer friends. These results led the researchers to recommend evidence-based interventions that may be used in the identification process as well as after a student is deemed eligible for ED services. Additionally, the study suggested that gender stereotypes of girls being "misplaced" or "too difficult" (p. 560) inevitably affected the identification process.

Interpretation, perception, and potential bias vary widely between individuals, school districts, and states. The end result is likely to be the inconsistent interpretation and application of eligibility criteria, which may in turn lead to inadequate provision of special education services, and ultimately denial of FAPE. The underrepresentation of students in need of services is therefore problematic and may have long-term consequences for individuals with ED.

Disproportionality. Disproportionality first appeared in the literature more than 40 years ago and has increasingly become a concern, as evidenced by ongoing research, legislation, case law and professional organizations (Sullivan & Bal, 2013). Although it existed long before, racial and ethnic discrimination in special education came to attention in 1972 with the first court case (Mills v. Board of Education) to address this issue. Over the past two decades, the disproportionate representation of ethnic minority students in special education has become a controversial issue (Artiles, Kozleski, Trent, Osher & Ortiz, 2010; Skiba et al., 2008). New legislation was therefore introduced in order to prevent, monitor, and reduce racial disproportionality. Monitoring requirements were initiated in the 1997 reauthorization and further emphasized in the 2004 amendment to the IDEA. In 2004, Congress designated monitoring the extent of racial/ethnic disproportionality in special education as one of its top priorities (Skiba et al., 2013). In an attempt to inhibit further disproportionate representation, IDEA 2004 required states to enact policies and procedures to prevent the inappropriate overidentification of students with disabilities by race/ethnicity, including children with a particular impairment (34 C.F.R. § 300.173; 20 U.S.C. § 1412(a)(24)).

The new legislation required that if a state was a recipient of Part B funding, it would be required to collect and monitor data in order to determine if significant disproportionality based on race/ethnicity was occurring at the state and/or local level in: (a) rates of identification; (b) placement; and (c) disciplinary actions, including suspensions and expulsion (34 C.F.R. § 300.646(a); 20 U.S.C. § 1418(d)(1)). The state agency was then required to disaggregate data by race/ethnicity to determine whether significant discrepancies existed in the rate of suspensions and expulsions among local education agencies (LEAs) compared to rates for nondisabled peers (34 C.F.R. § 300.170(a); 20 U.S.C. § 1412(a)(22)(A)). Using quantifiable indicators, states must monitor LEAs for the disproportionate representation of students receiving special education, including related services, by race/ethnicity to determine the extent to which overrepresentation may be caused by inappropriate identification (34 C.F.R. § 300.600(d)(3); 20 U.S.C. § 1416(a)(3)(C); Skiba et al., 2008, 2013; Zhang et al., 2014). However, the law does not stipulate the method for calculating significant disproportionality, nor does it define the criteria for the decision (Waitoller, Artiles, & Cheney, 2010).

In accordance with IDEA 2004, the rate of identification or placement of minority students may be determined to be significantly disproportionate. Under these circumstances, states must provide for the review, and revision as necessary, of the policies, procedures, and practices utilized in the identification or placement of students to ensure compliance. Additionally, the LEA is required to allocate 15% of its Part B funds toward comprehensive early intervention for students found to be represented disproportionately. Lastly, the LEA is required to report to the public any revisions in policy, procedures, and practices as a result of this provision (34 C.F.R. § 300.646(b); 20 U.S.C. § 1418(d)(2); Skiba et al., 2008, 2013; Zhang et al., 2014).

<u>Definition of disproportionality.</u> Skiba et al. (2008) define disproportionality as "the representation of a group in a category that exceeds our expectations for that group, or differs substantially from the representation of others in that category" (p. 266). The

disproportionate representation of a group can be an overrepresentation or an underrepresentation. The measurement of disproportionate representation can be complex.

Typically, disproportionate representation is measured in two ways: (a) composition index; or (b) risk index and risk ratio (Skiba et al., 2008). A composition index "provides a measure of representation in the target phenomenon compared to our expectation for that group" (Skiba et al., 2008, p. 266). A risk index, according to Skiba et al. (2008), is best at estimating the risk of the outcome for a specific group. Risk index is the proportion of a specific group served in a specific category. Taken alone, this is not particularly useful information, but it can be used to produce a risk ratio that indicates the risk for one group compared to that of a control group (IDEA Data Center, 2014). A risk ratio of 1.0 demonstrates proportionality, with anything above or below 1.0 representing over- or underrepresentation (Skiba et al., 2008).

Although less common, additional methods of calculating disproportionate representation are available. Risk ratio can be further differentiated into alternative risk ratios and weighted risk ratios. Risk difference and E-formula can be utilized as well. Each calculation method represents a slightly different variation in reporting similar data and answers slightly different questions (IDEA Data Center, 2014).

*Disproportionality within subgroups.* Zhang et al. (2014) report that according to the 2006 Office of Civil Rights Data Collection, 12.82% of the overall student population was receiving services under IDEA and Section 504 of the Rehabilitation Act of 1973. In the disability category ED, 42.8% of students were minority (compared to 52.7% being

84

White). In addition to racial/ethnic representation, disproportionality also occurs in relation to socioeconomic status, gender, school discipline, restrictiveness of setting, and disability category (Skiba et al., 2013).

A study conducted by Zhang et al. (2014) examined trends in disproportionality for five racial/ethnic groups (Asian, Alaskan, African American, White and Hispanic) over a five-year time span. Between the years 2004 and 2008, the percentage of students with ED dropped slightly. Both African American and White groups dropped (-0.03%); the Hispanic group remained the same (0.65%). The rate of poverty in a state was found to be linked to changes in racial representation for students with ED. States with higher rates of poverty changed more than those with lower rates of poverty (Zhang et al., 2014).

The proportion of students identified with ED according to gender, as well as cultural differences, has given rise to concern. More males, African Americans, and disadvantaged youth are identified for ED services (Zionts et al., 2002). A nationwide study by Coutinho and Oswald (2005) indicated that boys were 3½ times more likely than girls to be identified as having a serious emotional disability. Additionally, national gender ratios varied slightly by race/ethnicity with students with ED having a slightly wider range and Asian/Pacific Islander students being something of an outlier, with boys overrepresented at a rate of 2.7. Their study made comparisons across states and determined there to be an overrepresented in LD, MR and ED, with the latter having the greatest rate of gender disproportionality with an odd ratio ranging from 2.17 in Hawaii to 5.95 in West Virginia (Coutinho & Oswald, 2005).

Skiba, Poloni-Staudinger, Simmons, Geggins-Azziz, and Choong-Geun (2005) report that level of poverty does not significantly predict identification for special education services across all disability areas. Specifically related to ED, it is not a significant predictor of disproportionality. Students attending a school with a high poverty rate were nearly twice as likely as those from wealthier schools to be identified as needing ED services. Conversely, those attending schools with a smaller percentage of students eligible for free and reduced lunches were half as likely to require ED services. African American students, when poverty is a controlled factor, were 1.5 times as likely as other students to be identified for ED. Essentially, when race and socioeconomic status are considered, race is more predictive of a need for special education services than is poverty. The additional consideration of district level resources and behavioral and academic outcome variables indicate that African American students remain at greater risk than their peers of an ED placement. Overall results indicate that in the area of ED, poverty reinforces disparities created by race when all other variables are equal. Increased poverty magnifies the discrepancy for identification rates of African American students vs. other children in the ED category.

Sullivan and Bal (2013) studied the risk of disability identification associated with individual and school variables. Their general results indicated that school variables (i.e., total enrollment, percent of racial minority, limited English proficiency, special education, free and reduced lunch enrollment, percent of white teachers and teachers with a Master's Degree or higher, retention rate, suspension rate and percent passing in reading and math) were not significant predictors of students at risk for identification of special education services. Overall, according to Sullivan and Bal (2013), those at highest risk of being identified for special education services are students that are Black, receiving free/reduced lunch, or male. Black males were at greatest risk for ED as well as other high-incidence disabilities. Asian students were underrepresented for ED. Students receiving free/reduced lunches were significantly more likely than their peers to be identified for ED. Students facing disciplinary measures such as suspensions, were at increased risk of identification for ED. School size had a small but significant correspondence to a student's risk of identification for ED. If the school had a high proportion of free and reduced lunches, a student was more likely to be identified for ED (Sullivan & Bal, 2013).

Given the dynamics and characteristics of disproportionate representation in the category of students with ED, the use of exclusionary discipline deserves attention. Across all racial groups, boys are twice as likely as girls to be suspended from school, with Black males being the highest of all subgroups (Sullivan et al., 2013). Skiba et al. (2011) report that, according to national data:

- from elementary through middle school, Black students were increasingly overrepresented for office referrals when compared to White students,
- Latino students were overrepresented in middle school only,
- risk of suspension varied by the type of infraction. However, Black and Latino students had significantly elevated risk of being subjected to exclusionary discipline when compared to White students, and
- race did not predict office referrals but was a predictor of suspension and expulsion.

Sullivan et al., (2013) conducted a study in which they examined the exclusionary

discipline of students with disabilities, considering characteristics of students and school.

The researchers asked three poignant questions: (1) How does risk of suspension vary by disability? (2) How do students' sociodemographics moderate risk of suspension? and (3) Do school characteristics influence suspension risk among student with disabilities?

The results indicated that overall, 20 percent of students with disabilities were suspended at least once during the school year (Sullivan et al., 2013). The risk of suspension increased dramatically if a student was Black (three times more likely to be suspended than a White student with a disability). Asian and Hispanic students with disabilities were far less likely to be suspended than White students with disabilities. When examining the results in the area of suspension risk by disability category, 8.8% of all students with disabilities were suspended one time and 10.7% were suspended more than one time. Almost half of the students with ED had one suspension, and multiple suspensions occurred with nearly 30% of students with ED. Using hierarchical logistic regression, suspension risk was calculated. According to disability status, students with ED were nine times more likely to be suspended than students with Speech Language Impairment (SLI) or Low Incidence Disabilities (LI). Interestingly, school enrollment and teacher characteristics alone were not determined to be predictors of suspension for students with ED (or any other disability category). However, in the model considering student performance and policy proxies, where school characteristics were considered, there was an increase in the odds of suspension for students with ED (Sullivan et al., 2013).

Similar issues of overrepresentation by race/ethnicity are seen in the restrictiveness of the placement once students are identified. In one study (Skiba et al,

2006) comparing restrictiveness of placement for African-American students with ED to all other children receiving ED services, African American students accounted for 23.2% of the total ED population; only 14.2% of students with ED served in the general education setting. Further analysis indicated that 26.2% of students with ED were served in a separate classroom. The translation indicates that African American children with ED are 1.2 times likely than their peers with ED to be placed in separate classrooms and 50% less likely to receive services in the general education environment (Skiba et al., 2006).

Artiles, Bal, Trent, and Thorius (2012) reviewed the literature in an effort to examine the research on the disproportionate representation of minority learners with ED. Research in this area is scarce. The researchers located and reviewed only 16 studies conducted between 2000 and 2010. Eleven were grounded in sociodemographic model, two were ecologically grounded, and three focused on perception and bias. Only one of these studies focused specifically on placement. Lastly, one study focused on the reduction of disproportionality. Several studies focused on the disproportionate identification and placement of students in ED. The review concluded with a recommendation for future research in this area (Artiles et al., 2012). The current literature is markedly deficient as a basis of information that researchers and practitioners need to understand and, more importantly, alleviate the problem.

<u>Causes of disproportionality.</u> Undoubtedly, there is an evident need to address disproportionality. Skiba et al., (2013) state: "Such data suggest that federal interpretations of IDEA 2004, subsequent regulatory guidelines, and the design of

indicators for monitoring and enforcement have not been effective in addressing disproportionate representation in special education" (p. 108). A review of the literature leaves no question as to whether disproportionality is evident in special education. Additionally, the literature has consistently led to general agreement that disproportionality is complex (Skiba et al., 2013).

While data collection and monitoring of disproportionality continues, professionals in the field continue to debate the causes of this issue. The literature suggests that test bias, special education identification process, inequities in general education, and issues around culture may be causing or maintaining disproportionality in special education (Artiles et al., 2010; Skiba et al., 2008; Skiba et al., 2013; Sullivan et al., 2013).

A review of the overrepresentation literature led Waitoller et al., (2010) to organize the issues or causes of disproportionality from three distinct perspectives. Within a sociodemographic framework, the characteristics of the individuals in the context of their environment is one category of potential causality. This research concluded that student factors were most prevalently considered, even when school and community contexts were studied. The racial makeup of the school population, school poverty level, family income and the education level of parents are believed to be factors related to disproportionality.

Power-type issues related to race are considered from a critical perspective. This perspective is viewed through a sociohistorical lens. This lens considers the issue of disproportionality from a belief that race and power shape the problem. Factors

pertaining to this perspective may include political and economic structures, school segregation policies, and structural factors. Typically sociodemographic variables are considered. However, these variables are believed to be related to race relations and power differentials (Waitoller et al., 2010).

The ways in which professional practice and policy development shape and/or maintain overrepresentation is yet another perspective of causality in disproportionality. Factors typically connected with this belief include special education eligibility and placement, and practices related to these processes. Teacher/school professional beliefs and bias, test bias where standardized measures utilize White, middle-class students as the comparative norm, and perceptions of behavioral issues with students are cause indicators that commonly appear within this framework.

The position summary of the Council for Children with Behavior Disorders (CCBD) states that "A number of factors have been identified as possible causes and maintaining conditions of special education disproportionality, but the research literature is insufficient to accept any single cause as fully determinative of racial disparity" (CCBD, 2012, p. 5). In an attempt to provide more definitive evidence as to the causes of disproportionate representation, research is broadening and now considering the multiple variables impacting disproportionality, ranging from individual student characteristics to systemic factors (Skiba et al., 2005).

However, the complexities surrounding disproportionality in special education, specifically among students with ED, give cause for trepidation in the field. Researchers and practitioners must proceed cautiously. They are advised not to oversimplify the incredibly complex nature of disproportionality. Research must be inclusive of school experiences and outcomes, and give due consideration to students with disabilities and their families (Artiles et al., 2010; Skiba et al., 2005, 2008; Wiley et al., 2013).

Issues surrounding the definition of ED continue to be controversial. Clearly, this contributes to problems surrounding the eligibility determination process for students with ED. However, abundant research is available to guide practitioners with descriptive characteristics of students with ED and classification systems, as they strive to increase their understanding of this population and provide effective services. However, significant concerns continue in the field as demographic information triggers questions as to potential ethical issues arising from current practices. Evidence exists that current systems may lead to disproportionate representation of students with ED in schools.

Nevertheless, many students across the United States continue to be determined eligible for and in need of services under the disability category ED. Once eligibility is determined, essential decisions are taken to ensure that the student is provided with FAPE in the LRE.

## Legal Guidance for Determining FAPE and LRE

An overview of the education for students with ED indicates that effective practices have been empirically validated. In addition, the literature provides a clear picture of the current reality in post-secondary transition, which is less than stellar. While there exists a strong knowledge base in behavior management and discipline in schools, this has not necessarily led to positive outcomes. Although there is growing support for the utilization of behavioral strategies that indicate potentially positive results, students with ED continue to suffer from exclusionary practices.

In order to understand the current reality in the field of educating students with ED, a historical perspective is required. It will reveal the pathway that led here, and the progression of legislation that has created the legal framework in which educators practice today. Ultimately, FAPE and LRE are the cornerstones on which special education is built.

## Prior to the 1950s

According to Horn and Tynan (2001), before the 1950s, the federal government was not routinely involved in the education of students with special needs. "A few federal laws had been passed to provide direct educational benefits to persons with disabilities," they report,

mostly in the form of grants to states for residential asylums for the "deaf and dumb, and to promote education of the blind." These laws, however, were in the tradition of providing residential arrangements for persons with serious disabilities, services that had existed since colonial times. (Horn & Tynan, 2001, p. 36).

In the 20 years prior to the 1950s, parents began to form advocacy groups to support their children's educational rights. In the 1950s, these groups combined forces and lobbied Congress to demand a legal commitment to improving educational programming for every student with disabilities (Bartlett, Etscheidt, & Weisenstein, 2007).

## Prior to 1974

During this period, the laws concerning whether students with disabilities should be educated within public schools left the matter to the discretion of individual states and their local school districts; while some public school districts managed to provide exceptional services to students with special needs, it is clear that others did not: "Indeed, as recently as 1973, perhaps as many as one million students were denied enrollment in public schools solely on the basis of their disability" (Horn & Tynan, 2001, p. 36).

Prior to 1975, many children with disabilities were excluded or inadequately served by public schools. Often a parent's only choice was to keep their child(ren) at home, place them in an institutional setting, or send them to a segregated school for children with disabilities. The educational services provided to those students who were allowed to attend a public school were often marginal and discretionary (Wright & Wright, 2007). According to Rothstein and Johnson (2010), three million children with disabilities were not receiving appropriate programming in public schools at the time.

During this period, federal court cases began to play a significant role in the evolution of educational opportunities for children with disabilities. In 1954, in *Brown v. Board of Education*, the Supreme Court ruled that schools could not be racially segregated. This ruling was significant for children with disabilities as it would later be used to end their segregation too. Two additional federal cases are considered landmarks that led to the establishment of laws protecting individuals with disabilities. Section 504 of the Rehabilitation Act of 1973 (P.L. 93:112), which prohibits discrimination against individuals with disabilities, was followed by the Education for All Handicapped

Children Act of 1975 (EAHCA), which ensures the rights of students with disabilities to be educated, as well as providing funding for these services.

In support of the 14th Amendment to the United States Constitution, *Pennsylvania Association for Retarded Citizens (PARC) v. Pennsylvania* (1972) was brought before the court. The case was initiated by the parents of a child with mental retardation who had been excluded from public education based solely on disability. The PARC case argued that states could not refuse to educate students with mental disabilities. As a result, children with mental disabilities between the ages of six and 21 were required to be provided with a free and public education (Osborne & Russo, 2014). A second court order followed guaranteeing these same rights to all students with disabilities (Murdick, Gartin, & Crabtree, 2007).

This second court order was the result of *Mills v. Board of Education* (1972). A class action suit was filed based on allegations that students "having behavioral problems, or being mentally retarded, emotionally disturbed, and/or hyperactive" had been "excluded, suspended, expelled, reassigned, and transferred from regular public schools without due process of law" (Murdick et al., 2007, p. 12–13). The ruling in this case substantiated PARC and extended the rights of all children with disabilities to receive public education. Procedural safeguards for parents were also established as a result of the Mills case.

The groundwork laid by these judgments led to the proliferation of similar cases throughout the United States (Murdick et al., 2007). Many schools continued to deny children with disabilities access to education. When students with disabilities were allowed to attend school, they were frequently instructed by untrained teachers with insufficient materials and located in inadequate facilities (Bartlett et al., 2007; Huefner, 2000). In addition, issues such as assessment, labeling, and placement of children began to be called into question. These concerns, combined with the less than adequate results following the PARC and Mills rulings, led to what would become foundational in the EAHCA.

#### 1975 Education of All Handicapped Children Act

With the enactment of the Education of All Handicapped Children Act (PL 94– 142) in 1975, the landscape of special education began to change in substantive ways. This federal legislation mandated that students with disabilities receive a free and appropriate public education in the least restrictive environment; an initial evaluation to determine eligibility for services and accommodations; individual education planning; the provision of individualized services; and procedural safeguards to ensure the active involvement of a child's parents. The passage of the EAHCA allocated federal funding for states to provide a free and appropriate public education to students with disabilities (Horn & Tynan, 2001). Parents were also afforded the right to access their child's records, receive notice before their child was removed from the general education setting, and the right to a hearing if they disagreed with the educational decisions with respect to identification, evaluation, placement or the provision of FAPE (Huefner, 2000).

In the initial legislation, children eligible for special education and related services were identified according to the 13 disability categories outlined in the statute. (Bartlett et al., 2007). A child with a disability meant a child with "mental retardation, a hearing impairment (including deafness), a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, other health impairments, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by the reason thereof needs special education and related services" (Code of Federal Regulations [C.F.R.], n.d.). 1990

The EAHCA was reauthorized in 1990. The results of the reauthorization were comparatively insignificant. The statute was renamed the Individuals with Disabilities Education Act (IDEA). The change reflected "people first" language when referencing persons with disabilities. The passage of the new law added transition and assistive technology under special education services, as well as rehabilitation counseling and social work as related services. Autism and traumatic brain injury were now to be considered for special education services as part of this reauthorization (Murdick et al., 2007).

<u>1997</u>

Congress' 1997 reauthorization of the IDEA resulted in changes that proved substantive. According to Yell (2012):

The IDEA was restructured by consolidating the law from eight parts to four, and significant additions were made in the following areas; (a) strengthening the role of parents, ensuring access to the general education curriculum; (b) emphasizing student progress toward meaningful educational goals through changes in the IEP process; (c) encourage parents and educators to resolve differences by using non-adversarial mediation; and (d) allowing school officials greater leeway in disciplining students with disabilities by altering aspects of the IDEA's procedural safeguards. Additionally, these amendments required states to develop performance goals and indicators, such as drop-out and graduation rates. (Yell, 2012, pp. 81–82).

Congress, prior to the 1997 reauthorization, believed that students with disabilities had been successfully afforded access to public schools. The newly mandated changes in 1997 were to shift the focus from "access to actual improvements in performance and achievements of students in special education in both the general education and special education curricula" (Yell, 2012, p 81). In order to accomplish this, several changes were mandated. Students on IEPs were to be included in state and district-wide assessments and it was now the responsibility of the IEP team to determine appropriate accommodations and modifications to allow for participation in these activities. Measurable annual goal(s) and benchmarks or short-term objectives needed to be included in the IEP so that parents and educators alike could determine the student's progress. In order to support the progress in the general and special education curricula, both a general and a special educator were required to participate in the development of the IEP (Bartlett et al., 2007).

The newly required discipline provisions expected IEP teams to address problem behaviors by determining the function of the behavior (Yell & Katsiyannis, 2000). In order to address the problematic behavior, the IEP team was to consider the use of positive behavioral interventions, strategies and supports. A functional behavioral assessment and a behavior intervention plan were required for children with disabilities, according to Zirkel (2011), to ensure FAPE.

School officials were now given the latitude to discipline a student with a disability in the same manner in which a student without a disability may be disciplined, to a certain degree. Under the new legislation, it became allowable to unilaterally change

the placement of a student with a disability, for no more than 10 days, for disciplinary purposes. A 45-day interim alternative educational setting (IAES) could now be utilized as a result of the student bringing a weapon to school, or for sales, usage, or possession of drugs at school (Osborne & Russo, 2014). The legislation protected the safety and learning of all students while giving administrators and other school officials the authority and responsibility to remove a student with disabilities from situations dangerous to themselves and others, while still providing the student with access to FAPE (Dunklee & Shoop, 2006).

Autism was separated from other emotional and behavioral disorders. In 1997, serious emotional disturbance was changed to only emotional disturbance (Gargiulo, 2012). However, despite the change in name, no substantive alterations were made to the definition itself.

# <u>2004</u>

The most recent reauthorization of the IDEA occurred in 2004. At that time, it was a goal of Congress to align the IDEA with the Elementary and Secondary Education Act (formerly No Child Left Behind) enacted in 2002. Its purpose was to increase accountability to improve the performance of students, hence, the renaming of the IDEA to Individuals with Disabilities Education Improvement Act of 2004 (IDEIA). Key provisions in this legislation included a focus on results for students with disabilities by requiring the delivery of scientifically-based practices by highly qualified teachers. An emphasis was given to pre-service preparation and professional development for teachers. A major emphasis was placed on creating policy that supported high expectations for students with disabilities by ensuring access to the general education curriculum in order to prepare them for a productive and independent life.

With student achievement an overall theme of the 2004 reauthorization, the IDEIA put less emphasis on procedural compliance and paperwork, attempting to allow educators more time to focus on student progress, instructional strategies and overall educational outcomes (Huefner, 2000; Yell, Shriner, & Katsiyannis, 2006) In support of these concepts, IEP goals no longer needed to include objectives or benchmarks, IEP teams were allowed to amend an IEP without calling a meeting, and team members could be excused if the parents and school agreed (Huefner, 2000).

While an attempt was made in 1997 to give districts more authority in the discipline of students with disabilities, Congress made additional changes in 2004 giving even greater flexibility to those responsible for maintenance and safety of all students in the school setting. According to Yell (2012):

This provision simplified and strengthened the manifestation determination standard because a behavior could be determined to be a manifestation of a student's disability only if the conduct in question was "caused by" or has a "direct and substantial relationship" to the student's disability. Additionally, if a school failed to implement a student's IEP, a direct relationship would also exist (p. 85).

Regardless of the outcome of the manifestation determination, a student with a disability requires educational services to continue.

In order to understand the significance of FAPE and LRE, a historical perspective on the legal requirements is critical. It becomes apparent by delving into the progression and development of what is now the IDEIA that the rights of students with disabilities need to be analyzed and continually protected. IDEIA's provisions are likely to continue to guide the decisions made in planning special education programs. These provisions become critical as students with ED often face disciplinary action that potentially threatens their rights to FAPE and may cause IEP teams to make decisions that contradict the intention to provide services in the LRE. The following is a summary of current discipline provisions (specifically related to this study), developed as a result of the continued refinement and reauthorizations of the EAHCA through the development current legislative authority, IDEIA.

Discipline provisions. A school suspension is when a student is removed from school for a short period of time (typically less than 10 school days), during which they most often do not receive special education services. A student is considered expelled when they have been removed from school for more than 10 days. A key consideration in situations regarding suspensions and/or expulsion is whether the removal is considered a change in placement. When a change in placement or program is recommended, a stayput provision is enacted. Under IDEIA guidelines, the student remains in the current situation until the issues can be resolved (Murdick et al., 2007).

In situations where disciplinary action is considered and the stay-put provision is not enacted, the school can recommend an Interim Alternative Educational Setting (IAES). In circumstances where an IAES is utilized, special education services remain in place. The student typically receives these services in an alternative program (Murdick et al., 2007).

Prior to the imposition of a significant disciplinary action that will likely result in the student being removed for more than 10 school days, a manifestation determination is conducted. A manifestation determination is the review of relevant information in the student record, including the child's IEP, in addition to information from the parent, in order for the IEP team to determine if (a) the conduct in question was either caused by or had a direct relationship to the child's disability; or (b) was a direct result of the school's failure to implement the IEP (Murdick et al., 2007).

A Functional Behavior Assessment (FBA) is required when a student's behavior has been determined to be a manifestation of the disability and disciplinary action is being taken. Additionally, IDEIA requires IEP teams to consider conducting an FBA as a basis for the development of a Behavior Intervention Plan (BIP) in cases where a student's learning, or the learning of others, is impeded by behavior(s) of concern. In such cases, consideration of positive behavioral interventions and supports is required (Murdick et al., 2007).

### Free and Appropriate Public Education (FAPE)

The fundamental tenet of FAPE is that all children with disabilities have the right to learn and be educated in a manner that benefits them and will enable them to make progress and not regress (Yell, 2012). Students with disabilities need to have access to a free and appropriate public education tailored to their individual needs, including special education services provided by teachers skilled in teaching in the area of disabilities. The core of FAPE allows all students to have equal access to education, regardless of disability (Osborne & Russo, 2014). In spite of the legislation, ambiguity exists within federal definitions of both FAPE and LRE, which leads to disagreements among school stakeholders, families, and caregivers as to the best and most appropriate education for all students with disabilities, including those with ED.

One of the first court cases to interpret FAPE was the case of 1982 case of *Board* of *Education of the Hendrick Hudson School District v. Rowley* (Osborne & Russo, 2014). The case addressed the provision of related services to accommodate the education of a young deaf student attending public school. When the school decided that the student should no longer receive the service of a sign language interpreter as he entered the first grade, the parents asked for a due process hearing. The lower court deemed that even though the student had already improved, her disability prevented her from reaching her full academic potential and thus she was being denied FAPE if she was not given a sign language interpreter. The Supreme Court however, sided with the school and dissented from the initial decision of the lower court. The court deemed that appropriate education was not clearly defined in special education law and that IDEA was not established to offer equal education.

Following the Rowley decision, the court ruled that the lower courts' role was to merely determine if the IEP team had adhered to the procedural requirements of IDEA and determine if the special education program offered the student educational benefit. This determination was to occur via a reviewing the IEP and student progress (Bartlett, et al., 2007). Courts were asked to be more cautious when ruling. They were called not to replace or override the decisions of educators because they were not in the best position to do so in absence of "specialized knowledge and experience necessary to resolve persistent and difficult questions of educational policy" (San Antonio ISD v. Rodriquez,

1973, p. 42; Yell, 2012).

The Rowley standard has since been utilized to determine FAPE based on:

(a) adherence to the procedures of the Act [EAHCA, IDEA, IDEIA], and (b) whether the individualized education program developed through the Act's [EAHCA, IDEA, IDEIA] procedures was reasonably calculated to allow the student to receive adequate educational benefit. If these two qualifications have been met, the IEP had complied with and is providing FAPE, based on this standard (Yell, 2012).

Specifically, following Rowley, case law has had limited application in the area of

ED when FAPE has been in question. In general however, a few cases apply conceptually. In *Polk v. Central Susquehanna Intermediate Unit 16* (1988), a 14-year-old boy with severe mental and physical disabilities was allegedly not provided with direct physical therapy services. Instead, he received consultative services. The court initially sided with the school, but the ruling was subsequently reversed by the appellate court (Murdick et al., 2007). This case is significant as it was the first to interpret FAPE as providing meaningful benefit. This changed to the landscape from benefit to the expectation of meaningful benefit. Meaningful benefit would prove to be difficult to determine, however.

Subsequent litigation, starting with *Hall v. Vance County Board of Education* (1985), required courts to make decisions on a case-by-case basis and to ensure that the IEP provided the student with more than a trivial benefit. In 1991, Carter v. Florence County School District Four brought forth the argument that a denial of FAPE occurred based on goals not projecting meaningful growth. This also occurred in *J.C. v. Central* 

*Regional School District* (1996), where the ruling determined that the IEP was lacking in vital educational goals (Yell, 2012).

In 1997 and 2000 respectively, the court attempted to make decisions in this regard in a more objective manner. Rather than rely on subjective qualifiers such as minimal, meaningful, vital, etc., the cases of *Cypress-Fairbanks Independent School District v. Michael F.* and *Houston Independent School District v. Bobby R.* were decided on these four questions:

- Was the program individualized on the basis of the student's assessment and performance?
- Was the program delivered in the least restrictive environment?
- Where the services provided in a coordinated and collaborative manner by key stakeholders?
- Were positive academic and nonacademic benefits demonstrated? (Yell, 2012)

Essentially, these cases led the courts to make decisions on a case-by-case basis.

Although none of the aforementioned cases specifically addressed a student with ED, the decisions would certainly apply to this population as well.

# Least Restrictive Environment (LRE)

In 1991, the U.S. Court of Appeals described the purpose and end goals of the mainstreaming or inclusion policy that comprises the LRE: "Under the Act, mainstreaming is a policy to be pursued so long as it is consistent with the Act's primary goal of providing students with disabilities with an appropriate education" and "where necessary for educational reasons, mainstreaming assumes a subordinate role in formulating an educational program" (Wright &Wright, 2007). The purpose of inclusion was to ensure that school and school districts would not segregate handicapped students from other non-disabled students.

Conceptually, LRE has been problematic from its onset in that legislation requires consideration of an environment that is least restrictive, and yet the IDEIA does not clearly articulate how schools are to determine where students with disabilities receive services. Consequently, the courts have been called upon to provide clarity and guidance in this area. Litigation in the area of LRE tends to be more directly related to the ED population in many cases.

In the case of *Roncker v. Walter* (1983), a nine-year-old boy with severe mental retardation was receiving special education services from the school he would attend if he were nondisabled. The school recommended, however, that the best setting for the child was a special school for children with disabilities. The parents, while acknowledging that special education services were necessary, requested that their child be educated in the general education setting in order to have access to nondisabled peers, believing that the required services could be provided in this less restrictive environment. Ultimately, the U.S. Court of Appeals for the Sixth Circuit ruled in favor of the family, stating a "very strong preference" that children with disabilities be educated with non-disabled peers. Just as significant as the ruling in the case is what has come to be known as the Roncker Portability Test. This two-part test is now utilized by the courts when they are called to make a determination as to whether services provided in a segregated setting could be implemented in a general education setting. Essentially, the court must consider: Can the educational services that make a segregated placement superior be feasibly provided in a unsegregated setting? If so, placement in a segregated setting is inappropriate (Roncker, 1983, p. 1063).

A case specifically related to students with ED and LRE was *Daniel R. R. v. State Board of Education*, heard by the U.S. Court of Appeals for the Fifth Circuit in 1989. This gave consideration to how the behavior of a student with a disability impacted the learning of peers. The court ultimately found the student to have a negative and harmful effect on the learning environment, and declared that the school had justification in their decision to move the student to a more restrictive environment. A key factor in the court's decision was the amount of time the teacher was spending working with Daniel and the impact this had on time away from other students.

Again, just as important as the actual ruling was a clarification from the court that when FAPE and mainstreaming conflict with one another, the FAPE mandate takes priority (Yell, 2012). This case too, resulted in a two-part test that courts would use to determine if methods and policies were IDEA compliant. In order to make such determinations, the court asks two questions:

- Can education in the general education classroom with supplementary aids and services be achieved satisfactorily?
- If a student is placed in a more restrictive setting, is the student integrated to the maximum extent possible? (Yell, 2012)

In *Sacramento School District v. Rachel H.* (1994), an 11-year-old girl with moderate mental retardation was thought by her parents to benefit, both socially and academically, from and inclusive school setting. The district believed to the contrary that Rachel was too disabled to benefit from full inclusion. The U. S. Court of Appeals for the Ninth Circuit founded that including Rachel had no negative impact on the teacher's ability to meet the needs of other students or their ability to learn. A four-factor standard was set as a result of Rachel. The four factors that school teams were asked to consider are:

- The educational benefits of the regular education classroom versus the special education classroom.
- The nonacademic benefits of the regular education classroom versus the special education classroom.
- The effect of the disabled student on education of the other students in the classroom.
- The cost of mainstreaming. (*Sacramento School District v. Rachel H.*, 1994)

An additional two cases specifically involving students with ED were *Clyde K. V. Puyallup School District* (1994) and *Hartmann v. Loudoun County Board of Education* (1977). In both cases, the courts heard arguments from parents requesting their students remained in their school, while the district was recommending placement in an alternative setting. The school asserted in both cases that maintaining the student in the current placement had a negative impact on other students. Both rulings landed in favor of the district.

Students with emotional and behavioral disorders have trouble in aspects important to becoming successful in school and life, which include behavior, social skills, as well as academic achievement (Kauffman & Landrum, 2009). For students with ED to improve their academic performance, schools are called to give effective and individualized educational programs (Kennedy & Jolivette, 2008). The passing of the Education for All Handicapped Children Act of 1975 was intended to improve educational access for students with disabilities (Yell, Drasgow, Bradley, & Justesen, 2004). Eventually, this changed to the Individuals with Disabilities Education Act (IDEA) of 1990 (amended in 1997 & 2004). This Act mandated that students with disabilities be given the chance to learn and study alongside students without disabilities as much as possible. Specifically, the Act called for them to study and learn in the least restrictive environment (20 U.S.C. § 1412). The LRE is determined by various stakeholders, from the school administrator, school psychologist, special education teacher, general education teacher, the student's parent or guardian, to the student themselves.

Nonetheless, where students with ED should receive their education is still a problem. The ability of the IEP team to make the best educational placement decisions when it comes to students with ED is still challenged by the lack of explicit guidelines from the IDEA as to how to make these decisions (Becker et al., 2011; Yell, 2012). As a result, the IEP team can sometimes make decisions not according to what setting would be the least restrictive, but based on other unrelated factors (Becker, et al., 2011). These factors may even conflict with each other. Some base it on student IQ (Mattison, 2011), academic skills (Stoutjesdijk, Scholte, & Swaab, 2012), behaviors (Hoge, Liaupsin, Umbreit, & Ferro, 2012), and demographics (Stoutjesdijk et al., 2012).

### <u>Placement</u>

Interestingly, however, even with robust momentum for serving students in the LRE gaining more support with each reauthorization of the EACHA, a continuum of placement remains significant in IDEIA. Current legislation mandates that school districts provide:

Each [school district] shall ensure that a continuum of alternative placements is available to meet the needs of children with disabilities for special education and related services.

The continuum required... must:

- include the alternative placements...(Instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions); and
- make provision for supplementary services (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement. (34 C.F.R. § 300.551)

Ultimately, the continuum allows school personnel to choose from a range of options in determining the LRE most appropriate for the student.

According to Gargiulo (2012), an IEP team's options for placement are not based on availability of services. A district is not required to offer a full continuum within its own boundaries, however. Consequently, a district may have to send a student to a different school in order to access the services required by the IEP. In order to ensure FAPE and LRE with a continuum of services, the IDEIA regulations require alternative placements that "are to be available to the extent necessary to implement the individualized education program" (34 C.F.R. § 300.552[b]). Due to the mandates of FAPE and LRE, it becomes the responsibility of the IEP team to determine a student's placement along the continuum that is as non-restrictive as possible and yet appropriate. Prior to 1997 it was allowable for placement decisions to be made by a knowledgeable group of persons. Since the 1997 amendments to the IDEA, parents must participate in this decision. Furthermore, it is important for IEP teams to understand the order of events in which a placement decision should occur. Placement decisions occur after the IEP has been developed and the LRE has been determined.

Restrictiveness is determined from an assumption that the general education classroom is the preferred option, as long as the setting is appropriate (Yell et al., 2006). "It is important to note that moving to a less restrictive point on the continuum is the goal of the mainstreaming mandate. Therefore, the behaviors that are necessitating the segregated placement should be targeted for remediation on the IEP" (Rothstein & Johnson, p. 180, 2010). Due to the nature of problems created in classrooms and schools when serving students with ED, the utilization of the entire continuum of placements is relevant.

Legislation over time has paved the pathway, creating legal assurances that students with ED will be provided with FAPE. Not only will FAPE be provided, but it must also be provided in the LRE. Because not everyone agrees on the exact meaning of appropriate and least restrictive, the courts have given rulings in regard to these issues. Additionally, the results of litigation have provided guidance on the discipline provisions within the law. While legislation and litigation continue to provide the foundation, the IEP process and its requirements operationalize the legal expectations.

111

## **IEP Requirements**

Fundamentally, neither FAPE nor LRE can be provided or assessed in the absence of the IEP process and document. Referring back to the Rowley Standard, the IEP itself is unequivocally critical in protecting the rights of students with disabilities. Likewise, the IEP process itself has been assembled to provide the necessary structure and framework leading to successful outcomes for students with disabilities. Ultimately, a heavy burden is placed on each IEP team when considering all legal aspects and mandates of FAPE and LRE as they collaboratively plan for, develop, and implement an IEP.

The IEP process itself contains several procedural components by which teams are obligated to comply in order to ensure that the rights of students, parents, and education agencies alike are protected. These components are: (a) providing notice; (b) following timelines; (c) involving the student's parents (and the student at the age of transition); (d) conducting evaluations; (e) ensuring appropriate team members participate; (f) including all appropriate content in the IEP; and (g) implementing the IEP as written (Yell, 2012). Specifically, in regard to the appropriate content required in the IEP for an IDEA-eligible student, the document must include:

- a statement of present levels of academic achievement and functional performance;
- a statement of measurable annual goals;
- a statement of how progress toward the goals will be measured and when reports will be provided to parents;
- a statement of special education, related and supplementary aids and services, based on peer-reviewed research, including program modifications and/or supports for school personnel;
- a statement of rationale when a student will not participate in general education;

- a statement of necessary accommodations for participation in state and/or districtwide assessment;
- projection for the date in which services will begin as well as anticipated frequency, location, and duration of those services; and
- measurable post-secondary goals and transition services, based on the student's age. (Bartlett et al., 2007; Osborne & Russo, 2014; Rothstein & Johnson, 2010)

All components of the process and document are important. For the purpose of this study, particular focus will be given to student and parent involvement and team member participation. In relationship to the contents of the IEP, focus will be given to goals, rationale for the extent to which a student will participate in general education, transition, and services and supports.

As each team proceeds through the process of developing an appropriate IEP for a student with a disability, the IDEA requires the team to consider five additional factors: (a) behaviors; (b) limited English proficiency; (c) blindness or visual impairment requiring braille; (d) deafness or hard of hearing requiring language and communication services; and (e) assistive technology devices and services. Significantly for this study, behaviors will be explored as a factor for additional consideration. The IEP team must consider whether the behavior may impede "the child's learning or that of others"; and if so, must consider "the use of positive behavioral interventions, and supports, and other strategies, to address that behavior" (IDEA 2004, P.L. 108-446, § 602 [1], 118 Stat. 2647 [2005]).

<u>IEP team.</u> As with all components of the IEP, the IDEA gives specificity in regard to the persons who are to constitute an IEP team. Clear delineation is given as to the required members, as well as their roles. Required IEP team members include:

- parent(s) or guardian,
- special education teacher,
- general education teacher,
- representative of the educational agency,
- person who can interpret evaluation results and provide, instructional implications, and
- student (required for transition IEP). (Osborne & Russo, 2014).

The courts have made clear their support of the IDEA mandates. The school district is held responsible for ensuring that required members participate in the IEP process. Case law confirms that inappropriate constitution of an IEP team may invalidate the IEP (Girard School District, 1992; New York City School District Board of Education, 1992; OSEP Policy Letter, 1992; *W. G. v. Board of Trustees of Target Range School District No. 23*, 1992). Contrarily, no one outside the IEP team has the authority to change decisions made by the team (OSEP Policy Letter, 1991). The requirements of the IDEA make known that the power to determine services needed and provided lies with the IEP team and only the IEP team (Bateman & Linden, 2006). For the purpose of this study, focus will be given to special education teachers, representative of the education agency, and the person who can interpret evaluation results and provide instructional implications.

<u>Parents.</u> Parents are to be considered equal partners in the IEP process. They are afforded the right to be involved in planning for their student's IEP throughout the entire process, including the placement decision. "For the first time in public school educational

history, parents of students with disabilities attained formal educational planning status equal to that of teachers and administrators" (Martin, Marshall, & Sale, 2004, p. 285).

Regardless of the IDEA provisions mandating greater parental participation in educational planning, many educators find themselves confronted with a substantial amount of parental resistance to active participation. Given the need for multiple perspectives in secondary transition planning, parents are a very important source of information. However, according to Wagner and Davis (2006), a review of the literature suggests that almost 61% of parents of students with ED reported that their involvement in the decisions made during an IEP was "about the right amount" and only 37.4% wanted more involvement.

For students with ED, a potential cause for parental resistance to participation may be school personnel blaming the parent for the behavior of the child and believing that the parent is difficult to work with (Wynne, Ausikaitis, & Satchwell, 2013). Wynne et al. (2013) encourages educators to be reminded that parents of children with ED often experience more parenting stress than normal and face extra strain in meeting work and family demands, and therefore find participation difficult.

Even with resistance and barriers from parents, the education agency must make continued and concerted effort to involve parents by providing meeting notice and mutually agreeable times and locations, even offering alternative modes of input and interaction (Rothstein & Johnson, 2010). The extra effort needed to include parent input is supported in the literature. There has also been a growing recognition among educators at the primary and secondary level that increased participation by parents is not only

115

desirable but absolutely required in most cases in order to ensure successful outcomes (Westwood, 2007; Wynne et al., 2013).

<u>Teachers.</u> Prior to the 1997 reauthorization of the IDEA, the law was not specific in regard to teacher participation on IEP teams. As a result of the revised legislation, both the student's general education and special education teachers became required members of the IEP team. The special education teacher serves in the capacity of a person qualified to provide specially designed instruction. The general education teacher, as a member of the IEP team, is responsible for having knowledge of the general curriculum and necessary accommodations, modifications, and supplementary aids and services (including positive behavioral interventions and supports). Both the general and special education teachers are responsible for participating in the development of the IEP (Bartlett et al., 2007).

Clearly, the intent of the law is active engagement in the development and implementation of the IEP on the part of both the general and special education teachers. However, IDEA 2004 clarified that active engagement does not necessarily mean equal participation in all aspects of the IEP process, or even attendance at IEP meetings. Rather, a teacher does not need to be present if the team does not intend to discuss that particular curricular area. In the event this curricular area will be discussed, a team member (including the general education and/or special education teacher) may be excused from the IEP meeting itself. However, this requires prior approval from the parent/guardian and the education agency. Additionally, the team member must submit, in writing, input that can be utilized in the development and decision making of the IEP team in their absence (Rothstein & Johnson, 2010).

*Representative of the education agency.* The person acting in the role of the representative of the education agency is most often a building- or district-level administrator. However, the criteria set forth in IDEA do not require a designated administrator. Rather, the person filling this role must be qualified to provide or supervise the provision of special education and have the authority to commit resources on behalf of the district. If the person filling this role is not a building- or district-level administrator, this representative must have been appointed by the administrator.

Interpreter of evaluation results. IDEA requires a person that is knowledgeable about the results of the evaluation and can make instructional recommendations be present at the IEP meeting. According to Yell, Katsiyannis et al. (2013), a school psychologist most often plays this role on the IEP team, but this is not a requirement; other persons who may serve in this role include a special education teacher.

<u>Student.</u> The IDEA mandated that all students, whenever appropriate, could participate in their IEP meetings and assume an active role in the educational planning process, and many authorities suggest that the inclusion of students into the educational decision-making process represents one of the fundamental premises of IDEA. Research suggests that students who are more involved in setting their educational goals are more likely to achieve those goals (Sheldon, Ryan, Rawsthome, & Ilardi, 1997). Increasingly, secondary students are attending their IEP meetings. However, they may not be realizing all of the benefits that could be achieved if they were better prepared to attend and participate.

Unfortunately, most parents and children with disabilities did not know that students could attend their IEP meeting, even though parents and students who did overwhelmingly supported the concept. Because of the lack of knowledge, the past practice of not including students in the IEP meeting, and the paucity of literature on student involvement in their IEP process, few students have actively participated in their own IEP meetings (Martin et al., 2004, p. 286). Furthermore, Martin et al. suggest that if IEP meetings involving students are improperly administered, they can actually do more harm than good, particularly for special education students transitioning into a regular high school environment.

On the other hand, actively engaged students with mild disabilities who met four or more self-identified transition goals during high school were twice as likely to become employed (Benz, Lindstrom, & Yovanoff, 2000). Regardless of the extent of students' disabilities, the legal requirements and research support their participation. Secondary education must therefore improve student attendance at IEP meetings and prepare students to participate actively in their meetings so they can lead discussions about their plans and goals (Martin et al., 2004).

One study indicated that approximately 84% of students with ED at the age of transition attended their IEP meeting. One third of students with ED attended their transition planning meetings but did not participate in the discussions or decisions made at the meeting (Wagner & Davis, 2006). This lack of participation occurred even though

118

64.7% of the students who did attend have had specific instruction prior to the meeting in regard to the transition planning process. Increasingly, secondary students are attending their IEP meetings. However, they may not be realizing all the benefits that could be achieved if they were better prepared to attend and participate in the meeting.

<u>Goals.</u> A fundamental component of the IEP is the requirement for goals. All IEPs must contain annual goals that focus on remediation of academic and/or nonacademic (i.e. behavioral) problems. The 1997 amendment to the IDEA made it a requirement for goals to be "measurable." When amended in 2004, the IDEA required academic and functional goals to be set (Murdick et al., 2007).

According to Bartlett et al. (2007), each goal must project towards a student's potential progress over one school year. The courts have set a standard by which goals need to be ambitious and result in improved performance. In *Florence County School District Four v. Carter* (1991), the court ruled that the school's reading goal, set to make six months growth over one school year, did not constitute meaningful benefit. Less than ambitious goals that may not lead to improved student performance may well be considered inappropriate if brought to litigation.

Annual goals, at the age of transition, are developed and included in the IEP for the purpose of addressing needs and skills that will support the long-term goal of postsecondary success. Two separate studies conducted in the late 1990s indicated that the IEPs of secondary students in special education were focused primarily on academics with no obvious link to long-term transition goals, objectives, and outcomes (Collett-Lingenberg, 1998; Krom & Prater, 1993). The results of these studies along, with those of DeFur (2003) and Grigal, Test, Beattie, and Wood (1997), are likely to lead to more specificity in legislation. As a result, goals are now expected to be developed and monitored more rigorously.

However, a review of legal issues in this area demonstrated that even with more rigid requirements, appropriate progress monitoring does not always occur. A review of court cases suggests that courts have not been tolerant. Upon analysis, Etscheidt (2006) concluded that there are five areas of concern:

- failure of the team to develop or implement progress monitoring plans,
- improper delegation of progress monitoring,
- lack of progress monitoring for behavior intervention plans,
- inappropriate measures for progress toward graduation, and
- inadequate frequency of monitoring to provide meaningful data on which to make decisions.

A primary focus of the 2004 reauthorization of the IDEA was on greater

accountability for student outcomes. In order to measure the effectiveness or

appropriateness of IEPs, goals and progress monitoring practices must be clearly

developed, described and utilized.

Transition services. Legislation created as early as 1975 included provisions for

students at transition age. It soon became apparent that the initial mandates of P.L.

94:142 were not adequate in meeting the unique needs of students preparing for transition

to post-secondary. DeFur (2003) states:

Secondary transition planning and services have been required components of the individual education program (IEP) for more than a decade, yet IEP teams remain bogged down in a mind-set that separates transition from the traditional IEP components. Consequently, transition planning too often becomes an afterthought rather than the primary focus that guides secondary special-education decisions. The separation has roots in the evolution of special-education policy and in the predominance of a focus on elementary students that pervades special education

training in literature. Shifting the perspective requires transforming perceptions of the purpose of the IEP for all special education students from a one-year plan to a strategic long-term plan; because transition planning becomes a framework for all students with disabilities (p. 115).

Hence, the forthcoming changes have increased the level of comprehensiveness as this critical legislation was reauthorized over time.

The 1997 reauthorization of the IDEA was the first legislation in which transition was defined as an IEP component. This IDEA initiative required that transition services begin no later than age 16 and that the student be invited to participate in the planning meetings whenever transition is addressed. For the first time, there was an IEP requirement to include a statement of needed transition services including instruction, community experiences, development of employment, and other post-school adult living objectives and, when appropriate, daily living skills and functional vocational evaluation. As a result of this legislation, transition services were to be outcomes-based and postsecondary education was to be included as a major post-secondary outcome. In addition, this Act required that adult service providers or other appropriate outside agencies be included in the IEP development, if they might provide or pay for transition services (Kochhar-Bryant, Shaw, & Izzo, 2009). Essentially, this IDEA institutionalized the requirements and practices used in transition services in order to improve post-secondary outcomes for students with disabilities.

Furney, Hasazi, and Destefano (1997) and Hasazi, Furney, and Destefano (1999) and conducted policy studies that investigated implementation of the IDEA mandate and effective transition practices at the state and local level. Their findings confirmed the importance of program policies and philosophies as a foundation for transition-focused services. Additionally, in a study of IDEA-related federal monitoring and enforcement activities between 1975 and 1997, the National Council on Disability (2000) reported that one of the largest areas of noncompliance was transition. Out of the 50 states, 44 failed to ensure compliance in this area. Consequently, at the time of its next reauthorization in 2004, the Office of Special Education Programs (OSEP) added a federal monitoring component requiring qualitative indicators to measure performance in the area of transition services (20 USC 1416(a)(3)(B), 2004). Secondary transition requires that each IEP include:

Appropriate measurable post-secondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study that will reasonably enable the students to meet the postsecondary and annual IEP goals related to the students' transition services needs. There also must be evidence that the student was invited to the IEP meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP team meeting with the prior consent of the parent or student who has reached the age of majority (20 U.S.C. § 1416 (a)(3)(B).

It appears that the current reauthorization added this component because prior legislation was not producing the anticipated outcomes. In addition to the monitoring component, the provisions of the 2004 reauthorization of the IDEA added four innovative transition reforms. Although in 1997, the IDEA defined transition services as "a coordinated set of activities for student with disability" (IDEA 1997, § 602), results indicated ongoing basic deficiencies in positive post-secondary outcomes. Rather than continue as status quo, this reauthorization acknowledged the need for further action. These substantive additions were intended to improve post-school outcomes for all students with disabilities:

- Students of at least 14 years of age should be invited to participate in the IEP meetings.
- The IEP discussions and decisions must be aligned with the interests and the preferences of the students.
- Students' post-school ambitions should be the main considerations behind the plan as well as the transition services they would receive.
- Students' general education teachers must be in attendance during these IEP meetings. (Kochhar-Bryant et al., 2009)

According to Wagner and Davis (2006), the identification of goals immediately following a student's high school graduation is an important element of the student's transition plan. For students with ED, these goals have tended to be similar to those of students with other disabilities. Specifically, 69.1 % had an employment-related goal, 44.2% intended to obtain vocational training, and 44.2% expected to attend a two- or four-year college. Approximately half the students with ED indicated a desire to live independently. Less than 75% of students with ED had of course a study that was specifically related to their transition plan and which linked to their overarching transition goals. The results of the survey taken by educators indicated that only about one third of the school programs developed were "very well-suited" to supporting the student in achieving their post-secondary goals (Wagner & Davis, 2006).

It is apparent that over time, transition services remain of the utmost importance from multiple perspectives: legislation, research, and case law. Legislation over time has strengthened the legal requirements in this area, yet, there has been limited empirical research. Rather, the literature primarily reflects discussion and policy papers and recommendations for practice (Carter, Trainor, Ye, & Owens, 2009; Sitlington & Clark, 2007). Therefore, this particular study was conducted to explore an area where there has been little previous empirical research. Carter et al. (2009) studied the transition of students with high-incidence disabilities (LD and ED). They concluded that transition planning for students with ED is more likely to be successful when:

- teams use a strengths-based approach to transition planning,
- districts offer a broader secondary curriculum in order to focus on a wider array of instructional domains,
- youth and parents are involved in the planning,
- youth know and can accurately communicate their strengths and needs,
- assessment information is gathered from multiple sources in order to ensure results and comprehensiveness across all domains. (Carter et al., 2009).

*Yankton School District v. Schramm* (1995) laid the groundwork for this firm stance, ruling against the district when only a small portion of transition was addressed in the IEP, while all other areas were documented as "not applicable. "Courts have not looked kindly on school districts that have failed to include transition requirements when they are needed, or when school districts developed minimal and largely meaningless transition plans" (Yell, 2012, p. 257.)

Transition services are critical to all students with disabilities. When considering overall outcomes in conjunction with the specific issues related to students in the disability category of ED, it is apparent that current practices need ongoing research and support.

Services and supports. A critical component in producing positive outcomes for students with disabilities is determining the services and supports required to provide FAPE. Services and supports are necessary to provide the student with the skills they need to reach short- and long-term goals. The IEP must include a statement of special education and related services, and supplementary aids and services, including program modifications and necessary supports for the student to attain annual goals, be involved and make progress in the general education curriculum, including extra credit curricular activities and nonacademic activities, and to be educated and participate in activities with children with and without disabilities (Gargiulo, 2012).

According to Chapman (2008), related services include transportation, and

developmental, corrective and other support services such as:

- speech language pathology and audiology,
- interpreting,
- psychological services,
- physical and occupational therapy,
- recreation including therapeutic recreation,
- social work,
- school nurse services,
- counseling services, including rehabilitation counseling,
- orientation and mobility services, and
- medical services except that such medical services shall be for diagnostic and evaluation purposes only. (20 U.S.C. § 1402(26))

Because students with disabilities must be educated to the maximum extent

appropriate in regular classrooms with students without disabilities, schools are required to consider providing supplementary aids and services to support this (20 U.S.C. § 1412(a)(5)). Chapman (2008) describes elementary aids and services as supports that help students with disabilities to succeed in regular classrooms. Modifying and adapting materials to provide additional support and or assistance to a regular education teacher, and providing assistive technology devices and services in the regular education classroom, are considered supplementary aids and services. Assistive technology devices and services can be provided as a related service or to support the provision of another related service (Chapman, 2008).

According to Wilson, Kim, and Michaels (2013) limited research exists in regard to the differences in related services and testing accommodations across educational environments. In their study of high-school students with disabilities across co-taught, resource room, alternative day support programs, and no direct supports, they concluded that speech and counseling services were most common, though not separated by disability category. Additionally, they determined there to be an association between placement option and related services and testing accommodations.

Accommodations and modifications. IDEIA 2004 mandates that IEP teams consider accommodations and modifications needed to "level the playing field" between students with disabilities and those without (Harrison, Bunford, Evans, & Owens, 2013) and emboldens IEP teams to identify specific accommodations to support access to instruction (Byrnes, 2008). Access to the general curriculum increases opportunities for students to advocate for accommodations in those settings and will allow for experiences and rigorous coursework that will help generalize their work habits to a post-secondary education setting (Kochhar-Bryant & Izzo, 2009). However, neither empirical research nor the IDEIA give clarity or guidance on the identification of accommodations that will effectively alleviate the impact of behavioral deficits on learning (Harrison et al., 2013).

Harrison et al. (2013) conducted a study for the specific purpose of reviewing effective accommodations for students with ED and/or ADHD. As a part of this study, they first defined accommodations, modifications, and intervention. This step was

important in the study as their literature review uncovered a lack of understanding, clear definition, or differentiation in the three terms. The results of this initial stage in the study led to these definitions: (a) modifications are changes to practices in schools that alter, lower, or reduce expectations to compensate for disability; (b) accommodations are changes to practices in schools that hold a student to the same standard as students without disabilities (i.e., grade level academic content standard) but provide a differential boost (i.e., more benefit to those with a disability than those without) to mediate the impact of the disability on access to the general education curriculum ( i.e. level the playing field); and (c) interventions are changes made through a systematic process to develop or improve knowledge, skills, behaviors, cognitions, or emotions (p. 556). Accommodations were further broken into four categories including presentation, response, timing and scheduling, and setting.

Harrison et al. (2013) acknowledge their surprise at the lack of research into the effectiveness of accommodations in the area of ED given the current emphasis and clear mandates for the use of effective, evidence-based strategies. Their study concluded that multiple accommodations are recommended without evidence of their effectiveness. This seemingly laissez faire approach costs students in terms of long-term outcomes, costs teachers time and effort in providing services that have little evidence of effectiveness, and accumulates cost to districts in allocating resources to provide these.

In a study by Wagner and Davis (2006), it was discovered that students with ED received accommodations and modifications to support their academic success. According to the teachers who responded to the survey, approximately 53% of students

127

with ED who took general education classes had a somewhat modified curriculum, and 9.9% had a substantially modified or specialized curriculum. Common accommodations for students with ED were additional time to take tests (72%), additional time for assignment completion (57.3%); more frequent feedback from teachers on their work (34.1%), shorter assignments than their peers (11.7%), slower paced instruction (15%), and a modified grading standard (20.8%).

<u>Behavior as a factor for consideration.</u> As described in the IDEA, the IEP team must consider whether behavior may impede "the child's learning or that of others"; and if so, must consider "the use of positive behavioral interventions, and supports, and other strategies, to address that behavior" (IDEA 2004, P.L. 108-446, § 602 [1], 118 Stat. 2647 [2005]). Given the clear intent of the law, the development of a behavior intervention plan as an appropriate support to students with ED is logical and practical, as well as required for consideration under certain circumstances. However, according to Etscheidt (2006):

IDEA required BIPs, but neither the statute nor its regulations provided guidance concerning the substantive components of the plans. The reauthorized IDEIA also fails to provide guidance concerning the substance of these plans. Consequently schools have relied on empirical literature, state standards, and judicial interpretations to develop BIPs. (p. 223).

Of further concern is a marked disparity between the recommendations from the literature and current state laws. No state law actually requires both a functional behavior assessment and behavior intervention plan when behaviors are of significant concern (Zirkel, 2011). Clearly inconsistencies exist and direction is vague. However, guidance in this area can be gleaned from the research. A pedagogical and legal analysis of issues

with regard to BIPs summarizes key areas of consideration when considering inclusion of behavioral supports in the IEP. Etscheidt's (2006) review of administrative decisions and case law resulted in five themes related to the development of BIPs, giving needed guidance to IEP teams as they develop appropriate plans. Themes brought forth via the review suggest that teams (a) develop BIPs as necessary; (b) use assessment data when developing BIPs; (c) individualize BIPs according to unique needs; (d) include positive behavioral supports in the development of BIPs; and (e) implement BIPs consistently and monitor their effectiveness.

### Education for Students with ED

Current practices in ED have a long, albeit not always positive history. Less than desirable outcomes for students with ED prevail and exclusionary disciplinary practices continue. Yet Horn and Tynan (2001) argue a logical case in favor of evidence-based practices changing the course. According to Landrum, Tankersley, and Kauffman (2003), "This relatively negative assessment of the current state of affairs for students with EBD demands some qualification, in fact, should not be taken as evidence of an inability to intervene effectively" (p. 148). Rather, given the ongoing negative outcomes for students with ED, as a field of study and reaching to the practitioner level, we must understand and apply empirically validated intervention. Extensive evidence suggests that there are research-based, empirically-validated practices to be utilized when serving students with ED.

#### Behavioral Supports and Discipline

A dichotomous reality continues to exist, however. Over the past 20 years, research has provided the field with information needed for secondary special educators to understand and implement evidence-based practices in order to improve outcomes for their students (Cheney, 2012). And yet many of the identified evidence-based classroom and program practices for serving students with ED have remained steadfast over time (Cheney, 2012; Simpson et al., 2011). These include: (a) classroom structure; (b) routine; (c) behavior management; (d) social skills instruction; (e) behavior intervention planning; (f) partnerships with families and agencies; and (g) self-management as the critical components (Cheney, 2012, p. 23).

A large-scale study conducted by Osher and Hanley (2001) was instigated in an effort to identify promising programs and policies for children with emotional and behavior problems based on what the current research claimed to be the critical characteristics of effective programs. The researchers hypothesized the existence of a strong knowledge base in the field, but the research-to-practice gap persisted. Their research stemmed from the National Agenda for Achieving Better Results for Children and Youth with Serious Emotional Disturbances (1994) .The National Agenda was to provide a model for linking research, policy, and practice in key areas. The National Agenda identified seven key characteristics for effective programming: (a) high educational and behavioral expectations; (b) capacity to address youth and family needs; (c) utilization of cultural competency and diversity approaches; (d) active family participation; (e) attention to assessment in early intervention; (f) developing professional capacity; and (g) collaborative, consumer-driven approaches. The study was purposeful in considering inclusion criteria that enhanced the generality of the results. The inclusion criteria were based on program geography, demography, scope of intervention, focus of intervention, the developmental stage of the intervention, funding source, and the agenda target emphasized. Fourteen programs were analyzed.

The empirical and practical knowledge put forth by the National Agenda was substantiated by Osher and Hanley's (2001) research. As a result of their work, it was confirmed that it is possible to incorporate the fundamentals of the National Agenda in order to improve family, school, and community outcomes.

The current project also documented that although contexts, programs, and policies may vary, common characteristics cut across effective programs and policies. These sites establish high expectations and provide support for students, families, and staff to realize these expectations. They are buttressed by strong leadership and staff committed and solidarity, along with community values that embody the principles of individualization and zero reject/zero eject. In addition, these programs and policies are collaborative and strive to be culturally competent and family and consumer driven. Finally, they implement appropriate approaches to assessment and provide service providers with ongoing training and support. (Osher & Hanley, 2001, p. 395)

At almost all the sites evaluated, given consideration to both qualitative and quantitative perspectives, the study led to poignant conclusions. For students with ED, the programs and policies studied had: (a) increased attendance and academic performance; (b) reduced emotional or behavioral problems; (c) increased the capacity to serve students with ED local schools and communities while remaining at home; (d) reduced restrictive placements and increased services in the LRE; and (e) demonstrated that intense services can be provided in less restrictive environments.

Landrum et al. (2003) maintain that interventions need to link directly to three overarching characteristics of students with ED: (a) inappropriate behavior; (b) academic learning problems; and (c) unsatisfactory interpersonal relationships. From these categories, potential targets for intervention are derived, followed by effective practices that may be utilized to address a specific behavior. As practitioners attempt to implement these interventions, programs for students with ED should include: (a) highly structured environments with classroom management; (b) including positive behavioral supports and reinforcement contingencies; (c) positive adult mentors in the school setting; (d) effective academic and behavioral instructional practices; (e) social skills training and positive engagement; (f) qualified and committed professionals; and (g) collaboration with parents and community members (Flower et al., 2011; Simpson et al., 2011).

<u>PBIS.</u> Given the general concern about educating students with negative behaviors in the public school setting, Positive Behavioral Interventions and Supports (PBIS) are gaining recognition in the literature. PBIS is a form of school-wide behavioral support (SWBS) that offers ecologically based, system-wide support for all students, including those with intense social and emotional needs. A multi-tiered approach across grades with varying levels of intensity, PBIS has been described by Horner et al. (2009) as "a systems approach to establishing both the overall social culture and intensive behavior supports needed to achieve academic and social success for all students" (p. 133).

The premise of PBIS is that 80–90% of all students will respond to proactive school-wide strategies when taught expected social skills with reinforcement. This universal level of PBIS creates antecedent conditions that promote the likelihood of the desired behavior (Stormont, Reinke, & Herman, 2011). On the PBIS continuum, it is likely that 5–10% of students will require instruction and supports, in addition to those provided in the first tier. This level of support may add small-group instruction and intervention, including replacement behaviors, often based on contingency reinforcement and feedback. This secondary tier of intervention is designed for students who may be at risk for behavior problems, and those who benefit from interventions that can be implemented with efficiency (Horner et al., 2009).

Finally, a very small percentage of the population receives intense, targeted intervention on an individual basis. This level of support is often referred to as tier 3 or tertiary support. Tier 3 supports occur when more commonly used interventions, such as those in tier 2, are not adequate (Stormont et al., 2011). Tertiary level supports require highly individualized interventions, which may include family or community collaboration. This level of support is in place to prevent the development or perpetuation of higher intensity problem behaviors (Horner et al., 2009). Functional behavior assessment with individually developed behavior plans is the most common intervention when this level of support is required (Sugai et al., 2000). Students need not be identified as eligible for special education services to fall in the tier 3 category. Typically, however, students with significant behaviors that identify them as eligible for ED programming require this level of service. Services are highly individualized, require additional personnel, and their issues tend to be more chronic (Conroy, Sutherland, Haydon, Stormont, & Harmon, 2009; Forness, 2005). A tiered approach is important in providing the type and intensity of intervention necessary to meet individual needs, leading to better systems-level outcomes. (Hoagwood et al., 2007; Sugai et al., 2000).

Research suggests that a tiered approach such as PBIS, providing behaviorally targeted intervention, is adequate for a growing number of students (Bradley et al., 2008). These data imply that if primary interventions are meeting the needs of more students, and yet the cumulative outcomes for the disability category are unchanged, those students requiring secondary and tertiary intervention are likely not experiencing similar results. Bradley et al. (2008), report that more than 6000 schools are implementing PBIS supports on a school-wide basis with the primary level of intervention. Unfortunately, providing the next level of secondary and tertiary intervention is not as widespread (Bradley et al., 2008).

Although the PBIS model of school-wide behavioral support may not yet have had a wide-ranging and immediate impact on students with ED and the issues surrounding their education, it is gaining support in the literature (Bradley et al., 2008; George, George, Kern, & Fogt, 2013; Kern et al., 2009). Not only is the overall implementation of PBIS for students with ED gaining support, it is being adopted and

adapted to nontraditional settings such as alternative education settings, residential settings, and juvenile justice settings (Jolivette, Swoszowski, & Ennis, 2013). The implementation of PBIS in more restrictive settings is based on the premise that regardless of restrictiveness, all educational settings share instructional, behavioral, and organizational characteristics (Simonsen & Sugai, 2013).

The success of PBIS is believed to be due to its providing a framework of systems and tools that establish a continuum of evidence-based practices that can be utilized across school settings and grade levels (Simonsen & Sugai, 2013). Data-based decision making is the fundamental premise of PBIS. Data are used to identify the needs of students – and the adults providing services – who may need additional support (Stormont et al., 2011). The use of data to drive decisions allows for earlier and more reliable detection of those students in need of support (Menzies & Lane, 2011). Because decisions are based on data, within a framework, limited resources can be allocated proportionately according to the intensity and severity of those in need (Kern et al., 2009).

<u>Classroom management.</u> According to Reddy, De Thomas., et al. (2009), research indicates that when considering effective practices for students with ED, a majority of the studies continue to be focused on behavioral and cognitive behavioral interventions. Furthermore, research continues to find these approaches more effective when they are tailored across settings. Effective class-wide management is critical. When class-wide behavior problems are pervasive, it is not likely that individualized interventions will be effective. Contrarily, when class-wide management strategies are effective, they are often beneficial to students with ED (Kern et al., 2009).

Behavior management can include a variety of strategies: clearly stated rules, followed by the monitoring of those rules with feedback for infractions; schedules; routines; well-planned transitions; an organized physical space; or any combination of these. Behavior management plans more frequently occur in self-contained classrooms, but they can be utilized across all educational settings. Plans typically focus on contingency reinforcers that reward positive behavior. These programs can be highly effective (Kern et al., 2009). Incentive plans, as reported by Gresham (2005), have been determined to be highly effective; however, they are not used often enough, or with integrity. Effective use of incentive programs need to be age appropriate and in alignment with student attention span (without too much delay in the reinforcement). Incentives must be student-driven and valued by the student, and are most beneficial when aligned with the identified function of the behavior (Kern et al., 2009).

Organization of physical space includes lighting, noise levels and temperature, consideration of traffic areas, seating arrangements, and space organized for specific purposes (Simpson et al., 2011). Organized classrooms can influence student behavior and lead to increased levels of achievement (Maag, 2004). Classroom organization can also refer to the physical space in the classroom.

Additional factors that are key to providing quality services to students with ED include constructing programs for individuals in accordance with functional analysis to support their complex needs. This includes the ability of the teacher to plan, implement

and evaluate programs that require the student to increase or decrease a behavior, develop differential reinforcements, and determine appropriate self-management strategies. A functional analysis based on direct observation that results in reliable intervention such as planned ignoring, proximity to the student and signal interference, also increases the likelihood of positive results (Simpson et al., 2011).

Behavior modification techniques are also found to be effective and are frequently utilized in classroom management systems. Based on externally motivating factors, they tend to be of behaviorist orientation. Behavior modification often occurs as a result of an FBA and is utilized to implement a BIP. Again, contingency plans are put in place to reinforce positive behavior. This reinforcement is believed to motivate the student to continue with positive behavior. Behavior modification plans can include punishment, consequences, time-out, and planned ignoring (Zionts et al., 2002).

Creating an environment where students have plentiful opportunities to engage in learning by participation and feedback is particularly beneficial. Content and curriculum are important, however; this aspect of classroom management also links to student achievement. The notion of engaged learning time continues to rise to the surface of effective practice with potentially high impact results. Hattie (2009) asserts that opportunities to respond (OTR) and specific feedback on classroom performance teach the behaviors that lead to better results for students. Based on the results of their study, Hirn and Scott (2014) suggest that in any setting where students with challenging behaviors receive services, rates of effective feedback, including specific praise, and OTR increase. These types of intervention are relatively simple and easily implemented.

Increasing OTR increases student engagement and reduces problem behaviors. In one study (Sutherland, Adler, & Gunter, 2003), on-task behavior increased from 55.2% to 78.9% during the intervention phase of the experiment. Upon withdrawal of the intervention, on-task dropped to 65.4%, and then increased again to 82.6% upon reintroduction. Rates of disruptive behavior were 2.64 per minute during baseline and 2.01 during intervention. Rates increased to 3.05 during withdrawal of intervention and again decreased to 1.91 during reintroduction of the intervention. The results of this study assert that an increase in opportunities to respond alone may support increased outcomes for students with ED.

School-based mental health. Mills and Cunningham (2014) claimed that expanded school mental health programs in collaboration with already existing school services can serve as a platform on which to build various innovative and comprehensive models. Such models may meet the needs of students with ED when they stay in or reintegrate into the least restrictive environment from alternative school settings. Moreover, the researchers found that effective expanded mental health programs are those that work in conjunction with effective classroom and school environments. In addition, these programs should be supplemented by high levels of teacher preparation and support, as well as intense family engagement. Moreover, schools should also put in place transitional supports and evidence-based mental health services for students with ED. Effective school-delivered mental health services have identified features of implementation that facilitate program sustainability, which leads to better results for students with ED. When school-based mental health services are provided, program

implementation is more likely to be consistent. The inclusion of parents, teachers and peers, the use of multiple intervention modalities, integration of the program content into the general education curriculum, and developmentally appropriate program components, all work in accord to support the education of students with ED (Rones & Hoagwood, 2000).

<u>Counseling services.</u> Throughout the special education process, counselors may be critical for implementing the guiding principles put forward by IDEA (Hott et al., 2014). There are many roles requiring the involvement of counselors, from the identification and assessment of students to the eligibility process and placement decision. Their expertise may be required to make sure that all students, especially those with ED, receive the appropriate services that meet their specific needs (Hott et al., 2014).

Counselors are called to be proactive in giving and maintaining their support for students, their families, and even instructors. Needless to say, they should have expertise and knowledge in the field of ED (Hott et al., 2014). They should also be aware of the history and culture of the student and their family. Additionally, counselors need to be familiar with a variety of evidence-based practices and interventions that are effective for students identified as ED. In the increasingly diverse classrooms, counselors should also be culturally competent. Their expertise and knowledge of the community and the needs of the ED make them key persons in the development and planning of strong IEPs. Counselors are also integral to the formation and monitoring of accountability programs for ensuring the long-term effectiveness of educational plans, student placement, and behavioral programming (Hott et al., 2014).

Students with ED may need unique and critical academic, emotional, and behavioral support to learn effectively. Counselors can provide support by (a) participating in IEP development; (b) supporting high-quality academic programming; (c) ensuring community access; (d) providing support for school personnel; (e) fostering emotional and behavioral development; and (f) elucidating the graduation options (Hott et al., 2014).

<u>FBA and BIP in the school setting.</u> In order to support students with ED receiving services in the LRE, functional behavior assessment (FBA) and the development of behavior intervention plans (BIP) are imperative. FBA has led to a fundamental shift in how school personnel are expected to respond to the behavioral problems of their students. FBA, according to Scott, Alter, and McQuillan (2010), may be the hallmark strategy for assessment and intervention when developing and implementing interventions to address behavioral issues.

Traditionally, the methods undertaken to respond to problem behaviors in schools were fundamentally punitive and exclusionary, resulting in negative student outcomes. Given the application of FBA, a shift has taken place. In place of punitive and exclusionary discipline, teams develop instructional strategies to respond to these problematic behaviors.

The relationship between behavior management and discipline is based in legal considerations, as well as grounded in the literature related to supporting students with

ED. In the discipline provisions of the 1997 IDEA, it was specified that addressing inappropriate behaviors was a responsibility of the IEP team. In order to address inappropriate behaviors, a behavioral assessment was to be conducted to determine the function of the behavior (Yell & Katsiyannis, 2000). Additionally, in IDEA 1997, an IEP team was required to "consider, when appropriate, positive behavioral interventions, strategies, and supports to address that behavior" when the student's behavior impedes his or her learning or the learning of others (20 U.S.C. § 1414(d)(3)(B)(i); Etscheidt, 2006; IDEA, 1997; Yell & Katsiyannis, 2000). In both the 1997 and 2004, the legislation required IEP teams to "consider" incorporating an FBA and BIPs under certain conditions (Zirkel, 2011). Although, there is not a mandate to incorporate FBA and BIPs, a policy memorandum from OSEP following the 1997 reauthorization of the IDEA strongly encouraged proactivity from IEP teams by taking immediate steps to address concerning behaviors at the time they first occur (Zirkel, 2011)

FBA and BIP, following the 1997 reauthorization of the IDEA, are explicitly required as part of the IEP only prior to disciplinary actions for a student with a disability (Etscheidt, 2006). According to Zirkel (2011):

Specifically, upon a disciplinary change in placement, including removal to an interim educational setting for three specified serious behavior violations and a fourth circumstance limited to a hearing officer's determination of substantial risk to self or others, the 1997 amendments required the IEP team to develop or modify an FBA and BIP in tandem with a manifestation determination review. (p. 264).

Over the course of the IDEA reauthorizations, at no time has there been

legislation or regulations that provide guidance to IEP team in the development of FBAs

or BIPs. Rather, review of the literature suggests that practitioners have relied on the literature for guidance in their work.

*Functional behavior assessment overview.* FBA originated from operant learning theory, and more specifically functionalism. This philosophy accentuated the need to identify controlling variables, or the function of the behavior, rather than simply considering behavior topography alone (Gresham, Watson, & Skinner, 2001). FBA is also based on the principles of Applied Behavior Analysis (ABA). ABA is a scientific approach in which the environment is analyzed to determine the events that reliably influence behavior (Hanley, Iwata, & McCord, 2003). In the context of ABA and FBA, behavior is not regarded as positive or negative, but rather as serving a purpose or function.

Functional assessment is a method of identifying variables that reliably predict and maintain a specific behavior. Setting events and consequences are identified, as they are believed to determine the function or purpose of a behavior. According to Gable, Park, and Scott (2014), the rationale of functional assessment is that all students act and behave in a specific manner and for a specific purpose. Logically, student behavior is functional and a desired result materializes depending on the context in which the behavior occurs. Student behavior is said to satisfy a need, whether the student is in the classroom, in the hallways or in other areas of the school environment (Gable et al., 2014). Horner and Carr (1997) suggest the functions of behavior are often attention seeking, escape or avoidance, and access to tangible items such as food or drink. The assessment identifies the relationships between environmental events precipitating the occurrence of a specific behavior (Majeika et al., 2012). FBA thus allows school personnel to identify the motivation behind a student's problem behavior. If teachers can understand what the student desires to receive, avoid, or accomplish through a specific negative behavior, they may also be able to ascertain methods to intervene and teach a replacement behavior, in order to ensure that the learning process is not disrupted (Gable et al., 2014). Moreover, functional assessment assumes that a student will stop behaving in a certain way if other behaviors or responses will satisfy the same need effectively and reliably.

FBA can be widely used because it views behavior as the functioning of the student, and asserts that there is a purpose to the student behavior (Gable, 2012). The literature supports the use of functional behavioral assessment (FBA) as a method of resolving the problem behavior of students with ED so that they may benefit from their education (Gage, Lewis, & Adamson, 2010). Although debate amongst researchers continues in regard to the constitution of a sufficient FBA (Scott, McIntyre, Liaupsin, Nelson, & Conroy, 2004), there is general agreement that the necessary components are:

- an operational definition of problem behavior,
- identification of predictable antecedent-behavior-consequence chains,
- determination of stimulus control and operant function,
- determination of an appropriate functional replacement behavior, and
- manipulation of antecedent and consequence events to facilitate the replacement behavior. (Scott et al., 2010, p. 88).

Conducting an FBA involves a variety of data collection tools and strategies. Various indirect as well as direct methods of data collection are utilized in identifying the function that is both disruptive and inappropriate to the teaching and learning process (Gable, 2012). Examples of indirect data collection strategies include rating scales, interviews and questionnaires. Direct data collection methods include observations for scatterplots, event, duration, latency, intensity, and interval recording (Gable et al., 2014). A study by Katsiyannis, Conroy, and Zhang (2008) considering how school personnel actually use FBA indicated that the most frequently used procedure was teacher interviews. Informal direct observations, parent interviews and student interviews followed. These four procedures were used more often than structured direct observations and rating scales.

The goal of FBA data collection strategies is to identify the major factors linked to disruptive behavior. Data collection during the FBA also allows for the identification and promotion of positive behaviors that satisfy the need that the inappropriate behavior once did; the focus is on skill building rather than punishment (Gage et al., 2010). The intervention plan enables educators to teach replacement behaviors that satisfy the same function as the inappropriate behavior, and to reduce or eliminate behaviors that negatively affected teaching (Gable, 2012).

Ultimately, the purpose of conducting any FBA is to inform intervention (Hansen, Wills, & Kamps, 2014). Until recently, only a limited body of research existed on the practical and applicable aspects of FBA in school settings (Gable et al., 2014), but there is now a growing body of literature involving students with or at-risk of ED (Gage et al., 2010). Empirically based research has substantiated FBA as a legitimate approach to challenging behaviors across grade level, setting, disability-type and severity of disability (Goh & Bambara, 2010; Kern et al., 2009; Majeika et al., 2012; Stormont et al., 2011).

Because the foundation of FBA emphasizes skill building and environmental manipulation, FBA is highly appropriate in the school setting (McIntosh, Brown, & Borgmeier, 2008).

A review of the literature found that FBA-based interventions implemented in school settings can lead to positive changes in the behavior of students with emotional and behavioral disorders (Goh & Bambara, 2010; Payne, Scott, & Conroy, 2007). The researchers found that FBA-based interventions can be effective in ensuring positive behaviors of children, even those without disabilities and across different grade levels. Knowing the function of the behavior allows school staff to create an intervention plan that can effectively respond to and address a problem behavior of students with emotional disturbance (Scott et al., 2010).

<u>Behavior intervention plan overview.</u> The BIP is developed on the foundation of information gathered as a result of the FBA. Its purpose is to create a concrete plan of action to reduce problem behaviors, determined by the needs of that individual (Sugai et al., 2000). Cook et al., (2007) describe behavior support plans as a process that allows IEP teams to systematically develop and document a plan with the intent of decreasing negative behavior and increasing positive behavior. These plans are a vital part of IEPs for students with chronic misbehavior (Cook et al., 2007).

As previously discussed, there is no substantive guidance from the legal community as to what constitutes an appropriate or technically adequate BIP. In an attempt to establish and evaluate substantive and adequate behavior support plans, Cook et al., (2007) reviewed the literature in order to determine key concepts (with a brief

description of each) to be included in positive behavior support plans. The research

resulted in the identification the following concepts:

- Behavior function: behavior serves a purpose for the student with either positive or negative reinforcement,
- Situational specificity: behavior relates to the context or environment where it occurs,
- Behavior change: changing the behavior requires consideration of environmental factors and teaching a functionally equivalent behavior that the student will learn in order to satisfy the function in an acceptable manner,
- Reinforcement tactics: new behavior must be reinforced in order for results to demonstrate increases in behavior, generalization and maintenance,
- Reactive strategies: implementers need to know how to respond to problem behavior when it occurs, and
- Team coordination and communication: responsibility is delegated for carrying out each portion of the plan, with communication between all important stakeholders being frequent enough to result in acceptable progress monitoring.

Following the identification and quantification of the above key concepts for

inclusion in positive behavior support plans, Cook and colleagues evaluated 320 plans.

The purpose of the study was to determine the quality of behavior plans and the difference in quality when they were developed by members with specialized training vs. typical teams where members did not have extensive training. The results indicated that an overwhelming majority (89%) of behavior plans developed by teams without extensive training were inadequate. Of the group of behavior plans developed by trained practitioners, 35% were considered inadequate, based on the rating scale. The results of this research raise questions about whether educators are equipped with the skills to carry out FBAs and BIPs adequately (Cook et al., 2007).

In addition, Cook et al. (2007) discuss the relative lack of key characteristics defining appropriate and adequate behavior intervention plans throughout the existing literature. Although their research resulted in a set of key criteria, they continue to express concern that in the absence of additional research to determine the components of an effective positive behavior support plan, this task will be left to the courts and legislators.

Ironically, a significant contribution to the literature in this area is based on a pedagogical and legal analysis of issues related to behavior intervention plans. This study was conducted for reasons previously described by Cook et al. (2007). According to Etscheidt (2006):

IDEA required BIPs, but neither the statute nor its regulations provided guidance concerning the substantive components of the plans. The reauthorized IDEIA also fails to provide guidance concerning the substance of these plans. Consequently, schools have relied on the empirical literature, state standards, and judicial interpretations to develop BIPs. The adequacy of BIPs has been the issue of numerous due process hearings and judicial appeal. (p. 223).

In this research, Etscheidt analyzed 52 published legal decisions, primarily statelevel hearings. Given the ambiguity of the law, litigation combined with the literature base has provided much needed guidance. This study resulted in the development of five overarching themes that may benefit IEP teams in the development of BIPs. A behavior intervention plan must: (a) be developed if behaviors are interfering with student learning; (b) be based on assessment data; (c) be individualized in order to meet the unique needs of the student; (d) include positive behavioral strategies and supports; and (e) be implemented as planned and monitored (Etscheidt, 2006). Students identified as ED and receiving special education services display chronic and complex behavioral issues. These types of behaviors require immediate attention and behavior support plans that are intense, specialized, and individualized (Sugai et al., 1999). These plans must be based on information about the nature of the problem and consider the environmental context. According to Sugai et al. (1999), "The FBA approach provides a systematic and informed means by which targeted interventions can be developed and monitored" (p. 12).

Limited research exists on the application of FBA for students with ED in the school setting. There are potential concerns in regard to generalization of the application of FBA across disability type and setting (Payne et al., 2007). The utilitarian value of application in the school setting is called into question by researchers and practitioners alike (Gable, 1999; Lane, Weisenbach, Phillips, & Wehby, 2007; Nelson, Mathur, & Rutherford, 1999; Van Acker, Boreson, Gable, & Potterton, 2005). However, in a study where district-level administrators were asked to evaluate the overall effectiveness of the FBA process in helping to reduce problem behaviors, nearly 27% indicated that the process was not effective, approximately 38% rated it as moderately effective and almost 36% rated the process as effective or very effective (Katsiyannis, Conroy, & Zhang, 2008).

The literature suggests that the current knowledge base in the area of FBA derives from clinical settings in which highly trained specialists carry out the process. The settings in which studies have occurred tend to be controlled settings (e.g. hospitals and alternative placements). The population most typically researched includes individuals

with severe disabilities and limited cognition (Scott & Kamps, 2007; Scott et al., 2004; Solnick & Ardoin, 2010; Van Acker et al., 2005). Typically, students with ED have higher cognitive abilities than those with developmental disabilities. Therefore, there is a potential flaw in the generalizability of the utility of FBA with students with ED. Higher levels of cognition may affect the interaction of the individual in the context and relatedness of events, environment, and multiple contingencies of reinforcement. Additionally, behaviors may serve different functions across different settings (Scott et al., 2004).

The seemingly rigorous requirements of an FBA lead some to believe that the process requires more time and effort than is reasonable (Reid & Nelson, 2002; Scott, Liaupsin, Nelson, & McIntyre, 2005; Van Acker et al., 2005). Uncertainty exists within the field whether the FBA process is too complex for school personnel to utilize (Blood & Neel, 2007), resulting in its implementation without fidelity and/or consistency. Other concerns about school personnel conducting FBAs include the potential of the practitioner to: (a) adequately assess and measure behavior; (b) possess an overall attitude of punishment; and (c) understand how to connect assessment results to intervention design (Scott et al., 2005). According to the Payne et al., (2007), the process may not be practical and efficient for teachers.

A review of the literature indicated that a majority of FBAs conducted by school personnel have serious flaws, leading to inadequate development of the BIP (Van Acker et al., 2005). These considerations were substantiated by Van Acker et al. (2005), whose study concluded that, in general, school personnel did not produce legally defensible

FBAs. Specifically, only 40% of the FBAs in the study were conducted by a team. The target behavior was not defined 70% of the time and 25% did not identify a function. Additionally, 45% of the FBAs reviewed included strategies that were not positive in addressing the behavior.

A 2014 study by Hansen et al. utilized a three-intervention design with only one intervention based on the indicated function. Of the three interventions, the functionbased intervention produced the greatest increase in on-task behavior and decrease in classroom disruptions. This study was conducted with a typically developing fourth grade student at risk for ED. However, Hansen et al. (2014) believe that this study significantly adds to the evidence-base in support of determining function when addressing behaviors, and increases the likelihood of changing the child's behavior prior to the behavior becoming more challenging.

Turton, Umbreit, and Mather (2011) conducted a study of function-based intervention as part of the FBA process for students in an alternative setting. They analyzed the results of utilization of a function-based intervention for three adolescents with a history of chronic behavioral issues now being served in self-contained classrooms in an alternative setting. The purpose of the study was to examine the efficacy of function-based intervention in that setting as well as to consider generalization, maintenance, and social validity. The results of the study indicated that the target behavior for all three students improved during intervention, generalized into less restrictive settings and was maintained over time. Additionally, the function-based intervention proved to have social validity to both teachers and students involved in the study.

More and more data now support the utilization of FBA in the school setting with promising results of function-based intervention. Other issues regarding FBA use in the school setting are being addressed in the literature and therefore gaining support in practice (Gable et al., 2014). Evidence suggests that professionals other than researchers are conducting FBAs (Goh & Bambara, 2010). Although more research is needed, evidence is emerging suggesting that school personnel can be taught to conduct a FBA, given professional development in this area (Lane, Weisenback, Phillips, & Wehby, 2007; Solnick & Ardoin, 2010). Researchers concur that continued work needs to be done to reduce errors in the process, thus making FBAs more legally defensible as well as practical (Scott et al., 2010). An idea gaining momentum in the field is the utilization of a continuum of functional assessment procedures based on the intensity and severity of the behavioral challenge (Gardner, Spencer, Boelter, DuBard, & Jennett, 2012; Hansen et al., 2014; Scott et al., 2010).

The value of the FBA lies in its ability to inform school personnel as they develop a meaningful BIP. It is the implementation of the BIP that changes a student's behavior. A well-developed BIP is thought to lead to lasting changes towards more socially acceptable behavior (McIntosh et al., 2008).

<u>Exclusionary practices.</u> Students with ED historically have a pattern of violating school discipline, often resulting in exclusionary practices. Exclusionary discipline may include the suspension and expulsion of a student from school, in-school suspension,

and/or placement in alternative education settings. The intent of these exclusionary practices is often to punish students, send a message to parents, and protect the safety of the students and staff (Vincent, Sprague, & Tobin, 2012). According to Vincent et al. (2012), behaviors that resulted in exclusionary discipline include abusive language, bullying, noncompliance, and disrespect. Their report also addressed issues in relation to disproportionate disciplinary measures. Bradley, Henderson, and Monfore (2004) reported that as many as 75% of secondary students with ED have been suspended from school and as many as a third have been arrested.

Suspension and expulsion. The increase in punitive disciplinary practices such as suspensions and expulsions being carried out in the nation's schools shows the seriousness of the issue for children with ED (Smith et al., 2011). Students with ED are removed from the public education setting at higher rates than any other disability group. Disciplinary removals are common and frequent for students with ED (Kramer, Vuppala, Lamps, Miller, & Thrush, 2006; Smith et al., 2011). Discipline referrals, suspensions, and expulsions are most frequently a result of disruptive and aggressive behavior (Reinke et al., 2008). Suspension and expulsion rate was the only consistent predictor of disproportionality based on ethnic background across all disability categories. In the disability category of ED, suspension and expulsion rates were significantly and positively related to disproportionality (Skiba et al., 2005).

According to Flower et al. (2011), a student with ED is suspended or expelled at least once in their school career. Of all elementary and middle-school students classified as ED, 47% have been suspended or expelled at some time. This rate is significantly

higher for ED students at the secondary level, where 73% have been suspended or expelled (Atkins et al., 2010). Students with ED were almost three times as likely to be suspended for more than 10 days than their peers with other disabilities (4.12% versus 1.13%; Smith et al., 2011).

During the 2010–11 school year, in the disability category of ED, U.S. Department of Education data reports indicate that: (a) 39 students were removed unilaterally by school personnel for drugs, weapons or serious bodily injury; (b) only three students were removed by a hearing officer; (c) 393 students received out-of-school suspensions or expulsions and; (d) 123 students received in-school suspensions (2013). These reported rates of removal are significantly higher than in all other disability categories. Despite the efforts to address the needs of the ED population through special education, including the discipline provisions of the federal statute, students continue to exhibit negative and challenging behaviors that result in the poorest outcomes of all youth served in special education (Atkins et al., 2010).

<u>Arrest and incarceration.</u> The arrest rate for preteens has more than doubled in the U.S. since 1980. The rates of incarceration for females, minorities and individuals with disabilities are also increasing (Katsiyannis, Ryan, Dalun, & Spaan, 2008). Numerous theories have emerged in recent decades to explain the overrepresentation of youth with disabilities in correctional facilities. A study by Quinn, Rutherford, Leone, Osher, and Poirier (2005) identifies school failure, susceptibility, differential treatment and metacognitive deficits as the primary causes. It also describes the juvenile justice system as a "default system" for the many youth who cannot read or write, have mental health problems, and drop out of school.

Prevalence is difficult to determine, largely because of reporting errors. Other plausible explanations are duplication of repeat offenders, and inability to obtain accurate records (Quinn et al., 2005). Specificity in regard to the data does not appear to be of primary concern for professionals in the field as there is an overwhelming amount of data indicating a high number of students with ED in the system. Students with ED are almost four times as likely to be arrested before completing high school than their peers. Following high school this number increases to 58%, and accelerates to 73% if the student becomes a drop-out (Lechtenberger, Mullins, & Greenword, 2008). In addition to high rates of arrest for students with ED, Quinn et al. (2005) suggest that the number of youth receiving special education services while in a correctional facility is four times higher than it is in public school settings. Of the youth in correctional facilities, reports range from more than 20% to 47.7% having ED (Katsiyannis, Ryan et al., 2008; Lechtenberger et al., 2008; Quinn et al., 2005). As a result, Quinn et al., (2005) concluded:

Presently there is very little prevention research that examines the vulnerability and needs of youth with disabilities. The high rates of incarceration among this population should serve as a wake-up call to public schools and community-based programs that a disproportionate number of youth with educational disabilities are in juvenile corrections. (p 344).

The alarming number of students with disabilities in the juvenile justice system has a long-range impact on society. Prevention and aftercare are both concerns, as well as the quality of special education services provided while they are incarcerated. All of which call for further study.

Attendance, graduation and dropout. Students who are dissatisfied with school and fail to attend regularly are at a higher risk of dropping out. Failing classes and dropping out of school are common and lead to students with ED having problems integrating socially with their peers (Wagner et al., 2005). Children with serious ED are also at risk of truancy (Reinke et al., 2008), which often leads to later unemployment, criminality, or substance abuse (Kauffman & Landrum, 2001).

Hott et al. (2014) claimed that in 2002, only 40% of students with EDB had graduated from high school. By 2003, the percentage of students who achieved a high school diploma had dropped to a mere 35.6%. The percentage of students between the ages of 14 and 21 with ED who received a high school diploma for the year 2006–2007 was 20% (Smith et al., 2011).

In 2007, 46% of students with ED were measured to have become high school dropouts and 6% aged out of special education (Hoge, et al., 2012). The dropout rate for students with ED is double that of their general education peers (Atkins et al., 2010; Lechtenberger et al., 2008; Reinke et al., 2008). Moreover, 40% of students with ED did not attain a diploma or GED, making it extremely difficult to find high-level employment (Lechtenberger et al., 2008).

<u>Academics for students with ED.</u> Historically, rationale for the lack of attention to academics in the ED field has been due to: (a) a belief that students must learn to behave before they can learn academics; (b) a misconception that behavior and instruction are

separate; and/or (c) an ongoing debate as to the causal relationship low academic achievement and behaviors (Lane, 2007). After the introduction of NCLB, the literature inevitably began to bring academic achievement in connection to students with ED to the forefront. In both 1994 and 2004, the IDEA reauthorization asserted that the subject of education must move past looking at the linkage between learning and behavior, and rather play upon it. This refocus appears to be based on the fundamental premise that effective instruction and a meaningful curriculum may serve as an intervention or prevention of behavioral problems in classrooms. Hoagwood et al. (2007) suggest that in order to better understand effective services for students with mental health needs in schools, research needs to include academic skills and other educationally relevant outcomes.

Academic supports. Regardless of the legislative mandate and an acknowledgement of the relationship between academics and challenging behaviors surfacing in the literature, little empirical evidence exists to resolve this predicament. Currently, the literature is replete with evidence on effective academic intervention for students with learning deficits as well as strategies to address the behaviors. Contrarily, and unfortunately, the research-base for academic intervention for students with ED is grossly deficient. This situation is alarming given the well-documented reality of students with ED continually demonstrating deficits in core academic areas (Landrum et al., 2003; Reid, Gonzalez, & Nordness, 2004).

Given the lack of research in this area, Lane (2007) proposes a three-tiered model of intervention for students with ED and learning problems. She contends that the separation of the domains is inefficient and ineffective, and suggests that a model of progressive intervention, such as that of PBIS for behaviors, may produce similar results in the academic domain. In accord with the PBIS model, where instruction focuses on teaching skills, with multiple opportunities to practice and reinforce using the skills, results may be similar. Essentially, a tiered intervention model, targeted toward specific academic and behavioral skill deficits and utilizing evidence-based practices, is critical.

In spite of limited research in this area, the information available suggests that when teachers implement instructional strategies, students' academic achievements improve. Overall, social and behavioral skills competency increases under these conditions (Conroy et al., 2009). In order to produce academic gains for students with ED, academic tasks need to match student ability. Instruction should include academic strategy training, opportunities to respond need to be numerous and embedded into naturally occurring activities, and positive academic feedback needs to occur. By and large, there is common agreement that direct instruction of specific skills based on the individual is most effective (Lewis, 2008). Moreover, frequent progress monitoring and student self-assessment are essential.

A review of the literature indicates that a majority of studies are conducted at the elementary level, with a focus on reading instruction. Limited research has focused on validating academic intervention for students with ED in the areas of math and written language (Lane, 2007). One particular study at the secondary level (Mattison & Blader, 2013) addressed how academic and behavioral factors interact with one another and affect the academic functioning of students with ED. This research investigated 196

secondary students with ED in self-contained settings using: (a) demographic variables; (b) IQ and achievement testing; (c) teacher checklists for behavior problems; and (d) standard measures of school function. The results of this research indicated the need to place equal emphasis on academic interventions for students with ED as on interventions addressing behavior problems. This recommendation is based on research suggesting that academic factors were more significantly related to achievement and overall GPA than were emotional and behavior problems.

A study conducted by Wagner and Davis (2006) concluded that students with ED in academic courses in the general education setting participated in the same range of instructional groupings as the class as a whole. Two thirds of students with ED indicated receiving whole class instruction "often," while instructional groupings that provided opportunity for individualization were not common. Students with ED received small group instruction "often" according to 21.2% of those surveyed. Tutoring occurred rarely. The study also indicated that on average 12% of the coursework for students with ED was within a vocational area. A majority of students with ED participated in at least one course that was vocationally related. Vocational courses for students with ED tended to occur in the general education setting. For students with ED, 28.2% of their coursework was non-academic or non-vocational, allowing opportunity to develop skills in other important areas. This coursework was often related to life skills or social skills. However, participation in extracurricular activities for students with ED was minimal. Conflict resolution, anger management and substance abuse education for students with ED was an ongoing unmet need, according to educators.

One aspect of the unrecognized need for accountability for the academic progress of students with ED is that, to measure academic achievement, testing is required. Achievement test results are used for a variety of purposes, from individual instructional planning, recommendation for graduation, eligibility for special education services, to broad-scale measures of system effectiveness. Yet, recognizing that not only do academic skills need to be present for students with disabilities, these students need to be able to perform well on the actual assessment. Carter et al., (2005) studied test-taking strategy instruction as one possible approach in improving performance of students with highincidence disabilities when taking a high-stakes test. The results indicated that when students with high-incidence disabilities were taught test-taking strategies prior to participation in high-stakes tests, their results demonstrated small yet significant increases.

A second prong to the study was the measurement of test anxiety and whether teaching test-taking strategies may reduce this anxiety (Carter et al., 2005). For students with disabilities, an inordinate amount of stress can be associated with high-stakes testing. Knowing that a regular diploma, entrance to college, acceptance into the military, etc. may rest on the results of an achievement test, can lead to fear and anxiety. When this is coupled with a history of unsuccessful school experiences and a high prevalence of mental health disorders in many students with ED, the likelihood of lowered test results is pronounced. The results of the study indicated that anxiety can be reduced by teaching test-taking strategies. Although teaching test-taking strategies to students with high-incidence disabilities may not result in large numbers performing at significantly higher levels, enough evidence was gathered to support the need for this type of instruction for a targeted group. Ultimately, this study did not produce a significant enough result for students who were markedly below the required standards (Carter et al., 2005). The results did, however, demonstrate that in situations where students needed to increase test results by a small a margin in order to pass, this type of intervention may be warranted.

<u>Academic outcomes.</u> Even with the enactment of federal policies and laws (e.g., No Child Left Behind (NCLB), 2002; IDEIA, 2004), the majority of American students are still grossly underperforming. Less than 75% of middle school students are satisfying the grade level reading standards, and even fewer are satisfying the mathematics standards (Hott et al., 2014).

For students with ED, disparity in academic outcomes is marked. Paying more attention to the rigorous standards has led to significant improvements for many students, including those with learning and cognitive disabilities, yet students with ED are still lagging behind students with other disabilities and those without disabilities. Students with ED experience loss of instructional time in the classroom due to disruptive behaviors (Arnold, 1997). Students with ED often fail to complete homework (Cancio, West, & Young, 2004) and have difficulty sustaining their attention (Beard & Sugai, 2004). Course failure occurs twice as often than with students with disabilities in other categories (Flower et al., 2011). Students with emotional disturbances experience a higher rate of grade retention than any other disability group (Armstrong et al., 2003).

They often have frequent appearances in the administrator's office (Duchaine, Jolivette, & Fredrick, 2011; Mills & Cunningham, 2014; Simonsen, et al., 2014). Additionally, they receive lower academic grades than students in other disability categories (Kramer et al., 2006; Reinke et al., 2009; Smith et al., 2011; Wagner & Davis, 2006). Negative outcomes experienced by students with ED suggest this population may be underserved or inappropriately served.

Reid et al., (2004) conducted a study to assess the academic status of students across a range of restrictive placements, including special schools in segregated settings. The results indicated that the more restrictive placements produced significantly lower academic success than less restrictive settings. This is a concern since students with ED are significantly less likely to be taking their academic courses in the general education setting (Wagner & Davis, 2006).

<u>Transition for students with ED.</u> In the early 1990s, the National Longitudinal Transition Study (NLTS) gave a national perspective on the outcomes for students with disabilities as they transition into early adulthood. According to Wagner et al. (1991), the outcomes for youth, specifically those in the disability category ED, gave cause for concern.

<u>Transition supports.</u> Academic outcomes are not the only concern for students with ED; attention also needs to be given to living and working. As a result of research, new policies, programs and interventions have emerged. Federal initiatives to address such issues included: (a) the reauthorization of the Individuals with Disabilities Education Act (IDEA) in 1990 and 1997; (b) activities supporting secondary and postsecondary research by the National Center for Special Education Research, Institute of Education Services by the United States Department of Education; and (c) the Office of Special Education Programs sponsorship of the National Center for Secondary Education and Transition and the National Dropout Prevention Center (Wagner & Davis, 2006). More recently, two additional efforts by the federal government have been initiated to address the needs of all students: NCLB (2002) and Preparing America's Future High School Initiative (2004).

Over the course of the past decade, the transition planning process has received a great deal of attention (Martin et al., 2006; Test et al., 2004). A review of the literature suggests that for students with ED, integrating effective approaches to support post-secondary success is critical. A broad range of issues plagues students with ED as they move to the post-high-school environment. Passing classes, earning high school credit, and even graduating from high school impact students with ED while in the K–12 system and post-secondarily. Other issues such as developing and maintaining relationships can also affect locating and engaging in successful employment (Wagner & Davis, 2006). The need to identify and implement evidence-based practice to support students at the age of transition is therefore of the utmost importance, and careful coordination must occur in order to align services and resources for them.

Research suggests that five primary components are essential for educators planning and providing transition services for students with ED: (1) self-determination; (2) assessment; (3) personal planning; (4) individualized education programs linked with

transition plans; and (5) naturally supported academic, vocational, and community placements (Cheney, 2012).

The promotion of self-determination skills in the field of special education has been a burgeoning best practice over the past few decades (Cheney, 2012). Field, Martin, Miller, Ward, and Wehmeyer (1998; as cited in Carter, Lange Crnobori, Bruhn, & Oakes, 2011) describe self-determination as:

A combination of skills, knowledge, and beliefs that enable a person to engage in goal directed, self-regulated, autonomous behavior. An understanding of one's strengths and limitations together with a belief in oneself as capable and effective are essential in self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in society (p. 2).

Self-determination includes the skills of self-awareness, being able to identify what it takes to get things done, and knowing the resources available. These, along with an understanding of one's strengths and weaknesses and the ability to advocate for oneself, appear to be the practical skills necessary for success. Explicit instruction of these self-determination skills is critical to support transition for students with ED (Carter, Lane, & Pierson, 2006).

However, little research has been conducted into self-determination among students with ED (Carter et al., 2006; Seo, Wehmeyer, Palmer & Little, 2015). This was confirmed by a review of the literature by Carter et al. (2011), which points to a need for instruction in self-determination for students with ED. The researchers highlighted the importance of understanding the evidence base related to self-determination instruction and its impact on results for students in this disability category. Carter et al. (2011) suggest that the teaching of self-determination is rarely a singular focus of instruction for students with ED, but is often embedded within other intervention strategies, making it difficult to determine specific results. Few studies measure self-determination as a dependent variable. Carter et al. (2011) suggest a potential rationale for the paucity of research in this area is the lack of an adequate measurement tool, which also limits single-case research. There have been limited attempts to consider factors such as culture, socio-economic status and other demographic variables related to self-determination. This, according to Carter et al., diminishes the relevance of the study's conclusions and therefore makes results less generalizable. Consequently, they recommend continued research in this area, with future studies being more narrowly targeted toward outcomes, with more specificity given to self-determination components, student demographics, and school setting.

A review of the limited research in this area uncovered a study in which the researchers evaluated the impact of teaching self-determination skills and the effect this instruction had on on/off task classroom behaviors of students with ED (Kelly & Shogren, 2014). The research was designed to analyze the outcome of a specific instructional intervention model taught in a special education setting and monitored in one general education classroom, followed by generalization into another general education setting. Four participants were provided with targeted intervention using the Self-Determined Learning Model of Instruction (SDLM). All participants were high-school students identified as ED. The results were remarkable as all four students increased on-task behaviors and decreased off-task behaviors in the general education

setting. Furthermore, all four subjects generalized the on-task behavior into another classroom setting. General education teachers also acknowledged positive effects in the areas of student attitude, attendance, work completion, and grades. As a result of their study, Kelly and Shogren (2014) suggest that teaching practices for students with ED include direct instruction in self-determination skills. Its key components should include knowing the students, getting student buy-in and having regular individual contact with each student.

The existing research also indicates that implementing self-determination strategies for students with ED can be challenging as this population may often have over-inflated expectations for their future (Cheney, 2012). Regardless of this concern, students may benefit from this type of instruction. Instruction in self-determination may allow opportunities for students to engage in conversations about their future and offer opportunity to work toward student-centered goals (Cheney 2012).

Further examination of the research suggests that students with ED engage in selfdetermined behavior at a lower rate than those with learning disabilities and mild to moderate cognitive disabilities (Carter et al., 2006; Carter, Trainor, Owens, Sweden, & Sun, 2010). One study in particular addressed self-determination in the area of ED. Carter et al. (2006) considered self-determination from the perspective of special education teachers, parents, and the student themselves. Based upon the results of their research, they suggest that even in situations where self-determination strategies are taught, opportunities for the utilization of the skills may be limited. They make this suggestion based on their premise that "students benefit little when self-determined behavior is promoted in one setting, but stifled in other contexts" (p. 344). Although this study does not attempt to make a causal relationship, the researchers believe that capacity and opportunity must coincide, and are potentially related to outcomes. According to Carter et al. (2006), "Neither providing frequent opportunities apart from instruction in selfdetermination skills nor promoting skill development when opportunities do not exist are effective strategies for fostering self-determined adolescents" (p. 342). Additionally, they express concerns and call for further research because their results suggest that perceptions about self-determination are markedly different in students, parents, and educators.

Another study has produced slightly contradicting results. Seo et al. (2015) examined the equivalence of measurement and structural parameters of selfdetermination across disability groups of LD and ED using the Arc's Self-Determination Scale (Wehmeyer & Kelchner, 1995). Because the Self-Determination Scale is one of the most frequently utilized assessments of self-determination (Seo et al., 2015), this study was conducted to inform professionals in the field whether self-determination could be measured using the same constructs across disabilities. Since LD and ED often have similar characteristics and receive services in the same settings, this study was important in its generalizability. The Self-Determination Scale measures self-determination according to an overall global score as well as domain scores across four categories of self-determined behavior: autonomy, self-regulation, psychological empowerment, and self-realization. The results of the study ensured that the same constructs were being measured across disability groups (Seo et al., 2015). Also noteworthy, the results indicated that across domains, students with LD and ED have different levels of self-determination. Specifically, in the area of autonomy, students with ED scored lower than students with LD. However, Seo et al. (2015) caution against the overgeneralization of the results, citing the work of Carter et al. (2006), which indicated that students with ED generally have lower overall levels of self-determination. Seo et al. discuss the possibility that students with EBDs may score lower in the area of autonomy because their problematic behaviors lead to "imposing external regulations, and these regulations possibly hinder[ing] autonomous actions of students with EBD" (Seo et al., 2015, p. 23).

A related study by Van Gelder, Sitlington, and Pugh (2008) considered the selfdetermination skills of youth with ED from the perspective of students, parents or caregivers, and teachers across settings of high school, separate education facility, and residential facility. This study was exploratory in nature as a beginning step in better understanding the impact of self-determination on students with ED. Its results indicated that students typically rated themselves as moderate in the area of self-determination, but students from separate programs and residential programs rated themselves the highest. Parents/caregivers and teachers rated the self-determination levels of students served in high school settings higher than those in separate or residential settings. All three groups of respondents rated the self-determination skills of students from separate facilities the lowest. Teachers across all three settings rated student self-determination skills higher than did the parents and students themselves (Van Gelder et al., 2008). This initial look at perceptions of self-determination skills is an important step in understanding how setting may impact the self-determination of students with ED.

The literature in the area of self-determination is sparse. There appears to be an association between outcomes for students with disabilities and self-determination (Black & Leake, 2011). The research in the area of ED tends to focus on the level of self-determination as an indicator or predictor of successful outcomes. Limited research exists in providing evidence-based practices to guide instruction for students with ED in the acquisition of skills to increase levels of self-determination.

Assessment is considered a cornerstone of transition planning, yet little empirical research has been done to inform this complicated process (Carter et al., 2009). Despite the inadequate research base, the purpose of transition assessment is clear: to provide information that supports the alignment of services and supports for the individual with a disability, to understand how to monitor progress toward the goal, and to make general educational decisions (Carter et al., 2009). One primary intent of secondary transition is to utilize a comprehensive, strength-based model that includes interest and preferences and considers needs across the relevant domains (Cheney, 2012). According to Cheney (2012), assessment is the method by which educators determine the strengths and needs of the student in order to develop a transition plan. There is, however, limited research focusing on a strength-based model as opposed to a deficit model (Carter et al., 2009).

Assessment, for the purpose of transition, is not a one-time activity; rather it is an ongoing process that occurs as a student accrues experience, learns about themselves and what they prefer, identifies their strengths and needs, and develops a vision for their

future (Trainor, Smith, & Kim, 2012). Transition assessment requires input from the multiple perspectives of those who know the student well and in differing contexts (Carter et al., 2009). Additionally, thorough assessment across multiple domains includes gathering information in regard to: (a) background; (b) interests and preferences; (c) aptitudes (or underlying abilities); (d) personal style; (e) interpersonal relationships; (f) self-determination; (g) academics and intelligence; and (h) employment-related skills (Cheney, 2012, p. 25).

A thorough assessment is fundamental in transition planning. Assessment assists the transition process by identifying the necessary skills for success in a post-high-school environment (Sitlington & Clark 2007). There are three questions that need to be answered as a result of the transition assessment:

- Where is the student presently?
- Where is the student going?
- How does the student get there? (Sitlington & Clark, 2007)

In order to respond to these questions, many transition tools and assessment methods exist, both formal and informal. Formal assessments are most often standardized and therefore typically have fees associated with the administration. Formal assessments can be used to understand skills and/or attitudes related to a certain area of transition, such as employment or decision making (Trainor et al., 2012). Informal assessment strategies can also be utilized to gather a broad range of information from students when transition planning. Formal assessment often requires fewer resources and can be modified or changed to address student-specific situations (Trainor et al., 2012). Informal assessments can be administered via interview, observation, anecdotal recordkeeping, interest inventories, and curriculum based assessment (Trainor et al., 2012). It may also include an environmental analysis that considers the job site and/or working environment of the student (Sitlington & Clark, 2007; Trainor et al., 2012).

As part of a well-rounded transition planning process, Cheney (2012) advocated the inclusion of personal futures planning (PFP). Person-centered planning can play a valuable role in transition assessment, according to Sitlington and Clark (2007). They suggest:

The person-centered planning approach can play a major role in incorporating student choice into the transition assessment process. This approach also strengthens the capacity of the individuals and their families together to build formal and informal support circles that ensure that the young adult will be active in family and community life. (Sitlington & Clark, 2007, p. 136).

According to Cheney (2012), PFP is a rather unstructured and yet meaningful, personalized and individualized process that bridges the gap between assessment and the development of the actual transition plan or IEP. This can be a guided process. However, the process is intended to be open-ended and creative, revealing the student's own vision. It often uses visual mapping, includes family and friends, and captures goals and dreams along with more practical information (Cheney, 2012).

Person-centered planning was the focus of numerous specific strategies that appeared in the literature in the 1980s, and was included in a study by Miner and Bates (1997). The results concluded that, according to parent reports, there was a perception of increased parent and student participation, and an increased level of preparedness to discuss action steps during the IEP meeting. Their research acknowledged Mount and Zwernick's (1988; as cited in Miner & Bates, 1997) PCP as a promising practice. According to Miner and Bates (1997), this approach has been one of the "critical components in a person's attainment of a more desirable and personalized future lifestyle" (p. 105).

Results from assessment information and the planning process lead directly to the next stage, the development of a plan or program to serve as a blueprint for success following high school (Cheney, 2012). The transition plan, or the IEP for students with ED, needs to address: (a) academic skills; (b) social-behavioral skills; and (c) transition-related outcomes with goals logically connected to the students' post-school expectations (Cheney 2012).

"Perhaps the biggest challenge in implementing transition plans for youth with ED is to find natural community supports beyond the walls of high school," (Cheney, 2012, p. 26). This need exists because students with ED are less likely than other students with disabilities to benefit from school and community experiences (Trainor et al., 2012). Planning for students with ED who have often been alienated from the school setting often requires services in the community of individuals who will support their success. (Cheney, 2012). Educators working with students with ED need to make a concerted effort to actively engage students in a more natural environments, such as communitybased work experience and other vocational opportunities, as well as academics in the school setting.

The development of supports for students with ED, according to Carter and Lunsford (2005), should be comprehensive. They state:

These supports can take a wide variety of forms (e.g., job placement assistance, transportation, job modifications) and derived from numerous sources (e.g., adult agencies, coworkers, employers, family members, mentors, school staff). By incorporating these supports early on, planning teams can ensure the students' transitions consist of on interrupted movements from school to adult life. (p. 66).

According to Carter and Lunsford (2005), assumptions about students with ED are often shaped by their challenging behavior in the classroom. They suggest, however, that such assumptions should not lead to lower expectations in vocational, education, and job settings. Low expectations may limit a student with ED from having opportunities for vocational education and on-the-job training. Rather, consideration of supports across academic, vocational, and community settings may enable students with ED to make significant contributions to communities and the workplace (Carter & Lunsford, 2005).

Further review of the literature led to a study by Wagner and Davis (2006), conducted to analyze practices in the area of providing services to students with disabilities and/or at-risk of developing a disability, aged 13 to 16. This study compared findings for students in other disability categories to those in the disability category ED. An overall analysis of interventions for students with disabilities and those at risk identified five principles that programs should encompass when helping youth complete high school and improve outcomes as they reach young adulthood. The analysis identified that effective programming needs to address: (a) relationships; (b) rigor; (c) relevance; (d) the needs of the whole child; and (e) involving families and students in the transition planning process. Following the comparison, implications were identified specifically related to preparing students with ED for young adulthood (Wagner & Davis, 2006). The results of the study indicate that in the area of relationships, students with ED are generally served in smaller classes than their peers with other disabilities, are less often served in their neighborhood schools and, although two-thirds of them feel that someone at school knows and cares about them, this rate is significantly lower than for those in other disability categories. Wagner and Davis (2006) suggest that increased intensive supports in the areas of social skills, conflict resolution, peer mentors and family supports help students to develop relationships that support post-high-school success. Students with ED need better supports and more frequent services in neighborhood schools and general education settings as they prepare for transition.

In the area of academic rigor, this research concluded that although students with ED are in academic courses that are demanding, their grade point averages are the lowest of all disability categories. Academic supports focused on accommodations, such as time to take tests, as opposed to addressing learning challenges. Suggested responses to support increased success for students with ED as they prepare for transition are small-group and individualized tutoring in areas that teach them how to learn or compensate for their disability (Wagner & Davis, 2006).

The implications of Wagner and Davis (2006) are that, to address the areas of relevance and the whole child, educators should be better trained in accessing mental health services for students with ED, and that services be better coordinated across agencies. This, in addition to better coordination within the school, will more effectively meet the academic and vocational needs of students with ED in preparation for employment after high school. Transition support is critical for students with ED. Participation by the student is "crucial for students with ED because they have higher drop-out rates than do students with other types of disabilities" (Wagner & Davis, 2006, p. 96). In addition to the five key components of transition planning (Cheney, 2012), Wagner and Davis (2006) indicate that schools need a process to monitor and ensure timely completion of transition planning.

Additionally, the results of their research suggest that best practices in transition are not widely implemented. This is problematic because, according to Wagner and Davis (2006), students with ED require not only participation in but also endorsement of the process in order to ensure a deeper understanding of the services needed and available. In the absence of this level of involvement, they concluded that students with ED do not frequently access the services available to them as they progress through the transition process. Essentially, missing components of quality transition planning may be resulting in poor outcomes for students with ED as they transition to the post-secondary setting.

<u>Transition outcomes.</u> The literature suggests that post-secondary outcomes for students with ED are less than promising (Smith et al., 2011). Students who drop out experience a higher rate of unemployment, reduced income potential, and a higher level of incarceration (Sum, Khatiwada, & McLaughlin, 2009). This has serious, lifelong implications. These negative outcomes adversely affect the student's ability to live, learn, and work in today's complex and competitive society. In order to better understand the long-term outcomes of students with disabilities up to eight years post high school, the National Longitudinal Transition Study 2 (NLTS-2) provides data sets and information. The areas of living, learning, and working were reported in a study conducted by Newman et al. (2011) via the National Center on Special Education Research. Survey results in the areas of learning, living, and working suggest that outcomes for students with ED have ample room for improvement.

Newman et al. (2011) reported that in 2009, 60% of students with disabilities participated in post-secondary education. Of these, 44% were enrolled in a two-year community college, followed by 32% in a vocational, business, or technical school; only 19% enrolled in four-year colleges or universities. Of the students with ED, just 53% were enrolled in any sort of post-secondary school. Of this group, 37.7% enrolled in a two-year community college, 33.3% in vocational, business, or non-technical school, and 10.8% in a four-year college. These results indicate that only in the area of vocational, business, or technical area did students with ED have a higher rate of enrollment than the averages of all other disability areas.

The average time between leaving high school and enrolling in post-secondary was seven months for students across all disability areas. For students with ED this time frame was 11 months. Seventy-seven percent of all students with disabilities were enrolled consistently, compared to 58% of students with ED. Overall, 71% of students in all disability areas combined were enrolled full-time, compared with 58.8% of students with ED. In general, it took students with ED longer to become enrolled in any sort of post-secondary education. They were less steady in their enrollment, and they were enrolled on a full-time basis less than others. A review of the literature indicates that a lack of high school completion and/or dropout rates is significantly greater for students with ED than for nondisabled peers or peers in other disability categories. The results of this study indicate that leaving high school prior to graduation magnifies the negative post-secondary outcomes for students with disabilities. The mean number of months between leaving high school and enrolling in any sort of post-secondary school for those students with disabilities completing high school is 7.2 compared with 18.4 months for those who did not complete high school. Additionally, students with disabilities who did not complete high school enrolled in college full time at a rate of 30.4% compared 71.1% of the students with disabilities who completed high school. Knowing that a majority of students leaving high school prior to graduation are those with ED, combined with the data on post-secondary education enrollment for non-completers of high school, leads to the conclusion that for many students with ED, attendance in post-secondary is extremely unlikely.

According to the results of the NLTS-2, of the students surveyed, 91% of young adults with disabilities who had been out of high school for up to eight years reported having a job of some type during that time span, with an average of four different jobs. At the time of the interview, however, only 60.2% of the respondents held a job. Like their peers with disabilities, students with ED had been employed at some point over that eight-year time span at a rate of 91%, with an average of 4.6 different jobs. Students with ED left employment at the same rate and for the same reasons as peers with other high-incidence disabilities. Forty-six percent of students with ED quit their job compared with 48% of students with speech language deficits and 56% of students with learning

disabilities. The rate at which these young adults had been fired by their most recent employer was 14.2% for students with ED, compared with 11.3% for students with speech language impairments and 10.4% for students with learning disabilities. Students with ED tended to have been laid off from their most recent employment at a rate of 20.7% compared with 12.2% and 12.7% respectively for students with speech language deficits and learning disabilities.

The average wage of those surveyed across all disability areas was \$10.40 per hour. Of students with ED, 81.1% had an average annual income of \$25,000 or less, 4.7% of students with ED had an income more than \$50,000 annually, while 36.5% received food stamps.

In the post-secondary period, NLTS-2 results indicated that of the young adults surveyed, 59% had lived independently and 4% had lived semi-independently. In the disability category of ED, 63.1% of young adults lived independently and 2.8% had experienced semi-independent living. Students with ED were generally satisfied with their living arrangements 72.5% of the time. This was higher than those with speech language impairments and learning disabilities, who were satisfied at a rate of 70.9% and 68.2% respectively. Generally, students with ED were more independent and more satisfied than their peers from other high-incidence disability groups.

Across all disability groups, 29% of young adults reported having had a child by the time they have been out of high school for up to eight years, and only 13% of young adults with disabilities were married. There is a marked difference for students with ED, of whom 39.1% reported having a child at some point during that eight-year timeframe and only 11.1% were married.

Fourteen percent of young adults with ED surveyed reported having been in a physical fight in the preceding year. Within this group, nearly 24% also reported carrying a weapon within the 30 days prior to the interview. When considering involvement with the criminal justice system, statistics for young adults labeled as ED during their school years indicate reason for concern. Of the young adults with ED surveyed, 71.8% had been arrested and 43.2% had been arrested in the last two years, while 44.2% have been on probation. These results are markedly higher than those for the disability categories of speech language impairment and learning disabilities.

<u>Barriers to effective practice.</u> Given all the data and research results on effective programs and practices for students with ED, it seems logical that outcomes for this population of students would be promising. And yet, given the continuing negative outcomes for students with ED, there appears to be an ongoing research-to-practice gap. A review of the literature suggests a few possible explanations why promising and proven practices have not been more utilized in the field.

<u>Teacher preparation and licensure</u>. Teacher preparation and licensure may affect outcomes for students with ED. Even assuming that teacher preparation programs are adequate, the sheer number or graduates in the area of education leaves marked shortages of certified or highly qualified teachers. The hiring and retention of teachers in the ED field continues to be problematic; qualified special education teachers fill 9 of the top 14 shortage areas, and ED falls in rank order at number eight (American Association for Employment in Education, 2008). The actual number of teachers and the number of teachers with appropriate certification are lacking.

There is an ongoing need for qualified professionals in the field of ED. In addition to being qualified and appropriately licensed, however, they must also be prepared. The results of a study by Wagner and Davis (2006) indicate that students with ED participating in general education classes are instructed by teachers who are fully credentialed. However, almost 38% of students with ED, although taught by fully licensed individuals, reported that they "disagree" or "strongly disagree" that their teachers had been adequately trained to teach students with this specific special need. McLeskey, Tyler, and Flippin (2004) reported that even experienced teachers may lack fundamental skills. This study indicated that up to one-third of student behavior plans are considered inadequate; additionally, teachers feel unprepared and lacking the necessary skills to meet the needs of their students with ED (McLeskey et al., 2004).

A lack of training or skills necessary to meet the needs of students with ED (McLeskey et al., 2004) is not surprising given that time in training appears minimal given the complex needs of the students. Only 27.7% of teachers teaching students with ED reported having at least eight hours of professional development related to working with students with disabilities over the previous three years. Furthermore, only 37% of students with ED had teachers who had received an adequate level of training in behavior management (Wagner & Davis, 2006).

Although professional learning in developing skills for behavior management may appear necessary and logical, other factors may warrant attention when considering

179

the background and training of teachers as a potential barrier to effective practice. A qualitative study by Prather-Jones (2011) concluded that beyond demographics, certification, and training, teachers of ED need to have a strong commitment to this population of students. The study used in-depth interviews with 13 teachers with more than six years' service in the field of ED. It noted that teachers who stayed in the field of ED beyond six years possessed certain personal characteristics that tended to make them more suitable for the job. The results indicated that this skill set is not necessarily one that can be taught, but rather is inherent in a teacher's nature or personality. The teachers surveyed in this study: (a) were intrinsically motivated; (b) had learned not to take things personally; (c) became accepting of limitations; (d) were flexible and enjoyed the variety; and (e) had a particular interest in a service-related profession, specifically those with behaviors. This study contributed to the field significantly, increasing understanding of the skills or characteristics that are common to teachers who continued in the profession. The results of this research have the potential to influence pre-service and in-service training, as well as guide hiring practices, which theoretically supports better programming for students as there will be more and better trained professionals in the field.

In addition to personal characteristics or skills that may promote the longevity of teachers in the field of ED, administrative support appears to be a key factor. Studies have shown that administrative support for teachers working with this difficult population of students can have a significant impact (Albrecht, Johns, Mountsteven, & Olorunda, 2009; Prather-Jones, 2011). ED teachers report that the types of support they need from

their administrators include: (a) guidance and feedback; (b) growth opportunities; and (c) trust (Cancio, Albrecht, & Johns, 2013).

Increasing the fidelity of interventions for students with complex educational needs could lead to better long-term outcomes. Rarely, however, do studies even address fidelity of implementation (Hoagwood et al., 2007). Noell et al. (2005) conducted a study assessing the implementation of interventions addressing academic and behavioral concerns. The results indicated that implementation began at a relatively low level and deteriorated to very low levels by the third week. Although this study included a small number of participants, its results support overall concern throughout the literature in regard to this issue. Feedback can lead to a higher level of implementation. Intervention integrity and fidelity are important. It is difficult to determine the efficacy of the results produced by any research in the absence of this information.

The research guiding practitioners in their effort to provide effective programs for students with ED is abundant. Yet the challenges are overwhelming. The very fact that a student is receiving services for ED means that it has already been determined that the child's educational performance has been adversely affected. Academic underachievement is likely; challenging behavior is pervasive. And yet, however daunting the task, providing adequate services to support the development of students with ED into successful adults is expected as a result of the IDEA legislation. The utilization of evidence-based practices for the development of programs and services provides a foundation. However, behavior management and discipline have an overwhelming role in the work of special educators.

## Placement of Students with ED

Over the course of the past two decades, increasing numbers of students with disabilities have been placed in the general education setting with their nondisabled peers. The same trend is not occurring with students with ED. Recent data indicate that the general education placement of students for ED is at 27% compared to 50% among other disabilities (Landrum et al., 2004). In 1993, Congress passed legislation as an accountability measure for government programs. This legislation, the Government Performance and Results Act, includes the monitoring of the IDEA. Indicator five of the IDEA, Part B, specifically monitors LRE by disability category. States were allowed to set their own target rate for this particular indicator. Kurth, Morningstar, and Kozleski (2014) analyzed the LRE data for highly restrictive placement of students with lowincidence disabilities. The results of their study indicated that during the baseline year 2004, the percentage of students served in separate schools, residential facilities, or homebound/hospital placements varied greatly. Additionally, the states were modest in setting targets for their performance. For this category, states proposed a change in restrictive settings to decrease by less than one percentage point. There were only 12 states that proposed a 1% or more change. The actual result of restrictiveness in this category was even less than the set target rates. Over an eight-year span of time, the change was extremely small. The decrease in restrictive placements was less than half a point (0.44). Essentially, one or two states had a significant change, whereas the majority of the states remained flat in terms of long-term trends. This example further illustrates what may be construed as lack of effort to place students with ED in the LRE.

By studying inclusionary practices for students with special needs, educators can better understand their potential for supporting the fundamental educational reform initiatives that are so desperately needed by the country's public schools (Agaliotis & Kalyva, 2011). To this end, many studies conducted to date have shown inclusion of students with special needs in the traditional classroom setting provides significant benefit for all involved students (Agaliotis & Kalyva, 2011). The proponents of inclusion argue that all students tend to benefit from the practice, while critics suggest that students with special needs are best served by teachers specially trained to help them acquire the life skills they will need to succeed. In addition, the presence of students with special needs in the mainstream classroom detracts from the learning opportunities for other students. Still other educators maintain that a combination of these approaches is most appropriate for both the majority of students with special needs and their counterparts in mainstream classrooms (Hulgin & Drake, 2011; Miles & Singal, 2010).

Complicating the debate is the fact that current law requires all children in the United States to be provided a quality education in our public schools. The debate about whether students with disabilities are best served in a special education environment or in an inclusive, mainstreamed classroom setting continues (Hulgin & Drake, 2011; Miles & Singal, 2010).

It is important to note that restrictive placements for students are in fact a requirement as the law demands a continuum of services. Theoretically, classrooms in the most restrictive placements provide students with more opportunity for academic and social development. Ideally, these opportunities would lead to better outcomes.

Realistically, research has shown that even after special education services are provided in restrictive environments, deficits persist (Lane, Wehby, Little, & Cooley, 2005a; Lane, Barton-Arwood, Nelson, & Wehby, 2008).

## <u>Continuum</u>

Given the enormous challenges, it is important to recognize that alternatives to full inclusion may offer some advantages. For instance, on the less extreme side of the debate are advocates who argue that the needs of students with significant disabilities are best served by retaining the full range of placement options, including special schools and special classes (Westwood, 2007). Kauffman et al. (2002), in support of the preservation of a full continuum of services, describe a self-contained setting for students with ED. The description of the program included results such as: (a) better attendance; (b) fewer office referrals, suspensions and time out of class due to discipline; (c) cool-down time reduced; and (d) increased gains in pro-social power. The authors state:

We caution that a special class or a special school is not better than general education simply because it is separate. Separate can be worse than not separate. Separation from general education is never sufficient in itself to make an environment better. The program's components – teaching, providing emotional support, providing structure, and offering systematic rewards – make a place better than an alternative. However, we believe that separation from the mainstream of education is sometimes necessary for educators to develop and maintain the nature and intensity of instruction and support needed by some students. (p 167).

Supporting a full continuum of services is by no means anti-inclusionary. Rather, by maintaining options, the needs of more students can theoretically be met. Ultimately, the service delivery model for supporting students in reaching their full potential should not be the point of contention. Instead, considering multiple factors on the basis of the individual should drive the decision. Essentially, the job of special educators is to be competent in delivering instruction so as to support the growth and development of students in becoming more normalized in their social, behavioral, and academic status (Kauffman et al., 2002).

Inclusion versus restrictive settings. It is well documented in the literature that students with ED are served in more restrictive settings than their peer group with highincidence disabilities. Restrictive settings may include but are not limited to pull-out programs such as self-contained classrooms or special schools. Students with ED in more restrictive settings may be integrated into the general education setting for a portion of the school day. Typically, students with ED receiving services in a restrictive setting do not benefit from exposure to nondisabled peers where appropriate behavior is modeled for students with ED (Zionts et al., 2002). A study by Skiba et al. (2006) assessed whether disparities in educational environments may be a result of a categorical disability determination resulting in services being provided in more restrictive setting.

The percentage of youth with disabilities who spent 80% or more of their school day in general classes in regular schools was higher in 2011–2012 than ever before. Sixty-one percent of children with disabilities spent more than 80% of their time in the general education environment, compared to which just 43% of students with ED did. Additionally, according to the most recent statistics provided by the U.S. Department of Education for the fall of 2000–2011, 18% of students with ED spent 40% to 79% of their day in the general education setting while 20.6% of students with ED spent less than 40% of the day in general education. Alarmingly, 18.2% of students with ED were actually

served in other environments. (U.S. Department of Education's 35th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2013).

Three percent of all children receiving IDEA services were enrolled in a public or private separate school for students with disabilities; 1% were placed there by parents in a regular private school; and less than 1% each were in a separate residential facility (public and private), homebound, hospital services, or in correctional facilities. (U.S. Department of Education's 35th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2013).

Students with disruptive behaviors account for the largest subgroup of youth placed in ED classrooms (Reddy & Richardson, 2006). Students with ED are often referred to more restrictive settings including self-contained classrooms and schools, day treatment centers, residential facilities, and juvenile justice settings (Flower et al., 2011). Students with ED are almost five times as likely to be placed in residential settings: 2.12% versus .41%, of other disabilities (Smith et al., 2011). Statistics show that Hispanic and African American students especially tend to be overrepresented in more restrictive environments (Skiba et al., 2006).

<u>Alternative settings.</u> There does not appear to be a universally accepted definition of alternative settings in education. The literature discusses alternative settings in a variety of different ways, all of which imply a setting in which students are at-risk for school failure. The U.S. Department of Education (U. S. Department of Education, 2002) defines an alternative education setting as "a public (or private) elementary/secondary

school that addresses the needs of students that typically cannot be met in a regular school, provides nontraditional education, serves as an adjunct to a regular school, or falls outside the categories of regular, special education or vocational education" (p. 55). This definition generally describes alternative settings as neither exclusively serving nor excluding students requiring special education. Two common types of alternative programs that serve students with ED are day programs and residential schools. Day programs exist as an option for students to receive their education during the day in a setting that more specifically meets individual needs. Residential schools are often alternatives to psychiatric hospitalization, or are provided in conjunction with psychiatric hospitalization. Alternative education programs exist to serve a variety of student populations ranging from those students who are gifted and talented to those with serious behavioral issues. For those with behavioral issues, a primary purpose of restrictive placement is to provide an intensive level of academic and behavioral support (Lane et al., 2005a). Regardless of the need, students typically receiving their education in these settings are those considered at-risk of not attaining high school graduation. This risk is typically due to students: (a) being delinquent or disruptive; (b) having a disability; (c) requiring medically involved services; (d) being pregnant or a young parent; (e) dealing with truancy; or (f) having been suspended and/or expelled (Tissington, 2006).

The history of alternative education dates back further than P.L. 94:142. Alternative education settings first surfaced in public education in the 1960s (Raywid, 1994). From their onset, alternative education settings have varied in purpose, and still do so today. Raywid (1994) analyzed the alternative education settings and attempted to quantify the differences. At the time, alternative education was attracting criticism. She felt by pointing out the differences in types and the range of needs being addressed, the quantification might support their existence. Essentially, Raywid divided alternative educational settings into three types, each with a different purpose and focus. Type I were those that had innovative initiatives and were often attended by choice. Type II was described as schools providing students a last chance prior to suspension and/or expulsion. Students were typically sent to a Type II alternative education setting. Type III schools were remedial and/or therapeutic in nature (Quinn, Poirier, Faller, Gable, & Tonelson, 2006; Raywid, 1994). The work of Raywid continued as the complexities of education grew, as did those of alternative education settings. Building on the typology described earlier, Raywid expanded the types into levels, further clarifying the manner in which alternative education settings may support students and school systems. (Quinn et al., 2006; Raywid, 1999). There are different levels: (a) change the student, (b) change the school, and (c) change the educational system. Models that attempted to change the student had limited success, especially when they were punitive in nature. Change the school models produced limited success while the students were attending, but often resulted in failure upon return to a traditional setting. The system-change model demonstrated the most positive results, although it was more difficult to initiate and sustain (Quinn et al., 2006).

According to Tissington (2006), there are two primary factors contributing to the need for alternative education settings. The combined legislative mandates of the IDEA 2004 and NCLB 2002 hold educational systems accountable for mandatory high-school

graduation as well as academic achievement, specifically in reading and math.

Additionally, alternative education programs may be required due to poor teaching and learning strategies that may not be engaging enough to ward off inappropriate behaviors in the classroom. In fact, according to Quinn et al. (2006), "alternative programs became mandated federal policy for placement of children with disabilities whose behavior is unacceptable in the traditional setting" (p. 13). Students with ED continually challenge new policy and therefore have a difficult time remaining in the mainstream environment (Kauffman, 2005). Lane et al. (2005a) state:

Given that students with EBD may (a) have greater academic deficits than general education students and students with LD, (b) experience more pronounced and broader deficits over time, and (c) be less responsive to intervention efforts than students with LD, it is not surprising that students with EBD are often placed in restrictive educational settings. (p. 350).

Historically, there tended to be a prevailing sense that students with significant behavioral needs served in alternative settings primarily required intense behavioral supports, with little focus on academic instruction. Fitzsimons Hughes and Adera (2006) state:

While I concur that providing behavioral support and facilitating behavioral change present key goals in alternative day treatment settings, I would also argue that improving student's academic competence and reigniting their desire to learn and interest in school are of utmost importance. (p. 27).

A review of the literature suggests that ED students may require an alternative

educational setting that will better engage them in their learning in order to keep them in

school and achieve at higher levels (Quinn et al., 2006; Tissington, 2006).

Research concludes that common characteristics of alternative education

programs most likely to improve results for students, especially those with ED, are: (a)

small class sizes; (b) an emphasis on individualized interaction between teacher and student; (c) a supporting environment; (d) successful experiences relevant to the student's future; and (e) a flexible structure that allows student input and decision making. In addition to these characteristics, this research also suggests that the essential components of quality alternative settings include: (a) a classroom environment with appropriate instructional strategies; (b) community-based systems and services, including opportunities and transitions within the community allowing real-world application of skills and nontraditional options for learning that result in social, emotional, and behavioral changes in these environments; (c) caring staff with adequate resources to provide services and ongoing professional development; and (d) ongoing program evaluation in order to ensure effective results (Fitzsimons Hughes & Adera, 2006; Tissington, 2006).

The curriculum, instruction, and assessment in alternative educational settings for students with ED are other factors requiring consideration. Gagnon and McLaughlin (2004) embarked on a study to determine practices in day and residential schools in the areas of: (a) school policy; (b) curricular policy; (c) assessment participation and accountability; (d) assessment accommodations and use of alternative assessment; and (e) reporting and using assessment results. A study of this nature was important to address concerns with students being educated apart from the general education setting. Access to and progress in the general education curriculum is required by the IDEA. It is necessary that alternative educational programs provide adequate services to support the successful reintegration of students into public or home schools. Students returning to their home schools will face academic rigor, high standards and graduation requirements.

The results of this study give a national perspective on curriculum, assessment and accountability as well as shedding light on issues that may prohibit students with ED from successfully reengaging in a traditional education environment upon dismissal from a separate facility or alternative education setting (Gagnon & McLaughlin, 2004). As far as curriculum is concerned, one third of teachers and one fourth of principals attested that theirs was school-developed. The extent to which the school-developed curriculum was linked to local and state standards is unknown. Both teachers and principals also reported that district and state standards, as well as student IEPs, were the primary method of receiving information on the curriculum of local schools. This is disconcerting, as an IEP is not a curriculum. Consequently, when youth receive services from schools where the general education curriculum is not well-aligned with the district from which they will return, they may experience an educational disadvantage. Furthermore, it was not clear how programs selected textbooks and curriculum materials consistently.

In addition to teacher-selected textbooks and materials, one third of teachers and one fifth of the principals also identified that teacher-selected assessments were the primary accountability measures for student learning; approximately 11% of both teachers and principals also noted that their schools primarily used school-developed assessments. Again, this suggests that there may be little or no link to the district and state accountability systems under which students in integrated facilities are measured. Although testing accommodations are allowed and even expected under the IDEA,

191

approximately 20% of staff in residential and day treatment schools reported that they offer assessment accommodations.

One key to accountability for school, district and state agencies is the accurate reporting of assessment results. Commonly, assessment results were reported to parents and guardians. However, less frequently assessment results were reported to the student's home district or the state. This type of reporting is a necessary accountability measure to ensure that all students, including those with disabilities, are benefiting from their educational program. The overall results of this study conclude that it is critical to identify specific processes to ensure that separate schools and day program schools are provided access to general education standards, curriculum, and assessments. Without these, the successful and effective reintegration of students returning to their home school or district is compromised (Gagnon & McLaughlin, 2004).

A review of the literature suggests that alternative education settings provide options for students who may not succeed otherwise. There are an unlimited number of programs, differing in their purpose, outside the traditional education settings. Many alternative education settings appear to meet the specific needs of students with ED, especially those that are designed for students to attend by choice. Alternative settings mandated by exclusionary discipline, however, and those that are considered separate schools, falling on the continuum of services required by the IDEIA, may often contradict the intent of LRE.

Alternative education settings are based on a wide variety of philosophical orientations, from a behaviorist to an ecological model. Although a philosophical

orientation may provide a shared vision for the program, research is inconclusive as to which specific orientation, if any, is most effective in producing consistently positive outcomes for students with ED. In fact, research indicates that philosophical orientation has some effect on student academic outcomes, yet additional research is needed to determine which students make the greatest gains based on philosophical approach (Gagnon & Leone, 2006).

<u>Alternative/restrictive settings outcomes.</u> When examining the effectiveness of school-based programs for students with ED, it is difficult to determine results. Reddy, Newman et al., 2009 reported a review of 28 research articles, including over 1,400 students, and found little research had been conducted for children older than 12 years. Of further concern, when studies for older school-age students with ED were conducted, only one study reviewed included follow-up data including vocational and employment outcomes in early adulthood. Needless to say, determining the effectiveness of services for students with ED is difficult. Combining the existing research with the outcomes data, the evidence speaks for itself: as a public school system, specialized services for students with ED remain inadequate (Bradley et al., 2004; Wagner et al., 2005).

Lane et al. (2005a) studied the differences between self-contained classrooms and self-contained schools for students with ED. The results of this study demonstrated that when students are educated in self-contained classrooms they had stronger academic skills than students in self-contained schools. The two groups demonstrated no significant difference in social skills. However, when considering the types of behaviors displayed by students with ED in different settings, this study indicated that those in self-contained classrooms had a higher rate of internalizing behaviors. Additionally, another study (Lane, Wehby, Little, & Cooley, 2005b) analyzed student progress in each setting, concluding that there was a general lack of progress over the course of one academic year. Students with ED fell further behind in some academic, social and behavioral areas. In general, according to Lane et al. (2005b), after one year of receiving services in a selfcontained classroom or a self-contained school, no significant progress was gained academically, behaviorally, and/or in the area of social achievement.

A 2005 study by Carran, Kerins, and Murray evaluated three-year outcomes for positively and negatively discharged ED students from nonpublic special education facilities. They attempted to include comparison data from other nationwide studies, but were not able to locate any. Although schools participating in the study were non-public, they were not-for-profit agencies that provided services to students who had exhausted resources and were referred by the Local Education Agency (LEA) on the recommendation of the IEP team. Services provided in this setting included speech, occupational and physical therapy, in addition to psychiatric treatment that included medication management, a highly structured environment and individual, family and group therapy.

The results of the study indicated that negative discharges were significantly younger at than positive discharges. Job seeking was relatively high across three years and across all participants in the study, with 60% reporting one or more jobs in the previous six months. Employment status was highest in year 2, with 65% of participants being employed; by year 3, only 49% were employed. Positively discharged respondents reported strong job-seeking skills and good employment rates. A relatively large portion of this group worked in service-related areas in the first and second years and then tended toward "other" by year 3. Among students considered negatively discharged, participants reported a higher level of unemployment in years 1 and 3, with the highest rate of employment in year 2, at 46%. By year 3 the rate of employment was 14%.

The living situations of students in the study were also examined. The results indicated that almost 70% of the study participants lived with caregivers or guardians across all three years. In year 2, the portion of participants who lived independently increased to 32%, but in year 3 it declined again to 7%. Respondents' ability to be financially independent was highest in year 2. Across all three years, fewer than 10% of those surveyed relied solely on financial support through employment. Positively discharged respondents tended to remain with caregivers across the three-year span. Independent living was the highest in year 2, with 23%, and by year 3 this dropped to 3%. Negatively discharged respondents, similar to positively discharged respondents, found themselves living with caregivers one year out. By year 2, 54% reported living independently and by year 3 this had dropped to 29%. Of those negatively discharged, a number of respondents were homeless, in jail, or in residential facilities. The proportion supporting themselves financially was highest in year 2, but by year 3 the same respondents were seeking eligibility for public assistance.

The results indicated that although students with emotional and behavior disorders tend to have poor academic and transition outcomes, those who were positively discharged during this study performed much higher than the national averages in the measured three-year outcomes. While the results of the study indicate only relative success, they do imply that a full range of services for students with ED, including specialized schooling, should be made available. This level of services, often not available in a specialized setting such as this, may be necessary to serve this population of students.

## Placement Decisions

While it is known that services are more restrictive for students with ED, less is understood about the rationale, and/or how or why a team reaches consensus on this matter. It is commonly agreed that in order to make an appropriate educational placement decision(s), an IEP team must give due consideration to a host of factors. The literature brings forth several key elements that teams ought to contemplate.

Due to FAPE requirements, followed by those of LRE, placement has become a critical decision-point in the IEP process. These decisions are especially important for students with ED. Due to the varying rates of restrictiveness across states, within states, and even within districts, understanding the manner in which IEP teams reach decisions in regard to this issue is critical. One study suggests consideration be given to academic, mental health, and behavioral needs along with the documented effectiveness of the services and placement options (Becker et al., 2014).

Hendrickson, Smith, Frank, and Merical (1998) embarked on a research study evaluating the factors utilized in decision making as students with ED were placed in restrictive placements. Ninety-nine records were reviewed. A member of the student's IEP team was interviewed. Forty-nine of these students were placed in a regular school

and 50 were placed in segregated school, by choice of the IEP team. At the time of the placement, 96% of the students had goals related to the behavioral problem presented. Eighty-five percent of the IEPs indicated that the student's behavior was having an academic impact. Students in regular schools had more goals, including academics, than those in segregated schools. In regard to related services being described on the IEP, 49% of students in the segregated setting had related services, compared to 60% in the regular school. In regular schools the related services were speech therapy (44%), school social work (24%), and school psychology services (20%). In the segregated setting students were served by school counselors (45%), school psychologists (40%), and school social workers (35%). Community services were included on the IEP only 8% of the time in regular schools and 20% of the time in segregated schools. In regard to agreement of the placement decision, overall, six parents (12%) and only one teacher disagreed with the placement decision. The members of the IEP team in attendance at the meeting varied markedly as well. Students attended 19% of the time in a regular school and 34% in the segregated school. Parents attended 72% and 78% of the time respectively. Special education teachers attended 84 and 80% respectively. School social workers attended 57% and 36% respectively. School psychologists attended the meetings 79% and 28% respectively. Principals from the segregated facility attended more often than did those at the regular school, 81% and 51%. When making the LRE decision, 75% of regular schools compared to 86% of segregated schools described the LRE options considered. Student characteristics played a role in placement decisions for 70% of regular schools and 48% of segregated schools. The intensity of program modifications played a role in

the decision 57% of the time in regular schools and 88% of the time in segregated schools. Administrator considerations were negligible (Hendrickson et al., 1998). This study clearly considered IEP factors as well as other considerations.

Hayling, Cook, Gresham, State, and Kern (2008) report that many studies have been conducted comparing students in restrictive vs. non-restrictive placements, including characteristics and outcomes. The researchers state, however, that it is just as important for further study to include the examination of factors contributing to education placement decisions for students with ED. The literature suggests a plethora of contributing factors and variables as IEP teams consider placement options for students with ED.

<u>Factors affecting placement.</u> Many factors are considered when IEP teams are faced with decisions about the most appropriate placement for students with significant behavioral issues. Teams are required to consider data throughout the IEP process. While the data may be prominent, a review of the literature suggests factors other than student specific data may affect these important decisions.

A recent study suggested factors contributing to the determination of restrictiveness of an educational placement were aggression directed toward adults, peerdirected aggression, disruptive behavior, emotional problems, and a documented lack of success in the least restrictive environment (Becker et al., 2014). In this study, the factors rated lowest, when considering the restrictiveness of an educational placement were gang-related involvement, financial issues for the school or family, and absences for truancy. Additionally, there was no statistical difference between middle-school and high-school respondents in factors greatly or insignificantly affecting placement decisions, except in the area of truancy, with high-school absences being a greater concern than for middle school.

At the secondary level, a research project was conducted to determine the factors associated with where students with disabilities were educated (Wilson, Kim, & Michaels, 2013). Data were gathered on 559 students with disabilities at the secondary level. Co-taught classes, resource rooms, alternative day support programs, and no direct supports were the settings evaluated. The results indicated that high-school students with ED were in co-taught classes 2.7% of the time, in resource rooms 4.47% of the time, in alternative day programs 2.33% of the time and were provided with no direct support 15.15% of the time. Upon examination of these percentages the researchers concluded that there were associations between disability classification and placement options. This study also concluded there to be no correlation between classroom academic performance and placement. There was however an association between full-scale IQ and placement options. The provision of related services and testing accommodations was also considered. On average, those students in co-taught classes received a greater number of accommodations or modifications than students receiving no direct services (Wilson et al., 2013). The study has implications for students with ED as a low percentage of students in this category actually participated in the co-taught setting. When academic performance and IQ impact placement decisions, there may be ramifications for students with ED.

Hoge (2013) found that two non-student based factors influenced the setting that IEP members would recommend for a student: teacher qualities and availability of resources. Teacher qualities encompassed the skill sets, both educational and behavioral, their willingness to work with the students with ED, and personality traits. Limitations in districts' continuum of placements could further affect the placement decisions. IEP teams were usually found to place students in environments that might not be the most conducive to meeting students' needs, whether educational or behavioral. Hoge (2013) concluded that teacher- and resource-based factors were as critical as student-based factors in the decision-making process.

The researcher also concluded that when placement decisions are made, it is not usually the needs of the students that are the primary factors. IEP teams may consider the needs of others. The stakeholders might take into account the needs of the organization, the individuals for which they are responsible, and district officials. Parents and outside agencies who are more in tune with what the students need are not usually given a huge authority over the decision-making process (Hoge, 2013).

Although a study by Stoutjesdijk et al. (2012) was not conducted in the United States, and thus did not fall under the IDEIA regulations, its results are noteworthy. This study compared factors contributing to the educational placement of students in separate schools vs. regular classrooms in the Netherlands. The four variables considered in the study were: (a) problem behavior; (b) cognitive functioning; (c) child and family risk factors; and (d) family functioning. Of the four variables, relational problems between child and caregiver, academic performance, and age at which the child received youth care for the first time were strong predictors of placement into separate facilities. The strongest predictor of separate facility placement was relational problems. The results suggest an alignment between factors in placement decisions and the characteristics of students with ED (Kaufman & Landrum, 2013; Yell, Katsiyannis et al., 2013), giving a possible explanation of the connectedness between characteristics, placement, and ultimate outcomes for students with ED.

Recognizing that special education teachers are influential in the placement decisions for students with ED, Frey (2002) conducted a study in which 350 special education teachers from ten schools in the Denver metropolitan area were surveyed. Each teacher was given a vignette describing a fourth-grade boy with ED. They were asked to read the vignette and answer questions about the recommendation they would make regarding placement (i.e., no change in placement, intensify services in the general education classroom and provide more pull-out service, or relocate the student in a specialized classroom or school for students with ED). The scenario described was the same for each teacher, excepting socioeconomic status and ethnicity, to account for the concern about disproportionality among students with ED. The focus of the study was to investigate the relationship between teacher efficacy, child SES, child ethnicity, and educational placement recommendations.

The study identified several variables influencing special education teachers in recommending placement for special education services. With regard to teacher efficacy, those who rated themselves as higher in a classroom management/discipline were more likely to recommend a less restrictive environment. With regard to the impact of

socioeconomic status and ethnicity, the results indicated that socioeconomic status, but not ethnicity, was factored when students with ED were recommended for further restrictive placement (Frey, 2002).

The researchers designed a study to determine the factors considered when placing students with ED in and out of three alternative schools specially designed for such students (Hoge et al., 2012). Through a mixed-methods approach to collecting data from the main stakeholders of these three schools (a school psychologist, a lead classroom teacher, and two school administrators) with regard how they make decisions regarding student placements, the researchers uncovered three important findings. First, students with ED placed in these alternative schools experience limited transitioning back to less restrictive settings. Second, the researchers also found that more factors are considered when making exit decisions from alternative schools than when making entry decisions. Nonetheless, the factors determined by placing students with ED in alternative school setting included aggression, defiance, running from school, danger to oneself, transfer from another setting, as well as mental health concerns. On the other hand, exit factors or factors influencing decisions to return students to less restrictive settings included: (a) failure to meet the goals of the program; (b) aggression; (c) defiance; (d) parental concerns; (e) instability at home; (f) current placement determined to be least restrictive environment; (g) more evaluation of student required; (h) regression of behavior; (i) student's resistance to transition; (j) mental health concerns; (k) running from school; and (1) having no appropriate placement for which to transition the student. Lastly, the researchers found that students' reintegration to a less restrictive educational

setting is not influenced by the factors considered when placing the students with ED in these alternative schools (Hoge et al., 2012). The study is a breakthrough because it resulted in the identification of pertinent factors influencing the choice of educational settings for students with ED that would not be easily identified through a student's special education cumulative file or through teacher and team member surveys.

Every child with an emotional disturbance is unique. Their specific needs are addressed with an Individualized Education Plan (IEP), which lays out specific outcomes, performance goals, and the course of action that will be taken to achieve them. Only students with more serious emotional disturbances have an IEP, but that does not mean that less severely emotionally disturbed children are any less difficult to handle in the classroom (Duchaine et al., 2011; Mills & Cunningham, 2014; Simonsen et al., 2014). As a result, these students are placed in more restrictive educational settings than any other disability group. Students with ED are often served in pull-out programs such as selfcontained classrooms or special schools (Zionts et al., 2002). Moreover, students with ED are almost five times as likely to be placed in residential settings (2.12% versus 0.41% of other disabilities; Smith et al., 2011).

Beliefs, perceptions, and attitudes affecting students with ED. A review of the literature suggests that the attitudes, beliefs and perceptions of IEP team members may have an impact on a variety of factors that affect students with ED, from IEP development and placement to a student's level of success. In this era of accountability and the need to use data to make educational decisions, "it is important to understand teachers' perceptions of students' challenging behavior and the impact of teacher

demographics on these perceptions in order to address the issue effectively" (Alter, Walker, & Landers, 2013, p. 52).

According to Hoge (2013), who designed a study to look at how placement decisions are made, the beliefs and experiences of IEP team members can affect their attitudes and decisions about the most appropriate educational setting for students with ED. The perspectives of individual stakeholders, in conjunction with highly interpretive federal guidelines, allow for subjective factors to affect the decision-making process when it comes to placements. Hoge found that the perceptions of a student's home and family life can shape IEP members' perceptions of what the student needs. The researcher found that changes in placement are usually generated by children's externalizing behaviors as opposed to academic failure or internalizing behaviors.

Exclusionary practices for students with ED continue to be problematic. As a result, researchers continue to seek causes for this detrimental practice. A qualitative study of parents and teachers of students with significant challenging behaviors was conducted to explore their perceptions of preferential treatment vs. being unwanted in mainstream settings (Broomhead, 2013). The participants were parents of students with challenging behaviors, as well as teachers employed in both the mainstream and special school setting for students with significant behavioral concerns.

Outcomes from the study were conflicting (Broomhead, 2013). The results indicated that most parents of students with significantly challenging behaviors perceive their children as being unwanted in the mainstream settings because of their socially inappropriate behaviors. These perceptions were supported by teachers and staff

204

employed in the special school settings. Special school setting staff regularly reported their perceptions that pupils attending their schools were unwanted in the mainstream settings. Teachers and staff from the special school setting believed that mainstream teachers did not want students with significant behaviors because they were difficult to manage and they were busy addressing the needs of other students. Special school staff also believed that mainstream teachers did not want to accommodate the needs of students with challenging behaviors. Contrarily, three parents and staff employed in the mainstream schools suggested that, rather than students with significant behavioral needs being unwanted, they actually received preferential treatment. Furthermore, mainstream teachers and staff interviewed did not suggest that students with behaviors were unwanted in the mainstream setting. The results suggest that viewpoints range widely. The treatment of a student with significant behaviors is viewed as preferential by some and as exclusionary by others (Broomhead, 2013). The results of this study call for further investigation. Its implications are concerning as such divergent viewpoints would appear to make the process of reintegration somewhat challenging.

Alter et al. (2013) studied behaviors perceived as problematic by 800 classroom teachers. Their results indicated that off-task behavior was the most frequent problem. This was followed by verbal disruptions, both general and aggressive. One of the least prevalent and problematic behaviors was physical aggression. The lowest in prevalence was isolation/no social interaction. The impact of teacher demographics on the way challenging behaviors were rated was also evaluated. These were separated out by elementary, middle and high-school teachers, as there were several statistically significant differences between the groups. All challenging behaviors were more prevalent and problematic according to elementary teachers than to middle and highschool teachers. General verbal disruptions and off-task behaviors were more prevalent for female teachers than for male teachers. The group that identified isolation/no social interaction as more prevalent and problematic were male teachers and teachers with less than 16 years of experience.

According to district-level administrators, chronic classroom problem behaviors were viewed as most problematic. Verbal aggression was second in ranking, followed by physical aggression. Weapons-related behaviors, property destruction and truancy followed, but were significantly less problematic (Katsiyannis, Conroy, & Zhang, 2008).

Serving students with ED is challenging in many ways. Evidence suggests that heightened stress levels occur for teachers working with students with ED, potentially even impacting a teacher's mental health (McLean & Dixon, 2010). Knowing that the stress level of teachers may be high, consideration needs to be given to this factor when evaluating attitudes, perceptions, and beliefs. At times, teacher responses to students may not be based on the students' behavior, but on their own personal life experiences or personality regarding the student's behavior (Hyatt & Filler, 2011). Many of the internal and external factors that could affect teacher responses are similar to those that affect the students (Hyatt & Filler, 2011).

Literature suggests that teacher perceptions of students with ED may be different based on the educational environment (Evans et al., 2012). Special education teachers perceive students with ED as less capable than students with learning disabilities, even when scores are equivalent (Lane, Carter, Pierson, & Glaeser, 2006). Furthermore, evidence exists suggesting that students with ED experience stigma merely by nature of their disability (Kauffman & Badar, 2013).

Parents are members of an IEP team, as required by law and supported in the literature, and provide thoughtful insight to student plans throughout a student's educational career. In a study by Wynne et al. (2013), the researchers attempted to better understand factors that affected adult outcomes for their children with ED from a parental perspective. Alarmingly, parents attributed the success of their children who had received ED services to personal characteristics of their child (e.g. intelligence, attitude, maturity, etc.). Only 6.4% of the parents surveyed regarded education or school-based services as supporting their success.

Becker et al. (2014) examined perceptions of secondary special educators on placement decisions for students with ED. In summary, their research findings suggest that those responding to the survey perceived the most active IEP team participants to be middle- and high-school special educators, with middle-school respondents rated as more active than high-school ones. Parents and families, school psychologists and school administrators were also perceived as having a highly active role in determining placement. School counselors and mental health workers were viewed as less active in this decision-making process. The student was rated as being the least active participant, with high-school students more active than middle-school students.

Everyone has a perception. Each perception is unique. Every participant on the IEP team holds equal authority. As a team begins to consider placement options for

students with ED, especially at the time of reintegration, it is imperative that objective measures, as opposed to perceptual data, be considered. In the event that perceptual data alone are utilized to make placement decisions, it can be surmised that reaching agreement may be difficult if not impossible.

#### Reintegration for Students with ED

Making a problem a priority should, by definition, ensure that it gets resolved, but this has not been the case with the inclusion of special needs students in many regular classroom settings. Certainly, complex problems require complex solutions, but the efforts to date have not been sufficient to help regular classroom teachers assist special needs students with their unique requirements. Nor have they addressed the problems inherent in the degradation of the overall learning environment for non-special needs students. There has also been a fundamental lack of guidance concerning how best to help these special needs students make the transition from one learning environment to another. In this regard, Hoover and Patton (2008) pointed out that, "Inclusion efforts to meet diverse needs have challenged both special and inclusive educators to modify curriculum and differentiate classroom instruction" (p. 231).

<u>Challenges to reintegration.</u> According to Rinkel (2011), the reintegration of students suffering from emotional and behavioral disorders is replete with challenges. Placing students with ED out of alternative settings into least restrictive environments or the mainstream school environment can lead to different problems. A review of the literature found that most students with ED who return to their home districts remain unsuccessful. However, past studies often looked at the problems faced by ED students

through a variable-centric focus and evaluated specific student, teacher, and system attributes that resulted in the failure of these students to reintegrate.

Rinkel (2011) designed a study to look at the overall process of reintegration and the interactions facilitating the circumstances that lead to either failure or success. The researcher gathered the perceptions of different stakeholders, including students with ED themselves, mainstream and special education teachers, administrators, peers, and parents. The researcher focused on the transition and reintegration of six middle- and high-school students with emotional and behavioral disorders from self-contained settings into a mainstream environment of two Midwestern suburban school districts. Interviews led to pertinent and key findings. The researcher found that the desire of the students with ED themselves to fit in can affect the use of the critical skills of selfadvocacy and self-regulation. The researcher also learned that support given to students can be shaped and influenced by the understanding of their disability. Those who have sought out to understand the needs of students with ED are more effective in their provision of support.

Another finding of the study is that parents used advocacy in order to improve their systemic understanding of the ED condition. Lastly, the researcher found that inadequate communication and insufficient understanding of student disability can lead to too much dependence on student self-advocacy, which could be problematic. The researchers concluded that for reintegration to take place smoothly, schools should design policies and practices that are directed toward enhancing educators' understanding of student disability. Schools should also put into place programs that support parental

209

advocacy, and enhance the use of self-advocacy in the classroom for students with ED (Rinkel, 2011).

A review of the literature suggests that in order for the reintegration of a student with ED to be successful, communication and follow-up between the sending and receiving programs is critical. Research conducted by Gagnon and Leone (2005) indicated that, based on principals' responses to a survey, policy is in place for sharing academic and behavioral reports, 90.4% and 88.9% of the time respectively. Policy for communication after a student transition varies widely. The results indicated that up to one third of respondents reported no policy on how and/or how often follow-up interaction should occur. Only 37.2% even expected a follow-up communication, and just 24.9% encouraged this type of communication. These results are cause for alarm because "children often continue to exhibit behavioral and educational problems upon discharge from a day treatment school" (p. 143). Gagnon and Leone believe the allocation of staff to support reintegration may be largely ineffective, given the lack of policy and expectations guiding the process. Creating exit policies and procedures are critical in support of the reintegration process (Avery-Sterud, 2011; Gagnon & Leone, 2005).

<u>Programs supporting reintegration.</u> Successful reintegration is a primary focus of many alternative settings. Reintegration is important, in most cases, to hopes of assimilation into a more typical environment and ultimately transitioning to successful post-secondary outcome. A review of the literature produced evidence of programs that support this level of accomplishment.

Valore, Cantrell, and Cantrell (2006) argue for an ecological approach based on the broader ecosystem surrounding the student, rather than a sole focus on the student alone without consideration for the surrounding social system. An ecological focus requires information to be gathered from all areas that impact a student's life in order to access resources from a variety of sources. This allows for a shift in focus from the student being the problem to understanding how problems have impacted the student. The successful reintegration of students from an alternative school program to an integrated setting relies on staff who: (a) include all stakeholders in the planning process; (b) follow a pre-determined process prior to, during, and following the integration; and (c) designate personnel to coordinate and implement the process. This process is based on Project Re-ED, which was developed and studied in the early 1960s.

A three-year demonstration project was initiated to support successful transitions from a day school for students with ED to less restrictive environments (Walter & Petr, 2004). The Transitional Research by Accessing Individual Needs (TRAIN) Program served students from kindergarten through 12th grade with serious emotional disorders (SED) in the Midwest. The program used various cognitive-behavioral approaches and based student progress on student function. TRAIN also utilized an ecosystem approach that focused on student strengths and family involvement. Fundamental to the program was the notion that all stakeholders must be prepared for the transition in order for it to occur successfully. An integral part of the TRAIN Program was to begin preparing for reintegration upon intake. The day school had two primary focal points: to work with the student toward a successful transition and to work with the family and school that the student would attend upon departure from the program. Essentially, the results of the study concluded that successful reintegration was not based upon behavioral function; rather, success was reliant on relationships established between the student, parents, neighborhood schools and day school.

<u>Considerations for reintegration.</u> Although there appears to be limited research in this area, factors can be identified that require consideration in order to support the successful reintegration of students with ED.

<u>Readiness.</u> It is typical for stakeholders to support the concept of reintegration. Contentious discussion, however, erupts around what constitutes the appropriate timing for this process to begin. Along with having a policy to facilitate the reintegration process, it is important to assess readiness. One primary factor when considering readiness is progress on or attainment of academic and behavior goals (Valore et al., 2006; Walter & Petr, 2004).

Teams must also prepare for, and even expect, student self-sabotage. Often, when the team agrees to proceed with reintegration, the student's behavior will regress. According to Valore et al. (2006), self-sabotage is not uncommon and should not slow the process. "After all, the alternative program has provided the student with a setting that is safe, caring and predictable. Why should the student want to exchange it for the anxiety and stress of reintegration?" (p. 51).

*<u>Family input.</u>* Family support of the reintegration process is important. During the time of attendance at an alternative placement, parents can gain confidence in their student, and often confidence in the teachers providing services. A sense of security for

families is not uncommon, and leaving this secure setting can produce anxiety for family members (Valore et al., 2006). In instances where a student attended day school to address significant behaviors, families tended to have better relationships with the day school than with the neighborhood school. Consequently, they tend to be apprehensive about reintegration. However, success rates upon reintegration were better when the family was in support of the transition and had great hope for positive results (Walter & Petr, 2004).

<u>Culture of the receiving school.</u> Careful consideration of the culture of the receiving school is necessary. In order to provide the appropriate support for reintegration, student awareness of rules, expectations, and routines is critical (Valore et al., 2006). According to Marshall, Powell, Pierce, Nolan, and Fehringer (2012), the presence in the alternative setting of more rules, management systems and regimentation, even when rigid, provided the type of structure preferred by students with ED. Therefore, the replication of this is necessary upon reintegration. The rate of successful reintegration was increased when the sending school viewed the day school placement to be short term (Walter & Petr, 2004). Contrarily, when the receiving school perceived the alternative placement as a "holding tank," or a place to "cure" the student prior to reintegration, the culture was unlikely to be receptive to reintegration (Marshall et al., 2012). When the culture of either/both of the schools caused a feeling of ambivalence in the student, the likelihood of a successful transition decreased (Walter & Petr, 2004). According to Marshall et al. (2012), "The culture of an education program was perceived to greatly influence a student's transition experience" (p. 107).

<u>Communication and collaboration.</u> Keeping the home school informed of student progress throughout the time services are provided at an alternative school can greatly reduce refusal and resistance at the time of reintegration (Valore et al., 2006). Students who remained more connected to their home school, even while attending the day school, had a more successful return. Additionally, when an IEP was managed by someone outside the neighborhood school, transition back to that setting was less successful (Walter & Petr, 2004).

Unsuccessful transitions were more common when day school and neighborhood schools were in disagreement about the reintegration process (Walter & Petr, 2004). Contrary to what may seem logical, Walter and Petr (2004) reported:

When too much time went by, and especially when anticipated visits or start days were canceled or postponed, students experienced substantial anticipatory anxiety and experienced a deterioration in behavior. Incidences of unwanted behaviors occurred in the process of successful and unsuccessful transitions alike. However, in successful cases, these challenges did not lead to a disruption of the transition process, but were subject to discussions between schools, students, and parents. (p. 177).

When a significant amount of time elapsed between when a team began

discussing the potential for transition and its actual occurrence, success was decreased. Essentially, the planning for reintegration needs to begin at the onset of placement in an alternative setting as opposed to being postponed until student behaviors reach a more desirable level. "Most important, perhaps, improvement of students' individual functioning is a necessary but not sufficient factor in successful transition" (Walter & Petr, 2004, p. 178). In summary, a limited number of studies have assessed how students with ED fare while placed in alternative programs, and how this placement may affect their chances of reintegrating into a less restrictive setting. Hoge et al. (2012) claimed that one educational setting for students with emotional disturbance is an alternative school. The researchers asserted that the continuum of educational environments exists to make sure that all students, even students with disabilities, can have the most appropriate and least restrictive educational settings in which to learn in and develop.

Clearly, more research is needed in this area to increase the understanding of all stakeholders. Patterns of decision making are unclear and discrepancy rates have not changed significantly over time. Frey (2002) declares, "Educators need a framework for making an effective placement recommendation that is currently absent in education" (p. 135). Although IDEA provides substantive guidance in this area by mandating components of the IEP, there remain marked inconsistencies that, from a large-scale perspective, may be contributing to overall negative outcomes for students with ED. On a student-by-student basis, lack of clarity in this area allows factors other than those intended to influence the decisions of IEP teams.

# <u>Summary</u>

Over the past 40 years, students with disabilities have increasingly been provided protection and opportunity at a level higher than any time in history. The passage of the Education for All Handicapped Children Act in 1975, and subsequent legislation has provided students with disabilities a free and appropriate public education. The federal statute has increasingly afforded legal protections to students with disabilities and their

215

families. Since the onset of this legislation the role of parents has expanded, mediation procedures have been identified, disciplinary provisions defined, the need for schools to offer a continuum of services for students in special education has been clarified, and furthermore the requirement for special education services to be provided in the least restrictive environment has been established. Students with ED, like those with other disabilities, are protected under these provisions.

While the statute requires FAPE in the LRE, the literature suggests that students with ED may be under-identified for special education services and those students identified as having a behavioral disability may be over-served in environments that are more restrictive. Students with ED continue to experience negative outcomes. Many students with ED experience a variety of barriers in the school setting. Low academic achievement, anti-social behaviors such as aggression often lead to exclusionary discipline practices such as restrictive placements, suspension, and expulsion. Students with ED are frequently placed in restrictive settings away from their general education peers.

A review of the literature suggests students with ED are often educated in settings far more restrictive than their peers with other disabilities. Furthermore, the opportunity to return to a lesser restrictive environment is difficult. Education professionals are expected to comply with FAPE in the LRE as defined in IDEIA. However, studies continue to demonstrate that IEP teams make placement decisions contradictory to the legal requirements. Current educational practices for students with ED consist of the use of a functional behavioral assessment and behavior intervention plan to identify strategies and supports for students to participate in lesser restrictive environments. The enactment of the IEP process, with all members of the team planning for the needs of the student is essential. The utilization of behavior management systems and school-wide systems of support including response to interventions are promising and becoming prevalent. Research suggests attitudes and perceptions of IEP team members, as well as training and support for teachers and school personnel are impacting students with ED in the school settings. However, additional studies are needed to determine how IEP teams are making decisions in regard to services and placement for students with significant behavioral needs.

The literature confirms the need to further study the IEP process and factors influencing placement decisions. This study will contribute to the literature by examining the attitudes, perceptions and beliefs of IEP team members as a student is reintegrated following services in an alternative educational setting. These data, including a document analysis a student's IEP, will attempt to answer the research questions:

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes, and perceptions influence the IEP planning process?

#### CHAPTER 3

### METHODOLOGY

The IEP process, in its entirety, along with all of the legal requirements, aims to ensure that students with disabilities benefit from their education. However, students with ED historically and continually experience negative educational outcomes. Thus, the aim of the present study is not only examination of the required IEP components, but also other factors that may contribute to the decisions reached by IEP teams. In this context, these factors include but are not limited to the attitudes, perceptions, and beliefs of special education teachers involved in this planning process. The purpose of this research study is to investigate the process enacted as IEP teams plan for the reintegration of a student with ED from an alternate setting to their home district. Given these objectives and the need to investigate how the attitudes and perceptions of specific IEP team members affect the planning process, qualitative research methodology was adopted.

### Research Methodology

Qualitative research is defined as "a systematic approach to understanding qualities, or the essential nature, of a phenomenon within a particular context" (Bratlinger, Jimenez, Klinger, Pugach, & Richardson, 2005, p. 195). The utilization of qualitative methods demands a comprehensive and in-depth study of a phenomenon being investigated. The advantage of qualitative research is the production of a wealth of detailed information, which greatly increases the depth of understanding in the area of study (Patton, 2002). This type of research is intended to produce evidence-based results within the contexts of particular groups or individuals (Bratlinger et al., 2005). Qualitative methods also allow researchers to consider naturalistic contexts to discover and develop new practices. Context is particularly relevant in education research, since participants are humans and their attitudes, views, and perceptions present a myriad of variables that require analysis of complex interactions (Berliner, 2002). Because of the complexities, qualitative research conducted in schools, followed by implementation of research findings, is extremely difficult. The difficulty, according to Berliner (2002), exists "because humans in schools are embedded in complex and changing networks of social interaction" (p. 19).

According to Patton (2002), qualitative inquiry focuses on developing and comprehending what people value. Understanding values gives meaning to personal and cultural perspective. This emphasis leads research away from objectively quantifying to "illuminating the nature and meaning of quality in particular contexts" (p. 150). Qualitative research contributes to the field of special education by capturing different perspectives and expanding the understanding of current practices. The nature of the descriptive information yielded by qualitative studies allows a better understanding of students, families, and educators (Bratlinger et al., 2005).

In order to increase the depth of understanding, researchers conducting qualitative studies must adopt high quality practices. Bratlinger et al. (2005) identified a comprehensive set of quality indicators that qualitative research should adhere to. In the present study, three of these indicators—i.e., those pertaining to interview(s), document analysis, and data analysis—were adopted.

The quality indicators for interview studies comprise of the appropriate selection of participants, sufficient and clear questions, adequate technology for capturing and transcribing interviews, fair and sensitive representation of the participants, and ensuring confidentiality. Indicators of quality observation include appropriate selection of setting and people, frequency and duration of observation(s), the researcher being unobtrusively accepted into the research site with little impact on the setting, and observations being systematically documented. Additionally, quality indicators related to document analysis pertain to the review of relevant and meaningful documents, meticulous care in obtaining and handling documents, sufficient description and citation of document(s), and sound measures to protect confidentiality. Finally, quality indicators related to data analysis include results coded in a systematic and meaningful manner, solid rationale for the inclusion and exclusion of data, clear methods and documentation of credibility and trustworthiness, explicitly stating researcher's personal viewpoints, and conclusions adequately substantiated with clear connection to related research.

According to Whitehurst (2003), there is a need to enhance the quality of research in education in order to improve practice. In his 2003 presentation at the American Educational Research Association, Whitehurst stated:

I think it would be fair to say that there is a mismatch between what education decision makers want from the education research and what the education research community is providing. The people on the frontlines of education want research to help them make better decisions in those areas in which they have choices to make, such as curriculum, teacher professional development, assessment, technology, and management. These are questions of what works best for whom under what circumstances. (p. 10).

Odom et al. (2005) also expressed concern regarding "the quality of scientific research in the field of education" (p. 138). Their work was based on guidelines from a 2003 task force by Council for Exceptional Children's (CEC) Division for Research, which highlighted the importance of employing different methodological approaches to educational research for the development and documentation of evidence-based practices. The task force identified four common research methodologies utilized in special education studies, namely (a) experimental group, (b) correlational, (c) single subject, and (d) qualitative designs. However, Odom et al. (2005) indicated continued existence of "disagreement about the type of scientific information that is acceptable as evidence" (p. 138). Their recommendation supports a continuum of research practices. Prompted by these guidelines, use of multiple methods, over time, has resulted in effective practices being identified.

While quantitatively studying this topic may be plausible, the nature of quantitative research does not coincide with the importance of seeking to understand and interpret how the participants in social (school) settings construct the world around them. Quantitative approaches are designed and utilized with the aim of yielding research results that can be generalized and used to predict social phenomena, as well as provide causal relationships. In contrast, those employing qualitative methods seek to gain understanding of a particular topic from the perspective of study participants. In that respect, qualitative research is exploratory in nature, and the researchers must be open-minded as to issues that may arise throughout the study, while looking for patterns in the data without attempting to reduce the multiple interpretations to a norm (Glesne, 2006).

This was aptly summarized by Patton (2002), who noted, "More requires quantitative dimensions; better evokes qualitative criteria" (p. 246). Therefore, considering all factors of this research, a qualitative study was deemed suitable, as it had the potential to yield more meaningful results. Additionally, in support of this particular study, Bratlinger et al. (2005) stated, "Qualitative studies explore attitudes, opinions, and beliefs of a number of parties involved in special education as well as the general public, and examine personal reactions to special education contexts and teaching strategies" (p. 196).

Qualitative research, for many of the aforementioned reasons, is applicable to this study. An IEP team is a complex group of individuals, while the IEP process is multifaceted. Each member of the IEP team comes to the process with a different background and perspective. Studying the IEP process as it unfolds allows for the examination of the enactment of a required process, giving consideration to attitudes, opinions, and perspectives embedded within a theoretically structured and formal process.

Berliner (2002) opined, "We should never lose sight of the fact that children and teachers in classrooms are conscious, sentient, and purposive human beings, so no scientific explanation of human behavior could ever be complete" (p. 20). Therefore, single research methods are not adequate for the present investigation. Rather, ethnographic, survey, time series design experiments, action research, and case studies may serve as reliable evidence when researching educational issues and practices (Berliner, 2002). For the purpose of this research, case study was deemed the most appropriate and was thus adopted.

# Strategy/Genre

When choosing the appropriate strategy for qualitative research, action research, performance ethnography, autoethnography, and case studies are commonly considered (Marshall & Rossman, 2011). These common strategies, according to Marshall and Rossman (2011), "All begin with the assumption that research must begin in natural settings and must incorporate sociopolitical contexts, they may use the full array of data collection strategies, and their typical reporting formats are quite different" (p. 267). Although any of these may be applicable to this study, case study was deemed the most appropriate.

Case study research is important, as it is reflective of real-life situations. Its use allows human behavior to be meaningfully understood, as the researcher seeks to elucidate the nuances of the realities involved in the situation under study (Flyvbjerg, 2006). The purpose of case study is to explain, explore, and describe. According to Yin (2003), case study research should be considered when (a) answers to "how" and "why" questions are needed; (b) research focuses on a contemporary phenomenon situated within real-life context; (c) unclear definition of boundaries between the experience and the context exists; or (d) the researcher has little control over events or participant behavior. Furthermore, case studies aim to reveal experiential knowledge of the case participants and give credence to the social, political, historical, and even personal influences contributing to the circumstances of the study (Stake, 1995).

When conducting a case study, it is essential to consider its boundaries. According to Baxter and Jack (2008), a qualitative study with clearly defined boundaries is comparable to a quantitative study that defines inclusion and exclusion criteria. These boundaries give insight into what will be studied in the scope of the research and ensure that the topic is not too broad or analysis includes too many variables (Stake, 1995; Yin, 2003). Considering boundaries supports the researcher in maintaining a reasonable study (Baxter & Jack, 2008). Several data collection methods can be adopted in case studies. It is common for data sources to include participant observation, in-depth interviews, historical data, and document analysis (Glesne, 2006; Marshall & Rossman, 2011). Utilization of a variety of data sources as evidence is highly beneficial, as it not only provides more comprehensive data set for analysis, but rather each source contributes to the understanding of variables of interest (Yin, 2003).

In case studies, consideration must also be given to the sample size. In case study research, the aim is to investigate and analyze either single or multiple cases with the intent of capturing the complexities of the object of the study (Stake, 1995). According to Yin (2003), utilization of a single-case study is appropriate when the case is critical, extreme, typical, revelatory, or longitudinal in nature. Yin (2003) referred to a single case as holistic with embedded units, embedded units being variables within that single context. In a single-case study, researcher considers one unique case (Baxter & Jack, 2008). Conversely, inclusion of multiple cases may be required when replication is needed, or when it is necessary to examine the phenomenon studied within and across settings (Yin, 2003).

Case study as a strategy for conducting qualitative research is appropriate for the present investigation. Case study was chosen due to a need to acquire a better

understanding of the decisions, actions, attitudes, beliefs, and values of IEP team members, but could not be understood outside of the context of the IEP process. Boundaries of the study are an IEP process with selected members of the IEP team with parameters on the type of disability. Consideration was given to a specific decision the IEP team was contemplating. Additionally, a single-case study is appropriate, as there is no specific intent to replicate the study. Rather, deeply understanding one case by obtaining views and perspectives of multiple participants allowed the researcher to more thoroughly examine and analyze the interactions of the participants in the context of the IEP process. Furthermore, the manner in which individual perspectives, relationships, and context may influence participants as the IEP process is enacted was investigated.

Bassey's (1999) work was also an important determinant in the utilization of qualitative case study research. This author promoted educational case studies as an empirical enquiry focusing on practical and applied social research. In Bassey's view, educationally based case study research must fulfill the following criteria:

- Conducted within a specific space and time.
- Focus on activities, programs, institutions, or system.
- Conducted in natural contexts with an ethical respect for those being studied.
- Aim at informing the judgments and decisions of both practitioners and policymakers, as well as researchers in the field.
- Search for data in order to reveal the significant features of the study.

By adopting this research framework in the present investigation, the case study allowed providing credible interpretations that may be tested for trustworthiness in order to develop a convincing argument when presented to those in need of the research results.

Concern about the potentially subjective and arbitrary nature of case study research may lead to a belief that generalizability of its findings is not possible, especially when utilizing a single case (Flyvbjerg, 2006; Yin, 2003). Although generalizability may be difficult to attain in single-case research, it not impossible. Rubin and Rubin (2012) encouraged researchers to address the concerns pertaining to generalizability by providing explanations for study generalizability or lack thereof. Rationale for the generalizability of single-case research is that it potentially provides the basis for further study, or that the current research is a replication or extension of previous research that may lead to cumulative findings, with greater potential for generalizability (Yin, 2013). In single-case studies, rather than generalizing due to the sample size, the generalization or comparison is permitted by an extensive literature review and application of an appropriate theoretical framework to the research conclusions (Rubin & Rubin, 2012; Yin, 2013). With respect to the generalizability of findings yielded by case studies reported in extant literature, Yin (2003) stated:

The explanation can be regarded as a theory of sorts – certainly more than a set of isolated concepts—and therefore yield a better understanding of an intervention and its outcomes. Whether such an explanation is based on a theory that emerged for the first time from a case study or had been entertained in hypothetical from prior to the conduct of the case study, researchers need to connect the theory to the extant literature, or alternatively, to use their findings to explain the gaps and weaknesses in that literature. By doing so, the generalization for a single case study can be interpreted with greater meaning and lead to a desired cumulative knowledge. (p 327).

Considering the nature and objectives of the present study, utilization of theory was the most suitable means for achieving generalization of findings.

### Sampling Method

The determination of a sampling method is informed by theory and is a critical decision in planning a study (Marshall & Rossman, 2011). In fact, Marshall and Rossman suggested that a "logical and systematic schema" (p. 106) in determining sampling methods contributes to the overall credibility and transferability of the study. According to Patton (2002),

The logic and power of purposeful sampling . . . leads to selecting informationrich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research. (p. 46).

The study's theoretical framework and concepts guided this decision. Based on a thorough review of pertinent literature, the determination of research methodology and selection of research strategy, the utilization of purposive sampling was deemed the most appropriate. The use of case study approach was intentional due to the rich information gathered during this process. The research questions guiding the present study point to important issues that require in-depth investigation. Thus, purposive sampling allowed the researcher to gain the information needed to answer the research questions.

# Site Selection, Gaining Access, and Participant Recruitment

Site selection for this research study was contingent upon numerous variables. The process of securing a research site, gaining access, and recruiting participants comprised of several phases, each of which was contingent upon the prior phase. These phases included:

- 1. Locating an AES site
- 2. Securing approval to conduct research at that site
- 3. Upon approval of the AES site, identification of students meeting the research criteria
- 4. Upon student identification, gaining parental permission for access to records
- 5. Upon securing parental permission, the local school district of the identified student needed to grant permission to conduct research in their district
- 6. Upon approval from the district to conduct research, IEP team members needed to agree to participate in the research

# Phase 1:

The research site was selected by determining all alternative education settings (AES) within a 60-mile radius from the researcher and moving outward until a site was secured. For the purpose of this study, criteria for site selection included programs serving special education students whose IEPs were primarily based on behavioral disabilities. In site selection, the researcher did not exclude sites providing both general education and special education services, as long as the programs' primary purpose was behavioral services.

Two sites were immediately excluded due to researcher conflict of interest related to prior supervisory relationships. Two sites were identified within a 75-mile radius of the researcher. Both districts in which sites were located were contacted as potential research sites. Phase 2:

Permission to conduct research (see Appendix A) was granted from both districts in which the programs were located. However, representatives of one district responded two weeks earlier than did those responsible for the other. Phase 3 and Phase 4 were already in process by the time the second district provided agreement to participate. Consequently, the researcher proceeded with the initial site.

Phase 3:

The AES Administrator was emailed requesting participation (see Appendix B). The email included information pertinent to the study and aimed to ensure his willingness to identify potential students meeting the research criteria and to contact the parent/guardian in collaboration with the researcher. In order for a student/IEP team to be considered for inclusion in the study:

- The student should be receiving special education services addressing significant behavioral concerns
- Within the last year of school, the student should have received services at the identified alternative setting, and
- Based on data and/or anecdotal information from at least one IEP team member from the alternative setting, the student is deemed as having made significant progress, which caused the IEP team to consider his/her possible reintegration

Consequently, based on the progress the student made, the team held an IEP meeting in which reintegration was discussed and considered with (1) a conclusion to not pursue reintegration, or (2) a placement decision supporting reintegration was made.

The AES Administrator was provided criteria for eligibility of students/IEP teams for participation in the study. In order to remain confidential, the AES Administrator reviewed student rosters and identified all students meeting the criteria. A spreadsheet was provided to identify students by first name only (see Appendix C). Five students were identified.

Phase 4:

The AES Administrator and researcher jointly contacted the parents of all identified students to seek permission for accessing student records. The AES Administrator was asked to identify parents in closest proximity first. A script was provided for this purpose (see Appendix D).

Two parents were contacted using the process above and both agreed to participate. Parents of both students were mailed parental consent to access the student record (see Appendix E), which they were instructed to complete and return to the researcher. The AES Administrator then provided the demographic information for the two students, allowing the researcher to initiate the process of obtaining the agreement from the LEA to conduct research in their district.

Phase 5:

Both LEAs were contacted (see Appendix F) seeking permission to conduct research in their district. Only one district agreed.

Phase 6:

Upon receiving permission to conduct research in the resident district of the identified students, the researcher identified specific team members from the sending and receiving team that participated in the IEP meeting(s).

Team members targeted for the purpose of this study were (a) special education teachers from both settings, (b) resident district LEA representative and/or alternative setting administrator or program directors, and (c) AEA Team Representatives from one or both settings. These team members were invited to take part in the study if they were present at the IEP meeting(s). Both special education teachers needed to agree to participate in the study. At least one other team member from each site was required to participate in the study to make the research viable.

Special education teachers and an administrator from each site were contacted via email, providing a description of the research aims and procedures, as well as nature of their involvement, and a letter of consent (see Appendix G) to participate. All four research participants responded favorably.

At the discretion of the researcher, other IEP team members were considered as participants in the study, as deemed relevant throughout the research process. The relevance of each individual was determined by the type and level of service provided and its significance in the student's reintegration process. The researcher's IEP document review was also utilized in identifying discretionary participants. Discretionary participants considered included, but were not limited to, a parent, additional outside agency service providers (i.e., Department of Human Services worker, Juvenile Court Officer, foster parent, Iowa Vocational Rehabilitation Services), support service provider(s), general education teacher(s), and student. However, the need for additional research participants was not identified throughout the research process.

Participant rights were considered and protected by gaining approval for this research study by the Internal Review Board (IRB), including requests for modification throughout the process. All essential principles were considered and applied throughout the research process.

### Site(s) Demographics

The AES site in which the study was conducted serves kindergarten through 12th grade special education students. The program serves only special education students whose IEPs indicate a need for intense behavioral services. The school's enrollment ranges from 75 to 100 students. Enrolled students reside in districts within a 60–70 mile radius of the school, who are transported daily for special education services. Additionally, students served by this program are receiving services from a residential facility supporting students from across Iowa and are placed primarily by the Department of Human Services. Students receiving services at the research site have been receiving services in this program based upon an IEP team decision. This setting is considered highly restrictive on the service continuum, with only hospital/homebound services being more restrictive. A typical duration of placement at this site is six months to three years.

The LEA to which the student was being reintegrated is a mid-sized district in Iowa. The district's kindergarten–12th grade enrollment is 2,025 students. The district consists of four elementary schools, one middle school, and one high school. The school participating in this study is the middle school serving students attending fifth through eighth grades.

### **Research Participants**

Research participants were members of the IEP team, involved in the process of reintegration consideration and initiation for Isaac. Two special education teachers (one from each site) and two administrators (one from each site) participated.

John. John has 38 years of experience in education. He has certification in the areas of learning disabilities, behavior disorders, and mental disabilities, and is certified as a K-6 elementary education teacher. He has 28 years of experience in a school district teaching special education and nine years in two different AESs serving special education students with significant behavioral issues. John participated in the IEP team in the capacity of special education teacher at Pinewood. John was a very willing participant. His years of experience in working with this population of students were reflected in his responses. He gave specific examples as he responded to research questions.

Jen. Jen has five and a half years of teaching experience. Her entire career has been in special education. She has worked at the AES from which Isaac was reintegrating. Jen has three years in her current assignment. She is endorsed to teach LD and BD. Jen's role in the IEP team was special education teacher at Wassa Middle School. Jen was slightly hesitant to participate in the study due to time constraints in her schedule. Her responses were highly informative, but also considerate of others. Jen frequently responded to questions with a disclaimer that she "did not want to get anyone in trouble." Jen's experiences are demonstrative of her commitment to students with ED. Dawn. Dawn's gained her undergraduate diploma in family consumer science, health, and Spanish Education. She has a Master's Degree in Educational Leadership with K-12 Principal and Supervision of Special Education Endorsements. Dawn has taught in general education for 25 years. She was a guidance counselor for 12 years and has most recently served in the role of Director of Special Education. In the context of the present study, she served in the role of LEA Representative from Wassa Middle School. Dawn expressed a longstanding commitment to students with ED. She appeared to give open and honest responses to the research questions. She was genuinely interested in the research topic and described it as "much needed."

<u>Gary.</u> Gary' gained his undergraduate degree in K-12 Special Education Severe and Profound and a Master's Degree in K-12 Administration. In his career, he has taught in a segregated facility serving students with significant cognitive disabilities. He also worked as a Work Experience Specialist prior to becoming an administrator. His administrative experiences have been in AESs for students with behaviors, most currently serving in this role at Pinewood. Gary has been at Pinewood for two years. In this study, he provided input in the capacity of AES administrator on the IEP team. Gary was extremely cooperative and supportive in the identification of a student and IEP team, as well as very willing to serve as a research participant. His responses were informative and provided a valuable perspective of an AES administrator.

<u>Student.</u> The student (Isaac) was not a participant in the research. However, this student's IEP informed the document review and guided the selection of research participants. The student identified for the purpose of this study was a 13-year-old male.

He was a special education student who had been receiving IEP services since early elementary grades, according to his records. Isaac has a history of placement in an AES. The principles set forth the by Internal Review Board (IRB) were followed in order to protect the rights of the research participants.

### Data Collection Methods

### Method for In-depth Interviews

In a qualitative study, in-depth interviews serve as a rich source of information. The data gathered during in-depth interviews reflect views, opinions, and perspectives of those who have actual experiences in the area of study. In-depth interviewing is beneficial to the researcher, as it allows for the reconstruction of situations or events that are important to gaining the understanding of the phenomenon being investigated, as these specific situations or events were not experienced by the researcher. Therefore, through the in-depth interviews the researcher has ample opportunities to thoroughly explore situations that are complex, contradictory, or even counterintuitive (Rubin & Rubin, 2012). This particular data collection strategy is beneficial, as interviews are conducted individually and are reflective of each interviewee's lived experiences. By design, in-depth interviewing requires personal interaction between the researcher and the participants (Marshall & Rossman, 2011). According to Rubin and Rubin (2012):

Naturalistic researchers, qualitative interviewers examine the complexity of the real world by exploring multiple perspectives toward an issue. This approach to data gathering allows one to see life in the round, from all angles. Interviewing those involved in contending sides of the dispute or listening to differing versions of the same incident leads to more thoughtful and nuanced conclusions. (p. 4).

While there are numerous descriptions for in-depth qualitative interviewing as a research tool, Rubin and Rubin (2012) suggested that all share three common characteristics: (1) the responses to the interview questions should provide rich and detailed information, including examples and experiences, rather than "yes" or "no" responses; (2) questions asked are open-ended and allow for elaboration, disagreement, and/or new issues to arise; and (3) the interviewer is not bound to a specific set of questions; rather, the order and wording can be changed and additional questions added as new insights develop, including utilizing different questions for different interviewees.

Several authors developed categories of in-depth interviews (Patton, 2002; Rossman & Rallis, 2003; Rubin & Rubin, 2012). A commonality across authors and applicable to this research study is the use of the semi-structured interview, as described by Rubin and Rubin (2012), similar to the topical approach proposed by Patton (2002). For the purpose of this research, Rubin and Rubin described the semi-structured interview as being responsive in style and schedule, and aimed at facilitating extended conversation. Research questions utilized in the interviews conducted as a part of the present study were developed prior to the interviews and were related to a specific topic. Follow-up or clarifying questions were planned for and anticipated.

# Method for Document Analysis

Document analysis, sometimes referred to as artifact review, may give context to qualitative research (Marshall & Rossman, 2011). In the present study, document analysis was conducted in order to allow the researcher to gain an understanding of the nature and background of the student placement in an alternative setting. Interview questions were

236

developed or altered based on the information obtained during the document review. Additionally, the document analysis yielded findings that served as evidence of the required components of an IEP, FBA, and BIP. Rubrics/compliance tools were utilized for this analysis.

## Method for Field Notes

Field notes can take many different forms. In qualitative research, observation and interviews are common data collection tools. Even the interview process lends itself to observation, as the researcher can observe the participant as the interview transpires. In order to record behaviors and events, as well as facilitate the review of artifacts and documents, researchers typically use field notes. It is important to the qualitative process that the researcher captures "detailed, nonjudgmental (as much as possible), concrete descriptions of what has been observed" (Marshall & Rossman, 2011, p. 139).

# **Data Collection Procedures**

Data collection began with an initial interview of all research participants. A review of the IEPs (including supporting FBA and BIP) was conducted. The document review resulted in data indicating compliance and strengths and weaknesses of the IEP content. Three sets of interviews were conducted as the research progressed. Field notes were utilized as a data source to inform the research. Multiple data sources enhanced the trustworthiness and credibility of this study.

### Document Analysis

A document review was completed by the researcher. The researcher analyzed the review results following the first set of interviews in order to gain a thorough understanding of the IEPs prior to the second round of interviews.

The documents were reviewed for IEP compliance and substantive content. The document analysis was conducted in order to elucidate: (a) whether the IEPs developed throughout the team planning process contained all required components and was compliant; (b) the substantive content of IEP components in relation to the empirical research; and (c) the documented decisions made by the IEP team. The document analysis served as evidence of the required components of an IEP and quality indicators of the IEP, FBA, and BIP.

IEPs were reviewed for compliance using Iowa's System To Achieve Results (I-STAR) 2014-15 documents (see Appendix H). The I-STAR tool evaluates compliance in the areas of: (a) participation in the IEP process; (b) appropriate services in the Least Restrictive Environment; (c) student results/goals; (d) transition (although transition is not applicable in this particular case, as Isaac is not yet 14); and (e) meeting notice and consent. Based on the analysis findings, IEP components were identified as compliant or non-compliant.

The researcher developed a Quality Review Rubric for this document analysis, based on the empirical literature (see Appendix I). Specific sections of the IEP that were thoroughly reviewed were: (a) goals and progress monitoring, (b) LRE statement, (c) support and related services, (d) transition components (if required), (e) meeting

238

participants, (f) FBA, and (g) the BIP. The results of the substantive document review completed by the researcher were captured in field notes. This portion of the document review provided data for analysis.

Additionally, the researcher utilized document analysis data to modify interview questions in an effort to elicit more specific and relevant responses from the interview participants during the second round of interviews. Access to the IEP was obtained via consent from the parent of the student, the alternative setting, and resident district, once the student and IEP team were determined.

Interviews. A semi-structured interview process was utilized in this research. This specific type of interview provided consistency and focus for the researcher, while allowing for a range of related topics to emerge. A series of pre-determined interview questions were developed prior to the first round of interviews (see Appendix J). The researcher developed the interview questions for the second and third interview based on the information yielded by the data collected in each phase. As each interview transpired, the researcher probed and clarified in order to enhance the understanding of participant responses. This clarification enabled the researcher to develop more in-depth questions for each subsequent round of interviews.

The purpose of the initial interview was to develop a deep and rich understanding of the background of each participant, including knowledge of legal requirements to be included in the IEP process (e.g., FAPE and LRE considerations) and components of the IEP, including the FBA and BIP. Additionally, general perceptions of the research participants were explored in regard to past experiences, perceptions, and opinions about students with ED and services in the LRE. The data gathered through these interviews were analyzed and coded, allowing themes to emerge. As previously noted, document analysis followed the initial interviews.

In the second round of interviews, the researcher aimed to develop an understanding of the perceptions and experiences related to the IEP process for this student, as his reintegration was considered, from the perspective of each research participant. The interview questions utilized in this second round were developed based upon initial interviews and the findings of the document analysis. The researcher aimed to obtain specific examples connecting the actual IEP document to the research participants' perceptions and the IEP team conclusions. The second interview with each participant uncovered perceived factors affecting this IEP process related to reintegration, while allowing the researcher to explore perceptions and opinions that may have developed as the planning process for reintegration was enacted. This round of interviews further focused on the legally required components, the substantive content of the IEP, and concepts from the PIM perspective. The data collected during this set of interviews was utilized to confirm the themes that emerged from the analyses of first interviews and pertinent documents, as well as expand thematic concepts into categories in preparation for the final interview.

The third and final round of interviews was conducted. This interview and dialogue further substantiated themes, clarified information from prior interviews, and further confirmed attitudes, beliefs, and opinions of the study participants. This round of

240

interviews aimed to yield information that specifically pertained to the research questions.

<u>Field notes.</u> Field notes were recorded during or immediately following each data collection activity. The researcher reviewed and reflected upon each interview and document review, adding additional field notes within one day of the event. These notes were included in the data analysis.

Logistics. Notes were taken by the researcher during interviews, and in summary of the results of the document review. In order to ensure a more accurate depiction of the events occurring throughout the research process, the researcher made note of the thoughts, perceptions, and questions about document review and interviews either in writing or by digitally recording her observations within one day of the completion of each activity. Initial coding and analysis occurred within one week from the return receipt of each set of transcribed results.

Interviews were conducted at a time and location convenient for interview participants. No travel was required by research participants, as all interviews occurred in their respective school settings. Interviews were held in the classrooms or offices of the research participants. Each interview lasted 45–65 minutes. Interviews with teachers were held before school started at a mutually agreeable time. Administrator interviews were scheduled at a mutually agreeable time during their work day.

Each interview was digitally recorded with the recorder in sight of the participant and was transcribed by a hired transcriptionist. All digitally recorded data from interviews was sent to the transcriptionist with turnaround time of one week to ten days. All digitally recorded audio files will be deleted from the utilized devices upon the completion of the study.

As transcriptions include personally identifiable information, a confidentiality agreement was signed by the transcriptionist (see Appendix K). All materials utilized throughout the data collection process—including documents, transcribed materials, checklists, and field notes from observations—are considered highly confidential information and will be maintained as such. All materials used throughout the research process will be maintained for three years.

### Data Analysis Method

The data analysis phase of the research is described by Corbin and Strauss (2008) as "digging beneath the surface to discover the hidden treasures contained within data" (p. 66). In order to understand the data obtained through participant interviews, the researcher must use a variety of thinking strategies and tools for analysis. Data analysis is a process described by Marshall and Rossman (2011) as, "The process of bringing order, structure, and interpretation to a mass of collected data is messy, ambiguous, time-consuming, creative, and fascinating. It does not proceed in a linear fashion; it is not neat" (p. 207). Although the data and wealth of information may be wide-ranging, the analysis process employed by qualitative researchers is often systematic. In the field of qualitative research, a variety of models for data analysis exists. According to Marshall and Rossman, a researcher typically goes through seven common phases, namely (1) organization, (2) immersion, (3) categorization and theme development, (4) coding, (5) interpretation, (6) seeking alternative understanding, and (7) data reduction.

This researcher utilized the data analysis framework put forth by Corbin and Strauss (2008). Data were collected as previously described and analyzed accordingly. The data analysis phase began with Corbin and Strauss' open coding method. Categories were developed following the first round of in-depth interviews. In this phase, concepts emerged as data were broken down and grouped. An initial labeling of the categories occurred at this time, according to similarities in the data. A similar process was followed when analyzing data yielded by each round of interviews. However, in subsequent phases, document analysis results, as well as field notes, were included and were considered when interpreting interview data.

As data sets and categories emerged, a constant comparison strategy was utilized considering the existing data categories and the newly developed data sets. The purpose of this phase was to continuously seek similarities and differences. These comparisons required information coding. Differentiation of categories was determined by properties and dimensions pertaining to each category. In this context, a property is defined as a set of characteristics and components of an event, action, or object. Similarly, a dimension describes the variation(s) in these properties. Based on properties and dimensions, the researcher was able to maintain, change, or remove categories, guided by the data analysis. Constant comparison occurred following the second and third rounds of indepth interviews. As previously noted, the analyses performed following the second interview also included document analysis findings, as well as field notes.

The researcher utilized axial coding in order to examine and connect previously identified categories. Axial coding supported the development and explanation of

concepts. Again, categories were maintained, changed, or removed based on the flexible nature of this process. In this phase, the researcher considered the data in order to explore, clarify, and expand the categories, as the exploration of the data suggested.

The data analysis culminated in the integration phase. In this phase, core categories were determined, once each was fully defined and developed. The researcher was confident that integration was appropriate when further data exploration did not yield any new information. At this point, themes were uncovered. Themes were derived from the analysis of the categories following full exploration. Ultimately, these final themes were related to the research questions guiding the study, namely:

1. How do IEP team members describe the IEP process for students with ED?

2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?

3. What beliefs, attitudes, and perceptions influence the IEP planning process?

## Data Analysis Procedures

The researcher kept an analytic coding journal throughout the data analysis process. The analytic coding journal reflected the decision-making process as the researcher applied the analysis methods.

# First Round Data Collection

Following the initial round of interviews, the recordings were transcribed, and the transcriptions read and reread. Key words and salient phrases were highlighted based upon concepts identified through the literature review. These key words served as an initial set of open codes, which were put into a spreadsheet. Transcripts were read again

and quotes from each transcript were copied into the spreadsheet. The spreadsheet was converted to a document with all interviewee data sorted according to codes. The first round of data resulted in approximately 30 initial codes. Examples of initial key words were academics, behaviors, characteristics, communication, compliance, data, discipline, implementation, factors, goals, needs, placement, programs, progress monitoring, schedules, services, skills, student perceptions, supports, etc.

These open codes were then analyzed and organized into axials. One example of transition from codes to axials includes data, goals, services, supports and skills being grouped together into an axial code of IEP Components. Other examples of axial codes developed following analysis of first round interviews include academic needs, behavioral characteristics, continuum of services, FAPE and LRE, IEP process, IEP components, FBA/BIP process and purpose, perceptions, placement, and reintegration. Document Analysis

Following the analysis and organization of data from codes to axials, the researcher proceeded with the document analysis, as a part of which IEPs developed throughout the reintegration process were read and assessed. Prior to commencing the study, the researcher anticipated that one to two IEPs would have been developed. Rather, the document review revealed that the actual reintegration process started more than a year prior to the beginning of the research. More specifically, a reevaluation IEP was held in January 2015, followed by consecutive amendments to the preceding IEP, held in February 2015, April 2015, and November 2015, terminating with a review IEP meeting that took place in January 2016.

The researcher reviewed all documents, except the January 2015 IEP. However, contents of the January 2015 IEP were captured in the February 2015 amendment to the IEP. Because IEP amendments add to or change the content of the prior IEP, it was not necessary to apply the evaluation tools to all IEPs. Consequently, the researcher applied the I-STAR and the Quality IEP Review Rubric to the February 2015 IEP and the November 2015 IEP amendment for compliance and quality review. The researcher read IEPs to inform the interview process. The document analysis informed questions for the second round of interviews. Based on the findings of the document analysis, the following questions were developed for the second round of interviews:

1. The FBA at this point is from 2/4/10 with no updates. The BIP had been revised at the 1/5/15 reevaluation meeting.

- Were the FBA and BIP reviewed at the any of the meetings? Considered? By whom? What was the discussion?
- Was there discussion of the implementation of the BIP?

2. There was reference in the documentation to a trial reintegration period ending on May 7th and a meeting would be held.

- Was there a meeting?
- Was there a need for a meeting?
- How was it decided as to whether a meeting was needed?
- How was progress/lack of progress communicated with all IEP team members at this time?

3. Behavior goal was based upon one or less teaching interaction every two weeks for accepting feedback.

- How was it determined that this goal would be "discontinued" once he was at Wassa Middle School? And then reinstated when he went back to Pinewood after 3-17?
- Why was the goal not used in both places?

Results of the document analysis were recorded in field notes. Decisions that informed questions for the second round of interviews were also documented in the analytic coding journal. These documents served as an audit trail of data collection activities.

## Second Round of Data Collection

Upon completion of the first round of interviews and the document analysis, interview questions for the second round were developed (including those based on the document analysis findings). The interview questions utilized in the second round were intended to confirm and expand the researcher's understanding of the responses the participants provided during their initial interviews. Questions that aimed to clarify the initial interview findings included but were not limited to:

• When we discussed parental role in the reintegration process, you said, "they pretty much agree, they feel like the school is the expert and it is rare for them to stand up and disagree." The IEP process is clearly intended to include parent in the decision making. Why do you think they just defer to the school and don't stand up if they disagree?

- I asked you about how teams are making decisions about goals for kids with behaviors. You said, "It's not done in a structured systematic process, which it needs to be." You elaborated by saying, "it needs to be team, data, work samples assessment scores—all of those things." If this is not happening, how are these goals being determined and developed?
- I asked you about the purpose of the FBA and BIP. You said, "it should be a live plan that people are using." When you said it "should be," were you implying it is being used this way or is not? If so, how? If not, why?
- Can you tell me a bit more about the involvement of the general education teacher as IEP teams plan for reintegration of a student from special school to you?

In order to continue the constant comparison of data following the second round of interviews, several questions were posed to interviewees to gain further insight into the IEP process, factors having influence on these decisions, as well as attitudes, perceptions, and beliefs that may be influencing the process. Examples of questions included:

- How was it decided to have a meeting or amend without a meeting?
- Describe the general education role in the process.
- How did the team ensure LRE throughout the process?

Following the completion of the second round of interviews, digital audiotapes were transcribed for analysis. Transcripts were read and coded using the same process as that utilized for the initial interviews. After all transcripts were coded, as no new codes emerged, those identified were compared to axials. Data from the second round of interviews were added in bold print for potential differentiation and changes in axial codes. A majority of the axials identified following the first round of interviews remained unchanged, and were subject to refinements, as there was no need for additions or deletions.

However, following analysis of the second round of interviews, a few axials were combined. For example, placement and factors were combined into factors affecting placement. Data were removed from IEP process into a separate axial. IEP team membership was also segregated from the IEP process into a separate category. Additionally, the remaining categories were further defined. The second round of data analysis and comparison resulted in 12 categories/axials, namely (1) factors affecting placement, (2) FBA purpose and process, (3) BIP, (4) LRE and FAPE, (5) IEP process, (6) IEP team membership, (7) sufficiency of data for reintegration decisions, (8) continuum of services, (9) placement decisions, (10) reintegration, (11) academic needs, and (12) behavioral characteristics.

## Third Round of Data Collection

The same process for collecting and analyzing data as that previously described was used for this final round of interviews. The interview questions utilized in the third round were developed with the purpose of clarifying and substantiating the second-round interview results. Additionally, emphasis was given to application of the PIM as a theoretical framework and ensuring that research questions were adequately addressed. In order to achieve this objective, the three research questions were reviewed with each participant. Specific questions were asked relating to the criteria used for reintegration and the continuum of services for students as they reintegrate. Furthermore, the researcher also asked each interview specific questions reflecting perceptions of the parent and student voice in the process.

After all individual interviews were completed, the researcher proceeded with the final analysis, aimed at a confirmation and integration of results. Although no new axial categories were identified, themes related to the research questions and theoretical framework began to emerge as combined data were analyzed. Themes emerged in the areas of the IEP process and decision making, factors affecting placement, as well as attitudes, perceptions, and beliefs. Themes included the IEP team, fundamentals of IEP development, IEP team decision making, resources as a factor in reintegration, resistance as a factor in reintegration, and least restrictive environment. In addition, three themes related to PIM as a theoretical framework emerged, namely legitimate power of position and advocacy, expert power of teachers, and information power of data.

Examination of the data continued using constant comparison. Although initial themes were evident, a logical organization of the data required ongoing analysis and reorganization. The application and integration of the conceptual framework also required thoughtful application. For example, although data indicative of Expert Power by Teachers became readily apparent, defining the final theme proved difficult. Evidence in support of teachers demonstrating skills and knowledge was abundant; yet, connecting this theme to a source of influence caused consternation. The conclusion was different from that the researcher anticipated. As a result, nine final themes were fully developed, as discussed in the following sections.

As IEP team members described the IEP process for students with ED, the researcher was able to elucidate that (1) although procedural compliance is understood, participation in IEP meetings may not always be occurring as required; (2) IEPs are not being developed according to key legal requirements; and (3) a collaborative team approach to IEP development was not prominent in decision making as the IEP team considered reintegration.

Furthermore, the findings pertaining to the perceived factors on which IEP teams base placement decisions as they consider reintegration revealed that (4) the legal mandate for placement in the LRE appears to be affected by philosophical underpinnings related to required supports and services for LRE placement, a lack of resources supporting a continuum of services, and logistical barriers; and (5) possible resistance to reintegration may occur as a result of general philosophy and past experiences with ED students, as well as questions related to the magnitude of the change in student behavior before reintegration is considered and tolerances of those behaviors in classrooms assessed.

Finally, the following themes emerged through the investigation of beliefs, attitudes, and perceptions that may have influenced the IEP planning process: (6) Legitimate Position Power by administrators was the predominant and overarching source of power and influence throughout the IEP planning process; (7) data is influential in the IEP process; (8) the parent as a member of this IEP team assumed a strong role of advocacy, on behalf of her child, as a source of influence throughout the IEP process; and (9) Expert Power by Teachers was evident, but stifled, as a source of influence in IEP

251

Planning. Teacher expertise emerged in the areas of understanding the range in behaviors, academic supports for students with ED, a focus on the importance of relationships, and communication and collaboration to support the student through reintegration. However, limited evidence of instances in which this expertise was influential was noted. The data supporting the development of these themes is presented and discussed in Chapter 4.

## Trustworthiness and Credibility

In order for qualitative research to meet rigorous standards, trustworthiness and credibility must be established and maintained throughout the research process. Corbin and Strauss (2008) stated:

If the research findings are "credible"; that is, believable or plausible and "applicable" in the sense that findings can be readily used because the findings provide insight, understanding, and work with diverse populations and situations to bring about desired change, then it seems to me all the philosophic debate about "truth," "validity," and "reliability" is superfluous. (p. 301).

The process of verification throughout the qualitative research endeavor is critical in establishing trustworthiness and credibility. Verification includes "checking, confirming, making sure, and being certain" (Morse, Barret, Mayan, Olson, & Spiers, 2002, p. 9). Morse et al. (2002) suggested that this needs to occur incrementally, in every step, as the construction of the product occurs. Furthermore, the process is "iterative rather than linear" (p. 10) and vacillates between research design and implementation. This fluidity, according to Morse and colleagues allows for the constant confirmation of information, as it is being systematically checked, which maintains focus on the analysis and interpretation. If this process is utilized, the need to validate trustworthiness and credibility post hoc is reduced because any reliability and validity threats are identified and remedied throughout the study (Morse et al., 2002)

The convergence of evidence from multiple and varied data sources also serves as a method of ensuring trustworthiness (Bratlinger et al., 2005; Denzin & Lincoln, 2008). Triangulation is a common strategy to accomplish convergence of data, as it adds breadth, depth, and richness to the inquiry. Triangulation for this purpose includes the use of different methods to corroborate evidence (Denzin & Lincoln, 2008). Data triangulation may occur by utilizing several (a) data sources, (b) analysts, or (c) theories/perspectives, and (d) by adopting method triangulation (Patton, 2002). Data source and method triangulation are more likely to strengthen the validity of qualitative research (Yin, 2013).

Trustworthiness is to qualitative research as validity is to quantitative research. Therefore, the establishment of trustworthiness is vital to a qualitative study. A combination of interviews and document analysis were utilized in this study. The data analysis strategy described previously supports verification throughout the research. Triangulation was accomplished as the research included multiple methods of data collection, in addition to multiple sources, as described in sampling strategy. Member checks were utilized in response to interviews. An audit trail consisted of researcher field notes and the analytic coding journal. Credibility and trustworthiness were ensured throughout the research process.

#### Personal Biography

As a special educator, I have spent my entire career advocating for the rights of students with disabilities. I have been afforded the opportunity to work in numerous school districts, across all special education populations (children and youth aged birth–21) as a teacher, consultant, and administrator. Currently, I serve in the role of principal at a segregated facility for students with significant behavioral disabilities. The experiences that I draw from my everyday interactions with these students, their parents, and my colleagues are rich and numerous. Yet, my general conclusion is one that does not portray confidence in the utilization of the IEP process as decisions are made about least restrictive environment. I contend that many students, especially those with ED, are potentially denied FAPE as a result of influences that are not in accordance with the IEP process. The IEP process, and specifically least restrictive environment, remains an area of concern for me as a professional in this field. It is my hope that this study will increase the understanding of policy makers and IEP teams, as well as validate importance of the IEP process.

#### CHAPTER 4

## DATA ANALYSIS

The purpose of this study was to gain insight and perspective into the processes implemented and factors considered as an IEP team considered reintegration of a student with significant behavioral needs from an alternative educational setting to the student's home school. Interviews with IEP team members and a review of the student's special education records provided information regarding: (1) how IEP team members describe the IEP process for students with ED; (2) the perceived factors on which IEP teams base placement decisions as they consider reintegration; and (3) the attitudes, perceptions, and beliefs that influence the IEP planning process.

Based on this analysis, nine key themes emerged. As IEP team members described the IEP process for students with ED, the researcher was able to elucidate that (1) although procedural compliance is understood, participation in IEP meetings may not always be occurring as required; (2) IEPs are not being developed according to key legal requirements; and (3) a collaborative team approach to IEP development was not prominent in decision making as the IEP team considered reintegration.

Furthermore, the findings pertaining to the perceived factors on which IEP teams base placement decisions as they consider reintegration revealed that (4) the legal mandate for placement in the LRE appears to be affected by philosophical underpinnings related to required supports and services for LRE placement, a lack of resources supporting a continuum of services, and logistical barriers, and (5) possible resistance to reintegration may occur as a result of general philosophy and past experiences with ED students, as well as questions related to the magnitude of the change in student behavior before reintegration is considered and tolerances of those behaviors in classrooms assessed.

Finally, emergence of the following themes occurred through the investigation of beliefs, attitudes, and perceptions that may have influenced the IEP planning process: (6) Legitimate Position Power by administrators was the predominant and overarching source of power and influence throughout the IEP planning process; (7) data is influential in the IEP process; (8) the parent as a member of this IEP team assumed a strong role of advocacy, on behalf of the child, as a source of influence throughout the IEP process, and (9) Expert Power by Teachers was demonstrated, but stifled, as a source of influence in IEP planning. Teacher expertise emerged in the areas of understanding the range in behaviors, academic supports for students with ED, a focus on the importance of relationships, and communication and collaboration to support the student through reintegration. Yet, limited evidence of instances in which this expertise was influential was noted.

# IEP Fundamentals: "Required vs. Reality"

The purpose of the IEP is to "provide a plan designed to meet the educational needs of an eligible individual and to commit the resources necessary to meet those needs" (Area Education Agency Special Education Procedures, 2016, p. 69). Furthermore, the IEP process is based upon guiding principles:

1. The IEP is a process and a product that documents that the student is receiving a free and appropriate public education (FAPE) consistent with all federal and state requirements,

256

- 2. To the maximum extent appropriate, students are educated and participate with other students with disabilities and nondisabled children in the general education environment,
- 3. The IEP team develops a program that is designed so that the student can progress toward meeting annual goals of the IEP, be involved in and progress in the general curriculum (including the LEA's implementation of the Iowa Core Curriculum), participate in nonacademic and extracurricular activities, and be educated with nondisabled peers,
- 4. The IEP process involves on-going progress monitoring and decision making. Decision making is based on the student's needs and is used to improve student results, and
- 5. IEP development is a collaborative process. (Area Education Agency Special Education Procedures, 2016, p. 69).

These guiding principles are fundamental to the IEP process as it relates to this study. This research focused on the IEP team, the IEP process, as well as the documentation pertinent to the IEP team planning for the reintegration of a 13-year-old male ED student Isaac. Specific interest was given to how members of the IEP team describe the process for students with ED.

The document analysis conducted for the purpose of this research had two-fold objectives. A basic compliance review revealed information critical to the understanding the IEP process and its role in the reintegration process. The I-STAR tool was utilized to conduct a compliance review, resulting in both IEPs being determined as compliant. A more in-depth review of the documents included a quality review using the IEP Quality Review Rubric. Results of this review are integrated into the analysis.

IEP Development: "... a paper trail so you don't get in trouble."

In the IEP development process, the guiding principles refer to the IEP teams' role in appropriately convening the team and using the IEP process to determine goals, supports, and services, as well as develop a document describing these decisions. This

process is foundationally reflective of a student's right to receive FAPE in the LRE. As a result, the procedures are prescriptive.

The IEP team participation: "It depends." The school district (LEA) is

responsible for ensuring that required members participate in the IEP process. Although

data gathered through the interviews and document analyses suggest that research

participants understand the requirements, in reality, the required participation in meetings

may not always be occurring.

According to the Area Education Agency Special Education Procedures (2016),

an IEP requires a minimum of five roles that must be filled (Iowa Administrative Rules

of Special Education, 41.321(1)):

1. A parent,

- 2. An individual who can interpret evaluation results,
- 3. An agency representative who:

Is qualified to provide or supervise the provision of special education,

Is knowledgeable regarding the general curriculum,

Is knowledgeable regarding available resources, and

Is authorized to commit agency resources.

Note: If the IEP will be implemented in a setting outside of the resident district, both the attending and resident district should be represented at the IEP meeting

4. A general educator (if the student is, or may be, participating in the regular education environment), and

5. A special education provider. (p. 84).

Research participants demonstrated an understanding of the IDEIA requirements

for IEP team participation. When asked who was required to be invited to the IEP team

meetings, Gary said, "Administrators, special ed[ucation] teacher, parents, and often

times students." John demonstrated his understanding of required members by indicating

that, "[the] special ed teacher that [the student] would be integrating to, special ed

teacher, general ed teacher, nurse and/or speech if they're involved, and outside agencies." Dawn mentioned involvement of "administrator, roster teacher, and as many general education teachers." She further stated, "We're only required to have one, but I try to get as many there as can speak to what the child needs. Then, any other service providers, OT, PT, those kinds of things."

When asked who needs to be invited to the IEP team meeting and why, Jen shared the following:

Sometimes I'm told who to invite. Sometimes if I'm sending out a meeting notice and I know he's a [AES] kid, I immediately invite Gary. I invite his teacher over there. Then I invite my AEA support staff here. I invite my principal. I invite Dawn.

She added, "I would request that my AEA rep would be there. The parents, obviously. Any case workers that can share any other sources or any other things that happen I would want there. Anybody providing pertinent information would be preferred."

Although IEP team membership and participation is clearly defined and seemingly understood, interviewees described inconsistent participation. John was asked if it was typical for general education teachers to participate. He responded, "Usually not." When Gary responded to a similar question, he described that the "struggle" is getting general education teachers "due to scheduling and how often these [meetings] occur with districts." During the IEP process for Isaac, Jen reflected on general education teachers' participation saying, "The 6th grade ones are very vocal. Seventh grade, I think, two teachers showed up, maybe, [from] their team." John further commented on special education teacher participation: "There were a few of those [meetings] that I didn't go to just because of the group I had last year. I didn't feel like I could be out of the classroom for any length of time." As Isaac's special education teacher, John reflected upon his involvement in meetings as Isaac's team planned for reintegration, "Several of [Isaac's] meetings happened without me there. I think maybe it was Gary and [an AEA representative] or just Gary going to some of these." The IEP document review indicated that a special education teacher was in attendance for each IEP meeting.

However, the IEP document analysis revealed that numerous IEP amendments, completed without holding meetings, were made throughout Isaac's reintegration. Although an amendment without a meeting is allowable, procedures clearly state, "It is necessary to ensure that all key members of the IEP team meaningfully participate in the amendment process" (Area Education Agency Special Education Procedures, 2016, p. 81). A review of the documents suggested lack of clarity as to who had input in IEP planning when the IEP was amended without a meeting. Consequently, available data indicate that these IEP amendments may have been made in absence of an appropriately constituted team. Special education teachers are required members of the team; yet, in this case, they may not have been adequately participating.

Dawn, as an administrator, described the reality of IEP team members attending meetings in this way: "Some of that just has to do with schedules and building leadership in terms of how we make that person available." Although all participants know who required members of the IEP team are, the data gathered as a part of this investigation suggest that members may not be attending for a variety of reasons.

According to the Iowa Administrative Rules of Special Education (2010), an agency representative must attend the IEP meeting. This person must meet the following criteria:

- Being qualified to provide or supervise the provision of special education,
- Being knowledgeable regarding the general curriculum,
- Being cognizant of the available resources, and
- Being authorized to commit agency resources.

Although this role may be filled by someone other than the building principal, it is typical for the building administrator to serve in this capacity. Furthermore, according to the Area Education Agency Special Education Procedures, if a student is served in a district or building outside of his/her resident district, representatives of both the attending and resident districts should be members of the IEP team.

Based on these stipulations, as the AES administrator for the site serving the student, Gary would not only be a required team member, but his input would be critical. Gary's role in supervising the special education services Isaac received at Pinewood rendered him a critical team member of the IEP team due to his interactions with teachers working with Isaac, Isaac's mom, and Isaac. When Gary was asked about his participation in Isaac's reintegration, he shared that he "was involved for the most part." The document analysis indicated that one particular meeting was held without him being invited. When asked to elaborate on this, Gary clarified that he was not at the meeting

and shared his dissatisfaction with the decision not to include him. He said, "Correct. And [Wassa] can [hold an IEP meeting without me]. Right? They did." IEP meetings should not have been held without Gary's participation due to the important role he played in Isaac's reintegration and because he was a required member.

Dawn discussed her experiences with LEA representation at IEP meetings held as a part of the reintegration process. She shared, "I've attended hundreds of IEP meetings. Often times, there's not a representative from the district there." However, in Isaac's reintegration, at least one representative from Wassa Middle School was present at IEP meetings, as indicated by the document analysis.

Parental participation in the IEP process is required as well. In Isaac's case, the parent (mother) was an active member of the IEP team. John shared, "I think it's always helpful when a parent advocates for their child. Most of the time we don't get that." He further shared, "Compared to some, she is a pretty involved mom." When discussing the team process, Dawn was asked about the impetus for the IEP team's decision to move ahead with reintegration. Her response was, "Mom." Dawn also shared that, from her perspective as an IEP team, "We were really focused on what mom wanted." The study participants reported that the parent was not only a required team member, but also played an active role in the team's decision making.

According to the Iowa Administration Rules of Special Education (2010), an individual who can interpret evaluation results is also a required participant on the IEP team. Generally, AEA Team Representatives (Reps) serve in this role. The Team Representatives can be school social workers, school psychologists, and/or special education consultants. However, a concern regarding the lack of clarity of the AEA Team Rep role became apparent, as revealed by all research participants. For example, when asked about the role of the AEA Team Rep during the integration process, Dawn responded,

This is my fifth year as Director of Special Education. I still, at times, am unsure exactly what the team reps' roles are in all cases. In terms of when a school district contacts us about the possibility of moving a kid here or when I talked about sending a teacher and looking at how that building would accept or be able to integrate that kid back . . . It really just depends on that team rep and how they see themselves fitting into that whole transition conversation and whether or not they're there to support the [reintegration] piece, what it is that they're supposed to be doing. Some of them have a good handle on it and for some of them it's like "That's not my job."

Accordingly, John said, "A lot of it depends on the person who is the Team Rep."

Gary noted that the Team Rep should have a role in determining when a change

of placement may need to occur: "I think the AEA Team Rep is number one." According

to John, the responsibility of the Team Rep is "to make sure that [paperwork] is tight on

both ends."

Dawn indicated that she believes the AEA Team Rep needs to have a greater role

in the reintegration process:

I think in a lot of respects they should have even a greater understanding of the student and their IEP and their plan and all of that. Really they're there to also help support teachers and to help get the information out and to help do a lot of that. I don't always see that connection being made.

She related this to Isaac's reintegration, in which she perceived the AEA Team

Rep support as not being as robust as it could have been. She stated,

I don't see it happening a lot ever. [AEA Team Reps] have a lot of kids that they follow through on. But, I think those kids that maybe are out of district, for them

are out of sight, out of mind. We really need them to be very strong partners in all that.

Furthermore, she discussed the manner in which the team representative is

involved in the reintegration process:

Team rep, you come to the table and you tell us all the things that are in place or the things that might be barriers to this child's success. So that when we, if we could, send a teacher there to observe throughout the day, what are some of the things that you know they need to look out for? Or, if we never get to the point where I could actually send the teacher, then the team reps could just bring that information to the table. One of the things I've also wondered is when we have those meetings, when the district comes and we invite the principal, to me it's just as important to have the team rep, or maybe more so. Granted, they have busy schedules.

As indicated by these excerpts, the role of the AEA Team Representative is inconsistent and is not clearly understood.

IEP team membership requirements are clearly stipulated by law and are described in pertinent procedures. Research participants appear to have a solid understanding of the requirements for participation. Although procedural compliance is understood, participation in meetings may not always be occurring as required. Results yielded by data analyses suggest that, in practice, general education teacher participation is difficult to ensure. The principal/administrator role appears to be more active outside of the IEP meetings than during the meeting. Although the requirement for LEA Representative involvement was met in Isaac's case, the inclusion of the AES administrator may not have occurred as required. Parental participation and involvement was at a high level throughout the reintegration process. However, adequate attendance and participation was not verifiable for both special education teacher(s) throughout the entire reintegration process. The constitution of an IEP team and participation in the process is only one aspect of the teams' obligations, which aim at developing an IEP as described below.

<u>Phases of IEP development: "cumbersome and difficult."</u> In order to guide the work of the IEP team, the development of the IEP should occur in phases (Area Education Agency Special Education Procedures, 2016). Two phases in particular are of relevance of the present study. They stipulate that IEP teams shall:

- 1. Identify present levels of academic achievement and functional performance, and
- Develop well-written goals and effective progress monitoring strategies. (p. 93).

This study focused on these portions of the IEP development process for students with ED. During the interviews, participants were asked questions informed by document analysis, in order to obtain their perceptions of the IEP process. The findings revealed differing levels of understanding of the process required for the development of the present levels of academic achievement and functional performance (PLAAFP), including the FBA and BIP. Data obtained through the interviews and document analysis suggest no involvement on behalf of the study participants in the development of an FBA. Additionally, limited communication and involvement in the development of the BIP and goals was noted. Furthermore, data suggests that the development of the FBA, BIP, and goals was not based upon cohesive data throughout the IEP.

## PLAAFP development including FBA and BIP: "I think there's a lot of gray in

*there.*" The identification of PLAAFP is described in the Area Education Agency Special Education Procedures (2016) as being "the most crucial phase in the creation of an appropriate IEP" (p. 94). Furthermore, this section of the IEP should address the student's strengths, interests, and preferences, as well as effective approaches and instruction that enable the student to succeed. In addition, specific needs of the student are to be identified and prioritized in the PLAAFP development. Special considerations, as defined by Iowa Administrative Rules of Special Education (2010) [41.324(1)"b"] require the IEP team to specifically consider whether behavioral concerns exist. Accordingly, the Area Education Agency Special Education Procedures (2016) states,

The IEP team must decide if behavior is a concern for the student. They do this by determining if the student's behavior impacts his or her overall learning or the learning of other students. The team considers the use of positive behavioral interventions or other strategies to address the behavior. The way the behavior will be addressed must be documented on the IEP. If there are behavior concerns, this is documented either in the IEP or through a Functional Behavior Assessment and Behavior Intervention Plan. (p. 98).

The Area Education Agency Special Education Procedures indicates that an FBA is to be conducted when the student's behavior impedes learning, whereby the student should be given the required support within or outside of the general education setting.

Research participants were asked to describe their understanding of the need for the development of an FBA. Gary responded, "When it gets to that administrator level, I feel like that's when [the FBA] can kick in." He also stated, "Sometimes I think to be honest, it has to do with the pressure from teachers and the administrator." Jen shared, "I would say, based on what I've seen [at Wassa], [it] is when the kid is getting kicked out of class all the time." When John was asked to explain his perception of the need for an

FBA, he responded, "The FBA pretty much gives us the reason for the behavior."

As it relates to this study, the Area Education Agency Special Education

Procedures (2016) states two reasons for conducting an FBA. An FBA:

(1) may be conducted for any child/youth with a behavior concern in order to best understand the purpose/function of behavior and develop an effective support plan, and

(2) should be conducted for any eligible child/youth with a behavioral concern in order to develop an effective behavioral goal and/or behavior intervention plan (BIP). (p. 191).

According to Gary, as a prerequisite for enrollment to the Pinewood, "all students that

attend Pinewood are required to have an FBA and BIP." Although a placement at

Pinewood requires IEP documentation, including an FBA, data suggest an apparent lack

of clarity regarding the frequency of FBA reviews and updates, as well as conditions that

would prompt these actions. When asked about these issues, Gary elaborated,

I just don't think it is that clear in the law. I think there's a lot of gray in there, even with people that I ask. "When does [an FBA] need to be updated?" All those types of things. I don't think that's really that consistent. I think if it's consistent about what it says needs to be done, then that would be different.

John, a teacher at Pinewood shared, "I know, last year, Gary was pushing that we

do the FBA at [each student's] three-year re-eval. [Currently] we will do an FBA if we

don't feel like the current FBA is giving us all the information that we need. Usually

we'll have a student for a while [before we determine this]." Jen was asked to state when

she updates the FBA. She said, "It depends on how accurate it is. For some kids, the

function of their behavior doesn't change. So I don't know." Dawn indicated that it may

depend on the skill of the AEA Team Rep. She said,

There again, depending on the team reps that are in the building . . . there are some of my team reps that maybe have a better understanding of [when a new or updated FBA are needed] and aren't necessarily afraid of [developing it].

Document analysis, as confirmed by interviews, indicated the inclusion of an FBA in Isaac's IEP. For Isaac, the document review indicated that his FBA had not been updated since 2010. This led to a question about why this had not been addressed. Jen recalled.

There would have been discussion about that. Whether we left it or not, I would have looked at it if it was me as the special ed[ucation] teacher. I would have looked at it and said, "Is this still what the function is? Is it still for attention seeking behaviors or has it changed?" So, there would have at least been discussion, even if it didn't change.

The FBA process is a key foundational component in the development of the PLAAFP. These examples of interview responses suggest that, while participants understand basics tenets of the FBA, this is often not reflected in practice. As a result, the BIP, although included in the IEP and more recent than the FBA, may not be grounded in quality assessment.

Further development of the PLAAFP requires results of the FBA to be used as a basis for the development of a BIP for a student with a disability in the behavioral domain. According to the Area Education Agency Special Education Procedures (2016), the BIP is "a written, specific, purposeful, and organized plan which describes positive behavioral interventions and supports and other strategies that will be implemented to address goals for a student's social, emotional, and behavioral development" (p. 196). A BIP may be developed for any eligible child/youth with behavioral concerns that negatively affect his/her academic progress or school performance. Key components of the BIP include: (a) replacement skill or behavior, (b) prevention strategies, (c) teaching strategies, and (d) response strategies (Area Education Agency Special Education Procedures, 2016).

Research participants demonstrated a general understanding of the purpose of the BIP. John said, "The BIP allows us to come up with a behavior plan to try to manage that behavior. A BIP is not a constant document; it's constantly changing. You update and add to and delete as you need to." When asked if he knew the key components of the BIP, he responded, ". . . preventative strategies, strategies for teaching replacement behavior." Similarly, Dawn shared, "That whole pre-teaching, re-teaching of skills, to me is really important." She also described the BIP as part of the IEP that informs teachers, "this is the behavior, this [behavior] happens, so now what do we do?" Jen demonstrated her knowledge stating, "It's a legally binding document that you have to follow for a kid that has behavior issues."

Although the evidence presented above suggests that all participants have an understanding of the need for the BIP, the data gathered through the study revealed inconsistencies in the development and implementation of the BIP. According to Dawn, "Some people do a good job with knowing what that BIP is, knowing what should be done with it, knowing that it needs to have instructional changes just like goals and anything else. It's not something that's a once a year." She added, "I wish there was almost a workshop on it, [so] that people used it . . . and it was something that guided their practice. But I just don't ever see it being used that way."

Jen shared her perspective in regard to the BIP. She said, "I think it's important,

but it's not the end all be all. Every kid changes and you're not going to run and update their behavior intervention plan every time." Dawn shared a further concern:

It appears to me that even kids that come in with [a BIP] in their IEPs—and some kids that have had them created in one grade and then they move onto the next grade—I don't know that our teachers necessarily embrace that and do a good job with the update of it and keeping it fresh and looking at that to be what drives the plan for the student.

Isaac's BIP was neither current nor reflective of current practices, as suggested by

the document analysis and interview data. When asked if the BIP was current, Jen stated,

"I mean, I would have added my procedure, what I do here as opposed to what they do

there." When asked if everything was current across both settings, she replied, "I would

have left that up to Pinewood, because they would deal with behavior different than what

I would have dealt with it . . . I get that his was really out of date. I don't agree with that

either."

John's shared his recollection of the development and implementation of the BIP.

He said,

If I remember correctly, I think we went over "This works. We realize you may not be able to do it exactly like we did, but this works for Isaac. If you can come up with something at least for that initial transition to get him over there and not wean him off it totally."

The document review suggests, however, that the BIP was not modified accordingly.

John's reaction to this lack of change was, "Yeah. I'm really surprised that they didn't modify that."

Additionally, evidence suggests that not only was the document not current, there were also questions as to whether the BIP was implemented with fidelity. Although this study did not focus specifically on implementation fidelity, the IEP process requires that

data on which IEP team decisions are being made to be accurate and relevant. When asked if the BIP was reviewed for implementation fidelity prior to an IEP meeting to consider placement change, Jen responded, "I can't promise anything. I don't know for sure." Elaborating on this further, she noted, "I followed his BIP. You give him time. I did 100%. But once he's out of here, I don't know." Document analysis revealed that giving Isaac time was not a strategy documented in the BIP.

John was also asked about implementation fidelity for Isaac's BIP as it related to the IEP process. When asked if he believed the Wassa team followed the BIP, he said, "Jen might have. But I'm not sure how [Wassa staff] would have." He also commented on the reinforcement system in place at Pinewood, which is documented in the BIP as a support, indicating his uncertainty regarding whether this was implemented at Wassa. John said, "That probably would have helped a lot." He added, "I think [the Pinewood team] went over that 'This [reinforcement system] works.' We realize [Wassa] may not be able to do it exactly like Pinewood does], but this works for Isaac." When Dawn was questioned about the reinforcement system being implemented, she replied, "I would say probably not. I can't say that for sure."

Gary too was asked about whether implementation of the BIP was monitored and considered as the team developed the IEP(s). He responded, "No, absolutely not. Just in terms of resources and things like that, it makes it difficult to do that integrity check unless our AEA Team Rep would do that on their end, which would be great." These descriptions suggest that the BIP development as part of the IEP planning process lacks congruence between the requirements and the practical implementation. A document review indicated that an FBA and a BIP were a part of Isaac's IEP. Research participants described the PLAAFP development process, including the FBA and BIP. They all concurred that it lacks updates and its implementation is not considered when developing new IEP(s) throughout the reintegration process. Interviewees further stated that communication amongst team members in the BIP development process is inadequate. Evidence also suggests that a low level of importance is placed on the FBA and BIP process.

Upon application of the Quality Review Rubric, significant concerns were identified with respect to the contents of the FBA and BIP documents. The FBAs were reviewed resulting in a rating of one (1) on the rubric. Rationales for this rating included: Insufficient data for making decisions.

- Lack of measurable and observable behavioral definition.
- Minimal amount of information in the description of the behavior.
- No relevant data in the descriptive summary.
- Hypothesis of function is not identified.
- FBA on which the IEP is based has not been reviewed, revised, or redone in five years.

A review of the BIPs resulted in a two (2) rating. Rationales for this rating included:

- Skills are identified; however, the description of teaching is vague.
- Due to the lack of clarity in the hypothesis on the FBA, determining the appropriateness of the BIP is difficult.

- Identified prevention strategies require teachers to make highly subjective decisions about student behavior.
- Reinforcement schedule is vague in response strategies.
- While response strategies are present, they may not serve in extinguishing the behavior.
- BIP had been newly developed in January 2015, making it applicable to the current duration of the IEP (although the FBA was five years old).

Interviewees' descriptions of the IEP development process for the PLAAFP, including the FBA and BIP, suggest that the research participants have differing levels of understanding and involvement. In particular, their lack of involvement was apparent. Document analysis revealed a concern regarding the applicability of the FBA and BIP, as both were outdated. This may be an indicator of the IEP process lacking the specific considerations mandated by law. Overall, data analysis revealed that the IEP teams perceive the PLAAFP development as having a lesser significance in the process than the law intends.

*Goals: "It's not done in a real structured, systematic process."* Phase two of the IEP development process pertains to the development of well-written goals and effective progress monitoring strategies. The Iowa Administrative Rules of Special Education (2010) require an IEP to include measurable annual goals. These goals are developed by the IEP team to meet the student's needs, as indicated by the student's disability, as well as enabling involvement and progress in the general curriculum. The IEP goals provide a system for measuring student progress toward long-term expectations. Each goal should

be: (a) meaningful, (b) measurable, (c) suitable for monitoring, and (d) useful in making decisions. In order to establish a measurable goal and progress monitoring system, the IEP team must follow the following four steps:

- 1. Establish outcome(s) to be achieved that address the priority needs of the individual.
- 2. Set the baseline.
- 3. In relation to this baseline, establish a challenging goal that may be achieved within a year.
- 4. State progress monitoring procedures for each goal.

Furthermore, in order to implement the goals and ensure their effectiveness, the IEP team is required to select a valid and reliable measure that can be adopted to assess the student's progress toward the intended outcome.

Research participants discussed goal development, specifically in relation to behavioral changes, from their perspective. When asked how teams typically determine priority areas for behavior goals, Gary stated,

It's not done in a real structured systematic process, which it needs to be. You really should be sitting down with that entire team having that conversation, looking at data. Work samples, assessment scores—all those things should be looked at around those goal areas to see if they continue.

As an administrator who has worked with many districts, when commenting on the process in place as students reintegrate from Pinewood, Gary added, "My take on it is it's individually, per district, when [the IEP goals] come in and [then] how they're determined on [re]integration . . . about what works in [LEA] building, as a district."

Special education teachers described the process they typically use. Jen stated,

"I write the goals for the behaviors that I want for my kids because seeing them I know a little bit better what they're doing. I do the peer comparison. I do what I've seen for the kid's behaviors."

John described the goal development process he typically uses somewhat differently. He stated,

We'll look at IEP data. I will say to [the other teachers], "How does he function in your room? What behaviors do you see? What behaviors do you think we still need to continue to work on? What behaviors do you feel like we still need to continue to monitor?" and write goals from there.

These data suggest that goal development is a responsibility assumed by individuals, rather than an entire IEP team. Furthermore, while likely based upon available data, the goals are not connected to other components of the IEP. Although they are developed with numeric indicators, there is limited evidence suggesting they are based on the correct skill area as identified in the PLAAFP.

For the purpose of this study, Isaac's IEP goal development was assessed via document analysis and interviews. The document review revealed that the behavior goal in Isaac's IEP changed over the course of the reintegration process. An original goal was developed based on the behavior management system utilized by Pinewood. As, at one point, reintegration efforts increased, an additional goal was added based upon a different skill and a different monitoring tool. When the participants were asked to describe the purpose and rationale for the added goal, differing perspectives emerged.

Gary and John shared their perspective from Pinewood. John stated, "I think they were trying to find something easier to monitor. [The AEA Team Rep] came over here

one day and rewrote some of the goals that I had written. She wanted them rewritten so

that it met [Wassa teachers'] needs better."

John was further prompted to explain the meaning of "something easier" from his

perspective. He replied,

I think the reason we wrote ours the way we did was because we were using [Pinewood's behavior management system] and we could track that data with our point sheets and our intervention and file record information. But, I don't think they used [the same system] over there. So, that's probably why [Wassa] switched.

When Gary was asked why changes to the behavioral goal were made, he

responded,

I have no idea. There was another agenda for that goal and that's not typically how that should run. [IEP teams] shouldn't be adding criteria midterm in a reintegration when we're monitoring [one thing] and then it turns to "now he's gotta do this." That's what it feels like. That's what I would say.

Jen shared her perspective from Wassa. When asked what was the rationale for an

additional goal and the decision to no abandon the previous goal, Jen simply stated,

"Because we don't use [Pinewood's management system]." Dawn shared her perspective

as follows:

I really don't know why they would have changed things other than that was the best way [Wassa] thought to word it because of his blurting out and because of the inappropriateness. I think they were trying to drill down into the same skill. It's just that since [Wassa doesn't] necessarily have [the same behavior management system] . . . he wouldn't have been pulled out to have a teaching interaction here, they were looking at a way to make that work in this environment without that extra support.

Although participants indicated that the goals were data based, the data analysis

revealed absence of data-based measures. Upon application of the Quality Review

Rubric, the actual goals in the document were rated as a three (3) on the rubric. Rationales for this rating included:

- Goals were developed with the correct components.
- Lack of data-based measures on which the goals were developed.
- Goal 4 in the IEP was amended, yet did not align with related assessment information included throughout the IEP.

The change identified in Goal 4 is reflected in the aforementioned interview data, revealing that a goal was added, reportedly due to change in location of services from Pinewood to Wassa.

Both the interview data and document analysis findings suggest that the IEP goal is not aligned with procedural requirements. Although goals contain the required components, they are neither based upon data reported nor aligned with other sections of the IEP. I-STAR compliance data suggests compliant goals. However, the results of the application of the Quality Review Rubric, as well as interviewees' descriptions of the goal development, suggest that the goals are not connected to other important sections in the IEP. Goals developed for Isaac were measurable and provided in the format that allowed their monitoring, but lacked a meaningful connection to relevant data throughout the IEP (including the FBA and BIP). Furthermore, the change/addition of goals mid-way throughout the reintegration process suggests that the goals may not have been useful in making meaningful IEP team decisions. Dawn described the process by saying, "It's just cumbersome and difficult." Convergence of research data suggested that Dawn's statement is accurate. The description of the IEP process provided by the research participants revealed that IEPs are not being developed according to key legal requirements. Results yielded by this research reveal that the research participants have a limited understanding of the FBA and BIP process. Development of FBA and BIP, as well as the goals, was not achieved with the participation of the entire IEP team. While IEP decisions appeared to be based upon data, lack of cohesiveness across the FBA, BIP, and goals was evident. Generally, available data revealed that IEP goals were developed by individuals, rather than the entire team. Research results further indicate that the team approach utilized for decision making throughout the IEP process may not have been enacted according to its intent.

<u>IEP team decision making: "Their team or our team."</u> According the guiding principles of the IEP process referenced at the start of this section, the following two final concepts were explored:

- The IEP process involves on-going progress monitoring and decision making.
   Decision making is based on the student's needs and is used to improve student results, and
- IEP development is a collaborative process. (Area Education Agency Special Education Procedures, 2016, p. 69).

As research participants described the IEP process, their responses provided sufficient evidence to indicate differing perceptions of the collaborative process used in IEP decision making. A range of scenarios emerged, as discussed below.

## Decisions made as a collaborative team effort: "Usually we sit down together."

When asked to describe the process typically utilized to develop an IEP, John shared, "The teacher will have some input; [AEA] support staff will have some input. Usually what we do is sit down together." Jen described a collaborative effort between her and the general education teachers. She said,

Typically I will bring up what my main concern is and then I will ask the gen[eral] ed[ucation] what theirs is, what they see as the biggest issues in class because I don't see the same things they do. Then we'll discuss . . . is it this? Or is it this? Maybe we're calling it two different things but it's really the same thing. It's typically between the gen[eral] ed[ucation] and the special ed teacher that those [decisions are made].

Jen's comments also reflected collaboration with the parent. She said,

Then parent input is asked at the meeting, "Are these behaviors okay with you? This is what we're seeing in class. These are examples. This is why we're doing it." Then the parents typically say, "You know best because you're with them all day."

When asked if there was consensus among the team members throughout the process in

relation to Isaac's reintegration, Dawn shared, "Pretty much. Other than John was a bit

hesitant to have him here as much as he was."

In an effort to provide evidence of a collaborative process, Jen described a typical

IEP scenario for development of an IEP. She stated,

The majority of the special ed[ucation] teachers will write the majority of it beforehand, checking parts with the parents to make sure they're okay with that. Then, at the meeting, they go through the IEP page by page. The parents read through it, you discuss it, "does this look okay or do you have any questions? Do you have any comments, any concerns?" You just go through page by page. Anybody that has any input on it, whether it's the LEA rep, the principal, the AEA rep, the parent, special ed teacher, see something that they put in that they didn't want to put in, the gen[eral] ed[ucation] teachers—anybody that has input, we will change it. As a special ed[ucation] teacher, I would change it on my document that I have and then I would go back and change it and send the parents a final copy and say, "This is what was discussed."

Jen's description aligns with the data sourced from the pertinent documents, suggesting that, although there is no evidence of disagreement or angst between team members, the process does not reflect collaborative development of the IEP. This was further supported by information John shared related to Isaac's reintegration. He said, "I know [there] was [agreement] at Pinewood and I think [there] was pretty much at Wassa. I think mom was very much in favor of [reintegration]." Rather than pointing to collaboration, the descriptions of the process reflect agreement by team members.

#### Decisions without full team input or agreement: "I don't remember having

*input.*" Although the expectations of determining appropriate services for a student with a disability are clearly defined, data gathered as a part of this investigation suggest that decisions documented in the IEP may not always have been made with full IEP input or agreement. Jen was asked about typical participation of her building principal in the IEP process and meetings. She described,

[Building principal] goes to the IEP meetings or the reintegration meetings and he listens in. Essentially he and Dawn talk about it. Sometimes [WMS interventionist] is in on it too. Then they decide what's best for this kid, is this an okay move or not.

This scenario described above indicates that the decision-making process may not always include all members of the team. However, further questioning about whether these conversations influence the decisions that are eventually documented in the IEP resulted in Jen stating, "No. They have nothing to do with the IEP." Discussing a change in Isaac's IEP where a decision for Isaac to come back to Pinewood for a portion of the day was made, John stated, "I don't remember going to that meeting." John was reminded that a meeting to amend the IEP was not held; instead, an amendment to the IEP without a meeting occurred. He replied, "I don't remember having any input other than them saying he was probably coming back. That probably would have been Gary telling me that." In this instance, John would have been the special education teacher at Pinewood serving Isaac, and would thus be required to participate in the process.

When discussing a transition from Pinewood to Wassa Middle School, where the IEP document indicated a change in placement for Isaac, whereby he would spend more of his day at Wassa, Gary replied, "It might say that in the amendment, but [Wassa teachers] weren't fully ready to jump on board yet. I know for a fact, but I don't know where that would be documented. That's just a known entity."

Two participants reported a situation in which a team member made a decision about a change in programming for Isaac in absence of a full-team discussion and decision. Jen recalled one situation saying, "I think [WMS Interventionist] might have talked to mom about that. That wasn't me. I had nothing to do with that process because once it's out of here, I don't have anything to say about it. It's out of my hands, unfortunately." Dawn, WMS Director of Special Education, shared her perspective on the change in the IEP, stating, "Then our interventionist kind of came up with a plan that 'if this happens then he comes to me. If this happens it [goes elsewhere],' that kind of thing." The aforementioned description of the building principal's participation and input into the IEP leads to a question as to whether there is the necessary connectedness among the team members, the IEP process, and the document itself. The State of Iowa has developed statewide IEP forms that all IEP teams should utilize as they consider and document decisions made by the IEP team. According to the Area Education Agency Special Education Procedures (2016), these forms are to be used in order to document the decisions made by the IEP team. The Area Education Agency Special Education Procedures specifically states:

Iowa IEP forms are designed to document the information upon which plans and decisions are made. The IEP team's decisions regarding goals, activities, services, service locations, and to document due process procedures are required by law. The focus of an IEP meeting is be on the development of an individualized, appropriate educational program. The completion of the forms and the critical information contained in them is also important, as this information documents the commitment of resources to address an eligible individual's needs. (p. 70)

Additionally, data analysis revealed instances in which the IEP team executed an amendment to the existing IEP. According to the Area Education Agency Special Education Procedures (2016), this is an acceptable means to change the contents of the IEP. However, allowances for the IEP team to amend the IEP without holding are meeting are contingent upon several criteria, two of which are particularly relevant for Isaac's case, and state the following:

- An existing IEP may be amended to make changes to a child's program, provided the team has collected and reviewed data sufficient to justify the proposed changes, and
- It is necessary to ensure that all key members of the IEP team meaningfully participate in the amendment process. (p. 81).

Research participants indicated that, when the IEP was amended without a meeting, perhaps not all criteria required to enact this process were followed. Gary shared his perspective, saying, "When they were doing amendments, lots of times we weren't notified, unless we'd look at the IEP." He further added, "I don't have a problem with doing the amendment without a meeting as long as there's some communication to why it was done." His comment indicates that, in his experience, this procedure was not always followed. Furthermore, he suggested, "I think the team needs to meet just because we all need to be on the same page about what's going on."

Jen also shared her perception on this process. She indicated that, at times, a behavior would occur and, rather than holding a meeting with all team members present, the problem would be addressed by amending the IEP without full team input. When asked if it were common for amendments to the IEP to occur as a result of issues in student's behavior and without all team members having input, she responded that this is "exactly" how that sometimes occurs.

Evidence gathered throughout the data analysis suggests that, in addition to instances in which not all team members were involved in decision making, there were also situations in which decisions that were made were not documented.

# <u>Decisions made by the team that may not get documented: "It never got</u> <u>documented."</u> In general, Gary described the reintegration process saying, "Well, sometimes I think during the reintegration process there's a lot of communication, but not a lot of [IEP] updates." John affirmed this with his comment about the documentation on the BIP for Isaac. He said, "I would think there were a lot of preventative things that were

shared over the course of [the reintegration] that didn't get documented." Furthermore, Jen described a time during the process in which the team was considering the necessary supports for Isaac. She described the interactions, saying,

So, we were trying to determine what's a good group of teachers to put him with? What ones are supportive and who hasn't been involved in past situations? Giving him a new start. All that and then go have that conversation. It never got documented in the IEP though. But tons of discussions [occurred].

Similarly, Gary shared,

John was doing a lot of communication. We had a lot of impromptu meetings lots that didn't get documented. Lots of conversations with the parents behind the scenes when there were incidences. Communication with all sorts of people around this that IEP does not reflect. A lot of that is conversations.

The Pinewood Administrator and the WMS Special Education Director alike

reported situations in which decisions were made concerning Isaac's program but, for whatever reason, were not captured in the IEP. Gary highlighted the importance of this type of documentation saying that "[decisions] need to be in the IEP to hold [service providers] accountable and that needs to get done in these situations." He also shared that, in the case of Isaac, "Obviously [the IEP documentation] didn't [occur] to the degree that it needed to."

Additional concern arose, as Gary and Jen asserted that, potentially, even when a full team agreed upon a decision, the IEP document itself might be more reflective of the views held by the person completing the document. Jen reported, "Part of the IEP wasn't written necessarily by me. Other people added things." When Gary was asked if a section of Isaac's IEP was reflective of the team's decisions, he said, "Even though there [are] some comments in [the IEP] . . . I don't know who wrote that amendment, but it would be

interesting to find out who drafted that up." Gary's response reflected his concern that the IEP document was not capturing the team's consensus.

Gary described the process as needing to be an "explicit conversation." He further stated, "Making sure the right people are at the table is extremely important initially. And making sure that [decisions] get documented." His comment highlights the need for collaboration in the IEP development. However, results yielded by this research suggest that, in Isaac's case, one cohesive team may not have existed.

Although IEP teams have a great responsibility, as they are charged with making decisions on behalf of the student with a disability, evidence suggests that, in practice, the IEP teams may not be functioning as a cohesive unit. IEP team decisions are meant to be collaborative, consensus-oriented, and conclusive. Moreover, all their decisions are to be clearly documented in order for service providers to clearly understand service provisions. In reality, as revealed by the study findings, this is not occurring as prescribed. According to the Area Education Agency Special Education Procedures (2016), "IEP teams have significant responsibilities and hold substantial authority in making determinations regarding a child's educational program. IEP teams have the authority to create a binding contract—the IEP, committing services and supports to and on behalf of an eligible individual." (p. 70)

While limited evidence suggests that a team approach was utilized in the development of Isaac's IEP as they planned for reintegration, deeper analysis revealed that the process was not entirely collaborative. Rather, parallel plans were developed with limited evidence of the entire team engaging in the IEP process, as required. Moreover,

285

evidence suggests that decision making occurred in absence of full team participation. Furthermore, some decisions that were made were not appropriately documented in an IEP. Ultimately, although IEP teams are given great authority and responsibility to make decisions, a collaborative team approach to IEP development was not prominent in the decision making as the IEP team considered Isaac's reintegration.

Fundamentally, the IEP process is based upon five guiding principles. While legal and procedural requirements seem to be clear and precise, they are not always followed in practice. In this context, three themes emerged as research participants described the IEP process for students with ED as reintegration was considered: (1) IEP team participation does not always occur as required, (2) IEPs are not always developed according to key legal requirements, and (3) a collaborative one-team approach to IEP development did not exist as reintegration was considered. In addition to the fundamentals of the IEP process, the aim of this research was to identify factors on which IEP team members based placement decisions as they planned for reintegration.

<u>One student, two teams: "Their team or our team?"</u> Although there is one student and one IEP, evidence suggests that an entire team rarely worked collaboratively in the development of the IEP, aiming to ensure consistent and cohesive service delivery. During a conversation with John, he referred to a change being made to one of Isaac's goals at a point during the reintegration process. He was asked how the team determined that a change was necessary. He replied, "Their team or our team?"

Rather than pointing toward a cohesive approach to the IEP process, evidence yielded by data analyses suggested differences between the LEA and AES involved in

reintegration planning. In a discussion about the BIP, John referred to a level of cooperation in the planning process. Yet, he also suggested that the implementation of the BIP did not occur. When asked to clarify, he responded, "Right. On their end." He more fully explained his recollection as,

If I remember correctly, I think we went over that [BIP], "This works. We realize you may not be able to do it exactly like we did, but this works for Isaac. If you can come up with something, at least for that initial transition to get him over there, and not wean him off it totally."

The BIP also required a reinforcement system for Isaac. John was asked if the BIP was implemented at the Wassa. He said, "Jen might have. But I'm not sure how they would have." Furthermore, at one juncture in the reintegration process, the team, according to the document analysis, made a decision to pause further reintegration. This decision was described and documented in the IEP, following a behavioral incident with Isaac. Jen was asked if the team reviewed the BIP for implementation and/or potential modification in the plan. She responded, "I would have left that up to Pinewood because they would deal with behavior different than what I would have dealt with it."

Jen was then asked how the "team" at [LEA] would know how to respond to or deal with significant behavioral crises with Isaac. She said, "I mean, I would have added my procedure, what I do here as opposed to what they do there." Additionally, she stated, "I did update his BIP to say 'this is what we do here for procedures.' But then, if they're doing something different over there, they should have been the ones to say 'Okay, this is what we're doing.' "

When asked about the goal development and data collection, Gary shared that the "teams appeared to be on different pages." Gary was asked why a goal was changed at

the time of reintegration, to which he responded, "I have no idea. There was another agenda for that goal."

When asked to describe the process utilized to collect progress monitoring data, Jen responded,

We do collect data on his IEP goals and that's what I would use to supply data for what he's able to do or not able to do. But, I also feel like the data at [AES] is going to be different than the data here. They have seven kids in one classroom and two adults. They're going to have an eagle eye on him all the time. Whereas, at the middle school, if it's bad, I'll mark it. If it's not, we don't care. So, I think the data can be skewed, based on which school he's at.

In addition to the change in the goal and the way progress monitoring was

performed, Dawn made several comments suggesting a less than cohesive team approach. At certain points throughout the reintegration process, Isaac was spending portions of his day in each setting. With respect to this plan, Dawn stated, "I don't necessarily like the idea of one foot here and one foot there. But it was the system that was in place and how they wanted to work it." In this context, "they" refers to the AES "team." Dawn was further asked why the AES "team" would be making this decision. She commented, "They, in some respects, feel like they know the kid best, they have developed a plan for that child that appears to be working." When further questioned about whether this affected Isaac's reintegration, she suggested, "Not so much from my team members. I think there's more resistance to the teachers over there."

Although the team is expected to make decisions and reach consensus, one person would typically complete the documentation. However, the intent is that, regardless of "who" is responsible for capturing decisions in the document, the IEP team makes all decisions collaboratively. Yet, Dawn shared a contrasting experience, We had staff here that facilitated his educational plan in terms of special education, but didn't really have writing input into the IEP or that kind of thing. So, I think, at times, decisions were made there because a decision probably needed to be made. They made it based on their information there and then we took that information and tried to make it work here, when it probably would have been better if the whole group came together early on.

Similarly, Jen shared her perceptions related to a decision made by the AES

"team." She said, "Because that's what they want. They work with them. They have the ultimate say. They're the ones writing the IEP."

The IEP document itself is intended to be a summation of the IEP team's consensus on services, supports, program, and placement for the student. Thus, all pertinent documentation should be reflective of the team's decisions. However, evidence gathered as a part of the present study suggests lack of collaboration, as in practice, two teams would be planning for and implementing two parallel plans, rather than working toward one congruent program.

### Factors Affecting Placement: "Behavior is the biggest factor."

The literature reviewed as a part of this study revealed a plethora of factors contributing to IEP teams making placement decisions. These factors range from teacher philosophy to student behavioral issues. This study focused specifically on the factors affecting placement during the reintegration process. In this respect, two significant themes emerged—LRE considerations and resistance to reintegration.

### LRE Considerations: "A Mile of Isolation"

Guiding principles of the IEP process refer to providing FAPE and ensuring LRE for students with disabilities. Research participants' understanding of the

conceptualization of LRE was important to explore in order to uncover the factors affecting placement decisions for students with ED as their reintegration was considered.

John described LRE as "to be with gen[eral] ed[ucation] peers as much as is possible. [It] depends from student to student." Dawn too suggested that LRE is student specific. She said, "[LRE is] what the kid can handle and do well in their setting." She shared her perspective of how behavior influences LRE decisions as follows:

If it's a behavior kid, you have to base it off their behavior in that classroom. Who's in that classroom? It might be based off of the peers that are in there. Because maybe they have a peer in there that they don't get along with or maybe one that they really do get along with and that could throw them off. So behaviors are based on the kid solely, their behavior in that classroom.

Clearly, research participants perceive LRE as a consideration in placement. They

describe it as specific to the student, related to behavior of the student, and developed

with respect to other students in the environment. Yet, study results related to LRE

considerations in placement decisions uncovered several key factors affecting the LRE,

namely philosophical beliefs about supports and services for LRE placements, lack of

resources to support LRE placements, and logistical barriers to placements in the LRE.

Philosophy on supports, services, and LRE: "Different expectations." When

discussing his perceptions of LRE and supports and services, Gary said,

I think kids need opportunities to be able to model appropriate behaviors if they're having appropriate behavior to be in that setting. [When we] put [students] in a more restrictive setting, [this setting] does not allow them to model appropriate behavior and learn at the level of other students and have access to the level of education and opportunity for other kids.

In order to support the legal mandate for LRE, Dawn discussed her perspective on how teachers might assist in supporting LRE: [Educators] need to be very aggressive in working with [students] to change behaviors and have them have the adaptive behaviors that they need to get back to the regular [classroom] . . . what's the least restrictive environment, which is their regular learning environment.

Jen shared that, from her perspective, there are "different expectations for students with behaviors" when LRE is being determined. John conveyed his thoughts on this issue, saying, "I think sometimes when our kids [with ED] are reintegrated they're held to a higher standard." His perception is that teachers and teams often think, "Okay, this kid should be behavior problem-free [prior to participating in the LRE with nondisabled peers] and they aren't."

Gary also discussed some of his concerns regarding the LRE decision making and the supports for students as they reintegrate. He said, "I don't think there's enough emphasis placed on [the LRE decision and needed supports and services]." Evidence of Gary's concern was substantiated by a discussion with teachers. When asked about supports for her students, Jen said, "[It] helps the kids to see 'they're constantly checking on me.' " She added, "They need that support and at least to just see my face and know that I'm around." Jen also described the process sometimes used as she supports a student with increased time or services in a lesser restrictive environment. She said, "Let's see how they do at recess if we don't keep an eye on them [as] we try to pull back support just to see how they react." John described the LRE conversation as, "When we're talking reintegration, usually we'll just start with the district—the administration—and say, 'Ok, what types of programs do you have to offer? What can you offer this kid? This is what works for him and can you offer anything similar to that?" " Research participant responses are reflective of Gary's concern in regard to limited emphasis placed on these important decisions.

All research participants were prompted to describe LRE consideration for Isaac.

Dawn indicated that, from her perspective, as the team considered reintegration, their

goal was, "We're going to try as much time in regular education as we possibly can."

However, when Jen was asked if LRE was considered at every juncture of the process,

she stated, "I'm sure it wasn't. Not to be negative about it, but it is what it is."

Dawn also stated,

[Isaac] was given, to every extent, access to everything possible that [Wassa] had to offer. In that regard, everything was wide open. We didn't curtail anything from him. We didn't say "You can't do this, you can't do that." You can go to lunch with everybody, you can go to PE with everybody, you can do whatever it is you want to do. Whatever it is he wanted to do. In that regard, it was [Isaac's] least restrictive environment for [Wassa]. Then [the Wassa team] kind of has to figure out that some kids [including Isaac] don't handle the lunchroom [well]. Some kids don't handle PE. So then, what do you do about [providing support] in order to see if [the student] can sustain [being integrated] with their peers?

Dawn's assertions are reflective of the IEP team's decision to have Isaac participate in the general education environment for lunch and PE, and if he was not successful, the team would consider additional supports.

The document analysis revealed that, as Isaac reintegrated, no changes were made to the BIP, services, or supports, other than agreeing to change location of service from Pinewood to Wassa or vice versa, including identifying the setting that would provide his specially designed instruction. When John was asked if he believed that additional supports and services should have been added to the IEP as Isaac reintegrated to Wassa Middle School, he responded, "I think so. I think we could have [provided additional supports] too."

Gary responded to a question about the supports provided (or not provided) to Isaac that potentially led to a setback in his reintegration. He said, "There were some issues with a para, I think, a part of that class and monitoring the behavior. But in terms of monitoring the work expectations and modifications that needed to occur, I don't believe that occurred." Furthermore, he described the team's discussions about supporting Isaac with a teacher change. He said, "There were talks at one of the meetings about [Isaac] moving to [a different] team because it would suit [Isaac] better. That didn't transpire."

Application of the Quality IEP Rubric during the document analysis resulted a rating of four (4) in the LRE considerations section. However, the review revealed that, although the score on the rubric was high, some inconsistencies relevant to the study existed. For example, Isaac is described as performing below grade level, working slowly, and needing extra practice and review. This is clearly identified and based upon student needs. However, given the nature and significance of Isaac's disability, described in the PLAAFP as "requiring intense and individualized" assistance, LRE considerations were void of behavioral needs.

Ultimately, the document review and interview data analyses both suggest that the services and supports required to support LRE are considerations for IEP teams. Although LRE was referenced by all interviewees, pertinent evidence revealed that philosophical tendencies, as opposed to legal requirements, were more decisive in

293

placement considerations. As related to Isaac's reintegration, the only supports identified in the IEP were general behavioral supports. Interview data provided limited evidence of the services and supports Isaac could be provided to support further reintegration. Although philosophical underpinnings may be decisive factors in placement decisions, a logical additional consideration emerged. In particular, participants cited resources available for the provision of the required special education supports and services as highly relevant in this context.

Resources to support LRE placements are lacking: "Sometimes, it's a resource issue." Guidance given to IEP teams as they plan for services and make placement decisions mandates that teams "describe special education services, activities and supports" as a fundamental component in the IEP process (Area Education Agency Special Education Procedures, 2016, p. 93). Furthermore, an LRE decision is to be based upon "(a) the specific needs of the student, (b) whether the student may need individualized assistance in the general education setting, and (c) a review of the continuum of services." (p. 136) Based on these recommendations, the IEP must describe all the services, activities, and supports necessary to meet the student's educational needs.

In general, as teams consider placement based on LRE, they should evaluate:

- The accommodations, modifications and adaptations an individual may require to be successful in a general education environment,
- Potential barriers to providing these accommodations, modifications and adaptations within the general education environment,
- The supports needed to assist the teacher and other personnel in providing accommodations, modifications and adaptations,
- The impact on the individual provided special education services and activities in the general education environment, and
- The impact on other students when providing special education services and activities in the general education environment. (p. 140).

294

The IEP must describe all the services, activities, and supports necessary to meet the student's educational needs. In particular, the amount of time a child is removed from the mainstream classroom should not serve as an indicator of the type and extent of special education services required. Special education services may be provided in general education settings through a variety of methods. The child may not be removed from age appropriate general education classrooms solely because of "needed modifications in the general education curriculum." (p. 136)

In order for an IEP team to make an LRE decision on behalf of students, it is the obligation of the school district to ensure a continuum of services and placements. This continuum ranges from general education to residential facilities (Area Education Agency Special Education Procedures, 2016).

Research participants shared their perspectives on a perceived lack of available programs across a continuum of services to support students with significant behavioral issues. Gary explained,

[Teams are] determining LRE by what continuum they have to offer . . . It's not the program fitting the kid instead of the student fitting the program. There is some continuum issues. I think there are a couple districts that I'm aware that do it extremely well. But there's a lot of them . . . there are a lot of variables. I think it has to do with resources. I think it has to do with . . . I think a lot of it has to do with resource allocation and doing that well and understanding that fully to put the continuum in place.

Similarly, John proclaimed, "Resources determine a lot." Furthermore, Gary stated, "I think it . . . comes down to resource allocation. [Administrators say], 'We don't have the resources to implement this plan.' "

School districts are expected to provide a continuum of services and the designated teams should consider the LRE when making placement decisions. Data gathered through the present investigation suggests a lack of an available continuum of services, which has resulted in students being offered "one or the other"—special education services or LRE—as opposed to services and supports in all settings. Gary described this situation stating, "Right now it feels like a mile of isolation." He added, "A lot of people see that least restrictive setting as they're in that grade level classroom ...and expected to do the same work [as] every kid." Dawn shared, "Least restrictive environment is the amount of time that special education students are in the regular educational environment that supports them and that has to be balanced with their need for specially designed instruction." Dawn's comment implies that, in her view, a student cannot receive special education instruction in the regular education environment.

Ascribing to this notion, John shared, "As they don't need the help anymore, they can back off and be in gen[eral] ed[ucation] more." Gary similarly noted, "I think kids need opportunities to be able to model appropriate behaviors if they're having appropriate behavior to be in that setting."

Jen shared an example of discussing services in the LRE for a student. She said, "So I asked the gen[eral] ed[ucation] teachers, "Can we push him out for MTSS and he can go where the other kids go. He doesn't need that support during that time." They said, "No, special ed kids go with special ed[ucation] teachers." Dawn described her perception of similar scenarios stating, "If there is a BD component [in the IEP] then they try to place the kids in those [programs]." When asked to identify barriers to reintegration and services in the LRE, John said, "I would say the full range [of services] would be great, but typically that's not available." Gary shared, "Within [LEA settings] very seldom do we have any districts that have completely 100% pull-out. . . . And not having a continuum available to support students outside of one setting, the general ed[ucation] setting." Both responses suggest that lack of continuum is a significant barrier to reintegration. In contrast, when prompted to indicate factors that support LRE, Gary stated, "It's when districts feel like they've got the resources to support it."

The aforementioned data suggests presence of a "one-or-the-other" service delivery system, which participants attributed to lack of continuum, as well as limited resources. A perceived lack of resources appears to prohibit a continuum of services available for placement options as students reintegrate. This factor appears to affect placement decisions. Upon further review of the data, an additional theme emerged, namely logistical factors as potential barriers to reintegration.

Logistical barriers to LRE: "We can't do that." In addition to philosophical underpinnings and limited resources supporting a continuum of services, logistical factors emerged as a theme, as they too were seen as potential barriers to reintegration, thus affecting placement decisions. Data suggests that logistical factors may be affecting placement decisions made by IEP teams as students are being considered for reintegration. Analysis yielded findings indicating that resources that are required/utilized are usually assigned to the following categories: schedule, space, staff, and location/transportation. Gary was asked to indicate the factors he perceived as influential in team

decisions. He stated,

Resource allocation, to put it bluntly. A lot of times what I see is . . . when that kid displays behaviors . . . [the only options for support is] either in the [special education] classroom or in the principal's office. So, they don't have that inbetween space to have a person that has the skill[s] to work with that level of behavior . . . [and] often times it would be a para.

When asked if Isaac was afforded a full continuum of services, Gary responded,

It feels like "no," I don't believe so. I believe at times there were areas where [Wassa] didn't [offer a continuum], [based on] the schedule or a special ed[ucation] teacher available in that content area that he would have a goal in. So he was put into gen[eral] ed[ucation] settings and not enough was done to support him or accommodate or modify that work.

Building schedules appeared to influence student placement. Jen was asked to

share her perceptions of the factors affecting placement during reintegration. She said,

[Making sure there] is a pull-out . . . that's available for that student. For me, it's schedule. [There has to be a time] that's set in the schedule to make sure that you have a special ed[ucation] teacher available for that situation.

As this relates to Isaac's reintegration, Jen described a time when the team

decided to change Isaac's math services from being provided at Wassa to being offered at

Pinewood as was previously the case. When asked if this level of support could have

been provided at Wassa, Jen responded, "I don't believe so. I'm pretty 100% sure. It's

more like . . . they don't have the resources and 'we're not going to schedule it like that.""

John described a change in Isaac's IEP, where a study hall was added to the end of

Isaac's day because Isaac needed more SDI in math. When asked how the decision was

made for this change, he replied, "It may have been a function of their schedule, more so

than ours . . . what class[es] they would have [at that time]."

In addition to the building schedules being a factor determining student placement, data analysis revealed that staff availability was a contributing factor as well. When John described reintegration, he said, "Some districts will welcome [students] back with open arms and say, 'We'll do what we need to to make this work.' Other districts, usually the first time we approach [them] will say, 'We can't do that. We don't have the resources.' "

John was asked to specify "the resources" to which he was referring. He noted, "Usually [local districts] mean the personnel. Quite often they don't have the people to do what needs to be done."

When the study participants were asked to share their perceptions about the amount of pull-out services students with behaviors have in their program, most indicated that this was largely governed by staffing issues. For example, Jen shared, "A lot of times in elementary [students are] just pulled out because the teacher has so many kids. They've got five grades. [The special education teachers] can't be in the [general education] classrooms." She went on to state that one way to support students' services in less restrictive environments was to provide the support of a teacher assistant/paraprofessional. However, she noted, "Basically . . . we can't necessarily provide [this type of service] because our associates cover for multiple students in the classroom typically." She added, "Sometimes it's a numbers thing and it's not about the kids." Dawn suggested, "When children come to the district or placements [are being determined] . . . the balance is in terms of numbers and staff."

In Isaac's reintegration, availability of staff to implement his IEP appeared to be a decisive factor. John said, "I think sometimes Jen was spread so thin. Jen tried [to implement the IEP as written, including behavioral supports], but sometimes she had so many other obligations and was supposed to be in so many other places."

At one point in the reintegration process, additional support from Pinewood staff was added to Isaac's IEP. When asked about this change in the IEP, Gary stated, "[The Wassa] interventionist holds other positions. Often times they said they're not going to be available [to support Isaac]. They've not 100% always available to support [the BIP]." Dawn responded to a similar question about a change in the IEP, whereby additional Pinewood support was added. She responded,

In some respects [the change in the IEP is] probably that way because we do not have that same system. So, then we would have [had] to figure out a way to do that here without having an intervention staff and all of that kind of stuff.

Jen's recollection concurred with the impressions shared by Gary and Dawn. She stated, "[The Wassa interventionist] wasn't 100% available at all times. That's why we needed to come up to another intervention area if that wasn't available." Jen described her attempt to meet Isaac's needs without additional support. She said,

If he couldn't handle it in [my special education classroom], then I'd be like, "Okay, you're still continuing. I have to get back to class." I'd give him a half hour and it's like, "Okay. I'm not an interventionist. This is not what I have time to do. You have to go."

As described previously, the additional personnel, beyond Jen, were not available to provide the support Isaac needed. According to Gary, "They didn't have a place for him to go per se, if there was an issue."

In general, Gary observed, "When a student's behavior necessitates leaving the room . . . often times kids go to the office and [other than that] there's really no place to . . . if the kid needed to step out, where do they go? Other teachers are busy. So it's about continuum as well."

Logistic barriers such as schedule and personnel are apparent. However, location may also be affecting reintegration. John described a typical conversation with the LEA at the time of reintegration consideration. He noted,

When [Pinewood staff] meet with [LEA] teams to talk about reintegration, they say, "Well, it's either going to be half day or full day" just because of the logistics of working out all the arrangements to make it work between the two buildings. Their location kind of determines more the amount of time we reintegrate there than anything. Most of our districts are so far away, it either has to be a half day or full day.

Gary similarly noted, "Typically, there's transportation issues. It really depends. If [the district is] sending up one student or two students and it doesn't work within the transportation [system of the district], that's a whole different scenario."

In theory, teams are required to make decisions based upon the data supporting placement in the LRE and the need for ensuring FAPE. Logistical factors should not be primary considerations in placement decisions. Rather, teams are required to consider the needs of the student and provide the necessary resources to implement special education services that meet those needs.

In summary, Gary was asked on what factor(s) he perceives teams to base placement decisions. He responded, "That kind of depends on what they have available." Gary's comment summarily conveyed an overarching theme. This theme is reflected in John's recollection of a scenario in which the team at Pinewood was suggesting reintegration for a student. He said, "We approached [a local district] about [reintegration] and they said, 'Nope, we don't have the resources.' "These responses confirm that availability of a continuum of services, building schedules, personnel, and location are all factors influencing placement decisions made by IEP teams.

Results yielded by data analyses revealed a variety of factors perceived as influential in the placement decisions as IEP teams plan for reintegration. LRE considerations emerged as a significant perceived factor. In addition, the legal mandate for placement in the LRE appears to be affected by philosophical underpinnings related specifically to special education services and supports for LRE placements, resource limitations prohibiting schools from providing a continuum of services, and logistical considerations.

#### Resistance to Reintegration: "To get them back is tough."

When making placement decisions on behalf of students with ED, the IEP process requires the team to review all available data and consider the legal guidelines of the IDEIA and Iowa Administrative Rules of Special Education (2010). However, the data gathered in this research suggests that factors related to resistance may be affecting placement decisions.

Describing the process utilized at the time a student began attending Pinewood, John said, "Usually, at the intake meeting, either Gary or his support staff will say, 'What criteria do they have to need to return to their home district?' [The criteria for re-entry] will vary from district to district. Some will be glad to have them back, the sooner the better." Although John suggested that "some" districts are welcoming when students return to their local schools, Gary stated, "My experience is reintegrating is much more difficult than when we receive students."

Gary also referred to IEP teams discussing reintegration at the time of entry. He was asked to describe actions taken when the student meets the criteria set at intake. He responded,

On the return, are we re-engaging in that conversation that [was held at entry]. We talk about [the student] meet[ing] the criteria and we discuss...that [the student] get[s] an opportunity to go back [to his/her LEA]. But in terms of re-engaging in the criteria . . . I don't know if that gets circled [back around] and often times it'll get changed over time too. Which then is a problem, I feel.

When the criteria change, according to Gary, "It feels like a lot of times [the

LEA] just 'we need to have this student out of our district.' To get them back is tough."

Resistance to student reintegration emerged as an overarching theme pertaining to the

potential factors affecting placement decisions. Within this theme, resistance, philosophy,

experiences, magnitude of change in behavior, and teacher tolerances were identified as

perceived factors that may affect placement decisions as a student reintegrates from an

AES to his/her home school district.

<u>Philosophy: "It depends on attitude."</u> Identifying a specific reason or rationale for IEP teams to demonstrate that resistance to reintegration is a challenge, especially when the resistance appears to be philosophical. Dawn shared her thoughts suggesting that philosophy is usually one of the factors affecting reintegration decisions. She said,

I think special education teachers understand that we have to have a reintegration plan. The teachers that I am responsible for in this district, just because that's my philosophy, seem to be moving further toward that and they're more apt to say, "Well, there's no reason why this kid can't do this or that." Or "We need to pull back for just a minute. This is what we're going to do for the next couple days because they're having problems here until we get this worked out." When discussing how to change the mindset about reintegration for this

population of students, Dawn shared,

That's a whole conversation you really need to have with the administration. Then the administration needs to have with their staff in those districts. I believe that we need to develop the mindset that we need to have these kids in their home districts as an integrated part of the fabric of that community.

Gary shared a similar perspective,

I think it starts with leadership. I've seen situations where that principal has worked so good with us and guess what? It works. Because that's the expectation. But it's when it's driven by "Hey, we gotta get this kid out of here," things like that—I see that being more difficult because teachers are going to follow in line with how that's brought on.

John's comment aligns with the views shared by Gary and Dawn. When asked to

share his perspective on a successful reintegration, he said, "I would say more

administrative, how the administration feels about inclusion." John added, "It is very kid-

specific. It's also very district-specific too. A lot of it depends on their attitude and if they

want to take ownership for this kid that they sent us, and want them back." Jen stated,

"[Success] would be based on the teachers or the admin[istration] . . . whether or not they

can be positive about handling a student like that or not."

Further analysis of the interview data indicated that yet another contributing

factor might be affecting placement decisions in practice. Evidence suggests that

teacher's experience level may be related to his/her attitude and philosophy. This was

surmised by Dawn as follows,

The staff in this building of regular educators tends to be on the older continuum. We're starting to retire out and have some more. They're still of the "out of sight, out of mind" mentality. They're still a little bit more rigid in their thinking.

Jen similarly stated,

[This is] what would happen. [Teachers] would, especially with the older teachers that have been there awhile that are kind of like stuck in their ways, [say] "You have not worked my job for 15 years, I have. I know what's best for this kid. You haven't worked with this kid nearly this long. You don't know anything about this kid. I'm doing what I want to do."

The assertions above indicate that a teacher's experience and years of service may result in the development of a particular philosophy that contributes to the resistance to student reintegration. Based on these findings, philosophical stance emerged as a factor affecting reintegration of students with ED.

Past experiences: "Wipe the slate clean." One potential explanation behind the

resistive philosophy/attitude of many teachers and district staff may be rooted in a history

of unsuccessful experiences combined with a potential inability to give students a "fresh

start." Evidence of this potential correlation was captured as John spoke about his

perception of the reasons due to which teachers may resist reintegration. He said,

"... they had had some previous experience with kids with behavior issues that didn't

work out really well."

Gary similarly observed,

There's feelings . . . when there's conversations at levels that a kid needs to move away from [Pinewood], obviously there's some pretty hard feelings that they [didn't] want that student anymore. So, then making sure that people can forget about that and start cleaning the slate on return is huge.

Gary also shared his belief about districts resisting reintegration, saying,

[There is] a perception of what that looked like when the student left. The reason [everyone got] so worked up . . . that they had to send that kid out of their building to a different school. [Now] that student returns to that same team and [that team] being able to wipe that slate clean . . . The reality of previous experiences playing a role in decision making appears to be instrumental in placement decisions. Some rationale for this attitude of resistance may be stemming from teachers and staff questioning whether behaviors have actually changed during the student's time spent in an AES. This theme emerged as a potential rationale for teachers' perceived inability to "wipe the slate clean."

Enough change in behavior: "Do we really have cause to send them back?"

Resistance to reintegration was evident throughout the data examined as a part of this

investigation. This recurring theme thus emerged as a potential factor influencing

placement decisions made by IEP teams as a student reintegrates. It was also evident that

some individuals involved in the process questioned whether the student's behavior has

changed enough to warrant reintegration. Dawn shared her perception on this issue,

Oftentimes when [Pinewood] has retooled a child, so to speak, and they are transitioning back to their home district, [the student is] falling back into the same old system of doing things and we often times see kids back [at Pinewood]. [The district will say,] "You didn't have them ready to come back."

Jen commented,

Oftentimes with our kids, what happened prior to [Pinewood placement] and the intensity . . . you and I both know that there's "Okay, what changed?" That's kind of the mindset going back into that [setting]. "We should see a kid that's got perfect behavior." No, it's about the intensity of the behavior and the frequency that has diminished. But you're not going to get [a student to] return with behavior that's right on with the gen[eral] ed[ucation] peer.

Dawn also shared, "Yes, they're doing really, really well, but that's because

they're in that environment. Can that be sustained here and [was Pinewood] truly, really

preparing them for the eventuality of this environment?" This comment serves as further

evidence confirming that IEP teams may question if student behaviors have changed enough to warrant their return.

Research participants were also prompted to describe the criteria they believe are

used to indicate that "enough" progress has been made to consider reintegration. John

responded,

Usually our criteria is at least four to six weeks, either no interventions or maybe four out of five days with no interventions. We look at the amount of time, if they do go to intervention, amount of time they spend out of the classroom, [and] what works to get them back into our classroom [at Pinewood].

Jen replied, "The students obviously, their behaviors, how they're doing with their

behaviors when they're doing the academics, how they handle different situations that

weren't quite as structured. That kind of stuff would be important."

Dawn stated,

Other than just lack of intervention and maybe strong academic ability, which is a good thing, to be able to handle things over here. Do they have those self-advocacy skills? Are they able to sustain? If they can't sustain a classroom and they feel like they need a break, how do they get that and how do they go about doing that so they don't draw attention to themselves and they don't have the teacher not necessarily be upset . . .

Generally, Jen described the notion of "enough" change as follows, "In my

opinion, they need to be able to handle it at [Pinewood] before they can reintegrate. If

they can't handle it in a special school with all that structure, they can't handle it [at

Wassa]." John shared a salient point from his perspective. He said, "I think lots of times

they think that we have the natural touch, that we're going to fix them and send them

back and it just doesn't work that way."

Ultimately, the decision to reintegrate should be based on criteria set by the team, guided by fundamental premises of the IEP, with particular focus on LRE. Jen described the process being utilized in this way: "Do we really have cause to send them back? You have to have all the documentation." This question clearly demonstrates evidence of resistance to reintegration. Essentially, team members' question is "how much change in behavior is enough to warrant reintegration?"

Teacher tolerance of behaviors: "Not in my room." Although resistance may emerge when aiming to establish "has the student's behavior changed enough to reintegrate?" in reality, teams must respond to the LRE mandate. Students with a behaviorally focused IEP, despite having been served in an AES, may continue to display inappropriate behaviors. Several interviewees referred to the frequency, intensity, and duration of behaviors as the key criteria for considering reintegration. However, upon further data review, it became evident that teams may be resisting reintegration based on the significance of the behavior the student is displaying. In addition, the significance of the behavior may be defined differently by IEP team members and service providers.

When Jen was asked to indicate the factors considered at the time of reintegration when the IEP team is making a placement decision, she responded,

We tend to like to lean on physical, verbal, and big distractions to education environment in terms of criteria. I would say the intensity of the behavior is a big component. And frequency. And duration. Do we have the resources that the kid needs?

Probing deeper into this observation, Jen was asked to describe her perceptions of the general education teachers. She responded, indicating that their main concerns are "attendance, homework, language and behavior within classrooms that affect the learning environment for the majority of the kids. Physical aggression, verbal threats."

Relating to Jen's perceptions, Dawn described her common rebuttal to those who may be resisting reintegration when ED students' behaviors are of low frequency, intensity, or duration. She responded, "[I am] having strong conversations with general education teachers that just because this kid has an IEP and because they blurt out in class does not mean that you ship them out." There is a marked difference between homework completion and physical aggression. Yet, the analyzed data suggests that students are actually receiving services at Pinewood due to low intensity behaviors. John reported on this issue,

You know, when I look at it, most of our kids are here because they didn't follow instructions and couldn't accept consequences. But gen[eral] ed[ucation] has a whole different perspective than we do too. A major problem for [general education teachers] is [students] not doing their homework.

Analysis findings suggest differing perspectives on the significance of behaviors warranting placement into and out of an AES. Interviewee responses further reveal that special educators and administrators believe that students with low frequency, intensity, and duration behaviors should be considered for reintegration. In sum, compared to general educators, special educators and administrators appear to have a higher tolerance level for disruptive behaviors when considering reintegration.

A perceived lower tolerance for behaviors was evident when Jen shared her perspective. Jen said, "In my opinion, special ed[ucation teachers] want to push for [reintegration]. Gen[eral] ed[ucation teachers] are resistant because they don't want to have the kids in their class. Not all, but some. A good handful." Dawn, who referred to teachers as saying, "This kid has pushed me to my limit," went on to explain, "Oftentimes it's about the teacher, not necessarily about the kid. 'This kid pushed me to my limit. I can't put up with this in my classroom anymore.' They've got to stop this." Dawn shared her perception of general education teachers' attitudes about students reintegrating into their classrooms. She referred to an attitude of "Don't let it affect my classroom and how I go about doing business." Jen shared her perspective of general education teachers' attitude about students with significant behaviors being placed in their classroom. She stated, "And a lot of them say, 'I have 25 other kids to take care of.' " The level of tolerance by teachers appears to be a factor influencing reintegration decisions.

<u>Reintegration resistance for Isaac: "I feel like a bouncing ball."</u> Isaac's reintegration was lengthy and was met with resistance from school personnel. Factors identified through this research were apparent throughout Isaac's reintegration as well. Jen shared her thoughts about a placement decision for Isaac as follows,

Put him with a different teacher. Not that his teacher was bad. She's one of the old school, strict, got my eye on you all the time, gonna nail you for every little thing. If they had put him with some of the newer teachers, he would have a little more freedom. You would have been able to see what he was really going to do and how it was going to be here.

This evidence demonstrates potential resistance due to teacher's experience level.

However, resistance may have been present due to Isaac's actual behavior. John reported, "Isaac was resistant [to comply] at times. Very rarely was he ever physical; it was more verbal. He could be very sarcastic." He further described Isaac's behavior as problematic

for teachers at Wassa, saying,

Sometimes I think with Isaac, when he was put in new situations, he didn't know how to act. "How should I act? What should I do? I see this behavior going on, but I know it's not appropriate. But, it will get me some attention. Somebody will notice me; somebody will talk to me if I act this way." I think some of it with Isaac was just not knowing what to do.

John opined that this type of behavior caused resistance from teachers, as they

were not confident in their ability to respond to it effectively. Commenting on the same issue, Dawn said, "I just think that we did not estimate his social age and his social age is much, much lower than his chronological age and his grade level age." Therefore, Isaac may have displayed behaviors that seemed aversive to his teachers as Wassa, and were

consequently affecting the placement decisions made on his behalf.

Gary gave an example representative of Isaac's teacher reacting to prior

experiences, which may have affected placement decisions for Isaac. Gary shared,

There were talks at one of the meetings about him moving to team because it would suit better. So we were trying to determine what's a good group of teachers to put him with? What ones are supportive and who hasn't been involved in past situations? Giving him a new start. That didn't transpire.

Throughout the data analysis, the resistance described by research participants was frequently evident. Isaac described the result of the resistance to his own reintegration succinctly. John shared an interaction he had with Isaac following "probably the second or third time we had him back [at Pinewood]." John described Isaac saying, "'I'm just getting tired of this. I want to be one place or the other. I feel like I'm a bouncing ball going back and forth and back and forth and back and forth all day long.' When I heard that, I went to Gary right away and I said, 'Okay Gary, we've got a young man that's not feeling good about this back and forth stuff. We need to probably pull together and have a meeting and say okay, this is how he's feeling. What can we do to make it better?' "

Resistance to supporting reintegration appeared as a primary factor affecting placement decisions during reintegration. Resistance seemed to emerge for a variety of reasons, ranging from philosophical underpinnings to the experience level of teachers. Yet, all these factors were rarely supportive of reintegration.

Two primary themes emerged as factors affecting placement decisions as teams were considering reintegration. These two overarching themes are related to LRE considerations and resistance to reintegration. The two themes are: (1) the legal mandate for placement in the LRE appears to be affected by philosophical underpinnings related to required supports and services for LRE placement, lack of resources supporting a continuum of services, and logistical barriers; and (2) possible resistance to reintegration as a result of general philosophy and prior experiences with ED students, as well as questions related to the magnitude of the change in student behavior before reintegration is considered and tolerances of those behaviors in classrooms assessed.

# Power and Influence: "This is what we are going to do."

Conceptually, the IEP process is intended to be collaborative. Therefore, no single member should have more power or authority than anyone else does. Yet, hierarchical structures of organizations are a reality. Therefore, in practice, attitudes, perceptions, and beliefs appear to influence the IEP planning process. For the purpose of this study, the IEP process was explored from the perspective of the Power Interaction Model (PIM) as a conceptual framework. Data analysis suggested legitimate, expert, and informational power to be applicable to the phenomenon explored in this study.

As research participants discussed the IEP process, evidence of the utilization of certain power bases emerged. School administrators utilizing Legitimate Power of Position emerged as the predominant use of power and influence. Research participants not only perceived the administrators as influencing the IEP process during reintegration, they identified students' parents and teachers using power and influence as well. Isaac's mother was described as using Legitimate Power of Equity and Legitimate Power of Responsibility, which for the purpose of this research was combined to reflect Legitimate Power of Advocacy. Teachers, on the other hand, demonstrated Expert Power. Additionally, research findings uncovered the use of Information Power. Because Information Power had no direct linkage with any single member of the IEP team, it was reclassified into a power base referred to as Data Power for the purpose of this research. Legitimate Position Power by Administrator(s): "That's an administrative decision."

Legitimacy power is the perception that the power holder has the right to influence others due to his/her position or perceived responsibilities for compliance in a given situation (French & Raven, 1959). In the present study, Legitimate Position Power was ascribed to the administrator who used the position to influence attitudes, perceptions, and beliefs as the IEP team process unfolded. This administrator influence was evident when Jen was asked who the primary decision-maker was in the reintegration process. She replied, "The administration." Specifically referring to Isaac's

313

situation, she said, "I just think it was a big admin[istration] push. I know [Isaac's] mom was even a little bit like . . . 'I don't know [about the reintegration].'"

When asked about how the reintegration process is initiated for a student when reintegration is being considered, Jen shared, "Typically, the special ed[ucation] teacher will bring it to the principal. The principal will bring it to Dawn or [LEA Principal] and then they'll have meetings about it. Then [the administrator] decide[s] whether or not the kid's ready." She added, "I have nothing to do with the decision. [The administrator] just say[s], 'Here's this kid.' "

Dawn further described a scenario in which the administrator's position was dominant and was given precedence over teachers' voice. As an administrator, Dawn shared that "oftentimes a kid shows up on the teacher's doorstep. The kid is reintegrating and [the teachers] just have to deal with it." These observations suggest that the decisive voice in reintegration decisions lies with the administration.

Furthermore, Dawn shared her working experiences with other administrators utilizing Legitimate Position Power by prescribing when reintegration will or will not occur. Dawn said that, in her interactions with administrators, at the time reintegration was being considered, they would say, "[The student] is only integrating at nine weeks and the semester." Consequently, reintegration appears not to be solely based on when a student is ready, but is also governed by the administrators' determination of whether and when that reintegration is allowed due to the position they hold.

Legitimate Position Power of Administration was evident in Isaac's reintegration process. Jen said, "[Teachers] had concerns about [Isaac] not wanting to be [at Wassa] all day. So, it was more an admin[istrative] push because he had been in [an AES] setting for so long." She also spoke of a time when [Wassa] teachers were influenced by Legitimate Position Power. She said, "I'm almost positive [another teacher at Wassa] did not agree with some of the [reintegration] decisions that were made at the January IEP meeting. But [that teacher] was kind of shut down by her admin[istrator]."

As the reintegration process evolved for Isaac, changes in location of services occurred. The March 17, 2015 amendment to the IEP states "Isaac was experiencing frequent concerns (almost daily) with making inappropriate comments, both in verbal and written forms. A number of these incidents had also resulted in 2 behavior referrals to the Wassa Interventionist." This amendment was a result of an administrative decision to have Isaac return to Pinewood for a greater portion of the day. Neither Gary nor Isaac's special education teacher were involved in this decision, as documented in the IEP. Gary was asked to share his perception of this particular process and decision. Gary reported that the administration from Wassa Middle School told him, "We're going to call mom. This [change in his schedule resulting in a change in placement] is what we are going to do." The description of this process is indicative of an administrator making decisions based upon Legitimate Position Power, due to his position as the building principal, rather than an equal participant in decision making as an IEP team member.

An additional example of Legitimate Position Power of Administration emerged in data analysis. Document analysis revealed that changes in the IEP prior to the start of the new school year were not documented, while a later amendment indicated that Isaac had been receiving all services at Wassa throughout the fall. When the Pinewood teacher

315

was asked about this change that was not reflected in the IEP documentation, John reported, "I think Gary was the one that made that decision, to put him over there in the transition room full-time." This reported incident was demonstrative of Legitimate Position Power by Administration, as Gary is the principal at Pinewood.

Upon examination of the data, Legitimate Position Power by Administrators was the source of influence utilized most frequently throughout the reintegration process. In this study, administrators demonstrated this particular power source exclusively. All data related to administrator use of power/influence could be assigned to this category. Although Legitimate Position of Power by Administration was prominent throughout the process, evidence emerged suggesting that information was also highly influential in the IEP planning process.

# Information Power of Data: "The data drives it."

According to Raven (1965), informational power is derived from the possession of potentially relevant information by the power holder. The content of the communication alone leads to changes in belief structures, behavior, attitudes, etcetera (Swasy, 1979). For the purpose of this study, informational power was referred to as Data Power and was ascribed to the information/data itself, as opposed to a member of the IEP team that was in possession of that information. Data power suggests that a team is using information as a power source to influence the attitudes, beliefs, and perceptions throughout the IEP planning process.

When teams begin discussing reintegration in general, Jen suggested that the process typically starts with the question, "Do we really have cause to send them back?"

She further observed, "You have to have all the documentation." John shared his

perception of how data is used to consider reintegration. He said,

Usually we'll say to the district, "What criteria do they have to meet to be able to reintegrate?" Then when we do talk to them about reintegration we'll say, "This is our data. This is the data we have collected. The data supports reintegration."

Gary shared his perspective on how reintegration based on data begins. He noted,

The data drives it—both [Pinewood] system data and IEP data. So, when we're thinking about reintegration, we're trying to determine what criteria did we talk about and stay to that. Ultimately, when the [data] says that the student is ready to reintegrate, then that should occur. I think, sometimes, there is adequate data. I think it's lack of data at times. It just depends.

As Isaac's reintegration was planned for, Gary was asked if he felt that the team

was on the same page. He replied, "Definitely. The data spoke to that. He hasn't had an

intervention for how long." He said that they were basing their decisions upon "his IEP

data or his intervention data."

The aforementioned perceptions suggest that data is used as a power source as

teams consider reintegration. Further evidence confirms that data is an influencing agent.

Jen described a scenario in which data was scrutinized to influence the IEP team

decision. She said,

We do collect data on his IEP goals and that's what I would use to supply data for what he's able to do or not able to do. But, I also feel like the data at Pinewood is going to be different than the data here. They have seven kids in one classroom and two adults. They're going to have an eagle eye on him all the time. Whereas, at the middle school, if it's bad, I'll mark it. If it's not, we don't care. So, I think the data can be skewed, based on which school he's at.

Further evidence of Information Data as a source of influence was shared by

Dawn. The scenario she referred to suggests an absence of data serving as Information

Power, which may influence the IEP planning process. Dawn's stated,

I don't believe that the Pinewood staff necessarily [have] good components in place for integration. When a school calls us and wants to send a kid our way, there should be criteria, a checklist and all of those things, and data that's gathered. Not just on the behavior intervention plan, but other components of that child.

Dawn also responded to an inquiry regarding the use of data to set criteria for

reintegration. She said,

I do think that the [setting reintegration criteria] component needs to be stronger. I think when kids walk in the door of the Pinewood building and the [reintegration criteria] conversation is had, the initial conversation with the district should include . . . "if this child does transition to [Pinewood] . . . [based upon what data will] this child transition back." I think those two things have to go hand in hand. I don't see that happening as much as I think it should.

Clearly, data influences the IEP process, as well as the decisions made by all IEP

team members. Data Power was evident as a source of influence, as reported by research

participants in regard to IEP members, as IEP teams made decisions in regard to

placement and considered reintegration. While the research participants referred to the

use of data to influence the IEP process and decisions, another utilization of Legitimate

Power emerged.

Legitimate Advocacy Power by Parent: "She knew what it was going to take to reintegrate."

The IEP process requires active participation of students' parents. Accordingly, parents have equal voice in decision making. Therefore, the parent has a legitimate role on the team. Isaac's mother appeared to engage in Legitimate Equity Power and/or Legitimate Responsibility Power. These two types of position power were difficult to differentiate when analyzing the available data. Legitimate Equity Power is described as a need to compensate when someone has worked hard, has suffered, or been harmed in

some way. Legitimate Power of Responsibility pertains to the sense of obligation to those who cannot help themselves are those who are dependent on others. Given that the content and topic of this research pertain to a student(s) with significant disability, it appears as though a belief that a student has suffered/been harmed in some manner, which has resulted in a dependency on others, has resulted in these individuals feeling obligated to provide support. Therefore, for the purpose of this research project, Legitimate Power of Equity and Legitimate Power of Responsibility were subsumed into one category referred to as Legitimate Power of Advocacy. Legitimate Power of Advocacy is ascribed to the parent in this study.

Dawn reported that Isaac's mother "is a special educator herself with a pretty difficult population in [a nearby school district]. She feels like she has a pretty good handle on things and what she wants, a pretty clear vision of what she wants for her child." Gary shared, "Mom was also educated and worked at an alternative school in [a nearby community]" and, in this respect, she was "atypical." When asked about Mom's role as the parent on the team, Dawn described Isaac's parent as "persistent." Gary said, "She knows the process." He also stated, "I think the fact that she knew the process made it easier."

Jen, Isaac's special education teacher at Wassa, described a situation in which Isaac's mother exerted Advocacy Power in a meeting that Jen was not invited to attend. Jen said, "I felt like she went behind my back because I didn't even know about a meeting that she was having with [Wassa principal], telling him that she didn't want this and it wasn't good for Isaac." Jen's interpretation of this event suggests that mom used Legitimate Power of Advocacy, as the parent on the IEP team, to influence decisions. Jen reported on this incident as follows,

She said that Isaac didn't want [more integration time in math]. It was nothing that was going wrong. It was because Isaac didn't want it, it was too much work. So then, it was a little more frustrating because I'm like, "You're not pushing your kid."...It's kind of like I feel that you're pulling us backwards. We need to be pushing him and we're saying, "Oh, you don't like it, it's okay, let's go back to what you're used to." That was a little frustrating for me just because I felt like she didn't even talk to me about it and give me an opportunity to say, "No, this is what's right for Isaac." He was doing great. He was doing really well.

The reported perceptions of research participants suggest that Isaac's mom was using

advocacy to influence reintegration decisions outside of the typical IEP process,

potentially changing the attitudes and beliefs of other IEP team members in order to

influence decisions.

John was asked about mom's role on the IEP team and if she was viewed as

"helpful" to the process. He said, "I'm sure [the IEP team] did. I didn't get any negative

reaction to it or hear any negative talk about it. From our perspective, a parent that

advocates for their child is great, and we very rarely get that." As the IEP team planned

for Isaac's reintegration, Dawn recalled Mom's advocacy in support of Isaac

reintegrating. Dawn reported,

[Isaac's mom] was really sure that by not integrating him as much as she wanted, that we were keeping him from reaching his whole potential. [Isaac's mom] really believed that there's a lot there that isn't being accessed in terms of his intelligence and he's much more capable behavior-wise.

When asked if Isaac's mom appeared frustrated with the length of the process and

the back-and-forth between the two settings, Jen replied,

I don't think so. I think she knew Isaac well enough that she knew it was going to take several attempts. The first time wasn't going to be perfect so we probably

would have to pull back. She was very realistic about what Isaac's behavior was and what he was like and what it would take to get him reintegrated.

Jen further validated advocacy by Isaac's mother, recalling,

I think she wanted him to be successful wherever he was at. If it wasn't working [at Pinewood], then she agreed that we pull back and take a look at what was going over there and how we could deal with it and try to give him some strategies and send him back [to Wassa].

Aforementioned perspectives suggest that Isaac's mom was advocating for

reintegration. However, Dawn recalled times throughout the reintegration process when Isaac's mom appeared to be advocating on behalf of Isaac, whereby she supported reintegration to Wassa, but was also advocating for Isaac not have too much time in the general education setting. Dawn shared her recollection of Isaac's mom at one transition point in the reintegration process, "Initially, when he was integrated back here, [the mom] said things like, 'No PE. Absolutely no PE in this building.' " Dawn further explained her perceptions of mom's advocacy. She added,

After she pushed to have him [at Wassa] . . . it appeared that things weren't going as well, then she . . . didn't really want that [poor behavior] to be seen here because of the social stigma. So if he needed [to be back at Pinewood], then she was . . . [advocating for more time back at Pinewood]. We were really focused on what mom wanted.

Additional examples of Isaac's mom using advocacy as a strategy to influence decisions were provided by the research participants. Specifically, when asked about how it was decided to have IEP meetings or not, Jen said, "By asking mom. She had the say of 'do we need a meeting or not.'" Dawn similarly stated, "Mom . . . was very, very . . . I don't know what her push was, but all of a sudden she had decided that he didn't need to

be in school [at Pinewood] anymore." This advocacy by mom influenced the team to consider greater integration to Wassa.

Parental use of Legitimate Advocacy Power was reported by all research participants. Although Legitimate Advocacy Power was perceived differently by the research participants, Isaac's mom undoubtedly assumed the role of advocacy as a power source, which influenced the IEP members' decisions throughout the IEP process. Teacher expertise emerged as another potential source of influence on the IEP planning process.

## Expert Power by Teachers: "These things tend to get overlooked."

Expert power stems from the perception that the power holder has special knowledge or expertise in a given area (French & Raven, 1959). Raven (2001) indicated that Expert Power is utilized when there is a perception that one person has superior knowledge as compared to the other. In this analysis, expert power was attributed to teachers. Data analyses yielded findings indicating that teachers are perceived as experts with knowledge and special skills in this area of special education. Moreover, evidence obtained as a part of the present study suggests that teachers understand characteristics of students with ED and the broad range of behaviors displayed. Due to their expertise, teachers acknowledged the importance of providing students with ED both academic and behavioral support, while also working on the relationships with the student. They also highlighted the need for effective communication and collaboration amongst all involved in providing support to the student.

Importance of knowing this student population: "It's all about understanding the kids." As with any disability, characteristics of ED are broad and are often considered to exist on a continuum. Students with ED, in general, display behaviors ranging from minor issues to extremely significant behavioral disturbances. In order to provide services to students in this disability category, teachers need to understand and possess the skills required to meet the complex needs of students.

Research participants were asked to describe the behaviors of students with ED that have been served in an AES and who may be considered for reintegration. Over the course of numerous conversations, teachers described the behaviors of students with ED typically served in an AES. Behaviors they referred to ranged from minor to severe. Collectively, teachers shared that students who receive services in an AES displayed behaviors that could be described as poor attendance, inappropriate language/swearing, refusal to do homework, not receiving credit toward graduation, property destruction (e.g., throwing chairs and other items, flipping partitions), spitting on others, and physical aggression (e.g., physical harm to themselves and others). John added, "It is really hard, because every [student] is different."

Both teachers also described their professional experience. When John was asked to summarize his professional background, he stated,

I am certified for learning disabilities, behavior disorders, mental disabilities and also certified in elementary ed[ucation] K-6. I taught special ed[ucation] at [a nearby public school] for 28 years. I have been working [at an AES] for nine years. Previously for six years at [a different AES] and these last three years at Pinewood.

Jen also summarized her professional background, specifically noting her "LD/BD" certification. She added,

I graduated in 2010. I had three job offers within a month of graduating and took a job at Pinewood . . . I decided to take Pinewood because it was close to home and my passion is with behavior kids. I like to understand what makes them tick and why they do the things they do and really get to the bottom of their behaviors. I worked there for two and a half years. [Then], I applied for this position here. This is my third year here at Wassa.

In addition to licensure and positions, Jen was asked about the varying behaviors of students with whom she has worked during a reintegration process. She responded, "[Having experience with a] 4th grader wiping feces on the wall and that kind of stuff, to coming here and the biggest thing you have to worry about is lying."

When the teachers were asked to describe the kids they have served, John shared, "Seventy-five percent of the time is no different than any other kid. It's that other 25% of the time that you know that there is something that is going to happen and you just don't know how or what or when." Jen reflected, "They're good kids. They don't want to be bad. I truly believe that no kid wants to be bad." Services provided at an AES for students with ED would be considered highly restrictive. In order for an IEP team to recommend a placement at an AES, it should be established that behaviors are frequent, intense, and occur across multiple settings. Jen referred to these requirements, stating, "I know not doing your homework is not enough to send a kid to Pinewood. I understand that. But it is a combination of refusing to do what you're asked to do, following instructions, and being on task in the classroom."

Both Jen and John were asked to describe Isaac's behavior they observed as they worked with him during his reintegration. Specifically, Isaac's behavior was described by John as, "Isaac always has been . . . he gets upset; you will get the verbal, but very rarely will he exert the energy to get physical. He's just not that type of a kid; it's too much work for him." He added that Isaac will "make inappropriate comments both in verbal and in written forms." Jen commented of Isaac's behavior, stating the he would be, "running his mouth and be disrespectful and rude and just out of control. He throws things."

John also shared a divergent, but important, perspective:

[Isaac] is a bright kid. [Isaac] needs the challenges of a [general education] curriculum or [general education] environment. This is a child I see going on to college, having the skills to be a productive member of society. He needs to know how to function around other people. He does here, but our resources are limited. The amount of people we can have that are so-called normal that he can function with is really limited."

John was asked to expand upon his understanding of serving the academic needs of students with ED. He continued, sharing, "That's first and foremost . . . we'll also look at academically what does the student need. I work very hard to individualize." Responding to similar question, Jen said, "It depends on the kid. It depends on how much time they need." A review of the literature suggests that behavioral supports alone may not be adequate in serving students with ED. Interviews with both special education teachers revealed that teacher expertise in understanding the diverse needs of student with ED was essential in this context.

It is evident that both special education teachers possess the requisite experience, education, and understanding of the characteristics and range of behaviors of students reintegrating from an AES to their home school. This knowledge and skills give them special expertise. In addition to possessing expert knowledge, evidence suggests that teachers not only demonstrate this knowledge and expertise, but are also able to apply this knowledge in order to address academic needs and behaviors of ED students. In addition to merely understanding the importance of academics for students with ED, evidence suggests that teachers also placed high importance on the quality of relationships as students are reintegrating.

Importance of relationships: "The relationship is a key to this." Given the diverse needs of ED student population, teachers as experts reach far beyond content knowledge and expertise into their ability to build relationships, as well as to communicate and collaborate, in order to ensure positive outcomes for students.

As Isaac's team planned for reintegration, his teachers appeared to understand the need to consider adult/peer relational factors. The team discussed and planned for selected teachers to be involved in working with Isaac. Jen shared that the planning included, "[Discussing] who we think Isaac will fit best with. I say, 'Okay, this kid's personality will fit best with this person.' " Gary observed, "We were trying to determine what's a good group of teachers to put him with? What ones are supportive and who hasn't been involved in past situations? Giving him a new start." At one point in the reintegration process, Isaac's team determined that he needed more time back at Pinewood. Dawn gave her rationale for this decision. She said, "[Isaac] didn't have trust built with the teachers here." Professional relationships appear to have been a factor affecting reintegration decisions made by the IEP team.

In addition to adult relationships, Isaac's team of teachers considered peer relationships as well. As experts supporting Isaac, John indicated, "We'll look at peer relationships. How do they function with their peers?" His team of teachers planned accordingly, knowing that the transition may not go smoothly. John shared, "Isaac was very comfortable here. He had been in a special school for quite a long time. Sometimes, I think, with Isaac, when he was put in new situations, he didn't know how to act." Jen also shared her perspective: "[Kids] get comfortable. Everyone else has bigger issues than them. They don't want to come back [to Wassa] because here they're seen as the black sheep because they have behaviors and nobody else does."

Further sharing her expertise in understanding the importance of relationships, Jen stated,

[Isaac] wrote me a page and a half of why he didn't want to be here. He was just the low man on the totem pole. Where over there he was one of the good kids. He doesn't have friends here that are true friends. Where over there nobody judged [his] behavior and [the kids there] were still [his] friends even after [he] did something stupid. It's not the same here.

Data analyzed as a part of this investigation suggests that special education teachers working with Isaac understood the need to provide supports for adult/peer relationships that would enhance reintegration. John made some recommendations for Isaac's successful reintegration, "Dealing with the same people, building relationship. I really think the relationship is a key to a lot of this." Teacher expertise was demonstrated by identifying relationships as an important component in planning for reintegration. The importance of communication and collaboration emerged as a complimentary component to relationships. Importance of communication and collaboration: "As teachers, we communicate a

lot." In order for an IEP team to function as prescribed in the legal requirements,

communication and collaboration are necessary. High levels of communication and

collaboration, although inherent in the IEP process, require teacher expertise to

implement in practice. Communication and collaboration emerged as a necessity in the

reintegration process. John shared a specific experience where communication between

teachers led to successful reintegration. He said,

The [student] I sent back to [district] I didn't think would be successful, but he has a teacher that's been very, very workable with us, very agreeable to what we suggested. We email quite often. She'd say, "is this the typical behavior that you saw before and how did you handle it?" I'll say, "This is how we handled it. Can you do the same?"

Evidence suggests that teacher expertise in the area of communication supported

Isaac's reintegration process. John stated,

I had ongoing communication. If there were schedule changes, which seemed to happen quite frequently, that was another thing that upset Isaac. Sometimes they would give us very little notice. I finally got to the point where I said, "Okay, if you're going to do a schedule change, email me at least a day ahead of time and let me know so I can prepare Isaac for that."

John highlighted the importance of communication consistency for Isaac's transition. He

noted, "[For Isaac], I think communication was the biggest thing that we had that kept it

working." Communication appeared highly important, irrespective of the IEP process.

In addition to communication, evidence suggests that Teachers as Experts

collaborate to ensure successful transitions of students. Teacher-to-teacher collaboration

was referred to by Jen, who reported,

I have one that has a special ed[ucation] background, so it helps because she understands. I don't think any of the other teachers that I work with right now have a special ed[ucation] background. There is a 6th grade teacher that is very good, but she also has a special ed[ucation] background. Understanding the IEPs and understanding the kids themselves and what they're doing and finding a cause for it, why are they doing it. Not just saying they're being naughty because they want to be, because that's not true. They understand that.

However, Jen also shared evidence of collaboration with her general education

colleagues. She said,

I want them to have a voice. I want them to tell me how they really feel because if they don't, it's a "forever hold your peace" kind of thing. What I actually see most of the time, because I'll go to the gen[eral] ed[ucation] teachers and say, "Hey, I'm thinking about doing this with this kid." A lot of times they'll say yes or no. Then I'll say, "Why?" Even if it's "Yes, let's do that" I'll say, "Why do you feel that way? What's good about this?"

Jen's reflection demonstrates her perception of teacher collaboration as a

necessary component of successful student reintegration.

Relational expertise includes understanding teacher/student and student/student relationships, as well as building teacher/teacher relationships in order to collaborate and communicate. Relational expertise was demonstrated by the teachers that took part in this study. They noted that communication and collaboration were important components of reintegration process. Overall, evidence suggests that teachers as experts possess special skills and knowledge, build relationships, as well as communicate and collaborate.

Ironically, document analysis revealed that special education teachers were not given the opportunity to participate in the development of the FBA and had limited input in the BIP. When IEP meetings were held, typically only one of the two special education teachers supporting Isaac participated. Evidence pertaining to IEP team participation, LRE considerations, and Legitimate Power suggests negligible influence of special education teachers on the IEP planning process. Interview data analysis further suggests that special education teachers possess the requisite skills and knowledge, which could lead to the potential utilization of Expert Power by Teachers. However, results obtained in this research indicate that, while teachers possess expertise, they lack influence.

In summary, the data analyses reported in this chapter revealed the utilization of several power bases. Evidence suggested that all IEP team members felt that power was primarily exerted by the administrators, who relied on the Legitimate Position Power. This seems inherently logical, as administrators hold positions of authority and responsibility in many other aspects of their position. However, Information Power was identified as a source of influence as well. While Information Power was not related to any member of the IEP team, data itself was highly influential in the IEP process. Therefore, Information Power was ascribed to data used in decision making, rather than to those in possession of information. Legitimate Power of Advocacy was utilized by the parent. While the parent has "equal" input within the IEP team, the parent is also afforded "parental rights" and "procedural due process," leading to the potential utilization of this power base. Finally, Teachers as Experts suggested that teachers tend to focus on the identification of necessary supports in order to influence the IEP process. Areas of importance identified by teachers using their expertise as a source of influence included academics, relationships, and communication and collaboration.

330

#### CHAPTER 5

## DISCUSSION

Providing special education services to students with ED can be frustrating and overwhelming for schools. Students receiving special education services for ED have among the worst short- and long-term outcomes, including poor academic achievement, high suspension and drop-out rates, and increased risk of arrest in comparison to those with other high-incidence disabilities (Bradley et al., 2008).

Practitioners, on a daily basis, face the challenges of providing a quality education for students who display great variability in behaviors. Children with IEPs for behavioral problems are unique individuals with differing behavioral goals and expected outcomes. The literature confirms that the academic and social outcomes for students with ED are dismal. The literature also suggests that in order to redirect education towards a positive outcome, programs must be effective and individualized (Hoge, 2013). Despite considerable ongoing debate regarding individualized and effective programs for students with ED, research suggests that the application of empirically validated practices as potentially changing the outcomes to be more favorable for students with ED (Landrum et al., 2003).

Opposing opinions exist concerning where students with ED should receive their education. Studies suggest that a variety of factors relate to restrictiveness in placement (Becker et al., 2014; Hoge, 2013; Wilson et al., 2013). In fact, the results of one landmark study suggests that students in AES placements have limited options for reintegration. Additionally, this study suggests that more factors are considered for placement in a restrictive setting than for reintegration (Hoge et al., 2012). Given the results of the aforementioned studies, combined with the complexities involved in the IEP planning process for students with ED, it is not surprising that school teams struggle with their obligation to plan for and provide FAPE in the LRE.

The purpose of this study was to investigate IEP team members' perceptions as to the factors on which decisions were made for reintegration of students with ED from an alternative setting into their home district. Specifically, this research centered on legal requirements, empirical research, and enactment of the IEP process as a student reintegrates.

Interview data were collected from four members of an IEP team: an administrator and special education teacher from the AES and from the local school. A document analysis was conducted; all IEP documentation was reviewed over the period of reintegration for an identified student. Two of those IEPs were reviewed specifically for compliance and quality. The data gathered from those interviews and document analyses were analyzed to answer the research questions: (1) How do IEP team members describe the IEP process for students with ED?, (2) On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?, and (3) What beliefs, attitudes, and perceptions influence the IEP planning process?

As a result of the interviews and analysis, nine themes emerged. Regarding the IEP process for students with ED, the research suggests that (1) although team members appeared to understand procedural compliance, participation in IEP meetings did not always occur as required, (2) IEPs were not being developed according to key legal

requirements, and (3) a collaborative team approach to IEP development was not prominent in decision making as the IEP team considered reintegration.

A perceived factor on which IEP teams based placement decisions as they considered reintegration may be (4) a result of the legal mandate for placement in the LRE. This may be affected by philosophical underpinnings related to required supports and services for LRE placement, a lack of resources supporting a continuum of services, and logistical barriers. Additionally, (5) resistance to reintegration may occur because of general philosophy and prior experiences with ED students, the magnitude of the change in student behavior before reintegration is considered, and tolerances of those behaviors in classrooms.

The investigation of beliefs, attitudes, and perceptions and how they may have influenced the IEP planning process emerged as (6) Legitimate Position Power by administrators was the predominant and overarching source of power and influence throughout the process and (7) Data Power was influential in the IEP process. Additionally, (8) the parent as a member of this IEP team assumed a strong role of advocacy, on behalf of her child, as a source of influence throughout the IEP process. Finally, (9) Expertise by Teachers was demonstrated, but stifled. Teacher expertise emerged in the areas of understanding the range in behaviors, providing academic supports for students with ED, focusing on the importance of relationships, and communicating and collaborating to support the student through reintegration. Although teachers demonstrated strong skills and vast knowledge, along with clear evidence of working with and on behalf of the student, there was little evidence that their expertise was influential in the IEP process. The sentences above about teacher expertise seem more like the findings, rather than just the theme. That's what I mean about whether these paragraphs are longer than they should be. Following examination of these themes, three conclusions are offered with recommendations to improve the planning process for reintegration.

#### The IEP Process for Students with ED

The first conclusion from this study is that participants had a foundational understanding of the basic tenets of the IEP process. Participants reported that they understood the IEP as both a process and a document, the specific requirements of IEP team membership, key components, and the decision-making process that is prescribed. Furthermore, participant reports gave a strong indication they understood basic IEP components and requirements. They described the requirements and the connectedness to FAPE and LRE obligations. Nevertheless, this study revealed that although participants acknowledge the requirements, a different reality exists. This reality involved lack of IEP team participation, difficulties in the development of the IEP document, and fragmented decision making.

## **IEP Team Participation**

According to the I-STAR compliance document, the IEP was compliant in the area of team participation. A general education teacher, special education teacher, LEA representative, and parent were identified on the IEP document. An AEA Team Representative was identified on numerous documents as well. Further investigation, however, led to more reflective descriptions of IEP team participation. Although compliance was achieved for general education teachers on the team, participants reported it being very difficult to gain their participation. In particular, both special education teacher participants reported the requirement and importance for general education teacher involvement. Participants reported rationale for lack of participation by general education teachers ranged from scheduling conflicts to teachers simply not showing up. The role of general education teachers is critical; it is their responsibility to understand the general education curriculum, but more importantly, the accommodations and modifications to support the student in the general education setting. Specifically for students with ED, this includes positive behavioral supports. In the absence of general education teacher participation in planning and developing an IEP, a successful placement in the LRE is unlikely.

Special education teachers reported participation and involvement in general. One special education teacher was recorded as being present at each IEP meeting, making it compliant. (The legal requirement is for a special education teacher to attend each meeting. Both are not required at each meeting.) While not legally required, participation and input by both special education teachers as reintegration decisions are being made may lead to a more coordinated IEP. Both special education teachers reported incidences when they were not included in key decisions. The special education teacher is responsible for the provision of specially designed instruction and typically coordinates the completion of the actual document. Hendrickson et al., (1998) studied IEP team participation. Results indicated a high rate of participation by the special education teachers from the regular and AES settings. These results align with the findings of this

335

study. Results of this study indicate that special education teachers readily participate and, as will be discussed, prefer to be more involved.

A representative of the education agency is also a required IEP team participant. In Iowa, this role is identified as the Local Education Agency (LEA) Representative, as to differentiate from the Area Education Agency Representative. This role is often filled by the building principal. It is not uncommon, however, to have a district's special education director fill this role. Participants shared that, although this is a requirement, their experiences have been that there is not always an LEA Representative present during the IEP meetings. In this study, a document analysis, confirmed by participant interviews, suggested that the Wassa Building Principal and the Director of Special Education filled this role. Both were present at meetings. At all times, either the principal or special education director from Wassa was present for IEP meetings, thus meeting the I-STAR compliance criteria; sometimes both were present. However, the Pinewood Principal was not always present for meetings. Although this does not appear as a requirement on the I-STAR document, procedures indicate in the case of a student attending outside his regular school, both principals should be members of the IEP team. In this research, there was not consistent participation by all administrators throughout the reintegration process. Although this did not impact compliance, inconsistent participation by all administrators may have impacted decision making, in that parallel programs were created for the student.

The role of the AEA Team Representative was discussed by all participants. In order to comply with legal requirement for IEP team membership, an individual who can

336

interpret evaluation results is a required member. In Iowa, this role is often filled by a School Psychologist, School Social Worker, or Special Education Consultant (referred to as the Team Representative in AEA 267 and other Iowa AEA's use a more general title) at the time of a reevaluation IEP, and may be filled by other IEP team members meeting this criteria. Beyond the legal requirement of participation for the purpose of interpreting evaluation results, the AEA Team Representative as an IEP team member is not defined in rules and procedures, except that personnel must be involved in eligibility determination (Area Education Agency Special Education Procedures, 2016). However, because of expertise in evaluation and instructional recommendations, the participation of the AEA Team Representative is often warranted beyond the requirements.

AEA 267 Team Representatives serve schools and IEP teams in a variety of ways, often in a consultative manner when teams are making significant programming decisions. The mere fact that many AEAs across the state refer to this role with a variety of job titles may be one small indication that the role is not well-defined. Regardless of their title, participants in this study indicated a desire for increased participation of the AEA Team Representative. However, across all participants, it was apparent that the role of the Team Representative was unclear. Each participant described that role differently. All participants expressed a need for more clarity of the role and increased participation. Alarmingly, participants also reported great variability in the AEA Team Representative's involvement and described this as being dependent upon "who" served in this role.

Parent participation in the IEP process is not only required but also critical. The literature review suggests that parental participation in IEP meetings can be difficult to attain, especially by parents of students with ED (Wynne et al., 2013). Additionally, although active participation is difficult to achieve, it is necessary for successful outcomes (Westwood, 2007; Wynne et al., 2013). Participant reports align with the results of the literature review. They reported, in general, a lack of participation by the parents, but described parental participation as beneficial when it occurs

However, in this case study, participants described atypical parental participation; the mother, in fact, was actively engaged and involved and was perceived as a strong advocate for her child. In this study, parental participation was higher than the literature suggests is typical (Hoge, 2013). Broomhead (2013) suggests that parents may at times even perceive their child as "unwanted" by the school systems. This perception may lead to less participation by many parents. Therefore, it is not surprising that school staff, in this study described parents as typically not engaged at high levels.

During the research process, an additional scenario emerged. In regard to IEP team membership, the document analysis revealed compliance according to I-STAR. However, the I-STAR review did not examine the requirement for meaningful participation by all IEP team members if an amendment to the IEP occurred without a meeting. The document analysis identified the enactment of this procedure on several occasions. The document analysis did not give clarity to who was involved in the amendment process. Interview data suggested that there were occasions in which members of the team did not participate in the IEP process at the required level, whether

or not a meeting was held. This is problematic for obvious reasons. Lack of input on decisions and understanding by all IEP team members is not supportive of a unified plan for service delivery.

Research participants appeared to understand the legal requirements for IEP team membership. However, actual IEP meeting participation did not appear to follow. Results of this research suggest attendance and participation in the IEP process was dependent on numerous factors. Participation by the general education teacher and special education teacher appeared to depend on scheduling and availability. LEA representation at IEP meetings was inconsistent without an apparent rationale. Parent participation in general was difficult to attain, (although in this case the parent was actively engaged). Finally, the role of the AEA Team Representative appeared to be person dependent, possibly due to lack of clarity in the rules and procedures.

The option of the possibility to amend the IEP without a meeting appeared to decrease the likelihood of full-team participation. IEP team membership and participation were inconsistent. Results of the literature review comparatively suggest attendance at IEP meetings to be similar to the literature this research, excepting the participation of parents (Hendrickson et al., 1998), but here a comparison is difficult because there is a marked difference between attendance and participation. Again, the required members of team were documented as attending on the IEP form. However, the level of participation is altogether different.

## IEP Development

The phases of development of the IEP further suggest a disconnectedness between the legal requirements, the literature, and the reality of the process. As participants described the process of developing the IEP for students with ED, it became apparent that the process is perceived as cumbersome and difficult, regardless of the requirements. Although there are many components of the IEP, this research focused on the two that appeared in the literature as most critical in the reintegration process for a student with ED.

The development of the PLAAFP is foundational in the IEP process. The team is required to consider a variety of factors on which to base the remainder of the IEP. For the purpose of this study, it was imperative to explore the PLAAFP development as related to the behavioral concerns. The student identified for this study displayed behaviors significant enough to warrant placement in an AES. Therefore, behavioral services were identified as a priority in the PLAAFP, suggesting the need for an FBA and BIP. In a rudimentary manner, research participants were able to describe the purpose for an FBA. However, they also indicated that, at times, the need for an FBA is based upon "pressure" from teachers and administrators, as opposed to a systematic approach or rationale for determining "when" to begin an FBA.

Although there is not a mandate to incorporate FBAs and BIPs, a policy memorandum from the OSEP, following the 1997 reauthorization of the IDEA, strongly encouraged IEP teams to proactively take immediate steps to address concerning behaviors at the time they first occur (Zirkel, 2011). In this study, the FBA had not been updated for five years. Given the level of services the student was receiving, it is alarming that the IEP team had not re-engaged in this assessment process. Research participants described their practice as being "to review the current FBA and redoing it if it is no longer accurate." However, the document analysis concluded egregious inadequacies, suggesting that the reality of practice is not aligned with participant reports or best practice. Furthermore, participants appear to perceive the FBA process to be reactive and completed only when required, as opposed to being proactive. This was evident given that the document analysis indicated the PLAAFP had identified behavior as a significant concern requiring intense intervention, including and FBA and BIP. Equally concerning, there were no current members of the IEP team who had participated in the original FBA. Nor did members of the IEP team, other than the AEA Team Representative, appear to actively engage in the FBA process in general.

Similarly, IEP teams are required to "consider, when appropriate, positive behavioral interventions, strategies, and supports to address that behavior" when the student's behavior impedes his or her learning or the learning of others (20 U.S.C. § 1414(d)(3)(B)(i); Etscheidt, 2006; IDEA, 1997; Yell & Katsiyannis, 2000). Clearly, the behavior of the student in this study was an impediment to his learning. And yet, the development of the BIP was described as being given a low level of importance as the planning process ensued. Although the BIP in this study had been updated to align with the timelines of the current IEP, its contents were incongruent with the FBA and contents of the IEP. Additionally, participant reports suggested a lack of implementation fidelity. Although the purpose of this research was not to assess implementation, a key source of data on which IEP teams should be making LRE and placement decisions is whether or not the identified supports and interventions had been implemented. In the case studied, it appears as though the BIP implementation, as a consideration in the IEP process, could not be confirmed. As with the FBA, limited team involvement appeared to have occurred in the development of the BIP. Updates to the BIP did not occur as would be anticipated, given the challenges identified and changes in services as the student reintegrated.

Empirically based research has substantiated FBA as a legitimate approach to challenging behaviors across grade level, setting, disability type, and severity of disability (Goh & Bambara, 2010; Kern et al., 2009; Majeika et al., 2012; Starmont et al., 2011). Because the foundation of FBA emphasizes skill building and environmental manipulation, FBA is highly appropriate in the school setting (McIntosh et al., 2008). The purpose of conducting any FBA is to inform intervention (Hansen et al., 2014). Furthermore, as a review of the literature suggests, an effective BIP must: (a) be developed if behaviors are interfering with student learning; (b) be based on assessment data; (c) be individualized in order to meet the unique needs of the student; (d) include positive behavioral strategies and supports; and (e) be implemented as planned and monitored (Etscheidt, 2006).

The FBA and BIP are key in the development of the PLAAFP. As described by research participants in this study, these key components were not utilized to maximize the effectiveness of the special education services for students with significant behavioral needs in order to support reintegration. In reality, the law requires the IEP team to consider the need for an FBA and BIP, the IEP clearly documented behavior as a need,

and the literature supports the use of behavioral supports. And yet, this research concludes the IEP process being described as having far less emphasis than the literature and the law suggest.

As a result of the development of the PLAAFP, IEP teams are charged with the task of developing IEP goals based upon identified priorities. Each goal must project towards a student's potential progress over one school year (Bartlett et al., 2007). The student in this study had a behavioral goal and an academic goal, both warranted according to participants. Interestingly, as the reintegration process progressed, another behavior goal was added. The new goal was based upon a different skill and a different monitoring procedure. It was to be monitored only at Wassa. The original goal was to be monitored only at Pinewood. No change in instruction was identified in the IEP. The rationale shared by participants was varied and vague. The results suggest that goal development is not addressed in a structured or systematic manner. Participant responses indicated that the change in goals was "easier to monitor," "due to a different setting," and "focused on different skills." The notion of parallel programs begins to emerge here. This will be discussed in the decision making section.

The document analysis indicated that the I-STAR review resulted in the goals being determined compliant and containing required components. Although the goals contained baseline data and included a numeric outcome target, the Quality Review Rubric indicated that the IEP lacked a connectivity to the measurement(s) on which they were based, and therefore did not align with data reported throughout the entire IEP. The purpose of the FBA is to inform the BIP and goals. In this study the IEP components

343

were not well enough aligned to conclude that assessment data were informing other sections in the IEP. Inconsistent team participation and inadequate development of an FBA may have contributed to these issues. Furthermore, the IEP team decision-making process, which will be discussed in the next section, may have further exacerbated this problem. Research results conclude that IEP goal development was described as laissezfaire. This approach does not align with the guiding principles for goal development, therefore cumulatively creating a potential barrier to student progress. Because the 2004 reauthorization of the IDEA focused on greater accountability for student outcomes, lack of student progress may result in a denial of FAPE.

## **Decision Making**

In addition to the required IEP team membership and inclusion of required components in the IEP document, the role of the team in its entirety is implied. IDEIA requirements make known that the power to determine services needed and provided lies with the IEP team, and only the IEP team (Bateman & Linden, 2006). This implies that no entity outside of the IEP team has the right to make decisions. The principles guiding the IEP process include an overarching theme of collaborative decision making. Combined, these requirements imply that decisions on behalf of the student will be made by the entire team. The results of this study suggest a contrary reality.

Participants reported evidence of collaboration between individual members. It was also evident from interviews that at no point during the reintegration were the different settings or IEP team members "at odds" with one another. In fact, upon initial review of the data, a theme of collaboration emerged. (A theme of collaboration and communication will be discussed later.) However, upon closer examination, evidence suggested something quite different. Rather, a theme of a fragmented approach to IEP development surfaced as research participants described the IEP process for students with ED during reintegration.

Results of the analysis suggest two teams planning separately for one student. The Wassa team and Pinewood team, at times, appeared as two separate teams planning on behalf of the same student. This created a perception of the IEP being based upon the setting, as opposed to the student's needs, and resulted in parallel plans for the student. At other times, participants described IEP decisions being made in absence of the entire team having input. Rather, individual members or groups were making decisions. This may have occurred because of an inappropriately constituted IEP team, or as a result of an IEP amendment being held without a meeting and without input from all team members. Interestingly, another scenario was described. Participants reported numerous references to programming and services decisions that were implemented, and yet not documented, in the IEP. It was difficult to determine if the entire team had input or was even aware of these decisions. Individuals within the team appeared to be making decisions, but the absence of full team input on all decisions appears to have resulted in a fragmented IEP for Isaac.

The IEP was determined compliant, based upon I-STAR. The application of the Quality Review Rubric revealed that portions of the IEP document were lacking. Substantively, participants described a process lacking the needed cohesiveness to result in robust services required to serve students with ED as they reintegrate. A collaborative endeavor, with participation by all team members, appears to be essential to the development of an IEP reasonably calculated to confer educational benefit. In absence of a cohesive, well-developed IEP, questions may emerge as to the provision of FAPE.

## Factors Affecting Placement

The second conclusion from the study was that a student's behavior remains the overarching concern. Hoge (2013) suggests non-student based factors, such as resources and teacher qualities, to potentially affect placement decisions. The ability of the IEP team to make the best educational placement decisions when it comes to students with ED is still challenged by the lack of explicit guidelines from the IDEIA (Becker et al., 2011; Yell, 2012). As a result, IEP teams sometimes make decisions not according to what setting would be the least restrictive, but instead based on other unrelated factors (Becker et al., 2011). The results of the literature review are in alignment with the results of this study.

Similar to the literature, this study resulted in the identification of two primary factors appearing to affect placement decisions during reintegration. As teams tackle the tough challenge of meeting the mandate to provide special education services to students in the LRE, evidence suggests that philosophical differences about LRE concepts, available resources for a continuum of services, and logistical considerations contribute as well. Furthermore, there appeared to be a general resistance to reintegration related, again, to philosophical differences, past experiences working with students with ED, degree of behavior changes prior to a decision to reintegrate, and teachers' level of tolerance for behaviors.

### LRE Considerations

As with other foundational concepts in the IEP process, participants were able to share their general understanding of LRE. Participants reported knowing the requirement for FAPE to be provided in the LRE. However, unlike the development of the PLAAFP and goals, LRE considerations were clearly a factor in the placement decision as teams contemplated the necessary special education services and supports for a student as reintegration was considered.

While this decision point is important for all students, it is of particular importance for students with ED. The LRE consideration is critical because students with ED served in AES or self-contained classrooms have been reported as making no significant progress academically, behaviorally, and/or in the area of social achievement (Lane et al., 2005b). Further supporting the need for services in the LRE, one study suggested that students educated in self-contained classrooms had stronger academic skills than students in self-contained schools (Lane et al., 2005a). Past research supports a need for students with ED being served in the LRE. Evidence supporting this theme will be discussed.

In support of placement decisions needing to include LRE considerations, participants discussed their philosophical understanding of the concept and the ramifications of these decisions. Students with ED receiving services in a restrictive setting do not benefit from exposure to nondisabled peers where appropriate behavior is modeled for students with ED (Zionts et al., 2002). As the team in this study pondered LRE, participants reported a general philosophy that restrictive placement does not allow for high academics or modeling of behaviors. Participants reported that not enough emphasis was placed on skill development in more restrictive settings.

The results of this research confirm that considerations such as LRE may not be at the forefront of thinking by IEP team members. Data from this study suggest that although IEP team members understand that services may not be adequate in more restrictive placements, the philosophy of members, in regard to LRE, may be driving decisions, as opposed to the required considerations. As a result, limited emphasis is being placed on this important consideration. Results of the literature review suggest that increasing numbers of students with disabilities have been educated in general education settings with typically developing peers. However, this same trend is not evident when examining the placement of students with ED (Landrum et al. 2004). This study is suggesting that the philosophy of IEP team members regarding LRE may be a factor.

Even though the literature suggests better outcomes for students with ED when receiving services in the LRE, research participants reported a philosophical tone suggesting different expectations for students with behaviors. This philosophy is noted in the literature and supported in these conclusions. Students with ED continue to be stigmatized because of their disability (Kauffman & Badar, 2013). In this research, participant reports suggested the mere nature of "reintegration from Pinewood" was a consideration in placement decisions. At times, it appeared as though students served at an AES needed to "behave better" than their peers, in order to be considered for participation in the LRE. These data suggest a philosophy that students with significant behaviors have to earn their way to a LRE, as opposed to LRE being their right.

Participants also reported that students with ED are held to a different (and possibly higher) standard. Participants described a philosophy, perceived to be held by some IEP members, in which students need to have extinguished the exhibition of behaviors prior to placement in the LRE. According to the literature, this philosophy is not uncommon. Hoge, Liaupsin, Umbreit, and Ferro, (2012) reported it common for teams to have a less stringent criteria for deciding on a restrictive placement, and more stringent criteria when considering a less restrictive setting. This suggests a philosophy that may be affecting placement decisions when the team is considering LRE.

The document analysis in this study suggests that insufficient significance is placed on the LRE consideration. The special education supports and services identified in the IEP were generally vague and focused more on academics than behaviors. Document analysis identified limited evidence of the targeted and specific behavioral supports that would be expected for a student receiving this level of service. Furthermore, if the team was invested in the process of considering LRE, there may have been more significant change to the IEP document throughout the process.

Albeit concerning, this is not a surprise. Neither empirical research nor the IDEIA give clarity or guidance on the identification of accommodations that will effectively alleviate the impact of behavioral deficits on learning (Harrison et al., 2013). Students with ED are more likely to be provided accommodations and modifications to support their academic success (Wagner & Davis, 2006). These studies aligned with the results of this research. The IEP contained academic accommodations and modifications, along with vague behavioral supports. The concern is best summarized by Harrison et al.

(2013). This seemingly laissez-faire approach costs students in terms of long-term outcomes, costs teachers time and effort in providing services that have little evidence of effectiveness, and accumulates cost to districts in allocating resources to provide these services.

In order to support students in the LRE, schools have an obligation to provide a continuum of services—including accommodations and modifications. Although philosophies in regard to LRE are certainly affecting placement, research participants clearly articulated their perception that a lack of resources to support a continuum of services may well be a contributing factor in placement decision. This concept was also reinforced in the literature (Hoge, 2013). Gagnon and Leone believe the allocation of staff to promote reintegration may be largely ineffective, given the lack of policy and expectations guiding the process (Gagnon & Leone, 2005). However, a lack of resources is not an acceptable rationale for recommending a placement.

In this study, a perceived lack of continuum resulted in the IEP team feeling pressured into believing that placement options were limited. According to Gargiulo (2012), an IEP team's options for placement are not to be based on availability of services. Due to the perception of limited resources, resulting in a lack of available continuum, the participants in this study described scenarios in which teams were forced to make decisions based upon one option for placement, or the other. Their reality was reflected as a predetermined set of available options: General education or special education. AES or regular school. The student must fit the program. Rather than planning for placement with a wide array of options, teams appeared to believe that the lack of

resources affected their decisions. This conclusion was not surprising. Educators have long acknowledged the psychosocial needs of children consuming the resources of schools (Atkins et al., 2010). Whether or not this perception is a reality, evidence suggests that a lack of resources is affecting placement decisions by IEP teams as they consider reintegration.

There appear to be logistical barriers as well. Participants reported not being able to provide certain supports and services for a least restrictive environment placement. A study completed by Hoge (2013) suggested that two non-student based factors, resources and teacher qualities, affect placement decisions, Hoge concluded that when placement decisions are made, it is not always the needs of the students that are the primary factors. The results of the study, although not identical, are clearly congruent.

This study confirmed LRE to be a factor affecting placements specifically related to philosophical ideology. Additionally, resources to provide a continuum of services appeared to be significant. This study also revealed other logistical, non-student factors. Although data suggests that IEP team members understand the need for LRE considerations, actual placement decisions appear to be based on considerations directly related to LRE.

# **Reintegration Resistance**

The second primary factor affecting placement, as determined by this study, was a general resistance to reintegration. Examples from participants lead to the conclusion that attitudes, experiences, magnitude of change in behavior, and teacher tolerances are further considered as teams make placement decisions as students reintegrate.

The proponents of inclusion argue that all students tend to benefit from least restrictive placements for students with ED. Those supporting restrictive placements, however, suggest that students with special needs are best served by teachers specially trained to help them acquire the life skills required for success. Additionally, some educators believe that the inclusion of students with disabilities served in the LRE detracts from the learning opportunities for other students (Hulgin & Drake, 2011; Miles & Singal, 2010). This reference to the literature is key in supporting this conclusion. As reported by research participants, reintegration resistance was evident for similar reasons in this study.

Furthermore, it was clear from participants that administrator attitude about students and reintegration was a factor. Participants reported that when administration was supportive of reintegration, in general, reintegration was successful. According to Marshall et al. (2012), "The culture of an education program was perceived to greatly influence a student's transition experience" (p. 107). The results of this study align.

Additionally, when the culture of either or both of the schools caused a feeling of ambivalence in the student, the likelihood of a successful transition decreased (Walter & Petr, 2004). In this study, this concept was apparent when participants described an attitude of ownership of the student. Examples were given where ownership of the student resulted in successful transitions, and where ambivalence led to unsuccessful reintegration attempts. This attitude affected participants in a variety of ways as IEP teams made placement decisions. Throughout the study, there were reports by the AES participants discouraging reintegration for students even when students were ready to reintegrate. Clearly, an attitude for or against reintegration affects placement decisions.

In addition to general attitudes about reintegration, participants reported that past experiences of IEP team members in dealing with students—prior to and during reintegration—tended to cause resistance in placement decisions. Restrictiveness in educational placements is affected by adult-directed aggression, peer-directed aggression, disruptive behavior, emotional problems, and a documented lack of success in the least restrictive environment (Becker et al., 2014). Students with ED who participate in general education possibly impact the stress level of teachers (McLean & Dixon, 2010).

In this study, similar results emerged. When teachers' past experiences had not resulted in successful reintegration, this resulted in a resistive attitude about placement for other students. It was also perceived that, at times, teachers have a difficult time letting go and giving students a fresh start. Therefore, it appeared as though past experiences with reintegration caused a resistance to trying it again.

Similarly, results of the research suggest that it is common for IEP team members to question reintegration, and that this affects placement decisions. Participants described scenarios where issues of trust emerged. Interviewees reported that a key factor for Isaac's reintegration was his team's discussion about his readiness. Repeatedly, references were made to the AES setting being safe and supportive, suggesting that Isaac's success was attributed to this. IEP team members asked about the transition to a less structured environment—and whether Isaac was ready. Past research confirms that these types of conversations—and questions—may be common. Valore et al. (2006) stated, "After all, the alternative program has provided the student with a setting that is safe, caring and predictable. Why should the student want to exchange it for the anxiety and stress of reintegration?" (p. 51). This quotation could easily have come from a participant in this study.

The notion of a student being cured prior to a receptivity to reintegration is not new (Marshall et al., 2012). Questions in regard to whether the student had changed enough were apparent in this study as well. These issues appeared as resistance.

Many studies have shown that inclusion of students with special needs in the traditional classroom setting provides significant benefit for all involved students (Agaliotis & Kalyva, 2011). Regardless, this study suggested a resistance to reintegration for students with ED.

Finally, another factor that appeared to lead to resistance was teacher tolerance of behaviors in the classroom. One study concluded that off-task behavior was most problematic (Alter et al., 2013). However, teacher tolerances were wide-ranging and dependent on many variables. In this study, the purpose was not to seek clarity on specific behaviors or levels of intolerance. Rather, data suggest that teacher tolerances are being considered during decision making. Participants suggest that general resistance is due to past experiences with the student (as previously reported), too many students already in the classroom, and the frequency and intensity of the behaviors the student may still be displaying. All appear to be factors when reintegration decisions are being made.

#### Sources of Power and Influence

A review of the literature suggested PIM as a theoretical framework by which to understand the use of social power and influence throughout the IEP process. Differing attitudes, beliefs, and perceptions were analyzed in order to respond to the final research question.

An additional conclusion of the study resulted from this inquiry into the attitudes, perceptions, and beliefs influencing the IEP planning process as students reintegrated. Essentially, different IEP team members tended toward common strategies as sources to influence the IEP process. Administrators utilized Power of Position. The parent on the team was influential using Power of Advocacy. Data clearly influenced decisions and therefore functioned as a Power Source. Finally, special education teachers demonstrated expertise. However, due to the overwhelming use of Position Power by Administrators, Expert Power of Teachers was suppressed.

Legitimate Position Power by Administrator(s) emerged as a theme. The theme was easily identifiable and not surprising, given their position. Building administrators are charged with the task of providing instructional leadership and running their buildings effectively and efficiently. However, their role on the IEP team is to participate equally in decision making and is given equal weight to everyone else's.

In practice, this study revealed building administrators making decisions, even in the context of the IEP team and process, from the perspective of their position as administrators, as opposed to that of an equal team member. Furthermore, some decisions were made by the administrators outside of the IEP team process and were expected to be implemented. The Legitimate Position Power by Administrators was clear. Their use of Position Power was predominant throughout the reintegration process. This use of influence was used more than any other source, and its use suppressed other attempts at influence. This source of influence was the only source of influence utilized by administrators in this study.

These results may cause further questions. As a result of the 1997 and 2004 IDEIA legislation, administrators could no longer make unilateral decisions about the placement of a student with ED when the student's behavior was related specifically to the disability, except in cases of very serious behavior inducing physical harm, and possession of weapons or drugs. In this study, serious bodily injury was not a factor, therefore unilateral decision making by administration should not have been an issue. And yet, some evidence suggests that at a minimum, Position Power by Administration strongly influenced the team, even when the decision may not be considered unilateral.

The use of Data Power also emerged as a source of influence, although it was clearly not a primary source—despite the requirement for teams to make IEP decisions based upon data. The research is laden with results suggesting the need for the use of data in determining appropriate services and determining intervention, especially in the area of behavior (Fisher et al., 2007; Menzies & Lane, 2011; Simonsen & Sugai, 2013; Stormont et al., 2011). Instead of Data Power emerging as the dominant source utilized, participants reported data influencing decisions throughout the process and used by members of the IEP team at varying points in the process. Ultimately FAPE is determined by the IEP team, which is required to consider data related to required considerations when developing the IEP. Although Data Power was present, it was not prevalent, which may cause questions as to the appropriateness of the IEP given that other more dominant sources of influence appeared to affect the process.

There has been a growing recognition among educators at the primary and secondary levels that increased participation by parents in the IEP process is not only desirable but absolutely required in most cases in order to ensure successful outcomes (Westwood, 2007; Wynne et al., 2013). Results of this research indicated a strong, but atypical presence in the IEP process, by the mother in this study. Even though a parent is afforded an equal voice in the IEP process, this does not always occur. However, in this study, the parent not only exercised her right, she utilized Advocacy Power as a source of influence throughout the IEP process.

This source of influence emerged as a combined use of Legitimate Equity Power and Legitimate Responsibility Power. Fittingly, these were combined into Advocacy Power by Parent. The literature supports the role of parents as advocates and recognizes that parental use of advocacy may improve the understanding of the disability (Rinkel, 2011). In this study it did just that. The parent capitalized on her rights and responsibilities as well as understood common inequities often experienced by this population of students. Her use of Advocacy Power was apparent across all participants throughout the IEP process.

# Teachers as Experts without Influence

As a result of this study, one important unanticipated conclusion emerged. Rather than the identification of attitudes, perceptions, and beliefs influencing the IEP process, it appears that Expert Power of Teachers should have been utilized, and was not. As opposed to being influential, teachers appeared to be using their expertise to "make it work" after the decisions were made by others. Despite their knowledge and skills, and their responsibility to work with all service providers and the students, special education teachers are not afforded adequate opportunity to influence the IEP process. Rather, they appear to be told what to do, and then use their skills and expertise to carry out plans created by other people, often in the absence of adequate resources to support a continuum of services and facing philosophical, as well as logistical, barriers.

In this study, participants reported a high level of teacher expertise by teachers as the team delved into the reintegration process. This expertise was described as a strong knowledge of the characteristics of students with ED and the importance of meeting student needs, both behaviorally and academically. This knowledge is supported in the literature as a fundamental for quality services to students with ED. When teachers implement instructional strategies, students' academic achievements improve. Overall, social and behavioral skills competency increases under these conditions (Conroy et al., 2009; Flower et al., 2011; Simpson et al., 2011). Additionally, special education teacher participants reported multiple certification areas in general education and in special education, and experiences across multiple settings. The importance of teacher certification and qualifications, as well as a strong skill base, is cited in the literature as a key factor in supporting students with ED (Wagner & Davis, 2006). Teachers in this study meet this criteria.

Results of this study serve as strong evidence of the expertise teachers possess. Additionally, Prather-Jones (2011) concluded that beyond demographics, certification, and training, teachers of ED need a strong commitment to this population of students. A strong commitment may be demonstrated by teachers understanding the necessity of relationships for students with ED. In this study, participants reported an effort on the part of teachers to acknowledge the need for the student to build and maintain healthy peer relationships. Additionally, participants reported teachers planning for successful adult relationships for their students. One of the criteria for the identification of a student with ED is an inability to build or maintain relationships with peers and teachers (34 C.F.R. § 300.8(c)(4)(i)). One primary consideration when programming for students with ED is to address unsatisfactory relationships (Landrum et al., 2003). Therefore, teachers focusing on the relational aspects of the student's program during reintegration is further indicative of expertise.

Knowing the student and being able to plan for and provide services based on teacher expertise were evident in this study. One final area of teacher expertise surfaced. Although evidence throughout the study about communication and collaboration throughout the IEP process was not always present, clearly teachers had communicated and collaborated outside of the IEP meeting to support reintegration. A review of the literature suggests that for successful reintegration, communication and follow-up between the sending and receiving programs are critical (Avery-Sterud, 2011; Gagnon & Leone, 2005). Collaboration and communication with parents are critical as well (Flower et al., 2011; Simpson et al., 2011).

The final research question sought to determine the influences on the IEP planning process. However, one would be remiss to not acknowledge a key theme that emerged in spite of the question. Teacher expertise was clearly evident throughout the study. Upon initial review of the data, a theme of Expert Power by Teachers appeared. Further review of the data led to the conclusion that although teachers demonstrated expertise, there was not substantive evidence that this expertise influenced IEP decisions or planning process. Rather, the influence of the special education teachers was largely in the day-to-day implementation of an IEP developed from sources of influence other than theirs. This daily interaction is not surprising. However, given the level of expertise, knowledge, and skills of these members of the IEP team, it seems realistic to have anticipated their role to be more influential in the IEP process. It was not. Instead, a final theme in the study suggests that despite teacher expertise, Teachers as Experts was a potential but clearly suppressed source of influence due to the overwhelming use of Position Power by Administrators, and the belief by the teachers that Parent Power of Advocacy was important. Between the identified primary sources of influence and the factors affecting placement, Teacher Experts as a source of influence, in this study, was inconsequential in the IEP planning process.

## **Conclusions**

The purpose of this research study was to investigate the perceptions of IEP team members as to the factors on which decisions were made in planning for reintegration from an alternative setting into their home district. This study was conducted in order to consider the legal requirements, the empirical research, and the enactment of the IEP process as a student reintegrates.

Foundational to this study is a legal perspective. Special education laws are in place to protect the rights of students with disabilities. Certain legal requirements must be considered and included in the development of an IEP. Specifically for students with ED, additional considerations include an FBA and BIP. Beyond basic legal tenets, empirical research suggests quality practices and engagement in the IEP development process with focus on these behavioral considerations--results in more appropriate placement in the LRE. Furthermore, the enactment of the IEP process involves IEP members whose attitudes, perceptions, and beliefs may influence the IEP process. This study sought to answer the following research questions:

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes, and perceptions influence the IEP planning process?

The IEP is grounded in five guiding principles. This study focused on three key components, as related to the guiding principles: IEP team membership, IEP development, and IEP decision making. The IEP process and document development are intended to be collaborative in nature and based on required components, as determined by special education laws. For all practical purposes, the expectations and procedures for IEP development appear to be clear and prescriptive. Results of the research confirm a contrary reality. The enactment of the IEP process is complicated, complex, and often does not comply with the rules and requirements. Although the basic required components of compliance were present in the IEPs, their substantive quality was, in parts, insufficient. Although collaboration existed between individual team members, evidence of a collaborative approach by the entire team was negligible. This evolved into parallel plans for the student, resulting in a fragmented IEP.

As IEP teams plan for the reintegration of students with ED, they are mandated to consider services for the student in the LRE as the team contemplates appropriate placement to ensure FAPE. While the first research question confirmed that the IEP process may not always be enacted as intended, further analysis of the data concluded that certain factors may affect these important placement decisions. The results of the research suggest two overarching themes: LRE considerations and resistance to reintegration. Although the concept of LRE and the need to reintegrate students from segregated settings were reportedly understood by research participants, apparent factors were perceived as affecting placement decisions. These perceptions appeared to be prohibitive to the reintegration of students. LRE considerations focused on a lack of continuum of services in order for these difficult-to-serve students to be placed. A general resistance to reintegration focused on teacher attitudes in relationship to acceptable student behaviors. Clearly, these factors are barriers to effective decision making.

IEP teams have required membership and are expected to make collaborative decisions. The IEP process is complex. This study has confirmed that factors, outside of those intended in the law, affect placement decisions. French and Raven's PIM proved applicable as a theoretic framework. In order to more deeply understand the complex and

dynamic interpersonal interactions throughout the IEP process, further exploration of beliefs, attitudes, and perceptions influencing the IEP planning process was critical.

Through the lens of the PIM, the research confirmed the utilization of social power and influence throughout the IEP process. Predominantly, administrators engaged in the use of power as a means to influence the IEP planning process. Legitimate Position Power emerged as their strategy of choice. Data Power was utilized as well, in the context of the team using data to make decisions. The parent was perceived to engage in the use of combined Legitimacy Powers, recategorized to Legitimate Power of Advocacy. Although teachers demonstrated expertise, evidence suggested that their ability to utilize Expert Power was suppressed.

Coupling the findings from this research to the information gleaned from the literature review resulted in further heightening the level of awareness and overwhelming need to focus on quality programming for students with ED. In absence of a solid foundational education system of general and special education, the likelihood of an IEP team functioning to their greatest capacity, allowing for each member to equally participate, is negligible. In the event that the IEP team assumes full responsibility for the planning and preparing of a quality, individualized program, school systems and the educators within those systems need to be equipped to and prepared for the implementation of effective practices in order to meet the needs of all learners, and especially those with ED. As a result of the data analysis and discussion, implications and recommendations are as follows.

#### Implications and Recommendations

The IEP process appears to be cursory in nature. It appears as though teams are focusing on the completion of the IEP document. Rather, the IEP team needs to engage in analysis of the data, consider research-based practices, and engage in a collaborative decision-making process to determine how to most effectively support placement in the LRE. Capacity building across settings for educators needs to occur. Although, oversight is not typically the most effective means to system-change, compliance reviews are necessary and should focus on varying levels, from the teacher to the district level.

### Professional Learning

In order to better serve students with ED as they reintegrate, it is recommended that professional development be provided. The professional development should be grounded in theory—the why and the how of the foundations of FAPE, LRE and the IEP process, as opposed to the compliance factors and completion of the document.

Administrator professional development needs to focus on an in-depth understanding of the components of the IEP—specifically the development of the FBA, BIP, and goals, in order to proactively engage in the process. Training must include the importance of all members being present and engaged in the process. In order to reduce the logistical barriers, administrators need to first understand them. An awareness of the barriers related to participation must be brought to the forefront. Furthermore, administrators need to be keenly aware of creating an inclusive environment for all learners—and be trained in system-level supports, such as PBIS, as a foundational step in providing a positive learning environment for all students. General education teachers' professional development must include an understanding of LRE as well. However, their training needs to focus on theory and implementation of positive behavioral supports. It is imperative for general education teachers to understand their vital role in the IEP planning process, related to behavior, as well as the importance of their academic content knowledge. Academic achievement is critical to the success of students with ED. General education teachers need to be empowered to actively participate in the process by knowing how to prepare for an IEP meeting, followed by their responsibility to carry out accommodations, modifications, and implement the agreed upon behavioral supports in the general education setting.

Special education teachers' professional development must include the importance of the integration of the FBA and BIP as tool to support student participation in the LRE. A basic awareness and the perfunctory inclusion of these documents in the IEP is insufficient. Special education teachers need to learn why the FBA and BIP are critical components in the IEP, as well as understand their role in active participation in the development. Although it is not anticipated that a special education teacher would be solely responsible for the FBA process, most certainly, they need to understand data collection and participate in its analysis. Furthermore, special education teachers must be required to engage in the development of the BIP.

Personnel and resources are critical factors related to a continuum of services and LRE placements. Although resources may well be limited, the type and level of professional learning described may lead to better results by more effective and efficient use of current resources as opposed to requiring additional personnel. These

recommendations would likely reduce the barriers to reintegration that have been identified in this study. In addition to professional development, clearly an IEP team approach must be utilized.

### Increase IEP Team Involvement

Requiring professional development will most certainly benefit educators and students. However, active engagement in the IEP process is critical. Results of this study confirm a full-team IEP approach is not always utilized. A fully functioning team increases the active engagement and ownership of student outcomes, likely leading to a more successful reintegration. The following are recommendations for full-team engagement:

- Limit or eliminate the option of amending the IEP without a meeting during AES placement and reintegration.
- The FBA should never be more than three years old. The BIP must be reflective of current practices at all times. In order to ensure this, all members of the IEP team would need to understand current behaviors and needs of the student and actively engage in the process.
- Require participation of the local district and attending program in all IEP meetings. If participation cannot be gained, no IEP decisions can be made.
- The role of the AEA Team Representative must be clearly defined. A high level of involvement during AES placement with participation in all meetings where placement is being considered should be a requirement.

In order to facilitate the active engagement of IEP teams, as recommended, it may behoove AESs to consider personnel to facilitate the reintegration process. Dedicated personnel may lead to building capacity throughout the reintegration process.

## Capacity Building

Professional development, along with increased IEP team engagement may require dedicated personnel in order to fully implement these important recommendations. In order to build capacity of everyone involved in the IEP process when a student is placed in an AES, specific attention to and facilitation of these activities is encouraged. It is recommended that personnel resources of the AES be allocated to a position of Reintegration Facilitator (RF). The primary focus of the RF would be planning for reintegration—beginning at the time of placement. A job description may include:

Upon entry:

- Serve as the point of contact between entities and coordinate all communication
- Identify members of the IEP team from both settings to be included in all evaluation activities, IEP team planning, and decision making
- Immediately identify AEA staff from the resident district and engage their involvement
- Facilitate an IEP meeting upon intake to determine exit criteria
- Analyze the current IEP, in conjunction with the AEA Team Representative, to determine appropriateness of the current FBA and BIP

During AES placement:

- Ensure continuous contact and updates with the resident district
- Facilitate active engagement in evaluation, IEP updates, and other planning

At the time of reintegration:

- Plan for resident district staff to observe the student in the AES
- Meet with resident district personnel to review the BIP and assess training needs or necessary resources to implement the BIP
- Provide or facilitate the planning for professional development of resident district staff according to the current BIP

Following reintegration:

- Remain in communication on a regularly scheduled basis with the resident district in effort to problem-solve unanticipated needs
- Provide professional development and consultation as needed
- Collect follow-up data on student results

Allocating resources to this process ensures that reintegration remains the focus of the IEP team. Additionally, it leaves no question as to the expectation that a student will reintegrate. Furthermore, a RF is readily available to provide just-in-time resources throughout the process. This level of communication, interaction, and planning for professional development is not something that can be "added-on" to the role of the special education teachers, building administrators, or AEA staff. In order to give this intense level of support to the process, personnel is warranted.

## Compliance Monitoring

While the aforementioned recommendations will in all likelihood support the reintegration process for students with ED, the fact remains that oversight is a necessity. Currently, IEP compliance consists of a paper audit. It is recommended that a compliance process be put into practice, measuring the actual implementation of IEPs and substantive student outcomes. Results of this study suggest that a compliant IEP, based upon the current system, is not an assurance of a well-developed IEP. A file review, with no monitoring of successful outcomes, is not adequate.

A more substantive review for assurances of a coordinated plan to reasonably confer educational benefit must be implemented—based upon the intent of the reauthorization of the IDEIA (2004). As a result of this study, it is recommended that a more thorough IEP compliance review process be developed and enacted when any student is placed in an AES. This review needs to consist of an evaluation of the district's service delivery plan and obligation to provide a continuum of services. A part of this review must include evidence of IEP implementation fidelity as well as the use of all reasonable resources and supports prior to placement, as well as recommendations for increased support to the student upon reintegration.

Compliance processes, such as the above described should be utilized. Additionally, comprehensive and targeted plans for correction need to prescriptive. Strategies for the correction of non-compliance need to be based upon a tiered-approach from the individual teacher to the district level. An in-depth program evaluation should be required when an over-representation of restrictive placements is identified. A process to evaluate program effectiveness must occur at any point a district reports they "do not have the resources" to support reintegration. The utilization of outside experts, such as AEA resource teams should be considered. Additional and focused professional development for district administration should be required when evidence suggests IEP teams are not appropriately considering LRE.

The implications and recommendations from this study reinforce the intent of the IDEIA. Clearly, there continues to be a need to support students with ED in obtaining their right to FAPE in the LRE. The IEP process continues to be a vehicle to promote this. However the process must be utilized to its fullest intent. Although this study revealed several key findings, and the implications and recommendations are worthy of consideration, it remains clear that the research in this area is negligible in comparison to the need for it. Therefore, recommendations for future study will be discussed.

## Recommendations for Future Study

Future research is generally needed in the area of special education services for students with ED. Over time this marginalized population of students has been understudied. Specifically, only limited research has been conducted on the academic and behavioral outcomes when students have received services in segregated settings. This area alone requires further research.

This study focused specifically on school-based IEP team members. Participants in this study shared their perceptions of the parent and student throughout the IEP process. However, future consideration should be given to studying the same topic with parent and student as research participants.

Future research should also include policymakers. The results of this study indicated that a compliant IEP may still not achieve its intended impact. The IEP process is proven to be time-consuming and complex. Therefore, further research should consider the effect size of a compliant IEP on student achievement.

Finally, given the legal aspects of special education and the complexities in implementation, it is imperative that future research include policy-makers at the federal, state, local level. Until there is a better understanding of policy-to-practice gap, it is unlikely that the needed changes will occur.

#### REFERENCES

- Achenbach, T. M. (1985). Assessment and taxonomy of child and adolescent psychopathology. Newbury Park, CA: Sage.
- Achenbach, T. M. (1993). Implications of multiaxial empirically based assessment for behavior therapy with children. *Behavior Therapy*, 24(1), 91-116.
- Achenbach, T. M. (2001). Challenges and benefits of assessment, diagnosis, and taxonomy for clinical practice and research. *The Australian and New Zealand Journal of Psychiatry*, *35*(3), 263–271.
- Achenbach, T. M., & Edelbrock, C. S. (1979). The child behavior profile: II. Boys aged 12–16 and girls aged 6–11 and 12–16. *Journal of Consulting and Clinical Psychology*, 47(2), 223–233. doi:10.1037/0022-006X.47.2.223
- Achenbach, T. M., & Edelbrock, C. S. (1983). *Manual for the child behavior checklist and revised behavior profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Agaliotis, I., & Kalyva, E. (2011). A survey of Greek general and special education teachers' perceptions regarding the role of the special needs coordinator: Implications for educational policy on inclusion and teacher education. *Teaching and Teacher Education*, 27, 543-551. doi:10.1016/j.tate.2010.10.008
- Albrecht, S. F., Johns, B. H., Mounsteven, J., & Olorunda, O. (2009). Working Conditions as Risk or Resiliency Factors for Teachers of Students with Emotional and Behavioral Disabilities. *Psychology in the Schools, 46*(10), 1006–1022. doi:10.1002/pits.20440
- Allen, R. A., & Hanchon, T. A. (2013). What can we learn from school-based emotional disturbance assessment practices? Implications for practice and preparation in school psychology. *Psychology in the Schools*, 50(3), 290–299. doi:10.1002/pits.21671
- Alter, P., Walker, J. N., & Landers, E. (2013). Teachers' perceptions of students' challenging behavior and the impact of teacher demographics. *Education & Treatment of Children*, 36(4), 51–69.
- American Association for Employment in Education (2008). *Educator supply and demand, executive summary*. Columbus, OH: Author.

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Angold, A., Costello, E. J., & Erkanli, A. (1999). Comorbidity. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 57.
- Area Education Agency Special Education Procedures Manual (2016). Retrieved from http://www.iowaideainfo.org/vimages/shared/vnews/stories/4a8b1534597fd/Speci al%20Education%20Procedures%20August%201%2C%202016.pdf
- Arms, E., Bickett, J., & Graf, V. (2008). Gender bias and imbalance: Girls in US special education programmes. *Gender & Education*, 20(4), 349-359. doi:10.1080/09540250802190180
- Armstrong, K. H., Dedrick, R. F., & Greenbaum, P. E. (2003) Factors associated with community adjustment of young adults with serious emotional disturbance: A longitudinal analysis. *Journal of Emotional and Behavioral Disorders*, 11(2), 66– 76.
- Arnold, D. H. (1997). Co-occurrence of externalizing behavior problems and emergent academic difficulties in young high-risk boys: A preliminary evaluation of patterns and mechanisms. *Journal of Applied Developmental Psychology*, 18(3), 317-330. doi:http://dx.doi.org/10.1016/S0193-3973(97)80003-2
- Artiles, A. J., Bal, A., Trent, S. C., & Thorius, K. K. (2012). Chapter 5 placement of culturally and linguistically diverse students in programs for students with emotional and behavioral disorders: Contemporary trends and research needs. *Behavioral Disorders: Identification, Assessment, and Instruction of Students with EBD: Vol. 22. Advances in Special Education* (pp. 107–127). doi:10.1108/S0270-4013(2012)0000022008
- Artiles, A. J., Kozleski, E. B., Trent, S. C., Osher, D., & Ortiz, A. (2010). Justifying and explaining disproportionality, 1968–2008: A critique of underlying views of culture. *Exceptional Children*, 76(3), 279–299. doi:10.1177/001440291007600303
- Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the Integration of Education and Mental Health in Schools. Administration and Policy in Mental Health and Mental Health Services Research, 37(1-2), 40–47. doi:10.1007/s10488-010-0299-7

- Avery-Sterud, B. (2011). *Reintegrating Elementary Students with EBD from Alternative Placement to Public School* (Doctoral dissertation, University of South Dakota). Retrieved from http://search.proquest.com/docview/304996610/
- Bartlett, L. D., Etscheidt, S. L., & Weisenstein, G. R. (2007). Special Education Law and Practice in Public Schools. Upper Saddle River, NJ: Pearson Education, Merrill Prentice Hall.
- Bassey, M. (1999). Case Study Research in Educational Settings. Doing Qualitative Research in Educational Settings. Philadelphia, PA: Open University Press.
- Bateman, B. D., & Linden, M. A. (2006). Better IEPs: How to develop legally correct and educationally useful programs (4th ed.). Verona, WI: IEP Resources/Attainment.
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *Qualitative Report*, *13*(4), 544–559.
- Beard, K. Y., & Sugai, G. (2004) First step to success: An early intervention for elementary children at risk for antisocial behavior. *Behavioral Disorders*, 29(4), 396–409.
- Becker, S., Paternite, C., & Evans, S. (2014). Special educators' conceptualizations of emotional disturbance and educational placement decision making for middle and high school students. *School Mental Health*, 6(3), 163–174. doi:10.1007/s12310-014-9119-7
- Becker, S. P., Paternite, C. E., Evans, S. W., Andrews, C., Christensen, O. A., Kraan, E. M., & Weist, M. D. (2011). Eligibility, assessment, and educational placement issues for students classified with emotional disturbance: federal and state-level analyses. *School Mental Health*, 3(1), 24-34.
- Benz, M. R., Lindstrom, L., & Yovanoff, P. (2000). Improving graduation and employment outcomes of students with disabilities: Predictive factors and student perspectives. *Exceptional Children*, 66, 509–529.
- Berliner, D. C. (2002). Educational research: The hardest science of all. *Educational Researcher*, *31*(8), 18–20.

- Black, R. S., & Leake, D. (2011). Teachers' views of self-determination for students with emotional/behavioral disorders: The limitations of an individualistic perspective. *International Journal of Special Education*, 26(1), 147–161.
- Blood, E., & Neel, R. S. (2007). From FBA to implementation: A look at what is actually being delivered. *Education & Treatment of Children*, *30*(4), 67.
- Board of Education of Hendrick Hudson Central School District v. Rowley, 485 U.S. 176, 102 S. Ct. 3034 (1982).
- Bradley, R., Doolittle, J., & Bartolotta, R. (2008). Building on the data and adding to the discussion: The experiences and outcomes of students with emotional disturbance. *Journal of Behavioral Education*, 17(1), 4–23. doi:10.1007/s10864-007-9058-6
- Bradley, R., Henderson, K., & Monfore, D. A. (2004). A national perspective on children with emotional disorders. *Behavioral Disorders*, 29(3), 211–223.
- Bratlinger, E., Jimenez, R., Klinger, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education *Exceptional Children*, *71*(2), 195–207.
- Brigham, F. J., & Hott, B. L. (2011). History of Emotional and Behavioral Disorders. In F. E. Obiakor, J. P. Bakken, & A. F. Rotatori (Eds.), *Advances in special education: Historical context of special education* (Vol. 20, pp. 151–180). Bingley, United Kingdom: Emerald Group Publishing Limited.
- Broomhead, K. E. (2013). Preferential treatment or unwanted in mainstream schools? The perceptions of parents and teachers with regards to pupils with special educational needs and challenging behaviour. *Support for Learning*, 28(1), 4–10.
- Brown v. Board of Education of Topeka, 347 U.S. 483, 74 S. Ct. 686 (1954).
- Bui, K.-V. T., Raven, B. H., & Schwarzwald, J. (1994). Influence strategies in dating relationships: The effects of relationship satisfaction, gender, and perspective. *Journal of Social Behavior & Personality*, 9(3), 429–442.
- Byrnes, M. (2008). Educators' interpretations of ambiguous accommodations. *Remedial* and Special Education, 29(5), 306–315. doi:10.1177/0741932507313017
- Cancio, E. J., Albrecht, S. F., & Johns, B. H. (2013). Defining administrative support and its relationship to the attrition of teachers of students with emotional and behavioral disorders. *Education and Treatment of Children*, *36*(4), 71-94.

- Cancio, E. J., West, R. P., & Young, K. R., (2004) Improving mathematics homework completion and accuracy of students with EBD through self-management and parent participation. *Journal of Emotional and Behavioral Disorders*, 12(1), 9–22.
- Carran, D., Kerins, M., & Murray, S. (2005). Three-year outcomes for positively and negatively discharged EBD students from nonpublic special education facilities. *Behavioral Disorders*, *30*(2), 119–134.

Florence County School District Four v. Carter, 510 U.S. 7, (1993).

- Carter, E. W., Lane, K. L., Crnobori, M., Bruhn, A. L., & Oakes, W. P. (2011). Selfdetermination interventions for students with and at risk for emotional and behavioral disorders: Mapping the knowledge base. *Behavioral Disorders*, 36(2), 100–116.
- Carter, E. W., Lane, K. L., & Pierson, M. R. (2006). Self-determination skills and opportunities of transition-age youth with emotional disturbance and learning disabilities. *Exceptional Children*, 72(3), 333–346.
- Carter, E. W., & Lunsford, L. B. (2005). Meaningful work: improving employment outcomes for transition-age youth with emotional and behavioral disorders. *Preventing School Failure*, 49(2), 63-69.
- Carter, E. W., Trainor, A., Owens, L., Sweden, B., & Sun, Y. (2010). Self-determination prospects of youth with high-incidence disabilities: divergent perspectives and related factors. *Journal of Emotional & Behavioral Disorders*, 18(2), 67–81. doi:10.1177/1063426609332605
- Carter, E. W., Trainor, A. A., Ye, S. U. N., & Owens, L. (2009). Assessing the transitionrelated strengths and needs of adolescents with high-incidence disabilities. *Exceptional Children*, 76(1), 74–94.
- Carter, E. W., Wehby, J., Hughes, C., Johnson, S. M., Plank, D. R., Barton-Arwood, S. M., & Lunsford, L. B. (2005). Preparing adolescents with high-incidence disabilities for high-stakes testing with strategy instruction. *Preventing School Failure*, 49(2), 55–62.
- Cederna-Meko, C., Koch, S., & Wall, J. (2014). Youth with oppositional defiant disorder at entry into home-based treatment, foster care, and residential treatment. *Journal* of Child & Family Studies, 23(5), 895–906. doi:10.1007/s10826-013-9745-y

- Chapman, R. (2008). *The everyday guide to special education law: A handbook for parents, teachers and other professionals* (2nd ed.). Denver, CO: The Legal Center for People with Disabilities and Older People.
- Cheney, D. (2012). Transition tips for educators working with students with emotional and behavioral disabilities. *Intervention in School and Clinic*, 48(1), 22–29.
- Clarke, D. E., Narrow, W. E., Regier, D. A., Kuramoto, S. J., Kupfer, D. J., Kuhl, E. A., . . . Kraemer, H. C. (2013). DSM-5 Field Trials in the United States and Canada, Part I: study design, sampling strategy, implementation, and analytic approaches, 43–58. doi:10.1176/appi.ajp.2012.12070998
- Clyde K. v. Puyallup School District, 35 F.3d 1396 (9th Cir. 1994).
- Cole, D. A., & Carpentieri, S. (1990). Social status and the comorbidity of child depression and conduct disorder. *Journal of Consulting and Clinical Psychology*, 58(6), 748–757. doi:10.1037/0022-006X.58.6.748
- Connor, D. F., Edwards, G., Fletcher, K. E., Baird, J., Barkley, R. A., & Steingard, R. J. (2003). Correlates of comorbid psychopathology in children with ADHD. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42(2), 193-200.
- Conroy, M., Sutherland, K., Haydon, T., Stormont, M., & Harmon, J. (2009). Preventing and ameliorating young children's chronic problem behaviors: An ecological classroom-based approach. *Psychology in the Schools, 46*(1), 3–17.
- Conroy, M. A., & Brown, W. H. (2004). Early identification, prevention, and early intervention with young children at risk for emotional or behavioral disorders: Issues, trends, and a call for action. *Behavioral Disorders*, 29(3), 224–236.
- Cook, C. R., Crews, S. D., Wright, D. B., Mayer, G. R., Gale, B., Kraemer, B., & Gresham, F. M. (2007). Establishing and Evaluating the Substantive Adequacy of Positive Behavioral Support Plans. *Journal of Behavioral Education*, 16(3), 191– 206. doi:10.1007/s10864-006-9024-8
- Corbin, J. M., & Strauss, A. L. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Los Angeles, CA: Sage Publications.

- Costello, E. J., Foley, D. L., & Angold, A. (2006). Research update review: 10-Year research update review: The epidemiology of child and adolescent psychiatric disorders: II. Developmental epidemiology. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(1), 8–25. doi:10.1097/01.chi.0000184929.41423.c0
- Council for Children with Behavioral Disorders (2012). *CCBD's position summary on federal policy on disproportionality in special education*. Retrieved from http://www.indiana.edu/~equity/docs/CCBD\_Policy\_Disproportionality.pdf
- Coutinho, M. J., & Oswald, D. P. (2005). State variation in gender disproportionality in special education. *Remedial & Special Education*, 26(1), 7-15.
- Cullinan, D. (2007). Classification and definition of emotional and behavioral disorders. In R. B. Rutherford, M. Magee Quinn, & S. R. Mathur (Eds.), *Handbook of research in emotional and behavioral disorders* (pp. 32–53). New York, NY: The Guilford Press.
- Cullinan, D., & Epstein, M. (2001). Comorbidity among students with emotional disturbance. *Behavioral Disorders*, *26*(3), 200–213. Retrieved from http://www.jstor.org/stable/23888700
- Cullinan, D., Osborne, S., & Epstein, M. H. (2004). Characteristics of emotional disturbance among female students. *Remedial & Special Education*, 25(5), 276– 290. doi:10.1177/07419325040250050201
- Cullinan, D., & Sabornie, E. J. (2004). Characteristics of emotional disturbance in middle and high school students. *Journal of Emotional & Behavioral Disorders*, 12(3), 157–167.
- Cypress-Fairbanks Independent School District v. Michael F. and Houston Independent School 118 F.3d 245 (5th Cir. 1997)
- Daniel R. R. v. State Board of Education, 874 F.2d 1036, 1041 (5th Cir. 1989).
- DeFur, S. H. (2003). IEP transition planning-from compliance to quality. *Exceptionality*, *11*(2), 115–128. doi:10.1207/s15327035ex1102\_06
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2008). *Collecting and interpreting qualitative materials* (3rd ed.). Thousand Oaks, CA: Sage Publications.

- Drea, J. T., Bruner, G. C., II, & Hensel, P. J. (1993). Comparing alternative measures of the French and Raven power bases. (1959 study by J. R. P. French and B. H. Raven; Scaling and Measurement). *Journal of Personal Selling & Sales Management*, 13(4), 73-80.
- Duchaine, E. L., Jolivette, K., & Fredrick, L. D. (2011). The effect of teacher coaching with performance feedback on behavior-specific praise in inclusion classrooms. *Education & Treatment of Children, 34*(2), 209–227.
- Dunklee, D., & Shoop, R. (2006). *The principal's quick-reference guide to school law: Reducing liability, litigation, and other potential legal tangles* (2nd ed.). Thousand Oaks, CA: Corwin Press.
- Elias, S. (2008). Fifty years of influence in the workplace: The evolution of the French and Raven power taxonomy. *Journal of Management History*, 14(3), 267-283.
- Erchul, W. P., Raven, B. H., & Ray, A. G. (2001). School psychologists' perceptions of social power bases in teacher consultation. *Journal of Educational and Psychological Consultation*, 12(1), 1–24.
- Erchul, W. P., Raven, B. H., & Whichard, S. M. (2001). School psychologist and teacher perceptions of social power in consultation. *Journal of School Psychology*, 39(6), 483–497. doi:10.1016/S0022-4405(01)00085-1
- Erchul, W. P., Raven, B. H., & Wilson, K. E. (2004). The relationship between gender of consultant and social power perceptions within school consultation. *School Psychology Review*, 33(4), 582-590.
- Etscheidt, S. (2006). Behavioral intervention plans: Pedagogical and legal analysis of issues. *Behavioral Disorders*, *31*(2), 223–243.
- Evans, C., Weiss, S. L., & Cullinan, D. (2012). Teacher perceptions and behavioral strategies for students with emotional disturbance across educational environments. *Preventing School Failure*, 56(2), 82–90. doi:10.1080/1045988X.2011.574170
- Evans, S. W., Serpell, Z. N., Schultz, B. K., & Pastor, D. A. (2007). Cumulative benefits of secondary school-based treatment of students with attention deficit hyperactivity disorder. *School Psychology Review*, *36*(2), 256–273.

- Field, S. S., Martin, J. E., Miller, R. J., Ward, M., & Wehmeyer, M. L. (1998). Selfdetermination for persons with disabilities: A position statement of the Division on Career Development and Transition. *Career Development for Exceptional Individuals*, 21(2), 113–128.
- Fisher, E. S., Doyon, K. E., Saldana, E., & Allen, M. R. (2007). Comprehensive Assessment of Emotional Disturbance: A Cross-Validation Approach. *California School Psychologist*, 12(1), 47–58.
- Fitzsimons Hughes, A., & Adera, B. (2006). Education and day treatment opportunities in schools: Strategies that work. *Preventing School Failure*, *51*(1), 26–30.
- Flower, A., McDaniel, S. C., & Jolivette, K. (2011). A literature review of research quality and effective practices in alternative education settings. *Education & Treatment of Children (West Virginia University Press), 34*(4), 489–510.
- Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry*, *12*(2), 219–245. doi:10.1177/1077800405284363
- Forness, S. R. (2005). The pursuit of evidence-based practice in special education for children with emotional or behavioral disorders. *Behavioral Disorders*, *30*(4), 311–330.
- Forness, S. R. (2007). Introduction to part III: Characteristics of emotional and behavioral disorders. In R. B. Rutherford, M. Magee Quinn, & S. R. Mathur (Eds.), *Handbook of research in emotional and behavioral disorders* (pp. 235–241). New York, NY: The Guilford Press.
- Forness, S. R., Freeman, S. F. N., Paparella, T., Kauffman, J. M., & Walker, H. M. (2012). Special education implications of point and cumulative prevalence for children with emotional or behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 20(1), 4–18. doi:1kavale0.1177/1063426611401624
- French, J. R. P., Jr. & Raven, B.F. (1959). Studies in Social Power (Vol. 3). Ann Arbor, MI: The University of Michigan.
- Frey, A. (2002). Predictors of placement recommendations for children with behavioral or emotional disorders. *Behavioral Disorders*, 27(2), 126–136.

- Frick, P. J. (2004). Developmental pathways to conduct disorder: Implications for serving youth who show severe aggressive and antisocial behavior. *Psychology in the Schools, 41*(8), 823–834. doi:10.1002/pits.20039
- Frost, D. E., & Stahelski, A. J. (1988). The systematic measurement of French and Raven's Bases of social power in workgroups. *Journal Applied Social Psychology*, 18(5), 375–389. doi:10.1111/j.1559-1816.1988.tb00023.x
- Furney, K., Hasazi, S., & Destefano, L. (1997). Transition policies, practices, and promises: Lessons from three states. *Exceptional Children*, 63(3), 343–355.
- Gable, R. A. (1999). Functional assessment in school settings. *Behavioral Disorders*, 24(3), 246–248.
- Gable, R. (2012). *Developing a Function-based Intervention*. Retrieved from http://ttacesd.gmu.edu/my\_files/Developing\_a\_Function-based\_Intervention\_Sup\_Doc.pdf
- Gable, R. A., Park, K. L., & Scott, T. M. (2014). Functional behavioral assessment and students at risk for or with emotional disabilities: Current issues and considerations. *Education & Treatment of Children*, *37*(1), 111–135.
- Gage, N. A. (2013). Characteristics of students with emotional disturbance manifesting internalizing behaviors: A latent class analysis. *Education & Treatment of Children*, *36*(4), 127–145.
- Gage, N. A., Lewis, T. J., & Adamson, R. M. (2010). An examination of 35 years of behavioral disorders: What, how, and who has been published. *Behavioral Disorders*, 35(4), 280–293.
- Gagnon, J. C., & Leone, P. E. (2005). Elementary day and residential schools for children with emotional and behavioral disorders: Characteristics and entrance and exit policies. *Remedial & Special Education*, 26(3), 141–150. doi:10.1177/07419325050260030201
- Gagnon, J. C., & Leone, P. E. (2006). Elementary day and residential schools for children with emotional and behavioral disorders: Characteristics of educators and students. *Education and Treatment of Children*, 29(1), 51–78.
- Gagnon, J. C., & Mclaughlin, M. J. (2004). Curriculum, assessment, and accountability in day treatment and residential schools. *Exceptional Children*, *70*(3), 263–283. doi:10.1177/001440290407000301

- Gardner, A. W., Spencer, T. D., Boelter, E. W., DuBard, M., & Jennett, H. K. (2012). A systematic review of brief functional analysis methodology with typically developing children. *Education and Treatment of Children*, *35*(2), 313-332.
- Gargiulo, R. M. (2012). Special education in contemporary society: An introduction to exceptionality: Thousand Oaks, CA: Sage Publications.
- George, M. P., George, N. L., Kern, L., & Fogt, J. B. (2013). Three-tiered support for students with EBD: Highlights of the universal tier. *Education & Treatment of Children*, *36*(3), 47–62.
- Getty, K. C., & Erchul, W. P. (2009). The influence of gender on the likelihood of using soft social power strategies in school consultation. *Psychology in the Schools*, 46(5), 447–458. doi:10.1002/pits.20389
- Gilmour, J., Hill, B., Place, M., & Skuse, D. H. (2004). Social communication deficits in conduct disorder: A clinical and community survey. *Journal of Child Psychology* and Psychiatry, 45(5), 967–978.
- *Girard School District*, 18 IDELR 1048 (OCR 1992)
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction* (3rd ed.). Boston, MA: Pearson/Allyn & Bacon.
- Goh, A. E., & Bambara, L. M. (2010). Individualized positive behavior support in school settings: A meta-analysis. *Remedial and Special Education*, 33(5), 271–286.
- Gresham, F. M. (2005). Methodological issues in evaluating cognitive-behavioral treatments for students with behavioral disorders. *Behavioral Disorders*, *30*(3), 213–225.
- Gresham, F. M., & Gansle, K. A. (1992). Misguided assumptions of DSM-III-R: Implications for school psychological practice. *School Psychology Quarterly*, 7(2), 79–95. doi:10.1037/h0088253
- Gresham, F. M., Watson, T. S., & Skinner, C. H. (2001). Functional behavioral assessment: principles, procedures, and future directions. *School Psychology Review*, *30*(2), 156–172.

- Grigal, M., Test, D. W., Beattie, J., & Wood, W. M. (1997). An evaluation of transition components of individualized education programs. *Exceptional Children*, 63(3), 357-372.
- Hall v. Vance County Board of Education 774 F.2d 629 (4th Cir.1985).
- Hanchon, T. A., & Allen, R. A. (2013). Identifying students with emotional disturbance: School psychologists' practices and perceptions. *Psychology in the Schools*, 50(2), 193–208.
- Handwerk, M. L., & Marshall, R. M. (1998). Behavioral and emotional problems of students with learning disabilities, serious emotional disturbance, or both conditions. *Journal of Learning Disabilities*, *31*(4), 327–338 312.
- Hanley, G. P., Iwata, B. A., & McCord, B. E. (2003). Functional analysis of problem behavior: A review. *Journal of Applied Behavior Analysis*, *36*(2), 147–185.
- Hansen, B. D., Wills, H. P., & Kamps, D. M. (2014). Effects of aligning selfmanagement interventions with functional behavioral assessment. *Education & Treatment of Children*, 37(3), 393–406.
- Harrison, J. R., Bunford, N., Evans, S. W., & Owens, J. S. (2013). Educational accommodations for students with behavioral challenges: A systematic review of the literature. *Review of Educational Research*, 83(4), 551. doi:10.3102/0034654313497517
- Hartmann v. Loudoun Board of Education, 118 F. 3d 996 (1997).
- Hasazi, S., Furney, K., & Destefano, L. (1999). Implementing the IDEA transition mandates. *Exceptional Children*, 65(4), 555–66.
- Hattie, J. (2009). Visible learning: a synthesis of over 800 meta-analyses relating to achievement. New York, NY: Routledge.
- Hayes, K. G. (2006). *IEP team decision-making process in the reintegration of special education students: A qualitative analysis of exiting decisions*. (Doctoral dissertation). Retrieved from Proquest. (304946001).

- Hayling, C. C., Cook, C., Gresham, F. M., State, T., & Kern, L. (2008). An analysis of the status and stability of the behaviors of students with emotional and behavioral difficulties. *Journal of Behavioral Education*, 17(1), 24–42. doi:10.1007/s10864-007-9059-5
- Hendrickson, J. M., Smith, C. R., Frank, A. R., & Merical, C. (1998). Decision making factors associated with placement of students with emotional and behavioral disorders in restrictive educational settings. *Education & Treatment of Children*, 21(3), 275–302.
- Hill, J. W., & Coufal, K. L. (2005). Emotional/Behavioral Disorders: A retrospective examination of social skills, linguistics, and student outcomes. *Communication Disorders Quarterly*, 27(1), 33–46. doi:10.1177/15257401050270010401
- Hirn, R. G., & Scott, T. M. (2014). Descriptive analysis of teacher instructional practices and student engagement among adolescents with and without challenging behavior. *Education & Treatment of Children*, 37(4), 589–610.
- Hoagwood, K. E., Olin, S. S., Kerker, B. D., Kratochwill, T. R., Crowe, M., & Saka, N. (2007). Empirically based school interventions targeted at academic and mental health functioning. *Journal of Emotional & Behavioral Disorders*, 15(2), 66–92.
- Hoge, M. (2013). Factors considered in determining educational setting for students with emotional disturbance. (Doctoral dissertation). Retrieved from ProQuest Information & Learning. (2014-99110-568)
- Hoge, M. R., Liaupsin, C. J., Umbreit, J., & Ferro, J. B. (2012). Examining placement considerations for students with emotional disturbance across three alternative schools. *Journal of Disability Policy Studies*, 24(4), 218–226. doi:10.1177/1044207312461672
- Hollo, A., Wehby, J. H., & Oliver, R. M. (2014). Unidentified language deficits in children with emotional and behavioral disorders: a meta-analysis. *Exceptional Children*, 80(2), 169–186.
- Hoover, J. J., & Patton, J. R. (2008). The role of special educators in a multitiered instructional system. *Intervention in School & Clinic*, 43(4), 195–202.
- Horn, W. F., & Tynan, D. (2001). Revamping special education. *Public Interest*, (144), 36. Retrieved from EBSCOhost Database Item 463283.

- Horner, R. H., & Carr, E. G. (1997). Behavioral support for students with severe disabilities: Functional assessment and comprehensive. *Journal of Special Education*, *31*(1), 84-104.
- Horner, R. H., Sugai, G., Smolkowski, K., Eber, L., Nakasato, J., Todd, A. W., & Esperanza, J. (2009). A randomized, wait-list controlled effectiveness trial assessing school-wide positive behavior support in elementary schools. *Journal of Positive Behavior Interventions*, 11(3), 133–144, doi:10.1177/1098300709332067

Houston Independent School District v. Bobby R., 200 F3d 341(5th Cir. 2000).

- Hott, B., Thomas, S., Abbassi, A., Hendricks, L., & Aslina, D. (2014). Supporting students with emotional disabilities: What every counselor needs to know. *National Forum Journal of Counseling and Addiction*, 3(1), 1–8.
- Huberty, T. J. (2009). Interventions for internalizing disorders. In A. Akin-Little, S. G. Little, M. A. Bray, & T. J. Kehle (Eds.), *Behavioral interventions in schools: Evidence-based positive strategies* (pp. 281–246). Washington, D.C.: American Psychological Association.
- Huefner, D. S. (2000). *Getting Comfortable with Special Education Law: A Framework for Working with Children with Disabilities*. Norwood, MA: Christopher-Gordon Publishers.
- Hulgin, K. M., & Drake, B. M. (2011). Inclusive education and the No Child Left Behind Act: Resisting entrenchment. *International Journal of Inclusive Education*, 15(4), 389–404. doi:10.1080/13603110903030105
- Hyatt, K. J., & Filler, J. (2011). LRE re-examined: Misinterpretations and unintended consequences. *International Journal of Inclusive Education*, 15(9), 1031–1045.
- IDEA Data Center (2014). *Methods for assessing racial/ethnic disproportionality in special education: A technical assistance guide (Revised)*, Rockville, MD: Julie Bollmer, Jim Bethel, Tom Munk, and Amy Bitterman. Retrieved from: https://ideadata.org/files/resources/54480c2b140ba0665d8b4569/568eca10140ba0 e8488b4599/idc\_ta\_guide\_for\_508-010716/2016/01/07/idc\_ta\_guide\_for\_508-010716.pdf

Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.

Individuals with Disabilities Education Act Regulatins, 34 C.F.R. § 300 et seq.

- Iowa Administrative Rules of Special Education (2010). Retrieved from: https://www.educateiowa.gov/documents/special-education/2013/04/iowaadministrative-rules-special-education-2010
- J.C. v. Central Regional School District, 81 F.3d 389 (3d Cir. 1996).
- Jarrett, M., Siddiqui, S., Lochman, J., & Qu, L. (2014). Internalizing problems as a predictor of change in externalizing problems in at-risk youth. *Journal of Clinical Child and Adolescent Psychology*, 43(1), 27–35.
- Jolivette, K., Swoszowski, N. C., & Ennis, R. P. (2013). PBIS as prevention for high-risk youth in alternative education, residential, and juvenile justice settings. *Education* & *Treatment of Children*, *36*(3), 1–2.
- Katsiyannis, A., Conroy, M., & Zhang, D. (2008). District-level administrators' perspectives on the implementation of functional behavior assessment in schools. *Behavioral Disorders*, 34(1), 14–26.
- Katsiyannis, A., Ryan, J. B., Dalun, Z., & Spann, A. (2008). Juvenile delinquency and recidivism: The impact of academic achievement. *Reading & Writing Quarterly*, 24(2), 177–196. doi:10.1080/10573560701808460
- Kauffman, J. M. (2005). *Characteristics of emotional and behavioral disorders of children and youth* (8th ed.): Upper Saddle River, NJ: Merrill Prentice-Hall.
- Kauffman, J., & Badar, J. (2013). How we might make special education for students with emotional or behavioral disorders less stigmatizing. *Behavioral Disorders*, *39*(1), 16–27.
- Kauffman, J. M., Bantz, J., & McCullough, J. (2002). Separate and better: a special public school class for students with emotional and behavioral disorders. *Exceptionality*, 10(3), 149–170. doi:10.1207/S15327035EX1003\_1
- Kauffman, J. M., & Landrum, T. J. (2001). Characteristics of emotional and behavioral disorders of children and youth (7th ed.). Upper Saddle River, NJ: Merrill Prentice-Hall.
- Kauffman, J. M., & Landrum, T. J. (2009). Politics, civil rights, and disproportional identification of students with emotional and behavioral disorders. *Exceptionality*, 17(4), 177–188.

- Kauffman, J. M., & Landrum, T. J. (2013). Characteristics of emotional and behavioral disorders of children and youth (10th ed.). Upper Saddle River, NJ: Merrill Prentice-Hall.
- Kauffman, J. M., Mock, D. R., & Simpson, R. L. (2007). Problems related to underservice of students with emotional or behavioral disorders. *Behavioral Disorders*, 33(1), 43–57.
- Kavale, K. A., & Forness, S. R. (2000). What definitions of learning disability say and don't say: A critical analysis. *Journal of Learning Disabilities*, 33(3), 239–256. doi:10.1177/002221940003300303
- Kelly, J. R., & Shogren, K. A. (2014). The impact of teaching self-determination skills on the on-task and off-task behaviors of students with emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 22(1), 27–40.
- Kennedy, C., & Jolivette, K. (2008). The effects of positive verbal reinforcement on the time spent outside the classroom for students with emotional and behavioral disorders in a residential setting. *Behavioral Disorders*, 33(4), 211–221.
- Kern, L., Hilt-Panahon, A., & Sokol, N. G. (2009). Further examining the triangle tip: Improving support for students with emotional and behavioral needs. *Psychology in the Schools*, 46(1), 18–32.
- Klein, C. (1998) French and Raven's bases of social power in a not-for-profit health care facility: Perceptions and satisfaction, Retrieved from ProQuest Dissertations and Theses. (9841596)
- Kochhar-Bryant, C. A., Shaw, S., & Izzo, M. (2009). What every teacher should know about transition and IDEA 2004. Columbus, OH: Pearson Education, Inc.
- Koslowsky, M., & Schwarzwald, J. (1993). The use of power tactics to gain compliance: Testing aspects of Raven's (1988) theory in conflictual situations. *Social Behavior & Personality: An International Journal*, 21(2), 135–144.
- Koslowsky, M. & Schwarzwald, J. (2001). Power interaction model: Theory, methodology, and practice. In A. Lee-Chai & J. Bargh (Eds.), Use and abuse of power (pp. 195–214). Philadelphia, PA: Psychology Press.

- Koslowsky, M., Schwarzwald, J., & Ashuri, S. (2001). On the Relationship between Subordinates' Compliance to Power Sources and Organisational Attitudes. *Applied Psychology*, 50(3), 455–476.
- Kramer, T. L., Vuppala, A., Lamps, C., Miller, T. L., & Thrush, C. R. (2006). The interface between mental health providers, families, and schools: Parent and child attitudes about information-sharing. *Journal of Child & Family Studies*, 15(4), 377–392. doi:10.1007/s10826-006-9019-z
- Krom, D. M., & Prater, M. A. (1993). IEP goals for intermediate-aged students with mild mental retardation. *Career Development and Transition for Exceptional Individuals*, 16(1), 87–95. doi:10.1177/088572889301600108
- Kruglanski, A. W. (2004). *The psychology of closed mindedness*. New York, NY: Psychology Press.
- Kuder, S. J. (2008). *Teaching Students with Language and Communication Disabilities* (3rd ed.). Boston, MA: Pearson Education, Inc.
- Kurth, J. A., Morningstar, M. E., & Kozleski, E. B. (2014). The persistence of highly restrictive special education placements for students with low-incidence disabilities. *Research & Practice for Persons with Severe Disabilities*, 39(3), 227–239. doi:10.1177/1540796914555580
- Lahey, B. B., Schaughency, E. A., Hynd, G. W., Carlson, C. L., & Nieves, N. (1987). Attention deficit disorder with and without hyperactivity: Comparison of behavioral characteristics of clinic-referred children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26(5), 718–723.
- Lahey, B. B., Schaughency, E. A., Strauss, C. C., & Frame, C. L. (1984). Are attention deficit disorders with and without hyperactivity similar or dissimilar disorders? *Journal of the American Academy of Child Psychiatry*, 23(3), 302–309.
- Landrum, T., Katsiyannis, A., & Archwamety, T. (2004). An analysis of placement and exit patterns of students with emotional or behavioral disorders. *Behavioral Disorders*, 29(2), 140–153.
- Landrum, T. J., Tankersley, M., & Kauffman, J. M. (2003). What is special about special education for students with emotional or behavioral disorders? *The Journal of Special Education*, *37*(3), 148–156. doi:10.1177/00224669030370030401

- Lane, K. L. (2007). Identifying and supporting students at risk for emotional and behavioral disorders within multi-level models: Data driven approaches to conducting secondary interventions with an academic emphasis. *Education & Treatment of Children, 30*(4), 135-164.
- Lane, K. L., Barton-Arwood, S. M., Nelson, J. R., & Wehby, J. (2008). Academic performance of students with emotional and behavioral disorders served in a selfcontained setting. *Journal of Behavioral Education*, 17(1), 43–62.
- Lane, K. L., Carter, E. W., Pierson, M. R., & Glaeser, B. C. (2006). Academic, social, and behavioral characteristics of high school students with emotional disturbances or learning disabilities. *Journal of Emotional and Behavioral Disorders*, 14(2), 108–117.
- Lane, K. L., Wehby, J. H., & Little, M. A. (2005a). Academic, social, and behavioral profiles of students with emotional and behavioral disorders educated in selfcontained classrooms and self-contained schools: Part I—Are they more alike than different? *Behavioral Disorders*, 30(4), 349–361.
- Lane, K. L., Wehby, J. H., & Little, M. A. (2005b). Students educated in self-contained classrooms and self-contained schools: Part II—How do they progress over time? *Behavioral Disorders*, 30(4), 363–374.
- Lane, K. L., Weisenbach, J. L., Phillips, A., & Wehby, J. H. (2007). Designing, implementing, and evaluating function-based interventions using a systematic, feasible approach. *Behavioral Disorders*, 32(2), 122–139.
- Lechtenberger, D., Mullins, F. E., & Greenword, D. (2008). Achieving the Promise: The significant role of schools in transforming children's mental health in America. *Teaching Exceptional Children, 40*(4), 56–64.
- Lewis, A. W. (2014). Improving adolescent outcomes: A study to determine the characteristics of students with serious emotional disturbance and pathways to a collaborative response to their needs by child serving organizations (Doctoral dissertation). Retrieved from ProQuest Information & Learning. (2014-99030-563)

- Lewis, T. (2008). Summary of research related to common BD program components. Retrieved from http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0 CDIQFjAA&url=http%3A%2F%2Fwww.pbis.org%2Fcommon%2Fpbisresources %2Fpresentations%2F1008tlbestpracticesMO.doc&ei=K2YqUZe4LeTf2QXS-4Eg&usg=AFQjCNGU8l8cVy8bpSDd5qn6go71xmNttQ&bvm=bv.42768644,d.b 2Ihttp://www.google.com/urlsa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0 CDIQFjAA&url=http%3A%2F%2Fwww.pbis.org%2Fcommon%2Fpbisresources %2Fpresentations%2F1008tlbestpracticesMO.doc&ei=K2YqUZe4LeTf2QXS-4Eg&usg=AFQjCNGU8l8cVy8bpSDd5qn6go71xmNttQ&bvm=bv.42768644,d.b 2Ihttp://www.google.com/urlsa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0 CDIQFjAA&url=http%3A%2F%2Fwww.pbis.org%2Fcommon%2Fpbisresources %2Fpresentations%2F1008tlbestpracticesMO.doc&ei=K2YqUZe4LeTf2QXS-4Eg&usg=AFQjCNGU8l8cVy8bpSDd5qn6go71xmNttQ&bvm=bv.42768644,d.b 2I
- Lindsay, G., & Dockrell, J. E. (2012). Longitudinal patterns of behavioral, emotional, and social difficulties and self-concepts in adolescents with a history of specific language impairment. *Language, Speech & Hearing Services in Schools, 43*(4), 445–460. doi:10.1044/0161-1461(2012/11-0069)
- Lindsay, G., Dockrell, J. E., & Strand, S. (2007). Longitudinal patterns of behaviour problems in children with specific speech and language difficulties: Child and contextual factors. *British Journal of Educational Psychology*, 77(4), 811–828. doi:10.1348/000709906X171127
- Maag, J. W. (2004). *Behavior management: From theoretical implications to practical applications* (2nd ed.). Belmont, CA: Thomson/Wadsworth.
- Mackie, L., & Law, J. (2010). Pragmatic language and the child with emotional/behavioural difficulties (EBD): A pilot study exploring the interaction between behaviour and communication disability. *International Journal of Language & Communication Disorders*, 45(4), 397–410. doi:10.3109/13682820903105137
- Majeika, C. E., Walder, J. P., Hubbard, J. P., Steeb, K. M., Ferris, G. J., Oakes, W. P., & Lane, K. L. (2012). Improving on-task behavior using a functional assessmentbased intervention in an inclusive high school setting. *Beyond Behavior*, 20(3), 55–66
- Marshall, A., Powell, N., Pierce, D., Nolan, R., & Fehringer, E. (2012). Youth and administrator perspectives on transition in Kentucky's State Agency schools. *Child Welfare*, *91*(2), 95–116.
- Marshall, C., & Rossman, G. (2011). *Designing qualitative research*. Thousand Oaks, CA: Sage Publications.

- Martin, J. E., Marshall, L. H., & Sale, P. (2004). A 3-year study of middle, junior high, and high school IEP meetings. *Exceptional Children*, 70(3), 285–297.
- Martin, J. E., Van Dycke, J. U., Christensen, W. R., Greene, B. A., Gardner, J. E., & Lovett, D. L. (2006). Increasing student participation in IEP meetings: Establishing the self-directed IEP as an evidenced-based practice. *Exceptional Children*, 72(3), 299–316.
- Mash, E. J., & Barkley, R. A. (2007). *Assessment of childhood disorders*. (4th ed.). New York, NY: Guilford Press.
- Mattison, R. E. (2011). Comparison of students classified ED in self-contained classrooms and a self-contained school. *Education and Treatment of Children*, 34(1), 15–33.
- Mattison, R. E., & Blader, J. C. (2013). What affects academic functioning in secondary special education students with serious emotional and/ or behavioral problems? *Behavioral Disorders*, *38*(4), 201–211.
- McBurnett, K. (1996). Development of the DSM-IV: Validity and relevance for school psychologists. *School Psychology Review*, 25(3), 259–273.
- McConaughy, S. H., Achenbach, T. M., & Gent, C. L. (1988). Multiaxial empirically based assessment: Parent, teacher, observational, cognitive, and personality correlates of Child Behavior profile types for 6- to 11-year-old boys. *Journal of Abnormal Child Psychology*, 16(5), 485-509.
- McConaughy, S. H., & Skiba, R. J. (1993). Comorbidity of externalizing and internalizing problems. *School Psychology Review*, 22(3), 421–36.
- McIntosh, K., Brown, J. A., & Borgmeier, C. J. (2008). Validity of functional behavior assessment within a response to intervention framework: Evidence, recommended practice, and future directions. *Assessment for Effective Intervention*, 34(1), 6–14.
- McLean, F., & Dixon, R. (2010). Are we doing enough? Assessing the needs of teachers in isolated schools with students with oppositional defiant disorder in mainstream classrooms. *Education in Rural Australia*, 20(2), 53–62.

- McLeskey, J., Tyler, N. C., & Flippin, S. S. (2004). The supply of and demand for special education teachers: A review of research regarding the chronic shortage of special education teachers. *Journal of Special Education*, 38(1), 5–21. doi:10.1177/00224669040380010201
- Menzies, H. M., & Lane, K. L. (2011). Using self-regulation strategies and functional assessment-based interventions to provide academic and behavioral support to students at risk within three-tiered models of prevention. *Preventing School Failure*, 55(4), 181–191. doi:10.1080/1045988X.2010.520358
- Merrell, K. W. (2008). *Behavioral, social, and emotional assessment of children and adolescents (3rd ed.).* New York, NY: Routledge.
- Merrell, K. W., & Walker, H. M. (2004). Deconstructing a definition: Social maladjustment versus emotional disturbance and moving the EBD field forward. *Psychology in the Schools*, 41(8), 899–910. doi:10.1002/pits.20046
- Miles, S., & Singal, N. (2010). The education for all and inclusive education debate: Conflict, contradiction or opportunity? *International Journal of Inclusive Education*, 14(1), 1–15.
- Miller, J. A., Tansy, M., & Hughes, T. L. (1998). Functional behavioral assessment: The link between problem behavior and effective intervention in schools. *Current Issues in Education*, 1(5), 1-12.
- Mills v. Board of Education, 348 F. Supp. 866 (D.D.C. 1972).
- Mills, C. L., & Cunningham, D. L. (2014). Building Bridges: The Role of Expanded School Mental Health in Supporting Students with Emotional and Behavioral Difficulties in the Least Restrictive Environment. In Weist, M., Lever, N., Bradshaw, C., & Sarno Owens, J. (Eds.), *Handbook of School Mental Health*, (pp. 87-100). New York, NY: Springer.
- Miner, C. A., & Bates, P. E. (1997). The effect of Pearson Centered Planning activities on the IEP/transition planning process. *Education and Training in Mental Retardation and Developmental Disabilities*, 32(2), 105-112.
- Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative Methods*, *1*(2), 1–19.

- Mount, B., & Zwernick, K. (1988). It's never too early. It's never too late. A booklet about personal futures planning for persons with developmental disabilities, their families and friends, case managers, service providers and advocates. St. Paul, MN: Metropolitan Council. Retrieved from http://mn.gov/mnddc/extra/publications/Never\_too\_Early.PDF
- Murdick, N. L., Gartin, B. C., & Crabtree, T. (2007). *Special education law* (2nd ed.). Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.
- Narrow, W. E., Clarke, D. E., Kuramoto, S. J., Kraemer, H. C., Kupfer, D. J., Greiner, L., & Regier, D. A. (2013). DSM-5 field trials in the United States and Canada, part III: Development and reliability testing of a cross-cutting symptom assessment for DSM-5. *American Journal of Psychiatry*, 170(1), 71–82. doi:10.1176/appi.ajp.2012.12071000
- National agenda for achieving results for children and youth with serious emotional disturbances (pp. 1–16). (1994). Washington, DC: Chesapeake Institute for the U.S. Department of Education Office of Special Education and Rehabilitative Services Office of Special Education Programs. Retrieved from: ERIC Document Reproduction Service.
- National Council on Disability, (2000) *Transition and post-school outcomes for youth with disabilities: Closing the gaps to postsecondary education and employment.* Washington, DC: National Council on Disability.
- Nelson, J. R., Benner, G. J., Lane, K., & Smith, B. W. (2004). Academic achievement of K-12 students with emotional and behavioral disorders. *Exceptional Children*, 71(1), 59-73.
- Nelson, J. R., Mathur, S. R., & Rutherford Jr, R. B. (1999). Has public policy exceeded our knowledge base? A review of the functional behavioral assessment literature. *Behavioral Disorders*, 24(2), 169-179.

New York City School District Board of Education, 19 IDELR 169 (SEA NY 1992).

Newman, L., Wagner, M., Knokey, A. M., Marder, C., Nagle, K., Shaver, D., . . . Schwarting, M. (2011). *The post-high school outcomes of young adults* with disabilities up to 8 years after high school: A report from the National Longitudinal Transition Study-2 (NLTS2). Menlo Park, CA: SRI International. Retrieved from http://ies.ed.gov/ncser/pubs/20113005/pdf/20113005.pdf No Child Left Behind Act (2002), 20 U.S.C. § 16301 et seq.

- Noell, G. H., Witt, J. C., Slider, N. J., Connell, J. E., Gatti, S. L., Williams, K. L., ... Duhon, G. J. (2005). Treatment implementation following behavioral consultation in schools: A comparison of three follow-up strategies. *School Psychology Review*, 34(1), 87–106.
- Nordness, P. D., Epstein, M. H., & Cullinan, D. (2013). Using direct observation to assist in eligibility decisions and intervention planning: The Scales for Assessing Emotional Disturbance-2 Observation Form. *Intervention in School and Clinic*, 48(5), 313–318.
- Odom, S. L., Brantlinger, E., Gersten, R., Horner, R. H., Thompson, B., & Harris, K. R. (2005). Research in special education: Scientific methods and evidence-based practices. *Council for Exceptional Children*, *71*(2), 137–148.
- Olympia, D., Farley, M., & Christiansen, E. (2004). Social maladjustment and students with behavioral and emotional disorders: Revisiting basic assumptions and assessment issues. *Psychology in the Schools*, 41(8), 835–847. doi:10.1002/pits.20040
- Osborne, A. G., & Russo, C. J. (2014). *Special education and the law*. Thousand Oaks, CA: Corwin.
- OSEP Policy Letter, 18 IDELR 627 (OSEP 1991).
- OSEP Policy Letter, 18 IDELR 1303 (OSEP 1992).
- Osher, D., & Hanley, T. V. (2001). Implementing the SED national agenda: Promising programs and policies for children and youth with emotional and behavioral problems. *Education & Treatment of Children (ETC)*, 24(3), 374–403.
- Pastor, P. N., & Reuben, C. A. (2009). Emotional/behavioral difficulties and mental health service contacts of students in special education for non-mental health problems. *Journal of School Health*, 79(2), 82–89. doi:10.1111/j.1746-1561.2008.00380.x
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.

- Payne, L. D., Scott, T. M., & Conroy, M. (2007). A school-based examination of the efficacy of function-based intervention. *Behavioral Disorders*, 32(3), 158–174.
- Pennsylvania Association for Retarded Citizens v. Pennsylvania, 334 F. Supp. 1257 (E.D. Pa.1971); 343, F. Supp.279 (E.D. PA. 1972).
- Pierro, A., Cicero, L., & Raven, B. H. (2008). Motivated compliance with bases of social power. *Journal of Applied Social Psychology*, 38(7), 1921–1944.
- Pierro, A., Kruglanski, A. W., & Raven, B. H. (2012). Motivational underpinnings of social influence in work settings: Bases of social power and the need for cognitive closure. *European Journal of Social Psychology*, 42(1), 41–52. doi:10.1002/ejsp.836
- Pierro, A., Raven, B. H., Amato, C., & Bélanger, J. J. (2013). Bases of social power, leadership styles, and organizational commitment. *International Journal of Psychology*, 48(6), 1122–1134.
- Polk v. Central Susquehanna Intermediate Unit 16, 853 F.2d 171 (3d Cir.1988).
- Prather-Jones, B. (2011). "Some people aren't cut out for it": The role of personality factors in the careers of teachers of students with EBD. *Remedial and Special Education*, *32*(3), 179–191. doi:10.1177/0741932510362195
- Preparing America's Future High School Initiative (2004). Washington, DC: U.S. Department of Education. Retrieved from https://www2.ed.gov/about/offices/list/ovae/pi/hs/hs2004brochure.pdf
- Quinn, M. M., Poirier, J. M., Faller, S. E., Gable, R. A., & Tonelson, S. W. (2006). An examination of school climate in effective alternative programs. *Preventing School Failure*, *51*(1), 11–17.
- Quinn, M. M., Rutherford, R. B., Leone, P. E., Osher, D. M., & Poirier, J. M. (2005). Youth with disabilities in juvenile corrections: A national survey. *Exceptional Children*, 71(3), 339–345.
- Raven, B. H. (1965). Social influence and power. In I. D. Steiner & M Fishbein (Eds.), *Current studies in social psychology* (pp. 371-381). New York, NY: Holt, Rinehart & Winston.

- Raven, B. H. (1992). A power/interaction model of interpersonal influence: French and Raven thirty years later. *Journal of Social Behavior and Personality*, 7(2), 217– 244.
- Raven, B. H. (1993). The bases of power: Origins and recent developments. *Journal of Social Issues*, 49(4), 227-251.
- Raven, B. H. (2001). Power interaction and interpersonal influence: Experimental investigations and case studies. In A. Lee-Chai & J. Bargh (Eds.), *Use and abuse* of power (pp. 217-240). Philadelphia, PA: Psychology Press.
- Raven, B. H., Schwarzwald, J., & Koslowsky, M. (1998). Conceptualizing and measuring a power/interaction model of interpersonal influence. *Journal of Applied Social Psychology*, 28(4), 307-332.
- Raywid, M. A. (1994). Alternative schools: The state of the art. *Educational Leadership*, 52(1), 26-31.
- Raywid, M. A. (1999). History and issues of alternative schools. *Education Digest*, 64(9), 47.
- Reddy, L. A., De Thomas, C. A., Newman, E., & Chun, V. (2009). School-based prevention and intervention programs for children with emotional disturbance: A review of treatment components and methodology. *Psychology in the Schools*, 46(2), 132–153.
- Reddy, L. A., Newman, E., De Thomas, C. A., & Chun, V. (2009). Effectiveness of school-based prevention and intervention programs for children and adolescents with emotional disturbance: A meta-analysis. *Journal of School Psychology*, 47(2), 77–99. doi:10.1016/j.jsp.2008.11.001
- Reddy, L. A., & Richardson, L. (2006). School-based prevention and intervention programs for children with emotional disturbance. *Education and Treatment of Children, 29*(2), 379–404.
- Regier, D. A., Narrow, W. E., Clarke, D. E., Kraemer, H. C., Kuramoto, S. J., Kuhl, E. A., & Kupfer, D. J. (2013). DSM-5 field trials in the United States and Canada, part II: Test-retest reliability of selected categorical diagnoses. *American Journal of Psychiatry*, 170(1), 59–70. doi:10.1176/appi.ajp.2012.12070999

- Reid, R., Gonzalez, J. E., & Nordness, P. D. (2004). A meta-analysis of the academic status of students with emotional/behavioral disturbance. *Journal of Special Education*, 38(3), 130–143. doi:10.1177/00224669040380030101
- Reid, R., & Nelson, J. R. (2002). The utility, acceptability, and practicality of functional behavioral assessment for students with high-incidence problem behaviors. *Remedial & Special Education*, 23(1), 15.
- Reimherr, F. W., Marchant, B. K., Olsen, J. L., Wender, P. H., & Robison, R. J. (2013). Oppositional defiant disorder in adults with ADHD. *Journal of Attention Disorders*, 17(2), 102–113.
- Reinke, W. M., Herman, K. C., Petras, H., & Ialongo, N. S. (2008). Empirically derived subtypes of child academic and behavior problems: Co-occurrence and distal outcomes. *Journal of Abnormal Child Psychology*, 36(5), 759–770. doi:10.1007/s10802-007-9208-2
- Reinke, W. M., Splett, J. D., Robeson, E. N., & Offutt, C. A. (2009). Combining school and family interventions for the prevention and early intervention of disruptive behavior problems in children: A public health perspective. *Psychology in the Schools, 46*(1), 33–43.
- Rice, E. H., Merves, E., & Srsic, A. (2008). Perceptions of gender differences in the expression of emotional and behavioral disabilities. *Part of the special issue, severe behavior disorders of children and youth, 31*(4), 549–565. doi:10.1353/etc.0.0035
- Rinkel, M. (2011). Creating opportunities for all: A qualitative study of the reintegration of students with emotional/behavioral disorders to the mainstream environment. (Doctoral dissertation, University of Minnesota). Retrieved from http://hdl.handle.net/11299/113550
- Roberts-Dobie, S., & Donatelle, R. J. (2007). School counselors and student self-injury. *Journal of School Health*, 77(5), 257–264. Retrieved from http://www.redorbit.com/news/education/924772/school\_counselors\_and\_student \_selfinjury/
- Rolon-Arroyo, B., Arnold, D. H., & Harvey, E. A. (2014). The predictive utility of conduct disorder symptoms in preschool children: A 3-year follow-up study. *Child Psychiatry and Human Development*, 45(3), 329–337. doi:10.1007/s10578-013-0404-8

Roncker v. Walter, 700 F.2d 1058 (6th Cir. 1983).

- Rones, M., & Hoagwood, K. (2000). School-based mental health services: A research review. *Clinical Child & Family Psychology Review*, 3(4), 223-41.
- Rossman, G. B., & Rallis, S. F. (2003). *Learning in the field: An introduction to qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Rothstein, L. F., & Johnson, S. F. (2010). *Special education law* (4th ed.). Thousand Oaks, CA: Sage Publications.
- Rowe, R., Costello, E. J., Angold, A., Copeland, W. E., & Maughan, B. (2010).
   Developmental pathways in oppositional defiant disorder and conduct disorder.
   *Journal of Abnormal Psychology*, 119(4), 726–738. doi:10.1037/a0020798
- Rubin, H. J., & Rubin, I. (2012). *Qualitative interviewing: The art of hearing data* (3rd ed.). Thousand Oaks, CA: Sage.

Sacramento School District v. Rachel H., 14 F.3d 1398 (9th Cir. 1994).

San Antonio Independent School District v. Rodriquez, 411 U.S. 1 (1973).

- Sattler, J. M. (2008). Assessment of children: Cognitive foundations (5th ed.). San Diego, CA: J. M. Sattler.
- Schnoes, C., Reid, R., Wagner, M., & Marder, C. (2006). ADHD among students receiving special education services: A national survey. *Exceptional Children*, 72(4), 483-496.
- Schwarzwald, J., & Koslowsky, M. (1999). Gender, self-esteem, and focus of interest in the use of power strategies by adolescents in conflict situations. *Journal of Social Issues*, 55(1), 15–32.
- Schwarzwald, J., Koslowsky, M., & Allouf, M. (2005). Group membership, status, and social power preference. *Journal of Applied Social Psychology*, *35*(3), 644-665.
- Schwarzwald, J., Koslowsky, M., & Brody-Shamir, S. (2006). Factors related to perceived power usage in schools. *British Journal of Educational Psychology*, 76(3), 445–462. doi: 10.1348/000709905X39189

- Scott, T. M., Alter, P. J., & McQuillan, K. (2010). Functional behavior assessment in classroom settings: Scaling down to scale up. *Intervention in School and Clinic*, 46(2), 87–94.
- Scott, T. M., & Kamps, D. M. (2007). The future of functional behavioral assessment in school settings. *Behavioral Disorders*, *32*(3), 146–157.
- Scott, T., Liaupsin, C., Nelson, C., & McIntyre, J. (2005). Team-based functional behavior assessment as a proactive public school process: A descriptive analysis of current barriers. *Journal of Behavioral Education*, 14(1), 57–71. doi:10.1007/s10864-005-0961-4
- Scott, T. M., McIntyre, J., Liaupsin, C., Nelson, C. M., & Conroy, M. (2004). An examination of functional behavior assessment in public school settings: Collaborative teams, experts, and methodology. *Behavioral Disorders*, 29(4), 384–395.
- Scotti, J. R., Morris, T. L., McNeil, C. B., & Hawkins, R. P. (1996). DSM-IV and disorders of childhood and adolescence: Can structural criteria be functional? *Journal of Consulting and Clinical Psychology*, 64(6), 1177-1191.
- Scull, J., & Winkler, A. M. (2011). *Shifting Trends in Special Education*. Retrieved from https://login.proxy.lib.uni.edu/login?url=http://search.ebscohost.com/login.aspx?d irect=true&db=eric&AN=ED520416&site=eds-live
- Seo, H., Wehmeyer, M. L., Palmer, S. B., & Little, T. D. (2015). A two-group confirmatory factor analysis of the arc's self-determination scale with students with emotional/behavioral disorders or learning disabilities. *Journal of Emotional* & *Behavioral Disorders*, 23(1), 17-27.
- Sheldon, K. M., Ryan, R. M., Rawsthorne, L. J., & Ilardi, B. (1997). Trait self and true self: Cross-role variation in the big-five personality traits and its relations with psychological authenticity and subjective well-being. *Journal of Personality and Social Psychology*, 73(6), 1380–1393.
- Simonsen, B., MacSuga-Gage, A. S., Briere, D. E., III, Freeman, J., Myers, D., Scott, T. M., & Sugai, G. (2014). Multitiered support framework for teachers' classroommanagement practices: Overview and case study of building the triangle for teachers. *Journal of Positive Behavior Interventions*, 16(3), 179–190.

- Simonsen, B., & Sugai, G. (2013). PBIS in alternative education settings: Positive support for youth with high-risk behavior. *Education and Treatment of Children*, *36*(3), 3–14.
- Simpson, R. L., Peterson, R. L., & Smith, C. R. (2011). Critical educational program components for students with emotional and behavioral disorders: Science, policy, and practice. *Remedial and Special Education*, 32(3), 230–242. doi:10.1177/0741932510361269
- Sitlington, P. L., & Clark, G. M. (2007). The transition assessment process and IDEIA 2014. Assessment for Effective Intervention, 32(3), 133–142.
- Skiba, R., Albrecht, S., & Losen, D. (2013). CCBD'S position summary on federal policy on disproportionality in special education. *Behavioral Disorders*, *38*(2), 108–120.
- Skiba, R. J., Horner, R. H., Choong-Geun, C., Rausch, M. K., May, S. L., & Tobin, T. (2011). Race is not neutral: A national investigation of African American and Latino disproportionality in school discipline. *School Psychology Review*, 40(1), 85-107.
- Skiba, R. J., Poloni-Staudinger, L., Gallini, S., Simmons, A. B., & Feggins-Azziz, R. (2006). Disparate access: The disproportionality of African-American students with disabilities across educational environments. *Exceptional Children*, 72(4), 411–424.
- Skiba, R. J., Poloni-Staudinger, L., Simmons, A. B., Feggins-Azziz, L. R., & Choong-Geun, C. (2005). Unproven links: Can poverty explain ethnic disproportionality in special education? *Journal of Special Education*, 39(3), 130.
- Skiba, R. J., Simmons, A. B., Ritter, S., Gibb, A. C., Rausch, M. K., Cuadrado, J., & Chung, C.-G. (2008). Achieving equity in special education: History, status, and current challenges. *Exceptional Children*, 74(3), 264–288.
- Skoulos, V., & Tryon, G. S. (2007). Social skills of adolescents in special education who display symptoms of oppositional defiant disorder. *American Secondary Education*, 35(2), 103–115.
- Smith, C. R., Katsiyannis, A., & Ryan, J. B. (2011). Challenges of serving students with emotional and behavioral disorders: Legal and policy considerations. *Behavioral Disorders*, 36(3), 185–194.

- Smith, D. D. (2007). Emotional or Behavioral Disorders Defined Introduction to Special Education: Making a Difference (6th ed., pp. 236–242). Boston, MA: Allyn & Bacon. Retrieved from http://www.education.com/print/emotional-behavioraldisorders-defined/pearson/.
- Snow, P. C., & Powell, M. B. (2008). Oral language competence, social skills and highrisk boys: What are juvenile offenders trying to tell us? *Children & Society*, 22(1), 16–28. doi:10.1111/j.1099-0860.2006.00076.x
- Snowling, M. J., Bishop, D. V. M., & Stothard, S. E. (2006). Psychosocial outcomes at 15 years of children with a preschool history of speech-language impairment. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 47(8), 759–765. doi:10.1111/j.1469-7610.2006.01631.x
- Solnick, M. D., & Ardoin, S. P. (2010). A quantitative review of functional analysis procedures in public school settings. *Education & Treatment of Children*, 33(1), 153–175.
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage Publications, Inc.
- Stormont, M., Reinke, W., & Herman, K. (2011). Teachers' knowledge of evidence-based interventions and available school resources for children with emotional and behavioral problems, *Journal of Behavioral Education*, 20(2), 138–147.
- Stoutjesdijk, R., Scholte, E. M., & Swaab, H. (2012). Special needs characteristics of children with emotional and behavioral disorders that affect inclusion in regular education. *Journal of Emotional & Behavioral Disorders*, 20(2), 92–104. doi:10.1177/1063426611421156
- Strompolis, M., Vishnevsky, T., Reeve, C. L., Munsell, E. P., Cook, J. R., & Kilmer, R. P. (2012). Educational outcomes in a system of care for children with emotional disturbance. *American Journal of Orthopsychiatry (Wiley-Blackwell)*, 82(1), 129–136. doi:10.1111/j.1939-0025.2011.01126.x
- Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T. J., Nelson, C. M., ... Wilcox, B. (1999). Applying positive behavioral support and functional behavioral assessment in schools. Technical assistance guide 1, version 1.4.3. Retrieved from https://login.proxy.lib.uni.edu/login?url=http://search.ebscohost.com/login.aspx?d irect=true&db=eric&AN=ED443244&site=eds-live

- Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T. J., Nelson, C. M., . . . Ruef, M. (2000). Applying positive behavior support and functional behavioral assessment in schools. *Journal of Positive Behavior Interventions*, 2(3), 131–143. doi:10.1177/109830070000200302
- Sullivan, A. L., & Bal, A. (2013). Disproportionality in special education: Effects of individual and school variables on disability risk. *Exceptional Children*, 79(4), 475-494.
- Sullivan, A. L., Klingbeil, D. A., & Van Norman, E. R. (2013). Beyond behavior: Multilevel analysis of the influence of sociodemographics and school characteristics on students' risk of suspension. *School Psychology Review*, 42(1), 99–114.
- Sullivan, A. L., & Sadeh, S. S. (2014). Differentiating social maladjustment from emotional disturbance: An analysis of case law. *School Psychology Review*, 43(4), 450–471.
- Sum, A., Khatiwada, I., & McLaughlin, J. (2009). The consequences of dropping out of high school. *Center for Labor Market Studies Publications*, 23.
- Sutherland, K. S., Alder, N., & Gunter, P. L. (2003). The effect of varying rates of opportunities to respond to academic requests on the classroom behavior of students with EBD. *Journal of Emotional and Behavioral Disorders*, 11(4), 239– 248. doi:10.1177/10634266030110040501
- Swasy, J. L. (1979). Measuring the bases of social power. *Advances in Consumer Research*, 6(1), 340–346.
- Tauber, R. T. (1985). French & Raven's power bases: An appropriate focus for educational researchers and practitioners. Retrieved from http://eric.ed.gov/?id=ED258962
- Test, D. W., Mason, C., Hughes, C., Konrad, M., Neale, M., & Wood, W. M. (2004). Student involvement in individualized education program meetings. *Exceptional Children*, 70(4), 391-412.
- Theodore, L. A., Akin-Little, A., & Little, S. G. (2004). Evaluating the differential treatment of emotional disturbance and social maladjustment. *Psychology in the Schools, 41*(8), 879-886. doi:10.1002/pits.20044

- Tissington, L. D. (2006). History: Our hope for the future. *Preventing School Failure*, 51(1), 19–25.
- Topping, K. J., & Flynn, B. (2004). Treating seriously emotionally disturbed adolescents the views and working practice of school psychologists. *Behavior Analyst Today*, *5*(1), 39-90.
- Trainor, A. A., Smith, S. A., & Kim, S. (2012). Four supportive pillars in career exploration and development for adolescents with LD and EBD. *Intervention in School and Clinic*, 48(1), 15–21.
- Turgay, A. (2009). Psychopharmacological treatment of oppositional defiant disorder. *CNS Drugs*, 23 (1), 1–17.
- Turton, A. M., Umbreit, J., & Mathur, S. R. (2011). Systematic function-based intervention for adolescents with emotional and behavioral disorders in an alternative setting: Broadening the context. *Behavioral Disorders*, *36*(2), 117–128.
- Uhing, B. M., Mooney, P., & Ryser, G. R. (2005). Differences in strength assessment scores for youth with and without ED across the youth and parent rating scales of the BERS-2. *Journal of Emotional & Behavioral Disorders*, *13*(3), 181–187.
- U.S. Department of Education (2002). *Characteristics of the 100 largest public* elementary and secondary school districts in the United States: 2000-01 (NCES 2002-351). Washington, DC: National Center for Educational Statistics.
- U.S. Department of Education (2013). *35th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act*. Retrieved from http://www.ed.gov/about/reports/annual/osep
- Valore, T. G. C. M. L. R. P. (2006). Preparing for Passage. *Preventing School Failure*, *51*(1), 49.
- Van Acker, R., Boreson, L., Gable, R. A., & Potterton, T. (2005). Are we on the right course? Lessons learned about current FBA/BIP practices in schools. *Journal of Behavioral Education*, 14(1), 35–56. doi:10.1007/s10864-005-0960-5
- Van Gelder, N., Sitlington, P. L., & Pugh, K. M. (2008). Perceived self-determination of youth with emotional and behavior disorders: A pilot study of the effect of

different educational environments. *Journal of Disability Policy Studies*, 19(3), 182–190.

- Van Knippenberg, B., Van Knippenberg, D., Blauw, E. & Vermunt, R. (1999). Relational considerations in the use of influence tactics. *Journal of applied Social Psychology*, 29(4), 806–819.
- Vincent, C. G., Sprague, J. R., & Tobin, T. J. (2012). Exclusionary discipline practices across students' racial/ethnic backgrounds and disability status: Findings from the Pacific Northwest. *Education and Treatment of Children*, *35*(4), 585–601.
- W.G. v. Board of Trustees of Target Range School District No. 23, 960 F.2d 1479 (9th Cir.1992).
- Wagner, M., Newman, L., D'Amico, R., Jay, E., Butler-Nain, P., Marder, C. & Cox, R. (1991). Youth with disabilities: How are they doing? The first comprehensive report from the national longitudinal transition study of special education students (300-87-0054) Menlo Park, CA: SRI International. Retrieved from http://files.eric.ed.gov/fulltext/ED341228.pdf
- Wagner, M., & Davis, M. (2006). How are we preparing students with emotional disturbances for the transition to young adulthood? Findings from the National Longitudinal Transition Study-2. *Journal of Emotional & Behavioral Disorders*, 14(2), 86–98. doi:10.1177/10634266060140020501
- Wagner, M., Kutash, K., Duchnowski, A. J., Epstein, M. H., & Sumi, W. C. (2005). The children and youth we serve: A national picture of the characteristics of students with emotional disturbances receiving special education. *Journal of Emotional & Behavioral Disorders*, 13(2), 79–96.
- Waitoller, F. R., Artiles, A. J., & Cheney, D. A. (2010). The miner's canary: A review of overrepresentation research and explanations. *Journal of Special Education*, 44(1), 29-49.
- Walter, U. M., & Petr, C. G. (2004). Promoting successful transitions from day school to regular school environments for youths with serious emotional disorders. *Children & Schools*, 26(3), 175–180.
- Wehmeyer, M. L., & Kelchner, K. (1995). *The Arc's self-determination scale*. Arlington, TX: The Arc.

- Wei, X., Yu, J. W., & Shaver, D. (2014). Longitudinal effects of ADHD in children with learning disabilities or emotional disturbances. *Exceptional Children*, 80(2), 205– 219.
- Westwood, P. S. (2007). Commonsense methods for children with special educational needs: Strategies for the regular classroom. New York, NY: RoutledgeFalmer.
- Whitehurst, G. J., & Institute of Education Sciences, W. D. C. (2003). The Institute of Education Sciences: New Wine, New Bottles. Retrieved from https://login.proxy.lib.uni.edu/login?url=http://search.ebscohost.com/login.aspx?d irect=true&db=eric&AN=ED478983&site=eds-live
- Wiley, A., & Siperstein, G. (2011). Seeing red, feeling blue: The impact of state political leaning on state identification rates for emotional disturbance. *Behavioral Disorders*, 36(3), 195–207.
- Wiley, A. L., Brigham, F. J., Kauffman, J. M., & Bogan, J. E. (2013). Disproportionate poverty, conservatism, and the disproportionate identification of minority students with emotional and behavioral disorders. *Education & Treatment of Children*, 36(4), 29–50.
- Wilson, G. L., Kim, S. A., & Michaels, C. A. (2013). Factors associated with where secondary students with disabilities are educated and how they are doing. *The Journal of Special Education*, 47(3), 148–161. doi:10.1177/0022466911411575
- Wilson, K. E., Erchul, W. P., & Raven, B. H. (2008). The likelihood of use of social power strategies by school psychologists when consulting with teachers. *Journal* of Educational & Psychological Consultation, 18(2), 101–123. doi:10.1080/10474410701864321
- Wright, P. D., & Wright, P. D. (2007). *Special Education Law*. Hartfield, VA: Harbor House Law Press.
- Wynne, M. E., Ausikaitis, A. E., & Satchwell, M. (2013). Adult outcomes for children and adolescents with EBD. Sage Open, 3(1), 1-14. doi:10.1177/2158244013483133
- Yankton School District v. Schramm, 900 F. Supp. 1182 (D.S.D. 1995), aff'd, 93 F.3d 1369 (8th Cir. 1996).

Yell, M. L. (2012). The Law and Special Education. Boston, MA: Pearson.

- Yell, M. L., Drasgow, E., Bradley, R., & Justesen, T. (2004). Contemporary legal issues in special education. In A. McCray Sorrels, H. Rieth, & P. T. Sindelar (Eds.). *Critical issues in special education* (pp. 16–36). Boston, MA: Pearson Education.
- Yell, M. L., & Katsiyannis, A. (2000). Functional behavioral assessment and IDEA '97: Legal and practice considerations. *Preventing School Failure*, 44(4), 158-162.
- Yell, M. L., Katsiyannis, A., Ennis, R. P., & Losinski, M. (2013). Avoiding procedural errors in individualized education program development. *Teaching Exceptional Children, 46*(1), 56–64.
- Yell, M. L., Meadows, N. B., Drasgow, E., & Shriner, J. G. (2013). Evidence-based practices for educating students with emotional and behavioral disorders (2nd ed.): Pearson Education, Inc.
- Yell, M. L., Shriner, J. G., & Katsiyannis, A. (2006). Individuals with Disabilities Education Improvement Act of 2004 and IDEA Regulations of 2006: Implications for educators, administrators, and teacher trainers. *Focus on Exceptional Children, 39*(1), 1–24.
- Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Youngstrom, E. A., Findling, R. L., & Calabrese, J. R. (2003). Who are the comorbid adolescents? Agreement between psychiatric diagnosis, youth, parent, and teacher report. *Journal of Abnormal Child Psychology*, 31(3), 231–245.
- Yukl, G., & Falbe, C. M. (1991). Importance of different power sources in downward and lateral relations. *Journal of Applied Psychology*, 76(3), 416–423.
- Zhang, D., Katsiyannis, A., Ju, S., & Roberts, E. (2014). Minority representation in special education: 5-year trends. *Journal of Child & Family Studies*, 23(1), 118– 127. doi:10.1007/s10826-012-9698-6
- Zionts, P., Zionts, L., & Simpson, R. L. (2002). *Emotional and behavioral problems: A handbook for understanding and handling students*. Thousand Oaks, CA: Corwin Press.
- Zirkel, P. A. (2011). State special education laws for functional behavioral assessment and behavior intervention plans. *Behavioral Disorders*, *36*(4), 262–278.

### APPENDIX A

#### PERMISSION TO CONDUCT RESEARCH

I am a graduate student at UNI. I am requesting to conduct research in your agency. [YOUR] Schools meets my research criteria.

Please advise me as to the process required to obtain permission to conduct research. I am enclosing a copy of the approved IRB for your review.

If you have any questions please feel free to contact me @ 641.220.2534 or email me at knudsen@uni.edu.

If you have any questions please feel free to contact me @ 641.220.XXXX or email me at knudsen@uni.edu.

I would like to begin my research as soon as possible. Please advise.

Sincerely,

Sarah Knudsen

Graduate Student

University of Northern Iowa

#### APPENDIX B

#### AES ADMINISTRATOR PARTICIPATION REQUEST

Dear Mr. xxxx,

I am a graduate student at UNI. I have recently received permission to conduct research within your district/agency. I have identified xxxx as a potential research site.

The purpose of this research study is to investigate the perceptions of IEP team members as to the factors on which decisions are made throughout the Individualized Education Program (IEP) process for students with ED as the team planned for reintegration from an alternative setting into their home district. This population of students is understudied; yet the literature suggests these students experience significant negative educational outcomes. This study will gain information regarding the IEP process and factors that may influence IEP team decisions.

I am contacting you seeking your permission to conduct my research in your building. I would be glad to meet with you via phone, video-conferencing, or in person to review the research process. Essentially, I will be asking you to serve as the initial conduit in locating an IEP Team that meets the research criteria, followed by jointly contacting parents/guardians and asking for consent to review the record. I will be contacting research participants individually. However, the research participants will be members of the IEP team from your school.

Please let me know your availability in the next few weeks. At that time I will review the process and steps outlined in the process and ask for a Letter of Cooperation, should you agree to participate. Please just reply to this email indicating your willingness to participate. In the event you agree, I will follow up to set an appoint to begin the process. As you know, research in this area is needed. Your cooperation and participation will be greatly appreciated.

Yours in education,

Sarah Knudsen

### APPENDIX C

# **IDENTIFICATION OF STUDENTS**

	A T	В	C	D	E	F	G	н	
1									
2	Student	Grade	IEP Date	Resident District	Parent Contacted	Parent Release sent	Release returned		Notes
3									
4									
5									
8									
7									
8									
9									
10									
11									
11 12 13									
13									

### APPENDIX D

### SCRIPT FOR PARENT CONTACT

#### Gary:

Hello, I am contacting you today because AEA 267 has been contacted by a UNI graduate student asking that we participate in a research study. I have reviewed the criteria for the study and (student's name) meets the criteria.

(Student's name) meets the research criteria because of his/her recent progress in our program which led to our IEP team discussing reintegration to (resident school).

The researcher, Sarah Knudsen, is on the call with me so that she can answer any questions you have and explain her research. She will be asking your permission to have access to the IEP document that was developed at the IEP meeting when we discussed reintegration. She will look at the IEP and then be contacting members of the IEP team to be interviewed.

She is NOT going to interview (student's name).

She keeps the student, the schools involved and the IEP team member names completely confidential.

Would you be willing to have a brief discussion with her about her research? If so, I will have her tell you a little bit more. You are not obligated in any way to participate. Participation OR non-participation will not affect you or your student in ANY way. It is purely voluntary.

IF PARENT AGREES to continue the discussion:

Hello.....

I am Sarah Knudsen, a graduate student at UNI. Thanks for taking a few minutes to visit with me. I am very excited about my research. As Mr. [Principal] said, I am studying how an IEP team makes decisions when a student that was ready to go back to his/her home school district because of success in the special school setting. I understand your student has done this.

In order to do my research, I would like to ask your permission to review your student's IEP so that I can identify the IEP team members from the school. I also want to understand the decisions that were made during the IEP process.

I won't be speaking with you or your student (other than this conversation to gain permission) unless you have further questions or concerns. What I will need is a signature giving your permission for the school to release the student record.

I want to reiterate that as the researcher, I am the only person that has access to the IEP and I keep this information confidential at all times. Also, please understand that because

there are many participants, your student may not end up the one being selected for my research. Your willingness to give permission or not, will not in any way impact your student—or you.

If you are willing to move ahead, I just need to know the best way to send a document to you. You will need to read, sign and return it to me. I can send a self-addressed stamped envelope or can provide a fax or email number for you.

Get info . . .

#### APPENDIX E

#### PARENTAL CONSENT FOR ACCESS TO RECORDS

### UNIVERSITY OF NORTHERN IOWA

#### HUMAN PARTICIPANTS REVIEW

#### PARENTAL PERMISSION

Invitation to Participate:

Your child has been identified as meeting the criteria for a research project conducted through UNI. The University requires that, in order to access the educational records of your child, parental consent must be obtained. The following information is provided to help you make an informed decision whether or not to allow your student's record to be released.

Nature and Purpose:

The purpose of this research study is to investigate the perceptions of IEP team members about decisions made throughout the Individualized Education Program (IEP) process when a team is considering a student returning to his community school. This study will gain information regarding the IEP process and factors that may influence IEP team decisions.

#### **Explanation of Procedures:**

Your child is NOT being asked to participate in the study. This request is asking permission to <u>access the educational record</u>, specifically the IEP and supporting documentation, for review and identification of the IEP team members. The documents will help the researcher understand the decisions made by the IEP team and will inform the questions for the interviews. IEP team members from the schools will be asked to participate and will be interviewed about their perceptions and decisions.

Upon your consent, the researcher will be given a copy or electronic access to the IEP and supporting documentation. The researcher will be contacting members of the IEP team to participate in interviews.

The identity of your child and his/her IEP will be discussed during the interview process. However, <u>at no point will the identity</u> of your child, the alternative setting attended, and/or the resident district attended will be identifiable in the results.

This request for permission does not mean that your child's IEP and IEP team will be used. The researcher has requested access to multiple students. The IEP used in the study may or may not be utilized. This will be determined by the number of IEP team members willing to serve as research participants.

### Discomfort and Risks:

There are no anticipated risks to giving this permission for the researcher to review the documents. There will be no contact or impact on you (parent/guardian) or your child.

Benefits:

There is no personal benefit to consenting to have your child's records released for review by the researcher.

## Confidentiality:

Information from this study which could identify your child will be kept strictly confidential. The summarized findings may be published in an academic journal or presented at a scholarly conference however, these will not contain any information that makes you, your student or school identifiable.

## Right to Refuse or Withdraw:

Allowing access to your child's educational record is <u>completely voluntary</u>. You are free to withdraw your consent at any time or to choose not to consent at all, and by doing so, your child will not be penalized or lose benefits to which he/she is otherwise entitled

## Questions:

If you have questions about the study, now or in the future, or desire information in the future regarding the utilization of our child's record or the study generally, you can contact <u>Sarah Knudsen</u> at 641.220.xxxx or the project investigator's faculty advisor Dr. Susan Etcheidt, at the Department of Special Education, University of Northern Iowa 319-273-xxxx. You can also contact the office of the Human Participants Coordinator, University of Northern Iowa, at 319-273-xxxx, for answers to questions about rights of research participants and the participant review process.

## Agreement:

I am fully aware of the nature and extent of my child's participation in this project as stated above and the possible risks arising from it. I hereby agree to the release of my child's educational records for use in this project. I have received a copy of this form.

(Signature of parent/legal guardian)

(Date)

(Printed name of parent/legal guardian)

(Printed name of child participant)

(Signature of investigator)

(Date)

(Signature of instructor/advisor) (Date) [NOTE THAT ONE COPY OF THE ENTIRE CONSENT DOCUMENT (NOT JUST THE AGREEMENT STATEMENT) MUST BE RETURNED TO THE PI AND ANOTHER PROVIDED TO THE PARTICIPANT. SIGNED CONSENT FORMS MUST BE MAINTAINED FOR INSPECTION FOR AT LEAST 3 YEARS]

#### APPENDIX F

#### PERMISSION TO CONDUCT RESEARCH IN DISTRICT

Dear LEA Administrator,

I am a graduate student at UNI. I am seeking permission to conduct research within your district. I have identified your school/program as a potential research site.

The purpose of this research study is to investigate the perceptions of IEP team members as to the factors on which decisions are made throughout the Individualized Education Program (IEP) process for students with ED as the team planned for reintegration from an alternative setting into their home district. This population of students is understudied; yet the literature suggests these students experience significant negative educational outcomes. This study will gain information regarding the IEP process and factors that may influence IEP team decisions.

I am contacting you seeking your permission to conduct my research in your building/program. I would be glad to meet with you via phone, video-conferencing, or in person to review the research process.

I have contacted the parent/guardian of xxx and have obtained permission to review the record of this student. They are aware of the purpose of my research and understand that I am interviewing IEP team members and reviewing the IEP. At no time will I be interviewing the student. Upon your approval, I will be contacting research participants individually. A portion of the research participants will be members of the IEP team from your school.

Please let me know your availability in the next few weeks. At that time I will review the process and answer any questions you may have, as well as and ask obtain a Letter of Cooperation, should you agree to participate.

As you know, research in this area is needed. Your cooperation and participation will be greatly appreciated.

I am attaching "Summary for xxx permission" (including sample parent and participant consents) for your review.

I am also attaching "xxx letter of agreement to participate." This is the form I will need signed and returned. Please and scan back to me at your earliest convenience.

Yours in education,

Sarah Knudsen

## District Letter of Agreement to Participate

March 15, 2016

Sarah J. Knudsen 3660 River Road Osage, IA 50461

Dear Sarah,

Wassa-Middle School is pleased to collaborate with you and your study "An Examination of the Perceptions of the IEP Process as a Team Plans for the Potential Reintegration of a Student from an Alternative Setting to the Resident District."

The name(s) and school contact information of IEP members will be provided in order for the researcher to recruit specific IEP team members. Researcher will contact all potential participants via phone and/or email using school contact information.

Additionally, an IEP and its supporting documents will be provided to the researcher. The researcher has obtained and provided you a copy of parent/guardian permission to access the student's record.

We understand that participating in this research will include you contacting members of

IEP teams and seeking individual consent for participation. If participants agree, a series of three interviews with members of the IEP team from your school will be conducted. All

interviews will be face to face (with video-conferencing as a last resort, due to schedule and time constraints) and scheduled at a time and location that is convenient for each participant. All participation will remain confidential.

We have had ample opportunities to discuss the research with you and ask for clarifications. Furthermore, we understand the researcher will maintain confidentiality of all research participants and documents in all phases of this study.

According to our agreement, activities will be carried out as described in the research plan reviewed and approved by the University of Northern Iowa Institutional Review Board.

We look forward to working with you, and please consider this communication as our Letter of Cooperation.

Sincerely,

[Signature of representative] [Name of representative] [Title of representative]

#### APPENDIX G

#### CONSENT FOR RESEARCH PARTICIPANTS

Hello,

I am a doctoral student at UNI. You are in receipt of this email as I am requesting you participate in my research project.

I have gained permission from your district/agency to conduct research and ask you to participate. I can provide this documentation upon request.

I am attaching a document that gives information about my research and asks for your consent. Please review this document. <u>If you could print, sign and scan this back to me, it</u> would be greatly appreciated.

If you have ANY questions please let me know.

I can be reached at 641-220-xxxx or via email at knudsen@uni.edu

I am very excited about my research and anxious to get started with interviews. I will work around your schedule to conduct interviews. Please respond so that I know you are in receipt of this.

At the point of consent, I will indicate to you the student involved in my study. I have also gained consent from the parent.

Thank you so much for the consideration of participation.

Sarah Knudsen

Letter of Consent for Research Participants

Research Study Title: <u>An Examination of the Perceptions of the IEP Process as a Team</u> <u>Plans for the Potential Reintegration of a Student from an Alternative Setting to the</u> <u>Resident District</u>

Name of Investigator: Sarah J. Knudsen

You are invited to participate in a research project conducted through the University of Northern Iowa. The University requires that you give your signed agreement to participate in this project. The following information is provided to help you make an informed decision about whether or not to participate.

The purpose of this research study is to investigate the perceptions of IEP team members as to the factors on which decisions are made throughout the Individualized Education Program (IEP) process for students with ED as the team planned for reintegration from an alternative setting into their home district. This population of students is understudied; yet the literature suggests these students experience significant negative educational outcomes. This study will gain information regarding the IEP process and factors that may influence IEP team decisions.

Beginning in the spring of 2016, the researcher will interview you three times, spanning over the course of 2–3 months. These interviews would be scheduled at a convenient time and location for you and would be approximately an hour in length. The interviews will be digitally audio recorded for the purpose of transcription for data analysis. All audio and written documentation will be stored electronically and held to the highest level of confidentiality. In addition the interviews, I will be reviewing the IEP documents for the purpose of understanding the decisions made by the IEP team as well as for compliance and quality components of the IEP.

Confidentiality in this study will be treated with the highest level of integrity by the researcher. Processes will be in place to maintain the confidentiality of the interviews with you. Pseudonyms will be used to ensure confidentiality and protect your identity as well as the identity of the school and student. The researcher and all study participants will know the identity of the site and the participants as every participant will have participated in the IEP process. Results will be reported in such a way that it will not be able to be tracked to the site or to you, with the exception of other participants being able to identify you by role. While direct quotes from participants may be used, the quotes will not able to be traced to the participant by those outside of study. Exceptions to this may be other members of the IEP team, as all IEP team members were present at the IEP meeting and therefore may be able to discern your identity by role, although your name will not be used. You are asked to sign this letter of consent to assure your participation is voluntary and to confirm that any data you provide will be highly confidential.

You may experience a level of stress or discomfort during your interviews. While the intent of the study is not to focus on IEP compliance, this is a portion of the study due to the legal requirements in the IEP process. Should IEP compliance issues arise as a result of the study, other members of the study may become aware of these concerns as they may be reported in the conclusions of the study. As the researcher, I am under no obligation to report IEP compliance concerns and do not intend to do so. Should the results of the study result in your district/agency identifying IEP non-compliances, the administration may choose to address this according to district/agency policy.

The researcher will make every effort to accommodate your schedules and needs. Hopefully you will find the interviews enjoyable and thought-provoking. As an "IEP team member," the information you provide will be important and significant in examining the IEP process as potential reintegration was considered.

The researcher is committed to improving the educational outcomes for students with ED who are reintegrating into the resident district following placement in an alternative setting. It is hoped that by gaining the perspectives of IEP team members from both settings, the results of this study will be used to improve the planning process and will lead to better outcomes for students.

Your participation is completely voluntary. You are free to withdraw from participation at any time or to choose not to participate at all. There is no direct benefit to you as a participant in this study.

If you have any questions about the study or would like further information, please feel free to contact me. My contact information is listed below, as well as the chairperson of my dissertation committee. Finally, contact information is listed if you have any questions about the rights of research participants and the participant review process. Thank you in advance for your consideration.

Sarah J. Knudsen, AEA 267 Special Education Coordinator, 641-xxxx, knudsen@uni.edu

Dr. Susan Etscheidt, UNI Professor, 319-273-3279, susan.etscheidt@uni.edu

Anita Gordon, UNI IRB Administrator, 319-273-6148, anita.gordon@uni.edu

I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I hereby agree to participate in this project. I acknowledge that I have received a copy of this consent statement. I am 18 years of age or older.

(Signature of participant)

(Date)

(Printed name of participant)

(Signature of investigator)

(Date)

Participants will be provided a copy of this consent.

## APPENDIX H

### COMPLIANCE DOCUMENTATION



2014-2015 IEP COMPLIANCE ASSESSMENT

#### Special Education Record and File Review

Purpose: To support lowa's educational agencies in their effort to assure: (1) All children with disabilities receive a Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE) that promotes a high quality education and prepares them for higher education, employment, and living after they exit school and (2) Provision of a free appropriate public education (FAPE) to children and youth with disabilities is facilitated through parent involvement in special education services.

Evidence-based decision-making: The review process involves a review of records to determine, with clear evidence, that the responses are justified. Written documentation from school files is the most convincing evidence.

Directions for completing record review: In reviewing records select the most current IEP and data.

IMPORTANT: ANSWER EVERY QUESTION. Apply the criteria for judging the appropriate response. There must be documentation to support your response. A gray area is shown in the table where a response is not an option.

Demographic Information 1. Student name:	2. Student Date of Birth (mm/dd/yyyy):	3. Date of last IEP (mm/dd/yyyy):
4. Type of IEP (see top line of IEP) (circle one) Initial Review Reevaluation Amendment with a meeting Amendment without a meeting Interim	<ul> <li>5a. On the date of this IEP file review, the student is in which age group? (circle one)</li> <li>A) Early Childhood</li> <li>B) K through age 13</li> <li>C) Secondary Transition (14 years of age or older)</li> </ul>	Sb. File Review Type (circle one)         • Complete Review         • Transition Only         • Support Services Only         • Separate Facilities         5c. Date of File Review (mm/dd/yyyy):
6a. Attending District:	6b. Attending Building (for this IEP):	6c. AEA:
7. Special Education Teacher/Support Service Provider (for IEP being reviewed) name:	8. Collaborative Reviewer (AEA Partner) name:	9. Transition Reviewer (certified to review Transition content) name:

1

Information on I	PAGE A of the IEP:	Participation in the	IEP Process

Item No.	Review Questions	Yes	No	NA	Criteria for Response
P12. §300.321(a) Indicators B5, B6	Were the following persons in attendance at the most recent IEP meeting?				<u>NOTE:</u> When reviewing an IEP that is an <b>amendment without a</b> meeting, this section will not be completed. There <b>MUST</b> be documentation of invitation.
P12a. §300.321(a)(2) Also §300.324(a)(3) Indicators B5, B6	General education teacher	x			Yes = General education teacher was in attendance at the IEP meeting or there is written agreement (signed by parent and LEA representative) indicating excusal with input provided as appropriate. No = General education teacher was not in attendance at the IEP meeting and there is not written agreement indicating excusal. NA = There is no possibility that the student will be in the regular education environment during the term of the IEP.
P12d. \$300.32*(a)(4) Indicators B5, B6	LEA designee (for Support Services Only, LEA means AEA) (designee means: a representative of the LEA who is qualified to provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general education curriculum; and is knowledgeable about the availability of resources of the LEA)	x			Yes = LEA designee was in attendance at the IEP meeting or there is written agreement (signed by parent and LEA representative) indicating excusal with input provided as appropriate. No = LEA designee was not in attendance at the IEP meeting and there is NOT written agreement indicating excusal.
P12e. \$300.321(a)(1) Also §300.501(b) Indicators B5, B6	<ul> <li>Parent (Parent means: a biological or adoptive parent, a foster parent, a guardian authorized to act as the child's parent, an individual acting in the place of a biological or adoptive parent with whom the child lives or a surrogate parent)</li> </ul>	x			Yes = Parent was in attendance (in person or by other means, e.g. conference call) or there was evidence of two (2) or more attempts (e.g., meeting notice, records of telephone calls and the results of those calls, copies of correspondence sent and responses received, records of visits made to parent's home or place of employment and the results of those visits) to schedule the IEP meeting at a time when parent could attend. No = Parent was not in attendance and no evidence of two (2) or more attempts to schedule the IEP meeting could be found. NA = Student has reached age of majority; therefore, parent attendance not required.

#### Information on PAGE B of the IEP: Appropriate Services in the Least Restrictive Environment

Information on I	AGE D'OI the IEI . Appropriate of				
Item No.	Review Questions	Yes	No	NA	Criteria for response
AS16.	For this student age 13 and				Yes = Strengths, interests and preferences are described.
§300.324(a)(1)(i)	younger, did the IEP team				No = Comments are absent or do not describe the student's
Indicators B5, B6	consider the strengths, interests				strengths, interests and preferences.
Age Group A, B only	and preferences of the student?	X			
AS19.	Does the PLAAFP for this				Yes = Impact of disability on involvement and progress in general
§300.320(a)(1)(i)	student (kindergarten through				curriculum is documented.
Indicators B5, B6	twelfth grade) describe the effect				No = Impact of disability on involvement and progress in general
	of the student's disability on				curriculum is not documented.
	involvement and progress in the				NOTE: May be found in the transition assessment section for students 14
Age Group B, C only	general education curriculum?	X			and up.

#### Information on PAGE B, GOAL PAGE and PAGE F of the IEP: Secondary Transition

Item No.	Review Questions	Yes	No	NA	Criteria for response
T20. §300.43(a)(2) Also §300.321(b)(2) Indicator B13 Age Group C only	Does the IEP include the student's preferences or interests?				Yes = Preferences or interests of the student are listed. No = No interests or preferences are listed OR items listed are not the student's. <u>NOTE:</u> Preferences = things chosen over others. Interests = things that evoke curiosity.
T21a. §300.320(b)(1) Indicator B13 Age Group C only	Does the IEP document that the postsecondary area of living has been sufficiently assessed and information used as basis of transition planning?				Yes = Specific data related to the student's living skills and the method of collection or source of the data are listed. Data are sufficient to determine that an assessment of the postsecondary area of living as it relates to student's postsecondary expectations for living was done. (Look at data collected during RIOT) No = No specific data are listed OR the source or method of data collection is missing OR data are insufficient to determine that the post-secondary area of living has been assessed OR source was limited to student interview.
T21b. §300.320(b)(1) Indicator B13 Age Group C only	Does the IEP document that the postsecondary area of <b>learning</b> has been sufficiently assessed and information used as basis of transition planning?				Yes = Specific data related to the student's learning skills and the method of collection or source of the data are listed. Data are sufficient to determine that an assessment of the postsecondary area of learning as it relates to student's postsecondary expectations for learning was done. No = No specific data are listed OR the source or method of data collection is missing OR data are insufficient to determine that the postsecondary area of learning has been assessed OR source was limited to student interview.

3

Item No.	Review Questions	Yes	No	NA	Criteria for response
T21c. §300.320(b)(1) Indicator B13	Does the IEP document that the postsecondary area of working has been sufficiently assessed and information used as basis of transition planning?				Yes = Specific data related to the student's working skills and the method of collection or source of the data are listed. Data are sufficient to determine that an assessment of the postsecondary area of working was it relates to student's postsecondary expectations for working was done. No = No specific data are listed OR the source or method of data collection is missing OR data are insufficient to determine that the post-secondary area of working has been assessed OR source was
Age Group C only <b>T22a.</b> §300.320(b)(1) Also §300.43(a)(1) Indicator B13	Is there a postsecondary expectation of <b>living</b> that projects beyond high school, is consistent with available assessment information and is observable?				limited to student interview. Yes = Postsecondary expectations statement incorporates observable post school outcomes in the area of living that are consistent with available transition assessment data. No = Area is not stated as an observable behavior OR is not addressed or addressed vaguely OR is inconsistent with available
Age Group C only <b>T22b.</b> §300.321(b)(1) Also §300.43(a)(1) Indicator B13 Age Group C only	Is there a post-secondary expectation of <b>learning</b> that projects beyond high school, is consistent with available assessment information and is observable?				transition assessment data. Yes = Postsecondary expectations statement incorporates observable post school outcomes in the area of learning that are consistent with available transition assessment data. No = Area is not stated as an observable behavior OR is not addressed or addressed vaguely OR is inconsistent with available transition assessment data.
T22c. §300.321(b)(1) Also §300.43(a)(1) Indicator B13 Age Group C only	Is there a postsecondary expectation of <b>working</b> that projects beyond high school, is consistent with available assessment information and is observable?				Yes = Postsecondary expectations/vision statement incorporates observable post school outcomes in the area of working that are consistent with available transition assessment data. No = Area is not stated as an observable behavior OR is not addressed or addressed vaguely OR is inconsistent with available transition assessment data.
T23a. §300.320(b)(2) Indicator B13 Age Group C only	Does the course of study (COS) identify the overall number of credits, class subject areas and other requirements for general graduation?				Yes = COS identifies: (1) the overall number of credits the student needs to graduate, and (2) overall subject areas and required number of credits (e.g., 4 credits of English) and (3) other district graduation requirements, if appropriate <b>OR</b> if student is to graduate by other means, requirements specific to the student. <b>No</b> = One or more of the following are missing and/or are unclear: (1) the overall number of credits the student needs to graduate, 2) overall subject areas and required number of credits (e.g., 4 credits of English) and (3) other district requirements, if appropriate <b>OR</b> if student is going to graduate by other means, requirements specific to the student.

Item No.	Review Questions	Yes	No	NA	Criteria for response
		Tes	NO	NA	
T23b. §300.320(b)(2) Indicator B13	Does the COS identify the student's current status with regards to the graduation requirements and what is needed to graduate?				Yes = COS identifies (1) a targeted graduation date, (2) the required courses yet to be completed, (3) the number of credits yet to be completed, (4) any other accomplishments required for graduation and (5) targeted graduation date is feasible for the student. No = Targeted graduation date, required courses yet to be taken, the number of credits yet to be completed, and/or additional requirements are not documented OR targeted date is not feasible for the student.
Age Group C only	Date the OOD seriest attact				
T23C. §300.320(b)(2) Indicator B13	Does the COS project other courses (in addition to those listed in T23a) and activities, including linkages specific for the student to pursue the postsecondary expectations?				Yes = Other courses/activities, including linkages (when needed to pursue PSEs) are listed and project to the targeted graduation date. No = Other courses/activities, including linkages needed to pursue PSEs are not listed or are vague or do not project to targeted graduation date.
T24. §300.320(b)(2) Also §300.43(a)(2) Indicator B13 Age Group C only	Do the annual goals represent relevant skills/behaviors, which are well-aligned with the transition assessment information and are priorities/essential for the student's post-secondary expectations (PLAAFP)?				Yes = Each goal listed addresses a need identified in the PLAAFP and is a priority/essential skill for the student to pursue targeted post- secondary expectations. No = One or more goals do not reflect a need listed in the PLAAFP OR is not a priority skill essential for the student to pursue targeted postsecondary expectations.
T25a. §300.320(b)(2) Also §300.43(a)(2) Indicator B13	Are there supports, services or activities for every NEED identified in the PLAAPF as a priority for this year?				Yes = Every need identified in the PLAAFP as a priority for this year is addressed through supports, services or activities. (NOTE: Although needs for future years can be documented here, they are better placed in the COS.) OR Specific skill information or detailed explanation for <u>not</u> providing needed services, supports or activities is listed in the PLAAFP for each missing prioritized area. No = One or more needs identified in the PLAAFP as a priority for this year does not have a support, service or activity OR explanation for
Age Group C only					not providing is not detailed or is missing.
T25b. §300.320(b)(2) Also §300.43(a)(2) Indicator B13 Age Group C only	Are there goals, services or activities for every postsecondary area (Living, Learning, and Working)?				Yes = Each postsecondary area of Living, Learning, and Working is addressed through goals, services or activities OR detailed explanation supports there are <u>no needs</u> in the missing postsecondary areas. No = One or more area does not have a goal, service or activity OR detailed explanation that no need exists is missing.

11/12/14

#### Information on GOAL PAGES of the IEP: Student Results

- Instructions for the following section:
   Identify ONE goal from this student's IEP. When possible, choose an instructional goal.
   Record the goal in the box. Then record the appropriate response option for the decision making practice for this goal as supported by the evidence at hand for Questions SR28-SR35.

Item No.	Review Questions	Goal
GOAL STATEMENT §300.320(a)(2)(i)	Write the exact wording of the goal in the box at the right.	write a paragraph of at least 8 sentences and earn 18/21 points on rubric on 4/5 data collection days

	ng questions using the response				
Item No.	Review Questions	Yes	No	NA	Criteria for Response
SR28. §300.320(a)(3)(i) Indicators B3, B7	Does the annual goal contain the same numeric measure of performance as the baseline?				Yes = Baseline data are numerically aligned with the goal measurement (e.g. number of correct words per minute and number of correct words per minutes or percent accuracy to percent accuracy). No = Baseline data were collected but are not numerically aligned with
Age Group A, B, C		X			the goal measurement.
SR30. Age Group A, B, C	Goal: Does the goal state the:				
SR30a. §300.320(a)(2)(i) Indicators B3, B7 Age Group A, B, C	<ul> <li>Conditions (when and how the individual will perform)?</li> </ul>	x			Yes = Goal states the conditions (when and how: e.g. "In 36 weeks, given a fourth grade level passage"). No = Only one (when OR how) or no condition is described in the goal.
SR30b. §300.320(a)(2)(i) Indicators B3, B7 Age Group A, B, C	<ul> <li>Skill or behavior (what the individual will do)?</li> </ul>	x			Yes = Goal states the student skill/behavior (e.g. "Maribelle will read"). No = Student skill/behavior is not described in the goal.
SR30c. §300.320(a)(2)(i) Indicators B3, B7 Age Group A, B, C	<ul> <li>Criterion (the acceptable level of performance at the end of the goal period)?</li> </ul>	x			Yes = Goal states the criterion (e.g. "100 words per minute with 95% decoding accuracy"). No = Criterion is not described in the goal.
SR31. §300.320(a)(3)(i) Indicators B3, B7 Age Group A, B, C	Does the Progress Monitoring procedure identify <b>how</b> (a procedure by which) progress will be measured?	x			Yes = Progress Monitoring procedure states how progress will be measured (e.g. tallies, observations, probe type, test scores, record books, work samples, type of rubric). No = Progress Monitoring procedure does not state how progress will be measured. NOTE: The 'how' should align with the baseline.

Item No.	Review Questions	Yes	No	NA	Criteria for Response
SR32. §300.320(a)(3)(i) Indicators B3, B7 Age Group A, B, C	Does the Progress Monitoring procedure identify how often (frequency that) progress will be measured?	x			Yes = Progress Monitoring procedure states how often progress will be measured (e.g. daily, weekly, etc.) The Statewide Procedures Manual states that PM must occur at least every two weeks (with exceptions for some nonacademic goals.) No = Progress Monitoring procedure does not state how often progress will be measured or Progress Monitoring is occurring less than every two weeks (with exceptions for some nonacademic goals).
SR33. §300.320(a)(3)(i) Indicators B3, B7	Can the goal be monitored using the procedures described in the Progress Monitoring procedure section of the IEP?	x			Yes = Progress Monitoring procedure monitors the same numeric measure as stated in the goal (e.g. <u>Baseline</u> : Suzy is on-task 62% of the time. <u>Coal criterior</u> . Suzy will be on-task 90% of the time. <u>Evaluation</u> : Weekly, structured classroom observations.). No = Progress Monitoring procedure does not monitor the same numeric measure as stated in the goal (e.g. for an oral reading fluency
Age Group A, B, C SR34a. \$300.320(a)(3)(i) Indicators B3, B7	Is a decision rule and description of the decision rule stated that will be used to consider the need for instructional changes?	x			goal, classroom observations of on-task behavior are used to monitor). Yes = Description of progress monitoring procedure includes a clear and complete description of the decision-making rule that will be applied to progress monitoring data to determine the need for changes in instruction (e.g. <u>4 Point Decision-Making Rule</u> : After 6 weeks of instruction (if 4 consecutive data points fall above (or below) the goal line, the special education teacher, parent and special education consultant will meet to consider the need for instructional changes. OR <u>Trendine</u> : One weekly writing sample will be corder using the district's writing rubric. Instructional changes will be considered when the trendine (based on at least seven data points) does not project meeting the annual goal.] No = Decision rule is not clearly stated in the description of monitoring procedures OR the decision rule is stated but not described specifically (as in the example above).
SR34b. §300.320(a)(3)(i) Indicators B3, B7 Age Group A, B, C	Have the data as described in the Progress Monitoring procedures section of the IEP been collected and visually represented (graphed or otherwise visually represented)?	x			Yes = Data have been collected and visually represented (e.g. graphed) at least every two weeks (with exceptions for some nonacademic goals. No = Data have not been collected as described OR have not been visually represented (e.g. graphed), at least every two weeks (with exceptions for some nonacademic goals).

Item No.	Review Questions	Yes	No	NA	Criteria for response
SR35. §300.320(a)(3)(i) Indicators B3, B7 Age Group A, B, C	Were decisions to continue or change instruction made based on the application of a decision rule to progress monitoring data? (These changes are called <i>phase changes</i> and are modifications to the instruction/intervention.)	x			Yes = A phase change occurred based on the individual's progress monitoring data using the stated decision rule and its description OR data were collected and no phase change was needed according to the application of the decision rule and its description. No = Progress monitoring data were collected but no phase changes occurred when needed according to the decision rule and its description OR phase changes occurred but data were not collected to support the change.

#### Information on PAGES B & F of the IEP: Appropriate Services in the Least Restrictive Environment

Item No.	Review Questions	Yes	No	NA	Criteria for response
AS49c §300.210 Indicators B5, B6 Age Group A, B, C	Does this student require Accessible Instructional Materials (AIM) (e.g. specialized format versions of printed textbooks and printed core related instructional materials, such as Braille, large print, audio, digital text)?		x		Yes = Student requires AIM. No = Student does not require AIM. (If No, skip to AS44)
AS49d §300.210 Indicators B5, B6 Age Group A, B, C	Were the AIM described on Page F received in a timely manner (at the same time as nondisabled peers received their materials)?				Yes = Student's AIM described on Page F were received in a timely manner (when other students received their materials). No = Student did not receive AIM in a timely manner OR the need for AIM was not described on Page F. NOTE: Requires checking to see when materials for other students available.

#### Information on PAGE G of the IEP: Appropriate Services in the Least Restrictive Environment

Item No.	Review Questions	Yes	No	NA	Criteria for response
AS44.	Does this student participate in				Yes = Student participates in nonacademic activities with nondisabled
§300.117 Indicators B5, B6	nonacademic activities with				peers and has the same opportunity to participate in extracurricular
Indicators B5, B6	nondisabled peers and have the				activities as nondisabled peers. (If Yes, Skip to AS48)
	same opportunity to participate	x			No = Student does not participate in nonacademic activities with
	in extracurricular activities as	^			nondisabled peers and does not have the same opportunity to
Age Group A, B, C	nondisabled peers?				participate in extracurricular activities as nondisabled peers.
AS45.	Since this student does not				Yes = An explanation why student does not participate in nonacademic
§300.320(a)(5) Indicators B5, B6	participate in nonacademic				activities with nondisabled peers is provided.
Indicators B5, B6	activities with nondisabled				No = An explanation why student does not participate in nonacademic
	peers, is an explanation				activities with nondisabled peers is not provided.
Age Group A, B, C	provided?				

8

Item No.	Review Questions	Yes	No	NA	Criteria for response
AS48. §300 116(b) & (c) Indicators B5, B6 Age Group A, B, C	Does this student attend a special school?	x			Yes = Student attends a special school. No = Student does not attend a special school. (If No, skip to SS51)
AS49.	Have the special school questions been answered in the development of this IEP?	x			Yes = Responses to the special school questions for the current IEP are documented on the Justification for Special School Placement Form. No = Responses to the special school questions for the current IEP are not documented on the Justification for Special School Placement Form.

#### Information found in MEETING NOTICE and CONSENT forms

<ul> <li>SS51. \$300.27(a) indicators B5,86</li> <li>Were the following required participants invited to the meeting: <ul> <li>The parents of the eligible individual,</li> <li>At least one general education teacher<sup>+</sup>,</li> <li>At least one special education teacher OR support service only review,</li> <li>A representative of the LEA<sup>++</sup> who is qualified to provision of specially designed instruction (for Support Services Only review, may be the support service provider if qualified). AND</li> <li>An individual who can interpret the instructional implications of support</li> </ul></li></ul>	Item No.	Review Questions	Yes	No	NA	Criteria for response
	§300.321(a)	<ul> <li>participants invited to the meeting:</li> <li>The parents of the eligible individual,</li> <li>At least one general education teacher*,</li> <li>At least one special education teacher OR support service provider for support service only review,</li> <li>A representative of the LEA** who is qualified to provide or supervise the provision of specially designed instruction (for Support Services Only review, may be the support service provider if qualified), AND</li> <li>An individual who can interpret the instructional implications of evaluation results (for Support Services Only review, Services Only r</li></ul>	x			Meeting Notice form (or included in the other appropriate documentation of meeting notification) or excusal form. No = All participants required to attend the meeting were not listed on the Meeting Notice form (or included in the other appropriate

Age Group A, B, C	service provider if qualified)? The general education teacher is not a required member of the IEP team ONLY if there is no possibility that the student will be in the general education environment E any time during the environment E any time during the "* For Support Services Only, LEA means AEA		
SS52. §300.321(a)(7) Indicator B13 Age Group C only	Was the student invited to attend the IEP meeting? (age 14 and above)		$\begin{array}{l} Yes = Student's name is listed on the completed Meeting Notice OR \\ the student's meeting notification is otherwise appropriately \\ documented (may include student's noted attendance). \\ No = Student's name is NOT listed on the completed Meeting Notice or  documentation of student's meeting notification is absent. \end{array}$

10

# APPENDIX I

# QUALITY REVIEW RUBRIC

	meeds			than rationale.
Support and Related Services	All services are based on (transition assessment, goal areas, PL-AAFP) data and aligned with the information from the effect of the disability (EOD) structment and transition/ assessment data. Activities and supports directly align with other essential information (OET) and goals.	Services, activities and supports are based on data, loosely aligned with OEI and EOD	Services, activities and supports are random and/or vaguely described.	Missing services, activities, and supports or additional services, supports and activities without miconde, fissing of services and supports without description
Transition	Living, learning and working addressed bread on adocute assessment data post- secondary expectations appropriate as related to assessment, course of study; graduation requirements described and connected to PSE	Living, Learning and working addressed but may not be directly connected to assessment results. Post- secondery expectations developed but may not be connected to assessment results; graduation requirements are listed but generic	Living, learning and working may as all the addresses, parts secondary expectations may not be addressed; graduation requirements are not specifically related to PSE	Laok of connectivity for all transition required components
Meeting participant	All required and needed participants present at meeting; evidence of participation in the IEP	Required participants present, needed participants not all present; not evidence of participantion of needed members	Required participant(s) excused, needed participants not invited	Full IEP team not present fo the meeting
PBA	Behavioral definition is measurable and observable; multiple and relevant sources of data were utilized; discrepancy of skill is identified (duration, frequency, intensity, latency; hypothesis of	Behavioeal definition is measurable or observable; data is relevant but sufficient; discrepancy is not elearly identified; hypothesis of function is not supported with data	Behavioral definition is not measurable or observable; data is present but not aligned to the behavior of concerns. hypothesis of function is not demrified or a dual function is identified without appropriate data	Behavioral definition is not measurable or observable; data is incutficient; hypothasis of function is not identified

#### IEP Quality Review Rubric for Dissertation

Cionis Giud in developed based or specific dam-based measure to verify the skill in the gos meeds to be acquired and/or improved; goal in remotin calculated to rearch in educational benefit based of PLAAFP; gool is skill-base while contains the conditis the behavior, and the criterion related to the skill goal in developed to interest repherement skills		Cical is skill-based; continuis the condition, the behavior, and the criterion reasonably enkulated to result in educational bearlin; written to decrease inappropriate behavior nafter than increase appropriate behavior	Cinal is skill-based gool that is missing one or more of the fullowing: condition, behavior, and criterion related to the skills, may not be rigorous enough result in educational benefit	Cicul is not skill based	
Progress moniforing	Identifies the type(s) of data and measurement strategy used for decision-making; identifies frequency, duration, and envaronment for data collection; accurately computes duta; describes decision-making rule	Identifies the type(s) of data or measurement strategy used for decision-making; identifies frequency, duration, or environment for data collection; accurately computes data; describes decision-making rule	Does not identify the type(s) of data or measurement stancegy used for decision-making; identifies frequency, duration, or environment for data collection; data computation is not in alignment with description of measurement strategy; vagedy describes decision-making rule	Does not identify the type(s) of data or measurement strategy used for decision- making; does not identify frequency, duration, or environment for data collections; data computation is not in alignment with description of measurement strategy; no decision-rule is identified	
LRE statement	Rationale for LRE is clearly stated, rationale is provided, focused on the student's	Rationale for LRE based on inadequate resources or needs of other students.	Rationale for LRE is vague	Rationale for LRE is not stated with any specificity and/or lists services rather	

	function is determined based on data			
Behavior Intervention Plan	Target skill(s) are identified from the goal in the FBA; prevention strategies aligned with the function are clearly identified and positive; alternative/replacemere skills are identified; response strategies are described as to extinguish the inappropriate behavior and reinforce the appropriate behavior; safety plan in clearly articulated	Target skill(s) are identified from the goal in the FBA; prevention strategies identified but may not be clear or positive; alternative/replacement skills are identified; response strategies are described as to extinguish the inappropriate behavior or reinforce the appropriate behavior; safety plan is vague	Same as prior box but not directly aligned with FBA.	Inconsistent, misaligned, inadequate information; intervention/response stratagies identified but are punitive as opposed to positive

## APPENDIX J

## INTERVIEW QUESTIONS

#### Round 1 Interview Questions

1. In which areas of special education are you certified?

2. What is your history in education?

3. Describe your teaching/admin/professional experiences working with students with BD.

4. What is your experience in working with students that have gone to or come back from an alternative setting?

5. What is your perception of characteristics of students with special education services with behaviors?

6. In your LEA. what are behaviors that would typically require special education services for a student?

7. Who is required to attend IEP meetings?

8. Who typically attends IEP meetings in your LEA?

9. Who typically attends IEP meetings when a significant change in placement is going to be considered?

10. What is your understanding of a Free and Appropriate Public Education?

11. What are the components of the IEP?

12. What is your understanding of the Least Restrictive Environment mandate in the IEP?

- 13. What are your perceptions of how LRE is determined in your LEA?
- 14. What is your understanding of disciplining students with an IEP?
- 15. What is your understanding of the transition requirements for students on an IEP?
- 16. When and how does an IEP team conduct an FBA?
- 17. How does this look in your AEA/LEA?
- 18. Describe the components of a BIP?
- 19. What is your understanding of the purpose of an FBA and BIP?

20. What is your understanding of the provision of a "continuum of services" for students with an IEP for behaviors?

21. How are placement decisions made for students with an IEP for behaviors in your LEA/AEA?

22. Are services in your LEA provided in the LRE?

23. How are the academic needs of students met in your school for students with BD?

24. What is your understanding of positive behavioral supports?

25. Are there typical behavioral supports or strategies used in your LEA to support students with BD?

26. Describe a "typical" IEP process for a student with behavioral concerns.

27. How do IEP teams determine IEP goals for a student with behaviors, behavior and academic?

28. How is progress typically monitored on behavioral goals?

29. What factors are typically considered when an IEP team considers an alternative placement?

30. What factors are typically considered when an IEP team considers reintegration?

31. How is reintegration initiated?

32. Describe the role of an alternative setting for serving students with behavioral issues.

33. Describe your experience(s) with a student going to or returning from an alternative setting?

34. What is your greatest concern in regard to students with BD being served in regular schools? Alternative Schools?

35. What types of services are available in your school for students with BD?

# Round 2 interview questions

Today we are going to revisit our first conversation a bit. I want to just clarify and confirm a few things from our conversation and then get more specific about the Isaac and the path he took as he reintegrated.

# <mark>John</mark>

• Back to our original conversation, you discussed the AEA Team Rep role in the reintegration process. You indicated that "it depends." Can you tell me more about this. What does it depend on? How or who determines the role of the team rep during reintegration

• You said that last year Gary was really pushing doing a new FBA and BIP at the 3 year reevaluation. Is this/ was this not a common practice? How has this changed? (depending on response: when do procedures or law require this?)

• When we discussed parental role in the reintegration process, you said, "they pretty much agree, they feel like the school is the expert and it is rare for them to stand up and disagree." The IEP process clearly is to include parent in the decision making. Why do you think they just defer to the school and don't stand up if they disagree?

# Gary:

• In our first interview you talked quite a bit about the inconsistent development of FBAs and BIPs indicating that sometimes important components like "observations" are left out. The use of FBA and BIP is pretty clear in the law. Why do you think this is so inconsistent?

• I asked you about how teams are making decisions about goals for kids with behaviors. You said, "it's not done in a structured systematic process, which it needs to be." You elaborated by saying, "it needs to be team, data, work samples assessment scores—all of those things." If this is not happening, how are these goals being determined and developed?

# <mark>Dawn</mark>:

• You talked quite a bit about teachers viewing homework completion, failing grade, and non-attendance as "probably the biggest complaint of teachers" that require needing special education services. Help me understand why people would think these are "behaviors" that warrant a behavioral IEP.

• When I asked you about the involvement of the team rep in the reintegration of students, you said, "that it varies by team rep." How does it vary? Why does it vary? Should it vary?

• I asked you about the purpose of the FBA and BIP, You said "it should be a live plan that people are using." When you said it "should be" were you implying it is being used this way or is not?

• If so, how? If not, why?

• When we talked about factors affecting placement, you talked about parental involvement. You made a comment that "Pinewood has a lot of heavy, bad connotations. You said, "I want parents to understand it is a continuum of services." What about the bad connotations? Why do these connotations exist? Jen:

• In our previous interview, you described having kids in the least restrictive environment. You said, "as the year moves on we might take a break and see how they do" or pull back support to see how they react." How do you decide if this is working or not?

• In our previous interview, you talked some about the importance of parent involvement. Can you tell me more about that? Why is it important in the IEP process/reintegration process?

• How do you engage parents in this process?

• Can you tell me a bit more about the involvement of the general education teacher as IEP teams plan for reintegration of a student from special school to you?

• Last time you mentioned that "you don't see the same things" as gen ed teacher. Can you give me some examples of things you see differently?

## Questions for all about Isaac and the IEP process:

If you remember, the purpose of my research is to understand the IEP process for the reintegration of Isaac. I sent you an IEP to review. The IEP was originally written in January of 2015 and was amended numerous times as the reintegration process progressed. So I was hoping today that we could walk through portions of the IEP and you could respond to questions or clarify events from your perspective.

#### Here is a general timeline;

January 2015: reevaluation (was in 5 classes at Wassa ms, added one more) Mom, Dawn, Jen, John, xx, xx, (gen ed teacher) Gary, (aea tr Wassa ms)

Feb 2015: amendment with a meeting, update on how he is doing, determined that beginning on March 3, he be integrated full time at the MS. Mom, xx, xx, xx, xx, xx (aea tr Wassa ms)

-At the time of the annual review on 1/15/15, it appears as though some reintegration had already begun. According to that IEP he was integrated for 5 classes prior to this IEP meeting. (literacy, music, PE, art and SS)

-As a result of the meeting an additional hour was added to the end of the day. This would be a study hall and be used for his SDI written language goal with Mrs. xxx. Also used as support for literacy and SS support for assignments and projects.

-EOD: Although not as frequent as in the past, Isaac continues to display behaviors that are significantly discrepant from his 6th grade peers. When these behaviors occur, they significantly interfere with the learning environment for himself and others in the class. Isaac may argue and become upset. He requires a high level of teacher intervention time and instruction in order to be behaviorally successful. Isaac needs specific instruction,

support, an individualized behavior intervention plan and a structured reinforcement system that is beyond what is available in the general education setting/classroom.

Isaac's math and written language skills are significantly discrepant from his grade level peers, although his writing skills are stronger than his math skills. Isaac's deficits in these areas significantly interfere with his involvement and progress in the general education curriculum, as he is unable to problem solve math problems at his grade level. His writing deficits interfere with his ability to express his thoughts, ideas, and answers in written form due to poor use of mechanics and paragraph structure.

• Look at OEI on 2-19 IEP. There are mixed comments about doing well and some concern from different IEP members. How was it determined to move ahead with further reintegration at this time?

• Specifically it appeared in the OEI that mother had questions about what happens if he misbehaves? How was this discussed? IEP states options were discussed. How did this conversation impact the IEP team's decisions?

• Was there review of current supports, sdi, fba and bip?

• Is there anything else that you recall from the meeting that influenced the IEP team decisions?

March 17, 2015

Amendment without a meeting: school team met, Jen met with mom later that day to return to the schedule that was in place prior to 3-3-17.

• Who was involved? Why? Look at IEP.

FBA at this point is from 2/4/10 with no updates. BIP had been revised at the 1-5-15 reevaluation meeting.

- Were the FBA and BIP reviewed at the any of the meetings? Considered? By whom? What was the discussion?
- Was there discussion of the implementation of the BIP?

# Goals:

Writing: making progress

• Was this discussed?

Math: making great progress, doing very well according to graph

• How or why was it decided to move him back to math at PineWood?

Behavior goal: one or less teaching interaction every two weeks for accepting feedback

- How was it determined that this goal would be "discontinued" once he was at wms? And then reinstated when he went back after 3-17?
- Why not in both places?
- As of 3-3-15, when he was moved to Wassa ms for the trial, he was having a harder time according to his graph. How was this considered at the actual time the change occurred?

Behavior goal: sharing his thoughts appropriately (rubric)

- How was this goal determined as priority?
- This says monitored by a rubric. Do you have this?
- He was making progress on this goal at the time it was determined that he go back to Pinewood for more time?
- How did the 45 day trial end?
- There was reference in a pwn that it would end about on May 7 and a meeting would be held.
  - Was there a meeting?
  - Was there a need for a meeting?
  - How was it decided as to whether a meeting was needed?
  - How was progress/lack of progress communicated with all IEP team members at this time?

At the end of the year, beginning of the fall 2015:

There was not an IEP or an amendment.

- IMS special school data indicates that the last billable date for PW was in early June.
- Where did he start in the fall?
- How was this decision made? By whom?
- Why was there not a meeting?

November 24, 2015 Amendment without a meeting

- Appears as though the only change in the IEP was to add using the pinewood behavior intervention room when behavior could not be managed. It indicates this is added to the BIP. This also makes the first reference to a "transition room."
  - What is transition room? How did this decision get made?

• Isaac was making adequate progress toward both of his goals at this time. Was this considered? Discussed?

• I could not locate an updated BIP. (It appeared as though an updated FBA and BIP were developed for an upcoming meeting—??—could that be the case).

• Were there other changes made at this time?

• How did the team make the decision to add this xxxx intervention as a support? Were other considerations discussed? PWN states "no other options were considered" PWN states that decision was made as his behaviors are too difficult to address in the general ed settings.

General questions:

How were IEP team meeting participants determined for each meeting?

How was it decided to have a meeting or amend without a meeting?

There was not a special school form changed throughout the process? Was this addressed or considered at any time as reintegration occurred?

Describe the parent role in the process.

Describe the general education role in the process.

Were there other influences as the reintegration process unfolded?

How did the team ensure LRE throughout the process?

How did the IEP team determine which classes would be at Pinewood vs. WMS?

Round 3 Dawn Round 3 interview questions Research questions:

1. How do IEP team members describe the IEP process for students with ED?

2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?

3. What beliefs, attitudes and perceptions, influence the IEP planning process?

You referenced a few times in our last conversation that things were different at pinewood (for example their point system, their intervention system) and that you just didn't have the "resources" to do those things here. What prohibits these supports from being provided here?

You described for me the events that occurred for Isaac's reintegration. Describe for me how the integration process—back and forth—with pw may have been different if the schools were not in such close proximity.

There were comments from you, and other interviewees about "criteria" for a student to come back from PW to here. Will you describe for me again what the actual criteria is?

Follow-up: How was that criteria applied to Isaac? Do you agree? What should it be?

Continuum: I am not sure I have a clear picture of how "a continuum of services" was applied for Isaac. Clarify for me your perspective on this.

Parent voice: In our last interview you indicated numerous times that Isaac's mom was persistent in his reintegration.

Why did she feel so strongly about things? Was her persistence helpful or hurtful to the IEP process? Was her participation "typical" of parent involvement? What could she have done that would have made it better?

Student voice:

You mentioned in our last interview that Isaac had indicated that he was at times misbehaving or "acting like a baby" in order to get back to pinewood. I am wondering how much involvement or what type of involvement he has had throughout the entire process?

Staff training:

What kind of staff training occurs for dealing with this very difficult population of students?

Was there any specific training provided for staff during Isaac's reintegration?

Would additional training helped support a more smooth transition?

How could this be improved in this case?

You mentioned several times that the BIP was not always a living, used or usable document?

Why not? What would it take to make this happen? Should it happen? Is the BIP needed?

We have talked a great deal about the services in your school and how the reintegration process occurred for Isaac. If you could recreate his reintegration, what would you change?

What do you feel best about as you look back over the reintegration process?

Was Isaac's reintegration typical? Why or why not?

What do you think is the most difficult about reintegration of this population of students?

You indicated in our last interview that general education teachers were not overly involved in the decision-making about his reintegration. Why not? According to the IEP he was in gen ed quite a bit.....

You indicated a lack of "role clarity" especially with the AEA team reps. Tell me how you think this lack of specificity impacted Isaac's reintegration. Reintegration in general?

There appeared to be limited involvement in the process by the building principal. Is this typical?

What was his role (even though he did not have significant voice at the IEP table)?

There were quite a few amendments, amendments without meetings? Is this typical in the reintegration process?

Is this amendment process conducive or a hindrance to a supported transition?

Would actual meetings with all required participants likely have changed the process in way?

As the entire reintegration process for Isaac transpired, was there always agreement between IEP team members?

If not, who disagreed? What did they disagree about? How were disagreements resolved?

What are the beliefs, attitudes and perceptions of General educators vs special educators in this planning process? pinewood vs. wassa MS in this planning process?

Administration vs. teachers?

Parent toward the special school?

Parent toward the MS?

Student perception of the process?

When IEP meetings were held, who or what had "voice" or influence in the process? How and why?

When you think about reintegration in general, who or what has voice or influence?

Was Isaac's reintegration successful/unsuccessful? Why? What were key factors in making it this way?

When I reviewed the IEP for compliance, it met the criteria. How did the compliant IEP lead to better services for Isaac as he reintegrated?

Do you feel like the IEP process was implemented with fidelity as Isaac reintegrated?

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes and perceptions, influence the IEP planning process?

# <u>John</u>

Round 3 interview questions Research questions:

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes and perceptions, influence the IEP planning process?

You described for me the events that occurred for Isaac's reintegration. Describe for me how the integration process—back and forth—with pw may have been different if the schools were not in such close proximity.

There were comments from you, and other interviewees about "criteria" for a student to come back from pw to here. Will you describe for me again what the actual criteria is?

Follow-up: How was that criteria applied to Isaac? Do you agree? What should it be? Do both settings understand the criteria? How could we make this better?

Continuum: I am not sure I have a clear picture of how "a continuum of services" was applied for Isaac. Clarify for me your perspective on this.

Parent voice: In our last interview you indicated numerous times that Isaac's mom was persistent in his reintegration.

Why did she feel so strongly about things? Was her persistence helpful or hurtful to the IEP process? Was her participation "typical" of parent involvement? What could she have done that would have made it better?

Student voice:

You mentioned in our last interview that you had talked with Isaac several times about going back and forth. Do you think he had a voice or an influence in the decisions made about his reintegration? Was he ever included in the meetings?

We have talked a great deal about the services in your school and how the reintegration process occurred for Isaac. If you could recreate his reintegration, what would you change?

What do you feel best about as you look back over the reintegration process for Isaac?

Was Isaac's reintegration typical? Why or why not?

What do you think is the most difficult about reintegration of this population of students?

You talked about the good communication you had with Isaac's gen ed teacher last year. Is this typical? What type of communication do you think is needed from gen ed/or participation is needed in order to support successful reintegration?

You indicated a lack of "role clarity" especially with the AEA team reps.

Tell me how you think this lack of specificity impacted Isaac's reintegration. Reintegration in general?

There appeared to be limited involvement in the process by the building principal. Is this typical?

What was his role (even though he did not have significant voice at the IEP table)?

There were quite a few amendments, amendments without meetings?

Is this typical in the reintegration process?

Is this amendment process conducive or a hindrance to a supported transition?

Would actual meetings with all required participants likely have changed the process in way?

As the entire reintegration process for Isaac transpired, was there always agreement between IEP team members?

If not, who disagreed? What did they disagree about? How were disagreements resolved?

What are the beliefs, attitudes and perceptions of General educators vs special educators in this planning process?

pinewood vs. wassa MS in this planning process?

Administration vs. teachers?

Parent toward the special school?

Parent toward the MS?

Student perception of the process?

When IEP meetings were held, who or what had "voice" or influence in the process? How and why?

When you think about reintegration in general, who or what has voice or influence?

Was Isaac's reintegration successful/unsuccessful? Why? What were key factors in making it this way?

When I reviewed the IEP for compliance, it met the criteria. How did the compliant IEP lead to better services for Isaac as he reintegrated?

Do you feel like the IEP process was implemented with fidelity as Isaac reintegrated?

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes and perceptions, influence the IEP planning process?

## <u>Gary</u> Round 3 interview questions Research questions:

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes and perceptions, influence the IEP planning process?

All of the interviewees expressed that things were "different" at pinewood. (for example their point system, their intervention system) and that the lea just doesn't have the "resources" to do those things there. What prohibits these supports from being provided here?

The bip states that a reinforcement system like the one at PW was needed. Was it? Why would this not be followed? How was this decided?

You described for me the events that occurred for Isaac's reintegration. Describe for me how the integration process—back and forth—with pw may have been different if the schools were not in such close proximity.

There were comments from you, and other interviewees about "criteria" for a student to come back from pw to here. Will you describe for me again what the actual criteria is?

Follow-up: How was that criteria applied to Isaac? Do you agree? What should it be?

Continuum: You talked in both of your interviews about "jumping the continuum." Clarify for me what you mean by this.

Why does it happen?

What would it take for this to not occur?

How did this "jumping" affect Isaac?

Parent voice: In our last interview you indicated numerous times that Isaac's mom was persistent in his reintegration.

Why did she feel so strongly about things?

Was her persistence helpful or hurtful to the IEP process?

Was her participation "typical" of parent involvement?

What could she have done that would have made it better?

Student voice:

You mentioned in our last interview that Isaac wanted to return. I am wondering how much involvement or what type of involvement he has had throughout the entire process? How was his input obtained

Students with significant behaviors present a plethora of problems. What do you think PW could be doing differently to support successful integration? What could the LEAs do?

. If you could recreate his reintegration, what would you change?

What do you feel best about as you look back over the reintegration process?

Was Isaac's reintegration typical? Why or why not?

You indicated a lack of "role clarity" especially with the AEA team reps. Tell me how you think this lack of specificity impacted Isaac's reintegration. Reintegration in general?

\*\*What needs to happen at the AEA to resolve these "differences" in the team rep role?

There appeared to be limited involvement in the process by the building principal. Is this typical?

What was his role (even though he did not have significant voice at the IEP table)?

\*There were quite a few amendments, amendments without meetings? Is this typical in the reintegration process?

Is this amendment process conducive or a hindrance to a supported transition?

Would actual meetings with all required participants likely have changed the process in way?

\*As the entire reintegration process for Isaac transpired, was there always agreement between IEP team members?

If not, who disagreed? What did they disagree about? How were disagreements resolved?

What are the beliefs, attitudes and perceptions of General educators vs special educators in this planning process?

pinewood vs. wassa MS in this planning process?

Administration vs. teachers?

Parent toward the special school?

Parent toward the MS?

Student perception of the process?

When IEP meetings were held, who or what had "voice" or influence in the process? How and why?

When you think about reintegration in general, who or what has voice or influence?

Was Isaac's reintegration successful/unsuccessful? Why? What were key factors in making it this way?

When I reviewed the IEP for compliance, it met the criteria. How did the compliant IEP lead to better services for Isaac as he reintegrated?

Do you feel like the IEP process was implemented with fidelity as Isaac reintegrated?

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes and perceptions, influence the IEP planning process?

Jen

Round 3 interview questions Research questions:

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes and perceptions, influence the IEP planning process?

You described for me the events that occurred for Isaac's reintegration. Describe for me how the integration process—back and forth—with pw may have been different if the schools were not in such close proximity.

There were comments from you, and other interviewees about "criteria" for a student to come back from PW to here. Will you describe for me again what the actual criteria is?

Follow-up: How was that criteria applied to Isaac?

Do you agree? What should it be?

Do both settings understand the criteria?

Did you understand with each time he went to PW what it would take to get him back here?

How could we make this better?

Continuum: I am not sure I have a clear picture of how "a continuum of services" was applied for Isaac. You talked about the availability of services in this building. Clarify for me your perspective on this.

Parent voice: In our last interview you indicated numerous times that Isaac's mom was persistent in his reintegration.

Why did she feel so strongly about things? Was her persistence helpful or hurtful to the IEP process? Was her participation "typical" of parent involvement? What could she have done that would have made it better?

# Student voice:

You mentioned in our last interview that was trying to get kicked out of class and was rude to you. Tell me why you think he did that? Do you think he had a voice or an influence in the decisions made about his reintegration? Was he ever included in the meetings? What kinds of things did you do to ensure his input was considered?

Last time I asked you about LRE being considered at each juncture. You said, "I'm sure it wasn't. Not to be negative about it, but it is what it is" so tell me more about why LRE may not have been considered in all of the placement decisions.

You appear to be very invested in your kids—and frustrated that others don't always see kids the same way you do. How do you think we can get ALL educators to understand this population of students?

We have talked a great deal about the services in your school and how the reintegration process occurred for Isaac. If you could recreate his reintegration, what would you change?

You talked about the IEP and IEP data. If an IEP were making decisions about placement based solely on data, what data would be collected and what would be monitored?

What do you feel best about as you look back over the reintegration process for Isaac?

Was Isaac's reintegration typical? Why or why not?

What do you think is the most difficult about reintegration of this population of students?

You indicated a lack of "role clarity" especially with the AEA team reps. Tell me how you think this lack of specificity impacted Isaac's reintegration. Reintegration in general? There appeared to be limited involvement in the process by the building principal. Is this typical?

What was his role (even though he did not have significant voice at the IEP table)?

There were quite a few amendments, amendments without meetings? Is this typical in the reintegration process?

Is this amendment process conducive or a hindrance to a supported transition?

Would actual meetings with all required participants likely have changed the process in way?

As the entire reintegration process for Isaac transpired, was there always agreement between IEP team members?

If not, who disagreed? What did they disagree about? How were disagreements resolved?

Tell me about Isaac now. What does his program look like?

What are the beliefs, attitudes and perceptions of General educators vs special educators in this planning process?

pinewood vs. wassa MS in this planning process?

Administration vs. teachers?

Parent toward the special school?

Parent toward the MS?

Student perception of the process?

When IEP meetings were held, who or what had "voice" or influence in the process? How and why?

When you think about reintegration in general, who or what has voice or influence?

Was Isaac's reintegration successful/unsuccessful? Why? What were key factors in making it this way? When I reviewed the IEP for compliance, it met the criteria. How did the compliant IEP lead to better services for Isaac as he reintegrated?

Do you feel like the IEP process was implemented with fidelity as Isaac reintegrated?

- 1. How do IEP team members describe the IEP process for students with ED?
- 2. On what perceived factors do IEP team members base placement decisions as they plan for potential reintegration?
- 3. What beliefs, attitudes and perceptions, influence the IEP planning process?

## APPENDIX K

# CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_\_, transcriptionist, agree to maintain full confidentiality in regards to all audio recordings received from Sarah Knudsen related to her doctoral study. Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that were revealed during the transcription of audio-taped interviews;

2. To hold in strictest confidence the content revealed during the transcription of audio-taped interviews;

3. To not make copies of any audio recordings or computerized files of the transcribed interview texts;

4. To store all study-related audiotapes and materials in a safe, secure location as long as they are in my possession;

5. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

Transcriber's name (printed)

Transcriber's signature

Date \_\_\_\_\_