

Student-Led Individualized Education Program Meetings: A Study of Special Education Teachers' Self-Perceptions and Practices

by

Michele MacKenzie Martin

A dissertation submitted to the Graduate Faculty of
Auburn University
in partial fulfillment of the
requirements for the Degree
Doctor of Philosophy

Auburn, Alabama
May 7, 2017

Keywords: Special Education, IEP, Self-Determination, Student-Led IEP Meetings

Copyright 2017 by Michele MacKenzie Martin

Approved by

Caroline Dunn, Chair, Humana-Germany-Sherman Distinguished Professor, Special Education,
Rehabilitation, and Counseling

Craig Darch, Humana-Germany-Sherman Distinguished Professor, Special Education,
Rehabilitation, and Counseling

Marie Kraska, Mildred Cheshire Fraley Distinguished Professor Emeritus, Educational
Foundations, Leadership, and Technology

Rebecca Curtis, Associate Professor, Special Education, Rehabilitation, and Counseling

Abstract

The purpose of this study was to gain insight into the self-perceptions and practices of credentialed, practicing full-time special education teachers towards student-led IEPs. The problem for this study was the lack of information related to special education teachers' self-perceptions of students with disabilities and their practices related to student involvement in the IEP process. For the purpose of this study, credentialed practicing full-time special education teachers include those working in an elementary or secondary public school setting within a school district in Northeast Alabama. Participants work with students who have been identified as having one of the 14 IDEA defined disability categories, work with students with high or low incidence disabilities or both, and have at least one post-secondary degree in special education.

The researcher investigated how the self-perceptions and practices of these teachers related to the implementation of student-led IEP meetings across the varying grade levels for one school system in Alabama. The researcher used a sample of full-time credentialed special education teachers. Of the 57 certified special education teachers who received the survey, 32 completed and returned the survey to the researcher for a response rate was 56.1%.

Based upon survey responses and previous research the following implications and recommendations for practice emanated from the research study:

1. Demographic characteristics of special education teachers can be described as an overrepresentation of white, female teachers and an underrepresentation of culturally diverse teachers.

Recommendation: Increase the cultural diversity in the special education teacher workforce.

2. In order for students with disabilities to obtain, generalize, and apply self-determination skills in life and during IEP meetings, parents need to be aware what encompasses self-determination, why it is important, and ways for their child with a disability to use it (Grigal, Neubert, Moon, and Graham, 2003).

Recommendation: Provide training to parents on self-determination, its importance, and how to support the development of skills.

3. Since student involvement in IEP development is required by age 16, secondary teachers may have more exposure to student-led IEPs and the acquisition of self-determination in their training program or in-service training. Elementary teachers may be less aware of strategies or programs that can be used to incorporate student involvement in IEP development and self-determination compared to secondary teachers. Even though some elementary teachers may believe that younger students may not be emotionally capable to carry out self-regulating or autonomous behaviors of self-determination, it is important for elementary teachers to begin to develop these abilities to build the foundation of a lifelong focus of self-determination (Wehmeyer & Palmer, 2003).

Recommendation: Provide pre-service training and technical assistance and training to elementary in-service teachers on self-determination and student involvement in IEP development.

4. Special education teachers' responses indicated that they could use more training in teaching self-determination/self-advocacy skills.

Recommendation: Provide pre-service training while in academic programs on how to incorporate self-determination concepts in clinical settings and to have exposure to self-determination skills throughout their academic program inclusive of all clinical aspects (practicum and internships).

5. Special education teachers have noted through this research study as well as other studies and articles (Wehmeyer, et al., 2000; Hawbaker, 2007) that lack of time to formally teach self-determination and student-led IEPs is an issue.

Recommendation: Target school administrators to improve the capacity of teachers to teach self-determination skills and implement student-led IEP meetings.

The principal conclusion of this research is that self-determination skills are essential for life after high school. The progressive success of student-led IEP meetings forms the basic infrastructure of confident, advocating adults, who have an understanding of their disability and what accommodations they will need in order to be successful as they begin their journey in life, work, leisure, and recreational pursuits.

Acknowledgements

The success of my educational journey, has been highly influenced and made possible by the support of my professors, committee members, friends, and family. To the professors at Auburn University, your wisdom and commitment to students is beyond incredible. I thank you for showing me the amazing world of special education and how to be an effective teacher. To my major professor, Dr. Caroline Dunn, thank you for all you have done for me. Without your commitment, mentorship, encouragement, and endless hours of support, my dream would never have been reached. I aspire to be as impacting to others as you have been to me. Dr. Marie Kraska, thank you for your dedication and devotion to me throughout this process. You went above and beyond to assist me. You are an amazing statistician and friend. Dr. Craig Darch, thank you for your encouraging words and willingness to always work with me when needed. It is much appreciated. Dr. Rebecca Curtis, thank you for helping me think and see outside the box. It has allowed me to view the many colors of the world. Dr. Tim Havard, your dedication to teachers and students is incredible. Thank you for all the work you have done with me throughout the years.

To my friends who have supported me throughout this process, thank you. Kimberly McMullan, you allow me to see the best in everything. Thank you for lifting me up when I am discouraged, listening when I need to talk, and being the sister I have never had. Mark Hosemann and Tyler Pierce, thank you for your friendship and commitment. I am very grateful

and blessed to call you both friends. Dr. Susan Bourg, thank you for pushing me to see the best in myself. You made me believe that I can reach whatever goal I wish.

Thank you to my wonderful family. My mother, Ruth Martin, thank you for your continued love and support throughout this process. You have always made me believe I could do it. My brother, Richard Martin, thank you for inspiring my passion in special education. You have taught me patience and persistence. My brother, Matthew Martin, thank you. You have encouraged me, cheered me on, and made me laugh when I desperately needed to. You are an incredible brother. Thank you to my two beautiful sons, Caleb and Reilly Martin. You boys are my inspiration every day. You make me smile, love, and appreciate life. You two are my sunshine's. Lastly, thank you to my father, Dr. Everett D. Martin, Jr. You are the most remarkable person I have ever known. The support, guidance, encouragement, assistance, and love you show to me daily is immeasurable. You are an amazing teacher, mentor, grandfather, and father. Words cannot express the gratitude I have for you. I love you so much Dad!

Table of Contents

Abstract	ii
Acknowledgments.....	iii
List of Tables	xi
List of Figures	xii
CHAPTER I. INTRODUCTION.....	1
Statement of the Research Problem	5
Purpose of the Study	6
Research Questions	6
Statement of Null Hypotheses	7
Definition of Terms.....	7
Limitations of the Study.....	8
Assumptions of the Study	8
Significance of the Study	8
CHAPTER II. REVIEW OF THE LITERATURE.....	9
Introduction.....	9
Overview of Special Education	12
PL 94-142 – Individuals with Disabilities Education Act	12
IDEA Disabilities and Process for Identification.....	13
IEP Requirements	18

Parent/Family Involvement with IEP Meetings.....	21
Issues with IEPs	22
Student Participation in IEPs	28
Participation and Severity of Disability	31
Disability Awareness	32
Transition-Aged Students	36
Self-Determination and Students with Disabilities.....	39
History.....	39
Defining Self-Determination	41
Common Characteristics of Self-Determination.....	42
Strategies and Curricula for Increasing Self-Determination.....	45
Research in Self-Determination.....	51
IEP Meetings and Self-Determination	62
Teacher-Led IEP Meetings	62
Student-Led IEP Meetings.....	64
Conclusions.....	70
CHAPTER III. METHOD OF STUDY AND INSTRUMENTATION	73
Design of the Study.....	74
Sources of Data.....	74
Data Collection Procedures.....	74
Instrumentation	75
Research Questions.....	77
Data Analysis	78

Privacy and Confidentiality of Administrator Data Collected.....	79
Summary	80
CHAPTER IV. DATA ANALYSIS AND RESULTS	81
Introduction.....	81
Data Analysis	82
Instrument Reliability	83
Results of Research Question One.....	84
Demographic Characteristics of Special Education Teachers	84
Results for Research Question Two.....	87
Results for Research Question Three.....	87
Results for Research Question Four	88
Results for Research Question Five.....	89
Results for Research Question Six.....	91
Results for Research Question Seven	91
Summary	101
CHAPTER V. RESULTS, DISCUSSION, AND RECOMMENDATIONS	104
Introduction.....	104
Overview of the Study	105
Discussion of the Results	105
Research Question One.....	105
Research Question Two	106
Research Question Three	106
Research Question Four.....	107

Research Question Five	108
Research Question Six	109
Research Question Seven.....	109
Study Limitations.....	110
Summary Recommendations for Practice and Future Research.....	111
Practice Recommendations	111
Future Recommendations for Research	113
Conclusions.....	114
References.....	115
Appendix A: Auburn University Institutional Review Board (IRB) Approvals	132

List of Tables

Table 1	Reliability Coefficients for Scale Topic and Entire Scale	84
Table 2	Frequencies and Percentages of Special Education Teacher Demographic Information.....	85
Table 3	Descriptive Statistics for Questions Two, Three, and Four (N = 32)	89
Table 4	Teacher Comments for Greatest Challenges in Teaching Self-Determination Skills to Students.....	94
Table 5	Teacher Comments for Greatest Barriers to IEP Meetings	97
Table 6	Teacher Comments for Greatest Challenges to Having Students Involved in IEP Planning.....	99
Table 7	Teacher Comments for Greatest Barriers to Having Students Lead IEP Meetings ...	101

List of Figures

Figure 1	A Schematic Representation of IEP Participation	26
Figure 2	A Schematic Representation of Self-Determination.....	44

CHAPTER I. INTRODUCTION

Self-determination skills allow individuals to set goals, make choices, and ultimately live autonomous lives. For students with disabilities, self-determination skills should be taught directly, so that students can develop, use, and master these important skills before they leave high school. Students, especially those with disabilities, need to be able to make choices regarding their lives and be provided opportunities to learn how to make choices while they are still in school. Teacher perceptions regarding their own abilities and those of their students in achieving autonomy and making decisions regarding their lives is an important focus for children and youth with disabilities. Having students lead their own Individualized Education Program (IEP) meetings is one evidenced-based practice for teachers to help develop these needed skills for their students.

Students with disabilities (ages 3–21) are required by the Individuals with Disabilities Education Act (IDEA, 1990, P.L. 101-476) to have an IEP in place that consists of personalized goals that focuses on academics, functional skills, social skills, and transition skills (IDEA, 1990 as amended). Research has shown that students who are involved with their IEP planning and IEP meetings have a better understanding of their disability, understand their strengths and limitations, and have better self-determination skills (Branding, Bates, & Miner, 2009).

Self-determination skills include those attributes that allow students to be goal directed, decision making, self-regulating individuals that persist throughout their lifetime (Field, Martin, Miller, Ward, & Wehmeyer, 1998). However, many students have reported feelings of

confusion, having minimal participation, and not being heard during their IEP meetings (Lehmann, Bassett, & Sands, 1999). Even though self-determination is believed to be an important topic, many special education teachers are uncomfortable teaching this concept and allowing students to implement it during their IEP team meetings (Mason, Field, & Sawilowsky, 2004).

According to the Merriam-Webster Dictionary online, the word perception means “the way you think about or understand someone or something” (Merriam-Webster’s Learner’s Dictionary, nd, ¶ 1). Perceptions involve using our senses to assimilate information to understand something. It is an individual’s interpretation and mental impression about someone or something (Pradhan, 2013). However, people’s perceptions can also be influenced by their past experiences, beliefs, and own stereotypes (Pickens, 2005). Perceptions are related to beliefs in one major way; that is, both concepts shape a person’s thinking about someone or something (Difference Between.com, 2016). These two concepts differ in that beliefs are based on conviction(s) that a person holds that are not dependent upon evidence or proof. Beliefs are based on trust or confidence; whereas perceptions are based on more objective factors such as education or knowledge that are dependent upon evidence or scientific inquiry (Difference Between.com, 2016). Perceptions thus have the capacity to change over time in light of data or information based on inquiry or science. A belief based upon trust or confidence is more resistant to change simply because it is not based on objective data, information, or proof (Difference Between.com, 2016).

Therefore, different people may not perceive the same thing or object in the same way. Additionally, one’s own stereotypes and biases may create a stigma that is in reality a misperception. A stigma is a reaction to a perception of a difference that has been negatively

formulated (Susman, 1994). Stigmas often lead to self-stigmas, which is the internalization of negative stereotypes and perceptions about a particular group (Quinn, Williams, & Weisz, 2015) that students with disabilities may identify with. For children with disabilities, these stigmas often lead to stereotypes or misperceptions about who the child is and what he or she is capable of achieving.

People with disabilities have always existed; some were active participants of their community and others were institutionalized. In many instances, persons with disabilities and advocates have reacted against discrimination, bias, stereotypes, and fears (Anti-defamation League, 2005). Societal perception toward people with disabilities has positively evolved over the past three decades, making strides in how society perceives the capabilities of those with disabilities. People with disabilities and those who advocate for people with disabilities, historically have had to fight to be accorded equal rights. This has not always been the case.

In the 1700s, people with mental health issues were put into an asylum or hospital to “cure.” In 1766, Governor Fauquier of Virginia, helped create the Public Hospital for Persons of Insane and Disordered Minds (*sic*) for those with mental illness. He stated these patients were “a poor unhappy set of people who are deprived of their senses and wander about the countryside, terrifying the rest of their fellow creatures” (Ferleger, 2016) solidifying people’s negative perceptions or misperceptions of those with mental illness. Today, approximately 4 out of 10 people ages five and older have a diagnosed mental health condition (Doebbeling, 2016). The perception of mental illness and those persons who are perceived as such has increasingly become more acceptable in today’s society.

In 1817, Thomas Gallaudet opened the first permanent school for children who had hearing impairments or deafness. The school was initially called the Connecticut Asylum for the

Education and Instruction of Deaf and Dumb Persons (*sic*) in Hartford, Connecticut. It was later changed to The American School for the Deaf (Gallaudet University, 2016). Society's perceptions of people with hearing impairments were "deaf and dumb", a stereotype at the time. The opening of this school was significant as it marked the beginning of education for people with disabilities in America and began increasingly a more positive perspective of people with hearing impairments.

Forced sterilization was a reality in 33 states in America by 1930 for those who were considered to have "feeble-mindedness" because of misperceptions of persons thought to have a disability (Pfeiffer, 1994). At that time, society could determine what was best for those with disabilities, with no regard to the person's preference. In 1975, sterilization was still a reality for those with an intellectual disability. North Carolina General Statutes 35-1.1 (1975) stated that for those with an intellectual disability so severe that they were unable to care for themselves or make judgments without the assistance of others, sterilization was deemed necessary or advisable (Pfeiffer, 1994). They were also referred to as "idiots", "imbeciles", and "feeble-minded" (Pfeiffer, 1994). Perceptions of the capabilities and the breakdown of stereotypes for people with intellectual disabilities have since evolved. Organizations such as The Arc bring awareness to society by providing information, advocating to change preconceived notions and stereotypes of disability, and helping protect the rights of people with intellectual and developmental disabilities.

For families and children with disabilities, societal perceptions can often put a misconstrued perception of what the student can do, what they are capable of, and what the teacher is able to teach. Educational perceptions for children with disabilities have fortunately evolved, in particular, over the past decade. Initially, children with disabilities did not have the

same right to education as children without disabilities. In 1893, Massachusetts society perceived children with disabilities as ‘weak in mind,’ distracting to other children without disabilities, unable to benefit from instruction, and were unable to take ordinary care of themselves (Yell, 2012). This, at the time, was a common misconception for most people with disabilities in the United States. With the passage of the Education for All Handicapped Children Act (1975), children with disabilities were guaranteed a free appropriate public education (FAPE) with an IEP that consisted of goals students would work towards in academics and other needed areas. This said to parents with a child with a disability, that their children were capable of learning and deserved the same basic educational rights as those children without disabilities. With the passage of IDEA 2004, inclusion became a common practice for students with disabilities to be educated to the maximum extent possible with students without disabilities. Today, this is seen as societal ideology (Special Education Guide, 2016). Teachers must teach academics and other important life skills, such as self-determination, to prepare students for life after high school. Therefore, it is important that we examine the perceptions teachers currently hold about students with disabilities, their teaching abilities, and the skills they are teaching to students with disabilities. The focus of this study is teachers’ perceptions and practices of self-determination with relation to student-led IEPs.

Statement of the Research Problem

The problem for this study was the lack of information related to teachers’ perceptions of students with disabilities and their practices related to student involvement in the IEP process.

Purpose of the Study

The purpose of this study was to gain insight into the perceptions and practices of current, fully-credentialed, and full-time employed special education teachers in a school district in Northeast Alabama towards student-led IEPs.

Research Questions

The following research questions guided the study:

1. What are the demographic characteristics of special education teachers who participated in this study (level of education, gender, race, grade level taught, disability incidence levels taught)?
2. What are special education teacher self-perceptions of self-determination with regard to students who are receiving special education services?
3. What are special education teacher self-perceptions of parental involvement?
4. What are the current practices related to involving students in the IEP planning and meetings?
5. To what extent are there differences in teacher self-perceptions of knowledge of self-determination and their practices with regard to students receiving special education based on teachers' grade level served and number of students on their caseload?
6. To what extent is there a correlation between teacher perceptions of self-determination and their practices?
7. What are special education teachers' self-perceptions of challenges and barriers related to IEP planning and delivery?

Statement of Null Hypothesis

The following null hypotheses were formulated to respond to the research questions asked within the survey:

H01: There is no statistically significant difference in teacher self-perceptions of their knowledge about teaching self-determination and their practices with regard to students receiving special education based on (a) grade level served and the (b) number of students on their caseload.

H02: There is no statistically significant correlation between teacher self-perceptions of their knowledge about self-determination and their practices.

Definition of Terms

1. **Student-led Individualized Education Program (IEP)** meeting is when a student with a disability helps plan and develop their IEP and becomes the leader of their IEP meeting. They are the ones who introduce the IEP team members at the meeting, they initiate conversation between the members of the team, they talk about their strengths and weaknesses, they talk about the goals they would like to reach for the school year, and they are the ones who help guide and direct the meeting and ensure everyone is involved (Martin, et al., 2006).
2. **Self-determination** is "...a combination of skills, knowledge, and beliefs that enable a person to engage in goal directed, self-regulated, autonomous behavior" (Field, Martin, Miller, Ward, & Wehmeyer, 1998, p. 2). Wood, Karvonen, Test, Browder, and Algozzine, (2004, p.4), noted that Wehmeyer, Schwartz, and Powers state it encompasses choice-making skills, problem-solving skills, decision-making skills, goal setting and attainment skills, self-regulation skills, self-advocacy, self-awareness or self-knowledge, and self-efficacy.

3. **Case manager** is a special education teacher who is a member of the IEP team and is in charge of ensuring a student's IEP is legally being followed and services are being provided.

Limitations of the Study

This study was limited to:

1. Licensed and degreed special education teachers currently teaching in a specific county in Northeast Alabama.
2. The extent that the research instrument yields and reflects a representative sample of the population of currently licensed, certified, and employed special education teachers.

Assumptions of the Study

The following were assumptions in this study:

1. Participants understood each question in the survey.
2. Participants have been a case manager in at least one IEP meeting.
3. Participants' responses were truthful based on their experiences and perceptions.
4. Participants constitute a representative sample of special education teachers.

Significance of Study

This research assists in understanding special education teachers' self-perceptions of self-determination and how this may affect their practices. The results of the study, can allow education officials to understand how teacher self-perceptions of self-determination influence teacher practices regarding the value on student development and participation in the IEP process and transition to adult life.

CHAPTER II. REVIEW OF LITERATURE

Chapter I provided the background information for this study, focus of research, significance of the study, purpose of the study, research questions, research design, limitations and assumptions of the study. Chapter II provides a review of literature and research on students with disabilities who have an Individualized Education Program (IEP), an overview of Special Education, self-determination, and IEP meetings, an overview of general studies on student-led IEP meetings, programs related to implementation of student-led IEP meetings, and an analysis of student-led IEP meetings with relation to self-determination skills.

Introduction

Students with disabilities who are in the public education system leave high school and become adults with disabilities. These adults must be able to make important decisions regarding their lives. Special education teachers and the support team that works with students with disabilities can help prepare these young adults to develop the skills to make confident, logical, ethical, and legal decisions for themselves.

Unfortunately, the outcomes for many people with disabilities are not ideal. Many are not employed, not living independently, not participating in recreational activities, struggling in a post-secondary education environment, or simply not living life the way that they would like to (University of Kansas, nd). During their Student-Led IEP Initiative the Office of State Superintendent of Education (OSSE) Secondary Transition Institute (2014) noted that students planning and participating in their Individualized Education Program (IEP) have better

secondary and post-secondary outcomes than those students who do not plan and participate in their IEP meetings. Such improved outcomes include:

- a. students gaining self-determination skills and demonstrating these by increased participation in transition planning,
- b. students engaging more in school work,
- c. transition goals aligned with students' interests and preferences,
- d. students participating in their IEP planning and goal attainment,
- e. graduation and employment rates increased, and
- f. students advocating outside of school and access adult services increased (OSSE, 2014, p.26).

Studies have shown that people with disabilities have a much lower rate of employment than those without disabilities. Cimeral, Burgess, and Bedesem (2014) stated that in the past decade, the competitive employment rate for people with an Intellectual Disability (ID) was 26%, compared to 80% of those without disabilities. People with disabilities may experience a harder time developing appropriate social skills that allow for friendships and community involvement. The more severe the disability, the harder it can be for the person to have close friendships and network circles (Martin, 2001). Recreation can help diminish depression and isolation, help build self-esteem and choice-making skills, and increase a person's quality of life (Arslan, 2013). The National Organization on Disability/Harris Survey of Americans with Disabilities (2004) noted some key statistics of people with disabilities compared to those without. People with disabilities are three times as likely to live in poverty (26% versus 9%), are twice as likely to drop out of high school (21% versus 10%), are twice as likely to not have transportation (31% versus 13%), are overall less likely to socialize, dine out, or attend church,

and experience lower overall life satisfaction (34% versus 61%) compared to those without disabilities. The Kessler Foundation and National Organization on Disability commissioned Harris Interactive to perform a series of studies focused on employment of Americans with disabilities (2010). They noted that 21% of people with disabilities were employed compared to 59% of people without disabilities—a gap of 38 percentage points. Special education teachers have an important role in leading these students with disabilities toward positive adult outcomes that include preparing for full time employment, independent living, post-secondary education, and engagement in community recreation and leisure activities. The foundation for this preparation is the Individualized Education Program (IEP), which is required by law.

One way that special education teachers and the IEP team can help prepare students for the work force post-graduation, is by providing transition services as required by federal law and by encouraging students' participation in their Individualized Education Program. Teachers can give students choices about possible careers, where they would like to pursue a job, or where they can attend post-secondary schooling to help prepare them for a career. Having students help lead their own IEP meetings will assist them to become more self-determined, more goal-oriented, more aware of their limitations, and more aware of their strengths and the various types of accommodations they may need in the world of work (Webb, Repetto, Seabrooks-Blackmore, Patterson, & Alderfer, 2014). In fact, research studies have shown that students who actively participated in their special education services and Individual Education Plan (IEP) meetings, have much higher self-determination skills, and self-advocacy skills, and have more positive adult outcomes (Branding, et al., 2009; Mason, et al., 2004; Test & Neal, 2004). These qualities ultimately lead to having more autonomy over one's life (Hughes, Cosgriff, Agran, & Washington, 2013).

The purpose of this chapter is to examine student-led IEPs and their effect on self-determination. The chapter will begin with an overview of special education, highlighting legal requirements, and various aspects of the Individual Education Program. The review then will discuss self-determination, highlighting disability history, characteristics, strategies, and research of self-determination and IEPs, and conclude with a comparison of teacher-led IEPs versus student-led IEPs.

Overview of Special Education

PL 94-142/Individuals with Disabilities Education Act

Public Law 94-142, otherwise known as the Education for All Handicapped Children's Act, passed in 1975, declared that all children ages 3–21 regardless of the type or severity of disability are entitled to an education. This meant that public schools cannot deny or refuse students access to education simply because they have a disability. This was a changing point for children with disabilities and their families in the United States. The federal government saw these children as people who deserve education just as much as a child without disabilities (Heward, 2013b).

The Education for All Handicapped Children's Act was later enacted as the Individuals with Disabilities Education Act (IDEA) in 1990 and then reauthorized in 1997 and again in 2004. This law ensures that students with disabilities receive a free, appropriate, public education regardless of the disability or severity of that disability. IDEA has six major principles that schools must abide by. They are:

- **Zero Reject:** schools cannot deny or reject a student to their right to public education regardless of nature or severity of their disability.

- **Least Restrictive Environment (LRE):** the student will be educated with other students without disabilities to the maximum extent possible.
- **Non-Discriminatory Identification and Evaluation:** identification and evaluation procedures must not discriminate based on race, native language, or ethnicity.
- **Due Process Safeguards:** when families and schools disagree about placement, evaluations, services, etc., a due process hearing can take place.
- **Free Appropriate Public Education (FAPE):** students, regardless of their disability, are entitled to free education in the public school system.
- **Parent and Student Participation and Decision Making:** schools must work with parents and students regarding education decisions (Heward, 2013a).

No Child Left Behind (P.L. 107-110) was passed in 2001 and stated that all children would be proficient in grade level reading and math by 2014 and that the measurement of annual yearly progress (AYP) in the schools would occur through testing to ensure that progress was being made towards this goal. This law included students with disabilities. Students with more significant intellectual disabilities are allowed to take alternative assessments. However, this cannot exceed one percent of all students tested per grade (Yell, 2016).

IDEA Disabilities and Process for Identification

All students with an Individualized Education Program (IEP) have a disability. There are 14 categories of disabilities referenced in the Individuals with Disabilities Education Act (IDEA) (IDEA, 1990 as amended). These include:

1. **Autism:** A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with

autism are engaging in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term autism does not apply if the child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in #5 below.

A child who shows the characteristics of autism after age 3 could be diagnosed as having autism if the criteria above are satisfied (National Dissemination Center for Children with Disabilities, 2012, ¶2-3).

2. **Deaf-blindness:** Concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness (National Dissemination Center for Children with Disabilities, 2012, ¶4).

3. **Deafness:** A hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance (National Dissemination Center for Children with Disabilities, 2012, ¶5).

4. **Developmental Delay (DD):** For children from birth to age three (under IDEA Part C) and children from ages three through nine (under IDEA Part B), the term developmental delay, as defined by each State, means a delay in one or more of the following areas: physical development; cognitive development; communication; social or emotional development; or adaptive [behavioral] development. (National Dissemination Center for Children with Disabilities, 2012, ¶6)

5. Emotional Disturbance (ED or EBD): A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (c) Inappropriate types of behavior or feelings under normal circumstances. (d) A general pervasive mood of unhappiness or depression. (e) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance (National Dissemination Center for Children with Disabilities, 2012, ¶7-8).

6. Hearing Impairment (including deafness) (HI): An impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but is not included under the definition of "deafness" (National Dissemination Center for Children with Disabilities, 2012, ¶9).

7. Intellectual Disabilities (ID): Significantly sub-average general intellectual functioning, existing concurrently [at the same time] with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance (National Dissemination Center for Children with Disabilities, 2012, ¶10).

8. Multiple Disabilities (MD): Concomitant [simultaneous] impairments (such as intellectual disability-blindness, intellectual disability-orthopedic impairment, etc.), the combination of which causes such severe educational needs that they cannot be

accommodated in a special education program solely for one of the impairments. The term does not include deaf-blindness (National Dissemination Center for Children with Disabilities, 2012, ¶11).

9. Orthopedic Impairment (OI): A severe orthopedic impairment that adversely affects child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures) (National Dissemination Center for Children with Disabilities, 2012, ¶12).

10. Other Health Impairment (OHI): Having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—

(a) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) adversely affects a child's educational performance (National Dissemination Center for Children with Disabilities, 2012, ¶13).

11. Specific Learning Disability (SLD): A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include learning problems that are primarily

the result of visual, hearing, or motor disabilities; of intellectual disability; of emotional disturbance; or of environmental, cultural, or economic disadvantage (National Dissemination Center for Children with Disabilities, 2012, ¶14).

12. Speech or Language Impairment (SLI): A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment that adversely affects a child's educational performance (National Dissemination Center for Children with Disabilities, 2012, ¶15).

13. Traumatic Brain Injury (TBI): An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma (National Dissemination Center for Children with Disabilities, 2012, ¶16-17).

14. Visual Impairment (including blindness) (VI): An impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness (National Dissemination Center for Children with Disabilities, 2012, ¶18).

In order for a student to qualify to receive special education services, a licensed physician or psychometrist, first must diagnose and determine if the student qualifies in one of these fourteen categorical disabilities, meeting acknowledged criteria demonstrated through

appropriate medical or psychological testing. Then, the disability must be severe enough that it impairs the student's learning in the classroom environment. Once the student has completed the testing with the licensed physician or psychometrist, and teachers have implemented interventions (Response to Intervention-RTI) with no success, the IEP team meets to review the testing and to determine if the student meets the requirements to receive special services. The U. S. Department of Education (2000) requires within 30 calendar days of determination for eligibility in special education and related services, the IEP team must come together to collaborate and write an IEP for the child. The degree of severity within each of the disability categories can be mild to severe. Regardless of the severity of the disability, students should have a major role in how the IEP is written (especially secondary students), what goals they want to achieve, what accommodations they believe will work for them, and how teachers can best meet their needs (Test, Mason, Hughes, Konrad, Neale, & Wood, 2004).

IEP Requirements

An Individualized Education Program (IEP), a legal document that is a requirement of the Individuals with Disabilities Education Act or IDEA (1990 as amended), focuses on academics, social skills, functional skills or any other area that is affecting that child's performance in the classroom. For students who are 16 years of age or older, it also requires that the IEP team focuses on transitioning the student to post-school outcomes. These can include post-secondary education or training goals, independent living goals, or employment goals.

The IEP can be a complex document for students, parents, and other IEP team members. It is a legal document that consists of various sections that focus on who the student is, current levels of academic and functional performance, a plan to monitor progress towards those goals, testing/assessments goals, services and supports to be implemented in the classroom, and how

much the student will participate in the general education curriculum that defines the disability and identifies the barriers or impediments to achieve the IEP goals (Blackwell & Rossetti, 2014). It is the key document that ensures the child with a disability receives the services and education he or she is entitled to.

The IEP is an essential guide to help integrate both the special education and general education curriculum to ensure appropriate instruction for students with disabilities (Diliberto & Brewer, 2012). The IEP should be written with the student's involvement and his or her particular goals in mind. As noted by Manitoba Education (2010, p.5) "*student-specific planning* is the process through which members of student support teams, including educators and parents, collaborate to meet the unique needs of individual students." In order to develop an effective IEP, the case manager must gather information from these various constituencies. These are the people who best know how the student learns, studies, absorbs, and processes information. The key member in an IEP team and planning is the student; however, students are often poorly prepared to assume this role. Danneker (2011) noted that "Woody Allen once said, 'Eighty percent of success is showing up.' Unfortunately, when a student just shows up at her or his IEP meeting there are at best neutral and at worst negative consequences. Preparation is required for successful participation in the IEP meeting" (p.7).

The IEP team consists of the *student*, the *parent/guardian*, a *general education teacher*, *special education teacher*, *local education agency representative*, *someone who can interpret testing/assessment results* (such as *physician/psychologist*), *others who know the student well* (and have valuable input) and *transition services personnel* (*Rehabilitation Counselor* or others as needed) (U.S. Department of Education, 2006). At times, these members may overlap in positions such as the special education teacher being the person who can interpret testing results.

Again, the most important team member is the *student* for whom the IEP is being developed/ written. The student knows his or her strengths and limitations better than anyone else and can explain what accommodations he or she believes will foster success for him or herself. Every person on the IEP team should listen to the student's needs so they can understand how they can work together to best meet those needs. *Parents/guardians*, as well as others who know the student well, are instrumental in providing information that is not shared by the student or observations they have about the student.

The *special education teacher* will help guide the writing of the IEP. This teacher also will be the one who will implement it, who will make sure that goals are being met, and who will ensure that all teachers are adhering to the recommended accommodations. The special education teacher also serves as a support for the student and parents throughout the school year. The *general education teacher* will be the first one to notice the struggles in class with a student. These observations can help the special education teacher determine possible ways that the student can meet the IEP goals. These teachers also will be implementing accommodations in their classrooms. The *local education agency representative* is someone who represents the school or school system. This usually is an administrator. This person can make sure that resources that are needed for this student to be successful are available for the student. The *transition representative* can include people such as a *job coach*, a *vocational rehabilitation counselor*, or a *director from a group home*. These professionals hold a wealth of knowledge about life after high school. Because of that, information they can provide at the IEP meetings can help create important goals and benchmarks centering on life after high school. Finally, the role of someone who can interpret assessment results may be a *physician*, *psychologist*, *teacher*, *psychometrist*, *psychiatrist*, or someone who would be considered an expert. This team will help

write, implement, and guide the student in meeting goals of the Individualized Education Program (Pacer Center, 2012).

Parent/Family Involvement with IEP Meetings

The IDEA (1990 as amended) states that parents and other family members are required to be invited to the annual IEP meetings. Parents are just as important as the child at the IEP meeting. Parents are the ones who can decide whether their child should be tested for services. Parents are the ones who agree to allow their child to receive special education. Parents are the ones who work with both the special education teacher and general education teachers (as needed) to help their child work towards the IEP goals. It is important that teachers work well with parents and have their ultimate support in working with the child. In order for the child to be successful at school, parental support is crucial. That is why it is so important that the parent attend every IEP meeting. Once parents know that they will be active members of the meeting, they are more likely to attend future IEP meetings (Dabkowski, 2004). At times it can be difficult to contact the parent. However, calls, letters, and visits to the home can all be helpful ways to reach the parents. Special education teachers must be diligent in trying to make contact and developing a relationship with each student's parents.

According to Part B of IDEA (1990 as amended), with every IEP meeting, parents are given a document that describes their rights for their child. Within this document, parents are notified of theirs and their child's rights concerning being evaluated for special education and receiving special education services. Ultimately these rights will transfer over to the student the year he or she becomes a legal adult within the state. If students have not been involved in the IEP process, and do not understand their disability, they will not understand their rights and what services they are entitled to receive. Parents can involve their child in the IEP meeting as soon

as they qualify and have them participate as they feel necessary. For younger students, parents may feel the child should only be present for part of the meeting; whereas, for older students, parents may feel they should be involved in the entire meeting. Parents need to make sure their child is involved at least minimally with every IEP meeting, explain to him or her what the purpose of the meeting is, and how it is a positive meeting; it is a meeting to help the child.

Parents and teachers must work together for the best outcome for the child. Teachers and parents should have ongoing communication. Teachers can send home weekly notes, can call the family weekly, and can send home a notebook for the parent and teacher to write down their concerns and thoughts about the child for the others to know (Graham-Clay, 2005). This also ensures that the child is working towards the IEP goals at home as well as school. The child's IEP team needs effective communication that happens more than just at the IEP meeting. Having both parents and teachers working together can help students learn more about themselves and their disability and become more accepting of help and ways to reach their ultimate goals.

Issues with IEPs

Once a student qualifies for special education services, an IEP is written. While a child is receiving those services, he or she will always have an active IEP in place that is updated annually. Students are not required to attend these meetings and do not have to be legally invited until transition services are considered. It is up to the parents/guardians if they would like their child to be at the meeting and be part of the team. If students have not been involved in their meetings, they may be more reluctant to attend. Students may view the IEP meeting with distrust and fear (Utah Parent Center, 2011). In order to enable students who have disabilities to make a successful post school transition, the students need to be involved with planning and

implementing their IEP. To accomplish this, all students must be involved with *their* Individualized Education Program if they are to be successful (Virginia Department of Education Self-Determination Project, 2011).

Students should be involved in their IEP meetings when they are young (Mason, McGahee-Kovac, & Johnson, 2004). These meetings are about the students and it is important for them to understand what their strengths and limitations are. Teachers should not be afraid to let students, especially students with disabilities, know and learn various strategies that can help them in the classroom. The earlier students are involved in the IEP process, the more self-aware they will become in terms of understanding who they are, understanding their disability, accepting their disability, and becoming more confident and self-aware (Hawbaker, 2007).

Van Dycke, Martin, and Lovett (2006, p.43) developed several questions that both family members and educators should ask themselves about student/child involvement within IEP development and meetings. These include:

1. How much are we encouraging students to be involved in their IEP meetings?

Students need to be involved members of the IEP team. The meeting is about them. They should be an active member of the team regardless of their age or disability.

2. Are these students becoming involved at an early age?

The earlier these students are involved with the IEP planning, process, and implementation, the more knowledgeable they will be about the entire process and understand more about themselves and their disability.

3. Are we encouraging students to become involved in designing the elements of their IEPs?

The more students are involved in deciding which areas and goals they would like to try to meet, the more determined these students are about meeting those goals.

4. Are we allowing students to help decide who they would like to invite to their IEP meeting?

Sometimes they are specific teachers the student may not want there that need to be there. But if possible, the student should feel like they have teachers there they are comfortable with and who support them.

5. Are we giving students opportunities for them to be responsible for the goals in their IEPs?

Students need to be given time and opportunities to be able to work on those IEP goals. Both special education teachers and general education teachers need to work together to help ensure that students are given chances to work towards these goals while at school.

6. Are we ensuring that students understand that the IEP meeting is for them and that the goals the team comes up with are to help prepare them for success in school and in their future?

Students must understand that the IEP has a long-term purpose and that the IEP is in place to help them with their education and to help prepare them for life after high school.

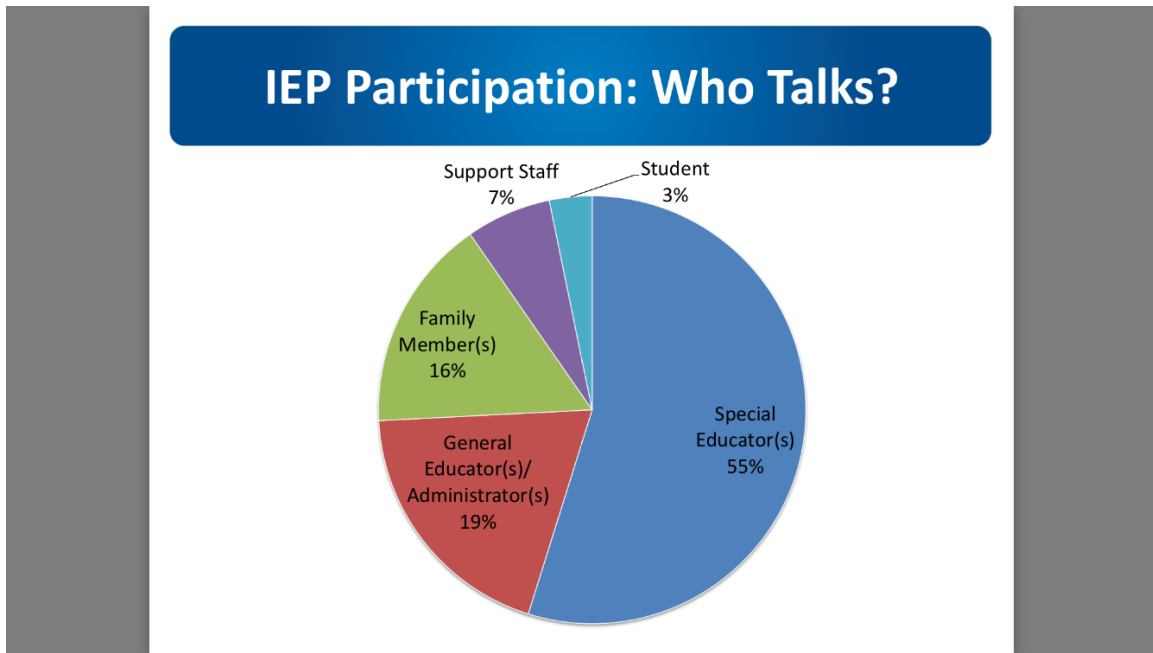
Lehmann, Bassett, and Sands (1999) explained students' perceptions of IEP meetings.

They noted students reported a lack of understanding about what was going on during their IEP meetings and student voices were not being heard. Williams-Diehm, Brandes, Chesnut, & Haring (2014) also noted students feel time was not allotted for them to express their goals and interests during their meeting. In the Field, Hoffman, and Sawilowsky (1994) field test results of

the *Self Determined Learning Model of Instruction*, the researchers reported that 71% of students in the sample attended their last IEP meeting, 56% stated they had not been told the purpose of the meeting, 76% stated they felt unprepared for the meeting, and 59% stated they did not help in identifying goals for themselves to reach (Agran & Wehmeyer, 2000). For students to transition successfully to further education or training, or a job after high school, or to live independently, each student or person must understand his or her limitations and strengths. They must develop post school goals that will decrease those limitations and turn them into strengths in *their* Individualized Education Program. All students are entitled to the same rights and dreams as anyone else no matter how severe their disability is. All students must be involved in the planning and implementation of the IEP. Hughes et al. (2013) noted that

...active involvement by students in their individualized education programs (IEPs) and transition planning is valued as a means to promote students' self-advocacy, self-determination, and positive post-school outcomes, and provides a measure of students' level of self-directed learning. (p.3)

The Office of State Superintendent of Education (OSSE) also noted that students are not participating like they should be in their IEP meetings. Figure 1 shows who actually talks in IEP meetings. OSSE noted that the special education teachers are leading the meetings and the students' involvement is quite minimal (2014).



Source: The Office of State Superintendent of Education (OSSE), 2014, p. 17.

Figure 1: A Schematic Representation of IEP Participation

Teachers must allow the students to have control over their meetings and learn to talk about themselves and their disability. This is a solid way to help those students develop self-determination skills.

To help students become involved and to increase their self-determination skills, students can implement the fundamental elements of student-centered planning — engage, envisage, and enact (Van Dycke, Martin, & Lovett, 2006). These three elements will help teachers and students collaborate to develop a vision for students’ future learning and ways to reach their plan. It helps students to identify and express their interests, preferences, and develop goals to reach their desires (Espiner & Guild, 2012). Helping each student communicate, develop, and implement their goals will ultimately allow the greatest level of independence for each student.

Martin, Marshall, and Sale (2004), wanted to determine the perceptions of IEP team members' role when in attendance, including the student. They conducted a three-year study, observing over 1,600 team members function and play a role during IEP meetings. This included over 400 teacher-directed meetings. Their results noted that both students and general education teachers' ratings were lower than other IEP members, including parents, related service providers, and administration on understanding the meeting, the purpose of the meeting, knowing what their function was during the meeting, and not comprehending all the information that was given. Students also talked less during the meeting than other team members. They also noted that special education teachers talked the most out of all the team members, that special education and parents talked more about students' interests than the students themselves, and the general education teachers generally felt uncomfortable talking openly and honestly.

Changing IEP meetings from being teacher-directed to more student-directed is reflected in current best practice recommendations and focuses more on student planning, transition planning, and promoting student self-determination (Kohler & Field, 2003). Johnson, Serrano, and Veit's (2013) study about students with hearing impairments showed how imperative it is for students, specifically transition-aged students, to lead their IEP meetings. Maggie Kopp, a student with a hearing impairment, talked about how important it is for students to lead their meetings:

Our advisory teachers also help us assemble our PowerPoint presentations for our IEP meetings. By empowering us to lead our own educational proceedings, our teachers have taught us several important life lessons. We have learned how to discover the path we want to follow—and how to take steps accordingly. We have learned how to communicate our needs and goals to our teachers, our counselors, and our parents, and

we have learned how to make commitments towards results we will not realize until sometime in the future. Taking small steps, such as having an opportunity to lead our own IEP meetings, prepares us to take the world head-on. (Gallaudet University Laurent Clerc National Deaf Education Center, 2013, p. 25)

It is clear Maggie's perspective is student involvement in the IEP meetings leads to self-confidence and manifesting self-determination skills.

Student Participation in IEPs

The present researcher taught at a high school with special services students who were working towards their high school diploma (which prepares them for post-secondary education) or working towards the Alabama Occupational Diploma (which prepares them for the work force). The researcher asked her students in resource classes how many attended their IEP meetings. Out of twenty-five students, only 10 said that they attended their meetings. When those 10 were asked if they could lead their IEP meeting, all of them said no. Why is that? As Price, Wolensky, and Mulligan (2002, p.109) stated that "[I]t takes self-determined individuals (e.g., students, teachers, parents, paraprofessionals, administrators) with collaboration and risk-taking skills, to be facilitators and not enablers." This means each member must work together take on the challenges and issues related to student involvement in the IEP process (Price, et al., 2002), to teach and promote self-determination skills, and ultimately have students become the leader of the IEP team.

Students with IEPs need to be not only the focus of the meeting, but also lead the meeting. The IEP is about the student and will determine what academic goals, behavioral goals, social skill goals, or transition goals need to be achieved. These students must be involved completely in this process. If students are not part of the process and do not become the lead

voice of the IEP meeting, they may learn that their voice is not important which can hurt the development of their advocacy and self-determination skills (Hawbaker, 2007). Teachers and team members need to be supportive of special education students to help guide them and let them know it is okay and, in fact, crucial for them to speak up for themselves and their rights.

One issue with students stepping up to being a team member in IEP meetings is the student's misconception about these meetings. Strategies to debunk these misconceptions must be developed prior to the IEP meeting so students can become the focus of attention in a positive, optimistic way that is future-oriented. Some common myths that must be overcome include:

1. Myth: Teachers will only talk negatively about me.

Reality: Students believe at the IEP meeting, teachers only talk about the negative aspects of the child. This is not the case. Teachers at the meeting talk about the needs and the strengths of that student (Wisconsin Department of Public Instruction, 2014). Teachers talk about what services the child might need to be successful in class. Students with disabilities have heard a lot of negative words used to describe them; whether or not this comes from their peers, family, or school personnel, it affects their ability to be optimistic about their future. They continue to assume this when it is time for their IEP meeting and they would rather avoid hearing the negative by not attending the meeting.

2. Myth: My parents do not want me to attend the IEP meeting.

Reality: For the most part, parents want their child to attend the IEP meeting. This allows open communication with the parent to the child as well as the teachers to the child. Parents will decide if they feel it is appropriate or not to invite their child. However, once the child reaches 16 and transition services are required, the child must be invited (Schwablearning.org, 2006).

3. Myth: My parents will be mad at me when they hear my teachers talk about me.

Reality: Most parents are not angry with their child. They want to support their child and help determine ways for their child to be successful at school and in the future. Parents can, however, become overwhelmed and frustrated with the process of the IEP (Howey, 2012).

4. Myth: The meeting will last a long time.

Reality: The average IEP meeting only lasts between thirty minutes and one hour (McGahee-Kovac, 2002). Some IEP meetings may take longer, however, the members of the IEP team want to ensure that all questions and concerns are addressed and that everyone on the team has heard.

5. Myth: It will not matter what I say because no one will listen to me.

Reality: The student is the most important member of the IEP team. The IEP is about the student and is written to help that student succeed at school. The student's case manager is his or her biggest advocate at school and wants to make sure that the student's concerns are brought up and a resolution is determined (Lavoie, 2008).

6. Myth: My parents know what is best for me, so I do not need to come.

Reality: Students know themselves better than anyone knows them. They will know what accommodations work best for them, what their needs are, and can help create strategies and goals to meet those needs. Parents are the next best source; however, the IEP is about the student and the student's input is invaluable (Bishop, n.d.).

7. Myth: My teacher will not let me leave class to come to the meeting.

Reality: The case manager will try to schedule the IEP meeting before or after school to allow no interruptions in the students' schedule. However, sometimes, the only time a parent can attend is during the school day and the meeting is scheduled then. The IEP team *wants* the student to be at the meeting. The team typically includes every teacher that student has. Teachers understand

the importance of the IEP meeting and will permit and encourage students to attend even if it's for a smaller portion of the meeting (Peter, 2009). If parents request that their child attend the IEP meeting, or if case managers ask that students attend the IEP meeting, teachers will allow students to leave class.

8. Myth: I will not understand anything, so why bother coming?

Reality: The IEP team wants the student to understand and be part of the IEP writing process as well as leading the IEP meeting. Teachers and parents want the child to ask questions about anything he or she does not understand. The IEP is written for the student. The IEP team needs to use terminology that the student can comprehend (Pierro, 1996). The student must understand it in order to reach the goals in it.

9. Myth: Everyone will be staring at me, and it will make me feel uncomfortable

Reality: The meeting is about the student, so the IEP meeting will address questions, concerns, and suggestions to the student. The case manager and parents can work with the student on strategies to help him or her deal with the anxiety over the meeting beforehand (Pierro, 1996).

10. Myth: If I do not go to the IEP meeting, I will not have an IEP.

Reality: Even if the student or parent does not attend, the student will still have an IEP. Once the student has qualified and the parent consents to special education services, the child will have an IEP. The only way the student will no longer have an IEP will be if he or she does not qualify for services any longer, or if the parents refused special services (Heward, 2013b).

Participation and Severity of Disability

Students with an IEP range from extremely bright but with severe anxiety, to having a mild learning disability, to having poor social skills, to being non-verbal and not able to take care of daily needs. Regardless of the severity of the student's disability, the ultimate goal for the

student should be to strive toward obtaining autonomy and to be able to make choices and decisions regarding his or her life. This would include developing goals and benchmarks as part of the IEP as well. Students with all ranges of disabilities are choosing not to attend their IEP meetings, or they are not being told about their IEP meetings as revealed in a study by Childre and Chambers (2005, p. 223). They found “[s]tudent participation in meetings was widely variable ranging from voicing goal preferences to not attending. The level of participation for each individual student was dependent on family and professional expectations for participation as well as student communication and cognitive abilities.”

The level of participation for students with severe disabilities who are working towards a certificate instead of a diploma, may differ from those working towards the high school diploma focusing on post-secondary education or planning on entering the work force. Regardless of how much they can speak or participate, it is still important to have that student at the IEP meeting and to focus the meeting towards that student. Case managers should encourage and facilitate students to participate as much as they can. Both teachers and paraprofessionals can help students learn to participate in their meetings. Students with more severe disabilities can use hand signals, raise a card to answer, or use a voice activated assistive technology to express their needs and wants. Teachers must let the students do as much as they can for their meeting.

Disability Awareness

Many students, even those in high school, do not realize that they have a disability. The stigma of having a disability, especially as a teenager, is difficult. Students realize that they are, for instance, slower at learning things, have impulses that make it hard to focus in class, have severe anxiety making it difficult to attend class, or have a hearing impairment, but still do not realize that this is their disability. If students are in denial of having a disability, they will not be

able to develop self-advocacy skills or learn how to ask for what they need (Surrey and Borders Partnership NHS Foundation Trust, 2015). Studies have shown that students who are more aware of their disability, are better able to know their strengths and limitations and overall have a better self-concept (Campbell-Whatley, 2008). Katrina*, a student with a learning disability, wrote a poem cited in Lester and Gabriel's (2011) article illustrating this very point in a most poignant manner:

*Can't blame myself.
No one asked me
Just made me go
It's what they thought
Not what I thought
It's what they thought was best
That's how it was gonna be.
I got something to say
Teachers
Ask students what they want
Ask them what they need help with
ASK THEM!*

(Lester, & Gabriel, 2011, p. 17).

Teachers are key players in helping students realize that they have a disability and become self-accepted. People learn in their own way. What may be right for one student may not work for others.

Many students who are receiving services in special education are in denial of their disability, being in special education, do not want to talk about their disability, and even do not like hearing the word “disability.” This is especially true for high school students. Students at this age want to be just like their peers and do not want to be labeled as being different in any way. Students are afraid of being ridiculed, not given a fair chance, having misconceptions about what they can do assumed, and feel like they are constantly being compared to what is considered normal (University of Montana, n.d.) if peers or teachers know that they have a disability. It is important that students begin to accept their disability, understand it, and know that once they go off to college or the work world, there will not be a special education teacher or someone else to advocate for them. They need to learn about their disability, how it can affect them in school and life, and begin to self-advocate and ask for what they need.

Introducing students to other individuals who have disabilities-especially someone with the same label as they have been diagnosed with can be comforting and can show students that a disability does not limit one in life. It allows students to realize that having a disability is just part of who you are, not what you are. Amanda Trei felt this way as well. She was a special education teacher who was in an accident and became paralyzed from the waist down. She used a wheelchair to maneuver and used a variety of accommodations to get tasks completed. She noted that her students were able to see someone with a disability, see someone use accommodations to get tasks completed, see that she is a working individual and able to set goals and complete them, and that she was accepted in her school by her peers. This allowed her special education students to see disability as part of who she is, not what she is (Willis, 2007). Having a role model for special education students helps them to accept their disability and become comfortable with who they are.

To counter stigma, Bev Adcock and Michael Remus (2006) created a *Disability Awareness Activity Packet* to help students see that disability is a normal part of life. Within this packet, there are activities that are dedicated to specific disabilities. There are sections for Autism, Communication Disorders, Hearing Impairments, Learning Disabilities, Mental Retardation (now known as ID), Physical Disabilities, Vision Disabilities, Disability in the Media, and Other Resources. It is never too late to teach children about their disability.

Elementary school is the best time to begin to teach students about their disability. Children at this age are more accepting of students with disabilities, most all students with disabilities are included in the general classrooms (since they are academically around the same age), children with disabilities are at less risk of being bullied, and teaching tolerance to both children with and without disabilities helps to ensure acceptance of all people (Heinrichs, 2003). This begins the foundation to teach children and adults without disabilities to become allies and to understand that a disability is just one quality a person has—it is not the only thing about them (Pacer Center, 2004). Children learn to understand that disability is something that is not usual or to be frightened of. Elementary children are more likely to accept their disability and share their disability with their peers without fear or embarrassment.

Studies show that students with disabilities who enter postsecondary education are enrolled less and graduate less than those students without disabilities (Sanford, Newman, Wagner, Cameto, Knokey, & Shaver, 2011). Students in secondary settings must understand their disability, know what their strengths and limitations are, know what accommodations work best for them, and know how to advocate for those accommodations. If high school students do not understand that they have a disability, deny having a disability, or are embarrassed of their disability, they will never learn how to accommodate for it. Once students leave the public

school system, most will either go to post-secondary institutions or go into the workforce. These are areas where students can request accommodations for their documented disability. However, if these students do not fully understand and accept their disability, they will not understand the services they are entitled to receive and thus will not ask for them. According to *The Post-High School Outcomes of Youth with Disabilities up to FOUR Years After High School: A Report from the National Longitudinal Transition Study-2 NLTS2* (2009), approximately 37% of students were identified as having a disability and of those only approximately 24% actually disclosed their disability. This ultimately effects receiving accommodations and can affect their success in class and school.

Battle, Dickens-Wright, and Murphy (1998) noted that once students complete high school and enter postsecondary institutions (whether academic, technical, or vocational), they and their parents report a low level of understanding regarding differences in the nature of services. They are unprepared for the self-advocacy role that is required at the postsecondary level. Students further stated that they were not ready to take responsibility for documenting their disability and requesting appropriate services (Torgerson, Miner, & Shen, 2004).

Transition-Aged Students

For high school students, participating in and understanding the IEP process is vital. It is mandated in the Individuals with Disabilities Education Act of 1990 that the IEP of students ages 16 and older address transition services (Mazzotti, et al., 2009). The Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 defined transition services as:

(A) is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including post-secondary

education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;

(B) is based on the individual child's needs, taking into account the child's strengths, preferences, and interests; and

(C) includes instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation (p.1-2).

Transition services can include post-secondary, employment, and independent living. Students will still have their annual education goals to strive for along with these additional transition services goals. Teachers begin to prepare young adults for transitioning to post high school life by giving transition assessments. These assist the special education teacher and IEP team to develop, along with the student, appropriate transition goals.

For students with disabilities transitioning from high school to post-secondary education, it is critical that special education teachers and general education teachers work together to increase self-advocacy and disability awareness with the student. The enrollment of students with disabilities has increased three-fold since 1978. It is now estimated that 1 in 10 college freshman report having a disability and that approximately 44% of students with disabilities enroll in post-secondary institutions after leaving high school (Shaw, 2009). Approximately two-thirds of post-secondary students with disabilities are not receiving accommodations at their institutions. This is because the schools are unaware that these students have a disability and qualify for services. As well, about half of postsecondary students with disabilities do not consider themselves to have a disability, and approximately 7% state they are aware of having a

disability but did not notify their institution. About 40% of students with disabilities in postsecondary environments notified their institution about their disability (National Longitudinal Transition Study, 2005).

Once students graduate high school and have been accepted into a higher education institution, they will no longer have an IEP. Qualifying for services, getting those services, and asking for those services will become the responsibility of the student. No longer are there special education teachers to lead and guide these students. This is why it is important for students with disabilities to be full participants in their IEP meetings and to fully understand their disability and learn self-advocacy and self-determination skills while they are still in public school. Otherwise, receiving and asking for accommodations may become a challenge for them. “Ensuring that students with disabilities have ‘access to and full participation in post-secondary education’ has been identified as one of the key challenges in secondary education and transition” (Shaw, 2009, p.1). Teachers must prepare these students before they leave high school about their disability, about their qualities, and about the laws that will ultimately help them once they move towards a post-secondary environment.

Students who decide to go into employment directly after high school, also must fully understand their disability, know what limitations they have and how those can affect their job performance, know what their strengths are and how those can enhance their performance, know how to disclose their disability to their employer, and know their rights and the laws that protect them in the employment world. Approximately 7 of 10 young adults with disabilities who are out of school have worked for pay since leaving high school. Work rates for students with disabilities are approximately 63% compared to youth without disabilities within the same age group (NLTS2, 2005).

Teachers, parents, and other members of the IEP team must ensure that these students understand their disability, know how to advocate for services, and understand what they are entitled to by having a disability before they leave high school. They need to know their rights and abilities so when they do enter the work force, they are protected. Allowing them to become involved in their IEP, participate, and ultimately lead their IEP meeting will help students learn this knowledge and become more prepared for a career after high school. The main way this can be accomplished is by teaching and implementing self-determination and the skills contained within.

Self-Determination and Students with Disabilities

History

In earlier years, people with disabilities were seen as a burden upon society. Between 1907–1939, more than 30,000 people with disabilities in America were forcibly sterilized in hopes of stopping genetic or physical abnormalities (Martin, 2001, 2007; U.S. Holocaust Memorial Museum, 2015). Parents were told their child with a disability would never be accepted and will always depend upon them to lead their lives. If people with disabilities were lucky, they were shunned and put into institutions for their lifetimes; if they were the unlucky ones, they may have been abused or even killed (Martin, 2001; University of Washington, 2015).

After World War I, President Woodrow Wilson stated that national self-determination should lead world affairs (Leake & Skouge, 2014). This was the first time a president noted the importance of self-determination nationally. The Federal-State Vocational Rehabilitation System was developed and later Social Security benefits helped provide for veterans who acquired disabilities during World War I (Case, 2004). Society began to note the importance of all its citizens. Self-advocacy for people with disabilities has its roots in the People First

movement of the 1950s and 1960s and is associated with the civil rights movement. This involved African Americans, women, and people with disabilities (Test, Fowler, Wood, Brewer, & Eddy, 2005). People with disabilities were realizing that they do have a voice, that their opinions do matter, that they are part of society, and that they can make choices and decisions regarding their lives.

Families and those with disabilities began to demand constitutionally equal treatment after seeing how the *Brown vs Board of Education (1954)* deemed that separate schools are unequal and that segregation is unconstitutional (Administrative Office of the U.S. Courts, n.d.).

During the 1960s and 1970s, the Independent Living Movement was led by Ed Roberts. Roberts had polio and had to fight to get accepted into the University of California Berkley because of his disability. He eventually sued and won and was granted admission into Berkley. He pressed the university into ensuring he was given the same access into buildings, classrooms, various areas upon campus grounds, and accessible transportation that students without disabilities had. He and other students with disabilities started to teach themselves daily living skills they needed to survive, to hire and train assistants to help them as needed, and began offering peer support to each other (Vermont Center for Independent Living, 2010). These students were beginning to acquire and use various self-determination skills.

The passage of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA) in 1975, and the Americans with Disabilities Act (ADA) 1990 all helped to empower individuals with disabilities and their families and allowed them to advocate for their rights (Martin, 2007). In 1992, the Office of Special Education Programs (OSEP), funded grant competitions to develop and evaluate various models of self-determination including assessment methods, various strategies used and materials (Wehmeyer, Field, Doren, Jones, & Mason,

2004). Between 1990–1996, the U.S. Department of Education, Office of Special Education and Rehabilitation Services (OSERS), launched a self-determination initiative and funded 26 projects in self-determination for students with disabilities (Wehmeyer et al., 2004). This ultimately led to self-determination being a key focus for students with disabilities in the 1990s with emphasis on their rights and being self-determined in their daily lives (Frankland, Turnbull, Wehmeyer, & Blackmountain, 2004).

Defining Self-Determination

There have been many different definitions on what specifically self-determination is for people with disabilities. For the purpose of this paper, the researcher will focus on Field, Martin, Miller, Ward, and Wehmeyer's (1998) definition which states 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 to 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. (p. 2)

This definition was chosen for several reasons. First, it focuses on people with disabilities and students with disabilities. Second, this definition was chosen for the people who defined it.

These individuals are major contributors and experts in self-determination within the realm of special education. Lastly, it was chosen because it encompasses all the elements that children and young adults with disabilities need to focus on learning and gaining while receiving public education and services. It will help ensure students will have these skills in place and know how to use them in their lives after exiting high school.

Common Characteristics of Self-Determination

For students with disabilities, self-determination skills are not only important to learn and apply in school, but also important to have and apply outside of school. Once students leave the safe world of public school, where special services teachers and parents have been the main decision maker for services, students with disabilities must learn to depend on themselves and decide what they want to do with their lives and how their disability will affect that.

It is important for students with disabilities to be able to make informed choices regarding their lives and this involves learning and obtaining self-determination skills. Teachers and support systems for people with disabilities must also understand what the meaning of self-determination is and have a common definition. This will allow teachers to teach the concepts of self-determination, which will ultimately bring students the confidence and understanding to lead their own IEP meetings.

An issue in teaching self-determination to students is that teachers do not universally understand the definitions of the various skills and behaviors that self-determination comprises. Wood, Karvonen, Test, Browder, and Algozzine (2004, p. 4) noted that Wehmeyer, Schwartz, and Powers included the following elements of self-determination:

- **Choice-making skills**-making a choice between two options.
- **Problem-solving skills**-a problem is a task or situation for which a decision is not immediately known.
- **Decision-making skills**-decision making involves coming to a conclusion of a set of possible solutions.
- **Goal setting and attainment skills**-goal setting and attainment allow students to use various actions to reach a desired outcome.

- **Self-regulation skills** (including self-observation, self-evaluation, and self-reinforcement)-self-regulation refers to how individuals examine their environments and revise their strategies as necessary.
- **Self-advocacy** (including knowledge, individual, and system)-self-advocacy refers to standing up for oneself and using leadership skills that are necessary to lead, guide, or direct.
- **Self-awareness or self-knowledge**-self-awareness or self-knowledge refers to an accurate knowledge of one's strengths and limitations.
- **Self-efficacy**-self-efficacy refers to how an individual sees himself and his ability to complete a task or perform a specific behavior.

Teachers should help students develop self-awareness so they become confident adults who make appropriate life choices (Gooden-Ledbettera, Coleb, Maherb, & Condelucia, 2007).

Teachers knowing and understanding these various concepts will help them to teach and promote the various concepts of self-determination and can help determine in which areas students may need extra assistance.

The Office of State Superintendent of Education (OSSE) Secondary Transition Institute (2014) noted how self-determination can develop in a student. They illustrated this concept using Field and Hoffman's model of self-determination in their presentation.



Source: Office of State Superintendent of Education (OSSE), 2014, p.14.

Figure 2: A Schematic Representation of Self-Determination

Their first concept is ‘knowing yourself’. Once students know their strengths, limitations, and disability, they are able to request what they need, help make decisions regarding their education and lives, and are able to participate and understand the purpose of their IEP meeting. The second concept is ‘value yourself’. This refers to students accepting themselves and acknowledging and appreciating their unique strengths. The third concept is ‘plan’. Students can work with their teachers and family to develop their IEP. They can set goals and make plans to meet goals. The fourth concept is ‘act’. Once students have participated in developing their IEP, they can help present it at their meeting and begin to work towards the various goals indicated in it. The fifth concept is ‘experience outcomes and learn’. In this concept, students will take what they have been taught through practice and use and generalize these skills. Self-determination has not only become a focus of federal disability policy, but it has also become a

major focus for educators of students with disabilities (Wehmeyer & Palmer, 2003). Figure 2 is a schematic representation of self-determination as discussed above.

Self-advocacy is a key part of developing and maintaining self-determination skills. Self-advocacy is learning about who you are, standing up for your rights, asking for assistance when needed, problem-solving, and making decisions regarding your life (Center for Parent Information and Resources, 2015). Students with disabilities often rely on their teachers or parents to help make choices and advocate for them. These students may not realize what their strengths are since the IEP focuses on their weaknesses (Land & Duquette, n.d.). Teaching students about their strengths will not only allow them to see the positive attributes they have to contribute, but also will allow them to feel better about who they are and begin to understand who they are and stand up for their rights. This will help increase their advocacy skills. Self-advocacy is an important skill of self-determination that will help students be successful both in school and in their community and life.

Strategies and Curricula for Increasing Self-Determination

Wehmeyer, Agran, and Hughes (1998) defined self-determination skills (which are measurable) as:

- Choice making,
- Decision-making,
- Problem-solving,
- Independent living (risk taking and safety skills),
- Goal setting and attainment,
- Self-observation, evaluation, and reinforcement,
- Self-instruction, self-understanding, self-advocacy, and leadership,

- Positive self-efficacy and outcome expectancy,
- Internal locus of control, and
- Self-awareness.

There are various ways that self-determination skills can be taught to students with disabilities. Special education teachers, general education teachers, parents, and students are all needed for instruction, supports, and learning to take place. Curriculum programs, strategic instructional programs, making decisions regarding their IEP and services, and ultimately students leading the IEP are all ways that students with disabilities can learn to develop and implement self-determination behaviors.

Curriculum programs such as the *Self-Determined Learning Model of Instruction* (2000), that was created by Wehmeyer, Palmer, Agran, Mithaug, and Martin and derived from Mithaug, Martin, and Agran's (1987) and Mithaug, Martin, Agran, and Rusch's (1988) *Adaptability Instruction Model* is one way teachers can teach self-determination. This curriculum focuses on aspects such as goal setting, decision making, and problem solving, which are all core elements of self-determination behavior (Beach Center on Disability, 2015). The purpose of this curriculum is to help promote self-determination skills into the general education curriculum for students with disabilities. MaGahee, Mason, Wallace, and Jones (2001), created "A Guide for Student Involvement" that the U.S. Department of Education uses and promotes. It contains seven main sections that focus on teaching students about IEP meetings and what it means to them and how students with disabilities are involved. A major focus of this guide is to teach students with a model IEP about all the sections of the IEP:

- What do they mean?
- Who gives input on them?

- Does the student understand them?
- Does the student understand his or her disability?

MaGahee et al., suggested that one spend months working with students in both groups and individually, keeping in mind the confidentiality for each student. Important questions include: Have students ever seen their IEP or a blank IEP? Do they know what IEP stands for? These are important questions to review with students so they have a more complete understanding about their disability and for each to realize why they are receiving special services.

There are other various programs that promote the development of self-determination to students with disabilities. *Steps to Self-Determination* (2nd edition) (Field & Hoffman, 2005) is also an intervention that includes lessons that use modeling, cooperative and experimental learning, lectures, and discussions. *Whose Future is it Anyway?* (2nd edition) (Wehmeyer, Lawrence, Garner, Soakup, & Palmer, 2004) is an intervention that consists of 36 sessions that focus on: (a) self- and disability awareness, (b) making decisions about transition-related outcomes, (c) identifying and securing community resources to support transition goals and objectives, (e) communicating effectively in small groups, and (f) developing skills to become an effective team member, leader, or self-advocate. *The NEXT S.T.E.P. Curriculum* (Halpern, Herr, Wolf, Lawson, Doren, & Johnson, 1997) is an intervention that uses video and print materials directed specifically towards parents, students, teachers, or family members to help students with transition planning. It has various units that focus on self-evaluation, planning, and developing goals. Instructional strategies such as student involvement and participation are also researched based ways to teach self-determination skills.

In order to increase student involvement, the case manager needs to learn and apply some IEP involvement strategies. Martin, Marshall, Maxson and Jerman (1996) created a

program called *The Self-Directed IEP* that was designed to get students more involved in the IEP process. Their focus was to build self-determination to increase their students' participation and eventually leadership skills. The guide included nine objectives for special services teachers. Martin et al. (1996, p.2) also developed an eleven sequential steps for students to work on in order to learn how to participate and lead an IEP meeting. These included:

1. Begin meeting by stating the purpose
2. Introduce everyone
3. Review past goals and performance
4. Ask for others' feedback
5. State your school and transition goals
6. Ask questions if you do not understand
7. Deal with differences in opinion
8. State what support you'll need
9. Summarize your goals
10. Close meeting by thanking everyone
11. Work on IEP goals all year.

Each session lasts approximately 45 minutes to an hour. These are sessions that can be taught during the student's resource period at school. It was suggested that if students are in all general education classes, taking a day to teach all of these modules would be wise. The *Self-Directed IEP* kit has four instructional tools: Included is a *Self-Directed IEP in Action* video, *Self-Directed IEP Video*, *Teacher's Manual*, and a *Student Workbook*.

The Self-Advocacy Strategy created by Van Reusen, Bos, Schumaker, and Deshler (2007) is another way that teachers can help increase an essential skill of self-determination: advocacy.

This program was focuses on students learning and developing five essential areas. These include:

- students assessing their strengths and needs
- students assessing their education and transitional goals
- students learning what needed accommodations are and how to ask for these during their IEP meetings
- students learning how to communicate their needs and goals, and
- students learning how to listen and respond to others (The KU Center for Research on Learning, n.d.).

Another strategy is having self-determination as an IEP goal. Students with disabilities have various goals in the IEP that relate to school subjects, study skills, post-secondary goals, employment goals, behavioral goals, speech, occupational therapy, and physical therapy goals. However, self-determination is often left out as a goal for students regardless of age. One reason researchers believe this is happening is because students and families are not asked to be involved with the IEP process and are not being asked the questions that pertain to making choices and decisions. Martin et al., (2007) stated that one way students learn and increase their knowledge related to self-determination is through transition interest inventories and skill development that assess students' post high school preferences. This allows students to start to focus and make decisions regarding various areas of interest that they may want to pursue after they leave high school.

Another possible reason self-determination may not be listed as an IEP goal is that teachers do not completely understand the full concept of self-determination. In order to teach this important concept to students, teachers must understand what skills promote self-

determination, they need to decide which skills are important for that student to work towards as a goal, and they need to know where they can find instructional materials to teach their students (Wood et al., 2004). There are various instructional materials such as self-determination curricula that teachers can use as guidance in deciding which area of self-determination they feel that their student may need to work on. Teachers should still decide with each student which area of self-determination should become a goal. Teachers might also need to get families and school staff involved. One of the best ways for students to use their self-determination skills is in their everyday environments. This includes both the school and home settings. Teachers should make sure that the family and the school staff are aware of the goals the student is working towards so they can ensure that students are provided opportunities for making choices, making decisions, asking for help when needed, and working independently. This will help the student to become competent in these areas and able to generalize the newly acquired learning skills.

Having students become more involved with their IEP process is another strategy that teachers can use to promote self-determination skills. Teaching disability awareness, choice making, and self-advocacy skills are all part of the IEP process; all of these are self-determination skills. Mason et al., (2004) studied teachers' beliefs about the importance of teaching self-determination skills to students with disabilities and their IEP involvement. They received 523 responses from teachers, administrators, and related services professionals and found one in three (34%) of those surveyed were satisfied with students' level of involvement in their IEP. They also found that only 8% were satisfied with the approach they were using to teach students self-determination skills.

Research has shown that people with disabilities, especially those with intellectual disabilities, are less self-determined than their peers without disabilities because of having fewer

opportunities to make choices and decisions regarding their lives (Gomez-Vela, Angel, Alonso, Gil, Corbella, & Wehmeyer, 2012). Students need to have the opportunity to express preferences, indicate choices, and make decisions in order to assume control over their life (Askvig, Weathers, & Burt, 2013). Kellems and Morningstar (2010) suggested four ways to help high school students begin to develop self-determination skills. These include: (a) implementing student-led IEP with a focus on transition skills, (b) having students create a person-centered plan, (c) recruiting students who are currently in college with a disability to talk to students receiving services in high school, and (d) organizing peer mentoring groups in high school for students with disabilities. These activities help students begin to understand their disability and how to take control over their lives.

Research in Self-Determination

Branding et al. (2009) studied what special education teachers and rehabilitation counselors perceived as self-determination by having them view a self-directed IEP and an external-directed (someone other than the student leading) IEP meeting. Both the special education teachers and the rehabilitation counselors viewed self-determination and the concepts that encompass self-determination the same:

Based on the concepts of self-awareness, self-advocacy, decision-making, independent performance, self-evaluation, and adjustment, this process provides a forum for students to assume control over their own program planning. By coordinating their own IEP conferences, students are empowered to be self-advocates and thereby assume a self-determining role in their lives. (Branding et al., 2009, p. 755)

Participants in the study had to be employed by either a public or private school or by a rehabilitation agency for at least one year. There were a total of 117 volunteers for the study,

though 22 were excluded due to knowing the student involved or not meeting the requirements for the study. Participants consisted of both males and females, ages ranging from 20–59, both Caucasian and African American races, degrees ranging from Associate Degree to Ph.D., and having worked one or more years with transition-aged students.

The dependent measurement was a research made assessment of self-determination perceptions which included items from two published assessments as well as items from the transition component of the Individuals with Disabilities Education Act (Branding et al., 2009). Researchers took 10 items related to the IEP meeting sections of the Colorado Self-Determination Checklist (Martin & Marshall, 1992), 10 from the transition portion of the IDEA Act (1990), and 10 from the field test version of the Self-Determination Observation Checklist (SDOC) (Field & Hoffman, 1992). The SDOC asked questions such as how do students plan, set goals, make decisions, communicate for themselves, and use management skills? (Field & Hoffman, 1992). The Self Determination Rating Scale rated perceived self-determination skills from low to high using a Likert-type scale (Branding et al., 2009). The SDOC items were derived from a five-point scale ranging from 0-4, while the other two used a nine-point scale (Branding et al., 2009). Total possible scores ranged from 20-220.

A video of a simulated IEP meeting was recorded for the participants to view. Graduate students played the various roles at the IEP meeting such as the special education teacher, a rehabilitation counselor, and a school social worker. A researcher played the role of the vocational coordinator. A high school student with a mild intellectual disability who was enrolled in special education was recruited to participate. To prepare her for the simulations, the researcher used a preplanned worksheet to interview her and developed cue cards for her to use during the simulations (Branding et al., 2009). Two videotaped simulations were recorded. In

the self-directed video, the student was the director of the meeting. In the external-directed video, the vocational coordinator took a leadership role and the student took a more passive role. In both meetings the content, goals, and IEP meeting participants were the same. Each simulation was approximately eight minutes in length. Participants of the study were randomly selected to view the external-directed or the self-directed video and each answered the 30 questions on the researcher's developed assessment.

A two-factor mixed design was used to evaluate the participants' perceptions of self-determination after they viewed the simulated IEP meetings. Results of the study concluded that special education providers and rehabilitation practitioners held similar views on an individual's self-determination prior to viewing either the self-directed or external-directed simulated IEP meeting by an analysis of variance (Branding et. al, 2009). There was no statistically significant difference between the groups with regard to the perceptions of self-determination. However, a significant difference ($F = 11.03, p < .001$) was obtained from the participants for leadership orientation between the external-simulation versus the self-directed simulation. This finding shows perceptions of self-determination by practitioners, such as educators and rehabilitation practitioners differ (Branding et al., 2009).

Within both videos, two factors (independent variables) were investigated and observed. The first was the professional discipline of the human services practitioners (which were the educators and the rehabilitation practitioners). The second was the leadership orientation of the videotaped segments of the both simulated IEP meetings (Branding et al., 2009). After everyone had completed all the assessments, all participants were shown the self-directed or external-directed simulation that they had not seen. Participants were then asked four questions: two assessed the overall meeting quality of the self- or external-directed meetings, and the other two

questions asked if their attitudes about the student had changed and about their general feelings about students with disabilities leading their own IEP meetings. Participants noted the changes in the student from the external-led versus the student-led meetings. Participants also noted that the student's confidence and ability to lead and understand the meeting changed as well. The student's self-determination was the difference between the two meetings.

This study demonstrated that people who work with students with disabilities (i.e., educators and rehabilitation counselors) have similar perceptions about self-determination. It also shows that students with disabilities can be active participants and learn to lead their own IEP meetings (e.g., through various programs, teacher prompting, simulated meetings). Participants stated that the student was able to make decisions during her meeting, showed she was capable, and showed her wants and desires as she participated in the student led IEP meeting.

Agran and Hughes (2008) conducted a study regarding student involvement in their IEP process. The researchers piloted a tool that asked students with intellectual disabilities (as well as other disabilities) to provide input in their involvement in their IEP development and to see if this helped provide them with opportunities to develop and use self-determination skills (Agran & Hughes, 2008). Students were given instructional tools that included various strategies for them to review and learn both independently and with their teachers. They found that students were able to learn one or more strategies from their teachers to increase their self-determination; however, few students were given instruction on how to use these self-determination tools during their IEP meetings, and therefore, have an active participating role. Self-determination is especially important for people with disabilities to develop, have, and use. By teaching special education students various self-determination strategies and skills, and by having them involved

in their IEP goals and planning, will help them to apply these concepts to all aspects of their lives now and in their future.

Arndt, Konrad, and Test (2006) conducted a study (to add to existing body of single subject studies) to see if the *Self-Directed IEP* (Martin et al., 1996) had any effect on teaching multiple students with disabilities how to participate in their yearly IEP meetings. Subjects included five special education high school students from the Southeast. All students had been in special education since elementary school. The setting was in a cross-categorical, self-contained classroom in an inner city high school (Arndt et al., 2006). All participants were in one of three Occupational Preparation & Guidance classes that were offered. The instruction took place during those classes, which lasted 90 minutes each. The level of student participation in mock IEP meetings was the dependent variable (Arndt et al., 2006). Skill generalization data was assessed during real IEP meetings both before and after instruction to determine the student's level of participation (Arndt et al., 2006). From this, researchers were able to score observed skills and report a student's level of participation. Participation was measured by totaling the number of skills used by each student during the mock IEPs after Units 1, 2, and 3 were taught. Unit 1 included four lessons: (a) begin meeting, (b) introductions, (c) reviewing past goals and performance, and (d) ask for feedback from other team members. Unit 2 included three lessons: (a) state new school and transition goals for the year, (b) ask questions if you are confused or unclear, and (c) deal with differences of opinions. Unit 3 included three lessons: (a) state supports you need to meet goals, (b) summarizing the meeting, and (c) closing the meeting (Arndt et al., 2006). Researchers were then able to obtain a percentage correct for each unit by dividing points earned by the total points available for each unit (Unit 1-14 points, Unit 2-19 points, and Unit 3-12 points) (Arndt et al., 2006).

The researchers took baseline data before the intervention and noted a mean increase of 2, 9, and 17 points respectively in each of those three Occupational Preparation & Guidance classes. The three units allowed participants to earn a total of 14 points, 19 points, and 12 points respectively. At baseline (mock IEP) Unit 1 ranged 0-4 points with mean of 2. After intervention, scores ranged from 13-14 points, with a mean of 14. Unit 2 baseline ranged from 5-11 points with mean of 9. After intervention, scores ranged from 14-19 with mean of 17. Unit 3 baseline ranged from 0-3 points with a mean of 2. After intervention, scores ranged from 8-12 points with a mean of 11. The results indicated that the *Self-Directed IEP* program had increased participation during mock IEP's and students were able to generalize and use these skills post instruction during their real IEP meetings. The study demonstrated a functional relationship between this program and student participation in both mock and real IEP meetings.

This study revealed how an intervention to teach students to become involved in their IEPs helped increase their self-determination skills. This is important because this intervention can help students learn about their IEP, the purpose of it, how it is used to help them succeed in school, and help students to attend and be an active member of the team. It can ultimately help with self-determination, and advocacy.

Test and Neale (2004) wanted to see if *The Self-Advocacy Strategy* (Van Reusen et al., 2007) program would help teach students various advocacy strategies that would increase their participation in IEP meetings. The participants included three boys and one girl, ages 12 and 13 respectively. All of these students were in the regular education environment and went to resource for support. None of these students had ever attended their annual IEP meeting. The special education teacher taught *The Self-Advocacy Strategy* program during their resource time for two weeks. Ten lessons were presented ranging from 20-45 minutes in length. Students

were given *The ARC's Self-Determination Scale* (Wehmeyer & Kelchner, 1995) as a baseline pretest and again at the end of the intervention.

All four students made gains in their scores after *The Self-Advocacy Strategy* was employed. Student A went from baseline of 6.3 to 21.0 during intervention to 18 during generalization. Student B went from 10.3 baseline to 23.8 during intervention to 22 in generalization phase. Student C was 11 at baseline, 22 during intervention, and 20 during generalization. Student D baseline was 14 to 26 during intervention to 25 during generalization. In *The ARC's Scale*, students went from 5.0-57.0 pretest scores to 50.0-75.0 posttest scores. These types of results show that with the use of the *Self-Advocacy Strategy*, students with disabilities can become more involved with writing, deciding, participating, and talking about their IEP.

Pierson, Carter, Lane, and Glaeser (2008) conducted a study to see what factors influence self-determination of transition-age youth with high incidence disabilities. The study focused on contributions of social skills and problem behaviors for 90 secondary students who were documented as having emotional disturbances or learning disabilities. The average age was 16 with 66.7% being male. Forty-one persons were Caucasian, 32 were Hispanic, 9 were African-American, and 8 were Asian-American or other. Chi-square tests determined there was no significant difference between these two groups with regards to gender, ethnicity, and age. Most of the teachers working with this group of students with disabilities were Caucasian. Teachers and parents completed a teacher version of the *AIR Self-Determination Scale* (Wolman, Campeau, DuBois, Mithaug, & Stolarski, 1994). The student version scale is used to measure students' capacity and opportunity to engage in self-determination behaviors; whereas, the teacher version scale assesses the extent to which students connect beliefs about what they need,

want, and can do with their expectations, actions, results, and choices (Pierson et al., 2008). There were 18 items that addressed students' self-determination behaviors such as goal setting, making choices, and finding ways to meet those goals. Respondents used a Likert-type scale to rate these items. Teachers used *The Social Skills Rating System-Secondary Teachers Version* (Gresham & Elliot, 1990) and rated how often students exhibited each of the 30 social skill concepts under the three main domains of cooperation, assertion, and self-control. Results showed significant correlations among disability groups for social skills and problem behaviors. Specifically, there was a significant moderate negative correlation of $-.52$ with students with emotional disabilities having lower social skills and having higher problem behaviors. It also showed that students with stronger social skills had higher capacity for being self-determined.

Mason et al., (2004) conducted an online web survey to gain information from educators about how their attitudes and instructional practices related to self-determination and student involvement in their IEP. This survey was posted on the Council for Exceptional Children's (CEC's) website. Incentives were given for participants that included a name in a drawing to a CEC convention, a CEC catalog, books, and other CEC products. There were four parts of the survey. They included (a) student involvement in IEPs, (b) self-determination activities, (c) demographic activities, and (d) open-ended comments. The survey took approximately 5-10 minutes to complete.

There were 523 respondents in the study. Participants represented all 50 states and also included responses from Australia, Bahamas, Canada, and Kenya. The researchers conducted a one-way analysis of variance to ensure that respondents showed no statistically significant differences in the IEP process and student self-determination based on geographic location (Mason et al., 2004). Respondents included special education teachers, general education

teachers, related service providers, teacher education students, administrators, and staff from higher education. Respondents had an average of 12 years of experience in their field.

Results showed that even though most respondents believed that self-determination was important and student involvement in the IEP process was just as critical, they were not satisfied with the level of instruction they had received to implement this and did not feel prepared enough to provide instruction to students. Results also indicated that these respondents felt that students who were involved in their IEP process understood their disability, how to ask for accommodations, and which accommodations worked best for them. There also was a correlation shown between how much students were involved in their IEP process and the importance of self-determination activities ($r = .11, p < .01$). Students who participated in self-determination activities and learned strategies from it, felt it was an important concept for teachers to teach ($r = .13, p < .01$) (Mason et al., 2004).

Wehmeyer, Palmer, Shogren, Williams-Diehm, and Soukup (2010) completed a study to show the relationship between efforts to promote self-determination and the enhancement of self-determination among secondary youth with disabilities. A study group of 371 high school students that were documented as having a disability and were receiving special education services under the categories of mental retardation (intellectual disability) or learning disabilities participated. These students lived in six states including Arkansas, Kansas, Missouri, Nebraska, Oklahoma, and Texas. Forty-three percent of participants were female and 57% were male. The majority of the students were Caucasian (54%), but also included Hispanic (25%), African-American (16%), Native American/Alaskan Native (1%), Asian/Pacific Islander (1%), and Other (3%). A total of 130 teachers participated in the study coming from 80 various high school campuses.

This study was longitudinal, lasting 5 years. Schools that were selected to participate were randomly assigned either an “intervention” or “control” group. Students had to meet requirements of receiving services as LD or MR, could complete a self-report, and would be receiving services for an additional 2 years after the project started. Baseline data were collected and instruction to teachers who would be teaching this concept was given to the intervention schools. Data were collected at the end of the school years for the 2nd and 3rd year after the implementation. Students completed two self-determination assessments to help show how baseline data had changed. These assessments were *The Arc’s Self-Determination Scale* (Wehmeyer & Kelchner, 1995) and the *AIR Self-Determination Scale* (Wolman et al., 1994). The control group was given a placebo intervention; that is, teachers received training and supports for an intervention that wasn’t expected to affect student scores on the dependent variables. The intervention group was randomly assigned various interventions to promote self-determination. These included the *ChoiceMaker Curriculum* (Martin et al., 1993) and *Self-Advocacy Strategy* (Van Reusen et al., 2002). The *ChoiceMaker Curriculum* focuses on three skill areas: (a) Choosing Goals, (b) Expressing Goals, and (c) Taking Action. The *Self-Advocacy Strategy* has various stages for the student to complete. Stage 1, Orient and Make Commitments, Stage 2, Describe, Stage 3, Model & Prepare, Stage 4, Verbal Practice, Stage 5, Group Practice and Feedback, Stage 6, Individual Practice and Feedback, and Stage 7, Generalization. Other intervention programs that were used during the study included: *Steps to Self-Determination*, *Who’s Future is it Anyway? Self-Determined Learning Model of Instruction*, and *NEXT S.T.E.P. Curriculum*.

The *AIR* results indicated a significant overall increase in AIR-S scores over time $F(1, 446) = 32.10, p < .0001$, a significant intervention group effect $F(1, 365) = 8.62, p < .005$, and a

significant intervention group by time interaction $F(1, 446) = 6.70, p = .01$ (Wehmeyer et al., 2010). *The Arc's Self-Determination Scale* showed a significant increase overall in SDS scores over time, $F(1, 448) = 51.73, p < .0001$, but no significance with the intervention group effect $F(1, 368) = 1.05, p = .31$, and no significance with group by time interaction, $F(1, 448) = .021, p = .65$. Wehmeyer et al., overall saw an increase in self-determination skills with students who received an intervention. Students who used these strategies within the three years, showed an increase in growth of having and implementing self-determination skills compared to those who did not receive any intervention.

Barnard-Brak and Lechtenberger (2010) conducted a study to see if student participation in IEP meetings related to their academic achievement over time. The participants of this study included students with disabilities ranging from six to twelve years of age, representing 12 of the federal disability categories during the 2000–2001 school year. The researchers took data from the students' IEP meetings using a program characteristics survey from the Special Education Elementary Longitudinal Study (SEELS, 2005), that administrators would answer questions pertaining to students' special education programs (Barnard-Brak & Lechtenberger, 2010) and measured their academics on the Woodcock Johnson-III test. Analysis was done using MPlus & SPSS. Using a weighted least means square variance latent growth model, results were at the .05 level, with a value of .31 which means as student participation in their IEP meetings increased over time, students had more positive academic outcomes and associations (Barnard-Brak & Lechtenberger, 2010). This is significant as this shows the importance of having students with disabilities participating at their IEP meetings, knowing their goals, and learning strategies to help them succeed in school.

IEP Meetings and Self-Determination

As noted in the previous section on research, many studies and programs included the IEP. Frequently, outcome measures were elements of participation in IEP planning and meetings. IEP meetings can be teacher-led or student-led. Research suggests the student-led IEPs can result in many benefits, including the development of self-determination skills.

Teacher-Led IEP Meetings

Typically, in a teacher-led IEP meeting, special education teachers write, lead, talk, and guide the meeting. They normally do not engage the student if they attend (Martin, et al., 2006). Parents at times feel uncomfortable and not fully part of the team. The parents do not get to voice their opinions much and the student is either not invited, does not attend, or does not speak during the meeting (Furney & Salembier, 2000). During much of a teacher led meeting, the team is mostly quiet and lets the special education teacher do much of the speaking and decision making.

Students who are invited and attend a teacher-led IEP meeting often display confusion, do not understand their role in the meeting, are not sure if they are allowed to speak, feel as if they are not being heard when they do speak, feel uncomfortable due to the language being used, and generally feel that the meeting is a waste of time (Martin, et al., 2006). Most often if students do attend, they will sit wherever they are told and not participate throughout the meeting. Just as some parents may feel they are being bullied, they are stupid, or there is no hope children with disabilities may have these same anxieties and fears and may not want to participate (Robinson, 2015).

Parents are a critical component to the IEP process . Until the child becomes a legal adult (either 18 or 19 depending on the state), they are in charge of their child's IEP. They are the

principal advocates for their child and usually will advocate full force for what they believe their child is entitled to by the law. They are part of the IEP team and according to IDEA (1990 as amended), the school must do what it can to ensure the parents have the opportunity to fully participate in the IEP meeting.

Parents may not be involved much with teacher-led IEPs depending on the location of the meeting, language barriers, not understanding the IEP process and law, or cultural background (Dabkowski, 2004). Having these types of barriers may cause the child and the parent/guardian confusion, thus having neither participate in the meeting. This can cause misperceptions for both the child and the parent about the disability and about the services of special education. It can possibly lead the parent and child to not advocate for what is needed to be successful in the classroom and miss getting the accommodations and services the child is entitled to.

While there is limited research on the benefits of teacher-led IEPs, students who have more severe cognitive disabilities might experience difficulties understanding the various sections of the IEP and might not be able to verbally explain or lead the meeting. Students with psychiatric disorders such as anxiety, may experience fear and panic from specific situations or environments (Souma, Rickerson, & Burgstahler, 2012) and thereby, may not want to be the center of attention. Therefore, it would be better to have the teacher lead the meeting to ease the situation for those students. Future research needs to take place to see what actual benefits students gain from teacher-led IEP meetings.

One way special services teachers and case managers can increase self-advocacy and participation in the IEP is, for example, by having mock IEP meetings. Special services teachers can first show students a mock IEP meeting by having the teachers playing the key members: student, parent, general education teacher, local education agency representative (LEA), and the

special services teacher. This can help students actually see what an IEP meeting looks like, what it would look like being a student-led IEP, and give them the opportunity to identify with questions and get honest answers from their teachers. This beginning process can actually help to stimulate self-advocacy for students. This can be made into an IEP goal for each student. A very useful example created by Wood et al., (2004, p.15) is illustrative:

Goal: Given 1 practice session in a mock IEP meeting each week, I will be an active participant in my transition IEP meeting in May.

[Benchmarks]/Objectives:

- 1.1. Given practice in mock IEP meetings in class, I will be able to introduce all the members of my IEP team at the beginning of the meeting.
- 1.2. Given a menu of choices that I have been previously introduced to, I will express my preferences as to what goals I would like to work on for the next school year.
- 1.3. Given practice sessions in class, I will talk about my strengths and weaknesses.
- 1.4. Given practice in class, I will identify what types of services or supports I need to meet my transition goals and objectives.

Student-Led IEP Meetings

Leading IEP meetings will help students build leadership qualities and confidence in their abilities. As Test and Grossi (2011) have noted, when students take an active role in their IEP meetings, it promotes self-determination skills. Students who lead their IEP meetings are more aware of their disability, feel more comfortable talking about their disability, and overall have more self-determination and self-advocacy skills (Hawbaker, 2007). They also learn what strengths they have to bring to a friendship or relationship, what limitations they have, how to appropriately speak to someone else, and know more about their legal rights (Mason et al.,

2004). These special education students work with the special education teacher and their IEP team to help develop the goals (i.e., academic, behavioral, social, transitional) that are needed for that student for the upcoming school year. When it is time for the meeting, the student is the one who “leads” the meeting. They are the ones who introduce the people at the meeting, they initiate conversation between the members of the team, they talk about their strengths and weaknesses, they talk about the goals they would like to reach for the school year, and they are the ones who help guide and direct the meeting and ensure everyone is involved (Martin et al., 2006).

Students are the leaders of the team. They feel their voice is heard and have an understanding about the purpose of the meeting (Martin et al., 2006).

Teacher involvement during student-led IEP meetings should be to support students and help guide them as needed. They may be the writers of the IEP, note takers during the meeting, or give “reminders” to the student to help keep them on task or help guide them through the meeting (Mason et al., 2004). They should not be the main speaker. Special education teachers and general education teachers should speak about the student when it comes to comments and concerns regarding the student in the classroom. However, the IEP meeting should be directed by the student.

Teachers should work with students on learning what an IEP is, the various parts of the IEP, the purpose of the IEP, and how this document fits into the students’ lives. Teachers can introduce these concepts by talking to students and showing them their current IEP. They can purchase programs that can help explain these areas and teach students how to ultimately lead their own IEP meetings (e.g., *Self-Advocacy Strategy*, *Self-Directed IEP*, and *Choice Making Curriculum*). Teachers can also create forms and worksheets and relate their IEP to other interests and concepts that students already understand. There are various creative ways that

teachers can teach students about their IEP to get them involved as decision-makers in their meetings.

Hawbaker (2007, p. 8-13) created an IEP Portfolio template that students fill out before the IEP meeting and use while leading the meeting. The portfolio has various sections for the student to complete, in order to learn more about what an IEP is and how it applies to them. It ultimately turns into a guideline for the student to use during the meeting. Some of the areas that students can address in the template include:

- Here are the names of the people who are at this meeting, and what their role at the meeting.
- Why are we here? Here's what an Individualized Education Plan is in my own words and what we will be doing at this meeting.
- After I graduate from high school, this is what I see in my future:
More School? (College? Technical School? Apprenticeship)
- Career Possibilities:
- Family Possibilities (Marriage? Children? Near parents/siblings?)
- Places I would like to live
- How I will get around — transportation
- Things I will do for fun:
- Goal #1: This year's goal is:
- Table of Contents: a list of the things I have chosen to put in my portfolio to demonstrate my progress
- My Final Evaluation of this goal (complete this part a few days before your meeting)

- I made no progress on my goals
- I improved a little, but was far from meeting my goal
- I improved, but didn't quite meet all parts of the goal
- I improved and I met all parts of the goal
- Explain
- How should this goal change for next year?
- Accommodations and Modifications
 - required accommodations and modifications that were in place this year:
 - These accommodations worked the best for me (list and explain):
 - Here are ideas about new accommodations and modifications I'd like to try next year:
- What is an IEP? A Riddle of a Lesson Objective: Students will state in their own words the purpose, function, and parts of an IEP after participating in a riddle/metaphor discussion. Begin by asking students if they know what an IEP is and discuss their responses. Then ask, "How is your IEP like a..."
 - A Game Plan
 - A Contract
 - Jeans That Fit Just Right
 - Ladder That Helps You Reach New Heights
 - Support Hose
 - A Sweet Red Rose
- And Lots More, Goodness Knows!

Using a template like this helps students understand the concept of an IEP, why it is important, how it applies to them, how it relates to their current schooling and future goals, and how it is similar to other things in that student's life. This is a fun and creative way to get students involved in the IEP process.

Another way to get students involved is to let students create a PowerPoint presentation to go along with the IEP meeting (Georgia Department of Education, 2011). This researcher did this with her former students and found that students seemed to understand more about their IEP, wanted to attend the meeting, and were not afraid to ask questions about what they thought they needed to be successful in school. This is a way students can learn about their disability and accommodations and feel like they are participating and contributing to their meeting.

There is no specific age limit for students to become involved in and lead their meetings. Students as young as five can participate and lead their meetings. The amount of involvement and the wording the young student uses will be different compared to that of a secondary student. However, these students should be active participants in their IEP meeting. Mason et al., (2004) state there are three levels that students, regardless of age, can begin to implement towards having student-led IEP meetings. These include:

1. Level 1—Students present information about or read from the IEP their transition plan for the future (p. 2). Transition can also include transition from one grade to another, one school to another, or from high school to employment/post-secondary.
2. Level 2—Students explain what their disability is, how it affects them, what their strengths and weaknesses are, what their Present Levels of Performance (PLOP) are, explain what accommodations are, and which ones have been and can be useful for

them in class (p. 2). Students also present Level 1 information and can suggest new IEP goals to the team.

3. Level 3—The student leads the IEP meeting, and includes information from both Level 1 and 2 information (p. 2). Student keeps team members involved and closes the meeting.

Following these three levels that Mason et al. (2004) suggest can ensure that students, regardless of their age, can be involved at levels depending on their age and comfort levels.

Parents should work with their children when they are young to begin getting them involved in their IEP meetings. As they get older, students should ultimately become more involved in their own IEP meeting. Once they are transition age, students must be invited to their IEP meetings (Pacer Center, 2000). Some ways that parents can help children become more active in their annual meeting is by talking to them about their disability. It is important that parents do not try to protect their child from knowing he or she has a disability. There is no shame in having one and the earlier children know about it, the more accepting they will become. Another way is making sure that their child understands what's being said at the meeting (Pacer Center, 2000). Some terms may be spoken that the child has no idea of its meaning. It is important that children understand what is being said about them. Team members need to be aware of any language they are using during the meeting and making sure that they try to convey their message in terms that everyone, including the child, will understand. Parents also should not be afraid to talk about both weaknesses and strengths the child has. Teachers are important in situations like these because parents may be unaware of their child's strengths and limitations. Parents will also learn about their child's preferences, gifts, needs, and talents. Lastly, parents need to ensure their child is involved throughout the meeting. They must let their child know it

is okay to speak during the meeting, know that the team values their input, know that this meeting is about them, and that this meeting is not a negative thing and they will not get punished for it (Van Dyke et al., 2006).

Major benefits of student-led IEP meetings are students become more self-aware and develop self-determination skills that will ultimately be important for them as they graduate high school, become adults, and enter the work force or post-secondary schooling. Skills such as goal setting, choice making, self-advocating, awareness of disability, evaluating outcomes, and deciding what is best for them all are important aspects of being a self-determined individual (Myers & Eisenman, 2005). Having these self-determination skills are crucial for students to become successful independent young adults.

Research does show that student-led IEP meetings increase self-determination and self-advocacy, but it also shows that students are more aware of the purpose of an IEP, and that they understand their individual goals, benchmarks, modifications, and accommodations (Hawbaker, 2007). These are key concepts of the IEP and ultimately allow the student to become more self-aware. This is important for students to grasp, especially once they graduate high school and move into the work force or post-secondary environments. They will have to rely on themselves to get these accommodations or modifications in these new post high school environments.

Conclusions

Student involvement in the IEP process is important for all students with disabilities regardless of the severity of the student's disability, and needs to begin once the student qualifies for services. Inviting students to participate in their IEP meetings is not only important, but also mandated for transition-aged students by IDEA (Barnard-Brak & Fearon, 2012). Important skills, knowledge, and beliefs such as self-advocacy, disability awareness, knowing and

understanding one's strengths and limitations, setting goals, and believing in oneself can lead students with disabilities towards gaining self-determination. Students should be taught the importance of attending and participating in their IEP meetings and begin to learn and develop the much needed self-determination skills that will ultimately help them to make decisions regarding their life post high school.

Through the various research literature reviewed, it is known that attendance at IEP meetings is very important for students, and something teachers need to better understand. Teachers must fully recognize the implications of the research studies have shown as well as what experts in this area are saying. Future research is needed on this topic. Teachers need to find out why students are not attending their IEP meetings, why students are not participating, why they are not leading their meetings, why they are not questioning a legal document that focuses on their education plan, and why and how special education teachers can assure that all people involved with special education students fully understand the IEP and its importance in the students' current and future education and career goals.

In order to ensure that students are included in the entire process of their Individualized Education Program, research needs to be initiated to determine the underlying causes regarding students' refusal or reluctance to participate in IEP planning. Factors to be considered include: age, sex, ethnicity, family background and support, disability, severity of disability, teacher support, school support, when a student began receiving services, relationship between case manager and student, relationship between case manager and family, and relationship between student and family. These factors would be determined for the elementary, middle, junior, and high school levels to ascertain if there is a common thread as to why students with disabilities are not participating in IEP planning and during IEP meetings.

Researching this topic can assist all students with disabilities become better prepared for life after high school. Supports for students and parents can be developed based upon the results of such research. Programs and workshops for teachers, students, and parents that focus on getting students involved in the IEP process can be created. With more research into this topic, we can prepare future special education teachers by giving them the tools needed to increase student involvement in the IEP process. Ultimately, not only can this change how students see themselves while they are in public school, but will help them to develop self-determination skills and begin to see themselves in the future as confident, advocating adults, who have a complete understanding of who they are.

CHAPTER III. METHOD OF STUDY AND INSTRUMENTATION

Chapter I provided the background information for this study, focus of research, significance of the study, purpose of the study, research questions, research design, limitations and assumptions of the study. The purpose of this study was to gain insight to the self-perceptions and practices of current credentialed and practicing full-time special education teachers towards student-led Individualized Educational Programs (IEPs). For the purpose of this study, current credentialed and practicing full-time special education teachers include those working in an elementary or secondary public school setting within a school district in Northeast Alabama. Participants work with students who have been identified as having one of the 14 IDEA defined disability categories, work with students with high or low incidence disabilities or both, and have at least one post-secondary degree in special education. Chapter II presented (a) a review of literature and research on students with disabilities who have an Individualized Education Program (IEP); (b) an overview of special education, self-determination, and IEP meetings; (c) a review of general studies on student-led IEP meetings and programs related to implementation of student-led IEP meetings; and (d) an analysis of student-led IEP meetings relative to self-determination skills. Chapter III discusses the design of the study, sources of data, profile of the school district used in this study, data collection procedures, privacy and confidentiality of administrator data collected, instrumentation, and method of procedure.

Design of Study

This study was a survey research study with 62 closed-ended questions and four open-ended questions to identify and gain insight into the self-perceptions and practices of current credentialed full-time employed special education teachers towards student-led IEPs in Alabama. The problem for this study was the lack of information related to special education teachers' self-perceptions of students with disabilities and their practices related to student involvement in the IEP process.

Sources of Data

The population for this study was 57 credentialed special education teachers, who were employed full-time and who had previously participated in at least one IEP meeting. These teachers were both elementary and secondary special education teachers who served 898 students with IDEA diagnosed disabilities within a school district in Northeast Alabama. The population of the city is approximately 62,000 and roughly 18% are children 18 years or younger (U.S. Department of Commerce, 2015). The researcher obtained permission from the school system to collect data for the study (see Appendix A). A representative from the school system notified all of the special education teachers about the survey and distributed the paper survey instruments to each of the 11 schools within the school district for teachers to voluntarily complete. The total number of special education teachers who responded to the survey was 32. The response rate was 56.1%.

Data Collection Procedures

The researcher electronically contacted representatives from a specific school system in the Northeast area of Alabama to gain permission for the study. The researcher was granted permission and worked with one specific representative of the school system who distributed the

survey instrument to these credentialed, full-time employed special education teachers. Materials included with the survey instrument were the purpose of the study and an information letter providing an assurance that their involvement in the study was anonymous (see Appendix A). The researcher developed the survey instrument. The Auburn University Institutional Revenue Board (IRB) approved the survey instrument and research methods (see Appendix A). Participants had two weeks to complete the survey and return it to the researcher in a stamped, self-addressed envelope provided by the researcher. A follow-up email request to complete the survey was prepared and delivered to the representative of the school system by the researcher, allowing participants an additional two weeks to return their forms. An additional five participants responded to the follow-up email and returned their completed survey form to the researcher. A total of 32 teachers returned their survey form, bringing the final response rate to 56.1%.

Instrumentation

A non-experimental survey research design was used, and a researcher-developed survey instrument was used for this study. The study was a pencil and paper questionnaire entitled “Special Education Teacher Perceptions Survey Inventory.” A panel of experts ensured content validity of the instrument, clarity of the instrument, and completeness. The items listed in the study were constructed using data and items existing from checklists, existing curricula, results from research studies in the area of self-determination and student-led IEP meetings (Hawbaker, 2007; Mason, Field, Sawilowsky, 2004; Wehmeyer, Agran, & Hughes, 2000). The panel of experts included two special education teachers, two school administrators, and one researcher. The survey instrument consisted of 62 closed-ended questions and four open-ended questions. Participants were asked to respond to nine demographic items; 14 questions related to self-

perceptions of various self-determination skills and student involvement with IEP planning and participation; 13 questions related to special education teachers self-perceptions of parents' feelings towards special education services (teacher self-perception of knowledge related to parental involvement with developing self-determination skills in their child and having their child involved with IEP planning and participation); 13 questions related to teacher self-perceptions of what special education teachers should do for students on their caseloads (teacher self-perception of knowledge related to what teachers self-perceptions of their role in promoting various self-determination skills and student involvement with IEP planning and participation); 13 questions related to special education teachers practices related to students on their caseloads (teacher self-perception of practices related to various self-determination skills and student involvement with IEP planning and participation); and four open-ended questions. The four open ended questions were:

1. What are the greatest challenges in teaching self-determination skills to students?
2. What are the greatest barriers to IEP meetings?
3. What are the greatest challenges to having students involved with IEP planning?
4. What are the greatest barriers to having students lead IEP meetings?

Participants could answer as many or as few of the questions as they wished. Individuals completed the survey at their convenience. The questionnaire included nine items related to participant demographic information. There were 14 items for special education teacher self-perceptions of self-determination. These items were scored as follows: 1=never, 2=sometimes, and 3=always. Total scores could range from 14 to 42. Thirteen items related to teacher self-perceptions of parental involvement. These items were scored in a similar manner as those for teacher self-perceptions of self-determination. The items related to self-perceptions of teachers

about their practices were also scored on a 3-point scale. The total scores for the 13 items could range from 13 to 39. In addition to items related to teacher practices, the instrument included 13 items related to teachers' level of confidence related to their actual practices. These items were scored on a 3-point scale as follows: 1=not confident, 2=confident sometimes, 3=confident. Total scores could range from 13 to 39. The instrument concluded with four open-ended response items addressing challenges and barriers experienced by special education teachers.

The district administrator distributed an Information Letter and a copy of the approved IRB form and the 62-question survey instrument to teachers in the school district. Teachers were asked to return questionnaires to the researcher via US mail in a stamped, addressed envelope. All questionnaires (completed and not completed) that were returned were anonymous. Survey instrument responses were summed for total scores of teacher self-perceptions for self-determination and total scores of practices. Participants were given the survey instruments on October 11, 2016, and they had until October 25, 2016, to complete the survey. The representative sent a reminder email to the participants from the school system on November 1, 2016. The initial survey yielded twenty-seven completed survey instruments by the cutoff date, and the reminder email increased the number of completed survey instruments to 32 or a final response rate of 56.1%.

Research Questions

1. What are the demographic characteristics of special education teachers who participated in this study (teacher level of education, gender, race, grade level taught, disability incidence levels taught)?
2. What are special education teacher self-perceptions about self-determination with regard to students who are receiving special education services?

3. What are special education teacher self-perceptions of parental involvement?
4. What are the self-perceptions of special education teachers' current practices related to involving students in the IEP planning and meetings?
5. To what extent are there differences in teacher self-perceptions of (a) self-determination, and (b) their practices with regard to students receiving special education based on grade level that teachers serve and number of students on their caseload?
6. To what extent is there a correlation between teacher self-perceptions of self-determination and their practices?
7. What are special education teacher self-perceptions of challenges and barriers related to IEP planning and delivery?

Data Analysis

Descriptive statistics were calculated for the first four research questions. The fifth research question was addressed by the null hypothesis using a 2x2 analysis of variance (ANOVA) statistical procedure. The null hypothesis stated that there is no statistically significant difference in teacher self-perceptions about self-determination (items 10-23) and their practices (items 50-62) with regard to students receiving special education based on grade level that teachers serve and caseload size. Pearson Product Moment Correlation procedures were used to evaluate the sixth research question. The seventh research question examined teacher self-perceptions of challenges and barriers related to IEP planning and delivery. There were four open-ended questions that teachers answered to address this seventh overarching research question:

1. What are the greatest challenges in teaching self-determination skills to students?
2. What are the greatest barriers to IEP meetings?
3. What are the greatest challenges to having students involved with IEP planning?
4. What are the greatest barriers to having students lead IEP meetings?

Responses were classified as either primary or secondary. Primary responses or themes were student functioning level, motivation, and age of student (for example sub-question one) whereas secondary responses were factors that influence primary themes. In addition, contextual issues that influenced or impeded the primary and secondary themes were identified as (no time to know students, teach self-determination or follow on previously taught self-determination skill, learned helplessness, communication issues with parents and school personnel). Similarly, for the remaining three sub-questions primary and secondary themes were identified along with contextual issues from the special education teachers' responses.

The data were collected by the researcher and entered into a Microsoft Excel spreadsheet, coded, and entered into a spreadsheet for statistical analysis using the Statistical Package for the Social Sciences (SPSS), version 2.1. Information given by the participants could not be traced back to the participants. All surveys were collected and stored in a locked file cabinet that only the researcher had access to.

Privacy and Confidentiality of Administrator Data Collected

Prior steps were taken to ensure the privacy and confidentiality of data collected from each participant. Permission was obtained from Auburn University Institutional Review Board (IRB) to conduct the study. As well, permission was obtained from the school system in order to collect data from their special education teachers for this study. As survey instruments were

returned to the researcher, the researcher stored the collected data in a locked file cabinet that only she had access to. All data collected in this survey remained anonymous.

Summary

This chapter discussed the methodology used by the researcher in this study. The design, sources of data, data collection procedures, privacy and confidentiality of administrator data collected, instrumentation, and method of procedures were presented. The data analysis and results of the study are presented in Chapter IV.

CHAPTER IV. DATA ANALYSIS AND RESULTS

Introduction

Chapter I provided the background information for this study, focus of research, significance of the study, purpose of the study, research questions, research design, limitations and assumptions of the study. The purpose of this study was to gain insight into the perceptions and practices of credentialed, practicing full-time special education teachers towards student-led IEPs. For the purpose of this study, current certified and practicing full-time special education teachers include those working in an elementary or secondary public school setting within a school district in Northeast Alabama. Participants work with students who have been identified as having one of the 14 IDEA defined disability categories, work with students with high or low incidence disabilities or both, and have at least one post-secondary degree in special education. Chapter II presented (a) a review of literature and research on students with disabilities who have an Individualized Education Program (IEP); (b) an overview of special education, self-determination, and IEP meetings; (c) a review of general studies on student-led IEP meetings and programs related to implementation of student-led IEP meetings; and (d) an analysis of student-led IEP meetings relative to self-determination skills. Chapter III presented the design of the study, sources of data, profile of the school district used in this study, data collection procedures, privacy and confidentiality of teacher data collected, instrumentation, and method of procedure. Chapter IV focuses on the results of the data analysis.

Data Analysis

Descriptive data such as percentages and frequencies were summarized for gender, ethnicity, special education degree, certification level, grades currently teaching, special education duty, caseload numbers, incidence level of disabilities teacher works primarily with, and years taught. This information was used to address and answer research question one. Research questions two, three, and four were answered using descriptive statistics to focus on teacher self-perceptions of self-determination, parental involvement, and teacher practice, respectively.

To interpret the mean score for Questions 2-4, the range of possible score was divided into thirds. A mean score in the lower third was considered “rarely” or “not confident”, a mean score in the middle third was considered to be “sometimes” or “somewhat confident”, and a means score in the top third was considered “frequently” or “confident”, depending on the question. Specifically, for Question 2, a mean score from 14–23.33 was considered to mean that special education teachers felt that students with disabilities should “rarely” engage in the identified self-determination and IEP participation behaviors; a mean score of 23.34–31.67 was considered to mean special education teachers felt that students with disabilities should “sometimes” engage in the identified self-determination and IEP participation behaviors; and, a mean score of 31.68–42 was considered to mean that special education teachers felt that students with disabilities should “frequently” engage in the identified self-determination and IEP participation behaviors.

Specifically, for Question 3, a mean score from 13–21.67 was considered to mean that special education teachers felt that parents of students with disabilities should let their child “rarely” engage in the identified self-determination and IEP participation behaviors; a mean

score of 21.68-30.33 was considered to mean special education teachers felt that parents of students with disabilities should let their child “sometimes” engage in the identified self-determination and IEP participation behaviors; and, a mean score of 31.34—39 was considered to mean that special education teachers felt that parents of students with disabilities should let their child “frequently” engage in the identified self-determination and IEP participation behaviors.

Specifically, for Question 4, a mean score from 13–21.67 was considered to mean that special education teachers felt “not confident” to engage students with disabilities in the identified self-determination and IEP participation behaviors; a mean score of 21.68–30.33 was considered to mean that special education teachers felt appropriate “at times” to engage in the identified self-determination and IEP participation behaviors; and, a mean score of 31.34–39 was considered to mean that special education teachers felt “confident” to engage students with disabilities in the identified self-determination and IEP participation behaviors.

Research question five was answered by testing the null hypothesis using a two-way analysis of variance (ANOVA) statistical procedure. Research question six was answered by testing the null hypothesis using the Pearson Product Moment Correlation statistical procedure. Research question seven was answered by identifying main themes that teachers’ self-perceptions stated in their responses to the open-ended questions on the survey instrument.

Instrument Reliability

Reliability analyses using Cronbach’s alpha at the .05 level of significance were conducted for each set of items that related to a specific topic of special education teachers’ perceptions or practices prior to calculating descriptive statistics and testing null hypothesis. In addition, the reliability coefficient for the entire scale was calculated. Results of the reliability

analyses revealed a strong reliability coefficient for each group of questions on the scale. Cronbach's alpha ranged from .74 for the teachers' self-perceptions of self-determination to .87 for the items related to the actual teacher practices. The reliability coefficient for the entire scale was .92. Table 1 shows the Cronbach's reliability coefficient for the items.

Table 1

Reliability Coefficients for Scale Topic and Entire Scale

Scale	Cronbach's Alpha
Teacher Self-Perception of Self-Determination	.744
Teacher Self-Perception of Parental Involvement	.756
Teacher Self-Perception of Practices	.802
Teacher Actual Practices	.874
Total Scale	.924

Results of Research Question One

The first research question was: *What are the demographic characteristics of special education teachers who participated in this study (teacher level of education, gender, race, grade level taught, and disability incidence levels taught)?*

Demographic Characteristics of Special Education Teachers

Demographic characteristics of special education teachers used in this study were summarized in terms of gender, ethnicity, special education degree, certification level, grades currently teaching, special education duty, caseload numbers, incidence level of disabilities teacher works with primarily, and number of years that the teacher had taught. The total number

of special education teachers participating in this study was 32. The majority of teachers were female (N=31, 97%), White (N=27, 84%), and K-12 certified (N=22, 69%). Additionally, the majority had both a bachelors' and masters' in special education (N=15, 47%), had 16-20 students on their caseload (N=13, 41%), and worked with both low and high incidence disabilities (N=24, 75%). Nine teachers also stated that they worked primarily as a resource teacher (N=9, 28%) with both collaborative teaching and mixed duties teaching close behind (N=8, 25%). Fifty percent of teachers stated they worked with P-5 students (N=16), 18% worked with grades 6-8 (N=6), and 31% worked with students in grades 9-12 (N=10). Table 2 shows the percentages and frequencies of the demographic information for special education teachers.

Table 2

Frequencies and Percentages of Special Education Teacher Demographic Information

Variable	Frequency	Percent
Gender		
Female	31	96.9
Male	1	3.1
Ethnicity		
African American/Black	5	15.6
White, Not Hispanic	27	84.4
Special education degree *		
Bachelors	7	21.9
Masters	9	28.1
Both	15	46.9

(table continues)

Table 2 (continued)

Variable	Frequency	Percent
Certification level *		
P-6	6	18.8
6-12	3	9.4
K-12	22	68.8
Grades Currently Teaching		
Elementary (P-5)	16	50
Middle (6-8)	6	18.8
High School (9-12)	10	31.3
Special Education Duty		
Resource teacher	9	28.1
Co-teacher/Collaborative teacher	8	25.0
Self-Contained teacher	5	15.6
Mixture of duties	8	25.0
Other	1	31.1
Caseload Numbers		
1-5	1	3.1
6-10	11	34.4
11-15	6	18.8
16-20	13	40.6
More than 20	1	3.1

(table continues)

Table 2 (continued)

Variable	Frequency	Percent
Incidence Level of Disabilities Teacher Works Primarily With		
High incidence disabilities	2	6.3
Low incidence disabilities	6	18.8
Both	24	75.0
Years Taught		
0-5	10	31.3
6-10	5	15.6
11-15	8	25.0
16 or more	9	28.1

*Not all participants answered all questions

Results for Research Question Two

The second research question was: *What are special education teacher self-perceptions self-determination with regard to students who are receiving special education services?*

Descriptive statistics were calculated to identify teacher self-perceptions of self-determination. Possible scores on the self-determination items scale could range from 14 to 42 with lower scores indicating a lower level of teacher self-perceptions of self-determination. The mean score was 35.5 with a standard deviation of 4.48. The minimum score observed was 19 and the maximum score observed was 42.

Results for Research Question Three

The third research question was: *What are special education teachers' self-perceptions of parental involvement?*

Descriptive statistics were calculated to identify teacher self-perceptions of parental involvement. Total scores on the self-perceptions of parental involvement items scale could range from 13 to 39, with lower scores indicating a lower level of teacher self-perceptions of parental involvement. The mean score was 31.0 (SD = 3.87). The minimum score observed was 16 and the maximum score observed was 38.

Results for Research Question Four

The fourth research question was: *What are the self-perceptions of teachers' own practices related to involving students in the IEP planning and meetings?*

Descriptive statistics were calculated to identify teacher self-perceptions of their current practices related to involving students in the IEP planning and meetings. Total scores on the self-perceptions of teachers' current practices items scale could range from 13 to 39, with lower scores indicating a lower level of teacher self-perceptions of practices. The mean score was 31.4 (SD = 4.23). The minimum score observed was 16 and the maximum score observed was 39. Table 3 displays descriptive information for the second, third, and fourth research questions.

Table 3

Descriptive Statistics for Questions Two, Three, and Four (N=32)

Research Questions	Possible Ranges of Scores	Minimum	Maximum	Mean	Std. Deviation
RQ 2: What are special education teacher self-perceptions self-determination with regard to students who are receiving special education services?	14-42	19.0	42.0	35.5	4.48
RQ3: What are special education teachers' self-perceptions of parental involvement?	13-39	16.0	38.0	31.0	3.87
RQ4: What are the self-perceptions of teachers own practices related to involving students in the IEP planning and meetings?	13-39	16.0	39.0	31.4	4.2

Results for Research Question Five

The fifth research question was: *To what extent are there differences in teacher self-perceptions about self-determination and their practices relative to students receiving special education based on (a) grade level that teachers serve and (b) number of students on their caseload?*

Three null hypotheses were formulated to test Research Question 5. A 2 x 2 factorial analysis was performed to test the three hypotheses. The null hypotheses were stated as follows:

H₀ 1: There is no statistically significant difference in teacher self-perceptions about teaching self-determination skills based on (a) grade level that they teach [p-5; 6-12] and the (b) number of students on their caseload [15 or fewer; 16 or more].

H₀ 2: There is no statistically significant difference in teacher self-perceptions of their practices based on (a) grade level that they teach [p-5; 6-12] and the (b) number of students on their caseload [15 or fewer; 16 or more].

H₀ 3: There is no statistically significant overall interaction between the main effects of grade level [p-5; 6-12] that teachers serve and number of students [15 or fewer; 16 or more] on their caseload in terms of (a) teacher self-perceptions about teaching self-determination skills to students and (b) teacher practices.

Results of H₀ 1_(a) revealed a statistically significant difference in teacher self-perceptions about of self-determination skills based on grade level taught. Teacher self-perceptions of self-determination were more positive for grades 6-12 (M = 35.33, SD 3.28) than for grades P-5 (M = 31.88, SD = 4.29), $F_{(1, 28)} = 5.25$, $p = .03$, partial eta squared = .158. Therefore, H₀ 1_(a) was rejected. This finding suggests that teachers who serve the higher grades perceive themselves as having greater awareness about teaching self-determination skills to their students than teachers who serve the lower grades. No statistically significant difference was revealed for teacher self-perceptions to teach self-determination skills based on number of students on teachers' caseload. Consequently, H₀ 1_(b) was retained.

Results of H₀ 2_(a) revealed a statistically significant difference in teacher self-perceptions of their practices based on the grade level that they teach. Teacher self-perceptions of their

practices were more positive for grades 6-12 ($M = 29.33$, $SD = 3.00$) than for grades P-5 ($M = 23.83$, $SD = 6.70$), $F_{(1, 28)} = 5.44$, $p = .027$, partial eta squared = .163. Therefore, $H_0 2_{(a)}$ was rejected. This finding suggests that teachers who serve the higher grades perceive that they practice teaching self-determination skills to their students more often than teachers who serve the lower grades. No statistically significant difference was revealed for practices based on number of students on teachers' caseload. Consequently, $H_0 2_{(b)}$ was retained.

Results of $H_0 3_{(a)}$ revealed a univariate F value of .403, $p = .53$, indicating no statistically significant interaction between grade level that teachers serve and number of students on their caseload for knowledge of teaching self-determination skills. Therefore, $H_0 3_{(a)}$ was supported. Results of $H_0 3_{(b)}$ revealed a univariate F value of .112, $p = .74$, indicating no statistically significant interaction between grade level that teachers serve and number of students on their caseload for teacher practices. Therefore, $H_0 3_{(b)}$ was supported.

Results for Research Question 6

The sixth research question was: *To what extent is there a correlation between teacher self-perceptions about self-determination and their practices?*

Another null hypothesis was formulated to test the sixth research question as follows:
 $H_0 2$: There is no statistically significant correlation between teacher self-perceptions about self-determination and their practices. The Pearson Product Moment Correlation coefficient was .525, $p = .002$, indicating a statistically significant correlation between teacher perceptions about self-determination and teacher practices. Therefore, $H_0 2$ was rejected.

Results for Research Question 7

The seventh research question was: *What are special education teachers' self-perceptions of challenges and barriers related to IEP planning and delivery?*

There were four open-ended questions that teachers answered to address this question.

The questions were:

1. What are the greatest challenges in teaching self-determination skills to students?
2. What are the greatest barriers to IEP meetings?
3. What are the greatest challenges to having students involved with IEP planning?
4. What are the greatest barriers to having students lead IEP meetings?

The seventh research question examined teacher self-perceptions of challenges and barriers related to IEP planning and delivery. There were four open-ended questions that teachers answered to address this seventh overarching research question:

1. What are the greatest challenges in teaching self-determination skills to students?
2. What are the greatest barriers to IEP meetings?
3. What are the greatest challenges to having students involved with IEP planning?
4. What are the greatest barriers to having students lead IEP meetings?

Responses were classified as either primary or secondary. Primary responses or themes were student functioning level, motivation, and age of student (for example sub-question one) whereas secondary responses were factors that influence primary themes. In addition, contextual issues that influenced or impeded the primary and secondary themes were identified as (no time to know students, teach self-determination or follow on previously taught self-determination skill, learned helplessness, communication issues with parents and school personnel). Similarly, for the remaining three sub-questions primary and secondary themes were identified along with contextual issues from the special education teachers' responses.

To address the first question (What are the greatest challenges in teaching self-determination skills to students?), special education teachers' self-perceptions relative to the most common responses to challenges in teaching self-determination skills to students included:

- I. Primary Factors (approximately 55% of participants that answered)
 - students' functioning level
 - motivation level
 - age of student
- II. Secondary Factors (factors that influence primary themes) (approximately 45% of participants that answered)
 - contextual issues (e.g., no time to know students, teach self-determination skills, or follow up on previously taught self-determination skills, learned helplessness, issues with communication among parents and other school personnel, generalization of skills).

Table 4 displays all of the teacher comments for this question.

Table 4

Teacher Comments for Greatest Challenges in Teaching Self-Determination Skills to Students

Assigned # to	Teacher Responses
Participants	
1	Teaching self-determination skills
2	Motivating students to work
3	Teaching state standards are time consuming-no time to teach self-determination skills
4	Keeping students motivated and staying positive even during frustration
5	Maturity/cognitive level
6	Secondary students have learned-helplessness. Have to be retaught self-determination
8	Working with students long enough to know them
9	Want things to work for them, but don't want to work for things
10	Some kids know how to use self-determination and others don't
11	Students enabled by parents and society and excuses over independence
12	Teaching importance of managing own behavior goal setting, and increasing independence in adulthood
13	Students level of comprehension
14	Communication with parents and what's OK for their kid; other personnel in school and their idea of special education and students with disabilities
15	Age and development of students I teach (K)
16	Functioning level
17	Having strong relationship with student and parent

(table continues)

Assigned # to Participants	Teacher Responses
18	Fine line between showing and doing
19	Making them realize actions have positive or negative consequences
20	They are taught-don't know how well they use and follow through with what they are taught
21	Instilling confidence in student; allowing them to fail and convincing them to try again
22	Help foster a drive or interest in a skill and work independently
23	Teaching students to believe in themselves and their abilities
24	Trying to reach unmotivated students to work academically and realize their potential
25	Motivation of students, age of students, cognitive level of students
26	Disability effects understanding or consequences events have
27	Curriculum-age appropriate material; fine line of self-determination vs being mandatory attitude
28	Students so young
29	Parents and their willingness to face the disability their child has
30	Age of student
31	Students that depend on teachers may be challenging to teach them
32	Ensure students generalize skills in various environments

*Not all participants answered all questions

To address the second question (What are the greatest barriers to IEP meetings?), special education teachers' self-perceptions regarding the most common responses to barriers of IEP meetings included:

- I. Primary Factors (approximately 73% of participants that answered)
 - availability of time
 - scheduling/ attendance
 - parental issues including participation
 - lack of understanding/communication
- II. Secondary Factors (factors that influence primary themes) (approximately 27% of participants that answered)
 - Contextual issues (e.g. formality of meeting, paperwork abundance, staying on task, team member participation, Us vs Them mentality).

See Table 5 for these comments.

Table 5

Teacher Comments for Greatest Barriers to IEP Meetings

Assigned # to Participants	Teacher Responses
1	Lack of parents understanding
2	Lack of teachers/school aide in understanding
3	Formality-not knowing what to say or how to lead one
4	Communication-hard to keep all involved within a limited time
5	Time/scheduling/paperwork demands
6	Team agree on time/transition goals
8	Time-scheduling a time for everyone
9	Having parents use services as an aid (easier for kid)
10	Parents/team members don't agree to what's best for the student
11	Scheduling everyone at a time good for all
12	How to increase parental involvement; students' need based on expectations of all team members
13	Parents don't come
14	Too much paperwork/not enough collaborative communication/decision making
15	Time constraints, scheduling, paperwork
16	Adequate time to have students lead; arranging meeting to be meaningful as they should with lack of time
17	Time
18	Moving past accommodations-they can hinder
19	Staying on task; informing parents without overwhelming them

(table continues)

Assigned # to Participants	Teacher Responses
20	Getting appropriate people to attend
21	Team member participation
22	School and parent come with pre-determined ideas
23	Telling parents what their child lacks (current level vs grade level)
24	Parents to participate
26	Conflicts or disagreements with instruction, placement, or services
27	Time-not enough
28	Us vs them feeling can be noticed in meetings
29	Using the correct language with parents so they don't feel intimidated or put down or overwhelmed by their child's disability
30	Communication-some may not understand what you are saying
31	Getting interpreters
32	Getting parents to attend

*Not all participants answered all questions

To address the third question, (What are the greatest challenges to having students involved with IEP planning?), special education teachers most common self-perceptions to challenges of having students involved with IEP planning included:

- I. Primary Factors (approximately 75% of participants that answered)
 - age of student
 - student preference not to attend
 - parents preferring their child not attend

- II. Secondary Factors (factors that influence primary themes) (approximately 25% of participants that answered)
- Contextual issues (e.g. time, preparatory issues such as meeting structure and purpose of meeting)

Table 6 reports all teacher comments to this question.

Table 6

Teacher Comments for Greatest Challenges to Having Students Involved with IEP Planning

Assigned # to Teacher Responses	
Participants	
2	Elementary level-don't attend or participate
3	No time for students to be involved
4	Very little with elementary
5	N/A due to age of students
6	Having them speak up to express thoughts/feelings
8	Not many-students don't want to attend or parents don't want kids there
10	Parents prefer child not be there; meeting takes longer
11	Lack of desire to be part of it
12	Helping kids to understand requirements that lead to goal setting/attainment
13	Don't take it seriously
14	Confidence and not knowing why they get extra help
15	Too young to be involved
16	Willingness to participate

(table continues)

Assigned # to Teacher Responses**Participants**

17	Student's resistant to come
18	Student embarrassment or denial of disability
19	At times not appropriate for them to hear some of the discussions
20	They don't care to attend; haven't made a connection that decisions are being made and they have a voice
21	Age of student/parents spoke for child instead of listening to them first
22	K-2-ask students' interests and dislikes. Other isn't age appropriate
24	I don't know. I never had.
26	N/A**
27	Kids too young-do not understand
28	The ability to see the big picture plans for them
29	Parents have not informed child of their disability and prefer they aren't involved
30	Not sure-my students don't attend meetings
31	Teach kids 8 years and younger. They typically are not involved
32	Helping them understand their areas of needs and connecting to standards

*Not all participants answered all questions

**teacher answer was N/A (not applicable)

To address the fourth question (What are the greatest barriers to having students lead IEP meetings?), special education teachers most common self-perceptions the greatest barriers in having students lead IEP meetings included:

- I. Primary Factors (approximately 69% of participants that answered)
 - age of student

- time constraints
 - student confidence level
- II. Secondary Factors (factors that influence primary themes) (approximately 31% of participants that answered)
- Contextual issues (e.g. lack of administrator support, confusion of roles and purpose of meeting, inexperience with student-led meetings)

Table 7 shows comments for all teachers.

Table 7

Teacher Comments for Greatest Barriers to Having Students Lead IEP Meetings

Assigned # to Participants	Teacher Responses
2	Elementary level-students don't attend or participate
3	Time—have to teach presentation skills on leading a meeting—no time unless a goal
4	Experience at secondary level-limited with student-led so cannot answer
5	N/A due to age
6	Lack of confidence
8	Haven't done it—could be applicable in a few instances
10	Meetings slower and not as in depth if student leads
11	Lack of confidence
12	Time constraint-results in professionals in charge
13	Not knowledgeable

(table continues)

Assigned # to Participants	Teacher Responses
14	Expectations of adults that IEPS are/should be parent conferences and students shouldn't participate
15	Too young to be involved
16	Willingness and ability to participate
17	Lack of knowledge of state standards; students fear and resistance to want to talk to a group of adults
18	Embarrassment of student
19	Elementary level-not mature enough to lead a meeting, let alone make decisions on their own
20	Their confidence-don't show it or refuse to speak
21	Level of disability and lack of administration support
22	K-6-not many students lead; wants get in the way of needs
24	Never had (K-4)-I assume students are unaware of purpose of IEP meeting; at middle school, it's difficult to get them to do work, let alone lead a meeting
26	N/A**
27	Time at meetings; time to train students to learn how to conduct meeting; helping students with cognitive disabilities to understand scores and things above their level
28	Lack of maturity or knowledge of required steps/process involved
29	Lack of education and knowledge of process as a whole
30	I don't know. I teach 1/2 grades-students do not attend
31	Do not attend
32	Parents wanting to lead instead of students

*Not all participants answered all questions

**teacher answer was N/A (not applicable)

Summary

This chapter discussed the data analysis and results. Thirty-two teachers participated in the survey. Statistically significant differences were revealed for teachers' self-perceptions of self-determination and teacher self-perceptions of their practices based on grade level taught. Teacher self-perceptions of knowledge and practices were more positive for the higher grade levels. The Pearson Product moment correlation coefficient showed a statistically significant correlation between teacher self-perceptions of knowledge about self-determination and teachers self-perceptions of their practices. Chapter V presents an overview of the present study, summary of results, limitations, recommendations for practice applications, chapter conclusions and a summary with recommendations for future research.

CHAPTER V. RESULTS, DISCUSSION, RECOMMENDATIONS, AND CONCLUSION

Introduction

Chapter I provided the background information for this study, focus of research, significance of the study, purpose of the study, research questions, research design, limitations and assumptions of the study. The purpose of this study was to gain insight into the self-perceptions and practices of credentialed, practicing full-time special education teachers towards student-led IEPs. For the purpose of this study, credentialed practicing full-time special education teachers include those working in an elementary or secondary public school setting within a school district in Northeast Alabama. Participants work with students who have been identified as having one of the 14 IDEA defined disability categories, work with students with high or low incidence disabilities or both, and have at least one post-secondary degree in special education. Chapter II presented (a) a review of literature and research on students with disabilities who have an Individualized Education Program (IEP); (b) an overview of special education, self-determination, and IEP meetings; (c) a review of general studies on student-led IEP meetings and programs related to implementation of student-led IEP meetings; and (d) an analysis of student-led IEP meetings relative to self-determination skills. Chapter III presented the design of the study, sources of data, profile of the school district used in this study, data collection procedures, privacy and confidentiality of teacher data collected, instrumentation, and method of procedure. Chapter IV presented the findings of the data analysis. Chapter V

discusses the findings limitations of the study, recommendations for practice, and conclusions and recommendations for future research.

Overview of the Study

The goal of the present study was to obtain information/data related to the self-perceptions and practices of full-time credentialed special education teachers regarding student-led IEP meetings. The researcher investigated how the self-perceptions and practices of these teachers related to the implementation of student-led IEP meetings across the varying grade levels for one school system in Northeast Alabama. The researcher used a sample of full-time credentialed special education teachers. The district administrator responsible for special education distributed the researcher's Information Letter, Survey Instrument, and a copy of the approved IRB form to these teachers. Of the 57 certified special education teachers who received the survey, 32 completed and returned the survey to the researcher in a self-addressed, stamped envelope provided by the researcher. The response rate was 56.1%.

Discussion of the Results

Research Question 1: *What are the demographic characteristics of special education teachers who participated in this study (teacher level of education, gender, race, grade level taught, disability incidence levels taught)?*

In the present study, demographic characteristics of special education teachers can be described as an overrepresentation of White, female teachers and an underrepresentation of culturally diverse teachers. Heward's study (2013b) on the demographic characteristics of special education teachers, noted a disproportionate number of African American students as well as a higher rate of Black male students in special education. The special education teaching workforce has been characterized as primarily White and female. Talbert-Johnson's (2009)

study found that White female teachers did not feel prepared to teach minority students. Scott (2016) reported Black students are denied guidance, perspectives, and understanding by virtue of not having the benefit or opportunity of an African American male special education teacher with whom to relate. The results of these studies imply the notion that acquisition of self-determination skills is impeded by the lack of appropriate teacher role models. The demographic characteristics of the teachers in this study are similar to those other studies and highlight the need to increase the diversity of the teaching workforce for students with disabilities as these students are overrepresented in several disability categories.

Research Question 2: *What are special education teacher self-perceptions about self-determination with regard to students who are receiving special education services?*

This finding revealed a wide range of teacher's self-perceptions about self-determination skills. This finding is consistent with the results of Cabeza, Magill, Jenkins, Carter, Greiner, Bell, and Lane's study (2013) that noted teachers' self-perceptions of the various skills of self-determination are important, but teachers are not teaching these skills at the same rate of importance as revealed in their self-perceptions. However, this study surveyed administrators who asked how important is it to teach each skill and then to rate how often teachers teach these skills. So, it is not teacher self-perceptions that were being reported but the administrators' perceptions. This finding implies that future research should examine administrators' self-perceptions of the acquisition of self-determination skills and student-led IEP meetings.

Research Question 3: *What are special education teacher self-perceptions of parental involvement?*

Total scores on the self-perceptions of parental involvement items scale had a range from 13 to 39, with lower scores indicating a lower level of teacher self-perceptions of parental

involvement. The mean score was 31.0. The finding from the present study indicated that special education teachers felt that parents of students with disabilities should let their child “frequently” engage in the identified self-determination and IEP participation behaviors. This result is consistent with Zhang, Wehmeyer, and Chen’s study (2005) indicating both teachers and parents’ role in understanding and implementing self-determination skills are important. However, teachers reported that parental involvement was inconsistent in practice (e.g., nonattendance for IEP meetings, lack of parental understanding, lack of participation in IEP meetings, and parents being overwhelmed with data and information from the school) (Zhang et al., 2005). Special education teachers feel that parents should promote and support the development of behaviors related to self-determination and student-led IEP meetings.

Research Question 4: *What are the self-perceptions of special education teachers’ current practices related to involving students in the IEP planning and meetings?*

Total scores on the self-perceptions of teachers’ current practices items scale ranged from 13 to 39, with lower scores indicating a lower level of teacher self-perceptions of practices. The mean score was 31.4. This finding indicated that special education teachers felt “confident” to engage students with disabilities in the identified self-determination and IEP participation behaviors. Yet, this finding showed that the mean score was on the cusp to teachers feeling “confident” and “somewhat confident” of their current practices related to involving students in the IEP planning and ability to teach self-determination skills. This finding of “somewhat confident” could relate to several different reasons or factors such as: lack of knowledge, lack of support, lack of ability/skill, or competing mandates from the school system. These results are fairly consistent with Mason et al.’s (2004) study, which noted teachers only felt somewhat prepared or confident to teach students various skills related to self-determination and

participation in their IEP meetings. Using Mason et al.'s results, one could speculate that this is not surprising that teachers only felt somewhat prepared or confident to involve students in IEP meetings and teach students self-determination skills. So, teachers might not be implementing at high levels (results of the present study) because they do not feel confident or other contextual factors (e.g., competing mandates, lack of time) may be impeding the delivery of teaching self-determination skills or involving students in IEP meetings.

Research Question 5: *To what extent is there a correlation between teacher self-perceptions of (a) self-determination skills and (b) their practices with regard to students receiving special education (a) based on grade level that teachers serve and (b) number of students on their caseload?*

Results of a two-way ANOVA revealed a statistically significant difference in teacher self-perceptions of their knowledge of self-determination based on grade level that they teach and the number of students on their caseload. Teacher self-perceptions of self-determination were more positive for grades 6–12 ($M = 35.33$, $SD = 3.28$) than for grades P-5 ($M = 31.88$, $SD = 4.29$), $F = 5.29$, $p = .03$, partial eta squared = .158. No statistically significant difference was revealed for number of students on caseload. Results also revealed a statistically significant difference in teacher perceptions of their practices based on the grade level that they teach and the number of students on their caseload. Teacher self-perceptions of their practices were more positive for grades 6–12 ($M = 29.33$, $SD = 3.00$) than for grades P-5 ($M = 23.83$, $SD = 6.70$), $F = 5.44$, $p = .027$, partial eta squared = .163. No statistically significant difference was revealed for number of students on caseload. This is consistent with Mason et al.'s study (2004), which found that secondary special education teachers felt student involvement in IEP planning and implementation, as well as instruction of self-determination skills, to be more important, when

compared to elementary special education teachers. IDEA (1990) requires student involvement in IEP and transition planning by age 16, so it is not unexpected that secondary teachers place a higher importance on this than elementary teachers.

Research Question 6: *To what extent is there a correlation between teacher self-perceptions of self-determination skills and their practices?*

The Pearson Product moment coefficient was .525, $p=.002$ indicating a statistically significant correlation between special education teacher self-perceptions about self-determination and teacher practices. This finding suggests that those teachers who feel that instruction in self-determination and student involvement in the IEP is important are more likely to have higher ratings of confidence in teaching these skills. However, in a similar study, Mason et al. (2004) found that while teachers highly value self-determination and student involvement in IEPs, a significant number were not satisfied with the approach they used. In the present study teacher rating of practices were years ago, and perhaps, there has been more attention devoted to training in this area through pre-service programs and professional development.

Research Question 7: *What are the special education teacher challenges and barriers related to IEP planning and delivery?*

There were four open-ended questions that teachers answered to address this question.

The questions were:

1. What are the greatest challenges in teaching self-determination skills to students?
2. What are the greatest barriers to IEP meetings?
3. What are the greatest challenges to having students involved with IEP planning?
4. What are the greatest barriers to having students lead IEP meetings?

Some of the greatest challenges reported in teaching self-determination skills to students included students' functioning level, motivation level, and age of student. Some of the greatest barriers to IEP meetings included availability of time, scheduling, and parental issues including participation, attendance, and lack of understanding. The greatest challenges to having students involved with IEP planning included age of student, student preference not to attend, and parents preferring their child not attend. Some of the greatest barriers to having students lead IEP meetings included age of student, time constraints, and student confidence level. Also, contextual issues (factors that can influence the acquisition of self-determination skills and participation in IEP meetings) included: No time to know students or to teach self-determination or to follow on previously taught self-determination skills, learned helplessness, or communication issues with parents and school personnel). Hawbaker (2007) found similar results in her study. She identified some of the challenges and barriers to having students involved in IEP planning and student-led meetings: lack of time, lack of student motivation, and disability level. She also noted how these attributes could impact the instruction and implementation of self-determination skills.

Study Limitations

Results from the present study are not without limitations. One limitation was sample size. The extent to which the research instrument yields and reflects a representative sample of the population of currently credentialed and employed special education teachers is always an important consideration. Results from the study may have been different if the sample had been drawn from a larger population of school systems from a regional, statewide, or national geographical area. Because of the small sample size, additional data analyses could not be examined, for example, to compare the perspectives of parents, students with disabilities, school

administrators regarding student-led IEP meetings and the acquisition of self-determination should be conducted.

A second limitation of the study was accuracy of the data, which depends upon honest responses. Selective memory or not being able to remember all interactions with students may be a factor in accuracy of responses or an incomplete understanding of questions could have played a role in accuracy of responses.

Summary Recommendations for Practice and Future Research

Practice Recommendations

The research of this study focused on one school district in Northeast Alabama and was directed to credentialed, full-time special education teachers who had participated in at least one IEP meeting. The focus of the study was to obtain teacher self-perceptions with relation to student-led IEPs, integration of self-determination skills, and the self-perceptions of teacher practices to student-led IEPs and acquisition of self-determination skills. Given the results of the present study, the following recommendations for future practice are proffered:

1. Increase the cultural diversity in the special education teacher workforce.

The overwhelming majority of the respondents, as noted earlier, were white females. Presently there continues to be a disproportionate number of African American students as well as a higher rate of Black and minority student representation in special education. Researchers have noted that white female teachers do not feel prepared to teach diverse students (Talbert-Johnson, 2001) or to function as a role model in the same way as an African American or minority teacher (Scott, 2016). One possible way of achieving this is to place a greater emphasis on the recruitment of Black and minority males who are entering special education baccalaureate and graduate programs. Incentives, such as partial or full tuition remission opportunities should

be created to attract well-qualified African American and minority male applicants to matriculate in special education degree programs (baccalaureate and graduate degree programs).

2. Provide training to parents on self-determination, it's importance and how to support the development of skills. In order for students with disabilities to obtain, generalize, and apply self-determination skills in life and during IEP meetings, parents need to be aware what encompasses self-determination, why it is important, and ways for their child with a disability to use it (Grigal, Neubert, Moon, & Graham, 2003). One possible way to achieve this recommendation is for school systems to provide training sessions for parents, teach them the various aspects of self-determination, and how as parents they can help guide and encourage their child to use these skills both in and outside of school.

3. Provide pre-service training and technical assistance and training to elementary in-service teachers on self-determination and student involvement in IEP development. Since student involvement in IEP development is required by age 16, secondary teachers may have more exposure to student-led IEPs and the acquisition of self-determination in their training program or in-service training. Elementary teachers may be less aware of strategies or programs that can be used to incorporate student involvement in IEP development and self-determination compared to secondary teachers. Even though some elementary teachers may believe that younger students may not be emotionally capable to carry out self-regulating or autonomous behaviors of self-determination, it is important for elementary teachers to begin to develop these abilities to build the foundation of a lifelong focus of self-determination (Wehmeyer & Palmer, 2003). One possible way to achieve this recommendation is for school systems to have elementary and secondary special education teachers attend training sessions together, have open

conversations that focus on self-determination skills and student involvement in IEPs, and discussions on why this is important for all students, regardless of age.

4. Provide pre-service training while in academic programs on how to incorporate self-determination concepts in clinical settings and to have exposure to self-determination skills throughout their academic program inclusive of all clinical aspects (practicum and internships). According to Mason, Field, and Sawilowsky's (2004) study, 50% special education teachers who participated, indicated that they could use more training in teaching self-determination/self-advocacy, whereas only 22% stated that they were very prepared to teach these skills. A possible way to achieve this recommendation would be for teacher education preparation programs to add focus on self-determination skills throughout the curriculum, having students apply this focus within lesson development and delivery, and emphasize the importance of student involvement using these skills in the development and delivery of annual IEPs.

5. Target school administrators to improve the capacity of teachers to teach self-determination skills and implement student-led IEP meetings. Special education teachers have noted through this research study as well as other studies and articles (Hawbaker, 2007; Wehmeyer, et al., 2000) that lack of time to teach to formally teach self-determination and student-led IEPs is an issue. Restructure of teacher time instead of added responsibilities is one possible way to achieve this recommendation (Wehmeyer, et al., 2004). This could allow teachers more time to focus on formal strategies for teaching self-determination and involving students in IEP development and delivery.

Future Recommendations for Research

1. Research should expand sample size through increased geographical populations (regional, statewide, national) sampled, thereby increasing the generalizability of results.

2. Research should examine parental self-perceptions of the acquisition of self-determination skills and student-led IEP meetings.
3. Research should examine student self-perceptions of the acquisition of self-determination skills and student-led IEP meetings.
4. Research should examine school administrator self-perceptions of the acquisition of self-determination skills and student-led IEP meetings.

Conclusion

The acquisition of self-determination skills are extremely important for students with disabilities to gain confidence in their emerging abilities while in the school setting. Self-determination skills are essential for life after high school. The progressive success of student-led IEP meetings forms the basic infrastructure of confident, advocating adults, who have an understanding of their disability and what accommodations they will need in order to be successful as they begin their journey in life, work, leisure, and recreational pursuits. It is our duty and obligation to assure that all special education teachers have the necessary skills and ability to implement this transformative process within their students.

REFERENCES

- Adcock, B., & Remus, M. (2006). *Disability awareness activity packet: Activities and resources for teaching students about disabilities*. Retrieved from:
<http://www.vcu.edu/partnership/C-SAL/downloadable/PDF/DisabilityAwarenessPacket.pdf>
- Administrative Office of the U.S. Courts. (n.d.). *Brown vs Board of Education* podcast. Retrieved from <http://www.uscourts.gov/about-federal-courts/educational-resources/supreme-court-landmarks/brown-v-board-education-podcast>
- Agran, M., & Hughes, C. (2008). Asking student input: Student opinions regarding their IEP involvement. *Career Development for Exceptional Individuals*, 31(2), 69–76.
- Agran, M., & Wehmeyer, M. (2000). Promoting transition goals and self-determination through student self-directed learning: The self-determined learning model of instruction. *Education and Training in Mental Retardation and Developmental Disabilities*, 35(4), 351–364.
- Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990).
- Anti-defamation League (2005). *A brief history of the disability rights movement*. Retrieved from <https://www.adl.org/education/resources/backgrounders/disability-rights-movement>
- Arndt, S., Konrad, M., & Test, D. (2006). Effects of the *Self-Directed IEP* on student participation in planning meetings. *Remedial and Special Education*, 27, 194–207.

- Arslan, S. (2013). Psychological results of recreative participation for disabled people and its effects on perception of quality of life. *International Journal of Academic Research Part B*; 2013, 5(6), 23–26.
- Askvig, B.A., Weathers, R., & Burt, S. (2013). Secondary special education teachers' perceptions of and use of self-determination curricula and strategies. *Technical Report*. Minot, ND: ND Center for Persons with Disabilities
- Barnard-Brak, L., & Fearon, D. D. (2012). Self-advocacy skills as a predictor of student IEP participation among adolescents with autism. *Education and Training in Autism and Developmental Disabilities*, 47(1), 39.
- Barnard-Brak, L. & Lechtenberger, D. (2010). Student IEP participation and academic achievement across time. *Remedial and Special Education*, 31(5), 343–349.
- Battle, D., Dickens-Wright, L., & Murphy, S. (1998). *How to empower adolescents: Guidelines for effective self-advocacy*. *Teaching Exceptional Children*, 30(3), 28–33.
- Beach Center on Disability (2015). *The Self-Determined Learning Model of Instruction*. Retrieved from http://www.beachcenter.org/wisdom_based_action/the_self-determined_learning_model_of_instruction/default.aspx?JScript=1
- Bishop, N. (n.d.). *Understanding the parents' role in IEP meetings*. Retrieved from <http://www.specialeducationguide.com/blog/understanding-the-parents-role-in-iep-meetings/>
- Blackwell, W., & Rossetti, Z. (2014). *The development of individualized education programs: Where have we been and where should we go now?* Retrieved from <http://classic.sgo.sagepub.com/content/4/2/2158244014530411>

- Branding, D., Bates, P., & Miner, C. (2009). Perceptions of self-determination by special education and rehabilitation practitioners based on viewing a self-directed IEP versus an external-directed IEP meeting. *Research in Developmental Disabilities, 30*(4), 755–762.
- Cabeza, B., Magill, L., Jenkins, A., Carter, E., Greiner, S., Bell, L., & Lane, K. (2013). *Promoting self-determination among students with disabilities: A guide for Tennessee educators*. Retrieved from <http://vkc.mc.vanderbilt.edu/RTI2B/wp-content/uploads/2013/09/Self-DeterminationBrief-vs2.pdf>
- Campbell-Whatley, G. (2008). Teaching students about their disabilities: Increasing self-determination skills and self-concept. *International Journal of Special Education, 23*(2), 137–144.
- Case, B. (2004). *New visions, new futures: Self-determination for students with disabilities*. Retrieved from http://images.pearsonassessments.com/images/tmrs/tmrs_rg/NewVisionsNewFutures.pdf?WT.mc_id=TMRS_New_Visions_New_Futures
- Center for Parent Information and Resources (2015). *Priority: Best practices in self-advocacy skill building*. Retrieved from <http://www.parentcenterhub.org/repository/priority-selfadvocacy/>
- Childre, A., & Chambers, C. (2005). *Family perceptions of student centered planning and IEP meetings*. Retrieved from: http://www.daddcec.org/Portals/0/CEC/Autism_Disabilities/Research/Publications/Education_Training_Development_Disabilities/2005v40_Journals/ETDD_200509v40n3p217-233_Family_Perceptions_Student_Centered_Planning_IEP_Meetings.pdf

- Cimeral, R., Burgess S., & Bedesem, P. (2014). Does providing transition services by age 14 produce better vocational outcomes for students with intellectual disability? *Research and Practice for Persons with Severe Disabilities*, 39(1), 47–54.
- Dabowski, D. (2004). Encouraging active participation in IEP meetings. *Teaching Exceptional Children*, 36(3), 34–39.
- Danneker, J. (2011). Get in the game with student-led IEP meetings. *Minnesota Council for Exceptional Children: News to Know*, 23(1), 6–8.
- Difference Between.com. (2016). Difference between perception and belief. Retrieved from <http://www.differencebetween.com/difference-between-perception-and-vs-belief/>
- Diliberto, J., & Brewer, D. (2012). Six tips for successful IEP meetings. *Teaching Exceptional Children*, 44(4), 30–37.
- Doebbeling, C. (2016). *Mental illness in society*. Retrieved from <http://www.merckmanuals.com/home/mental-health-disorders/overview-of-mental-health-care/mental-illness-in-society>
- Espiner, D., & Guild, D. (2012). Capturing what matters most. *Teaching Exceptional Children* 44(5), 56–67.
- Ferleger, D. (2016). *The evolution of disability rights litigation (and some stories)*. Retrieved from <http://mn.gov/mnddc/disability-litigation/evolution-in-advocacy-history.html>
- Field, S., & Hoffman, A. (2002). *Steps to self-determination (video tape)*. Detroit, MI: Pro-Ed
- Field, S., & Hoffman, A. (2005). *Steps to self-determination: A curriculum to help adolescents learn to achieve their goals* (2nd ed). Austin, TX: Pro-Ed

- Field, S., Hoffman, A., & Sawilowsky, S. (1994). *Student involvement in transition planning: A proposal submitted to the US. Department of Education*. Detroit, MI: Wayne State University.
- Field, S., Martin, J., Miller, R., Ward, M., & Wehmeyer, M. (1998). *A practical guide for teaching self-determination*. Reston, VA: Council for Exceptional Children.
- Frankland, H.C., Turnbull, A.P., Wehmeyer, M., & Blackmountain, L. (2004). An exploration of self-determination construct and disability as it relates to the Diné (Navajo) culture. *Education and Training in Mental Retardation and Developmental Disabilities*, 39(3), 191–205.
- Furney, K., & Salembier, G. (2000). *Rhetoric and reality: A review of the literature on parent and student participation in the IEP and transition planning process*. Retrieved from http://www.ncset.org/Publications/related/NTN_Transition_Issues.pdf#page=115
- Gallaudet University. (2016). *The legacy begins*. Retrieved from <http://www.gallaudet.edu/history/the-legacy-begins.html>
- Gallaudet University Laurent Clerc National Deaf Education Center. (2013). *Assessing appropriate special education and related services*. Retrieved from <http://www.gallaudet.edu/Documents/Clerc/Odyssey2013.pdf>
- Georgia Department of Education. (2011). *Helping students create PowerPoint presentations for IEP meetings*. Retrieved from www.ciclt.net/ul/mgres/HelpingStudentsCreatePowerPoints.doc
- Gomez-Vela, M., Ángel, M., Alonso, V., González Gil, F., Badia Corbella, M., & Wehmeyer, M. (2012). Assessment of the self-determination of Spanish students with intellectual

- disabilities and other educational needs. *Education and Training in Autism and Developmental Disabilities*, 47(1), 48.
- Gooden-Ledbettera, M., Coleb, M., Maherb, J., & Condelucia, A. (2007). Self-efficacy and interdependence as predictors of life satisfaction for people with disabilities: Implications for independent living programs. *Journal of Vocational Rehabilitation* 27, 153–161.
- Graham-Clay, S. (2005). Communicating with parents: Strategies for teachers. *School Community Journal*, 15, 117–129.
- Gresham, F. M., & Elliott, S. N. (1990). *Social skills rating system*. Circle Pines, MN: American Guidance Service.
- Grigal, M., Neubert, D., Moon, M., & Graham, S. (2003). Self-determination for students with disabilities: Views of parents and teachers. *Council for Exceptional Children*, 70(1), 97–112.
- Halpern, A., Herr, C., Wolf, N., Lawson, J., Doren, B., & Johnson, M. (1997). *Next S.T.E.P.* Austin: PRO-ED.
- Hawbaker, B. (2007). Student-led IEP meetings: Planning and implementation strategies. *TEACHING Exceptional Children Plus*, 3(5) Article 4. Retrieved from <http://faculty.virginia.edu/PullenLab/EDIS5141OnlineModules/Mod10/StudentLedIEPs-Hawbaker.pdf>
- Heinrichs, R. (2003). A whole-school approach to bullying: Special considerations for children with exceptionalities. *Interventions in School and Clinic*, 38, 195–204.
- Heward, W. (2013a). *Six major principles of IDEA*. Retrieved from <http://www.education.com/reference/article/six-major-principles-idea/>

- Heward, W. (2013b). *Exceptional children: An introduction to special education* (10th ed). Boston, MA: Pearson.
- Howey, P. (2012). *Preparing for IEP meetings: How to provide information and share concerns*. Retrieved from <http://www.wrightslaw.com/howey/iep.mtgs.info.concern.htm>
- Hughes, C., Cosgriff, J., Agran, M., & Washington, B. (2013). Student self-determination: A preliminary investigation of the role of participation in inclusive settings. *Education and Training in Autism and Developmental Disabilities*, 48(1), 3–17.
- Individuals with Disabilities Education Act of 1990, 20 U.S.C. §1400, (1990).
- Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. §§ 400 *et seq.* (2004).
- Johnson, T., Serrano, J., & Veit, D. (2013). Connecting schoolwork to life work: Students practice setting their own education goals. *Odyssey: Accessing Appropriate Special Education and Related Services*, 14, 22–25.
- Kellems, R., & Morningstar, M. (2010). Tips for transition. *TEACHING Exceptional Children*, 43(2), 60–68.
- Kessler Foundation and National Organization on Disability (NOD) (2010). *Survey of Americans with Disabilities*. Retrieved from <http://www.2010disabilitysurveys.org>
- Kohler, P., & Field, S. (2003). Transition-focused education: Foundation for the future. *The Journal of Special Education*, 37(3), 174–183.
- Land, M., & Duquette, C. (n.d.). *Self-determination and self-advocacy instruction for students with learning disabilities*. Retrieved from <http://ldatschool.ca/classroom/literacy/self-determination-and-self-advocacy/>

- Lavoie, R. (2008). *Fighting the good fight: How to advocate for your students without losing your job*. Retrieved from <http://www.ldonline.org/article/22720/>
- Leake, D., & Skouge, J. (2014). Introduction to the Special Issue: “Self-determination” as a social construct: Cross-cultural considerations. *Review of Disability Studies: An International Journal*, 8(1).
- Lehmann, J. P., Bassett, D. S., & Sands, D. J. (1999). Students’ participation in transition related actions: A qualitative study. *Remedial and Special Education*, 20, 160–169
- Lester, J., & Gabriel, R. (2011). Pushing me through: A poetic representation. *Catalyst: A Social Justice Forum*, 1(1), 10–19.
- Manitoba Education (2010). *Student-specific planning a handbook for developing and implementing individual education plans (IEPs)*. Retrieved from: http://www.edu.gov.mb.ca/k12/specedu/iep/pdf/planning/student_specific_planning.pdf
- Martin, E. D. (2007). *Principles and practices of case management in rehabilitation counseling*. Springfield, IL: Charles C. Thomas.
- Martin, E. D. (2001). *Significant disability: Issues affecting people with significant disabilities from a historical, policy, leadership and systems perspective*. Springfield, IL: Charles C. Thomas.
- Martin, J., & Marshall, L. (1992). *Colorado self-determination transition checklist and curriculum guide (teacher version)*. University of Colorado at Colorado Springs: Center for Educational Research.
- Martin, J., Marshall, L., Maxson, L., & Jerman, P. (1996). *The self-directed IEP*. Longmont, CO: Sopris West.

- Martin, J., Marshall, L., & Sale, R. (2004). A 3-year study of middle, junior high, and high school IEP meetings. *Exceptional Children*, 70(3), 285–297.
- Martin, J., Van Dyke, J., Greene, B., Gardner, J., Christensen, W., Woods, L., & Lovett, D. (2006). Direct observation of teacher-directed IEP meetings: Establishing the need for student IEP meeting instruction. *Exceptional Children*, 72(2), 187–200.
- Mason, C., McGahee-Kovac, M., & Johnson, L. (2004). How to help students lead their IEP meetings. *TEACHING Exceptional Children*, 36(3), 18–25.
- Mason, C., Field, S., Sawilowsky, S. (2004). Implementation of self-determination activities and student participation in IEPs. *Council for Exceptional Children*, 70(4), 444–451.
- Mazzotti, V., Rowe, D., Kelley, K., Test, D., Fowler, C., Kohler, P., & Kortering, L., (2009). Linking transition assessment and postsecondary goals: Key elements in the secondary transition planning process. *TEACHING Exceptional Children*, 42(2), 44–51.
- McGahee-Kovac, M. (2002). *A student's guide to the IEP*. Retrieved from <http://www.ldonline.org/article/5944/>
- McGahee, M., Mason, C., Wallace, T., & Jones, B. (2001). *Student-led IEPs: A guide for student involvement*. Arlington, VA: Council for Exceptional Children.
- Merriam-Webster's Learner Dictionary. (n.d.). *Perception*. Retrieved from <https://www.merriam-webster.com/dictionary/perception>
- Mithaug, D. E., Martin, J. E., & Agran, M. (1987). Adaptability instruction: The goal of transitional programming. *Exceptional Children*, 53, 500–505.
- Mithaug, D. E., Martin, J. E., Agran, M., & Rusch, E R. (1988). *Why special education graduates fail: How to teach them to succeed*. Colorado Springs, CO: Ascent. *

- Myers, A., & Eisenman, L. (2005). Student-led IEPs: Take the first step. *Teaching Exceptional Children*, 37(4), 52–58.
- National Dissemination Center for Children with Disabilities (2012). *Categories of disability under IDEA*. Retrieved from <http://nichcy.org/disability/categories>
- National Longitudinal Transition Study-2 (NLTS2) (2005). *After high school: A first look at the postschool experiences of youth with disabilities*. Retrieved from http://www.nlts2.org/reports/2005_04/nlts2_report_2005_04_execsum.pdf
- National Organization on Disability (NOD). (2004). *Survey of Americans with Disabilities: 2004*. Retrieved from http://nod.org/research_publications/surveys_research//survey_americans_disabilities_2004
- Office of State Superintendent of Education (OSSE) Secondary Transition Institute. (2014). *Introduction to the student-led IEP initiative*. Retrieved from <http://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/OSSE%20Student-led%20IEP%20Information%20Session.pdf>
- Pacer Center. (2000). *How can my child be involved in the IEP process?* Retrieved from <http://www.pacer.org/parent/php/PHP-c77.pdf>
- Pacer Center (2004). *Telling classmates about your child's disability may foster acceptance*. Retrieved from <http://www.pacer.org/parent/php/PHP-c101.pdf>
- Pacer Center (2012). *Who is on my child's IEP team?* Retrieved from <http://www.pacer.org/parent/php/PHP-C203.pdf>
- Peter, M. (2009). *Tested tips for IEP meetings*. Retrieved from <http://sped.dpi.wi.gov/sites/default/files/imce/sped/pdf/agmt-tested-tips.pdf>

- Perception. (n.d.). Retrieved from <http://www.merriam-webster.com/dictionary/perception>
- Pfeiffer, D. (1994). Eugenics and disability discrimination. *Disability & Society*, 9(4), 481–499.
- Pickens, J. (2005). Attitudes and perceptions. In N. Borkowski (Ed.), *Organizational behavior* (pp. 43–76). Sudbury, MA: Jones and Bartlett Publishers
- Pierro, C. (1996). *IEP: Involving the student is important for a successful plan*. Retrieved from <https://nfb.org/images/nfb/publications/fr/fr15/issue3/f150310.html>
- Pierson, M., Carter, E., Lane, K., Glaeser, B. (2008). Factors influencing the self-determination of transition-age youth with high-incidence disabilities. *Career Development for Exceptional Individuals*, 31(2), 115–125.
- Pradhan, N. (2013). *Perspective vs perception*. Retrieved from <https://nrpin.wordpress.com/2013/12/27/perspective-vs-perception/>
- Price, L. A., Wolensky, D., & Mulligan, R. (2002). Self-determination in action in the classroom. *Remedial and Special Education*, 23(2), 109–115.
- Quinn, D. M., Williams, M. K., & Weisz, B. M. (2015). From discrimination to internalized mental illness stigma: The mediating roles of anticipated discrimination and anticipated stigma. *Psychiatric Rehabilitation Journal*, 38, 103–108.
- Robinson, A. (2015). *Why you should fear IEP meetings, and why you shouldn't*. Retrieved from <http://vestidd.com/blog/blogs/why-you-shouldn-t-fear-an-iep-meeting/>
- Sanford, C., Newman, L., Wagner, M., Cameto, R., Knokey, A.M., & Shaver, D. (2011). *The post-high school outcomes of young adults with disabilities up to 6 years after high school. Key findings from the national longitudinal transition study-2 (NLTS2) (NCSE 2011-3004)*. Menlo Park, CA: SRI International.

- Schwablearning.org. (2006). *A parent's guide to the first IEP meeting*. Retrieved from [https://www.middletownschools.org/uploaded/Pupil_Services/docs/Guide_for_Parents_on_IEP_\(Individualized_Educational_Plan\)_Meetings.pdf](https://www.middletownschools.org/uploaded/Pupil_Services/docs/Guide_for_Parents_on_IEP_(Individualized_Educational_Plan)_Meetings.pdf)
- Scott, L. (2016). Where are all the black male special education teachers? *Perspectives on Urban Education, 13*(1), 42–48.
- Shaw, S. (2009). Transition to postsecondary education. *Focus on Exceptional Children, 42*(2), 1–17.
- Souma, A., Rickerson, N., & Burgstahler, S. (2012). *Academic accommodations for students with psychiatric disabilities*. Retrieved from http://www.washington.edu/doit/sites/default/files/atoms/files/Academic_Accommodations_Psychiatric_Disabilities.pdf
- Special Education Elementary Longitudinal Study. (2005). *SEELS data documentation and dictionary: Introduction*. Washington, DC: U.S. Office of Special Education Programs.
- Special Education Guide (2016). Inclusion. Retrieved from <http://www.specialeducationguide.com/pre-k-12/inclusion/>
- Surrey and Borders Partnership NHS Foundation Trust (2015). *What is stigma*. Retrieved from <http://www.sabp.nhs.uk/iamme/lets-end-stigma/what-is-stigma>
- Susman, J. (1994). Disability, stigma and deviance. *Social Science and Medicine, 38*, 15–22.
- Talbert-Johnson, C. (2001). The quest for equity: Maintaining African American teachers' in special education. *The Journal of Negro Education, 70*(4), 286–296.
- Test, D., Fowler, C., Wood, W., Brewer, D., & Eddy, S. (2005). A conceptual framework of self-advocacy for students with disabilities, *Remedial and Special Education, 26*(1), 43–54.

- Test, D., & Grossi, T. (2011). Transition planning and evidence-based research. *Journal of Vocational Rehabilitation, 35*(3), 173–175.
- Test, D., Mason, C., Hughes, C., Konrad, M., Neale, M., & Wood, W. (2004). Student involvement in individualized education program meetings. *Council for Exceptional Children, 70*(4), 391–412.
- Test, D., & Neale, M. (2004). Using *The Self-Advocacy Strategy* to increase middle graders' IEP participation. *Journal of Behavioral Education, 13*, 135–145.
- The KU Center for Research on Learning. (n.d.). *Self-advocacy strategy*. Retrieved from <http://sim.kucrl.org/products/details/self-advocacy-strategy>
- Thoma, C., Nathanson, R., Baker, S., & Tamura, R. (2002). Self-determination: What do special educators know and where do they learn it? *Remedial and Special Education, 23*(4), 242–247.
- Torgerson, C., Miner, C., & Shen, H. (2004). Developing student competence in self-directed IEPs. *Intervention in School and Clinic, 39*(3), 162–167.
- University of Kansas. (n.d.). *Why is promoting self-determination important?* Retrieved from <http://www.ric.edu/sherlockcenter/sdlmi/promotingsd.pdf>
- University of Montana. (n.d.). *Why does my son or daughter need a label?* Retrieved from <https://www.umt.edu/dss/Parents/Label.php>
- University of Washington. (2015). *History and current trends regarding people with disabilities*. Retrieved from <http://www.washington.edu/doi/history-and-current-trends-regarding-people-disabilities>
- U.S. Department of Commerce. (2015). *Welcome to quickfacts*. Retrieved from <http://www.census.gov/quickfacts/table/PST045215/0103076#flag-js-X>

- U.S. Department of Education. (2000). *A guide to the individualized education program*. Retrieved from: <http://ed.gov/parents/needs/speced/iepguide/iepguide.pdf>
- U.S. Department of Education. (2006). *Building the legacy: IDEA 2004 Individualized Education Program (IEP)*. Retrieved from: <http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CTopicalArea%2C1%2C>
- U.S. Holocaust Museum. (2015). *Nazi euthanasia program: Persecution of the mentally and physically disabled*. Retrieved from <https://www.jewishvirtuallibrary.org/jsource/Holocaust/disabled.html>
- Utah Parent Center (2011). *Student participation in the IEP*. Retrieved from http://www.utahparentcenter.org/wp-content/uploads/2011/09/Student_Participation_IEP.pdf
- Van Dycke, J., Martin, J., & Lovett, D. (2006). Why is this cake on fire? *TEACHING Exceptional Children*, 38(3), 42–47.
- Van Reusen, A., Bos, C., Schumaker, J., & Deshler, D. (2007). *The Self-Advocacy Strategy*. Lawrence, KS: Edge Enterprises.
- Vermont Center for Independent Living. (2010). *History-VCIL*. Retrieved from <http://www.vcil.org/about/history>
- Virginia Department of Education Self Determination Project. (2011). *Understanding my IEP*. Retrieved from http://www.imdetermined.org/resources/detail/understanding_my_iep_differentiated
- Webb, K., Repetto, J., Seabrooks-Blackmore, J., Patterson, K., & Alderfer, K. (2014). Career development: Preparation, integration, and collaboration. *Journal of Vocational Rehabilitation* 40, 231–238.

- Wehmeyer, M. L. (1998). Student involvement in education planning, decision making, and instruction: An idea whose time has come. In M. L. Wehmeyer & D. L. Sands (Eds.), *Making it happen: Student involvement in education planning, decision making, and instruction* (pp. 3–23). Baltimore: Paul H. Brookes.
- Wehmeyer, M. L., Agran, M., & Hughes, C. (2000). A national survey of teachers' promotion of self-determination and student-directed learning. *The Journal of Special Education* 34(2), 58–68.
- Wehmeyer, M. L., Agran, M., & Hughes, C. (1998). *Teaching self-determination to students with disabilities: Basic skills for successful transition*. Baltimore, MD: Brookes
- Wehmeyer, M., Field, S., Doren, B., Jones, B., & Mason, C. (2004). Self-determination and student involvement in standards-based reform. *Council for Exceptional Children*, 70(4), 413–425.
- Wehmeyer M., & Kelchner K. (1995). *The Arc's Self-Determination Scale*. Arlington, TX: The Arc National Headquarters,
- Wehmeyer, M., Lawrence, M., Garner, N., Soakup, J., & Palmer, S. (2004). *Whose future is it anyway?* (2nd ed.). Retrieved from <http://www.ou.edu/content/dam/Education/documents/wfc-guide-final.pdf>
- Wehmeyer, M., & Palmer, S. (2003). Adult outcomes for students with cognitive disabilities three-years after high school: The impact of self-determination. *Education and Training in Developmental Disabilities*, 38(2), 131–144.
- Wehmeyer, M., Palmer, S., Agran, M., Mithaug, D., & Martin, J. (2000). Promoting causal agency: The self-determined learning model of instruction. *Exceptional Children*, 66(4), 439–453.

- Wehmeyer, M., Palmer, S., Shogren, K., Williams-Diehm, K., & Soukup, S. (2010). Establishing a causal relationship between intervention to promote self-determination and enhanced student self-determination. *The Journal of Special Education, 46*(4), 195–210.
- Williams-Diehm, K., Brandes, J., Chesnut, P., & Haring K. (2014). Student and parent collaboration: A comparison across school settings. *Rural Special Education Quarterly, 33*(1), 3–11.
- Willis, D. (2007). *The advantage of disadvantage: Teachers with disabilities are not a handicap*. Retrieved from <http://www.edutopia.org/disabled-teachers>
- Wisconsin Department of Public Instruction (2014). *An introduction to special education*. Retrieved from <http://sped.dpi.wi.gov/sites/default/files/imce/sped/pdf/intro-se.pdf>
- Wolman, J., Campeau, P., DuBois, P., Mithaug, D., & Stolarski, V. (1994). *AIR Self-Determination Scale and User Guide*. Retrieved from <http://www.ou.edu/zarrow/AIR%20User%20Guide.pdf>
- Wood, W., Karvonen, M., Test, D., Browder, D., & Algozzine, B. (2004). *Promoting student self-determination skills in IEP planning*. Retrieved from: <http://transitionresponse.com/wp-content/uploads/2011/11/2011-11-14-Promoting-Student-Self-Determination.pdf>
- Yell, M. (2016). *The law and special education* (4th ed.). Upper Saddle River, NJ: Pearson, Prentice Hall.
- Yell, M. (2012). *The law and special education* (3rd ed.). New York, NY: Pearson.
- Zhang, D., Wehmeyer, M., Chen, L. (2005). *Parent and teacher engagement in fostering the self-determination of students with disabilities: A comparison between the United States*

and the Republic of China. Retrieved from

<http://journals.sagepub.com/doi/pdf/10.1177/07419325050260010701>

APPENDIX A

AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD (IRB) APPROVALS

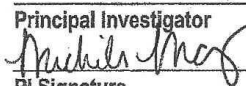
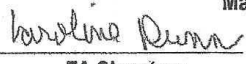
- IRB MODIFICATION APPROVAL FORM (OCTOBER 10, 2016)
 - SURVEY INSTRUMENT MODIFICATION REQUESTED BY DISSERTATION COMMITTEE (Note numbers 9 and 12 on the second page of the IRB form for specific changes)
 - MODIFIED SURVEY INSTRUMENT
- IRB APPROVAL FORM (SEPTEMBER 12, 2016)
 - INFORMATION LETTER

**AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD for RESEARCH INVOLVING HUMAN SUBJECTS
REQUEST for MODIFICATION**

For help, contact: THE OFFICE OF RESEARCH COMPLIANCE (ORC), 115 Ramsay Hall, Auburn University
Phone: 334-844-5966 e-mail: IRBAdmin@auburn.edu Web Address: <http://www.auburn.edu/research/vpr/ohs>

Revised 2.1.2014 Submit completed form to IRBsubmit@auburn.edu or 115 Ramsay Hall, Auburn University 36849.

1. Protocol Number: 16-305 EP 1609
2. Current IRB Approval Dates: From: 09/12/2016 To: 09/11/2017
3. Project Title: Special Education Teacher Perceptions Survey Inventory

4.	<u>Michele Martin</u>	<u>PhD Candida</u>	<u>Special Ed</u>	<u>3347070279</u>	<u>murmemm@auburn.edu</u>
	Principal Investigator	Title	Department	Phone	AU E-Mail (primary)
		<u>308 Solamere Lane Auburn 36832</u>			
	PI Signature	Mailing Address		Alternate E-Mail	
	<u>Caroline Dunn</u>		<u>Special Ed</u>	<u>3348442086</u>	<u>dunnca1@auburn.edu</u>
	Faculty Advisor	FA Signature	Department	Phone	AU E-Mail
	Name of Current Department Head: <u>Everett Martin Jr.</u>				AU E-Mail: <u>martiev@auburn.edu</u>

5. Current External Funding Agency and Grant number: n/a

6. a. List any contractors, sub-contractors, other entities associated with this project:
n/a

b. List any other IRBs associated with this project: n/a

7. Nature of change in protocol: (Mark all that apply)

- Change in Key Personnel (attach CITI forms for new personnel)
- Change in Sites (attach permission forms for new sites)
- Change in methods for data storage/protection or location of data/consent documents
- Change in project purpose or questions
- Change in population or recruitment (attach new or revised recruitment materials as needed)
- Change in consent procedures (attach new or revised consent documents as needed)
- Change in data collection methods or procedures (attach new data collection forms as needed)
- Other (explain): _____

FOR ORC OFFICE USE ONLY

DATE RECEIVED IN ORC: _____ by _____ MODIFICATION
DATE OF IRB REVIEW: _____ by _____ PROTOCOL AP
DATE OF IRB APPROVAL: _____ by _____ MODIFICATION
INTERVAL FOR

COMMENTS:

The Auburn University Institutional
Review Board has approved this
Document for use from
10/05/2016 to 09/11/2017
Protocol # 16-305 EP 1609

8. Briefly list (numbered or bulleted) the activities that have occurred up to this point, particularly those that involved participants.

Committee decided on a few changes to the survey.

9. For each item marked in Question #7, describe the requested changes to your research protocol, with an explanation and/or rationale for each. (Additional pages may be attached if needed to provide a complete response.)

Committee decided on adding another demographic question to get a better idea of teacher experience towards the survey (#9-Years taught as a special education teacher). We also added the option for "other" for question on teacher certification (#4) for teachers who may be qualified differently than the options listed. For Section B "Perceptions of Knowledge", the committee decided to add the phrase "you teach" at the end of the main question for that section "Do you feel special education students (regardless of disability or age) you teach...".

10. Identify any changes in the anticipated risks and / or benefits to the participants.

n/a

11. Identify any changes in the safeguards or precautions that will be used to address anticipated risks.

n/a

12. Attach a copy of all "stamped" IRB-approved documents you are currently using. (information letters, consents, flyers, etc.)

A. Characteristics/Demographics

1. Gender
 - Male
 - Female
2. Ethnicity
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latina(o)
 - Native Hawaiian or Pacific Islander
 - White, non-Hispanic
 - Other
3. Special Education Degree
 - Bachelors
 - Masters
 - Both
4. Certification in
 - P-6
 - 6-12
 - K-12
 - Other
5. Grades Currently Teaching
 - Elementary (P-5)
 - Middle (6-8)
 - High School (9-12)
6. Special Education Duty
 - Resource Teacher
 - Co-teacher/Collaborative teacher
 - Self-Contained Teacher
 - Mixture of Duties
 - Other
7. How Many Students are on Your Caseload?
 - 1-5
 - 5-10
 - 10-15
 - 15-20
 - 20+
8. I work with primarily
 - High Incidence Disabilities
 - Low Incidence Disabilities
 - Both

9. Years taught as a special education teacher
- 0-5
 - 6-10
 - 11-15
 - 16 or more

B. Perceptions of Knowledge

Do you feel special education students (regardless of disability or age) you teach...

10. ... should know their strengths?
- Never
 - Sometimes
 - Always
11. ... should know their weaknesses?
- Never
 - Sometimes
 - Always
12. ... should state what they feel?
- Never
 - Sometimes
 - Always
13. ... should be able to solve a problem on their own?
- Never
 - Sometimes
 - Always
14. ... should request their accommodations?
- Never
 - Sometimes
 - Always
15. ... should decide goals for their IEP?
- Never
 - Sometimes
 - Always
16. ... should feel comfortable speaking during their IEP meeting?
- Never
 - Sometimes
 - Always
17. ... should participate in the IEP meeting?
- Never
 - Sometimes
 - Always

18. ... should be the main speaker during the IEP meeting?
Never
Sometimes
Always
19. ... are capable to make decisions regarding their life?
Never
Sometimes
Always
20. ... should have the right to make decisions regarding their life?
Never
Sometimes
Always
21. ... should understand their disability?
Never
Sometimes
Always
22. ... should understand their rights?
Never
Sometimes
Always
23. ... should deal with criticism?
Never
Sometimes
Always

Do you feel parents should for their child receiving special education services(regardless of disability or age)...

24. ...let their child know their weaknesses?
Never
Sometimes
Always
25. ... let their child state what they feel?
Never
Sometimes
Always
26. ... let their child solve a problem on their own?
Never
Sometimes
Always
27. ... let their child request their accommodations on their own?
Never
Sometimes
Always

28. ... let their child decide goals for their IEP?
 Never
 Sometimes
 Always
29. ... let their child feel comfortable speaking during their IEP meeting?
 Never
 Sometimes
 Always
30. ... let their child participate in the IEP meeting?
 Never
 Sometimes
 Always
31. ... let their child be the main speaker during the IEP meeting?
 Never
 Sometimes
 Always
32. ... let their child make decisions regarding their life?
 Never
 Sometimes
 Always
33. ... let their child have the right to make decisions regarding their life?
 Never
 Sometimes
 Always
34. ... let their child understand their disability?
 Never
 Sometimes
 Always
35. ... let their child understand their rights?
 Never
 Sometimes
 Always
36. ... let their child understand criticism?
 Never
 Sometimes
 Always

Do you feel special education teachers should, for students on their caseload (regardless of disability or age)...

37. ...let each of their students know their weaknesses?
 Never
 Sometimes
 Always
38. ... let each of their students state what they feel?
 Never
 Sometimes
 Always

39. ... let each of their students solve a problem on their own?
Never
Sometimes
Always
40. ... let each of their students request their accommodations on their own?
Never
Sometimes
Always
41. ... let each of their students decide goals for their IEP?
Never
Sometimes
Always
42. ... let each of their students feel comfortable speaking during their IEP meeting?
Never
Sometimes
Always
43. ... let each of their students participate in the IEP meeting?
Never
Sometimes
Always
44. ... let each of their students be the main speaker during the IEP meeting?
Never
Sometimes
Always
45. ... let each of their students make decisions regarding their life?
Never
Sometimes
Always
46. ... let each of their students have the right to make decisions regarding their life?
Never
Sometimes
Always
47. ... let each of their students understand their disability?
Never
Sometimes
Always
48. ... let each of their students understand their rights?
Never
Sometimes
Always
49. ... let their students understand criticism?
Never
Sometimes
Always

C. Practices

I teach special education students to (regardless of disability or age).....

50. ...know their weaknesses?
Confident
At times
Not confident
51. ... state what they feel?
Confident
At times
Not confident
52. ... solve a problem on their own?
Confident
At times
Not confident
53. ... request their accommodations on their own?
Confident
At times
Not confident
54. ... decide goals for their IEP?
Confident
At times
Not confident
55. ... feel comfortable speaking during their IEP meeting?
Confident
At times
Not confident
56. ... participate in the IEP meeting?
Confident
At times
Not confident
57. ... be the main speaker during the IEP meeting?
Confident
At times
Not confident
58. ... make decisions regarding their life?
Confident
At times
Not confident
59. ... have the right to make decisions regarding their life?
Confident
At times
Not confident

60. ... understand their disability?

Confident

At times

Not confident

61. ... understand their rights?

Confident

At times

Not confident

62. understand criticism?

Confident

At times

Not confident

Open Ended Questions

63. What are the greatest challenges in teaching self-determination skills to students?

64. What are the greatest barriers to IEP meetings?

65. What are the greatest challenges to having students involved with IEP planning?

66. What are the greatest barriers to having students lead IEP meetings?

READ, PRINT AND RETAIN THIS DOCUMENT

The Auburn University Institutional Review Board
Office of Research Compliance – Human Subjects
307 Samford Hall
334-844-5966, fax 334-844-4391, hsubjec@auburn.edu

Investigators: By accepting this IRB approval for this protocol, you agree to the following:

1. No participants may be recruited or involved in any study procedure prior to the IRB approval date or after the expiration date. (PIs and sponsors are responsible for initiating Continuing Review proceedings via a renewal request or submission of a final report.)
2. **All protocol modifications** will be approved in advance by submitting a modification request to the IRB unless they are intended to reduce immediate risk. Modifications that must be approved include adding/changing sites for data collection, adding key personnel, and altering any method of participant recruitment or data collection. Any change in your research purpose or research objectives should also be approved and noted in your IRB file. The use of any unauthorized procedures may result in notification to your sponsoring agency, suspension of your study, and/or destruction of data.
3. **Adverse events or unexpected problems** involving participants will be reported within 5 days to the IRB.
4. A **renewal** request, if needed, will be submitted three to four weeks before your protocol expires.
5. A **final report** will be submitted when you complete your study, and before expiration. Failure to submit your final report may result in delays in review and approval of subsequent protocols.
6. **Expiration** – If the protocol expires without contacting the IRB, the protocol will be administratively closed. The project will be suspended and you will need to submit a new protocol to resume your research.
7. **Only the stamped, IRB-approved consent document or information letter will be used** when consenting participants. Signed consent forms will be retained at least three years after completion of the study. Copies of consents without participant signatures and information letters will be kept to submit with the final report.
8. You will not receive a formal approval letter unless you request one. **The e-mailed notification of approval to which this is attached serves as official notice.**

All forms can be found at <http://www.auburn.edu/research/vpr/ohs/protocol.htm>

**AUBURN UNIVERSITY INSTITUTIONAL REVIEW BOARD for RESEARCH INVOLVING HUMAN SUBJECTS
RESEARCH PROTOCOL REVIEW FORM
FULL BOARD or EXPEDITED**

For Information or help contact THE OFFICE OF RESEARCH COMPLIANCE (ORC), 115 Ramsay Hall, Auburn University
Phone: 334-844-5966 e-mail: IRBAdmin@auburn.edu Web Address: <http://www.auburn.edu/research/vpr/ohs/index.htm>

Revised 2.1.2014 Submit completed form to IRBsubmit@auburn.edu or 115 Ramsay Hall, Auburn University 36849.
Form must be populated using Adobe Acrobat / Pro D or greater standalone program (do not fill out in browser). Hand written forms will not be accepted.

1. PROPOSED START DATE of STUDY: September 15, 2016

PROPOSED REVIEW CATEGORY (Check one): FULL BOARD EXPEDITED
SUBMISSION STATUS (Check one): NEW REVISIONS (to address IRB Review Comments)

2. PROJECT TITLE: Special Education Teacher Perceptions Survey Inventory

3. <u>Michele Martin</u>	<u>Doctoral Candidate</u>	<u>Special Education</u>	<u>murmemm@auburn.edu</u>
PRINCIPAL INVESTIGATOR	TITLE	DEPT	AU E-MAIL
<u>308 Solamere Lane Auburn, AL 36832</u>		<u>3347070279</u>	
MAILING ADDRESS		PHONE	ALTERNATE E-MAIL

4. FUNDING SUPPORT: N/A Internal External Agency: _____ Pending Received
For federal funding, list agency and grant number (if available): _____

5a. List any contractors, sub-contractors, other entities associated with this project:

n/a

b. List any other IRBs associated with this project (including Reviewed, Deferred, Determination, etc.):

n/a

PROTOCOL PACKET CHECKLIST	
All protocols must include the following items:	
<input checked="" type="checkbox"/>	Research Protocol Review Form (All signatures included and all sections completed) (Examples of appended documents are found on the OHSR website: http://www.auburn.edu/research/vpr/ohs/sample.htm)
<input checked="" type="checkbox"/>	CITI Training Certificates for all Key Personnel.
<input checked="" type="checkbox"/>	Consent Form or Information Letter and any Releases (audio, video or photo) that the participant will sign.
<input checked="" type="checkbox"/>	Appendix A, "Reference List"
<input type="checkbox"/>	Appendix B if e-mails, flyers, advertisements, generalized announcements or scripts, etc., are used to recruit participants.
<input checked="" type="checkbox"/>	Appendix C if data collection sheets, surveys, tests, other recording instruments, interview scripts, etc. will be used for data collection. Be sure to attach them in the order in which they are listed in # 13c.
<input type="checkbox"/>	Appendix D if you will be using a debriefing form or include emergency plans/procedures and medical referral lists (A referral list may be attached to the consent document).
<input checked="" type="checkbox"/>	Appendix E if research is being conducted at sites other than Auburn University or in cooperation with other entities. A permission letter from the site / program director must be included indicating their cooperation or involvement in the project. NOTE: If the proposed research is a multi-site project, involving investigators or participants at other academic institutions, hospitals or private research organizations, a letter of IRB approval from each entity is required prior to initiating the project.
<input type="checkbox"/>	Appendix F - Written evidence of acceptance by the host country if research is conducted outside the United States.

FOR ORC OFFICE USE ONLY	
DATE RECEIVED IN ORC: _____ by _____	<p align="center">The Auburn University Institutional Review Board has approved this Document for use from <u>09/12/2016 to 09/11/2017</u> Protocol # <u>16-305 EP 1609</u></p>
DATE OF IRB REVIEW: _____ by _____	
DATE OF IRB APPROVAL: _____ by _____	
COMMENTS:	

6. GENERAL RESEARCH PROJECT CHARACTERISTICS

6A. Research Methodology

Please check all descriptors that best apply to the research methodology.

Data Source(s): New Data Existing Data

Will recorded data directly or indirectly identify participants?
 Yes No

Data collection will involve the use of:

- | | |
|---|---|
| <input type="checkbox"/> Educational Tests (cognitive diagnostic, aptitude; etc.)
<input type="checkbox"/> Interview
<input type="checkbox"/> Observation
<input type="checkbox"/> Location or Tracking Measures
<input type="checkbox"/> Physical / Physiological Measures or Specimens (see Section 6E.)
<input checked="" type="checkbox"/> Surveys / Questionnaires
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Internet / Electronic
<input type="checkbox"/> Audio
<input type="checkbox"/> Video
<input type="checkbox"/> Photos
<input type="checkbox"/> Digital Images
<input type="checkbox"/> Private records or files |
|---|---|

6B. Participant Information

Please check all descriptors that apply to the target population.

Males Females AU students

Vulnerable Populations

Pregnant Women/Fetuses Prisoners Institutionalized
 Children and/or Adolescents (under age 19 in AL)

Persons with:

Economic Disadvantages Physical Disabilities
 Educational Disadvantages Intellectual Disabilities

Do you plan to compensate your participants? Yes No

6C. Risks to Participants

Please identify all risks that participants might encounter in this research.

Breach of Confidentiality* Coercion
 Deception Physical
 Psychological Social
 None
 Other: _____

*Note that if the investigator is using or accessing confidential or identifiable data, breach of confidentiality is always a risk.

6D. Corresponding Approval/Oversight

Do you need IBC Approval for this study?
 Yes No

If yes, BUA # _____ Expiration date _____

Do you need IACUC Approval for this study?
 Yes No

If yes, PRN # _____ Expiration date _____

Does this study involve the Auburn University MRI Center?
 Yes No

Which MRI(s) will be used for this project? (Check all that apply)
 3T 7T

Does any portion of this project require review by the MRI Safety Advisory Council?
 Yes No

Signature of MRI Center Representative: _____
Required for all projects involving the AU MRI Center

Appropriate MRI Center Representatives:
 Dr. Thomas S. Denney, Director AU MRI Center
 Dr. Ron Beyers, MR Safety Officer

7. PROJECT ASSURANCES Special Education Teacher Perceptions of Students Inventory

A. PRINCIPAL INVESTIGATOR'S ASSURANCES

1. I certify that all information provided in this application is complete and correct.
2. I understand that, as Principal Investigator, I have ultimate responsibility for the conduct of this study, the ethical performance this project, the protection of the rights and welfare of human subjects, and strict adherence to any stipulations imposed by the Auburn University IRB.
3. I certify that all individuals involved with the conduct of this project are qualified to carry out their specified roles and responsibilities and are in compliance with Auburn University policies regarding the collection and analysis of the research data.
4. I agree to comply with all Auburn policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of human subjects, including, but not limited to the following:
 - a. Conducting the project by qualified personnel according to the approved protocol
 - b. Implementing no changes in the approved protocol or consent form without prior approval from the Office of Research Compliance
 - c. Obtaining the legally effective informed consent from each participant or their legally responsible representative prior to their participation in this project using only the currently approved, stamped consent form
 - d. Promptly reporting significant adverse events and/or effects to the Office of Research Compliance in writing within 5 working days of the occurrence.
5. If I will be unavailable to direct this research personally, I will arrange for a co-investigator to assume direct responsibility in my absence. This person has been named as co-investigator in this application, or I will advise ORC, by letter, in advance of such arrangements.
6. I agree to conduct this study only during the period approved by the Auburn University IRB.
7. I will prepare and submit a renewal request and supply all supporting documents to the Office of Research Compliance before the approval period has expired if it is necessary to continue the research project beyond the time period approved by the Auburn University IRB.
8. I will prepare and submit a final report upon completion of this research project.

My signature indicates that I have read, understand and agree to conduct this research project in accordance with the assurances listed above.

Michele Martin

Printed name of Principal Investigator


Principal Investigator's Signature

7/27/16
Date

B. FACULTY ADVISOR/SPONSOR'S ASSURANCES

1. I have read the protocol submitted for this project for content, clarity, and methodology.
2. By my signature as faculty advisor/sponsor on this research application, I certify that the student or guest investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the approved protocol.
3. I agree to meet with the investigator on a regular basis to monitor study progress. Should problems arise during the course of the study, I agree to be available, personally, to supervise the investigator in solving them.
4. I assure that the investigator will promptly report significant incidents and/or adverse events and/or effects to the ORC in writing within 5 working days of the occurrence.
5. If I will be unavailable, I will arrange for an alternate faculty sponsor to assume responsibility during my absence, and I will advise the ORC by letter of such arrangements. If the investigator is unable to fulfill requirements for submission of renewals, modifications or the final report, I will assume that responsibility.

Caroline Duna

Printed name of Faculty Advisor / Sponsor

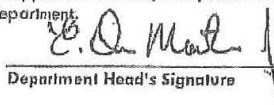

Faculty Advisor's Signature

7/27/16
Date

C. DEPARTMENT HEAD'S ASSURANCE

By my signature as department head, I certify that I will cooperate with the administration in the application and enforcement of all Auburn University policies and procedures, as well as all applicable federal, state, and local laws regarding the protection and ethical treatment of human participants by researchers in my department.

E. Davis Martin, Sr.
Printed name of Department Head


Department Head's Signature

7-27-16
Date

8. **PROJECT OVERVIEW:** Prepare an abstract that includes:
(350 word maximum, in language understandable to someone who is not familiar with your area of study):

- a) A summary of relevant research findings leading to this research proposal:
(Cite sources; include a "Reference List" as Appendix A.)
- b) A brief description of the methodology, including design, population, and variables of interest

a) Students with disabilities (ages 3-21) are required by IDEA to have an Individualized Education Program (IEP) in place that creates personalized goals towards needed areas including academics, functional skills, social skills, and transition skills (IDEA, 1990 as amended). Various research has shown that students who are involved with their IEP planning and IEP meeting have a better understanding of their disability, understand their strengths and limitations, and have better self-determination skills (Branding, D., Bates, P., & Miner, C., 2009). Self-determination skills include those skills and attributes that allow a student to be goal directed, decision making, self-regulating individuals that carries on throughout their life (Field, Martin, Miller, Ward, & Wehmeyer, 1998). Students have noted feeling confusion and their voice is not being heard during meetings (Lehmann, Bassett, & Sands, 1999). Even though self-determination is felt to be an important topic, special education teachers are uncomfortable in teaching this concept and allowing students to implement it during their IEP team meetings (Mason, C., Field, S., Sawlowsky, S., 2004).

b) This study will use survey methodology as the research design with four open ended/qualitative questions. The survey instrument is designed to collect both the demographic data as well as the perception and practice data. The survey will be in paper format and given to the participants by the Principal Investigator (PI). The population will include both elementary and secondary licensed and certified special education teachers currently teaching full-time in Auburn City Schools. A minimum of 20 teachers is required for the study however, approximately 55 special education teachers will be asked to fill the survey. Variables of interest will be characteristics such as gender, education level, ethnicity, special education teaching title, certification level, and disability areas. Also variables will include teacher perceptions of students, teacher perceptions of parents, teachers' confidence levels in teaching practices, and identifying teacher challenges and barriers to teaching self-determination and student participation in IEP planning and IEP meetings.

9. **PURPOSE.**

- a. Clearly state the purpose of this project and all research questions, or aims.

The purpose of this study is to gain insight into the perceptions and practices of current licensed and full-time employed special education teachers in a school district in North East Alabama towards student-led IEPs. The following research questions will guide the study:

1. What are the demographic characteristics of special education teachers who participated in this study?
2. What are the descriptive statistics associated with special education teacher perceptions of knowledge with regard to students in special education?
3. What are the descriptive statistics associated with special education teacher perceptions of knowledge with regard to parental involvement?
4. What are the descriptive statistics associated with special education teacher perceptions of knowledge with regard to student involvement in the IEP?
5. What are special education teacher challenges and barriers related to IEP planning and delivery?

- b. How will the results of this project be used? (e.g., Presentation? Publication? Thesis? Dissertation?)

The results of this study will be used to complete dissertation requirements for Doctor of Philosophy in Special Education. Results will be included in final dissertation and may be used for professional publication and conference presentation.

10. KEY PERSONNEL. Describe responsibilities. Include information on research training or certifications related to this project. CITI is required. Be as specific as possible. (Include additional personnel in an attachment.) *All key personnel must attach CITI certificates of completion.*

Principle Investigator Michele Martin Title: Doctoral Candidate E-mail address murmemm@auburn.edu
Dept / Affiliation: Special Education

Roles / Responsibilities:

Administer and assist in developing survey instrument; administer and assist in data analysis.

Individual: Dr. Caroline Dunn Title: Major Professor E-mail address dunnoa1@auburn.edu
Dept / Affiliation: Department of Rehabilitation, Special Education, and Counseling/Major Professor

Roles / Responsibilities:

Provide overall guidance and direction for the study.

Individual: Dr. Marie Kraska Title: Professor E-mail address kraskmf@auburn.edu
Dept / Affiliation: Department of Educational Foundations, Leadership, and Technology/Committee member

Roles / Responsibilities:

Overall guidance and direction for design study, data collection, and assistance in data analysis, interpretation, and reporting.

Individual: _____ Title: _____ E-mail address _____
Dept / Affiliation: _____

Roles / Responsibilities:

Individual: _____ Title: _____ E-mail address _____
Dept / Affiliation: _____

Roles / Responsibilities:

Individual: _____ Title: _____ E-mail address _____
Dept / Affiliation: _____

Roles / Responsibilities:

11. LOCATION OF RESEARCH. List all locations where data collection will take place. (School systems, organizations, businesses, buildings and room numbers, servers for web surveys, etc.) Be as specific as possible. Attach permission letters in Appendix E. (See sample letters at <http://www.auburn.edu/research/vprohs/sample.htm>)

Auburn City Schools.
See approval letter in Appendix E.

12. PARTICIPANTS.

- a. Describe the participant population you have chosen for this project including inclusion or exclusion criteria for participant selection.

Check here if using existing data, describe the population from whom data was collected, & include the # of data files.

Participants of the study include full-time licensed and certified special education teachers working in one of the 11 elementary or secondary level schools (Auburn High School, Auburn Junior High School, Drake Middle School, Auburn Early Ed, Cary Woods Elementary, Dean Road Elementary, Ogletree Elementary, Pick Elementary, Richland Elementary, Wrights Mill Road Elementary, or Yarbrough Elementary) within Auburn City Schools in Auburn, Alabama. These participants work with students who qualify for special education services (ages 3-21) and have been identified as having one of the 14 IDEA defined disabilities (Autism, Deaf-blindness, Deafness, Developmental Delay, Emotional Disturbance, Hearing Impairment, Intellectual Disability, Multiple Disabilities, Orthopedic Impairment, Other Health Impairment, Specific Learning Disability, Speech or Language Impairment, Traumatic Brain Injury, Visual Impairment, including Blindness). The participants work the high incidence disabilities, low incidence disabilities, or both. Participants have at least one degree in special education as a bachelors, masters, or doctoral degree.

- b. Describe, step-by-step, in layman's terms, all procedures you will use to recruit participants. Include in Appendix B a copy of all e-mails, flyers, advertisements, recruiting scripts, invitations, etc., that will be used to invite people to participate. [See sample documents at <http://www.auburn.edu/research/vpr/ohs/sample.htm>]

Having received approval from Auburn City Schools, the researcher will hand deliver the interest inventory to Dr. Tim Havard at Auburn City Schools Central Office along with the Information Letter explaining the the purpose of the inventory and how participation is voluntary. He will email the special education teachers and the principals to notify them of the inventory will deliver the survey instruments to the various schools along with the consent form.

- c. What is the minimum number of participants you need to validate the study? 20
How many participants do you expect to recruit? 50
Is there a limit on the number of participants you will include in the study? No Yes – the # is _____

- d. Describe the type, amount and method of compensation and/or incentives for participants.

(If no compensation will be given, check here:)

Select the type of compensation: Monetary Incentives
 Raffle or Drawing Incentive (Include the chances of winning.)
 Extra Credit (State the value)
 Other

Description:

13. PROJECT DESIGN & METHODS.

- a. Describe, step-by-step, all procedures and methods that will be used to consent participants. If a waiver is being requested, check each waiver you are requesting, describe how the project meets the criteria for the waiver.

- Waiver of Consent (including using existing data)
 Waiver of Documentation of Consent (use of Information Letter)
 Waiver of Parental Permission (for college students)

After the Auburn University Institutional Review Board (IRB) as approved the study, the researcher will print off and have an Information Letter Form (using the sample retrieved from Auburn University's Sample Documents under the Human Subjects Research (IRB) webpage) for participants to read and keep. The consent form states the purpose, risks, benefits, procedures, and informs participants that this is completely voluntary, and they may stop at any point (without repercussions to them). See attached Information Letter form.

- b. Describe the research design and methods you will use to address your purpose. Include a clear description of when, where and how you will collect all data for this project. Include specific information about the participants' time and effort commitment. (NOTE: Use language that would be understandable to someone who is not familiar with your area of study. Without a complete description of all procedures, the Auburn University IRB will not be able to review this protocol. If additional space is needed for this section, save the information as a .PDF file and insert after page 7 of this form.)

Research Design: The Principal Investigator (PI) will use non-experimental, survey methodology as the research design. The survey methodology is an interest inventory that will collect demographic data as well as perception and practice information. The interest inventory will be in paper and pen format.

When: September 15, 2016

Where: In all 11 schools within the Auburn City Schools district.

How: The PI will hand deliver the interest inventories and Information Letters in an envelope to Dr. Tim Havard at the Central Office for Auburn City Schools. Dr. Havard will contact the special education teachers to inform them of the interest inventory, the time allotted to complete, and send over to each school for teachers to voluntarily complete. The implementation of the interest inventory should take approximately 15-20 minutes to complete. The information letter and an envelope will be attached with each interest inventory so the participants will know the benefits, risks, procedures, and purpose of the survey and can return the survey to the PI in a self-addressed stamped envelope to Auburn University (2084 Haley Center) in a sealed blank envelope. Participants will have two weeks to complete and return back to PI. No identifiable information will be on the envelopes. The PI will collect the sealed envelopes from mailbox at Auburn University to analyze the data.

13. PROJECT DESIGN & METHODS. *Continued*

- c. List all data collection instruments used in this project, in the order they appear in Appendix C. (e.g., surveys and questionnaires in the format that will be presented to participants, educational tests, data collection sheets, interview questions, audio/video taping methods etc.)

The instrument used is an interest inventory survey developed by the PI. See Appendix C for Copy of the survey instrument is titled "Special Education Teacher Perceptions of Students Inventory".

- d. Data analysis: Explain how the data will be analyzed.

Data collected will be analyzed in SPSS using descriptive statistics such as frequency count, percentages, mean, and standard deviation to analyze the data. Results will be interpreted and the final report prepared.

14. RISKS & DISCOMFORTS: List and describe all of the risks that participants might encounter in this research. If you are using deception in this study, please justify the use of deception and be sure to attach a copy of the debriefing form you plan to use in Appendix D. (Examples of possible risks are in section #6D on page 2)

None are anticipated, however participants may feel uncomfortable in their chairs or have restraint on their time completing the interest inventory survey. To prevent this, the PI will explain in the information letter, that they may stop at any point they are experiencing discomfort.

15. PRECAUTIONS. Identify and describe all precautions you have taken to eliminate or reduce risks as listed in #14. If the participants can be classified as a "vulnerable" population, please describe additional safeguards that you will use to assure the ethical treatment of these individuals. Provide a copy of any emergency plans/procedures and medical referral lists in Appendix D. (Samples can be found online at <http://www.auburn.edu/research/vpr/ohs/sample.htm#precautions>)

No identifiable information will be collected from the surveys. Participants may stop and withdraw at any point during the survey. Participants also may contact the PI and the PI's advisor if they have any questions or concerns.

If using the Internet or other electronic means to collect data, what confidentiality or security precautions are in place to protect (or not collect) identifiable data? Include protections used during both the collection and transfer of data.

n/a

16. BENEFITS.

- a. List all realistic direct benefits participants can expect by participating in this specific study.
(Do not include "compensation" listed in #12d.) Check here if there are no direct benefits to participants.

- b. List all realistic benefits for the general population that may be generated from this study.

From obtaining the results of the study, researchers, educators, and administrators will be able to see if teachers perception on Student-Led Individualized Education Programs (IEPs) are matching their practices. The results will also show which characteristics from self-determination are developing and being used by students when students are able to lead their meetings and make choices regarding their education.

The Auburn University Institutional
Review Board has approved this
Document for use from
09/12/2016 to 09/11/2017
Protocol # 16-305 EP 1609



AUBURN
UNIVERSITY

DEPARTMENT OF
SPECIAL EDUCATION,
REHABILITATION, AND COUNSELING

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS AN IRB APPROVAL STAMP WITH
CURRENT DATES HAS BEEN APPLIED TO THIS DOCUMENT.)

INFORMATION LETTER

for a Research Study entitled

“Special Education Teacher Perceptions of Students Inventory”

You are invited to participate in a research study to gain insight into the perceptions and practices of current licensed and full-time employed special education teachers towards student-led IEPs. The study is being conducted by Michele Martin, Ph.D. Candidate, under the direction of Dr. Cari Dunn, Major Professor, in the Auburn University Department of Rehabilitation, Special Education, and Counseling. You are invited to participate because you are a full-time licensed special education teacher and are age 19 or older.

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete an interest inventory survey and answer 4 open ended questions. Your total time commitment will be approximately 15-20 minutes.

Are there any risks or discomforts? The risks associated with participating in this study are minimal. They may include discomfort or lack of time availability. To minimize these risks, you can stop at any point.

Are there any benefits to yourself or others? If you participate in this study, you can expect to assist researchers in understanding special education teachers' perceptions and practices.

Will you receive compensation for participating? No compensation, however, I appreciate your time and willingness.

Are there any costs? No.

Page 1 of 2

If you change your mind about participating, you can withdraw at any time during the study. Your participation is *completely voluntary*. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. **Once you submit your anonymous data, it cannot be withdrawn since it is unidentifiable.** Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Rehabilitation, Special Education, and Counseling or Auburn City Schools.

Any data obtained in connection with this study will remain anonymous. We will protect your privacy and the data you provide by not having any information identifiable. Information obtained through your participation may be used to fulfill final dissertation requirements and may be used for professional publication and conference presentations.

If you have questions about this study, contact *Michele Martin* at murmemn@auburn.edu or *Dr. Cari Dunn* at dunnca1@auburn.edu. A copy of this document will be given to you to keep.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. THIS LETTER IS YOURS TO KEEP.

Investigator's signature

Date

Print Name

Co-Investigator

Date

Printed Name

Page 2 of 2

<p>The Auburn University Institutional Review Board has approved this Document for use from <u>09/12/2016</u> to <u>09/11/2017</u> Protocol # <u>16-305 EP 1609</u></p>
