KNOWLEDGE, COMMUNICATION, AND ADVOCACY OF CULTURALLY AND LINGUISTICALLY DIVERSE PARENTS AT INDIVIDUALIZED EDUCATION PROGRAM MEETINGS

A Dissertation in Special Education
by Natasha Wilson

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Abstract

Semi-structured interviews using Cognitive Interview method techniques were conducted with nine Culturally and Linguistically Diverse parents of students with disabilities in this exploratory study. Parents recalled experiences asking questions and making advocacy statements at Individualized Education Program meetings. Four major findings were identified: 1) IEP meeting structure was similar across parent participants, but parents’ roles and experiences during the IEP meeting varied; 2) parents recalled asking questions and statements regarding academic decisions, supplementary services, and transitions; 3) parents recalled experiences asking questions or making statements based on knowledge or connections gained from social and cultural capital acquisition; and 4) parents reported that use of certain communication skills led to effective meetings and successful outcomes. Parent responses were further examined using a social and cultural capital framework. What remains to be fully understood is how parental involvement through questioning and advocacy may be increased through teacher and education professional training.

*Keywords*: IEP meeting, questioning, advocacy, parent-educator collaboration
# TABLE OF CONTENTS

LIST OF TABLES ........................................................................................................... v

Acknowledgements ........................................................................................................ vi

Introduction .................................................................................................................... 1

    Research Questions .................................................................................................... 9
    Theoretical Framework ............................................................................................. 9

Method ........................................................................................................................... 11

    Participants ............................................................................................................ 11
    Materials ................................................................................................................ 14
    Data Collection ....................................................................................................... 16
    Data Analysis .......................................................................................................... 16

Results ........................................................................................................................... 18

    IEP Meeting ........................................................................................................... 19
    Parental Communication .......................................................................................... 22

Discussion ..................................................................................................................... 31

    IEP Meeting ........................................................................................................... 31
    Parental Communication .......................................................................................... 34

Limitations ..................................................................................................................... 39

Conclusion .................................................................................................................... 41

References ..................................................................................................................... 42

Table 1 .......................................................................................................................... 54

Table 2: ......................................................................................................................... 55

Appendix A: Review of the Literature ......................................................................... 56

Appendix B: Interview Question Protocol ..................................................................... 83
LIST OF TABLES

Table 1: List of Themes and Coding Categories. .......................................................... 54

Table 2: Demographic Characteristics of Participants................................................. 55
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To Ruth Wilson, who knew that I would.

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Knowledge, Communication, and Advocacy of Culturally and Linguistically Diverse Parents at Individualized Education Program Meetings

The Individuals with Disabilities Education Act (IDEA) mandates parental involvement with the requirement that parents and education professionals meet, share goals, and decide upon specially designed instruction and supplemental services necessary to address the educational impairment of children with disabilities ages 3 to 21 (21 U.S.C. § 1400 et seq.). The mandated promotion of parental involvement during Individualized Education Program (IEP) meetings (as specified under the IDEA) is based on research documenting the positive impact of parent-school collaboration for parents of students with disabilities (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Turnbull & Turnbull, 2001). Parental involvement has been operationalized as a set of characteristics attributed to parents that optimally include a wide range of participatory roles. Epstein (1994) outlines six roles for parents during the special education accommodations process including: (a) parenting that supports children’s participation in schooling, (b) parental communication with the school as needed, (c) volunteering at the school, (d) supervising and/or assisting in homework, (e) participating in school-based decision-making committees, and (f) serving as a liaison between school and community. Turnbull and Turnbull (2001) also note that parental involvement at the IEP meeting occurs when “all participants share their resources, priorities, and concerns” (p. 280). For purposes of this study, parental involvement occurs in, but is not limited to, situations where families stated that they worked in partnership with school personnel (via in-person formal process meetings or conferences, telephone calls, or face-to-face communications), had access to their students’ school records, communicated with
education professionals via questioning or advocacy statements, and participated in the
design and evaluation of special education services.

Parents with high levels of involvement at IEP meetings tend to have more
positive attitudes towards education professionals (Xu & Filler, 2008) and support their
child’s learning activities, goals, and outcomes more thoroughly than uninvolved parents
(Underwood, 2010). Student outcomes associated with involved parents (of children with
and without disabilities) are also higher (Bouffard & Weiss, 2008; Epstein, 2001; Hughes
& Kwok, 2007), specifically in regards to higher student test scores (Xu & Filler) and
lower dropout rates (Hoover-Dempsey & Sandler, 1997). For education professionals
who encourage parental involvement, long-term partnerships between education
professionals and parents can be created (Olivos, Gallagher, & Aguilar, 2010), while also
empowering parents who become involved (Turnbull & Turnbull, 2001). At present, we
have only a limited understanding of specific behaviors used by involved parents,
specifically those who are Culturally and Linguistically Diverse (CLD) at a key home-
school collaboration event: an IEP meeting.

The U.S. CLD population can be defined differently, depending on whether the
emphasis is on race, ethnicity, culture, or other societal factors (Kim & Morningstar,
2005). For purposes of this discussion, “CLD” is a term used to identify those individuals
and groups who are, as Olivos and colleagues (2010) note, “not part of the dominant
White, European American culture” (p. 30). More specifically, this descriptor includes
those who once were referred to as ‘‘minorities,’’ (e.g., Latino Americans, African
Americans, Asian Americans, immigrants, and non-English speakers). As Olivos and
colleagues note further, “the term ‘minority’ is simply not [always] an accurate
description of the student body or the parent population (p. 30).” Therefore, the term “CLD” is more aptly used to describe students who are diverse and may also comprise a majority of the school population in a school or district.

Although many communicative factors are important in supporting full parental involvement at IEP meetings, questioning and advocacy statements are of special interest. Questioning tends to be identified as a behavior indicative of high parental involvement during the special education accommodations process (Minke & Scott, 1993). Moreover, understanding parental questioning and the multiple functions of questions provides an indicator of relationship structures and parental knowledge at work. For example, Dillon (1982) notes,

> Questions are of interest not merely as interrogative sentences or techniques. They are instances of stimuli to which people respond and thus represent a matter of broad intellectual interest beyond grammatical and functional concerns. Questions entail cognitive and expressive processes, social relationships, and interactional discourse. (p. 162)

In addition, involved parents tend to advocate for their child (Harry & Klingner, 2006), which is defined as speaking and acting on behalf of another person or group of people to help address their preferences, strengths, and needs (Wolfensberger, 1977). By exploring what questions parents recall asking and the information received in response to those questions at an IEP meeting, it is possible to gain insight into what questioning and advocacy-oriented skills parents may need to reach higher levels of parental involvement, while also providing insight as to what skills education professionals may need to encourage or acquire themselves during the special education accommodations process.
What has been Observed at IEP Meetings

What is known about IEP meeting participation is that education professionals are required to provide certain types of information at each IEP meeting as mandated under the IDEA (21 U.S.C. § 1400 et seq.). Turnbull and Turnbull (2001) describe the components of the IEP that are typically addressed at any IEP meeting. First, the student’s present levels of educational performance should be addressed. Measurable goals (i.e. short-term, small goals, or large goals) should be additional benchmarks explained by education professional members of the IEP team to the parents. Other aspects that should occur at an IEP meeting include a shared dialogue between parents and education professionals about modifications, student’s current or intended level of inclusion, and transition (for applicable students transitioning from placement to placement, school to school, or into adulthood).

However, only a few studies have examined the meeting interactions of education professionals and parents using observational analysis. Martin and colleagues (2004) observed 130 IEP meetings over the course of 3 years using momentary time sampling to calculate the duration that each IEP member talked during the IEP meeting. In this study, teachers recalled talking and framing the discussion at IEP meetings at a rate more significant than that of parents or any other IEP team member. In a study on the decision-making process at special education accommodation meetings, education professionals were found to follow a routine in which they presented their findings and received no dissent via opinions or questions (Mehan, 1987). Parents were asked to input some basic information, but that input did not get factored into the final decisions made (Mehan). Similarly, Harris and Kretschmer (2007) examined two formal process meetings and
found that education professionals’ statements were not challenged by parents or other education professionals. In a dissertation study that examined interactions between education professionals and parents during IEP meetings (n = 9 parents; 5/CLD) across suburban, rural, and urban elementary school settings, video-recorded data of IEP meetings found that the IEP meeting structure was very similar across participants and setting (i.e. objectives or goals were discussed) (Harris, 2010). The study also found that special education teachers typically presented pre-written IEP information to parent participants with no opportunity for parents to ask questions or engage in discussion during the decision-making process (Harris). Instead, parents served as passive participants who listened, agreed, and signed documents without question (Harris). The parents’ role was found “similar for the parents whether they were attending an IEP meeting for the first time or had attended previous IEP meetings” (p. 173). Finally, in a study by Blue-Banning and colleagues (2004), a focus group study conducted with parents and professionals to examine facilitative factors in the achievement of visions for Hispanic/Latino youth and young adults with disabilities found that both groups perceived that, in their own experiences, parents were not seen as equal partners and that professionals maintained control during the formal special education accommodations process.

For CLD parents, lack of involvement may also result from disappointing past efforts in communication by actions such as questioning or advocacy that did not produce the desired outcomes of collaboration and improved services. While many parents have expressed frustration with their limited opportunity for meaningful involvement in the identification and development of special education services for their child (Turnbull &
Turnbull, 2001), CLD parents may be at special risk for low levels of participation. Parents who come from CLD backgrounds tend to have lower levels of involvement at IEP meetings than non-CLD parents (Defur, Todd-Allen, & Getzel, 2001; Geenen, Powers, & Lopez-Vasquez, 2001; Lynch & Stein, 1987). Lower levels of advocacy and parent empowerment may be a result of complex interactions of cultural experiences related to the parent’s race, language, cultural traditions, or socio-economic status (SES) (Harry, 1992; Kim & Morningstar, 2005; Trainor, 2010a). Because of language differences, parents may have difficulty understanding written materials provided by the school informing them of their rights (Cho & Gannotti, 2005). As a result of cultural differences, they may be reluctant to question school personnel decisions (Harry & Klingner, 2006). Finally, because of socio-economic differences, they may not have access to resources (e.g., private psychological child testing, attorney consultation, etc.) used by high-SES parents.

Harry and Klingner (2006) found that, even when CLD parents do try to participate and advocate, their efforts are still often disregarded by school personnel or hindered by structural barriers such as access to school records and lack of understanding about the special education accommodations process. For example, in a previous study examining recalled parental experiences at IEP meetings, parents recalled receiving generic meeting information (e.g., time and place of meeting) prior to the IEP meeting, but little to no information in regards to their expected participation via communication (i.e. question-asking or making statements at the meeting) (Wilson, 2012). Consequently, without parental opportunity to contribute or input during the decision-making process, the placement and service delivery decisions may often fail to address adequately
parental needs, or the parental voice may be absent or muted. While prior studies highlight a failure to generate parental involvement in IEP meetings and have identified some reasons for this, such as lack of access to necessary school records or an inclination of education professionals to make decisions prior to meeting, only a few studies have examined the “real-time” interactions during IEP meetings (Harris, 2010).

**What Remains Unknown about IEP Meeting Experiences**

Consequently, there is much to learn about how best to promote meaningful parent participation in the IEP process and about the factors associated with the means that, in particular, CLD parents use to communicate and interact (e.g., use of questions and advocacy statements). It has been suggested that in order to develop a communicative environment in which parents are comfortable asking questions and advocating for their child, other factors such as trust, respect, open communication, shared vision, and cultural sensitivity are important (Blue-Banning et al., 2004; Parette, Brotherson, & Huer, 2000; Park & Turnbull, 2002; Soodak & Erwin, 2000).

Both parents and school personnel tend to value collaboration (McWilliam, Tocci, & Harbin, 1998), but achieving a true partnership is difficult. Education professionals generally espouse an interest in parental involvement (Green, Walker, Hoover-Dempsey, & Sandler, 2007). (See Appendix A for a lengthier review of research on parental involvement in education research). Nevertheless, there are systemic problems associated with parent-school interaction that makes collaboration challenging (Kalyanpur, Harry, & Skrtic, 2000). As Blue-Banning and colleagues (2004) note, “[A] central problem in the development of partnerships is failure to establish collaborative, trusting, empowering
relationships between families and educators that support effective service delivery (p. 169).” While adhering to a checklist of academic based goals or objectives for a student that are proscribed by law is relatively straightforward, establishing true collaborative relationships in which parents communicate or interact (e.g., ask questions or advocate for their children) and where education professionals respond to parental concerns is more challenging (Epstein, 2001; Trainor, 2010a).

There are a variety of factors that can influence parental involvement. For instance, parental involvement can differ by an individual’s set of values and beliefs about what it means to be involved in the educational process (Anderson & Minke, 2007; Valenzuela & Martin, 2005). Resources parents have for involvement can also differ according to demographic factors such as race, culture, SES, or level of educational attainment (Trainor, 2010a; Trainor, 2010b). These resources can be more difficult for CLD parents to obtain, particularly if their level of parental involvement is negatively moderated by demographic characteristics or previous experiences (Lee & Bowen, 2006). For example, parents who had their own academic difficulties in schools (Lawrence-Lightfoot, 2004) or have views different than the prevailing view, customs, or beliefs in their school system as to an appropriate level of parental involvement (Cho & Gannotti, 2005) may not meet pre-conditions necessary for involvement. As Kalyanpur and colleagues (2000) note, both professionals and parents operate within a “cultural context” and there are features of the culture that impede the collaborative process (p. 120).

Therefore, understanding what forms of parental involvement CLD parents use during the collaborative IEP process, why they use those forms, and what effect those forms of involvement have on their IEP meetings and overall experience in the special
education accommodations process may help us understand the parent/education professional dynamic as it relates to CLD families.

**Research Questions**

To examine how parent experiences and behaviors during IEP meetings and, more specifically, parent communication skills (such as questioning and advocacy) both relate to overall parental involvement for CLD families during the IEP meeting, five broad research questions are addressed in the current study. First, what have parents been told before the IEP meeting? Second, what are the forms (i.e. question type) and functions (i.e. rationale) of questions that parents recall asking at IEP meetings? Third, what are the form and function of advocacy statements that parents recall asking at IEP meetings? Fourth, what are the communication factors that parents recall helped to support parental involvement during IEP meetings? Fifth, what are the communication factors that parents recall hindered parental involvement during IEP meetings? These research questions are addressed through use of a semi-structured, retrospective interview format with CLD parent participants.

**Theoretical Framework**

The primary focus of this study is to analyze the recollections of CLD parents of students with disabilities at IEP meetings. In addition to addressing what is known about parental involvement (See Appendix A for a lengthier discussion of parental involvement research), two other major bodies of literature, social and cultural capital theory and medical patient/provider communication, are relevant to this study. Briefly, social capital is most simply defined as resources gained from a network of social relationships (Bourdieu, 1986) and cultural capital is the knowledge, skills, and behaviors accumulated
through advance learning acquisition (that aligns with a dominant cultural viewpoint as to that knowledge) over time (Bourdieu), and both terms may also explain the relationship between “social position and educational success” (Lareau, 1989, p. 176). Both are highly interrelated terms and may impact parent participation at school meetings (McNeal, 1999). As McNeal notes, parental involvement can be conceptualized as involving social capital, because “[a] dyadic relation between a parent and teacher may generate a weak tie to other teachers due to professional associations, relations between teachers, and so forth” (p. 120). Others have described social capital in terms of what resources parents can acquire access to via an institutional agent (i.e. a network support that can facilitate access to resources critical for educational success) such as a teacher or administrator (Stanton-Salazar, 1997). Institutional agents can provide a network tie to parents who have few or many resources (McNeal). For example, if a parent belongs to the same church as her child’s teacher and learns through this social network contact that other teachers and counselors view positively parental mention of objectives or goals that are listed in the IEP and, consequently, cites objectives or goals at her next IEP meeting, then this parent has exercised some level of social capital.

In contrast, determining what constitutes cultural capital is a product of the values and decisions of any group (Claussen & Osborne, 2013), but it is generally seen that the dominant cultural group determines what knowledge is important. Thus, parents who acquire cultural capital might have learned, over time, the meaning or importance of certain educational jargon that the dominant authority group (e.g., teachers) has found most appropriate to use when discussing educational and academic goals and, subsequently, come prepared to their next IEP meeting with an understanding of those
terms, use those terms in her own statements, and pose questions or make statements in response to those terms. Similarly, attainment of cultural capital may occur when a CLD parent has learned the dominant “culturally appropriate” way of being involved at school functions (e.g., enrolling your child in expensive multiple after-school extracurricular activities, instead of unsupervised free time at home) (See Appendix A for a lengthier discussion of social and cultural capital theory).

Difficulty with communication (via question-asking or advocacy) or interaction is not unique to the education professional/parent relationship. Because of similarities between the education professional-parent and medical provider-patient relationship, research in the medical patient-provider literature may also inform how to improve collaboration in the parent/education professional relationship. That is, because one set of actors in those relationships (i.e. doctors) tends to have more power, authority, or decision-making duty, research studies that address improving the communication and level of decision-making for the subordinate actor (i.e. the patient) in the medical provider-patient relationship may have results applicable to the education professional-parent relationship. Like medical patients, parents, particularly those who are CLD, are in a position of subordination to education professionals who set the agenda for IEP meetings, deliver the results of educational goals or objectives, and set the tone for communicative interaction (Delpit, 1995; Lareau, 1987; Lareau, 1989) (See Appendix A for a lengthier review of this body of literature).

**Method**

**Participants**

There were a total of 9 participants (8 = female; 1 = male) in the current study (all names used are pseudonyms). It should be noted that two parents (mother/father of
Kenya) were interviewed together, and the mother provided the majority of the information. Therefore, they will be identified as one single female participant (“Frankie”) unit throughout this exploratory study, but are identified as “Frank” and “Georgia” in Table 2.

In this exploratory study of CLD parental recall of communication, knowledge, and advocacy statements at parents’ most recent IEP meetings, parents were invited to participate via convenience sampling. Participants reside in either one of two metropolitan areas in the Midwestern U.S. (n = 6/City One; n = 2/City Two). As of the 2010 U.S. census, the per capita income for City 1 was $16,711 (U.S. Census Bureau, 2010). About 15.27% of families and 19.5% of the population were below the poverty line, including 28.8% of those under 18 and 13.4% of those aged 65 and over (U.S. Census). As of the 2010 census, the per capita income for City Two was $26,638. Eighteen percent of the population fell below the poverty line. By contrast, the per capita income in the U.S. is $42,693 and 16% of the population fell below the poverty line in 2012 (U.S. Census). Further, the school district in City One had announced a few weeks prior to interviews with participants that the school district’s elementary and middle school would be closing down effective immediately and that the State Department of Education would take over administration of the high school. All participants had previous experience at IEP meetings and were recruited using flyers advertising the study (which asked for participants who are interested in talking about their experiences at IEP meetings) and that contained the author’s contact information. Parents were also recruited with assistance of a former teacher who resides in the same school district as participants. The Pennsylvania State University Institutional Review Board (IRB) reviewed the
proposed study for accordance with local, state, federal, and university policies regarding use of human participants in research before the study began, and the author was granted consent to extend this proposed study under an already existing IRB approval. Five participants had been previously interviewed by the lead author for a study complementary to the current study and agreed to participate here.

Eight parent participants self-reported their racial classification as African-American and one parent self-identified as both African-American/Native-American. Parents ranged in age from 42-58. All participants were high school graduates, with two parents holding a Bachelor’s degree and two other parents holding an additional degree (i.e. Master’s). Three children were diagnosed with Autism Spectrum Disorders (ASD), three children were diagnosed with a learning disorder (LD), and one child each diagnosed with cerebral palsy, hearing impairment (HI) or an emotional disorder (ED). Two children were eligible for Free and Reduced Lunch (FRL). All children had received a diagnosis at least 3-12 years prior to this study and had been enrolled in their school district a minimum of 4 years. Parents reported having attended anywhere from 2 to 12 IEP meetings (mode = 10) over the course of their child’s life. Finally, parents reported that, on average, they made between 10-15 telephone calls to their child’s teacher during the academic year, had approximately 5 face-to-face communications, and 3 parents reported email communication several times a year.

The participants in this study were included via a convenience sample (e.g., parents were volunteers, there is no control set as to demographic characteristics for parents to ensure that they are truly reflective of CLD parents at-risk for low parental involvement). Because this study did not gather data on the income level of the individual
participants, it is unclear whether all of the participants were of low-SES status (e.g., 6 of 8 children did not accept Free/Reduced Lunch). In addition, some participants appear to have a higher educational status than is typically observed for CLD parents who are most at risk for low parental involvement. However, a decision was made to make use of this convenience sample in order to begin exploration of the research questions.

While four participants do have a level of educational attainment that may be considered “overly educated” in regards to the population of interest (i.e. CLD parents at risk for low parental involvement), it should be further noted that not all CLD parents will share the same (or have any) risk factors for low parental involvement. Further, the recalled experiences of some parent participants are similar to those identified across the research base (e.g., some parents reside in a school district that is struggling, some parents have low educational attainment, or some parents have had prior negative school experiences) (Harry & Klingner, 2006; Trainor, 2010a). Finally, while data from the current sample precludes generalization of findings, information garnered through use of a convenience sample may provide guidance in refinement of future research questions or procedures (e.g., an understanding of the procedures all parents tend to recall at the IEP meeting, the forms and functions of questions asked by a variety of CLD parents at IEP meetings).

**Materials**

Participants answered demographic questions during the first portion of the interview with the author. During the second portion of the interview, the lead author asked participants a series of questions using a semi-structured, retrospective interview style. For qualitative research, there are several interview styles that can be used to
collect data (i.e., structured, semi-structured, informal, or retrospective) as long as it promotes recall of pertinent and detailed information (Fraenkel & Wallen, 2003). Researchers have found that providing cues to participants significantly increases the number of words recalled (Memon, Meissner, & Fraser, 2010). Also, the importance or significance of cues is to be specified during memory recall (Memon et al.). For this study, semi-structured, retrospective interviews were conducted using interview questions supported by the Cognitive Interview (CI) method, a series of memory retrieval and communication techniques to increase the amount of information that can be obtained from an interviewee, and engages the interviewee in a “detailed retrieval of the original event” (Memon et al., p. 341). CI tends to be used with witnesses to crime events and is generally comprised of four techniques:

1. **context reinstatement**, in which the interviewee is encouraged to mentally reconstruct the physical and personal context that existed at the time of the event;
2. **partial or complete reporting**, in which participants are asked to report everything they can recall even partial or incomplete memories;
3. **retrieval cue access**, in which interviewees access different aspects of a complex event (i.e. from their perspective and from someone else’s perspective); and
4. **temporal order change**, in which the participants are asked to engage in future retrieval attempts in a different order –from the start, from the end working backwards in time, the middle or any other point in time (Memon et al., p. 341-342).

This approach has been adopted because it most directly aids in examination of parents’ recalled experiences and also allows for prompted cues (i.e. the author wrote down each question or advocacy statement that parents recalled asking during their most recent IEP meeting on a note card to serve as a cue during subsequent portions of the interview) or clarification during the interview (See Appendix A for a lengthier discussion of this body of literature. See Appendix B for a list of interview questions).
Data Collection

Following institutional ethics approval, each parent participated in a recorded semi-structured interview using CI methods, lasting approximately one hour. At the time of the interview, parents completed demographic information questions independently and were then asked three series of semi-structured interview questions about what they knew about their most recent IEP meeting pre-discussion (n = 7 questions), what they recalled as questions or statements made during the meeting (n = 18 questions), and factors they perceived that supported or did not support communication upon reflection about the most recent or previous IEP meetings (n = 4 questions). As necessary, the interviewer used follow-up questions to obtain additional information. All interviews took place at the parent’s home, place of work, or local establishment near parent’s residence. Audiotape recordings of interviews were transcribed by a transcription service and saved as verbatim text documents, resulting in 112 pages of data and 35,356 words (range = 2,125–8,154 words per interview).

Data Analysis

Thematic analysis (Boyatzis, 1998; Braun & Clarke, 2012; Roulston, 2001) has been found to be a type of data analysis appropriate for emergent qualitative researchers (Braun & Clarke, 2006). Thematic analysis is a method for identifying, analyzing, and reporting patterns within data (Boyatzis), and is particularly useful as a form of data analysis because it “provides an entry into a way of doing research that otherwise can seem vague, mystifying, conceptually challenging, and overly complex (p. 58).” While the exact form and product of thematic analysis varies, there are common elements across any version of this analysis type. Specifically, thematic analysis requires the researcher
to: (1) become familiar with data (e.g., transcribe data, if necessary, reading and re-reading the data, noting initial ideas); (2) generate initial codes (e.g., code interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code); (3) search for themes (e.g., gather all data relevant to each potential theme); (4) review themes; (5) define and name themes (e.g., ongoing analysis to refine the specifics of each theme; generating clear definitions and names for each theme); and (6) produce the final report (Braun & Clarke). Thematic analysis has been used successfully in special education (Hunt, Hirose-Hatae, Doering, Karasoff, & Goetz, 2000), with CLD populations (Pasque, Chesler, Charbeneau, & Carlson, 2013), and in research areas where questions are emergent (Pasque et al). Because the current study involves CLD parents of students with disabilities and is based upon research questions in a research area where many questions remain, thematic analysis is an appropriate tool to help understand verbatim texts.

Verbatim texts collected from interviews with participants were uploaded into the Dedoose version 4.5 qualitative analysis software package, a Rich Internet Application (RIA) that facilitates the management and analysis of data that come from qualitative, quantitative, and mixed methods research (Lieber, 2013). After becoming familiar with the data by reading transcribed data (initially after each interview and then several times subsequently) and noting initial ideas or passages of interest, the author generated a list of 33 initial codes. Next, themes were identified, both from the data and from within the larger literature review base. Themes were reviewed again and codes were initially placed under a theme category reflective of the information the code designated. After condensing the code list for codes duplicative in nature or that were used to identify a
limited number of textual passages, thirteen final codes emerged under two themes—
Meeting and Parental Communication. It should be noted that, for reasons of length,
some data are listed in Table 1 but are not discussed in this manuscript. See Table 1 for
the final themes and codes.

After coding categories were finalized, the author coded all eight transcripts (as
noted previously, one interview involved two parents in which one parent provided the
majority of content) by identifying each segmented comment with a “theme” and “code.”
Two research assistants were trained separately online with an instructional sheet and
example statement for each theme and code. Research assistants were instructed to read
the instruction sheet and review each example statement, then to contact the author when
ready to begin the interrater session. The assistants were then sent a randomly selected
14% of the transcripts independently. The final obtained reliabilities between lead
researcher and research assistants for theme and code were each 86% and 95%
respectively (each to the author) on the raters’ first attempts (it should be noted that one
rater had previously coded similar transcripts for the author in a complementary study).
Both percentages of reliability exceed a generally recognized level of minimal inter-rater
reliability (Scott & Hatfield, 1985).

Results

Two broad themes that emerged from data analysis and the results associated with
each theme are discussed here. The IEP Meeting theme includes what parents knew prior
to meeting and what parents recalled about the meeting itself (i.e. IEP invitation letter
receipt, meeting attendees, meeting purpose, and their parental role). Next, the data that
fall under the Parental Communication theme are presented, and this information
includes what parents recall about communication at IEP meetings (i.e., questions asked, statements made, teacher reaction, desired questions, desired statements, communication, social capital, and cultural capital). These data derive from coded answers to questions based on the communication parents recalled having with education professionals during their most recent IEP meeting or post-meeting. These data include recalled information about questions asked, statements made, reaction to questions or statements made at the meeting, in addition to questions or statements the parents wish they could have asked. Finally, data include responses to questions about communication (i.e. shared dialogue between education professionals and parents) and parental use of any resources (i.e. social or cultural capital) during the meeting.

IEP Meeting

The IDEA requires that, prior to IEP meetings, parents must be notified of the meeting date, time, and location of the meeting (20 U.S.C. § 1400 et seq.). Parents must also be notified of who will be at the meeting and are to be afforded the opportunity to participate in the meeting. Parent participants in this study reported similar experiences in regards to the dissemination of notice about the most recent IEP meeting.

IEP letter. All parents reported that they received a letter inviting them to participate in their child’s IEP meeting that provided the date, time, and location of the meeting. Parents described varying levels of information contained within letters. Parents’ letters contained information ranging from minimal information (e.g., provision of the date, time, location only) to full reports on their child’s academic progress and/or additional forms that parents could use to write and submit any questions or concerns to the IEP team before the meeting occurs.
Overall, parents conveyed satisfaction with the information they were provided prior to their child’s IEP meeting (n=8), expressed a level of familiarity with the manner in which they were formally invited (most likely due to several years of experience receiving formal invitations to IEP meetings) (n=8), and one parent also expressed a great desire to attend the meeting. When asked about her formal invitation letter, Illana, mother of a son with autism, commented, “I know that there are situations where parents choose not to attend. I don’t know what this is about. I gave birth to this child. I’m responsible for this child, so I’m going to be there.”

**Meeting attendees.** Meetings were attended by a variety of education professionals, with all meetings attended by the special education teacher. Parents reported other professionals in attendance such as the principal (n=1), resource room teachers (n=3), therapists, psychologists (n=2), or general education teachers (n=2). Two parents reported that their child also attended the meeting. Seven parents reported that all at the IEP meeting (excluding the parent and child, if applicable) were Caucasian education professionals.

**Meeting purpose.** In relation to purpose, all parents reported they knew what to expect at the meeting. That is, when they were informed of the meeting’s purpose prior to its start, parents identified that the explanations provided comported with what they had been told previously at each year’s IEP meeting and had experienced or were truncated according to the introductions made at parents’ previous IEP meetings (i.e. parents recounted that teachers gave them a “condensed” version of the purpose, due to having discussed the purpose in previous years). Parents used words such as “get an update or progress report” or “just going over academic goals” to describe the purpose of the
meeting in their own words. Moreover, all parents reported they knew the nature of the meeting agenda that they were embarking upon. As Helen, adoptive mother of a daughter with LD, said when expressing her understanding of the purpose of the meeting before it started, “They didn’t really state the purpose [of the meeting], because I already knew it.”

**Parental role.** Although all parents stated that they knew the purpose of the meeting, when parents were asked to describe their role at the meeting, not all parents recalled that they had a primary role. Illana stated that her role at IEP meetings was to be a listener and receive information from the IEP team. She rationalized this by describing the previous year at her son’s school, where she described multiple “breakthroughs” in her son’s academic and social skills attainment. Because of her satisfaction with her son’s progress, Illana stated that she felt more comfortable with taking on a listening role during the meeting. Similarly, Carole, a mother of a son with autism, who had been to several IEP meetings that she perceived positively, also defined her role as listener and recipient of instructions, particularly in regards to listening to education professionals’ recommendations for how to continue or implement educational goals for her child at home. She stated, “I wouldn’t say I’m a key person…[I] would say I’m a secondary key person, because they always tell you how they’re teaching them so that then you will have to go home and enforce [it].”

Other parents, particularly those who recalled an adversarial dynamic with education professionals at IEP meetings, took a more active role. Three parents with children enrolled in the current district for a number of years expressed that, after previous IEP meetings they perceived as being negative or unsuccessful in nature, they then tended to ask more questions or make advocacy-oriented statements. As one of these
parents stated, “As controversial as it is, they know that I’m one of those parents that is going to voice my concerns…and I’m going to ask questions [at the IEP meeting].”

**Parental Communication**

Parents were asked specifically about questions they raised, statements made at their most recent IEP meeting, and teacher reactions to questions or statements. In addition, parents were asked about questions or statements they wish they would have asked at their most recent IEP meeting. Finally, parents were asked to recall what communication factors contributed (or not) to a shared dialogue at IEP meetings. While parents were not asked specifically about use of social and cultural capital at meetings (due to the academic nature of those question types), statements that describe use of social and cultural capital are also included here.

**Questions asked.** When parents were prompted to recall questions they reported asking at their most recent IEP meeting, parents were, first and foremost, more likely to ask questions about the academic-related goals in place or to be implemented during the upcoming academic year for their child. Four parents recalled asking questions about academic progress at the most recent IEP meeting. When some parents recalled their questions posed to education professionals about academic related goals, they also noted that their questions were based upon what they knew other children with needs similar to their child received. Frankie, parent of Kenya, a seven year-old girl with autism, specified that a main concern of hers was presence of a classroom paraprofessional that she felt actually inhibited her daughter’s educational attainment in the classroom. Frankie knew parents of other children in Kenya’s class who reported that their child did not have an accompanying paraprofessional. Frankie noted that she asked questions and expressed
concern about the inclusion of an aide in Kenya’s IEP going forward, because “[If] the aide is not with her, [that] means she’s participating in her class more without having somebody over her, because she’s the only person in the classroom that has an aide. No other kids have one. It’s just Kenya.” On the other hand, Diane, a teacher in the same school district in which her son with autism attends school, asked questions about inclusion of an aide to assist her son in his science class, because she knew from previous experience in IEP meetings and in her capacity as a teacher in the district that support services were difficult for parents to obtain. She expressed this frustration when she stated, “I asked about the one-to-one aide situation moving forward [and if they would put that on his IEP for the next year], because I knew that’s just something that doesn’t happen very often.”

Additionally, parents recalled asking questions or expressing opinions in the area of supplementary services, defined by Turnbull and Turnbull (2001) as services the student will receive to “ensure the appropriateness of the educational placement” (p. 273). A recurring topic is that parents engaged in some level of back-and-forth dialogue and negotiation about services listed as supplementary on the IEP form, yet deemed unnecessary or “beyond the pale” by the IEP team in charge of delivering those supplementary services, particularly during the initial years of IEP meetings. Helen recalled how difficult it was to ask for additional services for her daughter when she first began attending IEP meetings. She stated,

I’m a little bit better than some parents [now]. When I first started, [my daughter, Ayana] was in kindergarten and having issues. I thought we were all on the same side. So, I was requiring testing, and I was asking for things, and people were just ignoring me.
Similarly, Illana recalled negative experiences when asking questions about supplementary services such as social skills training to improve her child’s communication skills during the first few years of IEP meetings. When comparing her current experience to those in a previous state, she said, “[In Northeastern City A when I asked for supplementary services], I was told a laundry list of things he would never do. I was told to mourn the child I thought I had, because that child didn’t exist.” Yet, at her most recent IEP meeting (in her current school district), Illana discussed asking for supplementary services because she knew from previous experience with her current IEP team that they would agree and stated,

I probably asked all my questions and got answers or there was follow-up involved. I did ask the pupil services director about [a social skills program for children with autism at a nearby renowned medical clinic], and I want them to pay for that. They agreed to do it if I get him in the program. I strongly believe it is the duty of the school district to take care of their students. I will hold them to do that.

In contrast, Helen still recalls negative experiences when asking for supplementary services and stated,

I don’t think they have the student in mind. I think they are more worried about the money part of it. I don’t know what happens to all the money, because I know they get more money for special needs kids. I honestly believe they just don’t care. I hate to say that, but that’s just how I feel.

Other parents also recounted mixed experiences when posing questions or making statements at IEP meetings concerning supplementary services. Two parents described responses to questions or statements about supplementary services such as one-on-one aides or speech/occupational therapy services to be included on the IEP meeting using words such as a “lack of understanding [from members of the IEP meeting]” to “feeling discounted.”
Transition services and supports for children with disabilities must be discussed as part of IEP meetings from the time a student is age 14 (20 U.S.C. § 1400 et seq.), but it has also been found across the research base that parents and students are more satisfied with post-transition outcomes when transition services are discussed from an early age (Griffin, 2011). Three parents, particularly those with children approaching college-age, recalled asking questions or making statements regarding transition services for their child. These transition service questions regarded transitions for children from school-to-school, classroom-to-classroom, or from high school to the workforce or college programs. Here, parents recalled that their questions signaled concerns about whether their child was adequately prepared for their lives after transition into adulthood. Moreover, parents with children transitioning from one school or classroom to another (e.g., elementary to middle school, restricted setting to least restrictive environment) also posed questions and made statements. Carole, mother of a teenage son with LD, recalled that members of her son’s IEP team helped him with his applications to local community colleges but expressed concern that the objectives and goals of his IEP were not tailored adequately to help him succeed in college. She stated, “One of my biggest concerns was the academic curriculum there [at the high school]. Would it prepare students for the rigors of college?”

Similarly, parents of children making transitions via schools or restrictive settings recalled asking questions or making statements about student/teacher preparedness. For example, Diane recalled directly asking the IEP team to explain why transition into mainstream classes did not go as outlined during the previous year’s IEP meeting. She
stated, “[His educational setting] was supposed to be…a co-teaching classroom …but the only classes that got the [co-teachers] were language arts and math class.”

Two of the three parents who recalled negative experiences with transition services for their child also recalled that, after communicating their unhappiness to members of the IEP team or during the conferences with teachers subsequently, their concerns were addressed favorably. Only one parent, Helen, reported encounters (that she viewed as negative) with the transition from middle school to high school currently underway for her daughter.

**Statements made.** In comparison to recalled questions posed, there were fewer statements recalled by parents at their most recent IEP meeting. Of the four parents who recounted statements, parents’ recalled statements were related to their child’s academic curriculum, transition services, or were instances in which a parent stated a need to clarify a statement or advocate. For example, Allison recounted that she stated to members of the IEP team (after a recent incident of bullying her daughter was involved in immediately prior to the IEP meeting), “I had to defend her, because I know what she told me was true. [I told them] to [call] if there ever was another problem.”

**Teacher reaction.** Parents were asked to recall the reaction of teachers at the IEP meetings in regards to questions posed or statements made by the parent. Most parents could not recall specific statements made by teachers (or other education professionals) at the most recent IEP meeting, but parents did use phrases such as “they were open” or “they tried to give me an answer” as they described teachers’ responses to their questions.

**Desired questions and desired statements.** When parents were asked to recall instances in which they wish they had asked a question or made a statement, only two
parents shared instances in which they wanted to ask about an academic issue (i.e. question about an academic grading scale) or a supplementary service (i.e., a question about counseling for their child), but did not. No parent recalled an instance in which they wished they would have made a statement, and many parents asserted that they left the IEP meeting feeling like they asked or stated everything they wanted. As Illana noted, “I’ll make those meetings drag on for hours if I don’t get my questions asked.”

**Communication.** When responding to interviewer prompts about statements made or questions posed to IEP team members, parents’ comments were often interwoven with their viewpoints on how relationships with IEP members were either enhanced or weakened by communicative dialogue. In addition, parents were asked direct questions regarding their own opinions as to what communication characteristics enhance or weaken communication at IEP meetings. Communication characteristics found by parents to be helpful during IEP meetings (when used post-meeting) included expressing an interest in the child and then using that interest to tailor objectives and goals necessary for their child’s IEP. Parents also wanted education professionals to listen to them when they expressed their concerns, goals, and hopes for their child. Participants also acknowledged that parents contribute to communicative dialogue at IEP meetings and within the broader special education accommodations process.

At some point in every interview, parents recounted an experience during the most recent interview in which they conveyed a connection between positive outcomes for their child and IEP team members, either individually or as a group, that they described as related to someone taking an interest in their child’s life, strengths, weaknesses, or hopes. Across parent interviews, their descriptions of how IEP team
members can take an interest in their child’s life varied. Some parents stated that
displaying an interest occurred when education professionals came prepared to talk about
academic areas in which progress has been met or unmet in a way that displayed a
genuine level of care or concern in the relationship. As Allison said about her current IEP
manager who she describes as genuinely caring for her daughter, Malia,

[In past IEP meetings], the outcome has not always been what we’ve expected. But the case manager she has now, she’s a beautiful person[.] You know the saying, “Actions speak louder than words?” She’s showing not just her parents but she shows [my child] on a daily basis.

Others recalled viewing favorably IEP team members that expressed care and concern for
the student via an honest discussion about the student’s progress (or lack thereof). Parents
used phrases such as “they were forthright” or “holding my kid accountable” to describe
instances during the most recent IEP meeting in which they described that the teacher’s
communicative dialogue about their child showed that he or she knew the child’s
academic and social goals and also wanted the child to perform well.

However, some parents also recalled experiences in which they perceived that IEP
team members had no discernible interest in their child’s outcomes or goals. This, in turn,
appeared to negatively impact the communicative dialogue between parents and
education professionals at the meeting. In particular, parents described a lack of interest
when they felt that education professionals, specifically teachers, did not fully understand
their child’s disability identification and associated characteristics. Diane expressed her
frustration with communicating with IEP team members about behavioral issues of her
son that were due to aspects of his disability she believed team members should have
understood fully. She stated, “[In] spite of the fact that [aspects of his behavioral
problems] are written in his IEP and that things are different for him because of that, I would constantly get some of the same concerns from his teachers.” Similarly, Helen expressed frustration with her IEP team in their attempts, in her words, to encourage her not to ask for services covered under an IEP due to her child’s race. Helen noted that she had a social contact at the State Education Department she conferred with after being discouraged from requesting an IEP. After conferring, she noted a follow-up discussion with a representative from the school district, “The [school district] said they had a lot of black students on IEPs, and the State was watching them. I explained to them that I don’t care if you have 900 black students on IEPs. You are about to have 901.”

Finally, several parents conveyed that both parents and education professionals were able to engage in effective dialogue during the IEP process and throughout the special education accommodations process. However, parents seemed to agree that parents and education professionals must have a complementary, though separate, set of characteristics to foster adequate communication to lead to equal collaboration and input as to goal-setting at the IEP meeting. For example, participants often cited that, to foster collaboration and communication, education professionals should be willing to talk in terms of “trial and error” (i.e. re-opening the IEP to refine, modify, or un-select particular goals or objectives) along with parents post-IEP meeting. Parents specified that this type of collaboration and communicative dialogue not only kept them informed as a parent, but it also made them feel included and valued as a member of the IEP team. As Diane stated when discussing communication that she thought went well, “[we] had multiple times to talk about the situation…I’m more about what’s going to work for my child.” Similarly, Eunice, mother of two children with disabilities, conveyed that communication
qualities such as being encouraging and talking in simple and clear sentences helped her understand and made her feel like education professionals on the IEP team member were there to help her child.

**Social capital.** Participants were not asked directly to identify instances of social capital use during their most recent IEP meeting, but there were statements made that reflected a sense of knowledge of communication based on existing social networks or relationships. For instance, several parents stated one communication skill that led to better results for themselves was an understanding, based on previous communication with IEP teams members they developed relationships with over time, to know when to speak in ways that signaled they were prepared to act on behalf of their child in any way they deemed prudent. That is, parent participants recalled that one key communication skill was the use of advocacy at IEP meetings. Several parents used phrases such as “defending your child” or “fighting the system” to describe how they communicated productively at their most recent IEP meetings in a manner, they recounted, that let others know what they wanted. More directly, other parents such as Helen, recounted use of knowledge and resources gained from a network of contacts (i.e. Helen’s contact at the State Department of Education) to aid her at IEP meetings.

**Cultural capital.** Participants were not asked directly to identify instances of cultural capital used during their most recent IEP meeting, but there were statements made that reflected a sense of knowledge of IEP meetings and the accompanying rules and procedures. All participants conveyed that effective communication does not occur without adequate knowledge. This knowledge can encompass various aspects of the special education accommodations process including applicable laws, what services and
supports may best aid their child with a disability, or even what supports and services other parents and students with characteristics similar to their own receive in the same district. As Allison, said towards the end of her interview, “I always believe when you know better, you do better.”

**Discussion**

This study explored the recalled experiences of CLD parents pertaining to aspects of the IEP meetings and communication between parents and education professionals at the IEP meeting. Specifically, it examined parental recall of their own questioning and advocacy in those meetings and the skills and knowledge that contribute to communicative effectiveness. Parents’ recalled experiences shed light on what can typically occur at an IEP meeting. These recollections also provide insight regarding other findings across the literature base that examines IEPs. There were five research questions that this study aimed to answer. The results that address these questions are discussed further below under the major coding headings.

**The IEP Meeting**

The first question relates to what parents have been told before the IEP meeting. The parents in this study recalled being told the meeting time, date, and overall meeting purpose. In similar fashion to the guidelines outlined for education professionals by Turnbull and Turnbull (2001), parents in this study were formally invited via letter, provided an overall purpose for the meeting, and were apprised of the current academic and social goals and objectives for their child during the upcoming academic year. Overall, what also seems evident here is that IEP meetings of parents in this study tend to all share some fundamental similarities with parents in other studies, most likely due to
the mandated IEP requirements (i.e. specific federal provisions that stipulate the information that must be provided to parents at the IEP meeting). Also similar to parents in other studies, participants in this study met Olivos and colleagues’ (2010) definition of CLD, though some parents had levels of educational attainment (e.g., Illana), social capital (e.g., Helen), or cultural capital (e.g., Diane) that likely influenced their experiences in IEP meetings (and made those experiences different than a CLD parent at-risk for low parental involvement).

However, in regards to aspects of the meeting relating to parents’ roles, a disparity between parental experiences exists in this study as compared to CLD parents in other studies, and it does not appear that it can be explained solely by what parents were told before the meeting. Parents in this study seemed to have some advantages as compared to other CLD parents engaged in the IEP process. All parents reported that they knew what to expect at the IEP meeting and that they were satisfied with the information they were provided prior to meeting. Three parents who reported prior negative experiences in IEP meetings also stated that those negative experiences led them to be more proactive in advocating for their children where other studies (e.g., Harris & Krestschmer, 2007) found that parents did not act as advocates. Parents in this study used phrases such as “they were open” or “they tried to give me an answer” whereas other studies (e.g., Salas, 2004) found that parents felt their input was not respected during IEP meetings.

Further, parental recall of their role at the IEP in this study contradicts what other studies have found for CLD parents at meetings (e.g., parents are passive listeners who input little, parents are not encouraged to be actively involved in the decision-making
process) (Lo, 2012; Salas, 2004). Some parents recalled that their role at the most recent IEP meeting had been as a listener. For example, Illana stated that she felt comfortable being a listener at the IEP meeting and believed that communication went well with her and education professionals at the IEP meeting. Yet, creation of this relationship was likely a natural outcome from the relationships Illana developed outside of the school environment, because she lived and socialized regularly with education professionals in her neighborhood, earned a Master’s degree from a prestigious music school and taught music in a college town with a thriving music community. While the author did not ask Illana to clarify if she served as a passive or active listener at the meeting, it seems evident that Illana knew that she could input at any given moment, because she expressed earlier that she could make the meetings “drag on” for as long as she felt necessary. This does not appear to be the typical CLD parental experience at IEP meetings. On the other hand, Helen, whose child is enrolled in the same district as Illana, lived in a rural community outside the school district and did not travel into town often, and had continued difficulties with her daughter’s IEP team. She expressed that she had an authoritative role in IEP meetings.

While this study included a small sample as well as one of convenience, what seems clear is that there is a complex relationship between factors such as experiences and expectations, parent question-asking and advocacy, and the use of social and cultural capital to obtain desired outcomes. One major characteristic of studies that have found research results different to those found here is that those studies were with parents who share more risk factors for low parental involvement (e.g., language differences between education professionals and teachers) (Cho & Gannotti, 2005) or with parents who are
newer to the IEP process than the parents in this study (Harris, 2010; Harris & Kretschmer, 2007).

**Parental Communication**

The second and third questions posed related to the forms of question types and functions of questions, and the form and function of advocacy statements that parents recalled asking at IEP meetings. While parents were only asked to recall questions they asked at the most recent IEP meeting, the forms of questions appear to vary (e.g., questions about educational or academic objectives), and the function of the questions, as interpreted by the author, appeared to be for the purpose of knowledge or understanding.

In the case of participants here, use of advocacy statements during the IEP meeting also served the purpose of signaling to members of the IEP team that, in regards to the issue at hand, parents were willing to act on behalf of their child in a manner that might be off-putting or controversial to education professionals at the IEP meeting. Many advocacy statements reported appear to reflect concerns about supplemental or transition services, which are often controversial topics at IEP meetings (Fish, 2008; Harry & Klingner, 2006).

This type of communication, whereby parents express their questions and statements somewhat freely and then have those questions and statements incorporated into the dialogue and decision-making at the meeting runs counter to the limited available research in which more immediate recall and perception data has made evident that parental input at IEP meetings (whether through questions, statements, or in some other form) is not generally taken into consideration. For instance, in a study done by Pruitt and colleagues (1998), 73 parents of children who received special education services were
interviewed, and a common occurrence found was that education professionals were unwilling to listen to parental input. Similarly, Salas (2004) found in a study examining Mexican-American parents of children with disabilities at IEP meetings, parents perceived that their input was not often respected in IEP meetings. Moreover, as previously mentioned, similar results have been found in other studies (Harris & Kretschmer, 2007; Harris, 2010; Mehan, 1987).

However, parents in the current study recalled asking questions and making several statements at their most recent IEP meeting (and most also recalled not having questions or statements they wish they had asked post-meeting), and this is different than the experiences of parents in other studies (Cho & Gannotti, 2005; Salas, 2004). It is likely that another academic semester or year must elapse to fully ascertain to determine any impact that parental involvement had. Moreover, another rationale to explain why parents self-reported frequent and successful communication during the meeting may be that, in hindsight, it is easier for parents to think of themselves as a parent who wields power and authority during a meeting where others are, in an ideal scenario, supposed to respond to their concerns. Another possible explanation is that the current sample, having had many opportunities to acquire experience (and therefore, learning) were able to wield greater power than parents new to the special education accommodations process.

The fourth and fifth research questions pertained to communication factors that parents recalled hindered or supported parental involvement during IEP meetings. In this study, parents recalled that the communication that supported their involvement included expression of a level of interest, tailoring educational and social goals specific to their child and including parents in the decision-making dialogue. When these factors were not
included, parents recalled hindered involvement. This is similar to what has been observed in past studies (Fish, 2008; Harry & Klingner, 2006).

In addition, what is made clear from this study is that as parents acquire more knowledge about special education accommodations and services or gain more resources via social networks or support mechanisms, they are more likely to make use of this knowledge during subsequent IEP meetings via communication with education professionals at IEP meetings. Throughout the interview data, parents recalled social connections they made or knowledge gained since the first years of IEP meetings (i.e. Helen’s discussion of conferencing with a contact person at the State Department of Education). This information was not only used at IEP meetings, but parents also reported sharing or wanting to share information in other settings so that others could avoid pitfalls they encountered (i.e. Frankie’s provision of information about aide support for her child with other parents). Moreover, participants recalled use of knowledge and resource acquisition to shape what they asked or stated at IEP meetings (i.e. Illana’s independent research on clinical programs for students with autism, or Diane’s use of knowledge on supplementary services based upon what she knew as a teacher within the school district where her son attended).

What this means for parents and education professionals is that IEP meetings from year to year do not exist in a vacuum. That is, parents build a repertoire of skills and communicative traits they deem successful (for themselves or for other parents they know). Parents also recalled negative experiences and communications with education professionals at IEP meetings and developed a repertoire of responses in anticipation of similar events in the future. Therefore, future research and practice in the area of parental
involvement must address how to not only promote parental involvement, but must also
directly address how to promote involvement in ways that acknowledge parents’ acquisition of
expertise via social and cultural capital. This is particularly true for CLD parents who
rely on families and extended family support networks and tend to come in to initial IEP
meetings with less experience and expertise than non-CLD parents.

Model approach. Moving forward, a model approach that may work to enhance
parental involvement and incorporate what parents learn as they gain more experience
and resources, particularly for CLD families or those with low SES status, low
educational attainment, or lack of familiarity with the special education accommodations
process would be an approach that incorporates communication skills training found
effective in patient-provider research (Cegala et al., 2000; McGee & Cegala, 1998).
In addition, a focus on a culturally competent communication model found to increase
CLD family participation through enhancement of skills such as questioning, advocacy,
and capital resources for parents (Trainor, 2010b) may also be key. Successful patient-
provider communication can be used as a model approach to follow, because increases in
patient communication and medical outcomes have been found after patients were trained
to organize information about their health concerns and were informed about the structure
of the typical consultation, while medical providers were trained, in conjunction, how to
ask questions and encourage parental questioning (McGee & Cegala, 1998). Application
of this model approach could yield similar results for parental involvement at IEP
meetings. Prior to each IEP meeting, parents could work with an IEP coordinator in the
areas of questioning and advocacy training. The parent would then explain each item of
concern in the pre-meeting questionnaire he or she previously completed, and with the
help of the IEP coordinator, the parent could learn how to ask and answer questions pertaining to educational outcomes and goals of the student. Parents would also meet prior to the meeting for assistance with wording and writing questions they wanted answered during the meeting. Finally, parents would receive information on how and why to ask different types of questions (e.g., direct, indirect) and how to use advocacy in ways that are meaningful and, ultimately, successful for them. All of these components would serve to increase cultural capital, because parents would become familiar with aspects of the IEP process that they find confusing or unclear. Ideally, this would also facilitate the development of parental social capital as well, by supporting working relationships with education professionals prior to the IEP meeting.

Some research has been done in this area (Trainor, 2010a), and more research seems necessary. For example, Trainor notes that parents’ acquisition and use of capital resources is an important factor, but “more information is needed regarding the interaction between parents and teachers and the results of the use of capital resources” (p. 46). Thus, a model approach that addresses and identifies social and cultural resource acquisition would be especially useful for parents who are new to the formal special education accommodations process, because, as seen in the current study, parents do gain experiences, networks, and knowledge (i.e. social and cultural capital) over the years that are used in future communications and meetings that they might not have had initially. This approach could also contribute to the literature base. With these goals in mind, it may also be useful to investigate ways to support informal parent networking with other parents and teachers.
Teacher training must also be a critical component of this approach. While the author of this study did not examine the recalled experiences of teachers or access the teacher/education professional literature base, there are aspects of teacher involvement that parents in this study specified were helpful to them during their most recent IEP meeting. One such teacher skill is conveying an interest in the student’s strengths and skills. Therefore, one possible way to aid teachers in learning more about their student (and would also involve parents) would be to include a teacher inventory. To complete the inventory, teachers and parents would meet prior to the IEP meeting and collaborate on what educational and social goals both reflect necessary educational impairments (as required under the IDEA to address) and the students’ own interests and desires. By gaining a better understanding of the student’s (and family’s) goals, there may be a greater likelihood that the teacher will have a sincere interest in parental involvement in the IEP. An integrative approach such as this may be more successful than previous interventions on parental involvement (Jones & Gansle, 2010), because the focus goes beyond parental practice answering and asking questions and towards gaining a knowledge support base for both parents and teachers.

**Limitations**

While this study provides insight into the experiences of a small group of parents, broad generalizations cannot be made from the study’s findings due to the small sample size, retrospective nature of a single interview with each parent, and convenience sample selection. While some participants had been interviewed in a previous study and asked some questions similar to those asked in the current study, their responses are still primarily reflective of the most recent IEP meeting. Future research should include a
larger sample of parents and also include an undertaking whereby parents are asked to recall information as specifically as they can about several previous years of IEP meetings.

Further, the participant sample here is a convenience sample. While this type of sample can provide a variety of insights as to an exploratory research question, a sample more reflective of the target population for intervention (i.e. CLD parents who have low levels of involvement) would be more ideal. Here, the sample is comprised of parents who identify as non-European and culturally diverse (i.e. African-American or African-American/Native American), but these parents also have experiences that are not generally associated with CLD parents at risk for low parental involvement (e.g., some parents have high educational attainment and are more resourced). This is a limitation. However, what has been learned from a convenience sample of parents who may be more resourced (e.g., via social networks, educational attainment, or prior experiences communicating at IEP meetings) is that even these parents recalled some challenges in communication during previous and, in some cases, their most recent, meeting. What this may suggest is that these challenges are even more difficult for CLD parents more at-risk for low involvement. While data from the current sample precludes generalization of findings, information garnered through use of a convenience sample may provide guidance in refinement of future research questions or procedures (e.g., an understanding of the procedures all parents tend to recall at the IEP meeting, the forms and functions of questions asked by a variety of CLD parents at IEP meetings), because the communicative experiences of CLD parents who are at-risk for low parental involvement will likely differ from CLD parents who are educated, have prior years of IEP meeting
experiences, and are socially and culturally resourced. Therefore, future research in this area would use the same interview questions as outlined here with a truly representative CLD sample. Finally, the experiences of teachers (or other education professionals) were not examined for this study, and successful collaboration requires the full participation of both parents and teachers. The attitudes and skills of both are worthy of study.

**Conclusion**

This study has provided insight into what a small sample of experienced parents knew before they attended an IEP meeting and what types of communicative dialogue parents and education professionals used at IEP meetings. Yet, many aspects of these parents’ experiences remain unknown, particularly in regards to exactly how parents acquire knowledge and resources that help them to manage successfully the formal special education accommodations process. With future examination and further review, we may reach our desired goal for parents to use the resources and expertise they possess to be fully involved in the special education accommodations process and make meaningful contributions to the development of an appropriate educational program for their child.
References


Kaplan, S.H., Gandek, B., Greenfield, S., Rogers, W., & Ware, J.E. (1995). Patient and visit characteristics related to physicians’ participatory decision-making style: Results from the Medical Outcomes study. *Medical Care, 33*, 1176-1187.


### Table 1

**Coding Themes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Code</th>
<th>Definition</th>
<th>Example Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting</td>
<td>IEP Letter</td>
<td>Statements about the information provided in the IEP invitation letter.</td>
<td>“I received a letter that had a reminder about the date and time of the meeting.”</td>
</tr>
<tr>
<td>Meeting</td>
<td>Attendees</td>
<td>Statements about the job title of each attendee.</td>
<td>“The special education teacher, the aide, and the principal were there.”</td>
</tr>
<tr>
<td>Meeting</td>
<td>Purpose</td>
<td>Statements about the purpose or goals of the IEP meeting.</td>
<td>“They explained that we were to go over the educational goals for the next year.”</td>
</tr>
<tr>
<td>Attendees’ Race(s)</td>
<td></td>
<td>Statements about the race of education professionals at the meeting.</td>
<td>“They were all white.”</td>
</tr>
<tr>
<td>Parental Role</td>
<td></td>
<td>Statements about the perceived expectations for parental participation at the IEP meeting.</td>
<td>“My role was that I was there to serve as the parent voice to discuss the concerns I have and to get input.”</td>
</tr>
<tr>
<td>Parental Communication Questions Asked</td>
<td>Statements about the questions asked by the parent.</td>
<td>“I asked the special education teacher about my son’s transition to high school.”</td>
<td></td>
</tr>
<tr>
<td>Parental Communication Statements Made</td>
<td>Statements about parents’ statements made at the IEP meeting.</td>
<td>“I told them that I know my daughter and she is not a liar.”</td>
<td></td>
</tr>
<tr>
<td>Teacher Reaction</td>
<td></td>
<td>Statements made about the perception of teacher’s reaction to questions or statements made.</td>
<td>“After I finished talking, she explained to me how she came up with her goals. I didn’t agree with it, but that’s what she gave me.”</td>
</tr>
<tr>
<td>Desired Questions</td>
<td></td>
<td>Questions that parents wish they had asked.</td>
<td>“I should have asked about the grading scale they used for his tests.”</td>
</tr>
<tr>
<td>Desired Statements</td>
<td></td>
<td>Statements that parents wish they had made.</td>
<td>“I wish I would have told them I did not like that teacher’s attitude towards my child.”</td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td>Statements about shared dialogue at the IEP meeting.</td>
<td>“Each person went around and shared information about my son with me. They were forthright.”</td>
</tr>
<tr>
<td>Social Capital</td>
<td></td>
<td>Statements pertaining to information parents knew via social relations.</td>
<td>“I wish that parents of special needs kids to work together. Nobody is being told the same story.”</td>
</tr>
<tr>
<td>Cultural Capital</td>
<td></td>
<td>Statements pertaining to information parents knew via knowledge acquisition.</td>
<td>“I know I have to write everything I want into the IEP. I also know that I can add to the IEP at any time during the year.”</td>
</tr>
</tbody>
</table>
Table 2

Demographic Characteristics

<table>
<thead>
<tr>
<th>Name*</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
<th>Parent Education</th>
<th>Child Disability</th>
<th>FRL**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allison</td>
<td>F</td>
<td>45</td>
<td>AA</td>
<td>Some college</td>
<td>Cerebral Palsy</td>
<td>Y</td>
</tr>
<tr>
<td>Brenda</td>
<td>F</td>
<td>48</td>
<td>AA</td>
<td>Bachelor’s</td>
<td>ED</td>
<td>Y</td>
</tr>
<tr>
<td>Carole</td>
<td>F</td>
<td>54</td>
<td>AA</td>
<td>Some College</td>
<td>LD</td>
<td>N</td>
</tr>
<tr>
<td>Diane</td>
<td>F</td>
<td>42</td>
<td>AA</td>
<td>Graduate</td>
<td>ASD</td>
<td>N</td>
</tr>
<tr>
<td>Elaine</td>
<td>F</td>
<td>58</td>
<td>AA/NA</td>
<td>Bachelor’s</td>
<td>HI; LD (2 kids)</td>
<td>N</td>
</tr>
<tr>
<td>Frank</td>
<td>M</td>
<td>**</td>
<td>AA</td>
<td>High School</td>
<td>ASD (same child as Georgia)</td>
<td>N</td>
</tr>
<tr>
<td>Georgia</td>
<td>F</td>
<td>43</td>
<td>AA</td>
<td>Some College</td>
<td>ASD</td>
<td>N</td>
</tr>
<tr>
<td>Helen</td>
<td>F</td>
<td>**</td>
<td>AA</td>
<td>Some College</td>
<td>LD</td>
<td>N</td>
</tr>
<tr>
<td>Illana</td>
<td>F</td>
<td>45</td>
<td>AA</td>
<td>Graduate</td>
<td>ASD</td>
<td>N</td>
</tr>
</tbody>
</table>

Note. * = All names are pseudonyms. ** = Free or Reduced Lunch Eligibility.
Appendix A

Literature Review

In this section, parental involvement is defined and the Individuals with Disabilities Education Act (IDEA) will be reviewed in conjunction, as it is the legislation that mandates that parental involvement is to be encouraged for parents of students with disabilities. Second, this review will examine the primary components of parental involvement as expressed across the literature base with particular attention paid to the benefits of parental involvement and challenges in achieving involvement for Culturally and Linguistically Diverse (CLD) parents. Next, this section concludes with a review of literature that supports this study’s premise (i.e. to examine parental involvement of CLD parents). This review will include a specific discussion of the benefits and challenges of CLD parental involvement. Theories that explain a presence or absence of parental involvement (e.g., social and cultural capital theory and communication via questioning and advocacy) or that concern a similar question in another area of related research (i.e. medical patient-provider literature) will be reviewed also. This section also discusses an interview method designed to aid the author in eliciting data about parental involvement from parents (i.e. Cognitive Interview method). Finally, this chapter concludes with an outline of the research purposes for this study.

What is Known about Parental Involvement?

Neither the Individuals with Disabilities Education Act (IDEA) nor the No Child Left Behind (NCLB) Act provides a standard definition for parental involvement. Rather, what has developed over time within the literature base that helps to address parental involvement is a series of philosophical viewpoints that provide a framework for parental
involvement. Though there is no single definition for parental involvement, there are common identifiable elements across the research base. Parental involvement has been operationalized as a set of characteristics attributed to parents that optimally include a wide range of participatory roles. Epstein (1994) enumerates six roles for parents during the special education accommodations process including: (a) parenting that supports children’s participation in schooling, (b) parental communication with the school as needed, (c) volunteering at the school, (d) supervising and/or assisting in homework, (e) participating in school-based decision-making committees, and (f) serving as a liaison between school and community. Parental involvement at the IEP meeting occurs when “all participants share their resources, priorities, and concerns” (Turnbull & Turnbull, 2001, p. 280). For purposes of this study, parental involvement occurs in, but is not limited to, situations where families stated that they worked in partnership with school personnel (via in-person formal process meetings or conferences, telephone calls, or face-to-face communications), had access to their students’ school records, communicated with education professionals via questioning or advocacy statements, and participated in the design and evaluation of special education services.

Parental involvement can be difficult for CLD parents because their experiences are often negatively moderated by socio-demographic factors (Lee & Bowen, 2006). Resources that parents have for their involvement or ability to meet can differ according to factors such as race, culture, socioeconomic status (SES), or level of educational attainment (Trainor, 2010a; 2010b), or by an individual’s set of cultural beliefs, values, or thoughts on what it means to be involved in the educational process (Anderson & Minke, 2007; Valenzuela & Martin, 2005). Moreover, as Kalyanpur and colleagues (2000) note,
both professionals and parents operate within a “cultural context,” and there are features of the culture that impede the collaborative process (p. 120). CLD parents are more likely to experience low levels of parental education attainment that are associated with SES status (Brooks-Gunn & Duncan, 1997; De Civita, Pagani, Vitaro, & Tremblay, 2004) and race/ethnicity (Bali & Avarez, 2004). Others have also identified several aspects of CLD families’ characteristics that contribute to low parental involvement including lack of transportation and/or child care (Kalyanpur & Rao, 1991), prior negative experiences or relationships within schools (Salend & Taylor, 1993; Thorp, 1997), or cultural beliefs about disability or help-seeking behavior (Cho & Gannotti, 2005). Therefore, understanding what forms of parental involvement that CLD parents use during mandated Individualized Education Program (IEP) meetings, why they use those forms of involvement, and what effect those forms of involvement have on their IEP meetings and overall experience in the special education accommodations process may help us to better understand the parent/education professional dynamic as it relates to families that are often perceived as less involved in the educational lives of their children. This provides a justification for further study with a sample that may share some or all of the potential risk factors for low involvement.

What are the Legal Requirements for Parental Involvement?

Parental involvement exists not only as a desirable goal for parents, but is also mandated by law. The IDEA also encourages parental involvement with the requirement that parents and education professionals meet, share goals, and decide upon specially designed instruction and supplemental services necessary to address the educational impairment of children with disabilities ages 3 to 21 (20 U.S.C. § 1400 et seq.). During
an IEP meeting, an IEP form is drafted, finalized, and agreed upon by the IEP team (e.g., special education teacher, general education teacher, parents, and, if applicable, the student) (20 U.S.C. §1400 et seq.). After reauthorizations to IDEA (1997 and 2004, respectively), education professionals are now required to take further steps to promote parental involvement by, at a minimum, providing information on IEP meeting proceedings and by providing adequate notice of meetings and copies of documents (20 U.S.C § 1400 et seq.).

For parents of children with disabilities, collaboration with education professionals (e.g., teachers, therapists, counselors, or administrators) is critically important at these meetings, because parents who collaborate with education professionals can foster positive and communicative relationships for future meetings and dialogue (Harry, 1992), provide alternative perspectives as to the strengths and needs of their child (Harry & Klingner, 2006), and aid their own understanding of the thought process of education professionals who function as service providers (Lo, 2012). In addition to the formal process meetings required under the IDEA, there is also an expectation that parents and education professionals use IEP meetings as an opportunity to talk and work collaboratively to increase positive outcomes for students with disabilities (DeGangi, Wietlisbatch, Poisson, Stein, & Royeen, 1994; Lo). From these meetings, a finalized, annualized binding document is written to ensure that a child with disabilities ages 3 to 21 receives a free and appropriate public education as well as services that meet their educational needs (20 U.S.C. § 1400 et seq.). In addition, the IDEA provides that parents and students have an equal opportunity to be involved in outlining the most effective program for the individual student (20 U.S.C. § 1400 et seq.).
The formal IEP meetings (and respective documents that are drafted and finalized forthwith) are considered the “heart of the intervention process” (Zhang & Bennett, 2003, p. 52).

**What are the Supports and Challenges for Parents During a “Typical” IEP Meeting?**

There is scant literature on what actually occurs in the IEP process (Harris, 2010). Only a few studies have examined the meeting interactions of education professionals and parents using observational analysis. Martin and colleagues (2004) observed 130 IEP meetings over the course of 3 years using momentary time sampling to calculate the duration that each IEP member talked during the IEP meeting. In this study, teachers talked and framed the discussion at IEP meetings more than parents. While the formal mandated requirements of an IEP meeting are more likely to be uniform across individual IEP meetings, the communication aspect is less likely to be uniform due to factors that may be beyond the parents’ zone of control. Hence, there are various supports and challenges for parents, particularly those who are CLD, during communication with education professionals at IEP meetings.

Optimal collaborative partnerships for highly involved parents in settings such as IEP meetings also include characteristics such as trust, respect, open communication, shared vision, and cultural sensitivity (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Parette, Brotherson, & Huer, 2000; Park & Turnbull, 2002; Soodak & Erwin, 2000). This conceptualization of parental involvement reflects a shift from the traditional home-school interaction model where decisions by school administrators were wholly supported by parents without question (de Carvalho, 2001) to a more current
model that reflects multiple participatory roles that parents play such as advocate, communicator, questioner, school volunteer, supervisor, collaborator, or as liaison between school and community (Epstein, 2001).

Parents who attend IEP meetings tend to be more satisfied with the educational process for their child (Childre & Chambers, 2005), and their involvement is also related to successful education and transactional outcomes (Childre & Chambers; Lo, 2012; Zhang & Bennett, 2003). Parents who perceive high levels of involvement at IEP meetings tend to have more positive attitudes towards education professionals (Xu & Filler, 2008) and support their child’s learning activities, goals, and outcomes more thoroughly than uninvolved parents (Underwood, 2010). Student outcomes associated with involved parents are also higher (Bouffard & Weiss, 2008; Epstein, 2001; Hughes & Kwok, 2007), specifically in regards to higher student test scores (Xu & Filler) and lower dropout rates (Hoover-Dempsey & Sandler, 1997). IEP meetings may also provide students an opportunity to develop self-determination skills by participating in the decision-making process on their own behalf (Griffin, 2011).

The IEP meeting provides a venue where collaboration may occur, but it can often be a setting where parent participation is perfunctory (Harris, 2010). In a study on the decision-making process at special education accommodation meetings, education professionals were found to follow a routine where they presented their findings, received no dissent via opinions or questions from parents or other education professionals, and parents were asked to input some basic information that did not get factored into the final decisions made (Mehan, 1987). Similarly, Harris and Kretschmer (2007) reported that statements of education professionals were not challenged by others present at the formal
process meeting. In a study examining families (including CLD families) across a variety of demographic settings (i.e. suburban, rural, and urban), the IEP meeting structure across settings was similar for all parents (i.e. introductions were made, objectives and goals were discussed) (Harris, 2010). The study also found that parents served as passive participants who listened, agreed, and signed documents without question (Harris). The parents’ role was found “similar for the parents whether they were attending an IEP meeting for the first time or had attended previous IEP meetings” (p. 173). Finally, in a study by Blue-Banning and colleagues (2004), a focus group conducted with parents and professionals to examine facilitative factors in the achievement of visions for Hispanic youth and young adults with disabilities found that both groups perceived that, in their own experiences, parents were not seen as equal partners and that professionals maintained control.

For CLD parents, lack of involvement may also result from disappointing past efforts in communication (e.g., when actions such as questioning or advocacy have not produced the desired outcomes of collaboration and improved services). Harry and Klingner (2006) noted that, despite participation and advocacy, CLD parents’ efforts are still often disregarded by school personnel or hindered by structural barriers such as access to school records and lack of understanding about the special education accommodations process. While prior studies highlight a failure to generate parental involvement in IEP meetings and have identified some reasons for this, such as lack of access to necessary school records or an inclination of education professionals to make decisions prior to meeting, only a few studies have examined the interactions during IEP meetings. What remains unknown across the research base is what communication
characteristics CLD parents report as present or absent in their attempts to be involved during IEP meetings.

For education professionals, IEP meetings can provide those with specialized knowledge about a child time to meet and plan with others and gain additional insight (Jones & Gansle, 2010). While the formal IEP or IFSP process meeting may be the “heart” of the education services process, it is not the sole organ that helps regulate the services and intervention system for families and students. Other components, such as parental involvement and collaboration at other times, are also considered integral factors to consider (Anderson & Minke, 2007).

**Purpose and Theoretical Framework for the Study**

Understanding what forms of parental involvement that CLD parents use during IEP meetings, why they use those forms of involvement, and what effect those forms of involvement have on their IEP meetings and overall experience in the special education accommodations process may help us to better understand the parent/education professional dynamic as it relates to families that may have risk factors for low parental involvement (DeGangi, Wietlisbach, Poisson, Stein, & Royeen, 1994; Minke & Scott, 1995). This provides a justification for further study. While research provides data findings showing that parents do differ in levels of parental involvement in IEP meetings by demographic factors such as race (Kalyanpur, Harry, & Skrtic, 2000), SES status (Chavkin & Williams, 1989; Harry & Klingner, 2006), or educational attainment (Kalyanpur, Harry, & Skrtic), there is scant evidence regarding the parental involvement characteristics or techniques that CLD parents use during IEP meetings (Harris, 2010). That is, what factors help to explain why some parents might feel more comfortable than
others in communicating or expressing agreement/dissent with education professionals?

What types of communication methods do CLD parents report using in actual IEP meetings? In the ideal IEP experience for parents, it has been found that a highly involved parent would share a collaborative relationship with education professionals based upon an equal exchange of information (Kalyanpur et al.; Turnbull & Turnbull, 2001) and would feel free to ask questions (i.e. a statement that specifies the speaker’s beliefs and interests relating to some topic and includes a request that the respondent satisfy these) (Dillon, 1982) or advocate for her child (i.e., speaking and acting on behalf of another person or group of people to help address their preferences, strengths, and needs) (Wolfensberger, 1977). However, for CLD parents, the realization of collaborative relationships and communicative dialogue remains “elusive” (Kalyanpur, et al., p. 119).

A challenge in creating relationships that achieve optimal parental involvement is that parents and education professionals may disagree upon which factors best support parental involvement (Kalyanpur, Harry, & Skrtic, 2000). For example, some education professionals may want to coordinate time-efficient meetings where parents function as receivers of information and input little, due to factors such as sheer volume of IEP meetings or lack of financial resources for accommodations. Some teachers may also find it easier to work with parents whose requests and participation align with existing school policy (Dornbusch & Glasgow, 1996; Lareau & Horvat, 1999; Lawson, 2003). Some parents may want to serve as primary discussant (i.e. the person who talks the most) during IEP meetings with the use of questions to education professionals about decisions made or advocate on behalf of their child, while other parents may have limited avenues for involvement due to factors such as lack of education, social or cultural disparity, or
lack of prior experience communicating during IEP meetings (Harry, 2008; Harry & Klingner, 2006).

Reaching the optimal level of collaboration and communication where parents exchange information in open dialogue with education professionals, engage in questioning and advocacy while education professionals respond to parental questions and concerns, and where education professionals deliver services in a timely, efficient manner is challenging (Epstein, 2001). This remains true even when parents and education professionals view collaborative partnerships and the interpersonal skills necessary for those relationships similarly (McWilliam, Tocci, & Harbin, 1998). As Blue-Banning and colleagues (2004) note, “[A] central problem in the development of partnerships is failure to establish collaborative, trusting, empowering relationships between families and educators that support effective service delivery” (p.169).

Moreover, another challenge to collaboration with education professionals and parental involvement is that the ideals for optimal involvement are based upon standards favored by education professionals who are White and middle-class who may make decisions under the assumption that the parents they work with share the same standards as they do (e.g., educational, cultural, or philosophical) (Lareau & Calarco, 2012).

In an ethnographic study of middle-class and working-class White families and their elementary-school-aged children, Lareau and Calarco (2012) found that working-class parents were frustrated in their encounters with school officials, had limited knowledge of the inner workings of the school, and intervened rarely on behalf of their child. On the other hand, middle-class parents asked questions and made requests more frequently, in addition to engaging in “chit-chat” and jokes more frequently than
working-class parents. Also, in a study of social class and parental involvement, Lareau and Horvat (1999) found that teachers expressed preferences for those parents who expressed sympathy with the difficulty of teachers’ work and had detailed information about their children’s social experiences. In this study, parents who were able to adhere most closely to this model were middle-class parents. Therefore, the purpose of the work presented in this dissertation attempts to examine the experiences of CLD families at IEP meetings to determine how perception of their experiences aligns or deviates from what is known about parental involvement at IEP meetings across the literature base.

**Theoretical framework.** The primary focus of this study is to analyze the experiences of CLD parents of students with disabilities at IEP meetings. Three major bodies of literature in the areas of parental involvement, social and cultural capital theory, and medical patient/provider communication are relevant to this study. Within this framework, I discuss literature exploring experiences of CLD families during formal process meetings, how social and cultural capital theory helps explain the access (or lack of) to resources that parents have when trying to effect change, and how communication and questioning in the medical patient-provider dynamic helps to inform how to improve collaboration in the parent/education professional relationship. Finally, this chapter concludes with a discussion of the literature on one potential interview style, Cognitive Interview, as an interview method to elicit parental experiences about their most recent IEP meeting.

**Parental Involvement Experiences of CLD families**

As specified earlier in the few studies that have examined the involvement of CLD parents of students with disabilities, CLD parents also have lower levels of
involvement at IEP meetings than non-CLD parents (Defur, Todd-Allen, & Getzel, 2001; Geenen, Powers, & Lopez-Vasquez, 2001; Lynch & Stein, 1987). Levels of CLD parental involvement during IEP meetings and throughout the special education accommodations process have been found to be lower than non-CLD families due to racial and ethnic background differences that may involve different languages, cultural traditions, or relationship patterns within families and communities (Harry, 1992; Kim & Morningstar, 2005). For immigrant families, for example, communicating in their non-native language can add an additional layer of complexity to collaborating with education professionals (Lo, 2012). Moreover, CLD parents may not always understand or endorse the values underlying the shared decision-making and participation components of the IDEA (i.e. some parents may not understand the concept of shared decision-making or, in some cultures, parents may not believe that parents should challenge authority) (Lo). CLD families, due to sociocultural differences, may also be at a power disadvantage when attempting to be involved in ways that are deemed traditional or normed for non-CLD parents (e.g., communication through use of direct questions to education professionals, advocacy on behalf of their child, expectation that requests for information or action yields results) (Delpit, 1988; Harry & Kalyanpur, 1994; Kalyanpur, Harry, & Skrtic, 2000; Lynch & Stein, 1987). Moreover, as Trainor (2010)(a) notes, “The potential for parent empowerment may be diminished as a result of complex interactions of race-ethnicity, language, and socioeconomic background, and school experience. (p. 250)”

Social and Cultural Capital and Resource Acquisition

While there have been some studies that have examined CLD parental involvement, less consistent conclusions have been drawn about the effects of particular
characteristics or factors that are conducive for more positive or meaningful parental involvement. That is, what resources do parents who exhibit a perceived level of high parental involvement have that parents with a perceived level of low parental involvement do not have? What cultural or societal resources do certain parents have that readies them for involvement during major educational milestones for their child, such as the IEP meeting?

There are several explanations that help us understand why some parents are better resourced than others. Some researchers have previously subscribed to the “culture of poverty” thesis, whereby low-SES or CLD parents have forms of communication, values, and beliefs that vary from those of high-SES parents (i.e. people who are low-SES and/or CLD are “marginal” and lack knowledge or resourcefulness to understand educational systems or institutions at large) (Lewis, 1961). Essentially, research in this area sought to confirm the hypothesis that low-SES families (including those who are CLD) do not value education as highly as non-CLD families (Lewis). This viewpoint, however has been thoroughly discredited in subsequent years (Goode, 1996; Small, Harding, & Lamont, 2010). In addition, several other studies have found that CLD parents across socioeconomic backgrounds report high levels of support for their child’s education achievement and learning acquisition that are at or above levels reported for non-CLD parents (Harry, 1992; Harry & Klinger, 2006). A second explanation for varying levels of parental involvement is that low-SES or CLD families may have lower levels of involvement because of social isolation from the school, due to factors such as discrimination, or lack of formal invitation for involvement by teachers or school administration officials (Harry). Yet, some have found this to be an inadequate
explanation for lack of parental involvement, because it fails to speak to specific or clearly identifiable reasons for lack of involvement. A third perspective for understanding differing levels of parental involvement in the broad educational experience of students draws on the concepts of social and cultural capital (i.e. concepts that networks or relationships provide a basis for social cohesion because they enable people to cooperate and benefit mutually from each other) (Field, 2003). This perspective will be further explored here.

The concepts of social and cultural capital may also help explain why levels of parental involvement exist between parents, particularly between parents who have more resources (i.e. privilege, educational attainment) than others. Social capital is most simply defined as resources gained from a network of relationships (Bourdieu, 1986). Bourdieu (1977a) argues that schools draw unevenly on the social and cultural resources of members of the society. That is, in terms of social capital, schools (i.e. teachers and administrators) utilize particular linguistic structures, authority patterns, and types of curricula that are familiar to parents who have higher social status and, thereby, are already familiar with these social arrangements created by schools.

The concepts of social and cultural capital have also been used to explain the social interactions of parents and education professionals during formal meetings (Khalifa, 2010; Olivos, 2009). For instance, an example of social capital use occurs when a parent, based on information gleaned from a prominent social contact or institutional agent (e.g., teacher, principal, special education coordinator) that she has become acquainted with from church or her neighborhood now knows that teachers at her child’s school view favorably those parents who discuss aspects of their child’s IEP in positive
terms. Consequently, this parent exercises some level of social capital when she states at the next year’s meeting a few examples of areas of her child’s IEP that she has perceived positively. The outcome associated with using social capital is, as Coleman (1988) notes, a social network that guides life within the community, and creates forms of power and influence in social interactions. Since Bourdieu’s initial conceptualization of social capital, other researchers have included additional ways of thinking about social capital as a resource, particularly as it relates to actors with inferior status or less power in relationships. Lin (2002) notes that there is hierarchical structure associated with purposive use of social capital, while Coleman finds that the “network properties” required for social capital to occur include the ability of some communities to establish a dense web of relationships, a groundwork of trust and reciprocity, and the accumulation of experiences of mutual benefit.

There are various functions of social capital. It is often viewed as a means of empowerment (i.e. as a component of the active participatory process of gaining resources and competencies needed to increase control over one’s life and accomplish important life goals) (Maton & Salem, 1995). That is, through relationships with institutional agents (i.e. an individual who occupies one or more hierarchical positions of status and authority) (Stanton-Salazar, 2011), a “lower status” member of society gains access to institutional support and is ultimately more resourced and has a larger participatory role in decision-making (Guiterrez & Lewis, 1999; Jarrett, Sullivan, & Watkins, 2005; Kahne & Bailey, 1999; Stanton-Salazar, Vasquez, & Mehan, 2000). For instance, a CLD parent who is low-SES and has developed relationships with committed institutional agents through school and education programs, social service agencies, or
mentoring/intervention programs that provide institutional support has a level of social capital that allows him to feel empowered and be heard by those institutional agents and to participate in decisions. Social capital can also function as a means to acquire information. This is because social relations constitute a form of social capital that provides information that facilitates action (e.g., providing information, making a decision, etc.) (Coleman, 1988).

A criticism of social capital theory is that it only partially explains why some actors are more resourced than others. That is, while use of network resources and assistance from institutional agents who guide an actor through a system (e.g., educational system, employment workforce system) are helpful, there are additional resources that are accessed when an actor is empowered. Cultural capital helps to explain additional resources and is essentially the knowledge, skills, and behaviors a person receives based on what he or she has learned (Bourdieu, 1977a). Cultural capital can also appear in several forms. Objectified cultural capital represents materials such as books and other media that inform knowledge, attitudes and actions (Bourdieu, 1977a; Trainor, 2010a). Embodied cultural capital represents disposition and taste that guide ways of acting and thinking. Institutionalized cultural capital represents conferred capital such as academic degrees or certification (Bourdieu; Trainor).

It has been suggested that the exercise of cultural capital can help produce significant improvements in an individuals’ social hierarchy placement (Lamont & Lareau, 1988). However, that is only true when individuals who possess capital “invest” these class resources to yield social profits (Laureau, 1989). For example, in a study of social class and parental intervention in elementary education with two schools (one
located in a low-SES community, one located in a high-SES community), Lareau found that parents in the high-SES community were more aware of cultural resources that were available due to their own educational attainment or prior knowledge of community resources available to them (i.e. reading to their child, attending night-time school events, hiring tutors, paying for professional evaluation). However, Lareau found that not all parents in the high-SES community used their cultural capital. It was also found that parents in the low-SES community had cultural capital resources (though, in some ways, different than what was available to parents in the high-SES community).

The study of social and cultural capital theory has occurred across a variety of populations and within various systems including business and economic systems (Field, 2003) and education (Trainor, 2010a; Trainor, 2010b). Specifically, social and cultural capital theory has been used to help explain how some parents can work within a social structure using resources that benefit them. For example, Trainor (2010a) theorized that parental involvement when communicating is difficult to sustain when there is an imbalance of power in education professional/parent relationships. Trainor also asserts that when parents lack capital, in terms of knowledge and disposition (i.e., cultural capital), the relationships parents then have with education professionals (i.e. social capital) are positioned in ways where they listen rather than inquire, question, or advocate. That is, when a parent does not understand or know to use communication skills in a manner found preferable to an education professional during an IEP meeting, that parent is more likely to be silent and receive information instead of using collaborative relationship characteristics such as a communicative dialogue, trust, or mutual exchange of intended outcomes and goals. Harry and Klingner (2006) note that,
even when a subsection of parents participate and advocate, parents’ efforts are still often disregarded by school personnel or hindered by structural barriers such as access to school records and lack of understanding about the special education accommodations process. Therefore placement and service delivery decisions may, consequently, often fail to address parental needs adequately, or the parental voice may be absent or muted.

**Communication, Questioning, and Advocacy using Patient-Provider Framework**

While communication between parents and education professionals at IEP meetings involves, minimally, two parties communicating with each other, there are certain communication methods that parents use (i.e., asking questions, advocacy attempts) that are often indicative of high levels of involvement (Lamont & Lareau, 1988). However, there has been little research done on the parental involvement sub-behaviors of questioning, collaborating, and advocating. That is, how are these behaviors related to parental involvement and what do those behaviors look like in application? Are these behaviors related to social or cultural capital? This is especially pertinent since the IDEA now includes language that strongly encourages involvement through parental input and advocacy during the special education accommodations and services process. While questioning is only one behavior that parents exert when communicating with education professionals, it is the behavior that tends to be identified as an indicator of active participation by parents during the special education accommodations process (Minke & Scott, 1993). Moreover, understanding parental questioning provides an indicator of the relationship structures, social and cultural capital, and parental knowledge at work during the special education accommodations process.
By exploring what questions parents recall asking and the information received in response to those questions at an IEP meeting, it is possible to gain insight into what questioning and advocacy-oriented skills parents need to be trained to use during the special education accommodations process (ideally, in conjunction with training teachers how to answer or respond to parental questions or statements). Finally, exploring how parents advocate during IEP meetings is especially important, because, despite the legal requirement for eliciting parental input in the special education accommodations process, there is often a power differential between parents and education professionals with “greater weight given to professional expertise in the hierarchy of knowledge [that] skews the balance of power away from parents” (Kalyanpur, Harry, & Skrtic, 2000, p. 129), thereby decreasing the power of parents to advocate for decisions or goals they want vis-à-vis the preferred goals of education professionals. As Harry (1992) notes, this then leads to the conundrum where the education professional’s role is to determine disability and the parent’s role is to agree or disagree with professionals’ findings and recommendations. This is in contrast to the optimal scenario where parents question, advocate, and collaborate with education professionals as to goals and outcomes they deem best for their child.

In the area of education research and parental involvement at IEP meetings, there have been few studies done that have specifically examined parental questioning or education professional communication with parents instructed to question, advocate, and communicate at formal process meetings. Jones and Gansle (2010) implemented a mini-conference experimental treatment that included interactive discussion and instruction about the IEP meeting with opportunities to practice asking and answering questions
likely to be asked at an IEP meeting. The authors hypothesized that a mini-conference would lead to increased parent participation and more positive parental self-perceptions. Those who received the mini-conference condition reported that they found it useful, but participation in their next actual IEP meeting did not increase. The authors called for future research in the area of questioning, because desired impacts were not observed during the intervention.

Finally, questioning and advocating during IEP meetings may be, as previously cited, especially difficult for parents with lower overall levels of involvement, such as CLD parents, based on factors moderating the form and function of parental involvement such as race (Kim & Morningstar, 2005), sociocultural differences (Harry, 1992; Kim & Morningstar), or power differentials (Trainor, 2010a).

Patient-provider questioning. Both the form and function of questioning has been studied in disciplines such as medicine (Kaplan, Gandek, Greenfield, Rogers, & Ware, 1995; Talen, Muller-Held, Eshleman, & Stephens, 2011), linguistics (Pomerantz, 2005), psychology (Dillon, 1982), and teacher education (Hyman, 1979). Much of the most promising literature on questioning and communication has focused on the patient-provider relationship in medicine. This literature is relevant to the study of parental questioning and communication with education professionals at IEP meetings due to the similar aspects present in parent-education professional interaction. That is, parents and education professionals also often have unequal levels of knowledge, power, and communication styles during the special education accommodations process.

Patients typically do not ask doctors a series of questions, even though patients report wanting to know as much as possible about their medical condition (Thompson, Nanni, &
Schwankovsky, 1990). This occurs for a variety of reasons including lack of communication training to encourage patient questioning (Kaplan et al., 1995; Katz, Jacobson, Veledar, & Kripalani, 2006), unequal knowledge levels between patients and providers in medical settings regarding various relevant matters (e.g., knowledge of family medical history, best medical practices, or patient preferences), different communication styles, and an imbalance of power (Thompson et al.). Yet, both patients and providers can learn more about the other’s perspective and knowledge with an open dialogue, which, in turn, also yields more favorable health outcomes (Kaplan et al.).

When patients use questioning effectively, overall communication for patient participants improves. Thompson and colleagues (1990) studied patient-oriented intervention to improve communication in a medical office visit. Patients with written instructions regarding questions to ask during the medical consultation increased their patient involvement during their actual appointment. Experimental group patients were also less anxious than patients who did not list their questions before the office visit. In a study of the effects of patient communication skills training on the discourse of older patients during a primary care interview, authors Cegala, Post, and McClure (2001) examined the impact of training patients on information-method verifying skills that involve utterances designed to check one’s understanding of information received from a conversation partner. This included requests for repeats, clarifying questions, summaries or restatements of information received from the pre-physician session (where the researcher helped the patients organize how to approach the interview with their physician). They found that patients who received training sought, provided, and received
more information from physicians than untrained patients (e.g., number and length of statements made).

However, other studies provide little support for the hypothesis that training can help increase questioning and communication skills. In a study of patient questioning and participation during medical interactions, Tabak (1988) assigned 67 family medicine patients to receive one of two educational conditions prior to their medical visit: (1) a treatment booklet condition stressing the importance of recognizing information needs and encouraging patients to ask questions or (2) a placebo education booklet. In the condition group, a 32% increase in questions asked occurred, yet questioning behavior did not reach statistical significance. Also, questioning behavior did not correlate with self-reported patient satisfaction. Similarly, in a study on teaching patients from several racial backgrounds to communicate with physicians (Post, Cegala, & Marinelli, 2001), Caucasian patients, even after intervention, asked more medically related questions, obtained more information per question asked, provided more information about their medical condition, used more information verifying utterances, yet had greater delayed recall of diagnostic and treatment information (Post et al.). Patients in these studies may not have experienced an increase in questioning and communication skills, because there was not an additional component where both patients and physicians are trained to increase communication skills to create a shared dialogue. For example, Kaplan and colleagues (1995) found that communication between physicians and patients existed when physicians worked with patients to create an identifiable level of effective interpersonal care and participatory decision-making (i.e. a propensity of physicians to involve patients in decision-making as to their own medical treatment).
Parental involvement and advocacy. Parental involvement and advocacy has been more thoroughly examined than parental questioning, with findings suggesting that parents who gained more expertise (via cultural and social capital) were able to advocate using approaches more likely to result in success (Trainor, 2010a). Parents’ advocacy efforts have been directed towards securing inclusive education settings and classroom accommodations (Leiter & Krauss, 2004; Leyser & Kirk, 2004) or towards influencing specific educational decisions made to accommodate an individual child (e.g., enrolling their child in a different school, or advocating for a child’s enrollment into a different classroom) (Harry, Allen, & McLaughlin, 1995). Parents who report successful parental involvement have been found to exert power through advocacy based upon specialized cultural capital (i.e. knowledge of IEP content and parents’ rights) and social capital in the form of relationships between key players (e.g. extended family, other parents with children with disabilities, teachers, etc.). Finally, for CLD families and families from low socio-economic status (SES) backgrounds, frustration with attempts to advocate for and influence collaboration and communication has been documented (Harry and Klingner, 2006; Harry, 1992).

Evidence to support the importance of cultural and social capital comes from a series of studies examining factors associated with high levels of parent participation. Trainor (2010b), based on 27 in-depth interviews, reported that parents with more expertise (e.g., cultural and social capital) were able to advocate using approaches more likely to result in success. That is, parents who understood more about the special education accommodations process and developed long-standing relationships with education professionals had better results. As Trainor found in this study, “parent
participation involving children with disabilities is power laden and [these] interactions do not occur simply because IDEA provides a legal basis for them” (p. 246).

Finally, parents’ advocacy efforts have also been directed towards securing inclusive education settings and classroom accommodations (Leiter & Krauss, 2004; Leyser & Kirk, 2004) or towards influencing specific educational decisions made to accommodate their child (e.g., by suggesting or advocating for a different school or classroom enrollment for their child) (Harry, Allen, & McLaughlin, 1995).

**Research Questions**

To examine how communication factors such as questioning and advocacy both relate to overall parental involvement for CLD families during the IEP meeting, five research questions were addressed in the study. First, what have parents been told before the IEP meeting? Second, what are the forms (i.e. question type) and functions (i.e. rationale) of questions that parents recall asking at IEP meetings? Third, what are the form and function of advocacy statements that parents recall asking at IEP meetings? Fourth, what are the communication factors that parents recall helped to support parental involvement during IEP meetings? Fifth, what are the communication factors that parents recall hindered parental involvement during IEP meetings? These research questions were addressed with the use of a semi-structured, retrospective interview with CLD parent participants.

**Cognitive Interview Technique**

To aid in understanding these research questions, a body of literature as to how to pose interview questions to a sample of participants who may need assistance recalling previous instances of parental involvement must be accessed. Implicit in any approach
that a researcher uses to retrieve memories are techniques or procedures that improve the accuracy of eyewitness reports in a manner that also provides a research-based approach to supporting recall (Geiselman et al., 1984). One such interview method is the Cognitive Interview (CI). Developed by Geiselman and colleagues, CI is a method that comprises a series of memory retrieval and communication techniques to increase the amount of information that can be obtained from an interviewee. Originally, CI began as an interview style used with eyewitnesses to a staged incident who were then interviewed about the incident and asked to indicate in as much detail as possible what they remembered about the incident. They then were asked a series of non-leading specific questions about the persons or objects involved in the scenario.

As Geiselman and colleagues (1984) note, “the multicomponent view of memory is not a unitary, holistic representation of the original event, but rather it is a complex array of many features.” (p. 75). That is, some memories are easily recalled and other memories are partially recalled or not at all recalled in certain situations. The combination of stored memory and cues that are available at retrieval help interviewees articulate what they remember (Tulving, 1983). To address this aspect of cognitive memory, CI is generally comprised of four techniques: (1) context reinstatement (i.e. where the interviewee is encouraged to mentally reconstruct the physical and personal context that existed at the time of the event); (2) partial or complete reporting, where participants are asked to report everything they can recall even partial or incomplete; (3) retrieval cue access where interviewees access different aspects of a complex event; and (4) temporal order change where parents are asked to engage in future retrieval attempts
in a different order—from the start, from the end working backwards in time, the middle or any other point in time (Geiselman et al.).

CI has been used successfully with a variety of participants (although, mainly eyewitnesses to an event) including school-age children (Memon, Cronin, Eaves, & Bull, 1996), pre-school age children (Holliday, 2003) and older adult samples (Lachs et al., 2005). CI has also been modified extensively in other studies, with modifications including an enhanced version (ECI) that includes a framework for building rapport and communicating effectively with the witness by discouraging the interrupter from interrupting the witness and allowing her to control the flow of information (Fisher & Geiselman, 1992). Modifications also include the use of structured interviews in conjunction with the CI, whereby the interview begins with open-ended questions and free recall occurs as specific questions are asked (Kohnken, Schimm kossek, Aschemann, & Hofer, 1995). CI has also been found effective when there is a significant time delay between the event occurrence and the interview (Memon et al., 2010). In regards to CI, there has been a call for future research conducted with vulnerable populations (Memon et al., 2010). Therefore, using CI to explore the experiences of CLD parents during IEP meetings may be viable because this population is under-examined in this context and are also often under-served.

In conclusion, I have outlined the justification, significance, and theoretical framework utilized in answering the aforementioned research questions related to CLD parental involvement and communication factors used during formal process meetings such as the IEP. In order to understand the background for this research more fully, research in the areas of CLD parental involvement, social and cultural capital theory, and
medical patient-provider was reviewed and connections were made to the current broad area of study. Finally, a summary of the Cognitive Interview method was developed to provide an additional level of detail required to explore the actual recalled experiences of parents involved in this study.
Appendix B

Interview Question Protocol

Demographic Questions:

1. Gender (Parent) ________ Male ____________ Female

2. Age (Parent) __________________

3. Relationship to student: ________________________________________

4. Race/Ethnicity (Parent):
   __________ African-American/Black
   __________ Caucasian/White
   __________ Hispanic/Latino
   __________ Native-American
   __________ Asian/Pacific Islander
   __________ Other (Specific racial/ethnic classification)

5. Level of educational attainment (Parent):
   _______ Some high school
   _________ High school graduate
   _________ Some college
   _________ 2-year college graduate degree (Associate’s)
   _________ 4-year college graduate degree (Bachelor’s)
   _________ Graduate degree

6. How long has a child of yours attended school in the current school district?
   ________________________________

7. How long has your child been identified as a special education student?
   ________________________________

8. Does your child qualify for Free/Reduced School Lunch? ______ Yes ______ No

9. How many IEP meetings have you attended: _________________

10. During the past school year, how many times have spoken with your child’s teacher via:
   __________________________________ Telephone
   __________________________________ Face-to-Face/In-person
   __________________________________ Internet/Email
   __________________________________ Other (Please list)
What do parents know about IEP meetings?
Transition statement: I would like you to think about the most recent IEP meeting you attended. I will ask you about what you received from the school before your meeting, and then I will ask you several questions about what happened during the meeting. Please answer as completely as you can, but it is ok if you do not remember every detail. Feel free to refer to any documents from this most recent IEP meeting that you have brought with you.

First, let’s talk about the information you received, if any, before the most recent IEP meeting.

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Cognitive Interview Technique, if any</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Context Reinstatement</td>
<td>Were you sent information before the meeting? (If yes, ask what he or she was sent?)</td>
</tr>
<tr>
<td>2</td>
<td>Partial or Complete Reporting</td>
<td>In your own words, what did it say?</td>
</tr>
<tr>
<td>3</td>
<td>Retrieval Cue</td>
<td>Did it explain your expected role at the meeting?</td>
</tr>
<tr>
<td>4</td>
<td>Partial or Complete Reporting</td>
<td>Who was at the IEP meeting?</td>
</tr>
<tr>
<td>5</td>
<td>Partial or Complete Reporting</td>
<td>What were the races/ethnicities of the people besides you at the meeting?</td>
</tr>
<tr>
<td>6</td>
<td>Partial or Complete Reporting</td>
<td>At the meeting, what were you told was the purpose of the IEP meeting?</td>
</tr>
<tr>
<td>7</td>
<td>Partial or Complete Reporting</td>
<td>How would you describe your role at this IEP meeting?</td>
</tr>
</tbody>
</table>
What are examples of questions asked and advocacy statements made by parents at IEP meetings?

Transition statement: Now I want to ask you about question-asking and any attempts to “stand up” or “act on behalf” of your child at your most recent IEP meeting. I am going to ask you for responses, and I will write each response down on a notecard and then sort them into piles on the table. Together, we will go through each question or statement and you will tell me if the reaction or results that came from that question/statement were helpful or not helpful (or good or bad reaction). Let’s go back, review my notes, and look at the descriptions you gave of the things that took place at the last IEP meeting.

<table>
<thead>
<tr>
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<th>Question</th>
</tr>
</thead>
</table>
| 1               | Context Reinstatement/ Partial or Complete Reporting | Prompt: Let’s think about the meeting again. You said: (Provide an example of something they said about the beginning portion of the meeting). That’s a great place to start. List anything else that you asked or said after that.  
• Do you remember asking any questions? If yes, what did you ask? |
| 2-4             | Retrieval Cue/Temporal Order Change | Prompt: Now, let’s sort these questions out on the table. I’d like to make two piles. In this pile, I’d like you to put the questions that got a helpful/good reaction (people smiled, seemed relaxed, etc.).  
• Which question got a helpful/good reaction from the person you were talking to at the IEP meeting? (Will go through each question one by one.)  
• What did people do when you asked these questions? (Will go through each question one by one.)  
• Which question got the result you wanted after you asked it? |
| 5-8             | Retrieval Cue/Temporal Order Change | Prompt: The second pile has questions that got an unhelpful/bad reaction (people did not smile, they were angry, etc.).  
• Which question got an unhelpful/bad reaction from the person you were talking to at the IEP meeting? (Will go through each question one by one.)  
• What did people do when you asked these questions? (Will go through each question one by one.)  
• Which question got the result you wanted after you asked it? |
| 9-16            | Retrieval Cue/Temporal Order Change | Prompt: Let’s think about the meeting again. We will make piles with your statements as we did previously.  
• Do you remember making any statements where you acted on behalf or “stood up” for your child?  
• If yes, what did you say??  
• Which statement got a helpful/good reaction from the person you were talking to at the IEP meeting? (Will go through each statement one by one.)  
• What did people do when you asked these questions? (Will go through each statement one by one.)  
• Which statement got the result you wanted after you posed it?  
• Which statement got an unhelpful/bad reaction from the person you were talking to at the IEP meeting? (Will go through each question one by one.)  
• What did people do when you posed that statement? (Will go through each question one by one.)  
• Which statement got the result you wanted after you asked it? |
| 17              | Report Everything | Is there anything you wanted to ask during an IEP meeting that you didn’t ask? |
| 18              | Report Everything | Is there anything you wanted to state during an IEP meeting that you didn’t state? |
What are the factors that parents found to support or not support communication? (Cultural Capital/Social Capital)

Transition Statement: Finally, I have a few more questions to ask about your opinions on talking to people at IEP meetings, what factors make talking to people at IEP meetings better or worse, and any advice you have to give other parents.

<table>
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<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Context Reinstatement</td>
<td>In your opinion, what are the personal qualities that make communication between you and other people at the IEP meeting go well?</td>
</tr>
<tr>
<td>2</td>
<td>Context Reinstatement</td>
<td>In your opinion, what are the personal qualities that make communication between you and other people at the IEP meeting not go well?</td>
</tr>
<tr>
<td>3</td>
<td>Context Reinstatement/Variety of Perspectives</td>
<td>If you had any advice to give to a parent going to an IEP meeting, what would it be?</td>
</tr>
<tr>
<td>4</td>
<td>Context Reinstatement/Variety of Perspectives</td>
<td>If you had any advice to give to a teacher going to an IEP meeting, what would it be?</td>
</tr>
</tbody>
</table>
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Selected Conference Presentations


Wilson, N.M. (2011, November). The contextual factors of bullying and victimization roles of students with disabilities. Poster session presented at the meeting of the Education Law Association, Chicago, IL.
