

Parent Perceptions of Full Inclusion for their Children with Disabilities

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## ABSTRACT

This study examined parent perceptions of full inclusion in the school system, and perceived impacts of this practice on their child with disabilities. Participants whose children were in either preschool or school settings were compared across perception variables (e.g., overall view of full inclusion, perceived effectiveness of this practice, and preferred level of inclusion for their child). Results indicated not all parents endorsed the full inclusion of their child in general education. While approximately half of all parents reported positive views of full inclusion and preferred full-time inclusion placements for their child, a significant number of parents indicated a preference for part-time inclusion (1 to 4 hours per school day).

In addition, parents of younger children had more positive views of full inclusion. Those parents who reported higher levels of education in the household, agreed more strongly that their child's academic and behavioural needs could be met in a full inclusion classroom, and were satisfied with the acceptance of their child by school peers, were more likely to prefer full-time inclusion placements. Negative views and ratings of effectiveness were associated with concerns regarding class size and feeling limited by educational options. As well, the more severe parents rated their child's disability, the less effective they believed full inclusion would be in meeting their child's needs. Findings are discussed within the context of the literature on parent perceptions of inclusion.

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## CHAPTER ONE

### INTRODUCTION

The full inclusion of children with disabilities in the public education system remains a prominent issue of debate among policy makers and educators (Kavale & Forness, 2000; Turnbull, Turnbull, Shank, Smith, & Leal, 2002). Full inclusion refers to students with disabilities being educated in the same setting as their typically developing peers on a full-time basis, with the provision of appropriate support services (Zinkil & Gilbert, 2000). The philosophical argument for full inclusion is a persuasive one, but is constrained by practical limitations and concerns regarding implementation. Three primary issues fuel this debate.

The first issue relates to the efficacy of full inclusion and whether it is effective in supporting optimal educational outcomes for all students. Second is the question of responsibility. Determining who should be responsible for developing the curriculum, delivering instruction, and evaluating student progress are primary concerns of those involved in the full inclusion debate. Finally are the issues of efficiency and feasibility. These issues relate to whether full inclusion is the most productive use of educational resources, and whether it is practical for students with disabilities to receive proper instruction and support in the context of a regular classroom (Osgood, 2005). Translating the philosophy of full inclusion into practice has resulted in a wide variation in the implementation of inclusive practices and concern from key participants such as parents (Leyser & Kirk, 2004).

Although students with disabilities and their parents are arguably the groups most impacted by decisions related to full inclusion, it has been contended that these

individuals are routinely excluded from the inclusion debate (Davies, 1989). For example, most research on perceptions of inclusion has focused on teachers' views of this practice (e.g., Scruggs & Mastropieri, 1996). However, provincial policy emphasizes the role of parents. In Nova Scotia, "parents... have a right and a responsibility to... participate in [educational] decisions that affect their children" (Nova Scotia Department of Education and Culture, 1996). Issues associated with full inclusion have significant implications for children with disabilities, such as where they will be educated, by whom they will be educated, and what access they will have to educational resources and opportunities (Osgood, 2005; Valentine, 2001). Due to these implications for children with disabilities, it should be understood that their parents have a right to participate in decisions regarding full inclusion. In addition, it is well documented that for any educational movement to succeed, parental support and involvement are essential (Erwin & Soodak, 1995; Grove & Fisher, 1999).

Parental support is viewed as necessary for the successful adoption of any educational reform and is a critical factor in the effective implementation of inclusive educational practices in schools (Bennet, Deluca, & Bruns, 1997). Parents have the ability to affect directly and indirectly an educational movement's potential for success by influencing their children, school board authorities and district members, as well as refusing to participate, advocating against, and taking legal action against such proposals (Cook & Swain, 2001; Fox & Ysseldyke, 1997). Ultimately, lack of support from parents can interfere with the successful adoption and effectiveness of full inclusion.

Although their role and influence in determining educational policy has been emphasized, parent views of full inclusion have been largely unaccounted for in the literature. It is therefore imperative to understand parent perspectives regarding full

inclusion, which was the essential objective of the current study. Namely, this study sought to explore parent perceptions of full inclusion for children with disabilities, as well as factors that inform their perspectives.

## CHAPTER TWO

### LITERATURE REVIEW

Overall, parental perceptions of inclusion are mixed. Although most parents of children with disabilities support this practice from a conceptual standpoint, many report significant concerns regarding the potential negative effects of inclusion on their child (Leyser & Kirk, 2004; Palmer, Borthwick-Duffy, & Widaman, 1998; Palmer, Fuller, Arora, & Nelson, 2001). According to Borthwick-Duffy, Palmer, and Lane (1996), parents cannot be expected to share similar views concerning inclusion due to the heterogeneity of this group and complexities of placement decisions. Five themes have emerged from the literature on parent perceptions of inclusion. This chapter will review each of these themes. First, many parents of children with disabilities perceive some level of social benefit of this practice. Second, many parents express concerns regarding the impact of inclusion on their child as well as classroom variables (e.g., amount of time spent individually with the teacher, and general functioning of the classroom). Third, parent perceptions vary significantly and appear to be related to a variety of factors, such as the child's age, placement history, and values of the parent (Palmer et al., 1998). For example, parents of younger children with disabilities have been found to have more positive perceptions of inclusion than parents of older children (Kasari, Freeman, Bauminger, & Alkin, 1999; Leyser and Kirk, 2004). Fourth, the type of their child's disability appears to be associated with parent perceptions of inclusion (Kasari et al., 1999). Fifth, the severity of their child's disability is related to parent perceptions of inclusion (Leyser & Kirk, 2004).

### Perceived Social Benefits of Inclusion

One of the primary arguments for inclusion has been that children with disabilities experience social benefits as a result (Daniel & King, 2001). Literature has shown that parents often cite social benefits for children with and without disabilities as outcomes of inclusion (Leyser & Kirk, 2004; Palmer et al., 1998, Peck, Staub, Gallucci, & Schwartz, 2004). Offering support to these findings, other research suggests both children with and without disabilities benefit from social interaction with each other (Baker, Wang, & Walberg, 1994; Fuchs & Fuchs, 1998). Social interactions between these groups have been found to foster greater acceptance of children with disabilities within society by helping them develop and generalize appropriate social skills to various settings (e.g., home, school, community) (Baker et al., 1994). The same interactions have been shown to benefit nondisabled students by challenging and altering stereotypical beliefs about individuals with disabilities, and promoting more positive self-esteem in these students as a result of helping their peers with disabilities (Phillips, Fuchs, & Fuchs, 1994).

### Parent Concerns

The social acceptance of students with disabilities is a critical factor for inclusion to be successful (Fuchs & Fuchs, 1994). Although potential social benefits of inclusion are well documented, the adoption of inclusion does not ensure social acceptance of students with disabilities (Roberts & Mather, 1995). As illustrated by Leyser and Kirk (2004), some parents of children with disabilities have expressed concern of possible negative social and emotional impacts of inclusion on their child. In a study of parent views toward inclusion, Palmer et al. (2001) found that parents reported significant concerns regarding how their child with severe disabilities would be treated by peers in

an inclusive setting. Furthermore, in an investigation of parent perceptions of the effects of inclusion on their children with mild to moderate cognitive disabilities, Fox and Ysseldyke (1997) found that only half of parents reported that their child had benefited socially from being included in a regular education classroom. Many parents in this study also expressed concern for their child's lack of academic success in an inclusive setting.

Parents of children with disabilities seem to vary in the level and nature of their concern regarding their child's academic, social, and emotional progress. Palmer et al. (1998) suggested that parent perceptions of inclusion will vary depending on what outcomes they most value for their child. For example, some parents appear to emphasize the socialization of their child in an educational setting while other parents seem most concerned with the quality of education their child will receive (Palmer et al., 1998). It was further proposed that parents who place higher value on the socialization of their child will desire more inclusive placements for their children (Palmer et al., 1998).

### Parent Perceptions of Inclusion

Stolber, Gettinger, and Goetz (1998) conducted a study on parents' beliefs about inclusion. The basis of their investigations stem from research that suggests parental beliefs about inclusion influence whether it is implemented, how it is practiced, and its subsequent success or failure (e.g., learning outcomes). A primary objective of their study was to determine whether parent beliefs about inclusion differed across situational and experiential factors. Participants included 410 parents of children with disabilities ( $n = 150$ ) and without disabilities ( $n = 260$ ) enrolled in inclusive early childhood education programs. The range of disabilities included speech/language delays (41%), cognitive disabilities (17%), behavioural disabilities (14%), physical disabilities (10%), other

health impairments (10%), learning disabilities (6%), and hearing or visual disabilities (5%).

Parental beliefs about inclusion were examined along three dimensions: core perspectives, expected outcomes, and classroom practices (Stolber et al., 1998). Core perspectives reflected parents' moral or ethical beliefs regarding how all children should be educated (e.g., the belief that students with disabilities had the right to be educated in the same classroom as typically developing peers). The expected outcomes dimension captured parent beliefs about how children would be affected by inclusion (e.g., parents were asked if they believed inclusion promotes social independence among children with disabilities). The classroom practices dimension represented beliefs about the impact of inclusion on a range of classroom variables (e.g., parents were asked if they believed children with disabilities monopolized teachers' time).

Results indicated significant differences in parent beliefs among the two groups (i.e., parents of children with and without disabilities) (Stolber et al., 1998). Parents of children with disabilities held significantly more positive beliefs about inclusion overall, as well as on dimensions of core perspectives and classroom practices. Significant differences in parental beliefs were also found in relation to demographic characteristics. For example, parents with higher levels of education (college) rated their beliefs as more positive than parents with high school education or less. Also expressing more positive beliefs about inclusion were parents with fewer than two children, and parents who were married. Thus, significant associations were found between parent beliefs and experiential factors such as having a child with a disability, having college education, being married, and having more than 2 children. It was further concluded that proximal

individual factors (e.g., marital status and education level) related more strongly to beliefs about inclusion than did distal or global factors (e.g., community).

Daniel and King (2001) explored parental attitudes toward inclusion across classroom variables. One main purpose of this study was to determine to what extent parent perceptions of classroom behaviour problems and level of concern for their child's school programming would differ in inclusive versus noninclusive classrooms. The attitudes of parents whose children (grades 3-5) were enrolled in three types of classrooms were compared: (1) noninclusion classrooms, (2) random inclusion classrooms, and (3) clustered inclusion classrooms. Noninclusion classrooms included students with special needs (e.g., learning disabled, language impaired, and gifted students), but these children were only present in the classroom for part of the day as they received the majority of instruction and services in alternative settings (e.g., resource). In random inclusion classrooms, students with special needs were equally and randomly assigned across all classrooms within the school. Students with special needs in the clustered inclusion group were unequally assigned to two classrooms, which resulted in higher percentages of students with disabilities in this group than in the random inclusion group.

Responses from 62 parents (27, 21, and 14 parents from noninclusion, random inclusion, and clustered inclusion classrooms, respectively) differed significantly depending on which type of classroom their child was enrolled in (Daniel & King, 2001). Parents whose children were in inclusive classrooms reported greater concern for program effectiveness, with parents in the clustered inclusion group expressing significantly more concern for effectiveness than those in the random inclusion group. Authors attributed this finding to the lack of consideration for how many students with

disabilities were placed in clustered classrooms, and stressed the importance of educators devoting careful consideration to such decisions when planning classroom placement. Additionally, higher levels of perceived behaviour problems were reported across inclusive groups. Parents in the noninclusive group reported less concern for program changes and less behaviour problems overall. Although the study categorized parents according to class type, authors failed to distinguish responses between parents of children with or without disabilities. Unlike the previous study by Stolber et al. (1998), comparisons along this dimension were not performed; therefore, no differences could be determined between these two groups.

Results from this study indicated the need for systematic parent involvement throughout the inclusion process (i.e., before, during, and after inclusion is implemented) (Daniel & King, 2001). This finding is consistent with other research which identified parent participation as essential for the successful implementation of inclusion (e.g., Bennet et al., 1997). Potential dangers of not including parents of children with disabilities in the decision making and implementation process of inclusion have also been illustrated. In an evaluation of parents' perspectives on the closure of a special education school, Cook and Swain (2001) found that excluding parents from this process caused lack of support from parents, which led to pervasive resistance to inclusion and the adoption of initiatives to prevent inclusion from being implemented. The implementation and progress of inclusion were obstructed due to the lack of parent support. Because parent support has been demonstrated as a significant factor contributing to the success and effectiveness of inclusion, their position on this issue is of continued interest to the field.

Another group of interest in the inclusion literature is parents of children without disabilities. Peck et al. (2004) surveyed 389 parents concerning their views regarding the impacts of inclusion on their nondisabled child. Parents of nondisabled children, who were enrolled in classrooms with at least one other full-time student with moderate to severe disabilities, commented on the academic progress and social-emotional development of their child as a result of being educated in an inclusive setting. Parent perceptions of classroom functioning and overall climate were also assessed.

Peck et al. (2004) found that while the majority of parents (78%) reported that there were no significant impacts on their child's academic progress as a result of being in an inclusive classroom, 15% of parents reported positive impacts, and 7% reported negative effects on their child's academic performance. With regard to how much time their child spent individually with the classroom teacher, the majority of respondents reported no difference. In terms of the effects inclusion has on certain dimensions of the classroom, most parents reported either positive or no effects; however, a small percentage of parents indicated negative impacts of inclusion on classroom variables. For example, some parents reported decreases in the responsiveness of curriculum to the individual needs of children (10%), general emotional warmth of the classroom (6%), and availability of specialists and aides to all children (13%).

Furthermore, 87% of parents expressed that their child had benefited both socially and emotionally from the experience of interacting with peers with severe disabilities (Peck et al., 2004). The majority of parents reported increases in their child's appreciation of other children's needs (67%) and acceptance of differences in behaviour and appearance (65%). General attitudes toward inclusion were mainly positive (64%) or neutral (26%), with 73% of parents affirming that they would enrol their child in an

inclusive classroom in the future. In contrast, approximately 10% of parents reported negative overall perceptions of inclusion. These parents indicated that inclusion had been a negative experience for their child and that they would not enrol their child in another inclusive classroom again. Responses from a few of these parents suggested devaluation of children with disabilities; however, the majority of these parents indicated concerns regarding children who cause disruptions to normal classroom routines (e.g., children with severe behavioural difficulties) or that the child with disabilities would consume a disproportionate amount of classroom resources (e.g., individual time with the teacher). Overall, being part of an inclusive classroom is perceived by parents of children without disabilities as being beneficial to their child (Giancreco, Edelman, Cloninger, & Dennis, 1993; Peck et al., 1998, 2004), with only a minority of parents of nondisabled children expressing negative views of this practice (Peck et al., 2004).

Kniveton (2004) proposed that parent views concerning inclusion varied depending on the type of the problem. It has also been suggested that parent views are mediated by the severity of the child's disability (Leyser & Kirk, 2004). Although research has demonstrated some support for a relationship between the type and severity of the child's disability and parental perceptions of inclusion, few studies have investigated how these factors influence parent views of inclusive education (Leyser & Kirk, 2004).

### Type of Disability

Parents of children with different disabilities have been found to differ in their perceived ideal placement for their child (i.e., level of inclusion). Kasari et al. (1999) investigated whether parent perceptions of inclusive placements for their child would

differ depending on three factors: the child's age, type of disability, and current educational placement. Parents were also asked to identify their 'ideal' placement for their child from six options including: special education class on a special education campus; special education class on a general education campus; special education class on a general education campus and mainstreamed for nonacademic subjects; special education class on a general education campus and mainstreamed for academic subjects; general education class with additional specialized services, such as adaptive physical education and speech therapy; and general education class without additional specialized services. This study is distinct in the two groups of parents selected for comparison.

Participants included 262 parents of children with autism ( $n = 113$ ) and Down syndrome ( $n = 149$ ) (Kasari et al., 1999). The majority of these children were enrolled in special education ( $n = 174$ ), while the remainder were enrolled in general education ( $n = 56$ ) and early intervention programs ( $n = 32$ ). Results indicated that parent perceptions varied significantly with regard to their child's age, type of disability, and current placement (Kasari et al., 1999). Compared to parents of children with autism who were more likely to endorse mainstreaming, parents of children with Down syndrome were 72% more likely to choose inclusion with services as the ideal program for their child. Parents of younger children (ages 2-9 years) were also more likely than parents of older children (10 years and above) to choose inclusion with services as their ideal program. Finally, parents whose children were enrolled in special education programs were least satisfied with their child's current placement.

Findings suggest that parent attitudes toward inclusion vary depending on child characteristics, such as the child's age and type of disability (Kasari et al., 1999). An additional finding from this study indicated that mothers of children with autism had

higher levels of education; however, they did not show preference for inclusion. This contradicts other research that has shown a relationship between a higher level of parent education and more positive perceptions of inclusion (Stolber et al., 1998). These findings suggest that parents may have positive perceptions of inclusion, but still would not choose this as an 'ideal' placement for their child. Another possible implication is that certain factors (e.g., type of disability the child has) may correlate more strongly with parents' perceptions and placement decisions than other variables (e.g., level of education). A finding distinguishing this study from previous research is that parent perceptions of inclusive education varied significantly depending on the type of their child's disability.

#### Severity of the Disability

Borthwick-Duffy, Palmer, and Lane (1996) argued that the inclusion movement has been promoted primarily by individuals advocating for the inclusion of children with severe disabilities. According to Turnbull and Turnbull (2002), parents of children with severe disabilities have been found to have characteristically positive attitudes toward inclusion. For example, many studies have shown that parents of children with severe disabilities support the inclusion of their child in general education, while often reporting significant social and educational benefits of this practice (Gallagher et al., 2000; Palmer et al., 1998). In contrast to these findings, other studies have found less support for inclusion from parents of children with severe disabilities (Leyser & Kirk, 2004; Palmer et al., 2001).

Palmer et al. (1998) examined parent perceptions of inclusive educational practices for their children with significant cognitive disabilities. Participants included

460 parents whose children (3 to 22 years of age) were enrolled in special day classes designed for children with severe disabilities in public schools. While a small percentage of these students (9.5%) were included in general education classrooms on a regular basis (more than 3 hours a day), the majority of students did not spend any time in the general classroom. A survey was administered to assess parental beliefs concerning the impacts of inclusion on the quality of educational services their child would receive, the mutual social and educational benefits of inclusion for children with and without disabilities, and the treatment and acceptance of their child in an inclusive setting. To investigate these variables, parents were asked whether they agreed with a series of statements. For example, parents were asked whether they agreed that a regular education classroom would provide more meaningful opportunities for their child to learn than would a special education classroom, whether benefits to regular education students would outweigh any potential problems that could arise from inclusion, and whether increased time spent in a regular classroom would be associated with an increased likelihood that their child would be mistreated by nondisabled peers.

Responses from parents varied significantly depending on the characteristics of the parent (e.g., value placed on specific curricular skills) and child (e.g., placement history) (Palmer et al., 1998). Results indicated that parents were most positive with regard to mutual student benefits, treatment, and acceptance of their child. Overall, an inclusive setting was seen to promote social benefits to all children; however, parents expressed concern with the quality of educational services their child would receive in an inclusive setting (e.g., individualized curriculum and attention). Authors emphasized consideration of individual child characteristics, as well as family values in determining the effectiveness of any inclusive educational model.

In a more recent study, Palmer et al. (2001) investigated parent views of inclusion for their children with severe disabilities, which included a diagnosis of mental retardation. This study differs from the previous study by Palmer et al. (1998) in that it sought to identify reasons why parents either supported or did not support the inclusion of their child with severe disabilities in general education classrooms. Survey responses from parents were categorized into statements reflecting support for, or resistance to, the placement of children with severe disabilities in an inclusive setting. Findings showed that approximately half (45%) of all parents expressed positive perceptions of inclusion on quantitative measures; however, on qualitative measures (i.e., parent statements of reasons why they support or oppose inclusion), only 13% of parents reported positive views. Reasons why parents were supportive of inclusion reflected (1) beliefs that their child would experience improvement in academics, social skills, and overall functioning in the general education setting due to more stimulation and higher expectations; (2) beliefs that general education students would benefit from inclusion (e.g., improved sensitivity to other children's needs); (3) improved family connection with home school placement (e.g., increased parent involvement because the school is located in their community, siblings can attend the same school); and (4) moral or philosophical beliefs (e.g., morally opposed to segregation).

In contrast, reasons why parents were opposed or resistive to inclusion included beliefs that the type and severity of their child's disability would preclude any benefit of inclusion, that inclusion would overburden or negatively impact general education teachers and students, that the curriculum would not match their child's needs, that the child should be around children with similar disabilities, and beliefs that the child is too behaviourally disruptive to be in a regular classroom (Palmer et al., 2001). Parents also

listed concerns regarding insufficient attention or services the included child would receive, treatment of the included child by nondisabled peers, and lack of specially trained personnel available in the general education classroom. Similar findings were reflected in Palmer et al. (1998) regarding parent identified concerns and benefits of inclusion (i.e., social benefits and concerns with quality of education). Also in line with previous findings, Palmer et al. (2001) demonstrated that many factors, other than the severity of their child's disability, are associated with whether parents of children with severe disabilities support or oppose inclusion. While some parents of children with severe disabilities reported enhancement of academic and social skills as benefits of inclusion, the majority of parents reported concerns with the inadequacy of curriculum and quality of education their child would receive in an inclusive setting.

Leyser and Kirk (2004) examined parent views of inclusion and factors associated with differing perspectives. The perceptions of 437 parents of children with disabilities were surveyed. Parents rated their child's disability as mild, moderate, or severe in the following areas: learning disability ( $n = 240$ ), speech and language impairment ( $n = 154$ ), attention deficit disorder ( $n = 101$ ), emotional and behavioural disability ( $n = 63$ ), intellectual disability ( $n = 61$ ), physical impairment ( $n = 47$ ), visual impairment ( $n = 24$ ), health impairment ( $n = 30$ ), hearing impairment ( $n = 18$ ), and autism ( $n = 15$ ). The majority of parents identified their child as having more than one disability. Disorders that most commonly occurred together were learning disabilities, speech and language disabilities, attention deficit disorders, and emotional behavioural disorders. Results indicated that the majority of parents supported the concept of inclusion from a theoretical and legal standpoint (e.g., the majority of parents expressed that their child should receive the same privileges and advantages as other children in school).

Significant social and emotional benefits of inclusion for both children with and without disabilities were also reported. Children with disabilities were perceived to benefit from inclusion by having greater opportunity to be involved with peers in social activities and by experiencing improvements in their overall self-concept, while children without disabilities were reported to benefit through enhanced awareness of individual differences. Parents reported being more prepared for the real world as a benefit to both groups.

Responses from parents also indicated concerns with regard to inclusive practices (Leyser & Kirk, 2004). Although parents reported social and emotional benefits to inclusion, the potential for the child with disabilities to be socially isolated or for their emotional development and wellbeing to be negatively affected by inclusion were primary concerns of parents. Evidence for such concerns has been corroborated in other research, which has found negative social impacts of inclusion on children with significant disabilities (e.g., Cook & Semmel, 1999; Freeman & Alkin, 2000). Because parents have been found to report both positive and negative impacts of inclusion on children with disabilities suggests that they view inclusion as an opportunity for their child to experience a range of social and emotional benefits; however, they also recognize the potential for experiencing a range of challenges. Social and emotional benefits are therefore not seen by all parents as necessary outcomes of inclusion. Rather these depend on other variables such as the level of acceptance by peers.

Additional concerns reported by parents involved the quality of instruction, availability of services, instructional training and skills of teachers in regular classrooms, and lack of support from teachers and other parents (Leyser & Kirk, 2004). The majority of parents expressed that regular classroom teachers simply do not have time to give their

child appropriate individual support. Some parents viewed support for inclusion as conditional on contextual factors, such as the individual teacher, programming, and attitudes of administration and school district.

Factors associated with differing parent views of inclusion included (1) level of severity of their child's disability, (2) the child's age, (3) years in special education, (4) extent of inclusion, and (5) parental educational and occupational background (Leyser & Kirk, 2004). Parents of children with mild disabilities reported significantly more positive views of inclusion as compared to parents of children with moderate and severe disabilities. Additionally, parents of younger children (0-12 years of age) reported significantly more positive perceptions of teacher ability and support in general education classrooms than did parents of older children (13 years of age and older). Parents whose children had received special education services for less time (less than two years) were also more positive on these variables compared to parents whose children had been receiving these services in excess of five years. Parents whose children were not included in the general classroom also reported significantly more positive views of inclusion with regard to teacher ability, support, and rights of the child than did parents of children who were included in the regular classroom all or part of the day. Finally, educational and occupational background of the parents influenced perceptions of inclusion. Parents with college education reported more benefits of inclusion than those with a high school education, and mothers who rated themselves as professionals reported more negative perceptions of teacher ability and support than mothers who rated themselves as skilled or unskilled workers.

Overall, research indicates that parent perceptions of inclusion are varied. While most parents perceive some benefit to inclusion, many express concerns regarding this

practice. Additionally, it remains unclear in the present literature how, and to what extent, such factors as disability type and severity influence parent views of inclusion, as few studies have made comparisons along these dimensions. Furthermore, parents of children with and without disabilities vary in their level of support for, or opposition to, inclusion. Lack of support from some parents indicates that important issues associated with inclusion have yet to be addressed (Leyser & Kirk, 2004). Continued evaluation of parent views is necessary if issues are to be resolved, and support and cooperation from parents is to be achieved.

### The Current Study

A review of the literature suggests that not all parents of children with disabilities support the full inclusion of their child in general education. However, reasons why some parents support full inclusion while other parents oppose this practice are less clear. Many studies in this area have focused on variations of the full inclusion model (e.g., mainstreaming or partial inclusion), and few studies have directly compared parent perceptions of full inclusion across dimensions of severity (e.g., mild, moderate, and severe disabilities), and type of disability (e.g., autism spectrum disorder, cerebral palsy). Nor have comparisons been made between perceptions of parents' of children in preschool versus in-school settings. Effects of specific parent values (i.e., parents' most valued educational outcome for their child) on perceptions of full inclusion have also not been accounted for in the literature. Finally, whereas previous research has explored specific perceived impacts (e.g., amount of time the student spends individually with classroom teacher) of inclusion on nondisabled children (Peck et al., 2004), it has yet to report these impacts in relation to children with disabilities.

The purpose of the current study was to investigate factors related to parent perceptions of full inclusion by examining perceived outcomes of this practice for their children with disabilities. The study assumed a novel approach by making a distinction between parents' of children in preschool versus in-school settings, and examining differences between these groups. Further, the study sought to determine what value these parents placed on certain aspects of their child's educational experience (e.g., social, emotional, and academic progress), and whether these values were related to their preferred level of inclusion for their child.

The following research questions were examined:

- (1) Do parents whose children are currently enrolled in school differ in their perceptions of full inclusion (i.e., overall view of full inclusion, perceived level of effectiveness, and preferred level of inclusion for their child), compared to parents of preschool children?
- (2) What variables are related to parent perceptions of full inclusion (e.g., type of disability, severity of disability, parents' level of education, etc)?
- (3) Is there a relationship between parent perceptions of full inclusion and level of importance placed on various aspects of their child's educational experience (e.g., progress in social, emotional, and academic domains)?

Understanding the impacts parents perceive full inclusion to have on their children with disabilities may offer insight into reasons why parents prefer full inclusion versus non-inclusion placements. Because parental attitudes toward full inclusion influence its success and effectiveness (Fox & Ysseldyke, 1997), these play a significant role in determining whether the movement toward full inclusion will sustain or diminish its momentum in upcoming years.

## CHAPTER THREE

### METHOD

The current study was conducted to examine parent perceptions of full inclusion in the school system relative to their child with disabilities. Participants in preschool and school settings were compared across their overall view of full inclusion, the effectiveness of this practice in meeting their child's needs, and the specific impacts of this practice on their child's social, emotional, and academic development. As well, participants identified their perceptions with regard to the responsiveness of curriculum, instruction, and availability of resources. Chapter Three includes an overview of the methodology for this study. The chapter begins with an overview of the study design, followed by a description of participant characteristics. Next, the instrument and procedure employed for collecting data is presented. Finally, a description of the data analysis that was performed to investigate each research question is outlined. Research questions included: (1) do parents whose children are currently enrolled in school differ in their perceptions of full inclusion (i.e., overall view of full inclusion, perceived level of effectiveness, and preferred level of inclusion for their child) compared to parents of preschool children?, (2) what variables are related to parent perceptions of full inclusion (e.g., type of disability, severity of disability, parents' level of education, etc)?, and (3) is there a relationship between parent perceptions of full inclusion and level of importance placed on various aspects of their child's educational experience (e.g., progress in social, emotional, and academic domains)?

## Research Design

The present study employed a comparative and correlational research design. The comparative component focused upon investigating differences in the perceptions of full inclusion between parents of children with disabilities whose children were enrolled in a preschool program and those whose children with disabilities were enrolled in a public school classroom. The correlational component focused upon examining the relationships between parent perceptions of full inclusion and demographic characteristics (e.g., level of education), as well as their perceptions of their child's educational experience (e.g., emotional development).

## Participants

Participants in the current study included two groups of parents who had children with disabilities. Selection was based upon their current or past enrolment at a not for profit centre which provides early intervention services for children with disabilities. The centre serves a diverse population of families and children with disabilities in urban Nova Scotia. Services include a range of outreach and centre-based programs, such as structured playgroups, home visit programs, and school transition services. Services are provided to children from birth to six years of age (or school entry) with a range of diagnoses (e.g., Down syndrome, autism spectrum disorder, and cerebral palsy), which vary in level of severity.

Parents who were currently receiving services or had received services within the past year, and who had at least one child between the ages of four to six years were contacted for participation in the study. The first group consisted of parents whose children were enrolled in public school and who had received early intervention services

within the past year, prior to beginning school. The second group consisted of parents whose children were not yet enrolled in public school but were receiving early intervention services at the time. Parents of children enrolled in public school will be referred to as the *in-school group*, and parents whose children were not yet enrolled in public school will be referred to as the *preschool group*.

### Instrumentation

A questionnaire was developed for the current study to examine parent perceptions of full inclusion. The instrument was adapted from a questionnaire developed by Peck et al. (2004) to investigate parent views of inclusive education and perceived impacts of this practice on their non-disabled children. The questionnaire was adapted by eliminating items that were not relevant to the objectives of the current study.

Supplementary items were also included in order to answer the proposed research questions. Two versions of the questionnaire were developed to target parents of preschool children (Appendix C) and in-school children (Appendix D). While items the preschool form focused upon parent views of their child's prospective placement within a full inclusion classroom, items on the in-school form focused upon parent views of their child's current placement within a full inclusion classroom. Therefore, modifications were made to the phrasing of most items to tailor questions to the specific group of parents being surveyed by conveying the appropriate tense (i.e., past or prospective placement). A series of open-ended questions were included in both versions of the questionnaire to allow parents to elaborate on their responses to certain themes and items. For example, parents were given the opportunity to comment on any additional

information regarding their views of full inclusion and if there was any information they wanted schools to know that would help support children with disabilities at school.

### *Preschool Questionnaire*

The preschool questionnaire was comprised of four main sections. The first section requested descriptive information about the parent and their child, such as the child's age, gender, type of disability, and the parent's level of education. The second section contained six statements reflecting specific aspects of their child's prospective experience in a full inclusion classroom. In this section on the preschool questionnaire, parents were asked to indicate whether they believed each item would increase or decrease as a result of their child participating in a full inclusion classroom compared to a non-inclusion classroom where most instruction and support occurs outside of the regular classroom (i.e., resource or learning centre). For each item, parents were asked to rate the statement on a 5-point, likert-type scale ranging from *decrease substantially* to *increase substantially*. For example, parents of preschool children were asked to indicate whether they believed the quality of their child's education would increase or decrease as a result of him/her participating in a full inclusion classroom, compared to a class where most teaching and support occurs outside of the regular classroom.

The third section requested information regarding parents' perceived impacts of inclusive classroom practices on their child. Parents were asked to select one of three options indicating whether they believed a full inclusion classroom would adequately meet their child's needs with regard to curriculum, instruction, availability of resources, social, and emotional development. Parents were asked to choose one of three statements indicating whether they felt their child's needs in each area would be met, would not be

met, or whether they were unsure. For example, preschool parents were asked to indicate whether they believed the curriculum in a full inclusion classroom, (a) would be adapted to meet the individual needs of their son/daughter, (b) would not be adapted to meet the individual needs of their son/daughter, or (c) whether they were unsure if it would be adapted to meet the individual needs of their son/daughter.

The fourth section targeted information regarding parents' overall evaluation of full inclusion and whether they felt it was optimal for their child. In this section, parents were asked to identify whether their general view of full inclusion was positive, negative, or neutral; whether they wanted their child to participate in a full inclusion classroom; what level of inclusion they desired for their child (i.e., full-time, part-time, or not at all); and generally how effective they felt full inclusion would be in meeting the needs of their child. Parents were also asked to rank, on a scale of 1 (most important) to 3 (least important), the degree of importance they placed on the following aspects of their child's educational experiences: the positive socialization of their child, the growth of their child's emotional development, and the quality of academic education their child would receive. Finally, using a likert-type scale parents were asked to circle a number between 1 (*strongly agree*) and 5 (*strongly disagree*) to indicate their level of agreement with a series of 11 statements. Some of the statements reflected whether parents felt limited by placement options available to their child, whether parents trusted the school to make placement decisions for their child, and whether parents felt it was necessary to withdraw their child from the regular classroom to receive specialized instruction/services.

### *In-school Questionnaire*

The in-school questionnaire was also comprised on four main sections. The first section requested descriptive information from participants. It differed from the preschool questionnaire by asking parents to identify what grade their child was in, whether their child was currently enrolled in a full inclusion classroom, whether their child was receiving special services at school (e.g., speech therapy), and their level of satisfaction with their child's current educational program. The second section asked in-school parents to rate, on a 3-point likert-type scale, their level of satisfaction with six specific aspects of their child's educational experience in a full inclusion classroom. For example, parents were asked to rate their level of satisfaction with their child's academic progress in a full inclusion classroom from the following options: *not satisfied*, *somewhat satisfied*, or *very satisfied*.

The third section requested information regarding parents' perceived impacts of inclusive classroom practices on their child. Parents were asked to select one of three options indicating whether they believed a full inclusion classroom had been adequate to meet their child's needs with regard to curriculum, instruction, availability of resources, social, and emotional development. Parents were asked to choose one of three statements indicating whether they felt their child's needs in each area had been met, had not been met, or whether they were unsure. For example, parents were asked to indicate whether the curriculum in their child's current classroom placement, (a) had been adapted to meet the individual needs of their son/daughter, (b) had not been adapted to meet the individual needs of their son/daughter, or (c) whether they were unsure if it had been adapted to meet the individual needs of their son/daughter. Items in the fourth section of the in-school questionnaire did not differ from those in the preschool questionnaire.

## Procedure

The Director of the early intervention centre was contacted and invited to participate in the study. A Letter of Informed Consent was provided to the Director which was signed as a requirement of participation (Appendix A). Envelopes containing the questionnaires and Letters of Informed Consent for parents (Appendix B) were delivered to the Director who was responsible for addressing and distributing envelopes to parents. Each envelope included two identical Letters of Informed Consent outlining the study, the appropriate version of the questionnaire, and a preaddressed stamped envelope for return purposes.

In the Letters of Informed Consent, all recipients were informed that participation in the study was voluntary. Parents who chose to participate in the study were asked to keep one Letter of Informed Consent for their records, to sign the second Letter of Informed Consent and return it with the completed questionnaire directly to the thesis supervisor in the preaddressed stamped envelope provided. The thesis supervisor was responsible for separating returned questionnaires and Letters of Informed Consent, and removing any identifying information on returned questionnaires. For confidentiality purposes, all signed Letters of Informed Consent remained with the thesis supervisor and were not disclosed to the principal researcher at any point in time. Only the researcher and thesis supervisor had access to the data. A summary of the findings were provided to the early intervention centre upon completion of the study.

## Data Analysis

Three primary research questions were examined in the present study. These included: (1) do parents whose children are currently enrolled in school differ in their

perceptions of full inclusion (i.e., overall view of full inclusion, perceived level of effectiveness, and preferred level of inclusion for their child), compared to parents of preschool children?, (2) what variables are related to parent perceptions of full inclusion (e.g., type of disability, severity of disability, parents' level of education, etc), and (3) is there a relationship between parent perceptions of full inclusion and level of importance placed on various aspects of their child's educational experience (e.g., progress in social, emotional, and academic domains)? The first question was answered by performing a series of analyses of variance and independent sample *t*-tests to determine group differences between responses from parents of preschool and parents of in-school children. The second question was analyzed by performing a series of correlations to determine what variables were related to parent perceptions of full inclusion (e.g., type of disability, severity of disability). The third question was answered by performing a series of correlations to determine if there was a relationship between parent perceptions of full inclusion and level of importance placed on various aspects of their child's educational experience, including their child's social, emotional, and academic progress.

## CHAPTER FOUR

### RESULTS

Parent support and involvement have been implicated in the successful implementation and effectiveness of full inclusion. The objective of the current study was to explore the perceptions of a special population of parents across factors related to full inclusion. This chapter provides an overview of the results. Questionnaire responses were analyzed and results are presented in terms of percentage of parent responses to each item in each section. The following research questions will also be analyzed: (1) what variables are related to parent perceptions of full inclusion (e.g., type of disability, severity of disability, parents' level of education)?, (2) do parents whose children are currently enrolled in school differ in their view of full inclusion, its level of effectiveness, and preferred level of inclusion for their child, compared to parents of preschool children?, and (3) is there a relationship between parent perceptions of full inclusion and level of importance placed on various aspects of their child's educational experience (e.g., progress in social, emotional, and academic domains)?

#### Participants

The questionnaire was returned by 15.5% ( $n = 17$ ) of the parents to whom it was sent. Participant demographic information for level of education and number of children in the household are provided in Table 1. Eighty-two percent of parents ( $n = 14$ ) reported they were not single-parent families. The remaining 18% of respondents ( $n = 3$ ) identified their household as a single-parent family with the mother as the primary caregiver.

Table 1

Participant Demographic Information ( $n = 17$ ) for Level of Education and Number of Children in Household

	<i>n</i>	<i>P</i>
<b>Highest Level of Education in Household</b>		
High School or GED Completion	2	11.8
Vocational/Community College	3	17.6
Some Undergraduate Courses	1	5.9
Undergraduate Degree	10	58.8
Graduate Degree	1	5.9
<b>Number of Children in Household</b>		
1	5	29.4
2	7	41.2
3	3	17.6
4	2	11.8

Only one parent reported having more than one child with a disability. In this case, the parent provided information for both children. Both of these children were enrolled in public school. The younger child was 5 years of age and in Grade Primary, and the older child was 8 years of age and in Grade 2. Both children were male and had a diagnosis of autism spectrum disorder. Each child was regarded as a separate participant.

Of the seventeen parents who completed questionnaires, 52.9% had children who were enrolled in public school and had received early intervention services within the past year ( $n = 9$ ). The remaining 47.1% of parents had preschool children who were not enrolled in public school but were receiving early intervention services at the time ( $n = 8$ ). This group of parents will be referred to as the preschool group, while the former group of parents will be referred to as the in-school group. The amount of time parents reported having received early intervention services ranged from six months to four years. These services included, home visits, preschool outreach visits, weekly playgroups, counselling, and school transition services ( $n = 14$ ). Three parents did not complete this section.

#### *Preschool Group*

Children in the preschool group ( $n = 8$ ) ranged in age from 4 to 5 years, with a mean age of 4.63 years. Seventy-five percent of these children were male ( $n = 6$ ) and 25% were female ( $n = 2$ ). The types of disabilities reported by parents in the preschool group included autism spectrum disorder ( $n = 5$ ), developmental delay ( $n = 1$ ), and chromosomal deletion syndrome ( $n = 1$ ). One child in this group was reported to have comorbid disorders: attention deficit hyperactivity disorder / speech articulation disorder ( $n = 1$ ).

The severity of a child's disability was rated according to a 5-point, likert-type scale, with values ranging from 1 (mild) to 5 (severe). The following ratings were reported by preschool parents: 25% rated the severity of their child's disability as mild ( $n = 2$ ), 37.5% rated their child's disability as mild/moderate ( $n = 3$ ), 25% rated their child's disability as moderate ( $n = 2$ ), and 12.5% rated their child's disability as moderate/severe ( $n = 1$ ). No parents in this group rated their child's disability as severe.

### *In-school Group*

Children in the in-school group ( $n = 9$ ) ranged in age from 5 to 8 years, with a mean age of 6.0 years. Eighty-nine percent of in-school children were male ( $n = 8$ ) and 11% were female ( $n = 1$ ). The types of disabilities reported by parents in the in-school group included autism spectrum disorder ( $n = 6$ ), developmental delay ( $n = 1$ ), and Asperger's syndrome ( $n = 1$ ). One child in this group was reported to have comorbid disorders: fetal alcohol syndrome / muscular dystrophy ( $n = 1$ ). The following ratings of severity were reported by parents: 22.2% rated the severity of their child's disability as mild ( $n = 2$ ), 55.5% rated their child's disability as moderate ( $n = 5$ ), and 22.2% rated their child's disability as moderate/severe ( $n = 2$ ). No parents in this group rated their child's disability as mild/moderate or severe.

All children in the in-school group ( $n = 9$ ) were reported by parents to have been enrolled in full inclusion classrooms. All children were also receiving special services at school. The following services were reported: speech therapy ( $n = 2$ ), occupational therapy ( $n = 1$ ), resource ( $n = 5$ ), learning centre ( $n = 1$ ), reading recovery ( $n = 1$ ), and educational program assistant ( $n = 2$ ). Children in the in-school group were enrolled in the following grades: Grade primary ( $n = 6$ ), Grade 1 ( $n = 2$ ), and Grade 2 ( $n = 1$ ).

## Data Analysis

According to Stevens (1996),  $p < .10$  is useful in exploratory research to maximize the interpretability of the data. Due to the small sample size and exploratory nature of the current study, effects and interactions were analyzed in accordance with a significance level below .10. That is, for all independent-sample  $t$ -tests,  $p < .10$  was used and effect sizes were calculated for all significant differences less than .10. Effect sizes were determined by calculating Cohen's  $d$  (Cohen, 1977). Interpretation of effect sizes was based upon Cohen's estimates of strength ranges: small effect, above  $d = .20$ ; medium effect, above  $d = .50$ ; large effect, above  $d = .80$ . With the alpha level set at .10, there is a 10% chance the significant result is due to chance.

### Views of Full Inclusion, Perceived Effectiveness, and Preferred Level of Inclusion

A number of questionnaire items requested information regarding parents' overall view of full inclusion, its perceived level of effectiveness, and parents' preferred level of inclusion for their child. Parent views, ratings of effectiveness, and preferred level of inclusion according to group are illustrated in Table 2.

#### *General Views of Full Inclusion*

Parents were asked to indicate their general view of full inclusion. Across groups, the majority of parents (52.9%) reported their view as positive ( $n = 9$ ), 23.5% as neutral ( $n = 4$ ), and 23.5% as negative ( $n = 4$ ). An independent-samples  $t$ -test was performed to determine significance of group differences. When preschool ( $M = 1.50$ ,  $SD = 0.76$ ) and in-school ( $M = 1.89$ ,  $SD = 0.93$ ) group responses were examined, the differences between the groups was not significant  $t(15) = 0.09$ ,  $p = .36$ .

Table 2

Parent Views of Full Inclusion, Ratings of Effectiveness, and Preferred Level of Inclusion by Group

	Preschool ( $n = 8$ )	In-school ( $n = 9$ )
	$n$	$n$
<b>View of Full Inclusion</b>		
Positive	5	4
Neutral	2	2
Negative	1	3
<b>Rating of Effectiveness</b>		
1 ( <i>Not effective</i> )	1	1
2	0	4
3	3	1
4	4	2
5 ( <i>Very effective</i> )	0	1
<b>Preferred Level of Inclusion</b>		
Full-time	4	5
Part-time	3	4
Not at All	1	0

### *Perceived Effectiveness of Full Inclusion*

Parents also rated the overall effectiveness of full inclusion in meeting the needs of their child. Ratings of effectiveness were assessed on a 5-point, likert-type scale ranging from 1 (not effective) to 5 (very effective). Overall, the majority of parents (64.7%) rated full inclusion as being moderately effective or better in meeting the needs of their child. No significant differences between preschool ( $M = 3.25$ ,  $SD = 1.04$ ) and in-school ( $M = 2.78$ ,  $SD = 1.30$ ) groups were found  $t(15) = 0.82$ ,  $p = .43$ .

### *Preferred Level of Inclusion*

Parents were asked to indicate whether, if given the choice, they would place their child in a regular education classroom on a full-time basis, part-time basis, or not at all. The majority of parents (52.9%) indicated they would choose a full-time inclusion placement for their child ( $n = 9$ ). Of the remaining 47.1% of parents, 41.2% indicated they would only choose to include their child in a regular classroom on a part-time basis ( $n = 7$ ) and 5.9% indicated they would choose not to include their child in a regular education classroom ( $n = 1$ ). Parents who chose part-time placements for their child, reported the number of hours per day they would want their child to be included in a full inclusion classroom. The amount of time parents preferred their child to be included in a full inclusion classroom ranged from one to four hours, with a mean time of 2.7 hours per school day. No significant differences between preschool ( $M = 1.63$ ,  $SD = 0.74$ ) and in-school ( $M = 1.44$ ,  $SD = 0.53$ ) groups were found  $t(15) = 0.58$ ,  $p = .57$ .

### *Parent Values and Relationship with Perceptions of Full Inclusion*

Parents were asked to rank, in order of importance, the following aspects of their child's educational experience: the positive socialization of their child with other

students, the growth of their child's emotional development, and the quality of academic education their child receives. Almost an equal number of parents across groups identified the positive socialization of their child ( $n = 7$ ) and quality of academic education their child receives ( $n = 6$ ) as most important (41.2% and 35.3%, respectively). When groups were examined separately, the majority of in-school parents (55.6%) rated the positive socialization of their child as most important, whereas the majority of preschool parents (50%) rated the quality of academic education their child receives as most important. Although preschool ( $M = 2.25$ ,  $SD = 0.89$ ) and in-school ( $M = 1.67$ ,  $SD = 0.87$ ) groups did not differ significantly  $t(15) = 1.37$ ,  $p = .19$ , a medium effect size was indicated ( $d = 0.66$ ).

Furthermore, whereas 71.4% of all parents who placed the highest value on the positive socialization of their child reported positive views of full inclusion, only 33.3% of parents who placed the highest value on their child's academic progress reported positive views. Approximately half of parents (52.9%) who placed the highest value on their child's emotional development also reported positive views. The correspondence of parents' most valued outcome with views of full inclusion is depicted in Table 3. Correlations between parent values (i.e., most valued outcome for their child) and perception variables (i.e., parent views of full inclusion, its perceived effectiveness, and preferred level of inclusion) were examined. No significant correlations were detected among these variables (see Table 4).

Table 3

## Parents' Most Valued Outcome and Views of Full Inclusion

	View of Full Inclusion		
	Positive	Neutral	Negative
	<i>n</i>	<i>n</i>	<i>n</i>
<hr/>			
Most Important Outcome			
Socialization	5	1	1
Quality of Academic Education	2	2	2
Emotional Development	2	1	1

### Parents' Perceived Impacts of Full Inclusion on their Child

Several questionnaire items requested parent views regarding the impact of a range of inclusive classroom practices on their child. Parents were asked to indicate how their child *had been* or *would be* impacted by participating in a full inclusion classroom across the following contexts: curriculum, instruction, availability of special resources, social environment, and emotional development. Parent responses to these items according to group are summarized in Table 5. While parents in the in-school group were asked to report how their child *had been* impacted by participating in a full inclusion classroom, parents in the preschool group were asked how they believed their child would be impacted by a prospective placement in a full inclusion classroom.

#### *Curriculum and Instruction*

When parents across groups were asked whether the curriculum *had been* (in-school) or *would be* (preschool) adapted to meet the individual needs of their child: 29.4% reported the curriculum either had been or would be adapted, 23.5% reported the curriculum either had not been or would not be adapted, and 47.1% reported they were unsure. When parents across groups were asked whether the instruction *had been* or *would be* adapted to meet the individual needs of their child: 35.3% reported the instruction either had been or would be adapted, 35.3% reported the instruction either had not been or would not be adapted, and 29.4% reported they were unsure.

Table 4

Correlations between Parents' Most Valued Outcome and Views of Full Inclusion,  
Perceived Effectiveness, and Preferred Level of Inclusion

	View of Full Inclusion	Effectiveness of Full Inclusion	Preferred Level of Inclusion
Most Important Outcome	.30	-.24	-.14

Table 5

## Parents' Perceived Impacts of Full Inclusion on their Child by Group

	Will/has been adapted	Will/has not been adapted	Unsure
The curriculum:			
Preschool ( $n = 8$ )	2	1	5
In-school ( $n = 9$ )	3	3	3
The instruction:	Will/has been adapted	Will/has not been adapted	Unsure
Preschool ( $n = 8$ )	2	2	4
In-school ( $n = 9$ )	4	4	1
The availability of special staff resources:	Will/has been adequate	Will/has not been adequate	Unsure
Preschool ( $n = 8$ )	4	0	4
In-school ( $n = 9$ )	4	4	1
The social environment:	Will/has been accepting	Will/has not been accepting	Unsure
Preschool ( $n = 8$ )	1	0	7
In-school ( $n = 9$ )	6	0	3
My child's emotional development:	Will/has been nurtured	Will/has not been nurtured	Unsure
Preschool ( $n = 8$ )	4	0	4
In-school ( $n = 9$ )	8	0	1

### *Availability of Special Staff Resources*

When parents across groups were asked whether the availability of special staff resources, such as specialists and instructional aides, *had been* or *would be* adequate to meet their child's needs in a full inclusion classroom: 47.1% reported the availability of special staff resources had been or would be adequate to meet their child's needs, 23.5% reported the availability of special staff resources had not been or would not be adequate, and 29.4% reported they were unsure.

### *Social Environment and Emotional Development*

When parents across groups were asked whether the social environment in a full inclusion classroom *had been* or *would be* accepting of their child: 41.2% reported the social environment had been or would be accepting of their child, and 58.8% reported they were unsure. When parents across groups were asked whether their child's emotional development *had been* or *would be* nurtured in a full inclusion classroom: 70.6% reported their child's emotional development had been or would be nurtured, and 29.4% reported they were unsure.

### *In-school Parents' Perceived Level of Satisfaction with Educational Variables*

Parents of in-school children ( $n = 9$ ) were asked whether they were satisfied with their child's current educational program, and to rate their level of satisfaction with the following educational variables: amount of time their child had individually with the teacher, their child's academic progress, the quality of their child's education, their child's emotional development, the quality of social interactions between their child and

his/her peers, and the acceptance of their child by other students. Table 6 summarizes parents' level of satisfaction with educational variables since their child started school. While the majority of in-school parents (66.7%) reported they were satisfied with their child's current educational program ( $n = 6$ ), 33.3% reported not being satisfied ( $n = 3$ ). Parents appeared to be most satisfied with the acceptance of their child by other students, with 55.6% of parents ( $n = 5$ ) reporting they were *very satisfied* and no parents reporting dissatisfaction with this outcome. Conversely, almost half of all parents (44.4%) were *not satisfied* with the quality of their child's education ( $n = 4$ ). Although many respondents reported being *somewhat satisfied* with their child's academic progress ( $n = 5$ ), 33.3% of parents ( $n = 3$ ) reported not being satisfied. In addition, the majority of parents reported being *somewhat satisfied* with their child's emotional development ( $n = 7$ ), and the quality of their child's social interactions with his/her peers ( $n = 6$ ). Parents' level of satisfaction with the amount of individual time their child had with the teacher varied. An equal number of parents reported being *satisfied* ( $n = 3$ ), *somewhat satisfied* ( $n = 3$ ), and *not satisfied* ( $n = 3$ ).

#### Beliefs about Effectiveness and Concerns about Full Inclusion

The final series of questionnaire items asked parents to rate their level of agreement with a series of statements which reflected the effectiveness of full inclusion in meeting their child's specific needs (i.e., academic, social, emotional, and behavioural), and parent concerns related to full inclusion that have been reported in the

Table 6

In-school Parents' ( $n = 9$ ) Level of Satisfaction with Educational Variables

	Not Satisfied	Somewhat Satisfied	Very Satisfied
	<i>n</i>	<i>n</i>	<i>n</i>
The amount of time my child has individually with the teacher:	3	3	3
My child's academic progress:	3	5	1
The quality of my child's education:	4	3	2
My child's emotional development:	0	7	2
The quality of social interactions between my child and his/her peers:	1	6	2
The acceptance of my child by other students:	0	4	5

literature. As well, statements asked parents whether they trusted the school to make placement decisions for their child, whether they agreed it was necessary to routinely withdraw their child from the regular classroom to receive specialized instruction/ services, whether they felt limited by the educational placement options available to their child, and whether they felt full inclusion would be more appropriate in elementary school than at secondary school levels. Level of parent agreement with each item is presented in Table 7.

In general, most parents (58.8%) agreed or strongly agreed that their child's academic needs could be best met in a full inclusion classroom, while only 23.5% of all parents disagreed or strongly disagreed with this statement. Parents' agreement that their child's social needs could be best met in a full inclusion classroom was even more significant, with 76.5% of all parents agreeing or strongly agreeing with this statement and only one parent reporting disagreement. Conversely, 35.3% of all parents disagreed that their child's behavioural needs could be best met in a full inclusion classroom. In terms of parent concerns, the majority of parents across groups disagreed or strongly disagreed that their child was too behaviourally disruptive to be in a full inclusion classroom (58.9%), and that they would be concerned for their child's safety in this environment (76.4%). In contrast, 58.8% of all parents agreed or strongly agreed they were concerned with the class size of a full inclusion classroom.

The majority of parents (58.8%) across groups also agreed or strongly agreed that they felt limited by the educational placement options available to their child, and that it was necessary to routinely withdraw their child from the regular classroom to receive specialized instruction or services (64.7%). Only 23.3% and 17.7% of parents,

Table 7

Parents' ( $n = 17$ ) Level of Agreement with Belief, Concern, and General Statements about Full Inclusion

	Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
My child's academic needs can be met best in a full inclusion classroom	3	1	3	6	4
My child's social needs can be met best in a full inclusion classroom	0	2	2	7	6
My child's emotional needs can be met best in a full inclusion classroom	1	2	7	4	3
My child's behavioural needs can be met best in a full inclusion classroom	0	6	5	2	4
I am concerned my child is too behaviourally disruptive to be in full inclusion	8	2	3	2	2
I am concerned for my child's safety in a full inclusion classroom	9	4	0	2	2
I am concerned about the class size of a full inclusion classroom	3	3	1	6	4
I trust the school to place my child in a classroom that will be most effective	0	2	5	7	3
I feel limited by the educational placement options available to my child	3	1	3	6	4
It is necessary to routinely withdraw my child from the regular classroom to receive specialized instruction or services	2	1	3	6	5
Full inclusion is more appropriate in elementary than in junior high or high school	3	0	10	3	1

respectively, reported disagreement with these items. Finally, most parents (58.8%) indicated agreement or strong agreement that they trusted the school to place their child in a classroom that will be most effective, as opposed to only 11.8% of parents who disagreed with this statement.

Differences between preschool and in-school group responses were analyzed. Means and standard deviations according to group are provided in Table 8. Significant differences were found between preschool and in-school parents' level of agreement with the following statements: "My child's behavioural needs can be met best in a full inclusion classroom"  $t(15) = -2.87, p = .01$ , "I am concerned that my child is too behaviourally disruptive to be in a full inclusion classroom"  $t(15) = -2.50, p = .03$ , "I am concerned for my child's safety in a full inclusion classroom"  $t(15) = -3.81, p < .01$ , "I feel limited by the educational placement options available to my child"  $t(15) = 2.48, p = .03$ , and "Full inclusion is more appropriate in elementary than in junior high or high school"  $t(15) = 2.23, p = .04$ . The following large effect sizes were calculated for each significant difference, respectively:  $d = 1.45, d = 1.24, d = 2.13, d = 1.22$ , and  $d = 1.12$ .

### Correlational Analyses

#### *View of Full Inclusion, Perceived Effectiveness, and Preferred Level of Inclusion*

The correlations between parent views of full inclusion, perceived effectiveness, and preferred level of inclusion were explored. A significant negative correlation was found between view of full inclusion and rating of effectiveness  $r(15) = -0.88, p < .01$ . That is, the higher parents rated the effectiveness of full inclusion, the more likely they were to report positive views. No significant correlations were detected between view of

Table 8

Means and Standard Deviations for Belief, Concern, and General Statements about Inclusion by Group

	Preschool		In-school	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Academic needs can be best met in full inclusion	3.63	1.30	3.22	1.56
Social needs can be best met in full inclusion	3.75	1.04	4.22	0.97
Emotional needs can be best met in full inclusion	3.00	0.93	3.67	1.23
Behavioural needs can be best met in full inclusion	2.50	0.76	3.89	1.17
Concerned child is too behaviourally disruptive	2.88	1.65	4.44	0.88
Concerned for child's safety	2.88	1.56	4.89	0.33
Concerned about class size	2.50	1.41	2.89	1.62
Trust school to place child	3.88	0.84	3.44	1.01
Feel limited by educational placement options	3.38	1.51	1.89	0.93
Necessary to routinely withdraw child from regular classroom	2.88	1.73	1.89	0.60
Full inclusion is more appropriate in elementary	3.50	0.76	2.44	1.13

full inclusion and preferred level of inclusion  $r(15) = 0.19, p = .46$ , or preferred level of inclusion and perceived effectiveness of full inclusion  $r(15) = -0.34, p = .18$ .

#### *Demographic Variables and Perceptions of Full Inclusion*

Correlations between demographic variables (e.g., parents' level of education, child's age, type of disability) and perception variables (i.e., parent views of full inclusion, its perceived effectiveness, and preferred level of inclusion) were examined (see Table 9). There was a significant negative correlation between the severity of disability and effectiveness of full inclusion  $r(15) = -0.57, p = .02$ . Rather, the more severe parents rated their child's disability, the less effective they reported full inclusion would be. A significant negative correlation was also found between parents' level of education and preferred level of inclusion  $r(15) = -0.47, p = .06$ . That is, parents who indicated higher levels of education in their home were more likely to prefer a full-time inclusion placement for their child. Finally, a significant positive correlation between the child's age and view of full inclusion was also found  $r(15) = 0.43, p = .09$ , suggesting that as the child's age increased, parents' view of full inclusion became more negative. No other significant correlations were indicated between demographic variables and parent perceptions of full inclusion.

#### *School Satisfaction and Perceptions of Full Inclusion*

Correlations between school satisfaction variables (e.g., amount of individual time the child has with the teacher, quality of the child's education) and perception variables (i.e., parent views of full inclusion, its perceived effectiveness, and preferred level of

Table 9

Correlations between Demographic Variables and Parent Views of Full Inclusion,  
Preferred Level of Inclusion, and Effectiveness of Full Inclusion

	View of Full Inclusion	Preferred Level of Inclusion	Effectiveness of Full Inclusion
Parents' Level of Education	.09	-.47*	-.04
Number of Children in Family	.12	.30	-.22
Family Type	.17	.36	.00
Child's Age	.43*	-.32	-.27
Child's Gender	-.02	.36	.00
Disability Type	-.27	.25	.03
Severity of Disability	.39	.28	-.57**

\*  $p < .10$     \*\*  $p < .05$

Table 10

Correlations between In-School Parents' Satisfaction with School Variables and Views of Full Inclusion, Preferred Level of Inclusion, and Effectiveness of Full Inclusion

	View of Full Inclusion	Effectiveness of Full Inclusion	Preferred Level of Inclusion
Satisfaction Variables			
Amount of Time with Teacher	-.93***	.78**	.00
Academic Progress	-.85***	.80***	-.04
Quality of Education	-.84***	.76**	-.03
Emotional Development	-.54	.53	.06
Quality of Social Interactions	-.65*	.84***	-.57
Acceptance by other Students	-.11	.57	-1.00***

\*  $p < .10$     \*\*  $p < .05$     \*\*\*  $p < .01$

inclusion) were examined. Significant correlations are presented in Table 10. Significant correlations suggest that as in-school parents' level of satisfaction with the following variables increased: (1) amount of time their child had with the teacher, (2) their child's academic progress, (3) the quality of their child's education, and (4) the quality of their child's interactions with his/her peers, their overall ratings of effectiveness also increased, and their views of full inclusion became more positive. In addition, the more satisfied parents were with the acceptance of their child by other students, the more likely they were to prefer a full-time inclusion placement.

#### *Beliefs, Concerns and Perceptions of Full Inclusion*

Significant correlations were also found between parents' level of agreement with belief and concern statements about full inclusion, and perception variables (i.e., parent views of full inclusion, its perceived effectiveness, and preferred level of inclusion) (see Table 11). Overall, the more parents felt limited by educational placement options and were concerned about class size, the more likely they were to report negative views of full inclusion and to rate full inclusion as less effective. Conversely, the more parents trusted the school to place their child in the most effective classroom, the more positive were their views of full inclusion and ratings of effectiveness. Furthermore, the more strongly parents agreed that their child's academic and behavioural needs could be best met in a full inclusion classroom, the more likely they were to prefer a full-time inclusion placement for their child. Parents' ratings of effectiveness also increased with stronger agreement that their child's academic needs could be best met in a full inclusion classroom.

Table 11

Correlations between Beliefs and Concerns about Full Inclusion, and Views of Full Inclusion, Perceived Effectiveness, and Preferred Level of Inclusion

	View of Full Inclusion	Effectiveness of Full Inclusion	Preferred Level of Inclusion
My child's academic needs can be met best in a full inclusion classroom	-.36	.56**	-.55*
My child's social needs can be met best in a full inclusion classroom	-.30	.48*	-.40
My child's emotional needs can be met best in a full inclusion classroom	-1.48	.43*	-.38
My child's behavioural needs can be met best in a full inclusion classroom	.01	.22	-.68***
I am concerned that my child will be too behaviourally disruptive in a full inclusion classroom	.03	.00	-.36
I am concerned for my child's safety if he were in a full inclusion classroom	.04	-.07	-.10
I am concerned about the class size of a full inclusion classroom	-.72***	.75***	-.09
I trust the school to place my child in a classroom that will be most effective	-.61***	.52**	.01
I feel limited by the educational placement options available to my child	-.73***	.57**	-.02
It is necessary to routinely withdraw my child from the regular classroom to receive specialized instruction or services	-.40	.36	-.17
Full inclusion is more appropriate in elementary than in junior high or high school	-.16	-.10	.23

\*  $p < .10$ . \*\*  $p < .05$ . \*\*\*  $p < .01$

## CHAPTER FIVE

### DISCUSSION

The current study explored parent perceptions of full inclusion for children with disabilities. In this chapter, the findings of the current study are reviewed within the context of the literature on parent perceptions of inclusion. Results are discussed in terms of proposed research questions and key findings. The limitations and implications of this study are also discussed.

Overall, approximately half of parents reported positive views of full inclusion ( $n = 9$ ), while four parents reported negative views of this practice. Approximately half of parents also preferred full-time inclusion placements for their child ( $n = 9$ ). Still, a significant number of parents ( $n = 7$ ) indicated they would prefer for their child to be included in a regular classroom on a part-time basis (1 - 4 hours per day). This finding was not surprising considering a significant number of parents (64.7%) agreed it was necessary to withdraw their child routinely from the regular classroom to receive specialized instruction or services. This preference for part-time inclusion contrasts current provincial policy which emphasizes full inclusion of children with disabilities (Nova Scotia Department of Education and Culture, 1996).

A number of factors may have influenced parent preferences for part-time inclusion, including the severity and/or type of their child's disability. For example, the majority of parents in the current study rated the severity of their child's disability as moderate or moderate/severe ( $n = 10$ ), while only a few parents rated their child's disability as mild. Parents who rated their child's disability as more severe were more likely to agree it was necessary to withdraw their child routinely from the regular classroom to receive specialized services. This finding is supported by other research

which has found less support for inclusion from parents of children with more severe disabilities (Leysner & Kirk, 2004; Palmer et al., 2001).

Additionally, a significant number of parents in the current study had children with autism spectrum disorder (71%), almost half of which preferred part-time inclusion placements. Kasari et al. (1999) found that parents of children with autism were more likely to choose partial inclusion for their child, compared to parents of children with Down syndrome. As well, parents of children with autism indicated that their child's needs could not be met in an inclusive classroom (Kasari et al., 1999). Authors hypothesized that the needs of children with autism are characteristically different from those of children with other disabilities. For example, many children with autism have social difficulties that would make full inclusion in a regular education classroom challenging. Thus, the disproportionate number of parents in the current study whose children had autism may have inflated the number of parents who chose part-time inclusion placements for their child, than had the sample been more heterogeneous.

#### Differences between Preschool and In-school Parent Perceptions of Full inclusion

Kasari et al. (1999) found the child's current placement to be related to parent perceptions of full inclusion. Specifically, parents' whose children were enrolled in general education were more likely to choose inclusion with services as their ideal placement option, compared to parents' of children in special education or early intervention who showed preferences for mainstreaming or partial inclusion. One purpose of the current study was to examine differences between preschool and in-school parent perceptions of full inclusion. Comparisons between groups were made across the following: parents' overall view of full inclusion, its perceived level of effectiveness, and

parents' preferred level of inclusion for their child. No significant differences were found between preschool and in-school parent responses to these items. Thus, in contrast to Kasari et al. (1999), the child's current placement (in-school versus preschool) was not related to parents' preferred level of inclusion for their child. These results suggest factors, other than the child's current placement, may be impacting parents' preferred placement for their child. In the current study, three factors were found to be related to parents' preferred level of inclusion, including: (1) the level of education in the home (i.e., parents who indicated higher levels of education in the home, were more likely to prefer full-time inclusion placements), (2) stronger agreement that their child's academic and behavioural needs could be best met in a full inclusion classroom, and (3) in-school parents' level of satisfaction with the acceptance of their child by other students in the general education classroom.

Although no significant differences were found between preschool and in-school parents' general perceptions of full inclusion (views, effectiveness, and preferred level of inclusion), more polarized negative views were evidenced in the in-school group. That is, more parents in the in-school group reported negative views of full inclusion and rated it as less effective overall. Despite this trend, the majority of in-school parents (55%) still preferred full-time inclusion placements to part-time inclusion or no inclusion. An interesting finding to consider here is that parents' preferred level of inclusion for their child (part-time, full-time, or not at all) was not related to their view of full inclusion or rating of effectiveness. This suggests that even those parents who reported negative views of full inclusion and rated it as less effective in meeting their child's needs, still showed a preference for their child to be included at least on a part-time basis. Therefore, although not all parents endorsed the full inclusion of their child, their preference for at least

partial inclusion was strong. Only one parent preferred a non-inclusive placement for their child.

Between-group comparisons were also made on supplemental items, which revealed significant differences between preschool and in-school parent perceptions. First, in-school parents indicated stronger agreement that they felt limited by educational options available to their child, which could be one reason they expressed more negative views overall. Additionally, compared to parents of children in school, preschool parents reported significantly greater concern that their child would be too behaviourally disruptive to be in a full inclusion classroom. Consistent with this finding, preschool parents' also disagreed more strongly that their child's behavioural needs could be best met in this type of setting. As well, preschool parents expressed greater concern for their child's overall safety in a full inclusion classroom. Large effect sizes were indicated for each of the above differences ( $d = 1.22$ ,  $d = 1.24$ ,  $d = 1.45$ ,  $d = 2.13$ , respectively). Although such differences have not been cited in the literature, it is possible that preschool parents' greater level of concern is associated with higher levels of uncertainty with how their child would be impacted by inclusive classroom practices. For example, more preschool than in-school parents reported they were unsure whether the following aspects of a full inclusion classroom would be adequate to meet their child's needs: curriculum, instruction, availability of special staff resources, social environment, and emotional nurturance. Greater uncertainty regarding inclusive practices (e.g., support services, alternative locations within the school for their child to receive support) may result from lack of knowledge or experience within the school system, and cause preschool parents to be more concerned with their child's basic safety and behavioural needs. Although research has explored the academic and social outcomes of inclusion,

considerably less attention has been given to behavioural outcomes of full inclusion for children with disabilities.

#### Factors related to Parent Perceptions of Full Inclusion

Literature suggests specific factors relate to parent perceptions of full inclusion, such as the child's age (Kasari et al., 1999; Leyser & Kirk, 2004), the type and severity of the child's disability (Leyser & Kirk, 2004), the child's current placement (Kasari et al., 1999), and the parents' level of education (Leyser & Kirk, 2004; Stolber et al., 1998). A second purpose of the current study was to examine correlations among parent perceptions of full inclusion across several dimensions, including demographic characteristics, and in-school parents' level of satisfaction with school outcomes. Several factors in the current study appeared to be related to parents' overall view of full inclusion, its perceived effectiveness, and preferred level of inclusion for their child.

First, parents' overall view of full inclusion (positive, neutral, or negative) was related to how effective they perceived full inclusion would be in meeting their child's needs. That is, the higher parents rated the effectiveness of full inclusion, the more likely they were to report positive views of this practice. This suggests beliefs about effectiveness may be strongly related to parent views of full inclusion. Relationships between parent beliefs about effectiveness and views of full inclusion have been largely unexplored in the literature. One study found parents' whose children were in inclusive classrooms reported greater concern for program effectiveness, compared to parents' whose children were in non-inclusive classrooms (Daniel & King, 2001). However, this study failed to distinguish responses between parents of children with and without disabilities, and did not examine whether parent concerns were related to their attitudes toward inclusion (Daniel & King, 2001).

In addition, the more strongly parents agreed that their child's academic and behavioural needs could be best met in a full inclusion classroom, the more likely they were to prefer a full-time inclusion placement for their child. This suggests the child's academic and behavioural needs may be particularly relevant in mediating parent placement decisions. If the goal is to gain endorsement of full inclusion from parents of children with disabilities, consideration should be given to how their child's academic and behavioural needs would be met in this type of setting.

Conversely, negative views and ratings of effectiveness by parents were associated with concerns regarding class size and feeling limited by educational options. Rather, the more parents felt limited by educational placement options available to their child and were concerned about class size, the more likely they were to report negative views of full inclusion and to rate it as less effective overall. Between-group comparisons found that in-school parents expressed stronger agreement that they felt limited by educational placement options available to their child, which may be one reason they expressed more negative views. Overall, the above findings supplement current literature as no studies have yet cited these factors in relating to parent perceptions of full inclusion. Thus, an original contribution to research is made here.

#### *Demographic Variables*

The following three demographic factors appeared to be related to parent perceptions of full inclusion: the child's age, the severity of the child's disability, and the level of education in the home. First, a significant correlation was found between the child's age and parent view of full inclusion. That is, as the child's age increased, parents' view of full inclusion declined, suggesting that the older the child was, the more

likely his/her parent was to have a negative view of full inclusion. This finding is consistent with previous research which found parents of younger children to be more positive towards inclusion than parents of older children (Kasari et al., 1999; Leyser & Kirk, 2004). It is possible that full inclusion is viewed more positively by parents of younger children with disabilities because for many of these children the gap between their developmental level and that of their same age peers becomes wider with age. Thus, parents may begin to question the appropriateness of full inclusion for their child as he/she gets older and developmental differences become more apparent.

A second correlation was found between parents' level of education and preferred level of inclusion for their child. Parents who indicated higher levels of education in the home were more likely to prefer a full-time inclusion placement for their child. Lending validity to this finding, Leyser and Kirk (2004) found parents with higher education reported more benefits of inclusion than those with a high school education. Furthermore, Stolber et al. (1998) found that parents with higher levels of education rated their beliefs about inclusion as more positive than did those parents with less education. Possible reasons for this include that parents with higher levels of education likely have more access to information and opportunity to reflect on the benefits of full inclusion (Leyser & Kirk, 2004), which may influence their placement decisions.

Third, the severity of the child's disability was related to parents' perceived effectiveness of full inclusion. Namely, the more severe parents rated their child's disability, the less effective they believed full inclusion would be in meeting their child's needs. These results are consistent with those from other studies which found less support for inclusion from parents of children with severe disabilities (Leyser & Kirk, 2004; Palmer et al., 2001). There may be several reasons for this finding. First, parents of

children with more severe disabilities have reported that their child's needs could not be met in a classroom which emphasized curriculum that was increasingly academic in nature (Palmer et al., 2001). Certain medical conditions were also cited by parents which they felt would render the regular education classroom inappropriate for these children, such as severe sensory impairments, language impairments, and the presence of seizures or cerebral palsy (Palmer et al., 2001).

#### *Level of Satisfaction with Educational Program and School Outcomes*

The current study also sought to determine whether parents' experience in an inclusive school setting and evaluations of their experience would be related to their perceptions of full inclusion. Since preschool parents' had not yet had the experience of participating in an inclusive school setting, their views were not surveyed. Significant correlations were found between in-school parents' perceptions of full inclusion and level of satisfaction with their child's current educational program, as well as certain aspects of their child's school experience (e.g., their child's academic progress, and quality of social interactions with his/her peers). First, in-school parents' satisfaction with their child's current educational program was significantly related to their view of full inclusion and ratings of effectiveness. For example, parents who indicated they were not satisfied with their child's current educational program ( $n = 3$ ) reported negative views of full inclusion and rated it as less effective overall.

In-school parents' view of full inclusion and ratings of effectiveness were also related to their level of satisfaction with the following variables: (a) the amount of time their child had individually with the teacher, (b) their child's academic progress, (c) the quality of their child's education, and (d) the quality of their child's social interactions

with his/her peers. As in-school parents' level of satisfaction with these variables increased, so did their ratings of effectiveness of full inclusion. As well, their views of full inclusion became more positive. Correlations among these variables suggest that parents' level of satisfaction with specific school outcomes for their child, relate to their overall view of full inclusion and how effective they perceive full inclusion to be. Additionally, in-school parents' preferred placement was related to their level of satisfaction with the acceptance of their child by other students. For example, all in-school parents who reported being *very satisfied* with the acceptance of their child by other students chose full-time inclusion placements for their child. Conversely, all in-school parents who reported being only *somewhat satisfied* with the acceptance of their child by other students chose part-time inclusion as their preferred placement. This finding suggests that the amount of time parents want their child to spend in a regular education classroom may be directly related to how they perceive their child to be accepted by other students. That is, the more satisfied parents are with the acceptance of their child by other students the more likely they will be to endorse full inclusion.

Although previous research (Kasari et al., 1999) has measured parent satisfaction with their child's current educational placement (i.e., general or special education), it has failed to examine the relationship between perceived satisfaction and perceptions of full inclusion. In general, the findings of the current study extend the literature base on parent perceptions of full inclusion by suggesting that experience in the school system may be a significant factor in informing parent perceptions of full inclusion.

### Parent Values and Perceptions of Full Inclusion

It was suggested by Palmer et al. (1998) that parent perceptions of inclusion would vary depending on what outcomes they value most for their child. For example, while some parents appear to emphasize the socialization of their child in an educational setting, other parents seem most concerned with the quality of academic education their child will receive (Palmer et al., 1998). Authors further hypothesized that parents who place higher value on the socialization of their child will desire more inclusive placements for their children. A final purpose of the current study was to determine whether there is a relationship between parent perceptions of full inclusion and level of importance placed on various aspects of their child's educational experience. To examine this question parents were asked to rank, in order of importance, the following aspects of their child's educational experience: the positive socialization of their child with other students, the growth of their child's emotional development, and the quality of academic education their child receives.

Overall, parent values were not significantly related to their perceptions of full inclusion (i.e., view of full inclusion, ratings of effectiveness, and preferred level of full inclusion). However, certain patterns in parent responses that would suggest differences between these groups were evident. Whereas 71.4% of parents who placed the highest value on the positive socialization of their child reported positive views of full inclusion ( $n = 5$ ), only 33.3% of parents who placed the highest value on their child's academic progress reported positive views ( $n = 2$ ). Further, the value parents placed on either of these outcomes (i.e., socialization or academic progress) did not significantly impact their preferred level of inclusion for their child. That is, the majority of parents who placed the highest value on either the positive socialization of their child ( $n = 4$ ) or their child's

academic progress ( $n = 4$ ), also chose full-time inclusion placements for their children. When the third group was examined (i.e., parents who placed the highest value on their child's emotional development) ( $n = 4$ ), 50% of these parents reported positive views. However, unlike the other two groups, the majority of parents who valued their child's emotional development most ( $n = 3$ ), preferred part-time inclusion placements for their child. Parents who valued the socialization of their child most, also tended to report higher ratings of effectiveness, compared to parents who valued their child's academic progress and emotional development most.

These findings suggest that parents who value the socialization of their child most, may express more positive views of full inclusion and perceive it to be more effective, compared to parents who value academic or emotional outcomes more. However, in contrast to the proposition by Palmer et al. (1998), this does not influence parents' preferred level of inclusion for their child (e.g., three of seven parents who valued the positive socialization of their child most, preferred part-time inclusion placements for their child).

### Limitations

Several limitations should be considered when interpreting the findings of the current study. First, the return rate for questionnaires was low, resulting in a relatively small sample size. Despite efforts to encourage parent participation, only 17 of 110 parents to whom the questionnaire was sent returned questionnaires. That is, 84.5% of parents to whom the questionnaire was sent did not participate in the study. Caution should therefore be taken in generalizing these findings to other parent populations.

Additionally, a small sample size limited data analysis to specific tests of significance. For example, comparisons across dimensions of disability type and severity could not be made reliably due to disproportionately small groups. A larger sample size with proportional groups is needed to verify the current study's findings and explore differences in parent views of full inclusion for children with varying types and severities of disability.

Next, careful consideration of the demographic characteristics of the sample should be given when interpreting results. Foremost, results are biased towards parents of children with autism spectrum disorder, as most parents in the study had children with this diagnosis ( $n = 12$ ). The majority of parents also lived in dual parent households with an undergraduate degree as the highest level of education. Finally, data was gathered in an urban setting from a special population of parents who had children with disabilities and were receiving (or had received within the past year) early intervention from a community service provider. The views of participants in this study may therefore differ from other parent groups (e.g., parents who live in rural areas, have less education, and whose children have different types of disabilities).

Finally, it worthwhile to reiterate the current study examined parent perceptions of full inclusion and perceived impacts of this practice on their child with disabilities. Rather, this study did not provide direct measures of student progress under inclusion in academic, social, emotional, or behavioural domains. Nor did it measure the responsiveness of educational factors to the individual needs of children with disabilities, such as curriculum, instruction, or availability of special resources. The results of this study must, therefore, be considered within the context of the literature on parent perceptions of inclusion. Considering the impact of full inclusion on children with

disabilities and influence of parents on educational reform, parent perceptions are instrumental in the inclusion debate. Thus, although direct evaluation of the impacts of full inclusion on children with disabilities unquestionably has its place in the inclusion literature, the role of parents has been emphasized in educational policy and their views must be accounted for.

### Implications

Despite the limitations of the current study, the findings, coupled with support from other research, bear several implications for both the field of education and school psychology. First, data from the current study may support the ongoing inclusion of children with disabilities in the public education system by contributing to the development of special education policy. For example, it should be understood from a school system perspective that parent perceptions of full inclusion will vary. That is, not all parents of children with disabilities can be expected to desire the same level of inclusion for their child. However, the current policy of full inclusion in Nova Scotia threatens to leave little opportunity for parents to participate in the process of educational planning and decision-making for their children (e.g., deciding what level of inclusion would be best for their child). Further, in accordance with a policy of full inclusion, some schools do not provide alternative locations aside from the regular classroom for children with special needs to receive specialized services. Nor are they required to under current legislation. As demonstrated in the current study, negative views of full inclusion were associated with parents' feeling limited by the educational placement options available to their child. Therefore, expanding current policy to provide a range of inclusion options may be necessary to achieve parent support.

Additionally, rather than being determined strictly by policy, educational planning should be purposeful and directed by the individual needs of the student. To ensure students' needs are not overlooked, decisions regarding inclusion should be made collaboratively with parents. This view is supported by the Special Education Policy Manual of Nova Scotia (1997, p. 50):

### Policy 3.1

Parents/guardians have a right to be involved and informed about their children's educational programs.

#### 3.1 Guidelines

1. Parents/guardians possess a wealth of knowledge and experience about the special needs of their children. As the primary advocates for their children, they have an obligation to take an active role in sharing this knowledge with the school. Their involvement in the program planning process can be invaluable in meeting individual needs.
2. Decisions about program planning and services should be reached by mutual agreement among team members including parents/guardians.

Moreover, provincial policy identifies school boards as being responsible for ensuring the active involvement of parents in the educational planning for students with special needs (Special Education Policy Manual, 1997). The role of professionals (e.g., school administrators, psychologists) in facilitating this process is emphasized here,

“[p]arents/guardians should be involved throughout all aspects of services for students with special needs, including identification, assessment, program planning and evaluation. Parents/guardians can... participate successfully; and make accurate developmental judgments about their children....The primary issue is not which roles family members take, but what roles are made available to families and how the choice of roles is facilitated by professionals.” (as cited in the Special Education Policy Manual, Nova Scotia, 1997, p. 51)

As professionals within the school, school psychologists can facilitate this process in several ways, including: (a) providing education to parents and the school regarding issues related to inclusion, (b) providing consultation (e.g., consulting in school planning for children with special needs, transitioning these children from private service providers to public education, and accommodating these children in inclusive educational settings), (c) providing schools with information on current empirically-based practices for educating children with special needs in inclusive settings, and (d) supporting school personnel with the implementation, evaluation, and responsiveness of individual program plans (i.e., ensuring views of all participants are put forth and a plan to address concerns is constructed). In addition, school psychologists can also integrate a standardized method of evaluating parent perceptions regarding their child’s educational program and progress in inclusive settings. This may be particularly important as a child matures, as parents have been found to have more negative perceptions of inclusion as their child gets older.

In conclusion, when planning for a child with special needs, careful consideration should be given to parent views of what is educationally best for their child. Perhaps most

integral to the role of a school psychologist is facilitating a relationship of 'true collaboration' between the family and school. Crais (1993) elaborates on what is meant by true collaboration as well as the benefits of this practice,

“[t]rue collaboration with families is not achieved quickly or easily. It requires astute observational skills, the ability to use self-reflection and self-analysis, the development of active listening skills, the ability to refrain from professionally directed solution generation, and, perhaps most of all, patience and flexibility. However, the benefits reaped from this type of collaboration are many and include improved family-professional relationships, increased understanding of the child and the family, increased participation of families in assessment and intervention planning, and higher levels of parent satisfaction.” (as cited in the Special Education Policy Manual, Nova Scotia, 1997, p. 52)

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## APPENDIX A: LETTER OF INFORMED CONSENT – DIRECTOR

**“Parent Perceptions of Full Inclusion for their Children with Disabilities”**

Dear Parent,

My name is Meggan Cooper and I am currently completing my Master of Arts degree in School Psychology at Mount Saint Vincent University. I kindly request your participation in my thesis research project. My study is aimed at exploring parent views of full inclusion in the school system. Full inclusion refers to children with and without disabilities being educated in the same classroom where all specialized instruction occurs on a full-time basis. As the Director of a school for children with special needs, you no doubt witness the importance of parent perspectives of their children’s educational inclusion. I would like to know about their views on a range of issues related to full inclusion, including whether they feel full inclusion is the best option for their son/daughter with disabilities and what level of inclusion they would prefer for their child. In this study, you will be asked to distribute the attached questionnaire to parents/guardians of children who attend your school. It will take approximately **15 minutes** to complete the questionnaire. Findings from this study will help schools understand the challenges and benefits of full inclusion as identified by parents/guardians of children with disabilities, and will assist schools in being more responsive to their needs.

Your participation and the participation of parents/guardians in this project are voluntary. I do not foresee any risks to you, parents/guardians, or your students as a result of participating. If there is a question or section of the questionnaire that makes a parent feel uncomfortable, they do not have to complete this question or section. Also, you and parents/guardians may withdraw from this study without any reason at any point without consequence. Every effort will be made to ensure anonymity of the school and all participants. The Informed Consent Forms along with all completed questionnaires will first be directed to my supervisor, Dr. Derek H. Berg who will be responsible for protecting the anonymity of the school and participants. Prior to delivering completed questionnaires to me, Dr. Berg will delete any information within the questionnaires that could be used to identify the school or any participant. As well, only he will have access to the Informed Consent Forms and he will secure these in a locked location. Only the study’s researcher and her thesis supervisor will have access to completed questionnaires. Completed questionnaires will be destroyed five years following completion of the written results of the study, expected to be September, 2008. Upon completion of the study, a summary of the findings will be made available to the \_\_\_\_\_. If results of this project are published, all information will be anonymous so that no identification of any of the participants or the \_\_\_\_\_ will be possible.

If you have any questions or concerns, please contact my supervisor for this research project, Dr. Derek H. Berg, by phone at 902-457-6734 or by email at derek.berg@msvu.ca. If you have any questions or concerns about how this study is being conducted and wish to speak with someone who is not directly involved in the study, you may contact the Chair of the University Research Ethics Board, by phone at 902-457-6350 or by e-mail at research@msvu.ca.

**If you agree to participate in this study, please complete the information below.** By signing this form, you are indicating that you fully understand the above information and agree to participate in this study. Please keep one letter for your records.

Thank you for your time and consideration,

Meggan Cooper

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

## APPENDIX B: LETTER OF INFORMED CONSENT – PARENT

**“Parent Perceptions of Full Inclusion for their Children with Disabilities”**

Dear Parent,

My name is Meggan Cooper and I am currently completing my Master of Arts degree in School Psychology at Mount Saint Vincent University. In conjunction with the \_\_\_\_\_, I kindly request your participation in my thesis research project. My study is aimed at exploring parent views of full inclusion in the school system. Full inclusion refers to children with and without disabilities being educated in the same classroom where all specialized instruction occurs on a full-time basis. As parents/guardians, your opinions are valuable and I would like to know your views on a range of issues related to full inclusion, including whether you feel full inclusion is the best option for your son/daughter with disabilities or what level of inclusion you would prefer for your child. In this study, you will be asked to complete the attached questionnaire, which should take approximately **15 minutes** to complete. Findings from this study will help schools understand the challenges and benefits of full inclusion as identified by parents/guardians of children with disabilities, and will assist schools in being more responsive to their needs.

Your participation in this project is voluntary. I do not foresee any risks to you or your child as a result of participating. If there is a question or section of the questionnaire that makes you feel uncomfortable, you do not have to complete this question or section. Also, you may withdraw from this study without any reason at any point without consequence. Participation or withdrawal from the study will have no bearing on your child’s standing at the \_\_\_\_\_. Every effort will be made to ensure anonymity of participants. The Informed Consent Forms along with your completed questionnaire will first be directed to my supervisor, Dr. Derek H. Berg who will be responsible for protecting the anonymity of participants. Prior to delivering completed questionnaires to me, Dr. Berg will delete any information within the questionnaires that could be used to identify any participant. As well, only he will have access to the Informed Consent Forms and he will secure these in a locked location. Only the study’s researcher and her thesis supervisor will have access to completed questionnaires. Completed questionnaires will be destroyed five years following completion of the written results of the study, expected to be September, 2008. Upon completion of the study, a summary of the findings will be made available to the \_\_\_\_\_. If results of this project are published, all information will be anonymous so that no identification of any of the participants or the \_\_\_\_\_ will be possible.

If you have any questions or concerns, please contact my supervisor for this research project, Dr. Derek H. Berg, by phone at 902-457-6734 or by email at derek.berg@msvu.ca. If you have any questions or concerns about how this study is being conducted and wish to speak with someone who is not directly involved in the study, you may contact the Chair of the University Research Ethics Board, by phone at 902-457-6350 or by e-mail at research@msvu.ca.

**If you agree to participate in this study, please complete the information below.** By signing this form, you are indicating that you fully understand the above information and agree to participate in this study. Please keep one letter for your records.

**Please put this completed form and questionnaire in the preaddressed stamped envelope enclosed and send directly to Dr. Derek H. Berg.**

Thank you for your time and consideration,

Meggan Cooper

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

APPENDIX C: PRESCHOOL QUESTIONNAIRE

**Parent Views of Full Inclusive Education Questionnaire – Preschool**

The purpose of this questionnaire is to gather information about your views on your child's future experiences in a full inclusion classroom in the school system. **Full inclusion refers to children with and without disabilities being educated in the same classroom where all specialized instruction occurs on a full-time basis.** Your participation in this study is voluntary. If you wish to participate, please sign one of the Letters of Informed Consent, complete the following questionnaire, and return both in the enclosed stamped envelope. It should take you approximately **15 minutes** to complete the questionnaire. Please feel free not to answer any question that makes you feel uncomfortable.

**Section 1: Background information**

1. What is your son's/daughter's age? \_\_\_\_\_
2. Is your child:    Male    Female
  
3. What type of disability or disabilities does your child have (please print)? \_\_\_\_\_
  


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4. Please rate the severity of your child's disability:
 

1	2	3	4	5
Mild		Moderate		Severe
  
5. What services have you or your child received from the \_\_\_\_\_ (please print)?  
\_\_\_\_\_
  
6. How long have you received services from the \_\_\_\_\_ ? \_\_\_\_\_
  
7. What is the highest level of education in your home?
 

A. Some High School	D. Some Undergraduate Courses
B. High School or GED Completion	E. Undergraduate Degree (e.g., BA, BSc)
C. Vocational/Community College	F. Graduate Degree (e.g., MA, PhD)
  
8. Is this a single parent family?    Yes    No  
 If yes, is the primary caregiver:    Mother    Father    Other: (please print) \_\_\_\_\_
  
9. How many children are in your family? \_\_\_\_\_
  
10. How many of your children have a disability? \_\_\_\_\_

## **Section 2: Outcomes for Your Son/Daughter**

11. Please indicate whether you think each of the following would increase or decrease as a result of your child being in a full inclusion classroom, rather than in a class where most teaching and support occurs outside the classroom (i.e., resource, or learning centre).

	<u>Decrease</u> <u>Substantially</u>	<u>Decrease</u> <u>Slightly</u>	<u>Stay the</u> <u>Same</u>	<u>Increase</u> <u>Slightly</u>	<u>Increase</u> <u>Substantially</u>
The amount of time my child has individually with the teacher, will	1	2	3	4	5
My child's academic progress, will	1	2	3	4	5
The quality of my child's education, will	1	2	3	4	5
My child's positive feelings about himself/herself, will	1	2	3	4	5
In general, the quality of the social interactions between my child and his/her peers, will	1	2	3	4	5
The acceptance of my child by other students, will	1	2	3	4	5

## **Section 3: General Impact of Classroom Practices**

The following questions ask for your views regarding how a range of inclusive classroom practices will impact your child (please circle one).

12. In a full inclusion classroom, the curriculum (the *content* that is taught):

- A. Will be adapted to meet the individual needs of my son/daughter
- B. Will not be adapted to meet the individual needs of my son/daughter
- C. I am unsure if it will be adapted to meet the individual needs of my son/daughter

13. In a full inclusion classroom, the instruction (*how* the content is taught):

- A. Will be adapted to meet the individual needs of my son/daughter
- B. Will not be adapted to meet the individual needs of my son/daughter
- C. I am unsure if it will be adapted to meet the individual needs of my son/daughter

14. In a full inclusion classroom, the social environment:

- A. Will be accepting of my son/daughter
- B. Will not be accepting of my son/daughter
- C. I am unsure if it will be accepting of my son/daughter

**15.** In a full inclusion classroom, the emotional development of my son/daughter:

- A. Will be nurtured
- B. Will not be nurtured
- C. I am unsure if it will be nurtured

**16.** In a full inclusion classroom, the availability of special staff resources (specialists/instructional aides):

- A. Will be adequate to meet the needs of my child
- B. Will not be adequate to meet the needs of my child
- C. I am unsure if the resources will be adequate to meet the needs of my child

#### **Section 4: Summary Evaluation**

**17.** In general, what is your view of full inclusion in schools?

- A. Positive
- B. Neutral
- C. Negative

**18.** If you had the choice, would you want your child to be placed in a full inclusion classroom?

- A. Full-time
- B. Part-time ( \_\_\_\_\_ hours per day)
- C. Not at all

**19.** In general, how effective do you feel a full inclusion classroom will be in meeting the needs of your child?

- |               |   |   |   |                |
|---------------|---|---|---|----------------|
| 1             | 2 | 3 | 4 | 5              |
| Not Effective |   |   |   | Very Effective |

Please indicate any needs your child has that you feel would not be met in a full inclusion classroom.

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**20.** In order of importance, please rank the following aspects of your child's future educational experience: 1 (most important) to 3 (least important). Use each number only once.

- \_\_\_\_\_ The positive socialization of my child with other students
- \_\_\_\_\_ The growth of my child's emotional development
- \_\_\_\_\_ The quality of academic education my child will receive

Please indicate any other aspect of your child's future educational experience that you feel is important.

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21. Please indicate how much you agree or disagree with the statements below:

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree nor Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
I trust the school to place my child in a classroom that will be most effective	1	2	3	4	5
My child's <i>academic</i> needs can be met <i>best</i> in a full inclusion classroom	1	2	3	4	5
My child's <i>social</i> needs can be met <i>best</i> in a full inclusion classroom	1	2	3	4	5
My child's <i>emotional</i> needs can be met <i>best</i> in a full inclusion classroom	1	2	3	4	5
My child's <i>behavioural</i> needs can be met <i>best</i> in a full inclusion classroom	1	2	3	4	5
I am concerned that my child will be too behaviorally disruptive in a full inclusion classroom	1	2	3	4	5
I am concerned for my child's safety if he/she were in a full inclusion classroom	1	2	3	4	5
I am concerned about the class size of a full inclusion classroom	1	2	3	4	5
Full inclusion is more appropriate in elementary than in junior high or high school	1	2	3	4	5
It is necessary to routinely withdraw my child from the regular classroom to receive specialized instruction or services	1	2	3	4	5
I feel limited by the educational placement options available to my child	1	2	3	4	5



## APPENDIX D: IN-SCHOOL QUESTIONNAIRE

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**Parent Views of Full Inclusive Education Questionnaire – In-School**


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The purpose of this questionnaire is to gather information about your views on your child's experiences in a full inclusion classroom in the school system. **Full inclusion refers to children with and without disabilities being educated in the same classroom where all specialized instruction occurs on a full-time basis.** Your participation in this study is voluntary. If you wish to participate, please sign one of the Letters of Informed Consent, complete the following questionnaire, and return both in the enclosed stamped envelope. It should take you approximately **15 minutes** to complete the questionnaire. Please feel free not to answer any question that makes you feel uncomfortable.

**Section 1: Background information**

1. What is your son's/daughter's age? \_\_\_\_\_
2. Is your child:      Male      Female
3. What grade is your son/daughter in? \_\_\_\_\_
4. What type of disability or disabilities does your child have (please print)? \_\_\_\_\_
- 
5. Please rate the severity of your child's disability:
- |      |   |          |   |        |
|------|---|----------|---|--------|
| 1    | 2 | 3        | 4 | 5      |
| Mild |   | Moderate |   | Severe |
6. Is your child currently enrolled in a full inclusion classroom?      Yes      No
- If no, what type of education classroom is your child in:* \_\_\_\_\_
7. Is your child receiving any special services at school (e.g., resource, speech therapy)?
- Yes      No
- If yes, what type of services does your child receive and how often:* \_\_\_\_\_
- 
8. Are you satisfied with your child's current educational program?      Yes      No
9. What services have you or your child received from the \_\_\_\_\_ (please print)?
- 
10. How long have you received services from the \_\_\_\_\_? \_\_\_\_\_

11. What is the highest level of education in your home?

- |                                  |   |
|----------------------------------|---|
| B. Some High School              | D. Some Undergraduate Courses           |
| B. High School or GED Completion | E. Undergraduate Degree (e.g., BA, BSc) |
| C. Vocational/Community College  | F. Graduate Degree (e.g., MA, PhD)      |

12. Is this a single parent family?                      Yes                      No  
*If yes, is the primary caregiver:*                      Mother                      Father                      Other: (please print) \_\_\_\_\_

13. How many children are in your family? \_\_\_\_\_

14. How many of your children have a disability? \_\_\_\_\_

### **Section 2: Outcomes for Your Son/Daughter**

15. Since your child started school, please indicate your level of satisfaction with the following:

	<u>Not</u> Satisfied	<u>Somewhat</u> Satisfied	<u>Very</u> Satisfied
The amount of time my child has individually with the teacher	1	2	3
My child's academic progress	1	2	3
The quality of my child's education	1	2	3
My child's emotional development	1	2	3
In general, the quality of the social interactions between my child and his/her peers	1	2	3
The acceptance of my child by other students	1	2	3

### **Section 3: General Impact of Classroom Practices**

The following questions ask for your views regarding how a range of inclusive classroom practices have impacted your child (please circle one).

16. In my child's current classroom placement, the curriculum (the *content* that is taught):

- A. Has been adapted to meet the individual needs of my son/daughter
- B. Has not been adapted to meet the individual needs of my son/daughter
- C. I am unsure if it has been adapted to meet the individual needs of my son/daughter



24. In order of importance, please rank the following aspects of your child's educational experience: 1 (most important) to 3 (least important). Use each number only once.

- \_\_\_\_\_ The positive socialization of my child with other students  
 \_\_\_\_\_ The growth of my child's emotional development  
 \_\_\_\_\_ The quality of academic education my child will receive

Please indicate any other aspect of your child's educational experience that you feel is important.

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25. Please indicate how much you agree or disagree with the statements below:

	<u>Strongly</u> <u>Disagree</u>	<u>Disagree</u>	Neither Agree nor <u>Disagree</u>	<u>Agree</u>	<u>Strongly</u> <u>Agree</u>
I trust that the school has placed my child in a classroom that will be most effective	1	2	3	4	5
My child's <i>academic</i> needs can be met <i>best</i> in a full inclusion classroom	1	2	3	4	5
My child's <i>social</i> needs can be met <i>best</i> in a full inclusion classroom	1	2	3	4	5
My child's <i>emotional</i> needs can be met <i>best</i> in a full inclusion classroom	1	2	3	4	5
My child's <i>behavioural</i> needs can be met <i>best</i> in a full inclusion classroom	1	2	3	4	5
I am concerned that my child is too behaviourally disruptive in a full inclusion classroom	1	2	3	4	5
I am concerned for my child's safety in a full inclusion classroom	1	2	3	4	5
I am concerned about the class size of a full inclusion classroom	1	2	3	4	5
Full inclusion is more appropriate in elementary than in junior high or high school	1	2	3	4	5

