An Educational-Counseling Program on Public Law 94-142 for Parents of School-Aged Educable Mentally Handicapped Children

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AN EDUCATIONAL-COUNSELING PROGRAM
ON PUBLIC LAW 94-142
FOR PARENTS OF
SCHOOL-AGED EDUCABLE MENTALLY HANDICAPPED CHILDREN

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ON PUBLIC LAW 94-142
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ABSTRACT

The passage of Public Law 94-142, the Education for All Handicapped Children Act of 1975, mandates that parents of a handicapped child must be included in the educational planning and placement procedures for their child. The law requires (1) parent counseling and (2) parent participation in the planning of the child's educational career. Yet almost six years after the passage of Public Law 94-142, the role of parents which emerges today appears to be one of passive involvement in the Individualized Educational Plan (IEP) process. The literature suggests this lack of active participation possibly stems from several sources: the parents' inadequate knowledge, discomfort when interacting with school personnel, confusion in regard to the educational decision-making process, and school encouraged noninvolvement in the IEP meeting. Thus while Public Law 94-142 stresses active parent involvement, the schools' discouragement of parental responsibilities along with the parents' limited knowledge and understanding of the law and their role in the process may combine to actively discourage parental participation in the education of their handicapped child. The literature suggests that
limited resources exist for parents of newly identified school-aged educable mentally handicapped (EMH), or mildly handicapped children. In general, parents of these children do not have the necessary information or skills for effective involvement in the educational process nor are they receiving supportive counseling. In order to address the specific needs of these parents, an educational-counseling program was developed. The purpose of the program is fourfold: (1) to inform parents about handicapping conditions, legal issues and mandates pertaining to the education of handicapped children, educational assessment and placement procedures, and parents' role in the education of handicapped children, (2) to develop the parents' repertoire of communication and assertiveness skills necessary for securing appropriate educations for their handicapped children, (3) to provide emotional support and encouragement to the parents, and (4) to increase the parents' awareness of available resource materials, organizations, and personnel dealing with the education of handicapped children. Various methods and materials are utilized in the Parent Education-Counseling Program to accomplish its goals. Formative and summative evaluations are incorporated in order to determine the extent to which the program is implemented as planned and to assess its effects. A pilot trial of the program utilizing a single set of
parent participants was conducted to determine the feasibility and practicality of the methods and materials. Evaluation of the pilot trial indicated that the parents of a newly identified EMH child were capable of increasing their knowledge bases regarding issues and procedures for educating a handicapped child, learning rules of communication, becoming more aware of their feelings related to their EMH child, and accepting information about available resource materials and organizations. The evaluation information therefore suggests positive results of the program on a short-term basis. As the ultimate goal of the program is to help parents become effective advocates for their handicapped child, follow-up of the parents' effectiveness in future school-based meetings is needed to determine whether these short-term program effects will generalize within the school system.
CHAPTER I

CLARIFICATION OF THE PROBLEM

Statement of the Problem

Public Law 94-142, the Education for All Handicapped Children Act, mandates that parents of a handicapped child be made aware of and become active participants in their child's educational process and that the schools inform parents of their rights and provide parent counseling. In order to be effective advocates for their handicapped child, parents must have relevant information, skills, resources, and emotional support. The literature, however, suggests that, in general, parents of newly identified school-aged educable mentally handicapped (EMH) children are not provided with these components. It is the purpose of this thesis to develop a comprehensive parent education-counseling program to address this need.

Introduction

Interest in parental involvement in the educational process of children has grown rapidly over the past few years and appears to be a significant educational movement characterizing the 1970's (Morrison, 1978). This interest has been particularly evident in the education
of handicapped children. Warfield (1975) comments:

Two current themes are increasing in strength, each reciprocally challenging to the other. Professionals who work with exceptional children must involve parents in the planning and provision of programs for their children; parents must learn to exercise their right to understand their child's diagnosis and the reasons for special treatment or educational placement. (p. 95)

Concrete evidence of this trend is seen in the proliferation of workshops, conferences, books, and packaged programs for parent education and in the formation of various parent groups at the national, state, and local levels.

The culmination of this emerging parent role is seen in Public Law 94-142 which mandates that parents of a handicapped child become active participants in their child's educational process and that schools inform parents of their rights and provide parent counseling.

Section 121a.224(a) of the law insures parental participation in the educational process by stipulating that "each local educational agency shall take steps to insure that one or both of the parents of the handicapped child are present at each meeting or are afforded the opportunity to participate" (Federal Register, Note 2, p. 56986). Parents are thereby encouraged to be fully active members of the child's planning and placement team.

Public Law 94-142 allows parents equal participation with school personnel in making key decisions about their
handicapped child by requiring parental consent before an individual evaluation can be made (Federal Register, Note 2, Section 121a.404(2)(b)) or before any special education placement can be made (Federal Register, Note 2, Section 121a.404).

Public Law 94-142 grants parents specific rights in regard to their child's records. Section 121a.452(a) of the Federal Register allows parents to "inspect and review any personally identifiable information relating to their children which is collected, maintained, or used . . ." (p. 56992) by the school. Should the parents feel that any of the information is inaccurate or misleading, they have the right to request that the offending statement(s) be amended (Federal Register, Note 2, Section 121a.457). Before the school can release any of the information in the child's file to another party, the parents must be notified and grant consent (Federal Register, Note 2, Section 121a.461).

Possibly one of the most needed components of Public Law 94-142 is due process. Due process is a series of steps which insures that parents are fully informed and included in decisions made during the processes of identification, evaluation, and placement of handicapped children. The due process procedure is fully detailed in the law and is viewed as a procedural safeguard designed to protect the interests of the handicapped child and his/her
parents.

Under the Related Services category, Public Law 94-142 further stipulates that schools must provide counseling to parents of a handicapped child as needed. Section 121a.4 of the Federal Register defines this aspect of Related Services as "parent counseling and training, providing parents with information about child development, and assisting parents in understanding the special needs of their child" (p. 56977).

Parents are now viewed as having "legal rights, prerogatives, and obligations" in the education of their handicapped child under law (Morrison, 1978, p. 181).

Yet almost six years after the passage of Public Law 94-142, the role of parents which emerges today appears to be one of passive involvement in the IEP process. Several possible reasons for this lack of active participation in the IEP process include: (a) parents' lack of knowledge (Goldstein, Strickland, Turnbull, & Curry, 1980); (b) discomfort when interacting with the schools (Dembinski & Mauser, 1977); (c) confusion as to their understanding of the educational decision-making process (Hoff, Fenton, Yoshida, & Kaufman, 1978); and (d) school encouraged noninvolvement in IEP meetings (Mitchell, 1976). Thus while Public Law 94-142 stresses active parent involvement, the schools' discouragement of parental responsibilities along with the parents' limited
knowledge and understanding of the law and their role may combine to actively discourage parental participation.

The following conflict thus results: (1) parents of a handicapped child are legally mandated to participate in their child's educational planning, but (2) these parents are not provided with a sufficient knowledge base from which to function, and (3) they are not receiving supportive counseling.

In order to address the specific needs of these parents, a comprehensive education-counseling program for parents of handicapped children was developed, viz., the Parent Education-Counseling Program.

**Rationale**

The primary goal of the Parent Education-Counseling Program is to provide information and support to parents of EMH children who are not identified until after they enter the school system. These parents live in a rural or semi-rural area.

The decision to utilize parents of newly identified handicapped children was made after consideration of the particular problems present at this time and of the paucity of existing programs for this group. Martin (as cited in Webster, 1977), of the Bureau of Education for the Handicapped, stated that in recent years the Bureau has funded several hundred demonstration programs
for parents of preschool handicapped children. A review of the literature indicates that most of these programs were for preschoolers and little mention is made of programs developed for parents of school-aged handicapped children. The need exists for services to this particular population.

While most of the programs that have been developed were located in larger cities, the need for parent education and counseling exists at least as much, if not more, in smaller cities and rural areas where resources are generally not directly available. These parents often have little access to larger cities and to the services provided there and, in a sense, are isolated from sources of help and support. A lack of communication exists between the larger urban areas and the smaller rural areas with the latter receiving few, if any, opportunities for parent education and counseling.

Mental retardation was chosen as the specific type of handicap to be dealt with in the Parent Education-Counseling Program due to its prevalence, potential amount of devastation, and multiplicity of associated problems.

Mental retardation is diagnosed at any age in the range of birth to adolescence. Support systems exist for those parents who have had their preschool child diagnosed as mentally handicapped, yet, as indicated, few
services are available for those parents whose child's first diagnosis occurs after the child has begun school. The earlier identified children generally are the most severely involved; whereas, those who are mildly retarded are not noticed as having a handicap until they begin school following what has been a fairly normal development.

Many dreams are shattered for the parents of these latter identified children and they are in need of knowing what mental retardation is and what it is not, as well as the specific problems and characteristics associated with the handicapping condition. Informing parents of the fact that mildly retarded children are more like normal children than different from them can facilitate the parents' acceptance of the situation. These parents are in need of support from professionals and other parents who can identify with the situation, yet many school systems lack the required services and personnel to provide this support.

Thus, parents of newly identified school-aged EMH children are faced with many decisions regarding the child's educational needs and priorities. In order to interact effectively with the school personnel to obtain needed services for their child, most of these parents must receive guidance and support. It is the contention of this writer that a comprehensive parent
education-counseling program can best meet the needs of these parents.

The purposes of the Parent Education-Counseling Program are fourfold: (1) to inform parents about handicapping conditions, legal issues and mandates pertaining to the education of handicapped children, educational assessment and placement procedures, and their role in the education of their children; (2) to develop the parents' repertoire of skills necessary to secure an appropriate education for their children, such as, communication and assertiveness; (3) to provide emotional support and encouragement to the parents within a group format; and (4) to make available a wide variety of reference and resource materials to the parents.
CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Formerly, disagreement has existed among educators as to the appropriateness of including the parents of a handicapped child in the educational treatment process as parents were not viewed as being a useful resource (Webster, 1977). Decisions were made by professionals with little, if any, input from the parents.

Parents, ironically, were considered to be outside the realm of treatment, both in terms of receiving help themselves and in aiding with the child's educational career. Due to this exclusion from their child's educational treatment process, most parents took little initiative to gain information about programs for their child. This created a vicious cycle: parents were not utilized as part of their child's planning team due to their lack of information and consequent lack of usefulness, while, at the same time, little incentive existed for parents to become informed due to their lack of involvement in the process.

As reflected in Public Law 94-142, this viewpoint
and practice of parental exclusion has been reversed. Morrison (1978) postulates several reasons for the increased interest in parental involvement in special education:

1. "Court cases and legal decisions have extended to the handicapped the same rights as others." To insure that these rights and privileges are actually granted to handicapped individuals, courts, agencies, and parents are assuming an advocacy role when necessary to perform this function.

2. "State and federal legislation has specified that the handicapped must receive a free and appropriate education as per Public Law 94-142." According to this mandate, individualized instruction in the form of IEPs must be developed for each handicapped student and the parents must be involved in the process from start (initial assessment) to finish (approving and signing the yearly IEPs).

3. "Federal money is available for the development of programs for the handicapped." No longer can the lack of funds be used as an excuse for improper and inadequate education for the handicapped. Parents must be aware of this fact and not discontinue efforts to secure an appropriate education for their child upon hearing this excuse.

4. "An increased social consciousness toward
handicapped individuals exists which recognizes that they have often been treated as second-class citizens and have been victimized by society." Parent groups have been very active in the accomplishment of this endeavor and with proper information and support will continue to make strides in improving society's attitude toward the handicapped.

5. "Research is accumulating indicating that effective parent involvement programs have had significant effects in a number of areas." Most of this research has focused on programs such as Head Start and Home Start which utilized disadvantaged preschool children; however, it is the contention of this writer that the results and implications are generalizable to parents of handicapped children of any age. (Morrison, 1978, pp. 175-176)

Mann (1970) found that parents involved in these programs were more likely to use "elaborated" complex language, and Gordon and Guinagh (1974) reported that the parents showed increased awareness of and responsiveness to the characteristics of their child, were better able to accurately "read" their child's behavior, and learned to design home learning environments.

In addition, Coletta (1976) notes that research demonstrates three improvements occur when parents and schools cooperate: "(1) the self concepts of both child and parents increase, (2) children's motivation accelerates,
and, as a result, (3) children's achievement advances" (p. 1).

Thus, in the past decade the dynamics of social, legal, and educational forces have converged to promote parental involvement in the education of handicapped children with the primary impetus from the legal sphere in the form of Public Law 94-142. Professionals and parents themselves have come to realize that the family milieu is primary to a child's development, particularly to that of the handicapped child (Robinson & Robinson, 1976). The total family situation must become an integral component of the educational program if parents are to cope with rearing the handicapped child and if the child is to be provided with appropriate educational assistance. The possible benefits accruing from the pooling of resources in order to help the child realize full potential has resulted in the official placement of parents on the program development and implementation team.

Despite the legal mandate to include parents, however, Falck (1976) noted that parents of handicapped children are, on the whole, basically uninformed or misinformed as to the legal responsibilities concerning their child's educational progress. Parents will not be productive team members by simple inclusion. There is a growing concern by these parents to receive education
themselves (Webster, 1976).

The provision of information is not sufficient to insure effective parental involvement--parents need to know how to use information. Being aware of their rights does not necessarily imply that parents will exercise them (Markel & Greenbaum, Note 3). Due to lack of certain skills in communication, assertiveness, and resourcefulness, parents may not have the ability to productively utilize the knowledge they do have.

An offshoot of this situation concerns the lack of emotional support given to the parents of a handicapped child. Parents of any child require support and encouragement from professionals, other parents, friends, and family, and parents of a handicapped child require even more (Robinson & Robinson, 1976). Webster (1976) remarks that "it is a hurtful and confusing thing to have a handicapped child. Professionals have become increasingly aware of the human needs of parents of handicapped children" (pp. xvii-xviii) and, in addition to it now being a legal mandate, are beginning to supply counseling services to these parents.

Four target areas emerge which appear fundamental to insure effective parental involvement in the educational process of handicapped children: (1) knowledge, (2) skills, (3) counseling, and (4) resources. Various programs are described in the literature which address
one or two of these areas (Attwood, 1979; Becker, Bender, & Kawabe, 1976; Cansler & Martin, 1973; Carpenter, 1975; Dembinski & Mauser, 1977; Donaldson, 1973; Espinoza, 1973; Geller, 1977; Huber, 1979; Jellinck & Kasper, 1972; Krotz & Scholl, 1978; Mitchell, 1976; Weisskopf, 1978); however, few programs are described which attempt to deal with all four areas (Beck, 1973; The Parent Program, 1976). Verification of need in each of these four areas from the literature follows.

**Knowledge**

Parents of handicapped children face a number of difficult problems. Clements and Alexander (1975) stated that "perhaps one of the most tragic times in the life of a parent of the exceptional child is the initial hunt for information" (p. 3). This is denoted as the "shopping parent" process and Becker et al. (1976) stated that in the past "services to help parents overcome these problems and concerns have been delivered on an informal and irregular basis" (p. 5).

A study of needs of and services to parents in the southern California area was conducted in 1976 by Becker et al. Fifty parents of mildly handicapped (emotionally and educable mentally handicapped) and fifty parents of severely handicapped (trainable mentally, orthopedically, aurally, and visually handicapped) children were surveyed
by the project staff. The results indicated that:

1. Approximately one-fourth of the parents of children with mild handicaps felt they had nowhere to turn for answers to questions.

2. The majority of the parents felt they needed more information about their child's problem and what they could do about it at home.

3. Parents were generally unaware of programs or services available to them.

4. Parental involvement (with the exception of Parent Teacher Association members) was limited.

5. Parents generally reported feelings of frustration and intimidation. Many had attempted to obtain information and services, but were unsuccessful.

6. Specific needs and concerns of parents varied with the exceptionality and age of their child. (Beckor et al., 1976, pp. 28-29)

Overall, the results of this study indicated that parents of a handicapped child are interested in the child's well-being. They want information about their child's problem and what they can do about it. The means by which to obtain these services and information, however, are not clear.

Goldstein et al. (1980) conducted a naturalistic observational study of the dynamics of 14 IEP conferences involving parents of mainstreamed children with mild learning problems. The observations assessed behaviors of the participants, the nature and frequency of topics discussed, and the length of the conferences. A follow-up questionnaire designed to measure each participant's
"felt satisfaction" with the conference was administered at the close of each session.

The results of this study indicated that the IEP conferences generally consisted of the resource teacher reviewing an already developed IEP with the parents. The parents were viewed as passive participants as they were primarily receivers and not givers of information. The mean coded speaking citations per conference was found to be only 4.6 for the parents—and 3 of the 14 parents accounted for 63% of this number. Of all conferences observed, only one consisted of parent and educators jointly specifying goals and objectives and, in this instance, the father was a psychologist who was familiar with the purpose and nature of the IEP process.

The authors of this study reported that from the satisfaction questionnaire results, positive reaction to the conferences on the part of all participants was an unanticipated finding, considering the passive stance of the parents during the proceedings. The authors attribute the "inflated" satisfaction scores as possibly being due to lack of knowledge on the parents' part as to the purpose of the IEP meeting and concluded that the study results pointed to a need to develop models of parent training in procedures and responsibilities associated with the IEP process (Goldstein et al., 1980).

The studies cited point to parents' general lack of
knowledge in a variety of areas related to the process of educating a handicapped child. As Public Law 94-142 requires informed parental consent, parents, in general, need information in the following categories: (1) handicapping conditions (what mental retardation is and is not and the specific problems associated with it), (2) normal child development, (3) legal issues (Public Law 94-142), (4) the IEP, (5) parents' role in education for handicapped children, and (6) basic concepts of assessment and diagnosis.

Kroth and Scholl (1978) commented that "parents must be provided with information and experiences to prepare them for vital and effective involvement in education" (p. 30). Increasing parents' knowledge bases in these areas may provide the foundation for a program of parent involvement in special education.

Skills

Parents of a handicapped child require certain skills to be effective in the educational planning and placement processes for their child. Increasingly, it is becoming evident that effective parental involvement requires training in communication, assertiveness, and basic interaction on the part of the parents and the professionals with whom they must deal. Three studies point to these needs.
In light of Public Law 94-142 requirements for informed parental consent, Hoff et al. (1978) studied 20 typical cases of parental involvement in the planning and placement of their children initially referred for special education. The results of their study indicated that parents' versions of each of four decision components discussed at the placement team meetings (eligibility, placement, program goals, and review date) were clear and accurate not more than 50% of the time, even though the parents had been present at team meetings. Effective communication was definitely lacking.

Dembinski and Mauser (1977) mailed surveys to parents of learning disabled children asking various questions regarding the parents' interactions with school personnel. A significant 33% of the returned questionnaires indicated that parents felt uncomfortable when interacting with professionals. The majority described themselves as feeling "awkward, nervous, and as if imposing on the professionals when questioning them" (p. 53).

Mitchell (1976) conducted an extensive study of the extent to which parents of handicapped children are taking advantage of their rights to participate and appeal under due process procedures. Twenty-five parents of exceptional children constituted the sample. After receiving confirmation that their child was handicapped,
all parents expressed high hopes of working with the school and of developing an adequate IEP; however, all the parents reported experiencing trouble at the core team meeting. The meetings were often scheduled when the parents could not attend or were changed to a different time at the last minute by the school. Parent participation was discouraged at the meetings by the behavior of the school personnel as the parents' suggestions were often ignored and they were made to feel unqualified to help plan the IEPs (even though 80% of the parents had taken extensive measures to gain expertise in the matter).

These parents requested hearings after receiving educational plans for their children that did not contain the components they felt were important and which had been expressed at the meetings. The parents turned to due process measures as a last resort.

Communication and productive interaction between parents and professionals must be strengthened if parental involvement is to prove facilitative in education for the handicapped. Each group must listen for and learn the concerns and priorities of the other, and each must feel that the other has a place in the educational process. Communication training promoting enhanced levels of interaction and cooperation is, in most cases, necessary for both parents and professionals.

Many parents of a handicapped child feel that the
school knows what is best for their child and unquestioningly comply with every recommendation and placement the school suggests. Parents need to realize that they can have valuable and valid input in the educational process and that they should join with the educators and specialists in the decision-making and implementation processes (Cutler, 1981).

Basic assertiveness training for many parents of handicapped children is becoming a necessary prerequisite for effective involvement. Kozloff (Cutler, 1981) stated that parents are "either largely excluded from participation, or, through passivity or fear, simply fail to effectively participate when the system is open to them" (p. vii). Effective use of assertiveness can facilitate an active parent role in conferences or personal interactions with school personnel, and more positive parent-teacher exchanges can lead to more effective problem solving (Markel & Greenbaum, Note 3). Professionals can help parents develop communication and assertiveness skills and confidence to use these skills (Lynch, 1976).

Counseling

Parents experience a variety of emotions when they discover that their child is handicapped. Huber (1979) suggests a parallel with the stages of acceptance of a
handicapped child and Kubler-Ross' reactions to the loss of a loved one through death. Upon learning of the handicap, particularly of a school-aged child, the discrepancies between expectations and reality cause the parents of the handicapped child to experience a sense of loss and subsequent grief. Parents may pass through sequential stages of (1) denial, (2) anger, (3) bargaining, and (4) depression to (hopefully) arrive at the final stage of (5) acceptance. Weisskopf (1968) notes that often the additional emotions of confusion, chronic anxiety, guilt, and embarrassment may also be present.

Kozloff (Cutler, 1981) describes the emotions and experiences of many parents of a handicapped child:

The parents of a special-needs child experience sadness, bewilderment, and anxiety regarding their child's condition, his or her future, and their own sense of self-worth. Typically, parents spend many years making the rounds from one professional to another in search for understanding of their child's condition, a prognosis, and recommendations for practical actions which they and others can take to help the child. In the process, they may spend a great deal of time, effort, and often obtain conflicting opinions and recommendations which do not seem to produce much beneficial change in their child. Moreover, as time goes by, the parents may feel (and may be) isolated from their own families, from neighbors, and from the community--yet the daily effort of rearing and coping with their child continues and perhaps becomes more difficult. (p. viii)

Murray (1973) lists six basic problems common to parents of a handicapped child that a counselor may be asked to help resolve:
1. The acceptance by the parents of the fact that the child is mentally retarded.
2. Dealing with the financial burden that may be placed on the family.
3. Coping with emotional tension built up by carrying a burden they feel cannot be shared with others.
4. Facing the sin/guilt conflict they may have in regard to the mentally retarded child.
5. Assisting the parents in seeking a solution to the question of satisfactory lifetime care for the handicapped child.
6. Helping the parents cope with the inept, inaccurate, and ill-timed advice they will occasionally receive. (p. 202)

Many counselors who deal with the parents of a handicapped child feel that group counseling may be maximally efficient and beneficial to all involved to help deal with these problems unique to this set of parents (Attwood, 1979; Beck, 1973; Cansler & Martin, 1973; Donaldson, 1973; Kuber, 1979; Kroth & Scholl, 1978; The Parent Program, 1976; Rossett, 1975). Huber (1979) notes that parent groups provide

unique opportunities for parents of handicapped children to become more aware of what is happening in their lives via feedback from other parents about their experiences. When provided with a framework for discussion, the group is the best way to help parents of a handicapped child. (p. 168)

Huber goes on to list several components that facilitate the group discussion in parent counseling sessions:

1. A framework is provided by others to help understand and conceptualize emotions participants
had experienced but not sorted out.

2. Participants experience a sense of relief from the idea that they were not alone or maladjusted in how they were responding to their situation as a sense of mutual support is derived from the group.

3. Participants begin to learn how others are coping with similar circumstances and offer suggestions, resulting in greater optimism that things can be done to deal with situations. (p. 267)

In addition to more efficient means of information sharing and more effective problem solving, therefore, group processes may offer the benefit of allowing members to establish mutually supportive relations (Cansler & Martin, 1973). Leigh (1975) notes that "In fact, the results of many studies indicate that parent counseling may be more beneficial in many situations than direct therapy or remediation with the child" (p. 61).

Resources

A final consistent finding from studies assessing the needs of parents of handicapped children has been the desire of parents to locate reading material or references for material they can consult in order to understand the child's problem and to become more familiar with local, state, and national resources (Dembinski & Mauser, 1977; Espinoza, 1976; The Parent Program, 1976; Rossett, 1975).

A wide variety of resource materials now exists for parents of handicapped children ranging from pamphlets to
audio-visual media to complete workshops; however, most parents are generally unaware of these programs and services available to them (Becker et al., 1976). Espinoza (1976) of the Parent Materials Information Center (PMIC) notes that "the increased interest in parental involvement in education can be better served when the currently existing instructional resources are known and used" (p. 4). Providing parents with pamphlets, bibliographies of books and other printed literature, and information about agencies, organizations, and professional personnel that deal with issues relevant to parental involvement in special education can help accomplish Espinoza’s objective.

Summary

In order for parents of a handicapped child to be effective participants in their child's educational process, they must have (1) knowledge, (2) skills, (3) counseling, and (4) resources. The review of the literature suggests that most schools do not seem to be supplying these components to parents nor are they encouraging active participation in educational planning and decision-making.

As Public Law 94-142 mandates that parents be given information and counseling as needed, this thesis develops a comprehensive education-counseling program for parents of newly identified school-aged EMH children. The need
for such a program to this particular population is documented.

Some models designed to enhance parent-professional interactions are currently being research and utilized. As stated previously, many of these programs are for parents of disadvantaged preschoolers or severely handicapped children. Several models have proven to be very productive and have served to mobilize parents in constructive directions (Webster, 1976). Kroth and Scholl (1978) listed several benefits that have accrued from the successful parent involvement programs:

1. Joint decision-making results between parents and professionals regarding school policies and procedures.

2. School-community relations improve with increased contact between the two as each gains information about the activities and concerns of the other.

3. More effective problem solving results as the schools are beginning to see the need for parental involvement in many of the problem areas that the schools have traditionally been blamed (teenage pregnancy, drug abuse, declining test scores, etc.).

4. A comprehensive service delivery program results in consistent help and treatment both at home and at school for the child. (p. 10)
Current State of Affairs

Four components emerge from the literature as target areas necessary to insure effective parental involvement in educating handicapped children as per Public Law 94-142: (1) knowledge, (2) skills, (3) counseling, and (4) resources. In order to further elucidate needs in these areas, the current state of affairs in each will be outlined followed by a conceptualization of the desired state of affairs (goals) for the Parent Education-Counseling Program. The focus of these states of affairs is parents of EMH children who are not identified until they enter school. These parents live in a rural or semi-rural area.

I. Knowledge

To be effective participants in the education of their handicapped child, parents must have information about handicapping conditions, legal issues, assessment, and their role in the educational process. Presently, many parents of newly identified school-aged EMH children lack information in these areas.

A. In general, they have limited knowledge of the basic characteristics and distinctions of EMH children.

B. Many are not sure of their role in the education of and opportunities for their children.

C. They are generally unaware of the existence and
ramifications of Public Law 94-142 and of their rights and responsibilities in various areas.

1. Consent. Many do not recognize the areas that require their consent before any action is taken with their child.

2. Evaluation. The majority of them lack knowledge of the use and function of various assessment devices and of how results are used for educational planning and decision-making.

3. IEPs. They generally lack knowledge of the IEP process and of their role in planning their child's education.

4. Placement. Many do not realize that they have a voice in the placement decision and that they are members of a team interested in educating the child.

5. Due process. The majority of them do not fully understand the legal recourse open to them (and to the schools) should any disputes arise in the planning and placement processes.

II. Skills

Parents of a handicapped child must have a repertoire of skills in areas necessary for advocacy, such as, communication and assertiveness. At present, many parents of newly identified school-aged
EMH children either lack these skills or do not utilize them.

A. Many are unable to communicate effectively with professionals about their concerns, feelings, understandings, and misunderstandings.

B. They feel the school knows what is best for their child and do not actively participate in decision-making. They unquestioningly comply with school recommendations.

C. Many who have sufficient knowledge bases are not active participants in their child’s educational planning as they are often treated as token members of the placement team.

D. The majority of them lack assertiveness skills, preventing them from effective involvement in placement team meetings and decisions.

III. Counseling

Parents of a handicapped child are in need of emotional support and encouragement from others in order to be effective in their child’s education. Presently many parents of newly identified school-aged EMH children are not provided with these key elements.

A. In general, they feel they are alone and that no other parents have faced their problems and feelings.
B. Many lack support from family, school, and community to insure that their rights are granted and that professionals listen to their concerns.

C. They generally feel that their child is more different from other normal children than similar.

IV. Resources

Parents of a handicapped child need access to current resources pertaining to the child's education, such as, informative books, pamphlets, films, etc., as well as to organizations that can provide services to them or their child. Presently, many parents of newly identified school-aged EH children are unaware of the existence of these resources.

A. In general, resources are not available to them in an organized system of delivery, particularly for the rural and semi-rural parents who have limited access to the larger urban areas where most of the resources are located.

B. Most are unaware of the existence and function of various professional personnel and of national, state, and local organizations that provide useful services to them and to their child.

C. The majority of them are unable to gain entry into agencies or understand the process of how they operate.
Desired State of Affairs--Goals

I. Knowledge

Parents of a handicapped child will receive information about handicapping conditions, legal issues, assessment, and their role in the education of their child.

A. Parents will identify characteristics and distinctions of EMH children.

B. Parents will know their role and responsibilities in the education of their handicapped child.

C. Parents will understand Public Law 94-142 and the various areas affecting their child and themselves.

1. Consent. Parents will identify the areas in which their consent is required before any action is taken with their child.

2. Evaluation. Parents will indicate the basic functions of intelligence, achievement, and adaptive behavior assessment devices and be able to name commonly used tests of each type.

3. IEPs. Parents will be knowledgeable of the essential components of an IEP and identify members of the IEP writing or placement team.

4. Placement. Parents will identify the possible placements of a handicapped child in the
continuum recognized in Public Law 94-142, and their role in the placement decision.

5. Due process. Parents will define due process, its basic steps and time requirements, and their role in the procedures.

II. Skills

Parents will gain proficiency in communication and assertiveness skills.

A. Parents will learn communication techniques allowing them to interact with professionals more effectively.

B. Parents will gain a respect for the knowledge they possess about their handicapped child.

C. Knowledgeable parents will become active participants in the educational planning process for their child and will realize themselves, and help others realize, that they belong on the placement and planning team.

D. Parents will complete an assertiveness training package.

III. Counseling

Parents of a handicapped child will receive support and encouragement from each other within the group setting.

A. Parents will realize that others have had similar problems accepting their handicapped child
and accepting themselves as parents of such a child.

B. Parents will receive support and encouragement from the group to insure that their rights are met in the educational process and to make professionals listen to their concerns.

C. Parents will learn that their EMH child is more like normal children than different.

IV. Resources

Parents will be given their own materials and have access to other materials pertaining to educating their handicapped child.

A. Pertinent information in a variety of areas in the forms of books, pamphlets, bibliographies of other available information, etc. will be distributed to the parents.

B. Lists of various local, state, and national agencies and organizations that provide services to handicapped children and their parents will be compiled and presented to the parents.

C. Parents will know how to obtain services from professional personnel and organizations and realize how they operate.
CHAPTER III

COMPONENTS OF THE PROGRAM

Sample

This chapter presents the components of the Parent Education-Counseling Program and describes how the program is to be conducted.

The target sample of the Parent Education-Counseling Program is parents of recently identified EMH elementary school aged children residing in a rural or semi-rural area.

It is very important to the success of the program for the group leader to obtain permission from the school(s) from which parents will be solicited before initiating any contacts with the parents.

To solicit parents for the program, a listing of parents who have recently (within the last year) had their elementary school aged child diagnosed as EMH may be obtained from the Director of Special Education. Parents can either be contacted directly by telephone or home visits or indirectly with a letter inviting them to participate. The more direct approach might prove more effective in soliciting parents as they may have questions.
to ask or may require some encouragement and prompting before agreeing to participate.

Should the leader decide to contact the parents with a letter, the following sample might serve as a guide:

A group for parents of children who have recently been identified as EMH during their elementary school grades is being formed. We are looking for parents who wish to learn how they can be effective participants in their child's education. Both parents are encouraged to participate. Meetings will be held one night per week for approximately 1½ hours for a period of seven weeks. For more information, please contact ________________________.

**Group Leader**

The group leader is the only personnel required to run the Parent Education-Counseling Program; however, presentations by community experts and specialists can be utilized to facilitate and supplement group discussions.

The group leader should have training and experience in group or family counseling, special education, Public Law 94-142 procedures, and assertiveness training. The group leader should also be knowledgeable about handicapping conditions. School psychologists, guidance counselors, and social workers would generally possess knowledge and skills appropriate for implementing the program. Parents or other outside consultants with adequate training and experience could also serve as group leaders.

The group leader of the Parent Education-Counseling
Program should be a knowledgeable, supportive individual who realizes the needs of parents of handicapped children. The leader should possess certain personal qualities, such as, genuineness, flexibility, insight, and empathy as well as leadership qualities, such as, ability to operate on the functioning level of the group, provide concrete examples whenever possible, encourage questions, and stimulate discussions.

**Methods and Materials**

A variety of methods and materials are available for conducting a parent education-counseling program. Criteria for selection of materials for this program were economy and efficiency. As the Parent Education-Counseling Program was developed to be marketable and useable in a variety of settings, easily obtainable and relatively inexpensive materials were chosen.

The primary text for the Parent Education-Counseling Program is entitled *Unraveling the Special Education Maze: An Action Guide for Parents* by Cutler (1981). This well-written manual was designed to "help them (parents) to institute and maintain a productive relationship with special education systems" (Cutler, 1981, p. xi).

The majority of the program materials consist of printed literature from the Kentucky Department of Education, Bureau of Education for Exceptional Children
and Closer Look, the National Information Center for the Handicapped. These materials were written specifically for parents of handicapped children in easily understandable, nontechnical language. The materials must be ordered or xeroxed; however, many of them are free of charge. They will be utilized within the Parent Education-Counseling Program for background and supplementary reading to complete the knowledge and resources components.

The majority of these program resource materials are referenced in Appendices A through C. Appendices A and B list the homework materials distributed to the parents during the course of the program. Appendix C presents references of agencies and organizations that parents can join and/or receive information and services from as well as books, journals, pamphlets, and films that they can order for their own use.

Discussion is the primary approach used in the Parent Education-Counseling Program. Various topics presented in the program goals section will be discussed and questions encouraged. The previously discussed reading materials will be used by the parents to develop their knowledge bases.

Assertiveness and communication skills training will be accomplished through utilization of the program Assertiveness Training for Parents of Handicapped Children by
Markel and Greenbaum (Note 3). Typical school situations from the manual will be presented, role played, and discussed. Parents will learn to interact effectively with school personnel by learning the following techniques: (a) preparing objectives before meetings with school personnel, (b) anticipating the school personnel's behaviors, and (c) effective conference strategies (Markel & Greenbaum, Note 3). Training in basic communication strategies is a derivative of this package.

Depending upon the budget for the program, the most desirable situation would be for the group leader to order a copy of the Markel and Greenbaum manual for each participant to utilize in the program and keep for future reference. In the case of insufficient funding, however, the group leader could present situations from the manual to the participants without having copies themselves.

The Parent Education-Counseling Program is intended to serve a supportive as well as instructional function, therefore, the following techniques will be utilized by the group leader and encouraged in the participants.

At the initial meeting, participants will be informed of this support function of the group and groundrules for conducting the rest of the meetings will be developed by consensus. These groundrules should be designed to facilitate parental participation in discussions and activities to help the parents feel comfortable
discussing their feelings and concerns before the group.

The group leader will insure that the final list of rules includes such guidelines as, "everyone's opinion is listened to respectfully," "questions are encouraged," "no parent will monopolize discussions," and "discussions of disagreements will focus on the content of the opinion and not on the individual." These rules, as agreed upon by all, will be written on large newsprint and will be present at all meetings. The group leader and the parents will be responsible for insuring that the rules are followed.

Provision of counseling and support to the parents is inherent in the group format and thus will be an ongoing process. In addition, at the first session, parents will be encouraged to express feelings about themselves and their child to facilitate the support and acceptance functions of the group and to obtain feedback from it. Hearing others express similar feelings, concerns, and experiences can help parents feel that they are not alone with their situations.

**Budget**

The Parent Education-Counseling Program is intended to be effective, yet low budget. A cost of approximately $250.00 should cover the expenses of postage, xeroxing, pamphlets, and babysitting services (optional).
Two possible sources for funding are available: grants/donations and fees for service. Grant monies may be obtained from such organizations as the Bureau of Education for the Handicapped and the Association for Retarded Citizens. The local school districts themselves might be willing to donate monies for program implementation.

A second source of funding is from the participants themselves. A fee could be charged to each individual or family who participates in the program. While possibly limiting the number and types of parents that do participate, charging a modest fee ($5.00) could help insure participation and attendance as well as provide needed resources.

Should a larger budget than the proposed $250.00 budget be available, other methods and materials can be utilized to supplement those listed in the preceding section. Multi-media programs that include captioned film-strips, audio cassettes, manuals, worksheets, etc. can be rented from such organizations as the Council for Exceptional Children and Research Press to facilitate learning. Additional books and pamphlets can be purchased for the parents.

Although a variety of modalities of instruction generally results in increased levels of learning, it is the contention of this writer that the basic program as
proposed can adequately meet the defined goals. The small budget will also serve to make the Parent Education-Counseling Program more attractive to and reasonable for potential users.

**Evaluation**

Evaluation of the Parent Education-Counseling Program is necessary in order to determine (1) the extent to which it is implemented as planned (formative evaluation) and (2) the extent to which goals are met (summative evaluation). These two areas are of prime importance for assessing how "good" or "bad" the program is and for providing directions for needed changes.

**Formative Evaluation**

In order to determine the extent to which the program is implemented as planned, three types of formative evaluation are presented: an activities checklist completed by the leader, observations made by the leader, and quizzes completed by the parents. These types of evaluation will be utilized to provide answers to the following questions:

A. What are the characteristics of the population?
B. How well attended are the meetings?
C. Are the planned activities carried out?
D. Are any significant changes made in implementation of the program?
E. Are the appropriate materials distributed?

F. Do the parents actively participate in discussions and activities?

G. To what extent is the group leader successful in imparting information to the parents?

The group leader will keep a written log during the course of the program, making relevant observations concerning the parents (behavior, attendance, participation, etc.); the program (activities, changes in the program, etc.); and him/herself (facilitative qualities, success in leading discussions and encouraging participation, etc.). Questions A, B, and F can adequately be answered through observations made by the group leader in the log.

The Activities Checklist (contained in Appendix D) is directly obtained from the program outline in Chapter IV. At the end of each session, the group leader will place a checkmark beside those activities that are actually carried out, thus monitoring the process of the program. Any significant additions, deletions, or changes to the program activities should be noted. The Activities Checklist will provide evaluation information in response to questions C, D, and E.

In order to assure that the appropriate population is served by the program, the group leader should note relevant characteristics of the parents in the log, such as age of EMH child, how long the child has been placed
in special education, etc. This information will be utilized to respond to question A.

Attendance figures provide another process evaluation measure. Group members must be present at the meetings to receive information, skills training, counseling, and resources, i.e., the goals of the program. Regardless of how "good" the program is, if parents do not attend meetings, the program will be unsuccessful in achieving its goals.

In order to determine the extent to which the group leader is successful in imparting information to the parents (question G), quizzes will be administered to each participant at the close of each session. These five written objective quizzes (contained in Appendices E through I) cover each major topic discussed during a session and are in a true/false format. The statements are directly related to the goals of the program.

The quizzes are intended to provide the leader with feedback as to how well group members understand the concepts presented during discussions based upon the leader's presentation. Acceptable performance (70% to 80% correct responses) and more than acceptable performance (more than 80% correct responses) on a quiz indicates that a participant adequately grasped the content of a discussion. Unacceptable performance (less than 70% correct responses) indicates inadequate understanding presumably
due to ineffective presentation by the leader.

The group leader will review each individual's quiz performance, note which questions (concepts) were missed by the individuals and the group as a whole, and review these concepts at the next meeting, utilizing a different mode or manner of presentation. The leader will thereby use quiz performance as a process evaluation measure by making needed changes and improvements in the program during implementation to facilitate its ultimate effectiveness and success (Posovac & Carey, 1980).

**Summative Evaluation**

Summative evaluation of the Parent Education-Counseling Program will be performed to assess its outcomes and effects on parents. Three types of summative evaluation are proposed: pretest-posttest comparisons, parents' perceptions of the program, and ratings of parents' behavior in actual School Based Admissions and Release Committee (SBARC) meetings.

The pretest-posttest measure (contained in Appendix J) consists of multiple choice questions assessing knowledge in and awareness of various goal areas, such as, the education of handicapped children, assertiveness, resources, etc. Each parent will complete the pretest at the beginning of the first session and the posttest (which contains the same questions as the pretest) at the close
of the final session. Comparison of pretest responses with those on the posttest can give the program leader a measure of the success or failure of the program in meeting its goals.

The Parent Perception of the Program Scale (see Appendix K) is designed to elicit parents' feelings about or perceptions of the program: its strengths and weaknesses, the group leader's competence, overall value of the program, etc. These subjective indices will provide information to the group leader as to the value of the program and its components as perceived by the target population.

As the ultimate goal of the Parent Education-Counseling Program is for parents to become effective advocates for their handicapped child in planning and placement meetings, the third type of summative evaluation is designed to provide information about the parents' participation and behavior in SBARC meetings. The Parent Rating Scale, devised specifically to address the parents' utilization of information, skills, and resources gained during the program (see Appendix L) will be completed by an independent observer assigned to "sit in" on each of the parents' first SBARC meeting subsequent to completion of the program. The observer must be an individual not connected with the "case" or with the Parent Education-Counseling Program (i.e., someone other
than the psychologist who tested the child and works with the parents or the group leader).

The independent observer will also attend SBARC meetings involving parents of handicapped children who have not participated in the Parent Education-Counseling Program and complete the Parent Rating Scale with these parents. Comparisons of program participants' and nonparticipants' behaviors in SBARC meetings can provide follow-up data on the effectiveness of the program in meeting its goals.
CHAPTER IV

THE PARENT EDUCATION-COUNSELING PROGRAM

Overview

The Parent Education-Counseling Program is designed to inform and support parents of newly identified school-aged EMH children. Parents will receive information, learn skills, experience emotional support, and become aware of resources to better enable them to become effective participants in their child's educational process.

The program will be presented in this chapter in a session-by-session outline format. The goals to be accomplished during each session will be described, accompanied by the activities necessary to help reach each goal. The goal statements are taken from the Desired State of Affairs section in Chapter II. The parents' quiz and pretest-posttest performances during the program and ratings of participation in SBARC meetings following completion of the program will serve to evaluate the attainment of goals. The items on these evaluation measures are also taken from the goal statements.

The Parent Education-Counseling Program is projected to be run weekly in 1½ hour sessions, for a period of seven
weeks. The group leader needs to be aware of the fact that these are not set time limits for activities. The program is flexible and the length of time required for successful attainment of goals will vary from group to group depending on factors such as the leader’s style, size of the group, sophistication of the parents, amount of participation by the parents, and the parents’ needs. Thus, the number of sessions required and the time for completion of activities may be more or less than that presented in this chapter. The program outline is intended only as a general frame of reference.

Each session opens with an informal coffee period during which participants are encouraged to get to know each other on a more personal level than simply as "another parent of a handicapped child." This will help develop feelings of camaraderie and trust among parents and facilitate discussion and counseling activities.

At the close of each discussion period, the group leader will summarize the key points discussed and encourage further questions to clarify issues. The summary is intended to provide an overview of and to synthesize the topics discussed. Quizzes will then be administered to the parents following the summary and appropriate reading materials distributed for the next session.
The Program

Session I. Introduction and Counseling

Introduction: Informal coffee. The leader will provide refreshments for the first session and encourage participants to do so as they wish for the remaining sessions. Parents will be encouraged to mingle with each other during this period, getting to know each other and developing feelings of trust and support. (This goal and activity is the same for each session.)

Goal I.1. Summative evaluation information will be obtained from the parents.

Activity I.1. Administration of the pretest. The group leader will administer the pretest to each individual in the group.

Goal I.2. Parents will be given an overview of the program, including the goals, methods, and activities to be used.

Activity I.2. Introduction of the program. The group leader will introduce her/himself, discuss the program rationale, goals, methods, and activities. During this activity, groundrules for facilitating participation and the group process will be decided. Brainstorming will be used to elicit rules from the parents, each will be written on newsprint, and participants will then vote on the final list which will be displayed at each subsequent session.
Goal I.3. Parents will experience support and encouragement from each other within the group format.

Subgoal I.3.a. Parents will realize others have had similar problems accepting their child and themselves as parents of a handicapped child.

Subgoal I.3.b. Parents will learn that their EMH child is more like normal children than different.

Activity I.3. Sharing of experiences and emotions. Parents will be asked to share with the group the "story" of their handicapped child and of their reactions and attitudes toward the situation. The group leader will indicate that it is acceptable to express genuine emotion before the rest of the parents.

Conclusion: Summary of session, Distribution of resources for the next session.

Resources: (See Appendix A for complete reference.)

Retarded Children and Adults Can Be Helped, National Association for Retarded Citizens.
Session II. Mental Retardation: Description and Identification

Introduction: Informal coffee.

Goal II.1.a. Parents will identify characteristics and distinctions of EMH children.

Goal II.1.b. Parents will realize that EMH children are more similar to normal children than different.

Activity II.1. Discussion of mental retardation. The group leader will direct a discussion of retardation and characteristics of EMH children, including definitions, degrees of retardation, incidences, methods of identification, and causes.

Conclusion: Summary of session, Administration of Quiz 1, and Distribution of resources for the next session.

Resources: (See Appendix A for complete references.)

A Parent's Guide to Public Education for the Handicapped, Kentucky Department of Education.


Let's Talk About Testing, Source unknown.

Sources of Information About Tests, Source unknown.

What Do These Words Mean? A Glossary of Commonly Used Terms Related to Tests, Source unknown.
Session III. Public Law 94-142: Consent and Evaluation

Introduction: Informal coffee.

Goal III.1. Parents will understand the basic tenets of Public Law 94-142, with emphasis on consent and evaluation.

Subgoal III.1.a. Parents will state their role and responsibilities in their child's education.

Subgoal III.1.b. Parents will identify when their consent is required in placement and planning decisions.

Subgoal III.1.c. Parents will know the basic functions of intelligence, achievement, and adaptive behavior assessment devices.

Activity III.1.d. Discussion of Public Law 94-142: Consent and evaluation. The group leader will introduce Public Law 94-142 historically with the focus on consent and evaluation. Included in the discussion will be the parents' role in the special education process, definition of consent, when parental consent is required, the purposes of evaluation, the legal mandates regulating evaluation, definitions of various areas of assessment, and examples of intelligence, achievement, and adaptive behavior assessment devices.

Conclusion: Summary of session, Administration of Quiz 2, and Distribution of resources for the next session.

Resources: (See Appendix A for complete reference.)

Session IV. Public Law 94-142: the IEP

Introduction: Informal coffee.

Goal IV.1. Parents will be knowledgeable about the essential components of an IEP and identify members of the IEP team.

Activity IV.1. Discussion of Public Law 94-142: the IEP. The group leader will direct a discussion of the IEP, including definition, components, time requirements, review date, and members of the IEP writing team.

Conclusion: Summary of Session, Administration of Quiz 3, and Distribution of resources for the next session.

Resources: (See Appendix A for complete reference.)

Protection and Advocacy, Office for Public Advocacy.
Session V. Public Law 94-142: Placement and Due Process

Introduction: Informal coffee.

Goal V.1.a. Parents will recognize the possible placements of a handicapped child in the Public Law 94-142 continuum and their role in the placement decision.

Goal V.1.b. Parents will define due process, its basic steps and time requirements, and their role in the process.

Activity V.1. Discussion of Public Law 94-142: Placement and due process. The group leader will direct a discussion of placement and due process components, including possible placements of a handicapped child, strengths and weaknesses of each placement, the parents' role in placement decisions, the mandates concerning impermanence of special education placements, mainstreaming, definition of due process, hearings procedures, and instances when due process is necessary.

Conclusion: Summary of session, Administration of Quiz 4, and Distribution of resources for the next session.

Resources: (See Appendix B for complete references.)


You Have New Rights--Use Them! Closer Look.
Session VI. Communication and Assertiveness Skills Training

Introduction: Informal coffee.

Goal VI.1. Parents will gain proficiency in communication and assertiveness.

Subgoal VI.1.a. Parents will learn effective communication and assertiveness techniques.

Subgoal VI.1.b. Parents will gain a respect for the knowledge they possess about their handicapped child.

Activity VI.1. Communication and assertiveness skills training. Basic concepts of effective communication and assertiveness will be discussed and typical school situations requiring assertive responses will be presented from the Markel and Greenbaum manual, role played, and discussed. Conference preparation techniques will also be discussed.

Conclusion: Summary of Session, Administration of Quiz 5, and Distribution of resources for the next session.

Resources: (See Appendix C for complete references.)


A Parent's Guide to Developing Community Support for the Education of Handicapped Children, Kentucky Department of Education.
Session VII. Resources and Conclusion

Introduction: Informal coffee.

Goal VII.1.a. Parents will be knowledgeable about available resources to inform and support them and will be encouraged to utilize these resources.

Goal VII.1.b. Parents will know how to obtain services from professionals and organizations.

Activity VII.1. Resources. The group leader will distribute the following resource materials to the parents, describe how to join organizations and obtain services, and encourage parents to utilize resources.

Resources: (See Appendix C for complete references.)


Getting to Know Each Other, Closer Look.

Inexpensive Books for Parents of Handicapped Children, Source unknown.

These Organizations Can Help You, Closer Look.

Your State Agencies Serving the Handicapped Individuals, Closer Look.

Conclusion: Summary of session and program.

Goal VII.2. Summative evaluation information will be obtained from the parents.

Activity VII.2. Administration of the posttest and the Parent Perception of the Program Scale. The group leader will administer the posttest and the Parent Perception of the Program Scale to each individual in the group.
Following completion of the program in an SBARC meeting:

Goal VIII. Knowledgeable parents will become active participants in their child's educational planning and placement process.

Activity VIII. Completion of the Parent Rating Scale. An independent observer will rate each parent's participation and behavior in SBARC meetings with the Parent Rating Scale to provide long-range evaluation information about program effects.
CHAPTER V

CASE STUDY

A pilot trial of the Parent Education-Counseling Program was conducted to determine the feasibility and practicality of its methods and materials. The basic outline of the program was utilized; however, due to numerous difficulties in obtaining sets of parents whose schedules could be coordinated and who were interested in participating in the program, it was decided that a case study with one set of parents would suffice. The unique support function inherent in a group format could not be met; however, the participating parents received support from each other as well as from the group leader. The program writer served as group leader for the case study.

The case study will be presented and discussed in a program evaluation format. The types of evaluations conducted are grouped into the categories of formative and summative evaluation.

Formative Evaluation

In order to determine the extent to which the program
was implemented as planned in the case study, three types of formative evaluation were performed: an activities checklist was completed by the leader, observations were made by the leader, and quizzes were completed by the parent.

These types of formative evaluation, while not providing information about the success of the program as a whole, were necessary for monitoring the process of the program as it was being carried out. The questions that formative evaluation sought to answer were posed in the Evaluation section of Chapter III and will be responded to in the following.

A. What were the characteristics of the population?

The Parent Education-Counseling Program pilot trial was originally conceptualized to serve approximately five sets of parents in the rural Hardin County, Kentucky area. The Director of Special Programs and the local school principals had given their consent for the group leader to utilize parents in their district. With the exception of one principal, all were very helpful in providing information to the leader and helping locate parents.

A list of parents whose elementary school aged child had recently (within the past year) been identified and placed in an EMH unit was obtained from one of the district's psychometrists. The list contained the names and addresses of approximately ten sets of parents--five
of which met the program criteria. The other five par-
ents on the list had children who had been placed in an EMH
unit more than one year ago, and according to the program
criteria, were not newly identified. Due to difficulties
in obtaining participants as described in the following,
contacts with all ten sets of parents were attempted.

The method utilized to contact potential partici-
pants was telephone solicitation when possible or home
visits when no phone was in the home. A variety of dif-
ficulties were encountered in this endeavor. Several par-
ents simply were not interested or did not feel they had
the time to participate. Some initially agreed to par-
ticipate, but when contacted again to set up the first
meeting, commented that they had decided not to partici-
pate after all. One family had just moved out of the
district and another had moved, still within the district,
but had neglected to notify the school of their new address.

In light of these difficulties delaying the formation
of the group, it was decided that a single case study
utilizing one set of parent participants was the only
feasible option for conducting the pilot trial as only
one set of parents had agreed to participate.

The participating set of parents was from a rural
area in Hardin County, Kentucky, and their child had very
recently been identified as EMH. The SBARC meeting had
been held and the child had subsequently been placed in
the EMH program on a resource room basis. The program meetings were conducted in the parents' home, although home visits are generally not feasible with a group format. The participating parents will hereafter be referred to as Mr. and Mrs. C. and their handicapped child as Molina.

Since the program was intended to serve more than one set of parents in order to promote mutual support and greater information sharing among participants, some of the program goals could not be fully met, particularly the counseling and support goals. The case study did suggest, however, that the program methods and materials can adequately be utilized to inform a single set of parents of Public Law 94-142, teach them communication and assertiveness skills, and provide support and reference materials to them.

B. How well attended were the meetings?

Although not formally utilized in the pilot trial of the Parent Education-Counseling Program due to the case study design, attendance figures can provide a measure of the extent to which the program is carried out as planned.

Mrs. C. was present at all the meetings; however, due to his work schedule, Mr. C. was only able to attend one session (which was, fortunately, quite lengthy, covering a variety of topical areas).
C. Were the planned activities carried out?

A listing of each of the activities planned for the Parent Education-Counseling program was obtained from the program outline in Chapter IV. The group leader placed a checkmark beside each activity on the Activities Checklist as it was actually carried out, thus monitoring the process of the program.

D. Were any significant changes made in implementation of the program?

Due to the case study design of the pilot trial, some of the activities described in Chapter IV were altered. For example, since the meetings were held in Mr. and Mrs. C's home, the informal coffee activity was eliminated. Several minutes were spent at the beginning of each session; however, with the leader and the parent(s) engaged in "small talk." The group sharing of feelings and experiences periods were naturally much shorter than they would have been had the group size been larger. The role playing activity was also limited, but no less valuable to the parent.

As a result of these considerations and of the amount of time Mr. and Mrs. C. were able to spend with the program, fewer sessions were required to complete the components of the program than the seven proposed sessions. Each session with Mr. and/or Mrs. C. varied in length, with the longest one lasting two hours and
the shortest one lasting three-quarters of an hour. Most of the activities described in Chapter IV were carried out, but not, however, in the session-by-session outline proposed. The program was found to be easily alterable to meet the participants' needs.

E. Were the appropriate materials distributed?

A variety of printed literature was prepared and distributed to Mr. and Mrs. C. by the group leader. The articles, booklets, and pamphlets referenced in Appendices A through C were given to the parents, and Mr. and Mrs. C. were encouraged to contact local agencies and organizations for further information and support.

The text for the program by Cutler (1981) had not been published when the case study was conducted and thus was not utilized. It is available at this point in time.

F. Did the parents actively participate in discussions?

Most of the sessions were recorded on audio tapes by the group leader, and, while not measured formally, information concerning how often questions were asked and issues discussed by the parents during the program meetings was made available.

Mrs. C. related many incidents concerning her dealings with the school and her daughter's condition. She did not ask many questions during the meetings; however, she was very attentive during discussions.
Mr. C. was present at one of the longer sessions during which many topical areas were discussed. He was very active in expressing opinions, supplying information, and asking questions. He seemed to have a great deal of difficulty accepting his daughter's label of EMH, and much time was spent discussing what the label meant, why it was applied, whether the child actually displayed characteristics of EMH children, and how he felt about the situation. The feedback and support that a group could provide would have been very beneficial to Mr. C's acceptance at this point.

G. To what extent was the group leader successful in imparting information to the parents?

In order to assess the extent to which the parents understood the information discussed during the course of the program, five objective quizzes covering each major topic were administered.

The major purpose for including the quizzes as a formative evaluation tool was to provide feedback to the group leader during program implementation concerning her effectiveness in imparting information to the parents.

Mrs. C. was present at all sessions and, therefore, completed all five quizzes. She performed acceptably on each, as she scored 80% correct on two quizzes, 90% correct on two, and 100% correct on one.

The method of presentation utilized in the program
to impart information was found to be adequate as Mrs. C. was able to demonstrate understanding of the major topics discussed. The majority of the program goals were found to be achieved, at least on a short-term basis.

Summary

Thus, the results of the formative evaluation measures indicate that the Parent Education-Counseling Program case study basically was carried out according to program plans. The program was monitored by several measures as it was implemented in attempts to insure success and effectiveness. No major changes, additions, or deletions were made and the program was found to be adaptable to meet the needs of a single set of parents.

Summative Evaluation

Summative evaluation of any program is necessary to perform in order to assess its outcomes and value. The program as a whole is assessed following its implementation. Based on the results of summative evaluation, decisions are made as to whether the program should continue to be utilized as is, modified in specific ways, or completely discarded.

Summative evaluation of the Parent Education-Counseling Program is of three types: pretest-posttest comparisons, parents' perceptions of the program, and ratings of parent behavior in SBARC meetings.
Pretest-Posttest Comparisons

At the beginning of the first session, Mrs. C. completed the pretest designed to assess her current level of knowledge in and awareness of various goal areas. (Mr. C. was not present at this session.) At the close of the final session, the posttest containing the same questions as the pretest was completed.

Although no generalizations can be made due to the case study design of the pilot trial, comparison of scores on the pretest with those on the posttest gives an indication of the program's success in meeting its goals.

Mrs. C. either incorrectly responded or responded "I don't know" to 12 of the 21 questions on the pretest, indicating little or no knowledge of Public Law 94-142, consent, assessment, placement, IEPs, due process, parents' role in special education, and resources available. At the completion of the program, Mrs. C. was administered the posttest and incorrectly responded to only one question, indicating increased understanding in the above areas.

Parent Perception of the Program

Also during the final session of the program, Mrs. C. completed the Parent Perception of the Program Scale. Mrs. C. strongly agreed to the following statements on the scale: (1) I received much useful information from
the program, (3) the activities were helpful to me, (5) the group leader seemed very knowledgeable, and (7) I would recommend this program to other parents of children in special education. Her overall perception of the program was that it was "very worthwhile." Mrs. C. did not respond to the items on the scale asking her to describe the strengths, weaknesses, and suggestions for improvement of the program.

**Parent Rating Scale**

The third type of summative evaluation is yet to be completed. As the ultimate goal of the Parent Education-Counseling Program is for the participants to be effective advocates for their handicapped child--knowledgeable of Public Law 94-142 procedures and effective in communicating with school personnel--one of the most appropriate means of evaluating the success of the program, therefore, is assessing the parents' participation and effectiveness in future SBARC meetings.

An independent observer will be assigned to "sit in" on the next SBARC meeting involving Mr. and Mrs. C.'s child. The observer will complete the Parent Rating Scale designed to assess the parents' participation in the meeting and effective use of Public Law 94-142 principles and procedures and communication strategies. Comparison of program participant and nonparticipant behavior
in SBARC meetings can give some further indication of the Parent Education-Counseling Program's effectiveness.

**Conclusions**

The results of the case study of the Parent Education-Counseling Program indicate that the parent(s) of a newly identified school-aged EMH child indeed had little knowledge of Public Law 94-142, retardation, guidelines for effective communication, and parents' role in the education process; felt little emotional support from the school and others; and was unaware of relevant resources.

As indicated by the evaluation results, the parent was able to increase her knowledge base in these areas, learn guidelines for effective communication and assertiveness, and become more aware of feelings related to her EMH child through discussion and program activities.

While the parents have not been observed in SBARC meetings, Mrs. C. appears able to utilize information discussed, raise relevant questions, and anticipate and assertively pursue school personnel comments in simulation activities. Whether these short-term gains will generalize within the school system remains to be seen.
CHAPTER VI

DISCUSSION AND SUMMARY

Discussion and Recommendations for Further Program Development

The Parent Education-Counseling Program is designed to inform and support parents of newly identified school-aged EMH children as per Public Law 94-142 requirements. The four major goals of the program are: (1) to inform parents about handicapping conditions, legal issues and mandates pertaining to the education of handicapped children, educational assessment and placement procedures, and their role in the educational process; (2) to develop the parents' repertoire of skills necessary to secure an appropriate education for their children, such as, communication and assertiveness; (3) to provide emotional support and encouragement to the parents within a group format; and (4) to make available a wide variety of reference and resource materials to these parents.

The Parent Education-Counseling Program can be adopted and implemented by any group concerned with parental participation in special education of the handicapped. This includes schools, interested community professionals, local Association for Retarded Citizens or
other advocacy groups, and state and national interest groups (such as, Closer Look and state Departments of Education). The program sponsor should be an individual or organization fully informed and dedicated to serving the needs of handicapped children through parental participation in education.

If introducing the Parent Education-Counseling Program to a school system, the program director should make every effort to make the system understand that the aim of the program is not to produce uncooperative, militant parents. The program leader will stress to the parents the importance of collaboration with school personnel. As defined by Cutler (1981), collaboration is "an openness, a sharing of ideas, and a common goal of improved services for the child. There may be disagreements, but differences are expected and respected" (p. 76). Effective parents can be assertive and pursue appropriate educational services for their child without being unreasonable and irrational.

As the school is the only institution that potentially has contact with every child and his/her parents or guardians, ideally, the school would be best suited to coordinate and direct the program. Certain conflicting factors might be in operation, however, to contribute to the school's avoidance of such a program.

Many school systems are not providing quality services
to handicapped students due to a variety of stated reasons.

Cutler (1981) notes that

School boards . . . complain about the expense of special education programs and about the needs of the other children. Special education administrators describe their job as having too many conflicting demands, too little direct authority, and too little access to enough time to deliver comprehensive, high-quality services. Teachers describe themselves as being isolated in a large system. They assert that the demands of their jobs are not well understood and that their hard work is often not appreciated. (p. vii)

These types of school systems realize their special education services are poor and not in agreement with Public Law 94-142 requirements. Therefore, the kind of parents they desire to deal with are the "good" parents who give the system no trouble. Good parents "accept what their children get without question, and they are grateful. They will do what is asked of them, from baking cakes for the sale . . . to signing the IEP" (Cutler, 1981, p. 68). As some school systems "do just enough to keep them (the parents) in (this) ingratiating posture" (Cutler, 1981, p. 68), these systems would not be open to supporting a program such as the Parent Education-Counseling Program that informs parents and encourages them to exercise their rights and be assertive.

Due to this unfortunate circumstance, the school systems that would accept a parent education-counseling program are possibly the ones that need it the least. School systems that are complying with the law and are already
informing and supporting parents of handicapped children have nothing to fear from such a program and might willingly accept it as a supplement to their services.

The statement has been made that the school seems to be best suited to direct the Parent Education-Counseling Program but the literature review indicates that, in general, the school is not supplying the services mandated by Public Law 94-142 for parental information and support. A potential problem of the Parent Education-Counseling Program, therefore, is obtaining sponsors and parents to participate. Non-school based sponsorship of the program appears to be the most promising alternative.

Although generally under the auspices of the school, local Parent-Teacher Associations (PTA) generally are comprised of individuals who are concerned with the welfare of the school, the child, and the parents. Active PTAs have proven to be effective change agents in some areas and may be willing to sponsor such a program as the Parent Education-Counseling Program--supplying a leader, funding, and materials.

Organizations with histories of child advocacy, such as the Association for Retarded Citizens, Association for Children with Learning Disabilities, and United Cerebral Palsy might also consider sponsoring the Parent Education-Counseling Program. Locally, statewide, and nationally, such organizations have had impact on the social, legal,
and educational perspectives and mandates for handicapped children and their parents. Members of these organizations might serve as program participants as well as program sponsors.

University training programs for psychometrists, school psychologists, social workers, and special education teachers might sponsor the Parent Education-Counseling Program. Serving as group leaders could prove to be a valuable training experience for students in these fields and the universities could provide the necessary funding and supervision. Research data on the program could be collected by the universities to provide reliability and validity information.

An unanticipated occurrence from the case study was the resistance of parents to participate in the Parent Education-Counseling Program. As indicated in Chapter V, the group leader was unsuccessful in soliciting any but one set of participants. Some possible reasons for this resistance may have been: parents' apathy to the situation, feelings that they had no place in the special education process, having had an unpleasant experience with the school previously and not wanting to repeat it, and the leader's unfamiliarity to the parents.

If the program procures a sponsor and is funded, but parents to not participate, then the program is useless. Some means to encourage parental participation will be
When contacting parents about the program, the program sponsor and leader could point out the advantages of parental involvement in the special education process. Public service announcements on the radio and in newspapers can be utilized to promote parental involvement and provide information about the Parent Education-Counseling Program. These advertisements are generally free of charge and reach a wide variety of parents.

Parents of handicapped children who already are active participants in the educational process and/or are members of parent groups can also be used to help solicit nonparticipating parents to become involved. The already active parents can telephone or personally visit these other parents, explaining what active participation consists of and describing benefits that have resulted. The uninvolved parents might be better able to identify with other parents of handicapped children and be persuaded to join a parent group.

Certain incentives might be offered to encourage parental participation and attendance. As all of the parents have at least one child, babysitting services during the program meetings might be offered so parents would not be excluded from participation because they had no one to care for their child(ren). The refreshments served at the opening of each session might also serve as an incentive.
The group leader's attitudes and facilitative qualities are crucial to the success of the Parent Education-Counseling Program as this individual is responsible for soliciting parents, presenting information, providing support, teaching skills, and interesting the parents in utilizing resources. The group leader should be competent, concerned, stimulating, and resourceful in order to make the program attractive to the parents. The group leader must also be willing to spend a great deal of time with the program for successful implementation and follow-through.

Budget constraints appear to be a limitation to any innovative program. Although the proposed budget for the Parent Education-Counseling Program is relatively small, school systems may have "more important priorities" and organizations may be unable to provide funding. The previously suggested means of obtaining funding (grants, donations, and fees) should be fully explored.

Dissemination

One of the major expectations of the Parent Education-Counseling Program is that it will be utilized by others. Kentucky is largely a rural state, and this program could be used to educate and counsel parents of handicapped children throughout the Commonwealth.

Although written for a specific population, the Parent
Education-Counseling Program is intended to be adaptable and useable in a variety of settings and situations. As Public Law 94-142 requirements are the same for all recognized handicapping conditions and communication skills training, emotional support, and resources are needed by most parents of handicapped children, with minimal adaptations, the program could easily and effectively be utilized with parents of children who are trainable mentally handicapped, physically handicapped, emotionally disturbed, etc.

In order to share the Parent Education-Counseling Program with interested individuals and groups, several lines of dissemination have been and will be followed.

A presentation of the program rationale, components, and case study was made at the annual National Association of School Psychologists convention and the paper is published in the Proceedings of the conference (Note 1).

The Counseling and Personnel Services Clearinghouse division of the Educational Resources Information Center (ERIC) has requested that the paper be submitted to them for possible inclusion in the Clearinghouse's holdings.

Papers will also be submitted for publication in appropriate journals, e.g., Parents of Exceptional Children or Journal of Professional Psychology.

The program's curriculum will be made available for general distribution to schools and professional training institutions in Kentucky.
Summary

Public Law 94-142 mandates that parents of a handicapped child be participants in the educational planning and placement procedures for their child. In order to be effective in this role, parents must have (1) knowledge, (2) skills, (3) counseling, and (4) resources. The literature suggests that, in general, parents of a handicapped child are not informed of Public Law 94-142, do not have productive communication and assertiveness skills, are not receiving supportive counseling, and are unaware of relevant resources. As a result of these documented deficiencies, an education-counseling program was developed for parents of newly identified school-aged EMH children that reside in a rural or semi-rural area.

The Parent Education-Counseling Program utilizes a group format to inform and support parents of handicapped children. Through discussion, readings, role playing, and questioning, parents are directed to meet the program goals. Formative and summative evaluation techniques are incorporated in the program to assess the process, effects, and parents' perceptions of the program.

The results and implications of a completed case study of the Parent Education-Counseling Program are discussed. Possible limitations and recommendations for further program development are also presented.

As parental involvement in the education of handicapped
children is a documented and necessary trend, in order for most parents to be effective advocates for their handicapped child, a program such as the Parent Education-Counseling Program is a necessary prerequisite.
Reference Notes


References


APPENDICES
APPENDIX A: PARENT MATERIALS FOR THE KNOWLEDGE COMPONENT

Mental Retardation

Retarded Children and Adults Can Be Helped. 1980. National Association for Retarded Citizens, P.O. Box 6109, Arlington, Tex. 76011

Public Law 94-142


P. L. 94-142; What Does It Mean? Closer Look, P.O. Box 1492, Washington, D.C. 20013


Protection and Advocacy. Office for Public Advocacy, State Office Building Annex, Frankfort, Ky. 40601

Assessment

Let’s Talk About Testing. Source unknown.

Sources of Information About Tests. Source unknown.

What Do These Words Mean: A Glossary of Commonly Used Terms Related to Tests. Source unknown.
APPENDIX B: PARENT MATERIALS FOR THE SKILLS COMPONENT


You Have New Rights--Use Them! Fall 1977. Closer Look, P.O. Box 1492, Washington, D.C. 20013
APPENDIX C: PARENT MATERIALS FOR THE RESOURCES COMPONENT


Getting to Know Each Other. 1979. Closer Look, P.O. Box 1492, Washington, D.C. 20013

Inexpensive Books for Parents of Handicapped Children.
Source unknown.


These Organizations Can Help You. 1979. Closer Look, P.O. Box 1492, Washington, D.C. 20013

Your State Agencies Serving the Handicapped Individuals. 1979. Closer Look, P.O. Box 1492, Washington, D.C. 20013
## APPENDIX D: ACTIVITIES CHECKLIST

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<tr>
<th>Check if activity is completed</th>
<th>Activity</th>
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Session V

Activity V.1. Discussion of P. L. 94-142: Placement and due process

Conclusion Summary, administration of Quiz #4, resources

Session VI

Activity VI.1. Communication and assertiveness skills training

Conclusion Summary, administration of Quiz #5, resources

Session VII

Activity VII.1. Resources

Activity VII.2. Administration of post-test and Parent Perception of the Program Scale

Following completion of the program

Completion of the Parent Rating Scale
APPENDIX E: QUIZ #1—MENTAL RETARDATION

Quiz #1

Please mark each statement as True (T) or False (F) in the blank provided.

1. _____ Each child in the school system is tested by the Special Education department.

2. _____ All mentally handicapped individuals are severely retarded.

3. _____ EMH children generally have difficulty in the regular classroom.

4. _____ EMH children generally are not labeled until they enter school.

5. _____ Both parents and teachers can refer a child for Special Education evaluation.

6. _____ Presence of a mental handicap is determined by IQ scores alone.

7. _____ All mental retardation is caused by genetic disorders.

8. _____ EMH children are more like normal children than they are different.

9. _____ EMH children are fast learners.

10. _____ All children who are to be placed in Special Education must be tested.
Quiz #2

Please mark each statement as True (T) or False (F) in the blank provided.

1. ________ P. L. 94-142 is the Education for All Handicapped Children Act.

2. ________ Parents of a handicapped child must pay one-half of the expense of the child’s education.

3. ________ Consent means permission.

4. ________ Parents must give permission for a handicapped child to be placed in Special Education.

5. ________ An EMH child must be assessed with an adaptive behavior scale only when graduating from high school.

6. ________ More than one person must assess a child to determine if he/she is handicapped.

7. ________ Parents do not have to give permission for psychological evaluation of their child.

8. ________ Only mildly handicapped children are required to be educated in schools—not the more severely handicapped.

9. ________ Parents must give permission for their child to be taken out of Special Education.

10. ________ P. L. 94-142 guarantees a free, appropriate education for all handicapped children.
Quiz #3

Please mark each statement as True (T) or False (F) in the blank provided.

1. _________ The IEP is basically a written plan for a child's education for one year.

2. _________ Once written, the IEP cannot be changed for one year.

3. _________ Parents do not have to sign the IEP.

4. _________ Parents must receive a copy of the IEP.

5. _________ The IEP contains individual goals for the child.

6. _________ Parents are not supposed to help write the IEP.

7. _________ Information from testing of the EHH child is used to help write the IEP.

8. _________ The IEP only contains goals for reading, math, and spelling.

9. _________ The IEP must be reviewed every year that the child is in Special Education.

10. _________ Parents are entitled to make suggestions for the IEP.
Quiz #4

Please mark each statement as True (T) or False (F) in the blank provided.

1. ________ All EMH children should be placed in the Resource Room.

2. ________ Due process refers to a legal alternative open to parents and schools if disagreements occur.

3. ________ Once a child is placed in Special Education, he/she stays in Special Education until graduation from high school.

4. ________ Free legal advice is available to help parents if they disagree with the schools in placement decisions.

5. ________ The schools must always go along with whatever placement the parents decide on.

6. ________ EMH children should be kept together all day and not be allowed to interact with other children in the school.

7. ________ Parents have the right to refuse Special Education placement for their child.

8. ________ The hearing officer in due process hearings is someone employed by the school.

9. ________ A school can refuse to place a child if they have no resources available.

10. ________ An impartial hearing officer is assigned to help solve disagreements between school and parents when needed.
Quiz #5

Please mark each statement as True (T) or False (F) in the blank provided.

1. ________ Parents and schools must communicate effectively to make sure the handicapped child receives the best education.

2. ________ Parents should provide information about the handicapped child to the school.

3. ________ Parents at times must be assertive with the schools to get their point across.

4. ________ Communication skills cannot be learned.

5. ________ Schools should never ask parents for information.

6. ________ An assertive statement is neither hostile nor passive.

7. ________ Knowing how to communicate effectively means that one will always use the skills.

8. ________ Parents and professionals can benefit from communication skills training.

9. ________ Parents have the right to be listened to.

10. ________ Parents must always agree to the time and place of conferences scheduled by the schools.
APPENDIX J: PRETEST-POSTTEST

Name:
Age:
Address:
Date:

Age of EHH child:
School child attends:
Number of years in Special Education:

Please circle the best answer for each question.

1. The biggest difference between EHH children and other children is
   A. looks or appearance.
   B. speed of learning.
   C. ability to make friends.
   D. I don't know.

2. Parents should
   A. have no place in the education of their EHH child at school.
   B. always be at school helping teach their EHH child.
   C. have certain rights and responsibilities in the education of their EHH child at school.
   D. I don't know.

3. P.L. 94-142 refers to
   A. a law for handicapped children.
   B. a code number for a school curriculum.
   C. I don't know.
   D. a form required for income tax.

4. Which one of these does not require the parents to give permission for?
   A. giving a reading test to the child.
   B. placing the child in the EHH class.
   C. giving the child psychological tests.
   D. taking the child out of the EHH class.

5. Which group of tests may be necessary for labeling a child EHH?
   A. name writing, drawing figures, naming colors.
   B. intelligence, adaptive behavior, achievement tests.
   C. I don't know.
   D. measures of height, weight, hair color.

6. An Individualized Education Plan (IEP) is
   A. I don't know.
   B. a test.
   C. a textbook used in special classes.
   D. a one-year plan of instruction for a child.

7. The reason for placing an EHH child depends on
   A. a request from a school.
   B. the child's needs.
   C. the diagnosis or label of EHH.
   D. none of the above.
2. Parents should have
   A. legal rights within the school system.
   B. no legal rights within the school system.
   C. no say in any decisions and do what the school recommends.

9. Other parents of EIMH children
   A. have never felt the same things you have concerning the child.
   B. I don't know.
   C. have at times wished their EIMH child was different.
   D. completely accept their EIMH child.

10. Parents of an EIMH child
    A. I don't know.
    B. should handle all problems themselves.
    C. should not talk to other parents of an EIMH child.
    D. can receive support and help from other parents of an EIMH child.

11. EIMH children
    A. are exactly the same as normal children.
    B. I don't know.
    C. are different from normal children in every way.
    D. are more like normal children than different.

12. Communication between professionals and parents of an EIMH child
    A. is very important and is a must for successful education.
    B. cannot be developed.
    C. is not important for the child's education.
    D. should take place only when there is a problem.

13. Parents
    A. know less about their EIMH child than the school does.
    B. have a great deal of information about their EIMH child.
    C. should not volunteer any information to the school about their EIMH child.
    D. should wait to be asked about their EIMH child.

14. Parents of an EIMH child
    A. should help decide where their child should be placed.
    B. should not be active in planning their child's education.
    C. should go along with whatever the school recommends.
    D. I don't know.

15. Parents of an EIMH child
    A. need to be hostile with professionals sometimes.
    B. should not get involved with the schools.
    C. I don't know.
    D. could benefit from learning how to get professionals to listen to them and to ask questions.

16. Information related to educating an EIMH child
    A. should not be given to parents.
    B. is not available anywhere.
    C. is available if one knows how to get it.
    D. is all very expensive and only certain people can get it.
17. Various agencies and organizations
   A. do not exist that can help parents understand educating an EMH child.
   B. I don't know.
   C. exist to help parents understand the educating of an EMH child.
   D. exist only for wealthy parents of an EMH child.

18. Due process refers to
   A. a parent's right to an impartial hearing.
   B. the school's right to an impartial hearing.
   C. both A and B.
   D. none of the above.

19. The role of parents at the IEP meeting is to
   A. provide information to the school to plan an appropriate education for their EMH child.
   B. to sign whatever forms the school wants them to.
   C. I don't know.
   D. make sure that at least three people are at the meeting.

20. The extent of P. L. 94-142 is
   A. to provide a free and appropriate education for handicapped children.
   B. to see that only mildly handicapped children are given an education.
   C. to keep severely disturbed children in institutions.
   D. to provide all of the above.

21. The cost of educating a handicapped child is
   A. the responsibility of the family.
   B. shared by the family and the school.
   C. a public expense.
   D. none of the above.
Rate each of the following statements from 1 (Strongly Agree) to 7 (Strongly Disagree).

1. I received much useful information from the program.
   - 1 2 3 4 5 6 7
   - Strongly Agree
   - Undecided
   - Strongly Disagree

2. The program was well planned and ran smoothly.
   - 1 2 3 4 5 6 7
   - Strongly Agree
   - Undecided
   - Strongly Disagree

3. The activities were helpful to me.
   - 1 2 3 4 5 6 7
   - Strongly Agree
   - Undecided
   - Strongly Disagree

4. The group leader was supportive of the members.
   - 1 2 3 4 5 6 7
   - Strongly Agree
   - Undecided
   - Strongly Disagree

5. The group leader seemed very knowledgeable.
   - 1 2 3 4 5 6 7
   - Strongly Agree
   - Undecided
   - Strongly Disagree

6. I will use the information I gained from the program when dealing with the schools.
   - 1 2 3 4 5 6 7
   - Strongly Agree
   - Undecided
   - Strongly Disagree
7. I would recommend this program to other parents of children in Special Education.

1  2  3  4  5  6  7
Strongly Agree  Undecided  Strongly Disagree

8. Describe what you feel are the strengths of the program.

9. Describe what you feel are the weaknesses of the program.

10. Describe suggestions for improvement of the program.

11. Rate your overall perception of the program.

1  2  3  4  5  6  7
Very Worthwhile  Not Worthwhile At All
APPENDIX L: PARENT RATING SCALE

Observe the parent during the SBAKC meeting and rate his/her behavior on the following items from 1 to 7 according to the scale:

1 2 3 4 5 6 7  
not at all average to a large extent

**Rating**

**Acceptance**

To what extent was the parent able to discuss:

1. the strengths and weaknesses of his/her child.
2. the child's handicap.

**Knowledge**

To what extent did the parent exhibit knowledge or understanding of:

3. mental retardation.
4. guidelines for informed parental consent.
5. the child's special education placement.
6. mainstreaming.
7. assessment procedures.
8. test scores.
9. the IEP process in general.
10. due process regulations.
11. local, national, or state parent groups.
12. existing resources for parents of handicapped children.
Skills

To what extent did the parent:

13. participate in writing the IEP for his/her child.

14. utilize assertive responses when necessary to communicate effectively.

15. ask questions during the meeting.

16. express his/her own ideas or suggestions.

17. compromise with the school personnel and/or get the school personnel to compromise with him/her in reaching decisions.

18. Give an estimate of the percentage of time the parent spoke during the meeting.

19. Give an estimate of the percentage of time the school personnel spoke during the meeting.

After the SBARC meeting is completed, ask the parent to respond yes or no to the following items.

20. Are you satisfied with the results of the meeting? Why or why not?

21. Do you feel that as a result of this meeting an appropriate educational program for your child will be implemented? Why or why not?

22. Does the IEP contain the components you want it to? If not, what can you do about it?

23. Would you turn to due process procedures if necessary?

24. Are you a member of a parent group or organization at present?

25. Do you feel you utilized the knowledge, skills, and resources gained during the Parent Education-Counseling Program?

26. Did the Parent Education-Counseling Program adequately prepare you to participate effectively in SBARC meetings?