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ENHANCING THE KNOWLEDGE AND INVOLVEMENT OF HISPANIC FAMILIES OF  
CHILDREN WITH DISABILITIES THROUGH SPECIFICALLY DESIGNED FAMILY  
WORKSHOPS

by

MAYRA RUIZ CAMACHO  
M.A. University of Central Florida, 2001

A dissertation submitted in partial fulfillment of the requirements  
for the degree of Doctor of Philosophy  
in the Department of Child, Family, and Community Sciences  
in the College of Education  
at the University of Central Florida  
Orlando, Florida

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Major Professors: Maria Blanes  
Jennifer Platt

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## **ABSTRACT**

In 2005, the nation's minority groups totaled 98 million, or 33% of the country's total population. According to the U.S Census Bureau News (2007), Hispanics are the largest and fastest growing minority group in the country with 14.8% of the total population and 44% of the minority population. The same report indicated that the Hispanic population accounted for almost half (48%) of the national population growth between 2005 and 2006, yet, students from minority backgrounds, including ethnically diverse students for whom English is their second language, exhibit lower academic achievement when compared to the majority group (Lyon et al., 2001). Low academic achievement among students from minority backgrounds can influence their school placement. Approximately 37% of all students receiving special education services in 2002 were ethnically diverse (National Center of Educational Statistics, 2002).

Concerned with the significant gap between the achievement of children from minority backgrounds and students from the majority group, Congress amended the Elementary and Secondary Education Act of 1965 (ESEA) as the No Child Left Behind (NCLB) Act in 2001. NCLB requires public schools to demonstrate acceptable progress for all students, including those who are culturally and linguistically diverse and those with disabilities. NCLB also promotes and supports greater parent involvement (Wright, Wright, & Heath, 2004) and requires schools to report on students' progress by subgroup (i.e., ethnicity, disability, English language learners, and low-income). Because the majority of students from diverse ethnic backgrounds are Hispanic (Capps, Fix, Murray, Ost, Passel, & Herwanto, 2005), a high percentage of students with disabilities are from minority groups (Hosp & Reschly, 2004), about 77% of English language learners are from Hispanic descent (Klingner, Artiles, & Barletta, 2006), and

approximately half of school-age children of immigrants are from low-income homes (Hernandez, 2004), it is important for schools to take a closer look at the specific needs of Hispanic families of children with disabilities in order to promote their participation in the education of their children.

The purpose of this study was to research the influence of components incorporated into a series of workshops specifically designed for Hispanic families of children with disabilities and to study the effect that participating in the workshops would have on parents' knowledge about their children's Individualized Education Program (IEP) and on their level of involvement in their children's education. TENFEE: Talleres en Español para las Necesidades de Familias en Educacion Especial (Spanish Workshops for the Needs of Families in Special Education) delivered five workshops where a series of components were provided to counteract the most frequently identified barriers in the involvement of Culturally and Linguistically Diverse (CLD) parents in the education of their children with special needs: (a) complexity of disability, (b) language barriers, (c) cultural differences, and (d) socioeconomic status (Fix & Passel, 2003; Kalyanpur & Harry, 2004; Quezada, Diaz, & Sanchez, 2003).

Thirty-seven parents or primary caregivers of students receiving special education services in three school districts in central Florida participated in the study. Before and after the workshops, participants completed a three-part survey in which they gave demographic information, responded to 50 multiple choice test questions related to the IEP process, and answered 10 open-ended questions related to their involvement in their children's education. Participants also completed an evaluation at each of the workshops indicating which of the workshop's components influenced their decision to participate. Finally, participants' children's teachers completed the Parent/Family Involvement Index (P/FII) before and after participating in

the workshops. The P/FII is a measure of parent involvement in their children's special education services as perceived by their children's teachers.

Following data collection, quantitative statistical analysis was completed using descriptive statistics to examine if TENFEE's components supported the participation of the targeted population to the workshops. A Paired Sample t-test was calculated to evaluate any differences in participants' IEP knowledge survey test scores before and after the workshops as well as differences in teachers' P/FII scores before and after the workshops. Multiple Regressions were conducted to determine if participants' demographic characteristics influenced IEP knowledge survey test scores and/or P/FII scores.

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## CHAPTER ONE: INTRODUCTION

### Need for the Study

A vast amount of research has concentrated on the influence that parental involvement has on student academic achievement (Epstein & Sheldon, 2002; Fan & Chen, 1999; Hoover-Dempsey & Sandler, 1995). Most studies indicate that high family involvement is critical to student academic success. As stated by Inger (1992), “There is considerable evidence that parent involvement leads to improved student achievement, better school attendance, and reduced dropout rates, regardless of the economic, racial, or cultural background of the family” (p.1).

Jeynes (2003) conducted a meta-Analysis on the effects of parental involvement on minority children’s academic achievement. The meta-analysis included 20 studies conducted during the 1990’s, all examining the effects of parental involvement on the academic achievement of nearly 12,000 children from minority backgrounds enrolled in K-12. Parent involvement was measured as (a) the extent to which parents communicated with their children about school, (b) whether parents checked their children’s homework, (c) the type of parental expectations for the academic success of their children, (d) whether parents encouraged their children to do outside reading, (e) the frequency of parents’ participation in school functions, (f) the extent to which there were household rules regarding school and/or leisure activities, (g) types of parenting style and warmth, and (h) other specific measures of parental involvement.

Four different measures of academic achievement were used to assess the effects of parental involvement on academic achievement: (1) an overall measure of all components of academic achievement combined, (2) grades/Grade Point Average, (3) standardized tests, and (4) other measures, including teacher rating scales and indices of academic behaviors and attitudes.

All 20 studies showed a positive correlation between parent involvement and student academic success. Results indicated that the impact of parental involvement overall was significant for all the minority groups represented in the meta-analysis: African American, Asian American, and Hispanic. For all groups, parental involvement affected all the academic variables under the study (i.e., GPA, standardized tests, etc.) by at least two tenths of a standard deviation unit. Although Jeynes (2003) concluded that parental involvement had a significant positive impact on children across race and across academic outcomes, the effects of parental involvement varied among the minority groups in the study. Results pointed to greater benefits for African Americans and Hispanics than for Asian Americans.

Although family involvement has been documented to be beneficial to student success across minority groups, the family's cultural background will most likely influence how parents participate in their children's academic activities and the type of support they need in order to remain actively involved in their children's education (Jones & Velez, 1997; Kauffman, Perry, & Prentiss, 2001; Quezada, Diaz, & Sanchez, 2003; Reyes-Blanes, 2002; Sosa, 1996). Garcia-Coll, et al. (2002) conducted a study in which 300 parents from three different immigrant groups – Portuguese (European), Cambodian (Asian), and Dominican (Hispanic) – were interviewed. The study explored individual and group differences in parental involvement in children's education. Eighty-five percent of the participants were mothers, 90% were born in their respective country of origin. Interviews were conducted in the language in which each participant felt most comfortable and focused on cultural and structural obstacles to educational success for their children.

Four aspects of parental involvement were addressed during the interviews: (1) beliefs regarding parental involvement, (2) school-based parental involvement, (3) home-based parental



involvement, and (4) provision of material resources towards education. To measure the beliefs parents had about parental involvement, interview questions asked about parents' perception of their roles in their children's formal educational pursuit and how much proactive control they believe to have over their child's educational path (Garcia-Coll et al., 2002). Garcia-Coll et al. (2002) explained that although the definition of success may very well differ across cultures, results indicate that in general, vocational success is valued across all three immigrant communities. These results were attained after other socioeconomic differences, such as parental education, occupation, and family income, were accounted for. These variables have been found to be highly predictive of parental involvement in other studies (Griffith, 1998).

Results indicated that language comfort and immigrant group membership were the most frequent variables associated with group differences in the various aspects of parental involvement. Just as in previous studies, lack of English language skills was correlated with lower levels of parental involvement in school (Huss-Keller, 1997; Suarez-Orozco & Suarez-Orozco, 2001). Results also indicated that the Hispanic group scored higher than both European and Asian groups in (a) their beliefs regarding parental involvement, (b) school-based involvement, and (c) home-based involvement, but lower than the European group in (d) provision of material resources toward education.

When Garcia-Coll et al., (2002) studied the possible variables influencing the high scores from Hispanic parents in three out of the four categories related to family involvement they noticed that special accommodations were being made for the Hispanic population in the school district where the study was conducted. According to Garcia-Coll et al., (2002), three of the nine school board members in the area, the superintendent, and three school principals were from Hispanic descent which made their communication with Hispanic families more accessible.

Also, although the school district provided English as a Second Language (ESL) programs for students from all languages, the only bilingual programs available were for Spanish-speaking students, limiting the number of bilingual teachers who could communicate directly with parents from the other two immigrant groups.

Garcia-Coll et al., (2002) suggested that the use of interpreters between the families and schools could very well have been the reason why such results were obtained and parent education programs that combine language accommodations with cultural knowledge about schools in the United States will contribute to higher levels of parent involvement in some cultural groups. Findings from the study concluded that comfort with language skills may be what is needed for parent interaction with institutions outside the home and ethnic enclave.

Language and cultural barriers not only seem to influence parental involvement in education, but the combination of language and cultural barriers along with a lack of parent involvement seems to have a great impact on student academic success (Harry, 1992; Kalyanpur & Harry, 2004). Students from minority backgrounds, including culturally diverse students and English Language Learners (ELLs) are usually overrepresented across disabilities in special education programs (Hosp & Reschly, 2004).

As of 2002, approximately 37% of all students in special education were ethnically diverse (National Center of Educational Statistics, 2002). Although research has established a statistical significance of predictors such as family demographics and economic characteristics in the disproportionate representation of children from certain minority groups in special education programs; the ethnic group to which the student belongs (i.e. African American, Asian, Hispanic, etc.) has been shown to add a significant amount of incremental validity to that prediction (Mittler, 2000). The disproportion of minority students in special education is nothing new;

there has been a constant disproportionate number of minority students referred to and enrolled in special education services for at least the past 20 years (Meyer & Patton, 2001).

Artiles, Rueda, Salazar, and Higareda (2002) found that students with limited English language skills were more likely to be placed in special education programs. Furthermore, the less English proficient a student was the more likely for this student to be placed in more restrictive educational settings, even within the special education program. Although most students receiving special education services in fact need these services because of their disability, since lacking English skills is not a disability, there should not be a correlation between English language learners and placement in special education classrooms.

Because of the noticeable gap between the academic achievement of students from minority backgrounds and that of students from the majority group, federal regulations are supporting programs that focus on closing the achievement gap between these groups. The No Child Left Behind (NCLB) Act is a law that focuses on bringing all students, more specifically those students from Culturally and Linguistically Diverse (CLD) backgrounds and students identified as having disabilities, to grade level. NCLB supports parental involvement and grants parents the right to make important academic decisions concerning their children's placement and services if schools fail to demonstrate adequate progress (Ortiz & Kushner, 1997). Since parents are an essential part of the special education process, the Individuals with Disabilities Education Act (IDEA) requires schools to collaborate with parents on any decision-making process involving identification, evaluation, and placement of their children in order to make sure that students who in fact have a disability, are provided with a Free and Appropriate Public Education in the Least Restrictive Environment (20 U.S.C. 1414b2A).

Once a student is identified as having a disability or requiring any type of special education services, an Individualized Education Program (IEP) must be developed. Parents are expected to be equal participants along with school personnel in developing, reviewing, and revising the student's IEP.

The IEP is the primary vehicle for communicating the school district's commitment to address the unique educational needs of a student with disabilities (Lytle & Bordin, 2001). The IEP is a process in which a team of those who work closely with the student, including teachers, parents, school administrators, related services personnel, and the student (when appropriate), work together to create an appropriate program delineating the special education and related services that the student will receive during the school year. As vital members of the IEP team, parents contribute firsthand information about the strengths and needs of their children, provide guidance in the development of goals, and support the implementation of those goals across settings (Zhang & Bennett, 2003).

#### Statement of the Problem

Although federal regulations such as NCLB and IDEA support the involvement of parents in the education of their CLD children and those who qualify for special education services, parental involvement among minority groups is reported low in the special education process when compared to families from the majority group (Harry, 1992; Kalyanpur & Harry, 2004). However, Harry (2002) cautioned teachers to consider the family's cultural background and our interpretation of "involvement" before assuming that the family is not involved in their child's education. According to Harry, culture and acculturation are strong predictors of parental expectations and our focus should be placed on how to support the participation of CLD families in their children's education.

Numerous studies have discussed barriers to CLD parents' participation in their children's education (Harry, 1992; Sontag & Schacht, 1993, 1994). Some of the most common barriers found throughout these studies included the family's language, their socio-economic status, and a lack of understanding of linguistic and cultural diversity by the professionals working with their children.

Although personnel preparation on cultural diversity issues can be helpful in the development of a collaborative relationship between the school and family, specific support needs to be provided to families of students from CLD backgrounds and those who receive special education services in order to increase and maintain a level of parental involvement that will lead the student to academic success (Epstein & Sheldon, 2002; Fan & Chen, 1999; Hoover-Dempsey & Sandler, 1995). By providing the necessary support parents will be empowered to be active participants in the education of their children with disabilities by advocating for their children's rights and by making sure that any decision made in regard to their children's education is a decision made with their full understanding of what their children's options are.

The Hispanic population is the fastest growing population from all the CLD groups in the country. By mid century, the Hispanic population is projected to reach 98 million, one-fourth of the total U.S population (Llagas, 2003). With the continuous increase of students and parents who come from a home where Spanish is the primary language, and with literature supporting the importance of parental involvement, especially for those students from CLD backgrounds and those receiving special education services, it is imperative for schools to have more access to research presenting best practices for a higher level of Hispanic parents' involvement.

Unfortunately, according to Moreno and Lopez (1999), relatively few studies examining the prevalence and efficacy of parent involvement programs have included Hispanic families.

### Purpose of the Study

As a Hispanic special education teacher and service coordinator for Hispanic families of individuals with disabilities for a local agency, this researcher became aware of the multiple barriers faced by these families in their search for better opportunities for their children. On a more personal level, my concerns with the needs of Hispanic families were heightened when I encountered similar challenges navigating the special education system in search of services for a family member with a disability. These experiences motivated me to continue my studies in the field of special education and eventually led to the development of this project.

The purpose of this project was to research the influence of components incorporated into a series of workshops specifically designed for Hispanic families of children with disabilities and to study the effect that participating in the workshops would have on parents' knowledge about their children's Individualized Education Program (IEP) and on their level of involvement in their children's education. TENFEE: Talleres en Español para las Necesidades de Familias en Educacion Especial (Spanish Workshops for the Needs of Families in Special Education) delivered five workshops where a series of components were provided to counteract the most frequently identified barriers in the involvement of Culturally and Linguistically Diverse (CLD) parents in the education of their children with special needs: (a) complexity of disability, (b) language barriers, (c) cultural differences, and (d) socioeconomic status (Fix & Passel, 2003; Kalyanpur & Harry, 2004; Quezada, Diaz, & Sanchez, 2003).

The workshops' goals were to (a) include components identified as influential in the participation of the targeted population, (b) provide valuable and clear information about the IEP process, and (c) increase in participants' involvement in the education of their children with disabilities. It was expected that TENFEE would serve as a model to school districts and other

organizations working with families of children with disabilities in the development of programs or activities aiming at increasing parent involvement. Increasing the involvement of Hispanic families in the special education services provided to their children will expand the possibility of providing these children with an equal opportunity to academic success (Epstein & Sheldon, 2002; Fan & Chen, 1999; Hoover-Dempsey & Sandler, 1995).

### Research Questions

The study explored the following research questions in order to understand if TENFEE could provide the necessary components to increase Hispanic families' participation in its workshops and if parents' participation would influence their level of knowledge about the IEP process as well as their level of involvement in their children's education.

Question 1: Does TENFEE provide Hispanic families of children with disabilities with the necessary components to support their participation in workshops?

Question 2: Does the participation of Hispanic families in TENFEE increase their level of knowledge about their children's Individualized Education Program?

Question 3: Does the participation of Hispanic families in TENFEE increase their level of involvement in their children's special education services?

Question 4: What relationship, if any, exists between family demographics and participants' outcomes from participating in TENFEE?

### Definition of Terms

Some of the terms used throughout the study are defined as follows:

Components: Accommodations made throughout TENFEE workshops to support family participation. Twenty components were identified and categorized into 4 groups: (1) disability - selection of topics, invited agencies/presenters, children's activities, coordinators' experience

with special education, proximity of children's activities to parents, (2) language – Spanish-speaking presenters, materials in Spanish, participation in Spanish, (3) culture – Hispanic presenters, meeting other Hispanic families, spending time with other families outside the workshops, involvement from local university, and (4) socioeconomic status – free children's activities, schedule of workshops (day, time, and length), location, free registration and parking, snacks, access to technical support and facilities.

Disability: Physical, sensory, cognitive, language, or social impairment or difficulty. In this study, individuals with disabilities were those students receiving special education services in one of three targeted counties and therefore have an Individualized Education Program.

Family: The primary caregiver(s) of a child receiving special education services.

Hispanic: Used in this study to refer to all persons who come from or whose ancestry hails from, any Spanish-Speaking country in the Caribbean (including Puerto Rico), Central/South America.

IEP Process: Process required by the Individuals with Disabilities Education Act for any student receiving special education services. The process usually includes the referral, evaluation, eligibility, development of IEP, placement, implementation of IEP, and IEP revision.

Involvement: Parent participation in their children's special education services. Involvement was measured by asking children's special education teachers to complete the Parent/Family Involvement Index to report their perceptions about the parents' level of involvement in their child's education. Parents will also be asked to complete a section in the pre and post survey related to their perceptions about parent involvement.



Knowledge: Identified as the level of information acquired by participants in relationship to the IEP process. Knowledge was measured before and after parents' participation in TENFEE with a pre and post test included in the survey.

Participation: Physically being present at the workshop, asking questions, and providing information throughout the workshop.

Special Education Services: Services received by a child with disabilities, by teachers, or other service providers.

TENFEE: Talleres en Español para las Necesidades de Familias en Educacion Especial, translated to English as Workshops in Spanish for the Needs of Families in Special Education is the name for a series of workshops specifically designed for families of children receiving special education services in one of three targeted school districts in Florida.

### Procedures

This research study followed a three-phase plan which involved both quantitative and qualitative methods to investigate if selected components in a series of workshops (TENFEE) were helpful to a group of Hispanic families of children with disabilities in supporting their participation. This study also examined the influence that participating in the workshops (TENFEE) had on participants' knowledge about the IEP process and on their level of school involvement. Finally, the study examined if participants' demographics were correlated to their outcomes in knowledge gain and/or involvement.

The influence of components was measured through the completion of evaluations by participants at each of the workshops. Knowledge change about the IEP processes was examined by comparing the pre and post scores of participants on a multiple choice test related to the IEP. Participants' involvement was evaluated by comparing pre and post surveys

completed by the primary special education teacher of the participants' children. Finally, participants' demographics were analyzed to determine if any demographic characteristic were significantly correlated to participants' outcomes in knowledge and involvement.

### *Phase I*

Phase I included the recruitment of participants and the distribution and collection of informed consent and pre-data. Criteria to participate included that the participants were over 18 years of age, Spanish-speaking, and the parent or primary caregiver of a student receiving special education services in one of three targeted Florida school districts.

In order to recruit parents to participate in the study flyers advertising the workshops were distributed to teachers across the three participating school districts through school emails and/or as hard copies as determined by each school district. Two local agencies whose primary job is to work with families of children with disabilities also helped in disseminating information about the workshops by mailing flyers along with their newsletter to all who were registered with their agencies. One agency works with families of children diagnosed with any disability, and the other with those diagnosed with autism and related disabilities. The Hispanic media also advertised the workshops by announcing TENFEE on a local radio station and in two local newspapers.

The first 40 parents who made contact and met criteria were registered. Forty-three additional persons expressed interest in participating but called after registration was closed or did not meet all of the criteria to participate. These parents were offered written information about workshops' topics. These materials were mailed out once all workshops concluded and recipients were not involved in the study in any other way.

At the time of registration, parents were asked to provide the contact information for their child's special education teacher. A letter about the study along with a copy of the Parent/Family Involvement Index (P/FII) and consent form were sent to teachers for them to complete and send back prior to parents' attendance at their first TENFEE workshop. The P/FII were written in English and asked for teacher's perspectives about the involvement of participating parents in the education of their children with disabilities. In the meantime, a survey was mailed to the participants along with a consent form for them to complete and bring with them to their first TENFEE workshop. The participants' survey was written in Spanish and asked about their demographic information measured their knowledge about the IEP process, and perceptions about their involvement in their children's education.

All completed instruments were coded with a number to match the code on participants' informed consent. No names appeared on either instrument (survey or P/FII). Informed consents were kept in a separate cabinet from the instruments and under lock and key in order to protect participants' and teachers' identity and confidentiality.

### *Phase II*

Phase II included the development and presentation of 5 workshops related to the IEP process. A total of 20 components were identified as being potentially influential on the participation of the targeted population. These 20 components were based on the literature and on feedback from participants of a pilot TENFEE project conducted in 2006. All 20 components could be categorized into 4 major areas of need among the targeted population: (a) disability – participants' children's specific needs, (b) language barriers, (c) cultural differences, and (d) socioeconomic status. A third instrument, Workshop's Evaluations, were distributed and collected after each of the workshops in order to measure participants' perspectives on the

importance that each of the workshop's components had on their decision to participate in the workshop. Each of the five workshops lasted 3 hours and was held on Saturday mornings starting in February and ending in March of 2007.

### *Phase III*

Phase III of the study focused on collecting "post-TENFEE" data and answering the data analysis. The post-survey and post P/FII were distributed within two weeks after the last TENFEE workshop and completed within six weeks after the last workshop. The post-survey was distributed to parents who attended any of the workshops and completed the pre-survey. The post-survey included the same items used during the pre-survey to measure parents' knowledge about the IEP process and their perceptions about their involvement in their children's education, but did not include the section asking for demographic information as no change was expected in demographics.

Parents' responses to the IEP test completed during pre and post-surveys were compared to determine if any significant differences in mean scores occurred and evaluate if changes could be attributed to the workshops. Participants' responses to questions related to their involvement in their children's education were translated to English and analyzed for common themes. Themes from pre and post responses were compared and discussed.

The P/FII was sent to all teachers who returned their P/FII during Phase I. Results from the pre and post P/FII were also compared to measure if any significant differences in mean scores occurred and evaluate if changes could be attributed to the workshops.

All quantitative data on the evaluations collected after each of the TENFEE workshops were analyzed to identify how influential participants found each TENFEE component to be. Qualitative data was translated to English and analyzed for common themes or constructs and the

frequency in which these were identified. Demographic data collected from the first section on participants' survey was analyzed for any significant correlation to results from results from participants' knowledge gains and school involvement. Table 1 summarizes the time line of activities completed during Phase I through III.

Table 1: Timeline for phases I through III

<b>Research Activity</b>	<b>Dates</b>
Phase I: Recruitment and Collection of Baseline Data	Feb 5-23, 2007
Phase II: Workshop 1	Feb 24, 2007
Workshop 2	Mar 3, 2007
Workshop 3	Mar 10, 2007
Workshop 4	Mar 24, 2007
Workshop 5	Mar 31, 2007
Phase III: Post Data Collection	Apr 16 - 30, 2007

There were no known risks to participants. Participants' identities and responses were kept confidential and numerical codes were used by the research team to match pre and post instruments to participants. All information was kept under lock and key throughout the study. A note thanking participants and teachers for their involvement in the study was sent via mail or electronically. A copy of the findings from the study in the form of report was made available to participants and teachers electronically.

Teachers who completed and sent back the pre and post P/FII and consent form received a \$15.00 gift card to a book store and a list of recommended titles related to parent involvement

in student education was made available. Results from the study will be disseminated in the form of a dissertation, journal articles, and conference presentations.

### Delimitations of the Study

The results obtained in this study may be limited due to several factors:

1. Limited research linking TENFEE components to greater participation in the targeted population: Components identified were a result of the literature search on barriers to greater participation of minority groups such as Hispanic families, families of children with disabilities, linguistically diverse families, culturally diverse families, and families from groups with low socioeconomic status. Limited studies were found directly related to the specific needs of Hispanic families of children with disabilities and no studies were found where the combination of all the components provided by TENFEE were included in a study. Although results from this study indicated that participants identified each of the components as important or very important in their decision to participate in the workshops, results do not provide conclusive information about the effect that not having one or several of the components would have on the participation of the targeted population.

2. Limited sample size: One of the greatest limitations of this study was the limited sample size of participants limiting the study's results from being generalized. The targeted population was the primary caregivers of the 14,181 Hispanic students receiving special education services in three Florida school districts. Because the researcher did not have access to the contact information for the entire population in order to select a random sample of participants, the recruitment of participants was limited to those who found out about the workshops and were one of the first 40 individuals who met criteria to participate and register for the workshops. Recruiting participants in such way meant that not everyone in the targeted

population had an equal opportunity to participate since only a sample of those who received information about the workshops and wanted to participate in the workshops were able to register. Since participants were not randomly assigned to attend workshops, there is an increased the likelihood that uncontrolled factors account for changes on their pre and post evaluations.

3. Representative sample: Although the percentages of participants from each of the three school districts were proportional to the percentages of the targeted population from each school district, some of the demographic characteristics of the participants were not representative of the targeted population. For example, although no specific data was found related to the origin of the Hispanic students with disabilities receiving special education services in the three Florida school districts, the origin of the Hispanic population in Florida in the year 2000, were 18% Puerto Rican, 31.1% Cuban, 2.6% Dominican, 7.6% from Central America (excluding Mexico), 11.2% from South America, and 13.6% Mexican. The origin for the participants from the study was 79% Puerto Rican, 5% Cuban, and 16% from South America. In addition, the targeted population was the primary caregivers (usually the mother and father) of students receiving special education services, yet participants in the study were 78% mothers and only 16% fathers of students with disabilities. Because all participants were from Hispanic backgrounds and reside within three neighboring school districts, results are not meant to be generalized to other cultural groups or other areas of the country. Also, because all participants were primary caregivers of children with disabilities, results cannot be generalized to primary caregivers of children without disabilities.

4. Instruments used to measure gains in knowledge and involvement: Because of the small sample size of participants, the internal structure validity of the IEP test used to measure

participants' gains in knowledge about the topics presented in the workshops was not able to be measured. The number of participants (N=37) was smaller than the number of test questions or dependent variables (50 questions). Also, no studies were found where the instrument used to measure participants' involvement by their children's teachers (P/FII) was used to measure the involvement of solely Hispanic families. Cultural differences on perceptions related to "family involvement" may have influenced the results demonstrating no significant gains in participants' involvement. Another factor that could have limited the credibility of the findings related to involvement gains was the short period of time elapsed from pre to post test. Finally, all responses to surveys were limited to the honesty of participants and teachers completing the instruments.

### Overview

A review of the relevant literature and the theoretical framework for this study are included in Chapter Two. Chapter Three includes the research questions and null hypotheses, a description of the sample, instruments, methodology, procedures, and data analyses procedures used in the study. Results of the study are presented in Chapter Four. Discussions of the results and their implications are included in Chapter Five.



## **CHAPTER TWO: REVIEW OF RELATED LITERATURE**

This chapter provides a review of the literature relevant to the involvement of Hispanic families in the education of their children in special education services. First, the family systems theory is introduced as the guide in the development of the present study. Next, family involvement and its impact on children's academic success is described. Then, the changing demographics of the United States population is reported, focusing on the increase of the Hispanic population across the nation's classrooms. Finally, this review identifies the challenges and opportunities of Hispanic families for greater involvement with their children in special education services and concludes with a summary of the review to introduce the proposed study.

All searches were limited to publications and papers written in English in United States periodicals. Searches focusing on Hispanic families, children with disabilities, language barriers, and family involvement were restricted to empirical studies. These criteria were used to guide the selection of the literature that best reflected the nature of the participants addressed in this study.

Literature focusing on the increase of the Hispanic population in the United States includes descriptive data on statistical trends in demographics. Information was obtained through searches in ERIC, EBSCOHOST, and through professionals in the field. Professional literature was included if considered a valuable contribution towards understanding the need for the involvement of Hispanic families in the education of their children receiving special education services.

## Family Systems Theory

The Family Systems Theory (FST) has its origins in the General System Theory (GST) developed by Ludwig von Bertalanffy (1968). Bertalanffy believed that rather than reducing an organism to the properties of its component parts, the focus should be placed on the relationship between the parts that constitute the whole. As a result, a system is other than the mere sum of its parts; it consists not only of those parts, but also of the relationship each has to the other and whatever else emerges as a result. It is the relationships that are fundamental to GST, not the physical nature of its individual components (Lewis, 2005).

Embracing GST, theorists began to define families as systems, leading to the emergence of FST. FST sometimes referred to as the Family System Approach views the family as a set of interrelated parts wherein a change in one part of the system affects the rest of the system (Prest & Protinsky, 1993; Turnbull, Turbiville, & Turnbull, 2000). Each member of the system exists as an individual, but is integrally connected with the other members of the family. In FST the foundation of the connection between systems includes three principles: input/output, concepts of wholeness and sub-systems, and the boundaries that exist between systems (Turnbull & Turnbull, 2001).

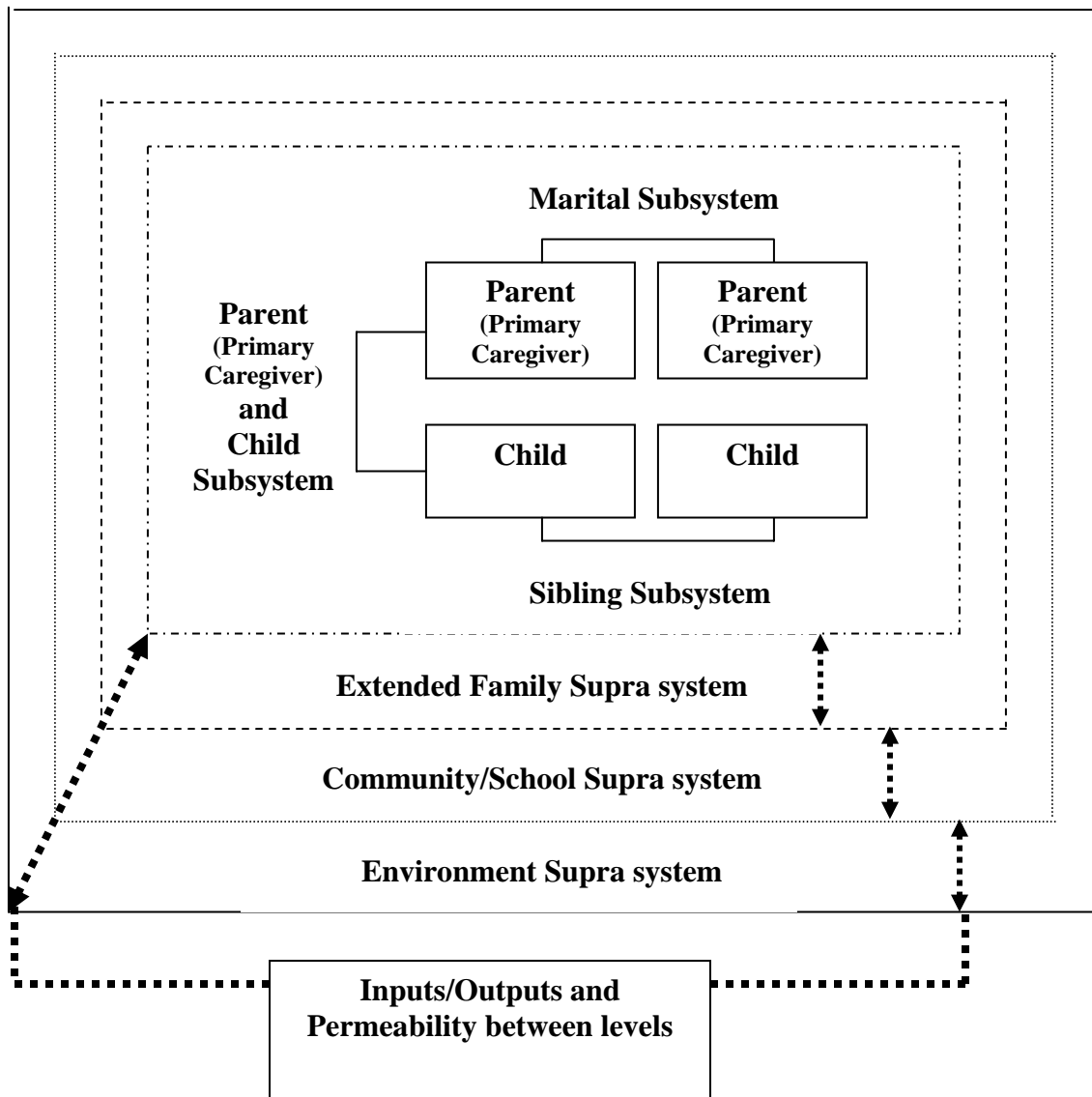
Input/output: According to Turnbull and Turnbull (2001), inputs are the family's characteristics, the family members' individual characteristic, and the special challenges faced within the family. Outputs on the other hand, are the results of the family interactions as they relate with each other to perform their roles related to family functions.

Concepts of wholeness and sub-systems: FST recognizes the interrelation of systems at other levels, a system smaller than the family unit is referred to as a subsystem whereas larger systems are called supra-systems. Subsystems include the relationship between parents, siblings,

and parent-child. Supra-systems include the relationship of the family unit with its extended family, community, ethnic or racial groups, and geographical region. The family therefore needs to be understood as an entity and the family perspective must be discovered, not that of the individual child, mother, or father since the family is greater than its members, just as the sum is greater than its parts (Turnbull & Turnbull, 2001).

Boundaries: According to Reyes-Blanes (1996), family systems, subsystems, and supra-systems are tied together through the interactions of their members. Changes at any level of the system will have an impact on all levels of the system, resulting from mutual influence. With such reciprocity, defining a system requires determining the boundaries of each system. These boundaries are characterized by their permeability, allowing the flow of transactions in and out of each level. Permeability is determined by the level of internal cohesion of the family and the emotional connectedness among family members and other systems. Boundaries are created by interactions of family members and by the interaction of the family as a whole with those persons who are not members of the family system.

The openness and closeness of the boundaries affects the degree of collaboration in which the family will engage with supra-systems (Turnbull & Turnbull, 2001). Subsystems, supra systems, and the boundaries and interactions between the distinct system levels are illustrated in Figure 1.



*Note: From Puerto Rican mothers of young children with disabilities: A comparison between families living in Puerto Rico and families living in Florida, by M. Reyes-Blanes, 1996, Doctoral Dissertation: University of Florida. Adapted and reprinted with permission.*

Figure 1: Subsystems, supra systems, and boundaries between system levels

### *The Influence of Culture on FST*

FST rests on premises such as the relational patterns that are learned and passed down through the generations and the current individual and family behavior resulting from these

patterns (Bray & Williamson, 1987). FST's theoretical framework demonstrates a belief of an interdependent family system influenced by their socio-cultural environment.

When working with families from diverse cultural backgrounds differences in cultural values and beliefs can influence the permeability from the family system to supra- systems such as the school. According to Olsen and Fuller (2003), when initiating contact with culturally diverse parents, professionals must be sensitive and respectful of their customs, values, and beliefs. Though every individual in a cultural group differs, cultural styles should be considered when communicating with families from different backgrounds. Culture in many ways determines people's thoughts, ideas, patterns of interaction, and material adaptations to the world around them (Coon, 2000). A person's cultural background, for example, will determine the amount of personal space, physical contact, eye contact, and ordering in which a topic is addressed.

Cultural ideas and understandings are shared by a group of people who recognize the knowledge, attitudes, and values of one another. Cultural identity is based on an array of factors, including a person's gender, religion, age, social status, ethnicity/nationality, and ability/disability. A person's ability and disability, for example, will vary from culture to culture in the context of his/her needs and the public perception of the ability or disability itself (Cortes, 2000).

Carol Phillips (1994) states, "The task of society to prepare its children to take their place in the world of adults involves the transmission of culture" (p. 137). Phillips (1994) further notes that, in the United States society, the family and the educational system take primary responsibility for this transmission. According to Wright & Stegeling (2003), optimistically, the school and the family support one another in the complex task of preparing children to take their

place in the world of adults, but sometimes conflict arises due to the differences in beliefs, values, and practices which closes the permeability between systems.

According to Turnbull & Turnbull (2001), FST provides a framework for understanding what families are, how they function, and how professionals can collaborate with them. FST combines the fundamental belief of ecological and social network theories in that ecological units, or members of the family, do not operate in isolation but interact within and between systems, so that changes in one unit echo and impact interactions between the family's subsystems and supra-systems or social network (Bronfenbrenner, 1979).

#### *The Influence of Disabilities on FST*

Families, like any other systems, respond to any source of disturbance to their state of balance (Patterson, 1988). When a member of the family is diagnosed with a disability, stress echoes and impacts each of the family members' interactions with each other (subsystems) and the family's interaction, as a whole, with others (supra-systems).

Turnbull, Turnbull, Erwin, and Soodak (2006) compared the family system to a mobile, where all the pieces, no matter what size or shape, can be grouped together and balanced by shortening or lengthening the strings attached or rearranging the distance between the pieces. As in a mobile, one piece cannot be arranged without arranging the others. Simply understanding the child with a disability does not mean that the family is being understood, yet understanding the family is necessary to understanding the child (Turnbull et al., 2006).

A child with a disability can affect the family's dynamics in many ways, including the family's finances, amount and quality of time spent among other family subsystems (husband and wife, siblings, and parents with their other children), and future family goals (Smith, Gartin, Murdick, & Hilton, 2006). Reactions to learning that a member of the family has a disability can

vary from family to family and even within individuals from each family (Boushey, 2001; Linn, 2000). Lamberty and Detmer (1993) proposed that the diagnosis of a disability can lead to the same type of mourning stages that result from any other significant shock to the living system and leads human beings through a defense mechanism which includes the following sequence:

Denial: Usually the first reaction is shock “if I don’t pay attention to it, it might go away.” This stage can be very frustrating for both parents and professionals alike.

Anger: This stage can take a variety of forms and have a variety of targets. Parents may be angry with themselves, other family members, or with systems outside the family. Professionals may wonder why a parent who has been cooperative is suddenly angry with the program or services for the child.

Bargaining: By this time parents might have accepted the diagnosis but not the prognosis. Parents might try a variety of “cures” with the hope of being successful. The family’s finances may suffer during this stage.

Depression: Once parents come to the realization that the disability will not go away, parents may feel hopeless and helpless. Some may isolate themselves from systems outside the family or even within the family.

Acceptance: This stage reflects coping behaviors suggesting that the parents have come to terms with the reality of the disability.

Although for some families these stages can occur in the sequence indicated, for many families the stages will vary in order and duration and some or all stages may reoccur at different points throughout the child’s life (Lamberty & Detmer, 1993).

According to Turnbull, et al. (2006), families of children with disabilities will therefore vary in the degree to which their boundaries are open or closed to professionals or any other non

family member influencing how they collaborate with them. It is the professional's job to be aware of these stages and understand how to best approach and collaborate with the families during each stage. The boundaries within a family also define its member's roles with respect to each other. In some families extended family members such as grandparents, aunts, and uncles, may take on the parents' role because the boundary between the two systems (extended family and parents) is open. When this occurs, professionals must work closely with the family to understand the family's structure and be able to collaborate with those who are going to influence the child's learning.

In the past, most programs working with individuals with disabilities, including schools, focused their support primarily on the individual with disabilities or in the mother-child subsystem, but the adoption of the Family System approach for establishing family and professional partnerships has helped shift the focus to the family as a whole (Bailey, Hebbeler, Scarborough, Spiker, & Mallik, 1998; Turnbull et al., 2000). More school districts are now recognizing the value of family involvement on student academic achievement and are developing programs that focus their attention on better supporting the entire family (Allen & Petr, 1996).

According to Smith et al., (2006), the philosophy that guides the special education perspective of families has changed dramatically as knowledge concerning effective pedagogy has increased. A shift in paradigms is occurring on how programs address the needs of individuals with disabilities. Interventions are now provided with the collaboration of family members in a manner that facilitates the family's decision-making role and that is in line with families' priorities. The Family System framework leads the educator to consider the impact of activities on the family as a whole and to attempt to see the world from the family's perspective



(Olsen & Fuller, 2003). This framework also encourages professionals to focus on input variables, characteristics of family interactions, and life-cycle changes while considering diverse populations.

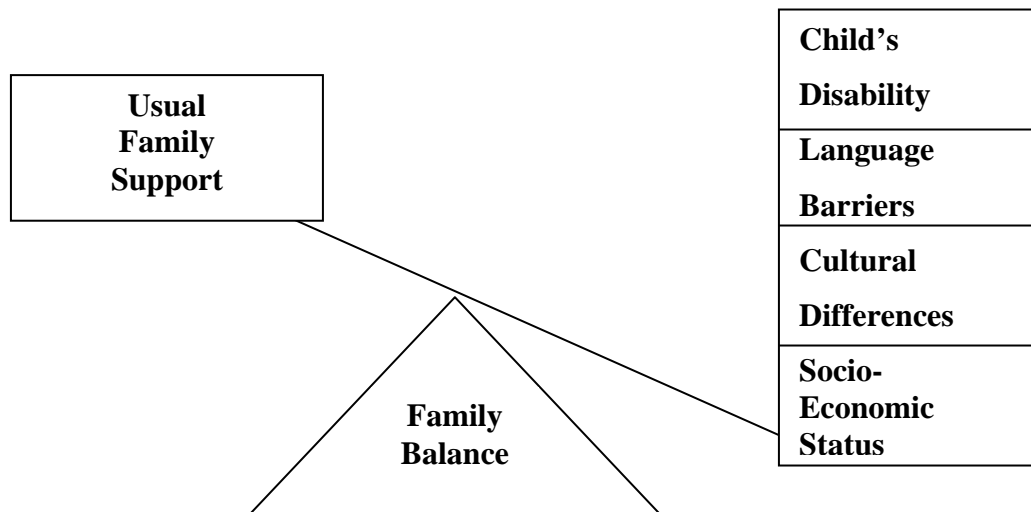
Family-school collaboration means to work together in the planning and implementation of programs for the student's academic success. These changes on collaboration are being reflected at local, state, and national levels. Federal and state legislation in the area of early childhood education for example, now require that an Individual Family Service Plan (IFSP) be developed for each family whose child is participating in the program. Once the child transitions to school, if the child qualifies for special education services, an Individualized Education Program (IEP) is developed with the participation of the child's family.

For most families of children with disabilities, the many processes related to special education (i.e. IFSP and IEP) can be an overwhelming experience and require the support of their schools in order to increase their involvement in these processes and better help their children. School districts across the United States try to work in collaboration with families by providing activities to enhance family involvement. Although the frequency and/or quality of these activities may vary from school to school and sometimes even from classroom to classroom, the usual way in which schools reach out to parents include activities such as informational meetings, recreational activities, and parent support groups.

By participating in informational meetings, parents can learn more about a particular topic related to the education of their children. These informational meetings typically attract a large group of parents and are lead by a speaker or group of presenters who provide the information and give parents the opportunity to ask specific questions. Recreational activities such as Math Night, Reading Night, or Science Night are other types of activities that are offered

by schools in an effort to involve parents in their children's education. During these recreational activities, parents have the opportunity to interact with their children and support their children's social development while learning how to support them in their education. Finally, support groups organized by schools, are a great opportunity for parents to meet other families in the community who might be experiencing similar needs and create network systems that are going to help them in better supporting their children. By participating in these types of activities families have the opportunity to build a partnership with their children's schools and their communities (Epstein, Sanders, & Clark, 1999).

Although offering informational meetings, recreational activities, and support groups can benefit most families of school-aged children by providing the information and support they need to be more involved in their children's education, for some families, barriers such as their children's disability, language, cultural differences, and socio-economic status can interfere with their participation in such activities (see Figure 2).



*Note: From Puerto Rican mothers of young children with disabilities: A comparison between families living in Puerto Rico and families living in Florida, by M. Reyes-Blanes, 1996, Doctoral Dissertation: University of Florida. Adapted and reprinted with permission.*

Figure 2: Unbalanced family support system

Schools all over the country, and especially those located in areas where a high percentage of culturally diverse families live, need to pay particular attention to the families' specific needs when designing and conducting activities aimed at increasing their involvement in their children's education in order to help balance specific challenges faced by the families with the support being provided (Kauffman, Perry, & Prentiss, 2001). Informational meetings, recreational activities, and support groups need to be designed keeping the targeted population (Hispanic families of children with disabilities) in mind.

Disability: Although most informational meetings discuss topics that are of great importance to education, schools serving students with disabilities should take into consideration the discussion of topics that are of specific concern to this population (Kroth & Edge, 2007). According to Smith et al., (2006), in order for families of students with disabilities to be involved in their children's educational programs, they must feel empowered. Two things that school

personnel can do to help family members feel empowered are to encourage their involvement and to help them realize the importance of their decisions in the education of their children.

Language: If English is not the family's primary language, schools must provide the necessary supports to make sure that the family is not only aware that such activities are taking place, but also to provide interpreters or presenters who can speak their native language. These language accommodations will help culturally diverse families feel welcome and free to express themselves (Kauffman et al., 2001).

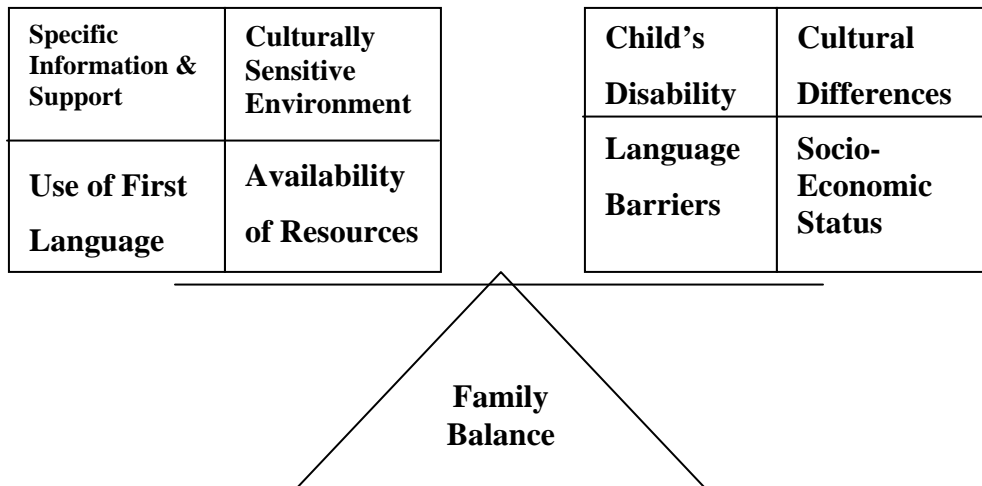
Culture: School personnel also need to be sensitive to the family's cultural background when designing and carrying on any activity aimed at increasing parent involvement. Family customs and beliefs should be considered and respected (Chrispeels & Rivero, 2001; Tinkler, 2002). As Harris (1996) notes, an important prerequisite when working with culturally diverse families is for school personnel to recognize and understand their own culture in order to recognize differences with individuals from other cultures and facilitate the collaboration between the two.

Socioeconomic Status: Finally, the families' socioeconomic status should also be considered when designing activities to increase parent involvement. Many culturally diverse families of students with disabilities lack the transportation, child care support, and money to pay the fees that are sometimes charged to participate in some of these activities. Schools should consider providing the transportation or having the activities in a central location where families can arrange for public transportation or to travel with other families in their communities. Providing activities for their children will also make a great difference in their participation since many of these families have migrated to this country on their own and do not have extended family available to care for their children while they attend school events. Also, many times

because of the child’s disability it is difficult for parents to find someone to leave them with or parents cannot afford to pay for the child care centers, especially when the family has multiple children to leave behind (Reyes-Blanes, 2002).

By providing accommodations or specific components in each area of need, the likelihood of seeing greater participation from culturally diverse families of children with disabilities in activities where they can learn about how to improve their involvement in their children’s education will increase as their needs will be balanced with the supports provided.

This phenomenon is illustrated in Figure 3.



*Note: From Puerto Rican mothers of young children with disabilities: A comparison between families living in Puerto Rico and families living in Florida, by M. Reyes-Blanes, 1996, Doctoral Dissertation: University of Florida. Adapted and reprinted with permission.*

Figure 3: Balanced family support system

### Family Involvement

From the beginning of time, parents have been their children’s first teachers. Only in recent history have governments assumed responsibility for much of a child’s formal education.

The concept of teachers and parents working together to educate children did not emerge until late in the nineteenth century (Berger, 1991). At first, parent involvement with their children's school was usually limited to mothers volunteering as a teacher aide or parents helping their children at home by making sure that they were ready for school (Morrison, 1978). As recently as the 1970s, professionals generally expected parents to comply passively and gratefully with decisions about the programs in which their children should participate (Turnbull & Turnbull, 2001).

Morrison (1978) proposed that the concept of parent involvement should be a comprehensive one, one that conceives of parents as having talents and skills which can be utilized for their own welfare and well-being as well as the welfare of their children and school. Family involvement has been a widely used term for the past decade describing activities that are provided and encouraged by the school for the empowerment of parents in working on behalf of their children's learning and development (Berger, 1991; Fan & Chen, 1999; Griffith, 1998).

Parent involvement has more recently been described as a partnership effort between the school, the family, and the community (Epstein, 1992, 2001; Epstein & Jansorn, 2004; Epstein & Salinas, 2004; Epstein et al., 1999; Epstein et al., 2002). Although there is no one model of parent involvement, Epstein (1992), a notable figure in the area of parent-school-community partnerships developed a comprehensive model of family and school relations that accounts for history, development, and changing experiences of parents, teachers, and students. At the center of the model there are three overlapping spheres representing the family, school, and community. According to Epstein, there are many reasons for developing family, school, and community partnerships, including the improvement of school programs, school climate, and parents' skills

and leadership. When families, schools, and the community work together the chances for students to succeed in school and therefore, in life are a lot higher (Epstein & Jansorn, 2004).

The model of overlapping spheres of influence recognizes that the family, school, and community may be drawn together or pushed apart by practices conducted individually or as a group. The student is the center of the model, where partnership activities focus on engaging, guiding, energizing, and motivating the student to produce his or her own success. The assumption is that if children feel cared for and are encouraged to work hard in the role of student, they are more likely to do their best to learn to read, write, calculate, and learn other skills and talents and to remain in school (Epstein & Jansorn, 2004).

Surrounding the family, school, and community network are the six types of involvement: Parenting, communicating, volunteering, learning at home, decision making, and collaboration with the community. According to Epstein, each type of involvement includes many different practices, each is faced with particular challenges that must be met to involve all families, and each can lead to a different result based on how they are approached. Figure 4 illustrates Epstein's overlapping spheres of influence of family, school, and community on children's learning based on six types of involvement.

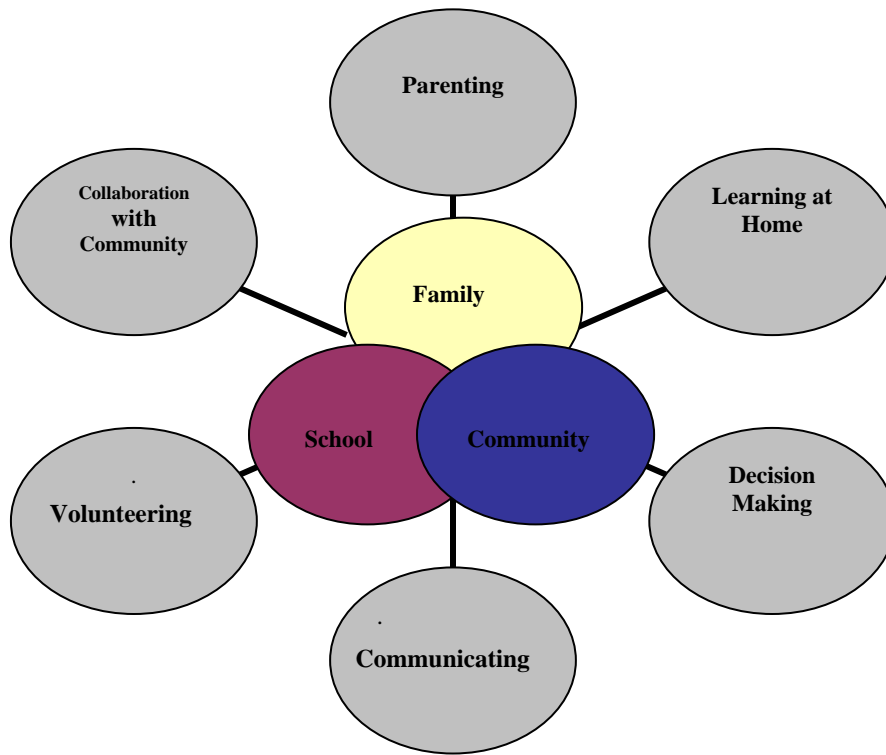


Figure 4: Adaptation of Epstein's overlapping spheres of influence

Parenting: Parents are a child's life support system. Consequently, the most important support a child can receive comes from home. Schools can support positive parenting by strengthening the skills parents need to fulfill their role and helping families establish home environments to support children as students.

Learning at Home: The vast majority of parents are willing to assist their children in learning, but many times are not sure how. Helping parents connect to their children's learning enables parents to communicate in powerful ways that they value what their children achieve (National PTA, 2002). By providing parents with information and ideas about how to help their



children at home with homework and other curriculum-related activities, stronger partnerships will be built between the family and school.

Decision Making: Effective partnerships develop when each partner is respected and empowered to fully participate in the decision-making process. Parents and educators depend on shared authority in decision-making systems to foster parental trust, public confidence, and mutual support of each other's efforts in helping students succeed (National PTA, 2002).

Communicating: Communication is the foundation of a solid partnership. When parents and educators communicate effectively, positive relationships develop, problems are more easily solved, and students make greater progress (National PTA, 2002). The design of effective forms of school-to-home and home-to-school communications about student progress is critical to the partnership.

Volunteering: When parents volunteer, both the family and the school benefits. Children also benefit by taking advantage of the many talents shared and obtained by the parents when volunteering in the classroom. In order for parents to feel appreciated and welcome, volunteer work must be meaningful and valuable to them.

Collaboration with the Community: Finally, when schools and communities work together, both are strengthened to accomplish greater gains than what either entity can accomplish on its own. As essential members of the school and the community, parents need to learn how to collaborate with both entities in order to create a partnership that will support the academic gains of students (Epstein & Jansorn, 2004).

According to Epstein et al., (2002) these six types of involvement can guide the development of a balanced, comprehensive program of partnerships, including opportunities for family involvement at school, and at home, with potentially important results for students,

parents, and teachers. The results will depend on the particular types of involvement that are implemented as well as on the quality of the implementation.

### *Impact on Student Academic Success*

Research indicates that children benefit significantly when their families are involved in their education (Diffily, 2004; Epstein & Salinas, 2004). Benefits range from academic success as measured through grades and standardized scores, to attendance and enrollment in higher academic programs (Fan & Chen, 1999). Recent research studies have shown specific positive impact on student success in just about every academic area studied in school (Epstein & Sheldon, 2002). According to Epstein (2001), among the factors that lead to improvement on academic achievement for those students whose parents are involved in their education is the fact that parents are more likely to talk to their children about school, monitor their children's school work with more frequency and in more detail, and support their children's learning when assignments are sent home. Regardless of socioeconomic status, ethnic or racial background, or the parents' education level, students achieve more when their parents are involved in their education. The more extensive the parent involvement is, the higher the student achievement rises (Henderson & Berla, 1995).

Anne Henderson and Nancy Berla conducted extensive research on family involvement and authored three documents that summarize over 85 research studies related to family involvement (Henderson, 1987; Henderson & Berla, 1981, 1995). According to these researchers, the most accurate predictor of a student's achievement in school is not income or social status, but the extent to which that student's family is (1) able to create a home environment that encourages learning; (2) communicate high, yet reasonable, expectations for their children's achievement and future careers; and (3) become involved in their children's

education at school and in the community. Research findings of the work of Henderson and Berla were summarized by Diffily (2004) into the following areas:

1. When parents are involved, students are more active.
2. When parents are involved in their children's education, students have higher grades and test scores, better attendance, and complete homework more consistently.
3. When parents are involved, students exhibit more positive attitudes and behavior.
4. Students whose parents are involved in their lives have higher graduation rates and greater enrollment rates in post-secondary education.
5. Educators hold higher expectations of students whose parents collaborate with the teacher.
6. In programs that are designed to involve parents in full partnerships, achievement for disadvantaged students improves, and can reach levels that are standard for middle-class students. In addition, the students who are farthest behind make the greatest gains.
7. Students from diverse cultural backgrounds tend to do better when parents and professionals collaborate to bridge the gap between the culture at home and the learning institution.
8. Students' behaviors such as alcohol use, violence, and antisocial behavior decrease as parent involvement increases.
9. Students are more likely to fall behind in academic performance if their parents do not participate in school events, develop a working relationship with their child's educators, or keep up with what is happening in their child's school.
10. The benefits of involving parents are not confined to the early years; there are significant gains at all ages and grade levels.

Findings from Henderson and Berla (1995) not only support the benefit of family involvement on student academic success, but it also demonstrates that parent involvement benefits the family, the educators, and the school as well.

Parents who are involved with their children demonstrate more confidence in their parenting and decision making skills, parents' perceptions of the school improve, and become more active regarding policies that affect their children (Henderson & Berla, 1995). Also, when parents are involved in the education of one of their children, the other children in the family also benefit. Schweinhart and Weikart (1986) conducted a study where the IQ of children attending Head Start programs and their siblings was measured. The researchers found that both the child attending the program and the sibling increased their IQ level while in the program and retained these IQ gains once the program ended.

When schools have a high percentage of involved parents, teachers and principals are more likely to experience higher morale and report an increase in job satisfaction (Henderson & Berla, 1995). According to Diffily (2004), teachers can learn a lot about a student through the student's family making their work with the child a lot more effective. Typically, the closer the relationship between the teacher and the family, the more information the family will be willing to share. Another benefit from greater parental involvement is that parents cannot only provide their personal assistance in the classroom in the form of volunteer work and donations, but can advocate for more resources from the school to meet the classroom's needs.

Finally, schools that actively involve parents tend to establish better reputations in the community and receive better support (Henderson & Berla, 1995). According to Diffily (2004), when families are actively involved in schools, they can affect the school climate and influence school reform efforts in a positive way.

Parent involvement has been found to be so significant on student academic success that it is no longer viewed as a choice or nice gesture by schools in the United States to offer programs or activities to increase the involvement of their students' parents, it is a mandate. Several legislative efforts have led to changes in the structure of educational agencies working with children throughout our nation.

The Civil Rights Act, enacted in 1964 and the Elementary and Secondary Education Act (ESEA) in 1965 are two historical pieces of legislation that gave rise to many programs for children and their families. The Civil Rights Act of 1964 was a landmark legislation that prohibited discrimination based on race, color, religion, sex, or national origin. This act was originally developed to protect the rights of African Americans but it was amended prior to passage to protect the civil rights of everyone. The Economic Opportunity Act of 1964 requires Head Start programs to have the "maximum feasible participation" of the families served. Title I (PL 100-297) provides funds for family-centered education programs called Even Start. These family-centered programs focus on children and parents as a unit, with parents becoming active in their children's development.

The ESEA of 1965 provided a comprehensive plan to address the inequality of educational opportunity for economically underprivileged children. In 1990, the first national education goals were formulated as a result of an Education Summit Conference: Goals 2000. Goal one stated that by the year 2000, all children in America will start school ready to learn. Parents were an important component on this goal and were mentioned in one of the three objectives to meet the goal: "Every parent in America will be a child's first teacher and devote time each day helping his or her preschool child learn. Every parent will have access to the training and support they need." The last goal states: "Every school will promote partnerships

that will increase parental involvement and participation in promoting the social, emotional, and academic growth of children.” But by the year 2000, only 32% of fourth-graders were able to read skillfully at grade level, the majority of the 68% who could not read well were children from minority backgrounds and those who lived in poverty (P. W. Wright, Wright, & Heath, 2004). In 2001 Congress added benchmarks, measurements, and sanctions to the ESEA of 1965 and called it the No Child Left Behind (NCLB) Act.

The centerpiece of the NCLB Act is the requirement that public schools bring all students to proficiency in reading and math by the 2013-2014 school year. The law mandates schools to involve parents and grants them with the right to transfer their children to better performing schools or to request supplementary services when their schools are failing to meet expected progress. NCLB also sanctions schools that fail to make acceptable progress on students’ reading and math proficiency tests. Student progress is measured by subgroup of students (i.e. ethnicity, ELL, low income, disability).

#### *Among Hispanic Families*

According to Delgado-Gaitan (2004), parent involvement benefits Hispanic students’ educational success. Teachers who work collaboratively with Hispanic families find that students perform better academically (Decker & Decker, 2003). Parent involvement among families from diverse backgrounds is critical to student success since children from diverse cultural and linguistic backgrounds are more likely to experience academic difficulties or to be at risk for experiencing academic difficulties (Gonzalez, Brusca-Vega, & Yawkey, 1997). NCLB supports the body of research correlating parent involvement to student academic success and has included parent involvement as one of its main requirements in the education of children from minority backgrounds, including immigrant children, English Language Learners (ELLs),

and children living in poverty. Because Hispanic children account for the highest percent of immigrant children in our schools, as well as for 77% of the ELL population, and about half of Hispanic children live in poverty, NCLB gives immigrant Hispanic students with limited English skills and who are living in poverty a window of opportunity to achieve academic success.

NCLB includes specific requirements about how schools must educate immigrant children who are learning English. States and school districts must establish proficiency standards for speaking, listening, reading, and writing and assess ELL students' progress in those areas every year if the child has been in the United States for three or more years (20 U.S.C. 6826). School districts must use research-based language instruction curricula for ELLs that is effective with this population (20 U.S.C. 6823). NCLB requires schools to notify parents about their children's progress in the language program, including the reasons why the child was placed in the program, the child's English proficiency level, how the level was tested, the child's academic achievement levels, method of instruction used in the program, etc. (20 U.S.C. 7012).

NCLB also authorizes grants to states and school districts to fund school-wide programs and targeted assistance programs. School-wide programs are meant to "upgrade" the entire educational program of a school where 40% or more of the children are from low income families (20 U.S.C. 6314). Targeted assistance programs are meant to provide services to children identified as failing, or at risk of failing, to meet the State's challenging student academic achievement standards (20 U.S.S. 6315).

To meet the NCLB standard, all subgroups (i.e. immigrant students, English Language Learners, and low income children) must make Adequate Yearly Progress (AYP). AYP is measured by goals set by each state for each subgroup within the school. About 90% of school districts and 60% of schools receive NCLB funding; if a student attends a school receiving

NCLB funding and the school fails to meet AYP for two consecutive years, the parent can transfer the child to a non-failing school within the district or to another district if all the schools within the child's home district are failing. If the school fails to meet its AYP goal for three consecutive years, the school must provide supplemental educational services to the students who remain in the school, including tutoring and after-school and summer programs, all at no cost to the families. Parents may choose a tutor or request other supplemental services to be provided to their children, supplemental services can be found on a list provided by the state.

Schools receiving Title I funds from NCLB must consult with parents to develop a parent involvement policy to improve student academic performance. The district evaluates the effectiveness of this parental involvement policy every year. The school must distribute this parent involvement policy to all parents and make the policy available to the community (20 U.S.C. 6318). The school must hold a meeting every year to tell parents about the parent involvement policy and their right to be involved in their children's education.

#### *Among Families of Children with Disabilities*

More than for any other group, parent involvement has been critical to the academic success of students with disabilities (Smith, Polloway, Patton, & Dowdy, 2004). Parental advocacy is one of the primary reasons that schools began to provide programs that address the learning challenges of students with special needs as well as to provide appropriate supports to ensure an equitable education (Smith et al., 2006). The nature of services for students with disabilities has changed significantly since the establishment of schools in this country. Although the first law requiring communities of more than one-hundred to establish schools was passed in the United States back in 1687, it was not until after mid nineteenth century that



individuals with disabilities began to be accepted in schools across the country (Olsen & Fuller, 2003).

Up to the mid 1900's parents of children with disabilities were viewed as "unfit" and blamed for their children's disability. Laws restricted individuals with intellectual disabilities from marrying or having children, many times persons with disabilities were placed in institutions where they spent the rest of their lives. It wasn't until family members began to organize at a national level in the late 1950s that changes in the education of children with disabilities began to occur (Turnbull & Turnbull, 2001). Families of children with disabilities were and continue to be motivated by their belief that public and professional responses to their children's educational needs are inadequate and by their desire to share emotional support with others who are facing similar challenges

Throughout history parents have played a major role in the development of services for their children with disabilities. Parents of children with disabilities have worked to establish education programs for children who in the past were excluded from public schools solely because of their special needs. Parents of individuals with disabilities have also advocated for the development of employment, residential, and recreational opportunities for their children. In the early 1970s, parents of children with disabilities took on the role of political advocates by presenting right-to-education suits in almost every state in the nation, most of the time with success, and then seeking federal legislation to implement those court decisions at the national level (Schlossman, 1976; Turnbull & Turnbull, 1996).

Parent groups were also immensely successful as political advocates, convincing Congress to pass the Education for All Handicapped Children Act (P.L. 94-142) in 1975. This legislation is now referred to as The Individuals with Disabilities Education Act (IDEA). IDEA

grants parents the right to participate with educators in making decisions about their children. No longer were parents expected to passively accept professional's decisions about their children's services, now they were expected to make educational decisions with the professionals while monitoring to make sure that these decisions were being implemented. Besides IDEA's support of parent involvement, Section 504 of the Rehabilitation Act of 1973 also requires schools to involve parents. Section 504 is a major component of the Rehabilitation Act, P.L. 93-112, which grants the right to individuals with disabilities to be free from discrimination. Any agency receiving federal funds, such as public schools, must follow this law and its regulations.

The Americans with Disabilities Act (ADA), P.L. 101-336 provides individuals with disabilities access to employment, state and local governments, and public accommodations. ADA applies to most public institutions, businesses, and activities, regardless of whether they receive federal funds or not (Smith et al., 2004). ADA supports parent involvement by guaranteeing equal access to those parents who have a disability. For example, schools must provide ramps so that individuals in wheelchairs, including parents, can access every location at their children's school.

Turnbull and Turnbull (2001) describe the impact that parents had on Kirk (1984), a distinguished special education pioneer, who said *"I found that through association with other parents they learned what the best programs were for their children. If I were to give credit to one group in this country for the advancements that have been made in the education of exceptional children, I would place the parent organizations and parent movement in the forefront as the leading force"* (p.41).

In 1991 the release of America 2000: An Educational Strategy, which outlined national standards, became the basis of the Goals 2000: Educate America Act of 1994 where the main

goal was for every school to promote partnerships that will increase parental involvement and participation in promoting social, emotional, and academic growth of children (Children's Defense Fund, 2000). A collaborative partnership of parents and teachers is the optimal way for services to be identified, developed, and provided for all children, in particular for those with disabilities. Not only does a collaborative partnership between parents and teachers provide better programs for children with disabilities and their families, but it also provides the basis for the future involvement of families in the child's education (Smith et al., 2006).

Children with disabilities are also considered a *subgroup* under No Child Left Behind policy. NCLB mandates that the child with a disability receive the reasonable adaptations and accommodations necessary to measure the academic achievement of the student relative to State academic content and State student academic achievement standards (20 U.S.C. 1414(d)(1)(A)(v)). Adequate Yearly Progress reports calculations requires schools to incorporate a percentage adjustment for children with severe cognitive disabilities. Just as with all other children from minority groups, NCLB supports the involvement of parents of children with disabilities in the education of their children.

According to Smith et al. (2006), parents and other family members of students with disabilities are in a unique position to become involved with their children's educational programs since they have first hand knowledge about the child's special needs. The family has observed the child's first steps, listened to the child's first words, and are aware of the child's medical history as well as his/her daily routines, likes and dislikes, and more (Lytle & Bordin, 2001). According to Turnbull et al. (2006), family-professional partnerships benefit the student bringing to bear on the student's behalf the partners' multiple perspectives, knowledge, motivation, skills, and resources.

### Changing Demographics

According to Turnbull, et al. (2006), recognizing that families are diverse and unique and that families are dynamic social systems requires professionals to gather information before, during, and after any interaction with families. Such information can be very valuable to plan and carry on future successful interactions. When working with families from diverse cultural backgrounds, professionals must keep in mind that their cultural beliefs can influence how they react to the identification of their child as having a disability and their involvement with the child (Hughes, 1999). Also how they will react to and interact with professionals (Bailey et al., 1998). Families will differ on the way they handle the stress of raising a child with a disability (Hanline, 1991), in what their personal needs are (Turnbull & Turnbull, 2001), and in the type of support systems needed (Hughes, 1999).

With this country's changing demographics schools need to have a better understanding of the specific needs of families who are culturally diverse. It is important to incorporate necessary components in the design and implementation of programs aimed at increasing family involvement so that these programs are successful. Only by providing specifically designed parent involvement programs culturally diverse families will be provided with the opportunity to attend, participate in, and put into practice valuable information related to their children's education.

The "Melting Pot" was a term commonly used in the United States to refer to the large number of immigrants arriving in the country and the "melting" of cultures into the larger society. Early immigration into the United States was heavily dominated by immigrants from European origin. Since then, alternate models such as the "salad bowl" have arisen and are more often used when referring to immigration patterns in the U.S. The "salad bowl" metaphor

describes how cultures and ethnicities mix together in the country without losing their uniqueness (Millet, 2000). Today's immigration is more diverse than ever because people now arrive from every corner of the world. However, diversity among the foreign born has actually declined significantly to one population - Hispanics. The term Hispanic is an umbrella term used to describe all groups of people whose national and/or cultural origins include the Spanish language and heritage.

The only demographic information available about Hispanics in the 1960s was by region since the federal government did not collect data on Hispanic populations nationwide. The federal census included a question on Hispanic origin in 1970, but was only administered to a sample of 5% of households. Finally, information about Hispanics was collected for the first time at a national level in 1980 when Hispanics represented about 6% of the population. By 1990, the Hispanic population accounted for 9% of the nation's 250 million people, slightly less than the entire U.S population in 1850. By the year 2000 the Hispanic population represented almost 13% of the U.S entire population, surpassing the African American population as the largest minority group in the country (Jones & Fuller, 2003).

### *Hispanic Population*

People of Hispanic backgrounds living in the United States differ in race, religion, language, and socio economic status. All of these aspects in a person's life will determine the person's culture. There are many definitions of culture, Alfred Kroeber and Clyde Kluckhohn (1952) completed a comprehensive study on the definition of culture. The researchers identified more than 160 definitions but agreed that culture consists of patterns of behavior, ideas, and values acquired and transmitted by groups. A study completed by the California Identity Project found that Hispanics in the United States continued to practice their cultural traditions into the

third generation. More than 96% based their identity on their family and 84% felt the culture was an important part of their identity (T. G. Jones & Fuller, 2003).

Cultural Characteristics: Regardless of individual characteristics, Hispanic families in general value the family as the primary social unit. Family is defined as a closely bonded group and may include two-parent families, extended families, and single-parent families. It is common for family members to prefer living close to each other, in order to more easily accommodate the financial and emotional support extended to family members (Manning & Baruth, 2004). Families that maintain strong ties usually pass traditional values and practices from generation to generation (Delgado-Gaitan, 2004).

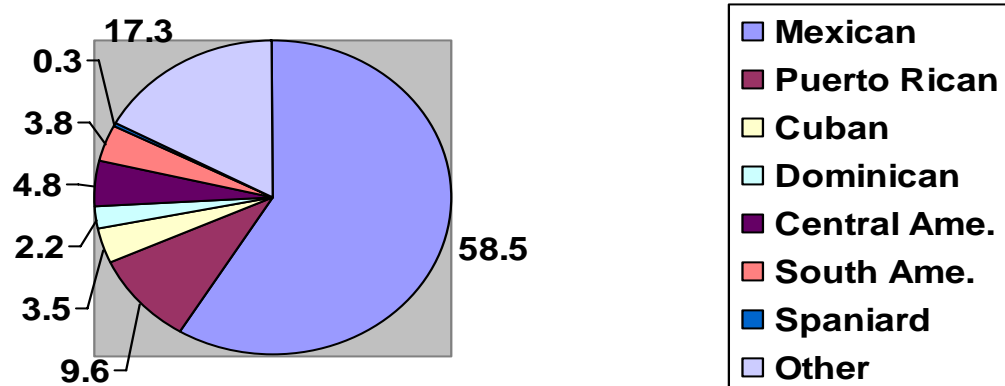
Children hold an exalted position in the family. In fact, the birth of a child validates a marriage (Zuniga, 1992). Zuniga also points out that Hispanic families are generally less concerned about children reaching developmental benchmarks and tend to be more permissive and indulgent with young children when compared to mainstream culture families. Still, children have family-related responsibilities, such as helping with household chores and caring for siblings. According to Delgado-Gaitan (2004), children are taught to respect elders and are expected to interact with others in a respectful and polite manner. Parental authority and respect are considered a form of love. Children are expected to take instruction from parents without questioning. Questioning parental authority is sometimes considered disrespectful.

Although *machismo* can play a significant role for most Hispanic men, the stereotypical image of the Hispanic man as a womanizer and abuser is not what is portrayed by the majority of men. *Machismo* refers to the male's manhood, to his courage, honor, and dignity. Many Latino men exemplify the positive definition of a *macho* as one who works hard, values his family, and has valor, dignity and honor (Olmos, Yberra, & Monterrey, 1999). Also, despite the

stereotypical image of Hispanic females as passive women, they are a source of strength for the family. Although in the past Hispanic women were characterized as being less assertive than males, Hispanic women are taking steps to improve themselves economically and socially (Grossman & Grossman, 1994).

Race/Country of Origin: Determining racial categories among Hispanic individuals often proves difficult because of the wide variety of traits and characteristics people and groups share. The race of Hispanic individuals may be white, black, or mixed. According to Manning and Baruth (2004), although the concept of race still has a significant social meaning, it contributes very little to the cultural understanding of an individual.

Hispanics are generally identified according to their nation of origin. The major national origin subgroups that are under the Hispanic umbrella are Mexican American, Puerto Rican, Cuban, Dominican, Central and South American. As illustrated on Figure 5, the Mexican population is the largest group of Hispanics in the United States with 58.5% of the Hispanic population. Hispanics from the Caribbean, including the islands of Puerto Rico, Dominican Republic, and Cuba follow in second place with 15.3% and Hispanics from Central (not including Mexico) & South America are the third largest group with 8.6%. All other Hispanics represent about 17.6% of the total Hispanic population in the United States (U.S. Census Bureau, 2000).



Note: From *Teaching Hispanic Children* by T. Jones and M. Fuller, 2003.

Figure 5: Diversity within the Hispanic population in the U.S

The Mexican American population resides primarily in the West and Southwest regions of the country. Forty-two percent of the population in New Mexico is Mexican American. Many of the Mexican Americans living in the U.S are immigrants who have recently come to the country, but the majority of Mexican Americans are second, third, and even beyond generation and have deep roots in the Southwest. Even though most Mexican Americans live in the West, they are widely distributed throughout the United States with populations in all states, including Hawaii and Alaska. Illinois has one of the largest Mexican American populations with more than a million living in Chicago. Mexican Americans have one of the widest ranges of socioeconomic levels with a substantial middle class in the largest states, even though many work as laborers and in blue collar jobs (Jones & Fuller, 2003).

Puerto Ricans are U.S citizens, not immigrants from other countries, as Puerto Rico is a Commonwealth of the United States. Puerto Ricans have had a significant influence on the East



Coast where they are the predominant Spanish-speaking group in large cities like New York (Jones & Fuller, 2003).

Cubans are different from other Hispanic populations in that they came to the U.S as political exiles in the early 1960s, not as immigrants who intended to settle permanently in the country. Cubans are the only Hispanic population whose large scale immigration was initially subsidized by the U.S. government with special privileges. Those who left Cuba after the revolution in 1959 had had close ties with the U.S for many years and sought refuge in this country when their government was overthrown. Initially, Cubans came to the U.S for political reasons, but more recently immigrants are coming for economic and personal reasons as well. More than half of the Cuban American population lives in Florida (Jones & Fuller, 2003).

Dominicans are growing in numbers along the Eastern seaboard of the U.S. They are replacing Puerto Ricans in traditional barrios in cities like New York where Dominicans have been the leading source of legal immigrants for the last three decades. Many came to escape political difficulties, but also to look for jobs or set up small businesses in large cities (Sunshine & Warner, 1998).

Most of the Central American population who resides in the U.S comes from El Salvador, Guatemala, and Honduras. South Americans come mostly from Colombia, Ecuador, and Peru and are spread across the U.S. The percentage of Central and South Americans immigrating to the U.S is increasing. They come for a variety of reasons, ranging from political difficulties to the need for better jobs. Other Hispanics include people from other Caribbean islands, Spain, and other Spanish-speaking countries.

Religion: Religion plays a central role in the lives of Hispanic Americans. The Catholic faith is the main religion for Hispanic families and has been since the Spanish colonized their

countries of origin hundreds of years ago. Fitzpatrick (1987) believes that Hispanics make up 40% of the current Catholic membership. The Gallup Report stated that 70% of Hispanics are from the Catholic faith, while 18% are Protestant, and 12 % belong to other religions or do not claim to belong to one (Manning & Baruth, 2004).

Language: Communication is a very important component of culture. Within most countries, people speak the national language and/or any variations of the national language as well as other languages. In the United States for example, English is the national language but there are several variations of English, including Black English, English with Southern and Eastern regional accents, etc. Also, many Americans speak other languages, not only those who immigrated from other countries or learned additional languages, but also the native Americans who have been in this country for far longer than those for whom English is the primary language (Delpit & Dowdy, 2002).

For People from Hispanic backgrounds Spanish is the national language, but many speak variations of Spanish and/or other languages, including Indians/natives who just like Native Americans have been in the country prior to it being colonized by Spaniards. The language of Hispanics living in the U.S. will vary based on where they came from, how long they have lived in the country, and where in the country do they live (T. G. Jones & Fuller, 2003). Nonverbal language also plays a major role in the Hispanic culture. For example, many Hispanic individuals stand close together, touch, and often avoid eye contact while communicating (Manning & Baruth, 2004).

Socio-Economic Status: According to reports from the 1990 U.S. Census, about two of every ten Hispanic families live in poverty compared to less than one of every ten non-Hispanic families. When looking at groups by their country of origin, about 33% of families from the

Dominican Republic, 30% from Puerto Rico, 23% from Mexico, 21% from Central America, 11% from Cuba, and 10% from Spain lived below the poverty level. According to Manning and Baruth (2004), the increasing unemployment rate and number of female-headed households are contributing factors to this cycle of poverty.

Another strongly correlated contributor to socioeconomic status is a person's education level. For many Hispanics who have immigrated to the United States, higher education in their countries was a luxury they were not able to afford. Although primary education is free or has a low monetary cost in most Latin American countries, some families cannot afford to buy the uniforms, or pay for the registration fees, and school materials required by the schools. In other instances, families live in remote areas and do not have the transportation for their children to attend school. In some cases, families depend on their children to work in order to meet the family's needs.

Attending secondary education or high school can be even more challenging for some families since attending secondary school is not mandatory in most Latin American countries (excluding Puerto Rico since this is part of the United States). In fact in most Latin American countries, in order to attend school after 7<sup>th</sup> grade, parents must pay for all the expenses. Many families are therefore unable to afford sending their children to school after the 7<sup>th</sup> grade. In some cases, families who migrate to the United States may be very well educated and hold Bachelor's, Masters', or even Doctoral degrees, but when they arrive to this country, their degrees may not be valid or because of their immigration status, they are unable to practice their profession.

Yet, nevertheless, education is valued among Hispanic families, but as explained by Delgado-Gaitan (2004), the term *education* among Hispanic families means more than getting

good grades in schools, it is used to describe how people behave, their manners, how polite they are, and their willingness to support and respect everyone. Education is also viewed as a way to move out of poverty, it's a family goal and not simply for the individual (Hildebrand, Phenice, Gray, & Hines, 1996).

In Latin American countries, the school curriculum is very centralized. There is little choice, uniforms are typically required, and school rules are firmly and uniformly set. Parents are usually involved by maintaining the schools and making sure that their children are well behaved. A great deal of respect is accorded to the teachers, who have a strong presence as professionals in Latino societies. Often, immigrant parents' vision of schools and education is based on their experience in their former country.

### *Hispanic Children*

The Hispanic population in the United States is not only growing at a fast pace, but is also significantly younger than the mainstream population. Thirty-five percent of the Hispanic population is less than 18 years old, while 23.5% of the mainstream population falls in this category. Also, only 5.3% of the Hispanic population is 65 years or older while 14% of the mainstream population is past that age (Therrien & Ramirez, 2001). Figure 6 shows the differences in ages between populations.

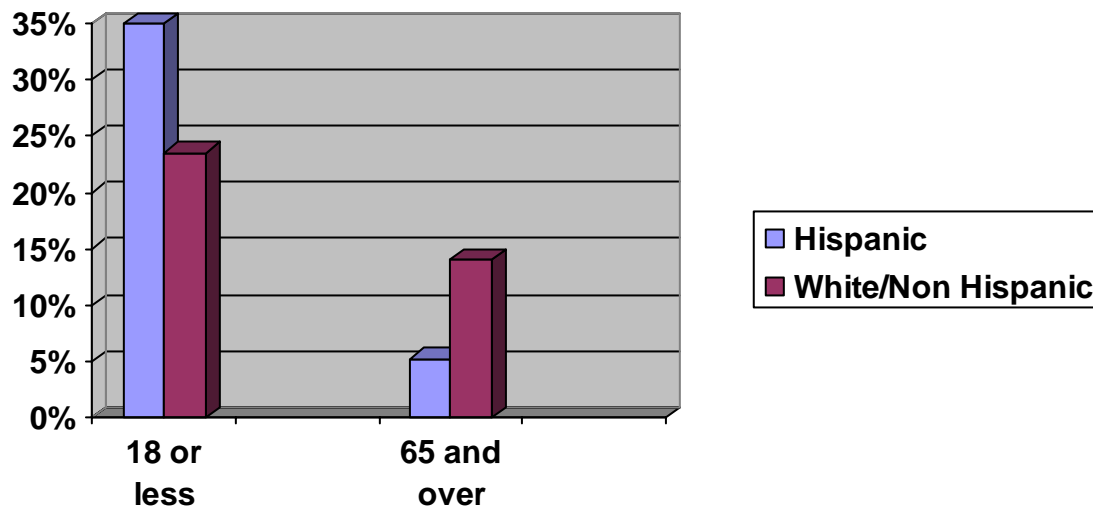


Figure 6: Age of Hispanic population living in the U.S

In the year 2000, immigrants represented one in nine of all U.S. residents, but their children represented one in five of all children under the age of 18 (Capps et al., 2005). The relatively large share of children with immigrant parents is not only due to the immigration of children with their parents into this country, but also in part to higher fertility among immigrant women because of the high percentage of immigrant women who are of childbearing age (Forste & Tienda, 1996). According to Capps et al. (2005), because immigrants have most of their children after arriving in the U.S., about three-quarters of children of immigrants are native-born, while about one-quarter are foreign-born.

School Enrollment: Among the services available to address the needs of children and their families is Early Head Start (EHS). EHS is one of the federally funded programs that seeks to provide assistance to low-income families with infants and toddlers with disabilities or who are considered to be “at risk”. The concept of “at risk” evolved with regards to the family’s

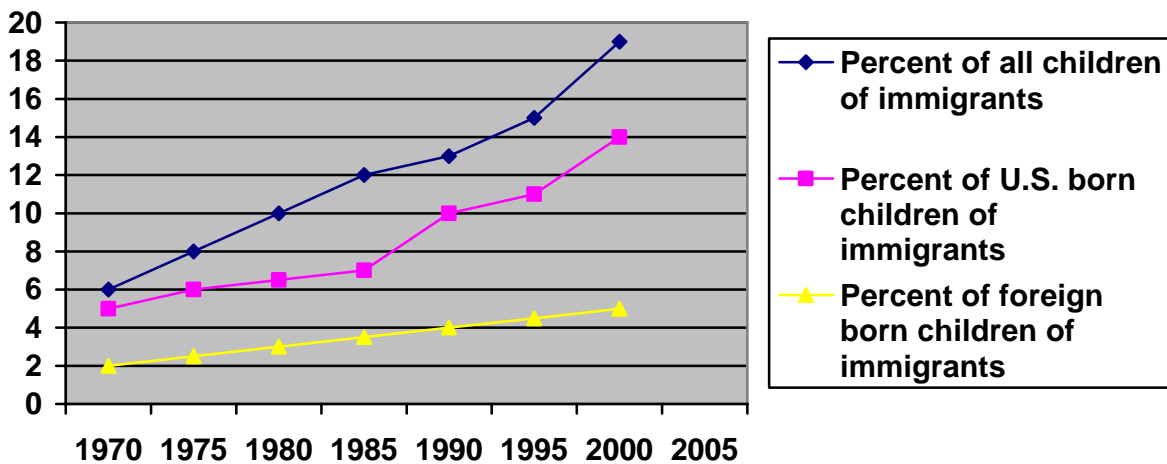
development during the early childhood years (Swick & Graves, 1993). The term *risk* implies that possible harm may come to the individual or family with regard to the nature of particular stressors. Poverty is one of the greatest risk factors faced by children in the United States as one in six children lives in poverty (Children's Defense Fund, 2004). About half of the children with developmental delays come from impoverished environments where many times they are exposed to poor health care, increased risk for accidents, and a greater likelihood of exposure to tobacco, disease, violence, and environmental toxins (Halpen, 2000; Liptak, 1996).

According to Peterson, Wall, Raikes, Swanson, and Jerald (2004), by intervening early, developmental outcomes can be maximized and children can achieve greater self-sufficiency and ability to attain vocational and life goals. Unfortunately, although more than 20% of Hispanic families in the U.S live in poverty, reports based on data from the National EHS Research and Evaluation Project demonstrate that only a small percentage of Hispanic families who qualify for early intervention services for their infants and toddlers, enroll their children in these services (Llagas, 2003).

Llagas (2003), reports that Hispanic children are less likely to be enrolled in center based pre-primary education programs at age 3 than White or Black children. In 1999, twenty-six percent of Hispanic 3-year-olds were enrolled in center based pre-primary education, while about 47% of White and 60% of Black 3-year-olds were enrolled by this age. In 2002, there were approximately 231,000 infants and toddlers being served in early intervention programs, about two thirds of these children were Anglo-American, while only 17% were Hispanic (U.S DOE, 2002). A common factor Hispanic families who do not enroll their children in early intervention programs is that usually those families are living in poverty and parents have less formal education and more limited English skills (Capps et al., 2005; Hernandez, 2004; Liang, Fuller, &

Singer, 2000; Takanishi, 2004). Unfortunately, living in poverty and counting with limited education and English language skills is a reality for too many of the Hispanic families living in this country.

While enrollment of Hispanic children in early intervention programs is reported to be low, their enrollment in elementary and secondary schools continues to increase due to record-high immigration and birth of Hispanic children in the U.S. Between 14 and 16 million immigrants entered the country during the 1990s, far exceeding any decade in the nation's history. This high pace of immigration was sustained during 2000-04, with the foreign-born population increasing by over 1 million per year. The total foreign-born population passed 34 million in 2004 and according to the U.S. Current Population Survey it may reach 42-43 million and account for 13% of the total U.S. population by 2010. The share of children of immigrants among the school-age population has also grown from 6% in 1970 to 19% in 2000 (Figure 7).



Sources: Urban Institute tabulations from Census 2000.

Notes: Children of immigrants have at least one parent born outside the U.S. Immigrants exclude individuals born in Puerto Rico.

Figure 7: School-age children of immigrant parents, 1970-2000

By 2000 there were 11 million children of immigrants out of 58 million total children enrolled in PK through 12<sup>th</sup> grade. In 2000, sixteen percent of all students in pre-kindergarten were children of immigrants, while 19% of children of immigrants attended lower grades (1<sup>st</sup> to 5<sup>th</sup>) and another 19% attended the upper grades (6<sup>th</sup> to 12<sup>th</sup>). The highest percentage (21%) of children of immigrants attending school during this period, were enrolled in Kindergarten (see Table 2). According to Capps et al., (2005), the rapid increase of a younger and fertile population of immigrants (because of the younger age among immigrant groups as compared to the majority of the population) during the last decade is the reason why the highest percentage of school children from immigrant families are in the lower grades (below 6<sup>th</sup> grade), with the largest share in kindergarten.

Table 2: Grade placement for children of immigrants in the U.S, 2000

	All grades	PK	K	1 <sup>st</sup> -5 <sup>th</sup>	6 <sup>th</sup> -12 <sup>th</sup>
Children of immigrants (1000s)	10,757	803	873	3,637	5,444
Share of all Children	19%	16%	21%	19%	19%
Foreign-born children (1000s)	2,901	100	129	714	1958
Share of all Children	5%	2%	3%	4%	7%
2nd generation Children (1000s)	7,856	703	744	2,923	3,486
Share of all Children	14%	14%	18%	15%	12%
All children	<b>57,746</b>	<b>4,954</b>	<b>4,154</b>	<b>19,383</b>	<b>29,255</b>

Source: U.S. Census of Population and Housing

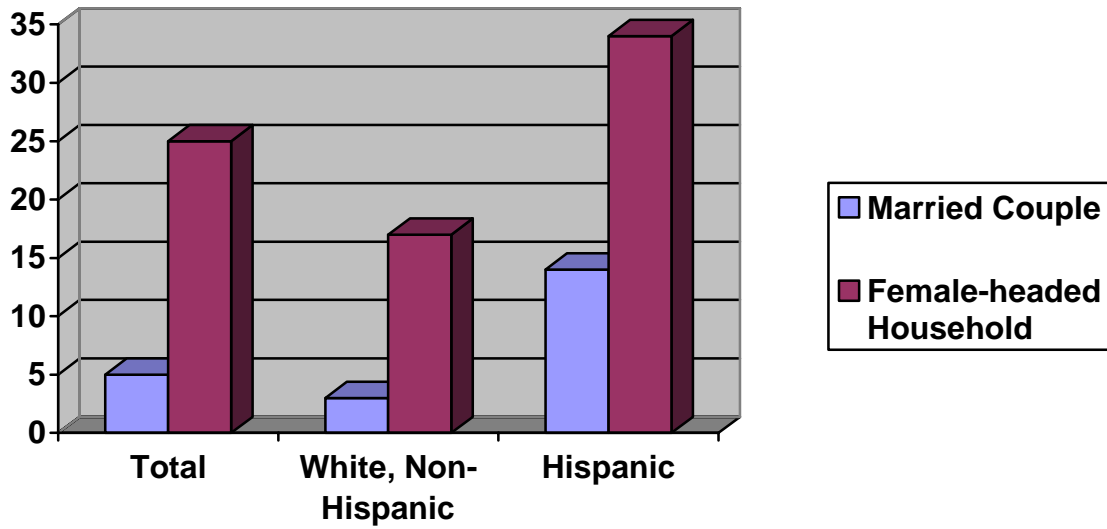
It is important to note that “immigrants” do not include individuals from Puerto Rico, who account for almost 10% of the Hispanic population, therefore the number of Hispanic



students attending K-12<sup>th</sup> grade classrooms in the United States is greater than solely the number of “immigrant” students from Hispanic backgrounds.

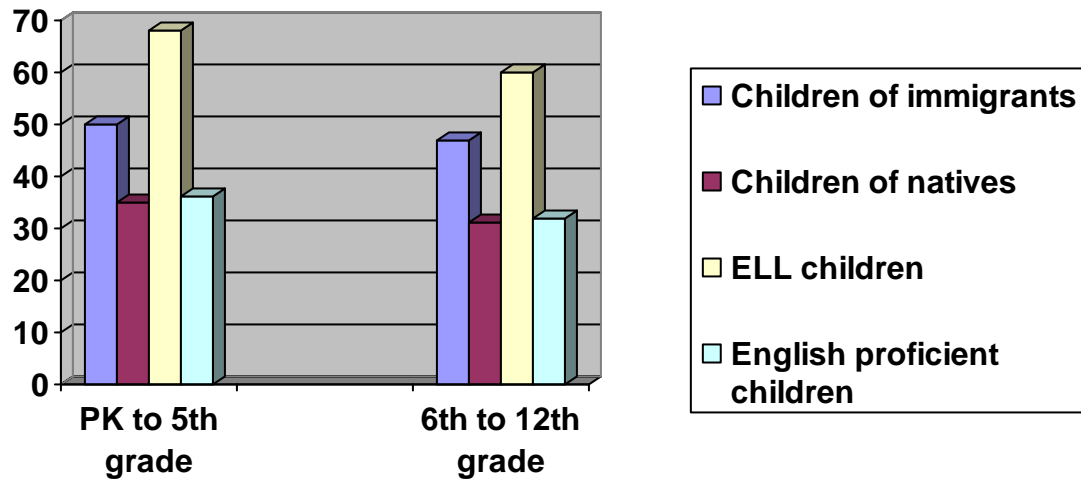
Language: The number of children who come from a home where Spanish is the primary language continues to increase. Approximately 28% of Hispanic students in kindergarten through 5<sup>th</sup> grade speak primarily Spanish and little, if any, English in their homes (National Center for Educational Statistics [NCES], 2002). English Language Learners (ELLs) are students whose English skills are limited and require language support (Ortiz & Kushner, 1997). Most ELL students, about 63%, live in families where both parents are also ELLs and over 50% of immigrant children who speak English “very well”, and therefore not considered ELLs, also have parents who are limited in their English proficiency (Fix & Passel, 2003). ELLs in the school setting are mostly (77%) Spanish-speakers and typically are served in bilingual education or English as a Second Language (ESL) programs (Klingner et al., 2006).

Socioeconomic Status: According to Llagas (2003), poverty poses a serious challenge to children’s access to quality learning opportunities and their potential to succeed in schools. One factor that appears to be related to families’ poverty level is family structure and parents’ education level. Married-couple households are most likely to be poor than households headed by women alone (Llagas, 2003). In 2000, fourteen percent of Hispanic married-couple families lived below the poverty level, compared with 34% in female-headed households (see Figure 8). Also in 2000, half of school-age children of immigrants came from low-income families and one-third of these children’s parents did not have a high school degree. Statistics showed an even greater disadvantage for English Language Learner (ELL) children of immigrants, where two-thirds came from a low-income family and half had parents without a high school degree (see Figures 9 and 10).



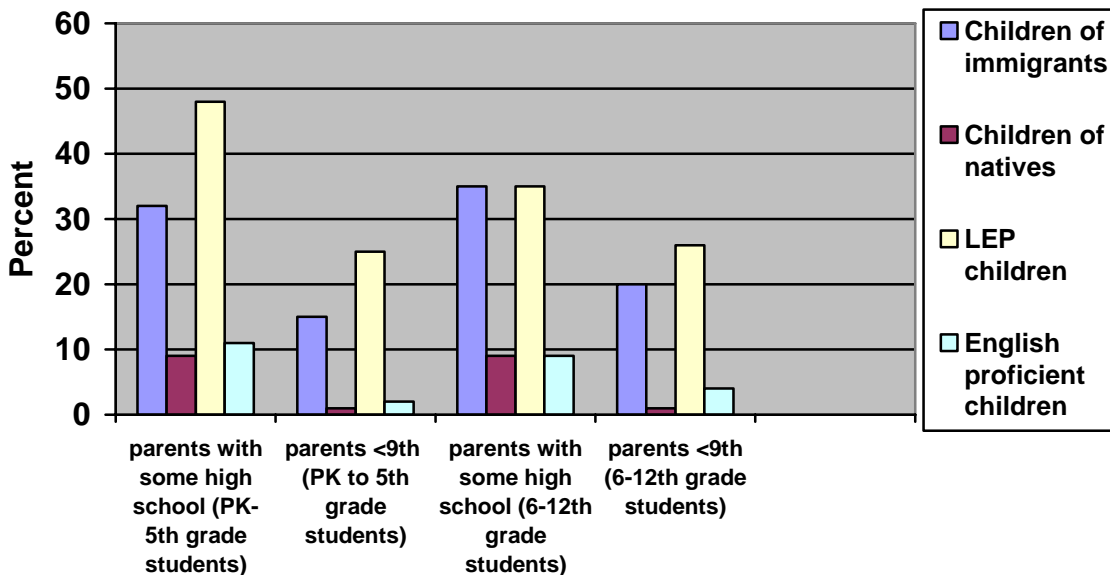
Source: U.S. Department of Commerce, Bureau of the Census, 2000  
 Note: Low-income is family income below 185% of the federal poverty level

Figure 8: Percent of families living below the poverty level by family structure and ethnicity



Source: U.S. Census of Population and Housing, 2000  
 Note: Low-income is family income below 185% of the federal poverty level

Figure 9: Low-income rates for school-aged children of immigrants and of natives



Source: U.S. Census of Population and Housing, 2000

Figure 10: Parental education for children of immigrants and of natives, 2000.

Academic Achievement/Special Education Services: According to Klingner et al. (2006), ELL students tend to exhibit lower academic achievement when compared with their non-ELL peers. About 80% of students with learning disabilities report reading to be their primary problem (Lyon et al., 2001). Students who are ELL often experience particular challenges in developing reading skills in the early grades (Haagar & Windmueller, 2001). The majority of students from immigrant families with limited English skills are enrolled in primary grades (U.S. Census, 2000). Poor reading skills lead to lower overall academic achievement and the primary grades are a critical developmental period for reading skills (Haagar & Windmueller, 2001).

Low academic achievement can influence student placement (e.g., retention, special education classrooms), which is associated with low expectations (Heubert & Hauser, 1999). Low expectations will often lead to student segregation (Knapp, Shields, & Turnbull, 1995),

which in turn is highly correlated with school attrition (Valencia & Villarreal, 2005; House, 1996). According to Jitendra et al. (2004), children who get off to a poor start rarely catch up. National data indicates that 76% of third-grade ELLs were performing below grade level in English reading (Zehler et al., 2003). The low academic performance of Hispanic students from an early age may be one of the reasons why more than 40% of school withdrawals before graduating from high school are made by Hispanic students (Gallenstein, 1998).

A high percentage of Hispanic students are struggling to succeed in school, a great number of these students are placed in special education classes as a last resource to provide them with additional support and avoid their withdrawal from school. As of 2002, approximately 37% of all students in special education were ethnically diverse (National Center of Educational Statistics, 2002). A large number of these students live in low income homes with parents who have limited education and limited English skills, all of which are also characteristics related to limited parental involvement (Llagas, 2003).

The Hispanic population of students receiving special education services is at risk for academic failure. The extent to which schools reach out to establish parent involvement programs in culturally diverse schools is the strongest determinant of Hispanic families getting involved in their children's education (Delgado-Gaitan, 2004). A great deal of research in recent decades claims the importance of parent involvement relative to student academic achievement (Epstein & Sheldon, 2002; Fan & Chen, 1999; Hoover-Dempsey & Sandler, 1995). Even for diverse populations, usually underrepresented in the schools, there is evidence that parent involvement impacts student achievement (Decker & Decker, 2003; Delgado-Gaitan, 2004).

### Challenges and Opportunities Faced by Hispanic Families of Children with Disabilities

A vast amount of research has concentrated on the influence that parental involvement has on student academic achievement (Epstein & Sheldon, 2002; Fan & Chen, 1999; Hoover-Dempsey & Sandler, 1995). Most studies indicate that increased family involvement is critical to student academic success. At the same time, No Child Left Behind (NCLB) is making schools accountable for the learning of students from minority groups (including immigrant students, English Language Learners, students living in poverty, and students with disabilities) in an effort to close the achievement gap between these students and those of students from the majority group. NCLB requires schools to provide programs to increase parent involvement and offers parents of children who are attending low-performing schools the option to transfer their children to a better-performing school, one that can provide their children with the resources, teachers, and curricula necessary for their academic success. Yet, parental involvement among parents from minority groups, including Hispanics, is reported low in our nation (Kalyanpur & Harry, 2004). More so, when looking at the children who remain in schools who have failed to demonstrate Adequate Yearly Progress (AYP) year after year, children from minority groups, including Hispanic students, represent the majority of the student body (Center for Immigration Studies CIS, 2003).

The 1999-2000 Schools and Staffing Survey (as cited in Fix & Passel, 2003) reported that over half (53%) of ELL students, who in most cases are Hispanic children, attend schools where over 30% of their fellow students are also ELL. These patterns were particularly noticeable in states such as California, Texas, New York, and Florida. Although only 13% of students in these states were ELL, 60% of these students attended a school where more than 30% of the students were ELL as well.

## *Challenges*

There are many barriers to family involvement for the general population, including the changes experienced in the so called “traditional” families, where the mother stays home to attend the children and the father works to financially support the family. By the mid 1990s, only 7% of mothers in a two-parent household stayed home with the children while the father worked (Fuller, 1993). According to Fields (2001) more than 70% of married parents both work outside the home.

Family structure has changed in more ways than just the number of working parents; by mid 1990s, 17% of children lived in blended families, where they either lived with half-siblings or with a stepparent. According to the Children’s Defense Fund (2001), approximately 1.5 million children in this country live with one or two adoptive parents, and almost 600,000 children live in foster homes. Also, Saluter (1996) reported that almost 4 million children were being raised by grandparents.

Family involvement programs that only target “traditional” family structures are leaving out a great number of families whose children could benefit from greater family involvement in their education. Although the changes in family structure are also affecting Hispanic families of children with disabilities, there are many other barriers that these families encounter in their efforts to become more involved in their children’s education.

Disability: Families of children with disabilities experience increased stress associated with the child’s diagnosis (Beckman, 1991). Parents whose child was recently diagnosed may be experiencing an enormous amount of stress and may avoid contact with any of the professionals who are involved with the child and his/her disability. Even long after the diagnosis, parents may re-experience stages that they already passed while “mourning” the child’s disability

(Lamberti & Detmer, 1993). Parents of children with disabilities may be cautious about anything that the school has to say about their child, especially if in the past, their experience with their children's services have been negative in their perspective.

When a child is first identified as having a disability, parents are usually unprepared for assuming the role of advocate and for serving as a knowledgeable member of the service delivery team (Smith et al., 2006). Without proper advocacy and partnership training, many families will step back and go along with any decision made by "professionals" in the field. Many families of children with disabilities choose not to participate in school related activities, even by attending meetings where their children's placement or services will be discussed, because they have become accustomed to and accepting of schools making decisions for their children (Smith et al., 2006).

According to Smith et al. (2006), some parents of children with disabilities may even feel that schools, at least in part, blame them for their children's problems or think that the school does not truly want or need their involvement. Other parents stop attending school functions because they feel that their children are being discriminated by not being included in school functions or because the school has not made the necessary accommodations to ensure that they fully participate. Many parents are discouraged after attending school workshops where topics usually relate to information that remotely pertains to special education issues or feel that the topic does not pertain to their child's needs.

Quezada et al. (2003) identified several roadblocks to the participation of Hispanic families of children with disabilities; these barriers can be summarized into three categories: Cultural differences, language barriers, and the family's socioeconomic status. One or a combination of multiple barriers can make the difference between a potentially successful and

well attended parent involvement activity and one where Hispanic families' participation is minimal or nonexistent.

Language Barriers: According to Fix and Passel (2003), there are 10.5 million children of immigrants in grades K-12 in the United States, representing 19% of school children. Overall, the English Language Learner (ELL) population grew from 14 million to 21.3 million during the 1990's. About 77% of ELL students are from Hispanic descent and about 63% of ELL children attending school live in a family where all parents are also ELL. In the meantime, on average, 9 out of 10 teachers are from Anglo- American backgrounds and can only speak English (Tyler, Yzquierdo, Lopez-Reyna, & Flippin, 2004).

In special education programs, the percentage of teachers from culturally diverse backgrounds is even smaller with only 14% of special education teachers being from diverse cultural backgrounds while approximately 37% of all students in special education are ethnically diverse (Prater, 2005). According to Quezada et al., (2003) with most teachers being middle-aged white women who do not speak Spanish, many Hispanic parents feel that they will not be understood and may avoid participation.

Communication is one of the greatest barriers between Hispanic parents with limited English skills and the school. Many Hispanic parents are not aware of the opportunities offered by programs such as the ones offered by NCLB because of communication barriers (Paul, 2004).

When parents are invited to attend school functions, their lack of English skills may keep them from attending, not only because they might not see the point of going if they are not going to understand most of the information or have difficulties asking questions, but also because they may feel embarrassed for these same reasons (Kauffman et al., 2001). Hispanic parents of children with disabilities may be even more sensitive to this issue since they might not feel



comfortable discussing information about their children in a language they feel limited in. Even when the school offers interpreters, some parents may feel that the information received or express has not been complete or are embarrassed to be one of the only people in the function having a middle person doing the talking for them (Delgado-Gaitan, 2004). Many Hispanic parents are also discouraged to spend time in the schools or their children's classrooms because of their lack of English skills (Fix & Passel, 2003).

Hispanic parents' literacy skills can also play a role in their awareness about family involvement opportunities or programs that can assist in their children's academic success. Reading or writing notes or going over school-related materials, even when these are in the parent's native language, may be difficult for a parent who lacks literacy skills. When a parent is unable to communicate, either verbally or by reading or writing, the parents' willingness to participate in activities such as volunteering in the classroom, attending meetings, completing daily communication journals, or even working with their children at home may be jeopardized (Kalyanpur, Harry, & Skrtic, 2000; Torres, 2000).

Cultural Differences: Sometimes, the school or the family, or both, may not be open to certain cultural practices that differ from their own. When designing and implementing an activity where Hispanic parents are expected to attend, professionals must consider the family's cultural background as it relates to how parents interact with the school and teachers (Desimone, 1999). In the Hispanic culture teachers are highly respected and seen as the person responsible for a child's academic education (Chrispeels & Rivero, 2001; Tinkler, 2002). Many Hispanic parents feel that the parents' role as it relates to their children's education is to discipline and teach their children how to respect others and behave while at school (Kalyanpur & Harry, 2004; Tinkler, 2002).

Parents who have only attended school back in their country of origin might not be familiar with the role expected from parents in this country. For some Hispanic families their view on what involvement means may be very different to what “parent involvement” is typically considered to be in the United States. For example, according to Jones and Fuller (2003), educators in *Lessons from High-Performing Hispanic Schools* considered parent involvement as an important way to serve the needs of the school and students by means of volunteering, fundraising, etc. While these activities are important to Hispanic parents, Jones and Fuller explain that their primary concerns were to assist their children academically and socially.

Furthermore, for many parents who have students with disabilities, having their child in a school was not even an option in their country. Unaware of the rights that students with disabilities have in this country, parents might just be content with having the opportunity to enroll their children in school and might not consider making any type of special “demands” that can jeopardize such opportunity (Schultze & Dice, 1996).

School personnel who are unaware of cultural differences may develop negative perceptions or attitudes toward Hispanic families of children with disabilities by making assumptions based on behaviors that they do not fully understand. Hispanic parents are usually criticized for not being involved with their children but professionals need to be careful when making such judgments. Most Hispanic families migrating into the U.S come in search of educational opportunities for their children (Kissam & Dorsey, 1997; Tinkler, 2002). Many teachers assume that the lack of Hispanic parent involvement relates to their lack of caring for their children’s education, but in reality there are many other factors that influence this perceived lack of interest (Tinkler, 2002).

Some Hispanic parents might have already experienced discrimination by other members of the “majority”, sometimes even from those considered professionals, such as teachers and administrators (Quezada et al., 2003; Tinkler, 2002). Negative past experiences may influence Hispanic parents’ decisions to participate in school-related events as well as on how receptive parents are to the information shared during such events.

School administrators play a very important role on family involvement. Teachers and other staff sense the level of priority administrators give to involving parents and usually are a reflection of those expectations. Even if the school says that they encourage parents to be involved, if their actions contradict what they say, parents may be discouraged from becoming more involved. If administrators collaborate with parents, teachers are more likely to do the same, and greater parent involvement is observed (National PTA, 2002). According to Gestwicki (2000), administrative policies that discourage contact between parents and staff or provide only a bare minimum of staff available at arrival and departure times, works against forming effective relationships between teachers and parents. Without administrative leadership, long-term progress in family-school partnerships is difficult to achieve.

According to Olsen and Fuller (2003), teachers and parents share the common goal of wanting children to develop as fully as possible but this doesn’t necessarily mean that they always work comfortably together. Parents and teachers generally have different perspectives on how to approach and view a child, a difference that evolves from the definitions of their social and cultural roles (Gestwicki, 2000). According to Gestwicki (2000), parents tend to be protective and highly emotionally invested in their children. Their perspective is focused on the child and their goals are very specific. Teachers on the other hand are concerned about children in the context of broader goals of socialization and education.

Gestwicki (2000) reported that some of the most common barriers to an effective parent-teacher relationship included (a) teachers' fear of criticism, where teachers dread parental criticisms and avoid any possible contact that may lead to it, (b) taking their role of "professionals" too seriously and therefore assuming that they don't need assistance from the parent, (c) fear of failure when they don't see immediate results from their efforts and therefore abandon all attempts, and (d) fear of differences, by falling into stereotyping parents based on their conditions or actions.

Other common factors reported by Gestwicki (2000) as influential on parent-teacher collaboration included teachers' time constraints, teachers' appearance of always being busy, and old ideas related to parent involvement. A survey completed by more than 1,100 principals and superintendents asked to rate how well new teachers were prepared for their professional responsibilities. Results showed that only 25% of new teachers were well prepared or very well prepared to work with parents (R. Jones, 2001).

Socioeconomic Status: The family's income, education level, and social status associated with their job are all correlated to their socioeconomic status (SES). The National Research Council (2002) documented that children from racially/ethnically diverse backgrounds are much more likely to be members of families with low income. By the year 2000, over half of all children of immigrants in PK to 5<sup>th</sup> grade lived in low income homes or were economically disadvantaged. When looking at secondary students, the pattern is not much different, with an increased rate in poverty for immigrant children between 1980 and 2000 from 34% to 47% (U.S. Department of Health and Human Services, 2005).

A family's lack of resources can be a barrier to their participation in school programs. For many Hispanic families who have migrated from their country in search of a better future for

their families, arriving in a country where they do not understand the language, where, in most cases, any professional degree held in their country is no longer valid, and where, in some cases, no legal documentation to work is yet available, means that in order to support their family, parents have to take jobs that most people do not want. Very often Hispanic parents work long hours in physically straining jobs for small salaries (Reyes-Blanes, 2002). If having to work until late hours of the day or being physically exhausted is not an obstacle to attend a school event on a weekday afternoon, then the lack of transportation or childcare might interfere with their attendance.

Parents' work schedules may also leave little time for parents to assist their children with extensive homework activities, especially when there are multiple children in the home and only one parent available. Parents with limited resources may not be able to have the materials or equipment (i.e. computers, internet access, etc.) sometimes expected by teachers for the children to complete assignments or to maintain communication between the home and the school.

For many Hispanic parents education was not a priority while they were being raised, instead, they had to work to help their families survive and do not feel they have enough experience with the curriculum being presented to their children (i.e. math, social studies, science, etc.) to offer their help in the classroom or provide assistance to their children when completing assignments at home (Kalyanpur, Harry, & Skrtic, 2000). For example, almost two-thirds of adult Mexican immigrants have not completed high school (Center for Immigration Studies CIS, 2003).

A family's migratory status can also influence why parents of immigrant children do not make the requests for changes in the placement or services offered to their children by NCLB, such as transferring them to better-performing schools if their school is not meeting Adequate

Yearly Progress. It was estimated that the number of illegal immigrants entering the country during the 1990s reached between five-hundred to eight-hundred thousand or more per year (Fix & Passel, 2003). It is also estimated that there are about 1.1 million undocumented children enrolled in schools all over the country. Although legal status is not required for children to attend public schools, many of their parents can be afraid to make any type of special requests or have confrontations with the school system in fear that it may lead to their deportation (Fix & Passel, 2003).

### *Opportunities*

According to the National PTA, effective parent involvement programs include activities that are addressed by six standards. These standards were developed from the work of Epstein (National PTA, 2002). Epstein believes that the way in which schools care about children is reflected in the way schools care about the children's families. If educators view children simply as students, they are likely to see the family as separate from the school, meaning that the family is expected to do its job raising the child and leave the education of the child to the school (Epstein & Salinas, 2004; Epstein et al., 1999; Epstein & Sheldon, 2002).

Epstein proposes that if educators view students as children, they are likely to see both the family and the community as partners in the education and development of the child. Partners therefore, recognize their shared interests and responsibilities for children and work together to create better programs and opportunities for students (Epstein & Sheldon, 2002). In order to create a strong partnership between family, school, and community, it is important to identify ways in which the three can work together.

Epstein identified six ways in which schools can partner with parents and their communities in order to provide their children with a better opportunity for academic success

(Epstein & Jansorn, 2004): (1) parenting, (2) communicating, (3) volunteering, (4) learning at home, (5) decision making, and (6) collaborating with the community. These six core areas are necessary in the design of any successful program to increase parental involvement (Epstein, 2001). All six types of involvement have proved to be effective practices across families from diverse backgrounds, including Hispanic families and families of children with disabilities.

(1) Parenting: Through Parenting Hispanic families of children with disabilities can learn strategies new to their culture that might be useful at home to support their child's academic and social learning. Parents can also learn more about their children's development and the different stages that they go through during their school years as they integrate into the new culture. In return, schools can learn more about the family, their culture, and customs and together develop goals that are clear and attainable (Epstein, 2001).

(2) Communicating: By becoming aware of information about school programs, available services, and students' rights and options parents of children with disabilities can take advantage of programs that can benefit their children. Also, being able to learn about their children's progress, programs being used, and expectations can help parents in understanding how to reinforce these areas at home. Through guidance in communication skills, parents can also learn about ways in which they can increase their communication with teachers, administrators, and even with their own children (Epstein & Salinas, 2004).

(3) Volunteering: By volunteering Hispanic parents of children with disabilities can learn about the many ways in which they can collaborate with their children's school. Even if their English or academic skills are limited, there are always ways to volunteer. Although there are many parents for whom volunteering during school hours is not possible, creative solutions like before or after school programs or "at home" support activities provide opportunities for parents

to offer their assistance as well (National PTA, 2002). By volunteering, parents learn a little more about their children's learning, school environment, teachers, and open a new window to the possible supports that they can provide to their children (Epstein & Jansorn, 2004).

(4) Learning at Home: For many Hispanic families of children with disabilities helping their children at home can be a difficult task. Parents may not only lack the language or academic skills to help their children with school-related activities, but the complexity of their child's disability may pose some additional challenges such as physical and behavior difficulties. It would be very beneficial for these parents to learn basic strategies that will help them become more involved in their children's academic and social activities at home, such as organizational strategies, behavioral strategies, and strategies to help their children complete their homework.

Parents' involvement in their children's homework is critical for their children's academic achievement (Sosa, 1996). Parents can learn about how to become more involved with their children's school work by providing direct (working together on solving problems) and/or indirect (providing studying areas) assistance and therefore reinforce what their children are learning at school (Jones & Velez, 1997).

(5) Decision Making: Hispanic parents of children with disabilities need to understand their rights and the rights of their children in order to better advocate and be equal partners in the decision-making process (Epstein & Salinas, 2004). Parents are, in most cases, the one constant variable in a child's life. When parents are aware of the opportunities available for their children with disabilities and how to make the necessary requests to provide those opportunities, they can make informed decisions about their children's placement, services provided, and more in order to enhance their children's possibility for academic success (Paul, 2004).



(6) Collaboration with the Community: There are many benefits that can come from Hispanic parents of children with disabilities working within their community to establish partnerships between local organizations and their children's school. Some of the benefits may include learning about available resources outside the school, creating bonds that could be helpful in their children's current education and future career, and being able to provide their children with the opportunity to participate in social and physical activities while creating support systems with other families within their own community (Fan & Chen, 1999). A collaborative partnership of parents and professionals is the most optimal way for effective services to be identified, developed, and provided for a child with a disability (Smith et al., 2006).

Although all six types of parent involvement should be addressed on any program aiming to increase the participation of families in their children's education, Hispanic families of children with disabilities may encounter a combination of barriers that may make their participation in such a program too difficult or even impossible. In order to increase the probability of the participation of Hispanic families with children with disabilities, there are several areas that must be considered.

Provide Specific Information and Support: Providing Hispanic families of children with disabilities with information valuable to their specific needs has been reported as a critical coping skill for many families (Nadler, Lewinstein, & Rahav, 1991). Sontag and Schacht (1994) found that Hispanic parents reported a greater need to receive information about how to obtain services than parents from the majority group. The researchers also found that more Hispanic parents reported professionals listening to them than parents from the majority group.

According to Smith et al., (2006) the focus of family involvement and collaborative partnerships should be to facilitate family empowerment in order for the family to support and advocate for the services required for their child to be successful in school and subsequently in transition to adulthood. Delgado-Gaitan (2004) explains that providing equity and access should be the goal of any parent involvement effort because the fundamental purpose of all parent involvement is student achievement and academic success.

According to Delgado-Gaitan (2004), equity happens when the gap closes between the level of involvement from the majority group and that of Hispanic parents and between the academic achievement of students from the majority group and that of Hispanic students. This means that schools need to reach out differently to Hispanic parents to work as partners in the pursuit of Hispanic students' achievement. Access, according to the author, is the process whereby Hispanic parents are able to attain information, resources, and entry into the schools to participate actively. Access to greater participation will then enable family empowerment and lead to student achievement and academic success.

To support parent involvement initiatives, NCLB has provided federal funds for schools that make parent involvement a priority, with particular attention to families of immigrant children who are English Language Learners, are economically disadvantaged, and have a disability. Because of all the research demonstrating the influence that family involvement has on student success and because of the support of the legislature on efforts to increase parent involvement, schools across the nation are actively seeking ways in which to involve parents in the education of their children. Unfortunately, for many teachers and administrators parental involvement is centered on those parents who are "able to attend" and little effort is being placed

on making the accommodations to increase participation among parents of children from minority backgrounds (Jones & Velez, 1997).

According to Rodgers and Lyon (1999) reaching out to the Hispanic community is a matter of building trust as a platform for creating sustained collaborations with parents. Hispanic families need to know that educators are interested in meeting their needs and are respectful of their language and cultural differences. Schools that have effective parent-involvement relationships with the Hispanic community operate with strong systematic programs that vary from school to school depending on the size of the district, the historic and political presence of Hispanics in the community, and the extent to which schools commit resources (Delgado-Gaitan, 2004). While successful parent-involvement programs need to be tailored to their community, good ones share certain fundamental characteristics: needs are assessed and determined and the program is developed sensitive to language and cultural issues.

When assessing the needs of families of children with disabilities, one of the most important issues to address is the Individualized Education Program (IEP). The IEP is the primary vehicle for communicating the school district's commitment to addressing the unique educational needs of a student with a disability. The IEP is a written statement developed for each child receiving special education services in accordance with the Individuals with Disabilities Education Act.

The process of developing an IEP has evolved over a period of 20 years through a combination of legislation, case law, and school district policy. It is the responsibility of the school district to develop procedures consistent with the requirement that all students with disabilities have available a free appropriate public education in the least restrictive environment (Lytle & Bordin, 2001).

IEP development is a collaborative effort involving the parents, representatives of the school district and other providers of services, and the student, where appropriate. All members function as a team to develop, review, and revise the student's IEP. The process usually begins with the referral of a student for an evaluation for possible services. Once the evaluation is completed, the IEP team determines which services the student is eligible for and together develop the IEP document. After the IEP is developed, the student is placed in the program(s) agreed upon on the IEP and services are implemented. The IEP is then revised periodically in accordance with the needs of the student.

As vital members of the IEP team, Hispanic parents of children with disabilities must have a clear understanding of the process and its importance in their children's future. Besides reflecting a student's present levels of educational performance, the IEP includes measurable annual goals, indicates which special education, related services, and supplementary aids are to be provided for the student, and the extent to which the student will participate in the general curriculum, among other important factors. Providing Hispanic families of children with disabilities with information about each area related to the IEP process can be a very helpful tool in enabling parent empowerment and therefore student achievement.

Use of First Language: One of the first steps professionals can take toward successful parent involvement and the possibility for true home-school partnerships is to learn the ins and outs of communicating with parents (Olsen & Fuller, 2003). Knowing how, what, and where to communicate are important considerations for professionals working with Hispanic families. Just as with any other culture, communication is a "two-way street", there is a person delivering the message and one who is the recipient. For communication to be effective, the roles of those delivering and receiving the message should switch back and forth.

When communicating with Hispanic families professionals need to be aware of the language in which the family feels the most comfortable. If the family's primary language is Spanish and the family feels most comfortable using this language to communicate, it is critical that Spanish be used as the language for communication between the school and the family. If the teacher or school officials do not speak Spanish, an interpreter should be provided to translate the information being delivered by the school and by the parents (Zehr, 2004).

It is important for schools not to expect parents to provide the interpreters or ask their children to serve as interpreters, especially if the topic to be discussed is one of importance to the academic future of the child. Professionals should communicate with parents before any formal meeting to make arrangements for an interpreter (Caple, Salcido, & Cecco, 1995). If a family opts to bring their own interpreter because they feel that the interpreters being used by the school are not providing a comprehensive translation of what the school professionals are saying or/and not effectively translating what the parents are trying to communicate, then the school should allow the family to provide their own interpreter.

When communicating with families who feel most comfortable using Spanish as their primary method of communication, schools should not limit the translation of information only to formal parent-teacher meetings, but make sure that all communication is delivered in the language parents feel most comfortable with. Written information sent home to Hispanic parents, including report cards and newsletters need to be bilingual and it should be translated completely, not just summarized (Delgado-Gaitan, 2004).

Communication between the school and home means more than merely translating from English to Spanish; it means to ensure that the purpose of the communication is delivered. When communicating with parents, even in their native language, professionals need to be careful with

the terminology used. Information needs to be clear to the parent whether it is in English or in Spanish. Peña (2000) described a situation in which a school, composed primarily of Hispanic families, had planned for parents to move from the cafeteria to their children's classrooms on Back to School Night but because those procedures were not made clear to parents, most left the school, unaware that the event continued.

Speaking or translating information into Spanish is not the only consideration schools need to consider when working with Hispanic families of children with disabilities. Professionals also need to consider the family's reading and writing skills when using those means to communicate with families. Another aspect of communication to consider is the person's body language.

When working with families from diverse cultural backgrounds it is important for teachers to be aware of some of the gestures that can be misinterpreted by other cultures as well as body language from parents that can communicate to teachers their level of frustration or nervousness. Being aware of a person's body language, including your own and what it can reflect to others, will facilitate the communication process between parents and teachers (Olsen & Fuller, 2003).

When communicating with any parent, it is important for teachers to be as respectful and honest as possible and stay away from being judgmental or altering any information. If parents feel they are being manipulated or lied to, communication will break down (R. Jones, 2001). Once communication is established with parents, teachers should keep regular formal and informal communication. Formal communication can be conducted in the form of parent-teacher conferences at school or at the family's home. Informal communication can be continued in the

form of newsletters, school-home journals, reports, emails, phone calls, or during informal activities at the school.

By making the necessary accommodations to provide parents with information in their primary language, parents will not only feel more comfortable as the recipients of information but will be more willing to provide information. In order for parents to really take advantage of the benefits of parent involvement, parents need to speak and be heard and for this to happen, both parents and teachers need to consider each other as equal (National PTA, 2002).

Provide a Culturally Sensitive Environment: Cultural difference will vary from family to family, but without stereotyping a family based on their cultural background, teachers can learn a lot of information that may apply to the needs of a particular cultural group, such as the Hispanic culture. According to Delgado-Gaitan (2004), regardless of where Hispanic families come from, as in other ethnic groups, the family is the primary social unit.

According to Delgado-Gaitan (2004), for the Hispanic culture, the extended family plays a very strong role. Aunts, uncles, grandparents, cousins, and family friends stay close together. Traditional values and practices are transmitted in families that maintain strong ties. Parental authority and respect are highly valued and considered a form of love. Children are expected to take instruction from parents without questioning. Questioning parental authority is sometimes considered disrespectful (Delgado-Gaitan, 2004).

Jones and Fuller (2003) describe culture as the sum total of beliefs, attitudes, and behaviors that any given group holds. But make clear that culture is a learned process that is shared among a specific group and that this process is constantly changing. Although a family's background might be Hispanic, it doesn't mean that their behavior, beliefs, and values are going

to be the same as the next Hispanic family. Although Hispanic families share similar fundamental roots, their experiences will shape their cultural patterns.

One of the fundamental values among Hispanic families is their *collective perspective* and confidence in *relationship-centered* solutions (Turnbull et al., 2006). For the mainstream population in the U.S, greater value is placed on individualism, self-reliance, and competition (Kalyanpur & Harry, 2004). Although cultural identify should not be used to make generalizations, understanding the differences among cultures in relation to the family system can be a helpful tool when working with families from Hispanic backgrounds.

Programs serving parents and families must be aware and sensitive to the changes in our society represented by the increasing diversity of our population. The values, attitudes, manners, and views of all populations represented in the community should be respected and honored (National PTA, 2002). According to Wright, Stegling, and Harle (2007) when working with families from diverse backgrounds teachers must keep in mind the family's communication skills, resources, and beliefs and values.

When working with Hispanic families it is helpful to be aware of general cultural differences, but professionals need to be careful not to generalize or use stereotypes when working with families from diverse cultural backgrounds. By having a general understanding of common differences between the mainstream culture and that of Hispanic families, professionals will be able to offer to be more receptive to differences while making a greater connection with families. Lynch and Hanson (1997) summarized some of these differences on Table 3.



Table 3: Contrasting beliefs, values, and practices

<b>Hispanic Culture</b>	<b>Mainstream Culture</b>
Collective Orientation	Individual orientation
Interdependence	Independence
Collective, group identity	Individual identity
Cooperation	Competition
Relaxed with time	Time sensitive
Emphasis on interpersonal relations	Emphasis on task orientation
Tendency toward patriarchal family structure	Tendency toward democratic family structure
Relaxed about child development	Strong expectations for child development
Extended family system more pronounced	Nuclear family system more pronounced.

Make Resources Available: In order for schools to have a successful family-school partnership that includes the participation of Hispanic families with children with disabilities, the specific needs of this population need to be consider and the necessary components offered in order to facilitate their attendance(Chrispeels & Rivero, 2001).

According to Garcia-Coll, et al. (2002), it is important to consider patterns in families' schedules when planning any event. Choosing a day and time where most families are off from work or other responsibilities such as tending to the family's needs by preparing meals, helping children with assignments, or are simply too exhausted after a long day of work, will be an important determinant on the participation of families to events prepared by the school.

Child care is another factor to consider when planning a school function. By providing supervision to their children, families who do not have other means for child care will be able to attend and participate in the events prepared by the school. It is important for schools to provide

quality child care services by hiring personnel who are experienced in working with children with various needs, especially if the families attending the school function are families who have children with disabilities (Garcia-Coll et al., 2002; Liang et al., 2000).

Many parents of children with disabilities may opt not to attend a school event, even when child care is provided, because they do not feel that their children with disabilities will be appropriately supervised or feel that they may be a burden to the personnel taking care of the other children. Even when personnel are experienced in working with children with diverse needs, some parents feel more comfortable if the place where their children are being taken care of is as close as possible to where they are attending the school event in case an emergency arises or for them to check on their children with frequency (Devore & Bowers, 2006).

For many parents transportation represents a challenge; when organizing events where the attendance of parents is expected, having these events in a central location can be very helpful to many parents. Not only will parents become familiar with the services offering public transportation that can transport them to such location, but they will also have the opportunity to meet other parents who live in their communities and who might be willing to provide transportation to future events (Kauffman et al., 2001).

Meeting other parents within the community will not only facilitate the transportation of families to school related events, having the opportunity to meet other families who may be experiencing similar challenges can help parents find the support and direction they need in order to continue helping their children. According to Lustig and Akey (1999), networking among families of children with disabilities may provide critical assistance to families in gaining social support and access to informal support services.

According to Kauffman et al. (2001), asking for parents' input for subsequent meetings can help professionals determine other factors that may influence their participation in events related to their children's education. Some of these factors may include the cost to participate in the event, the food offered during events, access to school facilities such as restrooms and parking, and the connection that the event may have with any other organization.

When schools and professionals demonstrate interest in the participation of Hispanic parents with children with disabilities by making the accommodations necessary to increase their participation, parents will realize that they are seen as equals in the effort to provide their children with the best education possible and this will most likely lead to an increase in their participation (Harry, 2002).

With an increase in Hispanic parents' participation in events where they can gain a better understanding of the programs available for their children with special needs, greater involvement in their children's education is expected and therefore a greater opportunity for their children's academic success (Epstein & Sheldon, 2002; Fan & Chen, 1999; Hoover-Dempsey & Sandler, 1995).

### Summary

The literature reviewed in this chapter provides a theoretical and empirical foundation for the study of specifically designed workshops aimed at increasing the knowledge and involvement of Hispanic families with children with disabilities.

First, information about the Family System Theory as this study's underlying theoretical foundation was provided in order to better understand the interaction between family subsystems, including families from culturally diverse backgrounds and with children with disabilities, and supra-systems such as schools. An unbalanced system of support for Hispanic

families of children with disabilities was discussed and information on how to better balance the system provided.

Next, the changing demographics of the country were reported bringing to light common threads as well as differences within the Hispanic culture. Classroom demographics were also discussed with a focus on common barriers being faced by Hispanic students with disabilities in their efforts to succeed in schools.

Family involvement was introduced as the most important variable in the academic achievement of Hispanic students with disabilities. A review of past research confirming the effectiveness of parent involvement was provided including Epstein's model of a family-school-community partnership. Epstein's model is used as the guide for programs searching to increase parent involvement. This section concluded with a summary of some of the federal mandates supporting family involvement among Hispanic families of children with disabilities.

The final section of this review of the literature focused on the challenges faced by Hispanic families of children with disabilities in order to be more involved in their children's education. The challenges were grouped into four areas: specific needs related to the disability of their children, cultural differences, language difficulties, and parents' socioeconomic status or lack of resources.

Most important, this final section also offered an array of opportunities for schools and professionals to overcome the barriers that Hispanic families of children with disabilities face. The opportunities are grouped into four areas, each area of opportunity represents alternatives to each of the areas of challenges earlier mentioned: offering families information and support that relates to their children's needs, providing a culturally sensitive environment where families can

feel welcome, using the family's primary language as the main mean of communication, and providing the resources necessary to guarantee parent participation.

Although research supports the benefits of parent involvement on student academic success and defines family involvement as the most important variable determining student achievement across cultural backgrounds and disability, and although federal mandates support schools in providing parents with the opportunity to be more involved in their children's education, the involvement of Hispanic families continues to be low. In order to see an increase in the participation of Hispanic families with children with disabilities in school related activities that will provide them with the information necessary to increase their level of involvement in their children's education, it is necessary to start by providing these families with events that are specifically designed with all the components necessary to facilitate their participation. Once these families begin to participate, their knowledge and involvement should also increase.

## **CHAPTER THREE: METHODS AND PROCEDURES**

### Introduction

The purpose of this study was to research the influence of components incorporated into a series of workshops specifically designed for Hispanic families of children with disabilities and to study the effect that participating in the workshops would have on parents' knowledge about their children's Individualized Education Program (IEP) and on their level of involvement in their children's education. TENFEE: Talleres en Español para las Necesidades de Familias en Educacion Especial (Spanish Workshops for the Needs of Families in Special Education) delivered five workshops where a series of components were provided to counteract the most frequently identified barriers in the involvement of Culturally and Linguistically Diverse (CLD) parents in the education of their children with special needs: (a) complexity of disability, (b) language barriers, (c) cultural differences, and (d) socioeconomic status (Fix & Passel, 2003; Kalyanpur & Harry, 2004; Quezada, Diaz, & Sanchez, 2003).

This chapter begins with the statement of the research questions that guided the study. Next, a brief definition of common terms used throughout the study is presented followed by a description of the study's participants. A general discussion of the research procedures, including a details related to a pilot project conducted the previous year, is also presented. Finally, information about the instrumentation used throughout the study, data analysis procedures, and how these were linked to the research questions is reported.

### Research Questions

Question 1: Does TENFEE provide Hispanic families of children with disabilities with the necessary components to support their participation in workshops?

Question 2: Does the participation of Hispanic families in TENFEE increase their level of knowledge about their children's IEP process?

Question 3: Does the participation of Hispanic families in TENFEE increase their level of involvement in their children's special education services?

Question 4: What relationship, if any, exists between family demographics and participants' outcomes from participating in TENFEE?

The research questions reflect an attempt to discover if TENFEE provides participants with the necessary components to support their participation to the workshops, and if once they participate in the workshops, (a) gains in knowledge are made about the topics discussed and (b) their involvement in their children's education increases. The final question researches how specific participants' demographic information influences participants' gains in knowledge and involvement. The significance of this study is that it might encourage the continuation of workshops offering components determined to be necessary for the participation of Hispanic families of children with disabilities. By increasing the number of specifically designed workshops available throughout neighboring communities, more Hispanic families with children receiving special education services will be likely to participate and therefore make gains in knowledge about their children's special education process and probably increase their involvement in such process.

#### *General Research Hypotheses*

Null Hypothesis 1: TENFEE components have no effect on the participation of Hispanic families of children with disabilities in workshops.

Null Hypothesis 2: Participation of Hispanic families in TENFEE has no effect on their level of knowledge about their children's IEP process.

Null Hypothesis 3: Participation of Hispanic families in TENFEE has no effect on their level of involvement in their children's special education services.

Null Hypothesis 4: There is no relationship between participants' demographic characteristics and their outcomes from participating in TENFEE.

### Setting and Population

The primary caregivers of students receiving special education services in three neighboring school districts in Florida were targeted for this study. According to the U.S census of 2000, Florida is one of the fastest growing states in the nation and now, one of the five states where 74% of the nation's Hispanics reside. In 1995, seventy-four percent of the Nation's Hispanic population resided in five states. California continues to be the state with the largest population of the five, followed by Texas, New York, Florida, and Illinois. By 2015, New York will move from third to fourth place, making Florida not only the third most populous state in the country but also the state with the third highest number of Hispanics (U.S Census, 2000). The U.S. Census Bureau News (2007) reports that as of the year 2000, about 20% of Florida's population were individuals with disabilities. In 2006 there were 18,089,888 people living in Florida, 19.5% were of Hispanic descent.

According to the 2000 Census, the Mexican population is the highest Hispanic population in the country, followed by Hispanics from the Caribbean (Puerto Rico, Cuba, and Dominican Republic), and finally by Hispanics from Central (excluding Mexico) and South American. In Florida, Hispanics from the Caribbean (Puerto Rico, Cuba, and Dominican Republic) represent the highest population with more than 50% of the Hispanics in the state. Followed by Hispanics from Central (excluding Mexico) and South America representing almost 20% of Hispanics in Florida, and finally, the Mexican population representing almost 14%. All other Hispanics living



in Florida represent about 15% of the Hispanic population in the state (U.S Census, 2000). Table 4 summarizes the number and percent of the Hispanic population in the state.

Table 4: Hispanic population in Florida, 2000.

<b>Hispanic Origin</b>	<b>Number</b>	<b>Percent</b>
Total population of Florida	15,982,378	100.0
Hispanic population	2,682,715	16.8
Puerto Rican	482,027	18.0
Cuban	833,120	31.1
Dominican (Dominican Republic)	70,968	2.6
Central American (excludes Mexican)	202,772	7.6
South American	301,236	11.2
Mexican	363,925	13.6
All other Hispanic *	414,557	15.5

Source: U.S. Census Bureau, Census 2000, Summary File 1 and unpublished data.

\* Identified on census form as Hispanic or Latino without other nationality or origin references.

The growth of the Hispanic population in Florida is concurrently observed in classrooms across the state. The latest Florida School District report available by the Florida Department of Education (FDOE) indicates that by fall of 2005 twenty-three percent of the 2,673,563 PK-12 population attending Florida schools were Hispanic (FDOE, 2006). During 2005, there were 521,257 students receiving special education services in Florida with about 20% from Hispanic descent. In 2005 national statistics reported that 77% of English language learners (ELLs) were Hispanic, during the same year, 76% of Florida's ELLs were Hispanic (FDOE, 2006).

Unfortunately, in accordance with the national statistical trend, about 32% of Hispanic students had limited resources as reflected by their qualifications for free/reduced lunch in 2005.

From the 126,682 students who received standard diplomas in 2005, only 19% were Hispanic. Twenty-three percent of Hispanic students received a special diploma or certificate of completion during the same year. When examining dropout rates, about 25% of the 27,784 Florida students who dropped out of school during the 2004-2005 academic school year were Hispanic. Finally, when looking at the number of Hispanic school staff representing the 624,620 Hispanic students attending Florida schools in 2004-2005, only 8% were Hispanic.

For the purpose of this study, only 3 out of Florida's 67 school districts were targeted. These school districts were chosen based on their proximity to the location where the workshops took place and also because of their previous collaboration during TENFEE's pilot project in 2006. The latest statistical report available from the Florida Department of Education is from the 2005-2006 school year. The following demographic information describes each of the targeted counties involved in the study during the 2005-2006 academic school year.

The first school district, referred to as School District I, was the largest of the three districts targeted for the study. This district had 217 schools and 171,763 students during the 2005-2006 academic school year. About 30% of all students were from Hispanic backgrounds and about 20% of all students who received some type of special education service were also Hispanic. Only 19% of teachers working in this school district were from Hispanic backgrounds while 71% of students whose first language was other than English, spoke Spanish. About 23% of Hispanic students received a standard diploma at the end of the year while 35% of Hispanic students dropped out of school. Also, 40% of students from Hispanic backgrounds received free or reduced lunch during the year. For the purpose of this study, the target population was the

Hispanic primary caregivers of students receiving special education services in the school district during the 2006-2007 academic year. Although other relevant demographic statistical information about School District I for 2006-07 has not yet been reported, the number of Hispanic students receiving exceptional education services during the year was. The potential participants for School District I were the primary caregivers of the 8,554 Hispanic students who received exceptional education services during the 2006-2007 academic school year (see Figure 11).

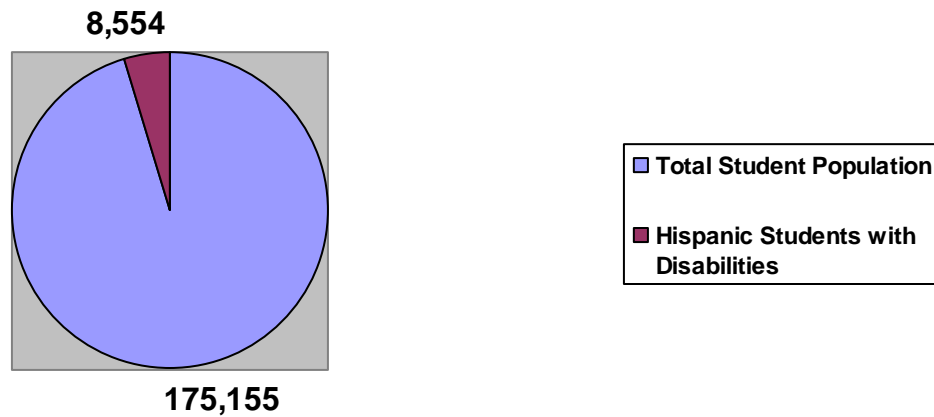


Figure 11: Targeted population for School District I

The second and next largest school district (School District II) in the study had an enrollment of 64,064 students in 77 schools during the 2005-06 school year. About 18% of the student population was from Hispanic descent and 20% of the students were receiving some type of special education service. Only 8% of teachers working in this school district were of Hispanic backgrounds while 83% of students whose first language was other than English, spoke Spanish. Only 13% of Hispanic students received a standard diploma while almost 20% dropped

out of school. The target population for this study was the primary caregivers of the 1,795 students from Hispanic backgrounds receiving special education services in this school district (see Figure 12).

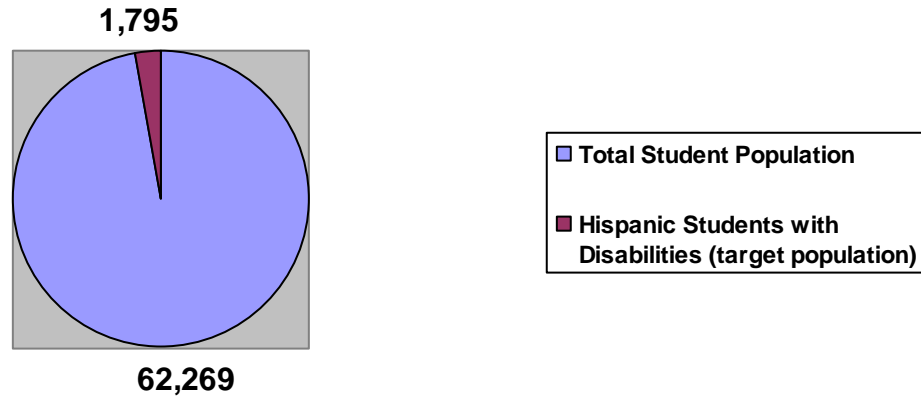


Figure 12: Targeted population for School District II

The third school district (School District III) had the lowest number of students but the highest percentage of students from Hispanic backgrounds. There were 47,479 students enrolled in 63 schools, about 50% of these students were from Hispanic backgrounds and 15% were enrolled in special education. Twenty-seven percent of teachers who worked in this school district were Hispanic while more than 90% of students whose language was other than English in this school district spoke Spanish. There were 38% of Hispanic students who received a standard diploma by the end of the year, while 44% of Hispanic students dropped out of school. Finally, 68% of Hispanic students in this school district received free or reduced lunch during the year. The targeted population for this study was the primary caregivers of the 3,570 Hispanic students receiving special education services in this school district (see Figure 13).

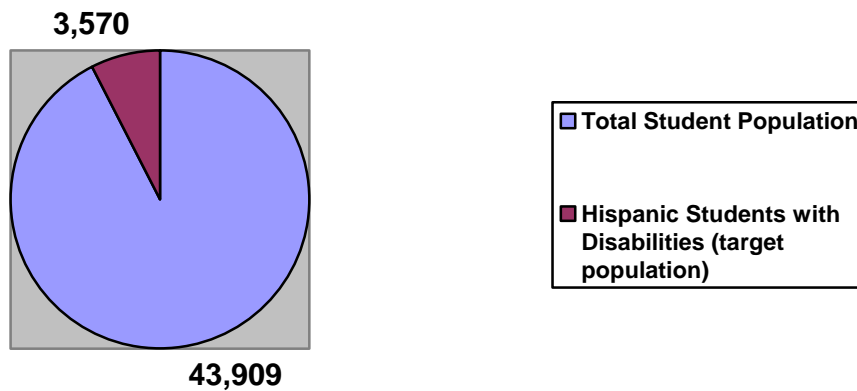


Figure 13: Targeted population for School District III

The state of Florida offers 19 programs in exceptional education. Therefore the targeted population included primary caregivers of students whose primary exceptionality fell in one or more of the following categories of disabilities: Educable Mentally Handicapped, Trainable Mentally Handicapped, Orthopedically Impaired, Speech Impaired, Language Impaired, Deaf or Hard of Hearing, Visually Impaired, Emotionally Handicapped, Specific Learning Disabled, Gifted, Hospital/Homebound, Profoundly Mentally Handicapped, Dual Sensory Impaired, Autistic, Severely Emotionally Disturbed, Traumatic Brain Injured, Developmentally Delayed, Established Conditions, and/or Other Health Impairment.

*Study Participants*

Although over 80 persons made contact to register in TENFEE workshops, only the first 40 persons who met criteria and registered participated in the study. Not all 40 participants registered before the first workshop but all were registered after the second workshop (see Table 5). Thirty-five percent of participants indicated that they learned about the workshops through their children’s school. Dissemination of information throughout the participating school

districts did not begin until two weeks prior to the first TENFEE workshop. About 24% of participants learned about the workshops through information provided by two local agencies that work with families of individuals with disabilities four weeks prior to the first workshop. Finally, 27% of participants indicated that they learned about the workshops through media advertisement and 14% by other means, such as from other parents or friends, once the workshops began.

Table 5: Attendance by workshop

<b>Workshop</b>	<b>Date</b>	<b>Attendance</b>
Workshop 1	February 24, 2007	18 Participants
Workshop 2	March 03, 2007	29 Participants
Workshop 3	March 10, 2007	38 Participants
Workshop 4	March 24, 2007	38 Participants
Workshop 5	March 31, 2007	38 Participants

Only those participants who were Hispanic primary caregivers of students receiving special education services in one of three local school districts in Florida , who attended at least one TENFEE workshop, and who completed a pre and a post survey were considered for the study (N= 37 or 93%). From the 37 participants, 87% attended at least three workshops, the other 13% attended either one or two workshops. Participants’ demographic information was collected as part of a survey sent to participants prior to participating in the workshops.

The highest percent of participants (59%) represented a child attending school in School District I. Sixty percent of the total number of Hispanic students with disabilities in the three

participating school districts attended school in School District I. Participants representing children from School District III were the second largest group (22%). Twenty-seven percent of Hispanic students with disabilities from the three participating school districts attended school in this district. Finally, the smallest group of participants belonged to School District II (14%), where 13% of Hispanic students receiving special education services attended school. Five percent of participants did not respond to this question. Figure 14 demonstrates the percentage of students and participants who belonged to each of the participating school districts.

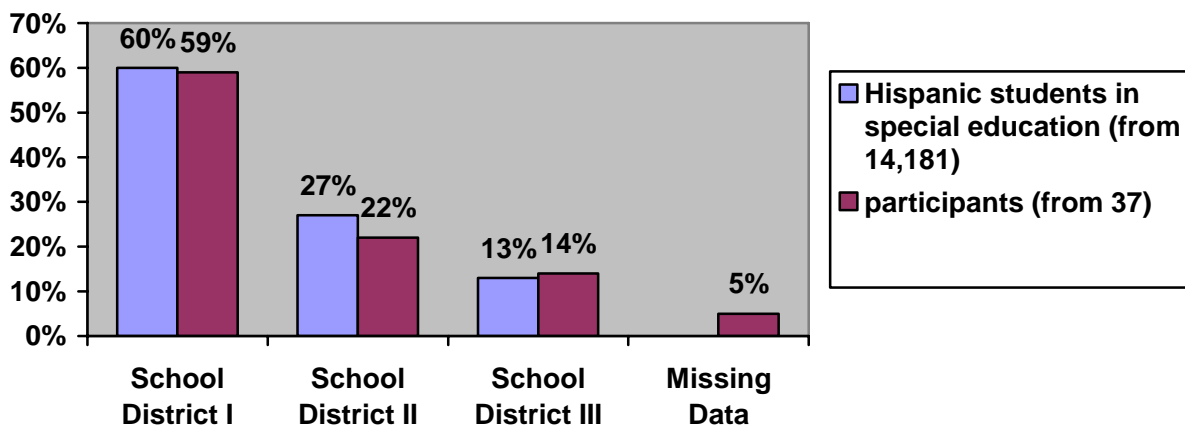


Figure 14: Hispanic students with disabilities and participants per school district

From the 37 participants 29 (78%) were mothers, 5 (16%) fathers, and 2 (5%) were related to the child receiving special education services in other ways. The mean age for participants was 38 years with a standard deviation of 7 years ( $M=38, SD= 7$ ).

Child's Disability: When asked about the severity of their children's disability, 33% said they considered their child's disability to be very severe while 17% said slightly severe. The

majority (50%) said that their child's disability was only severe in some areas. Sixty-nine percent of the participants said that prior to their children's diagnosis they did not have any experience with individuals with disabilities while 17% said that they had experience with another family member, 6% at work, and 8% in the community. Most of participants' children (91%) were diagnosed before age 5. Only 8% were diagnosed between 6-10 years of age. Twelve percent of participants' children just started to receive special education services while 45% have been receiving services for the past 2 years, 30% during 5 years, 9% have been receiving special education services for the past 10 years, and 3% for 15 years. Twenty percent have not yet attended an IEP while 17% have attended up to 2 meetings and 35% up to 5 meetings. Three percent reported to have attended up to 10 IEP meetings and 3% up to 15 IEP meetings, finally, 22% of participants said to have attended all the IEP meetings they were invited to. Table 6 provides more detailed information about questions related to participants' children's disabilities.



Table 6: Responses to questions related to participants' children's disabilities.

<b>Question (N= number of responses)</b>	<b>Answer</b>	<b>Percent</b>
Severity of child's disability (N=36)	Slightly severe	17%
	Only in some areas	50%
	Very severe	33%
Age of diagnosis (N=35)	Before 1 year	17%
	Between 1-2 years	34%
	Between 3-5 years	40%
	Between 6-10 years	8%
Prior experience with disabilities (N=35)	None	69%
	With family member	17%
	At work	6%
	In the community	8%
Yrs receiving special education services (N=33)	Just started	12%
	1-2 years	45%
	3-5 years	30%
	6-10 years	9%
	11-15 years	3%
IEP meetings attended (N=35)	None	20%
	1-2 meetings	17%
	3-5 meetings	34%
	6-10 meetings	3%
	11-15 meetings	3%
	All the meetings	23%

Language Barriers: Eighty-eight percent of participants said that Spanish was their first language, while 12 percent said that both, English and Spanish, were their first language. When

asked about which language was spoken at home, 85% said Spanish, 12% said both, English and Spanish equally, and 3% said mainly English. Participants were also asked about their comfort level speaking and understanding English. Forty-eight percent of participants said that they felt more or less comfortable speaking English, 30% reported not to feel comfortable at all, and 21% said they felt very comfortable. When asked about how comfortable they felt understanding English, 59% reported to feel more or less comfortable, 9% said not comfortable, and 32% said very comfortable. According to these results, participants felt more comfortable understanding English (91% said to either feel very or somewhat comfortable) than speaking English (69% said to either feel very or somewhat comfortable). Table 7 provides more detailed information about questions related to participants' language barriers

Table 7: Responses to questions related to participants' language barriers

<b>Question (N= number of responses)</b>	<b>Answer</b>	<b>Percent</b>
First language (N=34)	Spanish	88%
	Both: English and Spanish	12%
Language spoken at home (N=34)	English	3%
	Spanish	85%
	Both languages equally	12%
Comfort speaking English (N=33)	Not comfortable	30%
	More or less	48%
	Very comfortable	21%
Comfort understanding English (N=34)	Cannot understand	9%
	More or less	59%
	Understand very well	32%

Cultural Differences: Most of the study’s participants indicated they were from the Caribbean (82%). Although the Caribbean population for the study included individuals from Puerto Rico, Cuba, and Dominican Republic, only 2 participants from the 28 who indicated to be from the Caribbean said they were from the Dominican Republic, the other 26 were from Puerto Rico. Eighteen percent of participants were from South America. When participants were asked about the nation of origin of their spouses or significant other, 78% indicated from the Caribbean, 13% from South America, 6% from the United States, and 3% said they were from other countries outside Latin America or the U.S. When asked about the country in which their child was diagnosed, 48% of participants said their children were diagnosed in the United States (not including Puerto Rico), 45% responded that their children were diagnosed in the Caribbean (including Puerto Rico), and 6% diagnosed in South America. Table 8 provides more detailed information about questions related to participants’ cultural differences.

Table 8: Responses to questions related to participants’ cultural differences

<b>Question (N= number of responses)</b>	<b>Answer</b>	<b>Percent</b>
Country of origin (N=34)	Caribbean	82%
	South America	18%
Spouse’s country of origin (N=32)	USA	6%
	Caribbean	78%
	South America	13%
Country where child was diagnosed (N=33)	Other	3%
	USA	48%
	Caribbean	45%
	South America	6%

Socioeconomic Status: Forty-three percent of participants who responded when asked about their education level said that they earned a 4 year college degree, 31% said to have earned at least a 2 year college degree, and 9% had up to a 12<sup>th</sup> grade education. Only 6% of participants reported attending school up to 8<sup>th</sup> grade while 11% marked “other” as their level of education. Forty-two percent of participants indicated they worked at home, 21% worked up to 20 hours per week outside the home, 27% worked up to 40 hours per week, and 9% up to 60 hours per week outside the home. Sixty-four percent of participants reported to have an annual income lower than \$35,000 per year, 21% said to earn up to \$50,000 per year, and 15% up to 80,000 per year. Sixty-six percent of participants lived in a home with 1-3 other people, 27% lived with 4-5 other people, and 5% with 6-8 other people. Dependents per household were computed as the number of children under 18 years of age and seniors over 65 years of age living in the same house as the participant. Sixty-four percent of the participants said to have 2 or less dependents, 33% reported having 3-4 dependents, and 3% five dependents. When asked if transportation was an issue when attending events related to their children’s education, 88% of participants said “no”, while only 9% said “sometimes”, and 3% said “yes”. Table 9 provides more detailed information about questions related to participants’ socioeconomic status.

Table 9: Responses to questions related to participants' socioeconomic status.

<b>Question (N= number of responses)</b>	<b>Answer</b>	<b>Percent</b>
Level of education (N=35)	Up to 8 <sup>th</sup> grade	6%
	Up to 12 <sup>th</sup> grade	9%
	2 years of college	31%
	4 years of college	43%
	Other	11%
Household income per year (N=34)	20K or less	32%
	21-35K	32%
	36-50K	21%
	51-80K	15%
Number of persons in household (N=35)	1-4 people	66%
	5-6 people	27%
	7-8 people	6%
Number of dependents (N=33)	1-2 dependents	64%
	3-4 dependents	33%
	5 dependents	3%
Work hours per week (N=33)	Works at home	42%
	Less than 20 hours	21%
	20-40 hours	27%
	41-60 hours	9%
Transportation problems (N=34)	None	88%
	Sometimes	9%
	Yes	3%

## Research Procedures

Procedures for this study followed a three phase plan based on a literature review and on the outcomes of a pilot project conducted in the spring of 2006.

### *Pilot Study*

Pilot Phase I: Phase I involved the recruitment of participants and data collection.

Criteria for recruitment required every participant to be over 18 years of age, speak Spanish, and be the primary caregivers of a student receiving special education services in one of three Florida school districts, the same three school districts targeted for the current study. School districts were targeted based on their location in relation to where the workshops were held.

The pre-questionnaire had three sections. The first section focused on demographic information (age, relationship, school district, country of origin, time in the U.S., child's diagnosis, services, etc.). The second section used a Likert scale to measure participants' knowledge related to workshops' topics and participants' perceived level of involvement in school-related activities. The third section also used a Likert scale for participants to rate the significance of workshops' components, their perceived level of involvement, and their English skills.

Pilot Phase II: Phase II included the presentation of three workshops covering the following topics: (1) The use of visual supports, (2) Individuals with Disabilities Education Act and Individualized Education Program, and (3) behavior modification strategies. Topics were selected based on a literature review and the researcher's experience working with families of children with disabilities as a special education teacher, service coordinator, and behavior analyst.

Workshops' components included: (a) verbal and written information delivered in Spanish by a Hispanic professional in the field of education, (b) workshops held at a location central to the participating counties, (c) children's activities, (d) snacks for adults, (e) a 15-20 minute break where participants were encouraged to interact with other participants, and (f) the schedule of the workshops (Saturdays from 10am-12noon). Surveys were distributed and collected after each workshop for participants' to rate how important each of the listed workshop's components were to their participation.

Pilot Phase III: Phase III began once all three workshops concluded and included data collection and analysis. Participants who attended at least 2 of the 3 workshops received a post-questionnaire. The post-questionnaire, just like the pre-questionnaire, had three sections, but this time, two of the sections were different from the ones in the pre-questionnaire. The first section asked specific questions related to workshop components that were most valuable to participants. The second section remained the same as the pre-questionnaire, asking for participants' knowledge related to workshop topics and their perceived level of involvement in school-related activities. The third section included short-answer questions related to perceived benefits of workshops and suggestions for future workshops.

More than 50 persons registered to attend the workshops but only 10 attended at least 2 out of 3 workshops and completed the pre and post survey, therefore, data was collected on those 10 individuals. The 10 pre and post questionnaires completed by the targeted group of participants were collected and analyzed. From the 10 participants, 8 were mothers and 2 were fathers ranging from 26-55 years of age. All 10 participants had a child receiving special education services in the same school district and reported that their first language was Spanish. Although 50% of the participants reported that they spoke and understood English comfortably,

80% indicated that they prefer to use Spanish when discussing topics related to their child's education.

Participants' children receiving special education services ranged from 2 to 15 years of age, with 90% of the children being 10 or under, diagnosed before the age of 6, and although 60% were diagnosed outside U.S. Territory (not including Puerto Rico), 90% had been receiving special education services in Florida for about 3 years.

When comparing the responses from the pre and post questionnaires for participants in the pilot project, an increase in their level of comfort as it related to various special education topics was found. For example, about 60% of the participants indicated they had some understanding related to the laws supporting the IEP process prior to workshops. This percentage went up to 80% after the workshops. Also, only 30% of the participants indicated they used visual supports with their children at home or in the community before the workshops, while after the workshops, more than 50% reported to use these supports at home or in the community. Finally, when asked if participants understood the legal rights that their children have in regards to behavioral interventions, 40% of the participants indicated not knowing or knowing very little before participating in the workshops. After the workshops, 70% of the participants reported that they were knowledgeable about their children's legal rights in regard to behavioral interventions.

Pilot project participants were also asked about their perceived level of participation in their children's education. Although some of the responses to this section indicated an increase in participants' involvement after the workshops (e.g., only 10% of participants indicated they had attended a school function in the month prior to the workshops while 40% indicated they had



attended at least one function while participating in the workshops), an overall decrease on the level of participation was noticed across responses to questions related to this area.

The third section of the pilot project's questionnaire included questions related to workshop components perceived as influential in participants' attendance in the workshops. Several themes were found as essential components within this section, including the use of participants' primary language to conduct the workshops, the possibility of meeting other parents of students with disabilities, and the availability of activities for children while adults participated in the workshop.

Some of the recommendations made by participants of the pilot project included holding more frequent and longer workshops and increasing the capacity of children admitted to the children's activities, which was limited to 20 children during the pilot. Participants also provided suggestions for future topics, all of which are summarized into five categories:

1. Advocacy: Being knowledgeable about special education laws in order to make sure that their children are taking advantage of what is available to them.
2. Collaboration: Being able to work as a team with the school and community in order to facilitate their children's progress.
3. Technology: Being able to access and operate technological tools to facilitate their children's learning, communication, and independence.
4. Academics: Being able to support their children at home by using appropriate strategies when working on writing, reading, mathematics, or any other content area.
5. Adulthood: Preparing their children to be active members of society by teaching appropriate social skills and how to be as independent as possible.

### *Current Study*

The proposed study followed a similar plan to the one used during the pilot project. The study involved the collection and analysis of quantitative and qualitative data before, during, and after the delivery of TENFEE workshops. The workshops were designed with components that according to the literature and feedback from participants from the pilot project, could positively influence the participation of Hispanic families of children with disabilities. The goals from participating in the workshops included influencing parents' knowledge about their children's IEP process and their level of involvement in their children's education.

Phase I: Phase I included the recruitment of participants, administration of pretests, consent forms, and data. Recruitment occurred during the month of February of 2007. Information about the workshops was disseminated across the three targeted school districts through school emails and through flyers as determined by representatives from each of the participating school districts. Information about the workshops was disseminated by the school districts two weeks prior to the first workshop since researcher waited to receive approval from all three districts to allow the same opportunity for participants from each district to register for the workshops. Two local agencies also collaborated in the recruitment of participants by including flyers in their newsletter to constituents four weeks prior to the first workshop. Both agencies worked with potential participants from all 3 targeted districts, one agency worked with families of children with diverse disabilities and the other worked with families of individuals in the autism spectrum. The local Hispanic media (one radio station and two newspapers) also demonstrated an interest in the study and collaborated in the dissemination of information about the project once the workshops began in order to help with further recruitment of participants.

Finally, information about the workshops was also disseminated through other means, such as word of mouth.

The information disseminated included the criteria to participate, topics to be discussed, and some of the other components available to participants. Potential participants were also provided with contact information (phone and email) and were informed that a Spanish-speaking representative was going to assist them with registration. A research assistant answered the phone and checked emails responding to all who were interested in participating.

Most participants registered after the second workshop. It was assumed that this occurred because of the late start in the recruitment of participants through school districts (two weeks prior to the first workshop) and because of the proximity in time from the first to second workshop. The first 40 people who made contact and met criteria were registered. Criteria for registration required participants to be over 18 years of age, Spanish-speakers, and to be the primary caregiver of a student receiving special education services in one of the three targeted school districts. Forty-three additional persons interested in the study made contact but they either called after registration was closed (55%), declined to participate for personal reasons (42%), or did not meet the criteria to participate (3%). Potential participants who declined to participate reported to do so because of the distance from their home to workshops' location or difficulties with transportation (39%), because of prior engagements on the dates that the workshops were going to be held (39%), or because there was no more capacity for children's activities (22%). All persons who called but did not participate in the study were offered printed materials related to workshops' topics via mail but were not involved in the study in any other way.

At the time of registration, participants were asked to provide the contact information for their child's special education teacher in order to mail out the Parent/Family Involvement Index (P/FII), one of the instruments used in the study to measure parent involvement. The P/FII was mailed to most teachers along with two copies of the informed consent (one for them to complete and send back and the other to keep for their records) and a letter providing more detail about the study, authorization from their school district, and an offer to receive a \$15.00 gift card to a local book store if the instrument (pre and post) and consent form were completed and sent back. An envelope with a stamp and the researcher's address was also included for teachers to mail back their completed questionnaire and consent prior to the participants' attendance in his/her first workshop.

Because of time constraints due to a high volume of participants registering after the second workshop, the P/FII along with all the other forms and information mailed to the teachers, were sent to the remaining teachers electronically. Those teachers were asked to complete the P/FII and email back with the deadline matching the date in which the corresponding parent was to attend his/her first workshop. An envelope with a stamp and the researcher's address was mailed for those teachers to use to mail back their completed and signed informed consent.

Participants also received a survey to complete prior to their first workshop. A survey was mailed to participants once they completed the registration process. The survey included items related to demographic information, knowledge about workshops' topics, and participants' perceptions about family involvement. Participants were asked to bring the completed questionnaire to their first workshop.

Consent form explaining the purpose of the study and the extent of participants' involvement was sent to participants to be completed and brought back to the first workshop. Both the survey and the consent form were written in Spanish. Although the majority of participants brought their paperwork already completed to the first workshop, those who did not bring the survey and/or consent form to their first workshop were asked to complete those documents prior to going inside the room where the workshop was being held.

Each survey and P/FII were coded with a number to match the code on the participant's consent form. The same code was used for participants' post survey and corresponding post P/FII. Consent forms were kept in a separate cabinet from the instruments with participants' codes and under lock and key in order to protect participants' confidentiality since the consents had the name and code of the participants. Although the study had approval from the Institutional Review Board (IRB), each of the targeted school districts were contacted for permission to disseminate the P/FII and ask for teachers to volunteer to complete it. Teachers' participation in the study was limited to completing the P/FII pre and post intervention.

Phase II: This phase included the presentation of five workshops related to the Individualized Education Program. Workshops were structured based on recommendations found in the literature review and from results from TENFEE's pilot project. Evaluation forms were distributed and collected after each of the workshops in order to have a better understanding regarding participants' perspectives on the importance that each of the workshop's components had on their participation. TENFEE included 20 components correlated to four identified challenging areas for the targeted population (disability-specific needs, language barriers, cultural differences, and socioeconomic status). The 20 components were:

1. Selection of Topics: Topics focused on the Individualized Education Program and were based on recommendations by the literature and on feedback received from parents who participated in the pilot study. Topics focused on the laws supporting special education, the referral process for special education services, evaluation, eligibility, development of IEP document, student placement, implementation of IEP, and IEP revision. The goal of workshops' presentations were for participants to have a better understanding of the laws related to special education, to become familiar with technology that can support their children's learning, discuss how they could become more involved in their children's education, learn about local organizations that could provide support, and to be able to plan for the future of their children with special needs once they transition into adulthood.

2. Agency Representatives: Hispanic representatives from organizations throughout the community were invited to come to introduce themselves and provide information about what their organization does for families of children with disabilities. The purpose of inviting representatives from diverse organizations was to introduce families not only to the services available to their children but also to a representative who can speak their language and can be a person of contact for follow up.

3. Hispanic Presenters: With the exception of one guest speaker, all of the presentations were delivered in Spanish by Hispanic professionals in the field of education. Some of TENFEE's pilot participants reported that they had attended workshops where someone into Spanish what the presenter was saying and reported that although this was meant to be a helpful strategy, they did not feel comfortable asking questions and sometimes left the meeting without truly understanding the message. The guest speaker who participated in one of TENFEE's workshop but did not speak Spanish was a representative from Florida's Department of

Education. Her presentation, although verbally delivered in English, was simultaneously translated to Spanish and the materials disseminated and power point presentation were written in Spanish. Providing parents who attended TENFEE workshops with most information, not only delivered in their native language, but also by professionals from the same heritage, provided parents with a “risk-free” environment to ask questions and/or share information that could be culturally understood.

4. Presentations Delivered in Spanish: According to Quezada et al., (2003) lack of skills in the English language may lead parents to develop a sense of helplessness and embarrassment and therefore some may opt to not attend school functions where they know they will have a difficult time understanding. By providing participants with all presentations in their primary language, participants had the opportunity to listen to the valuable information presented throughout the workshops in the language that they feel most comfortable with.

5. Materials Delivered in Spanish: During the Pilot project, a parent wrote “taking materials home that I can actually read will be a tremendous help when it comes time to getting ready for school meetings.” All written information shared in TENFEE was in Spanish, from the informed consent, to the survey, to the workshop evaluations, handouts, power points, and folders with literature on each of the topics presented.

6. Asking Questions/Participating in Discussions in Spanish: In the open-ended section of the post questionnaire completed by participants in the pilot project, a participant wrote “I feel more at ease when using my language (*Spanish*) to ask questions if there is something I don’t understand”. Participants had the opportunity to be active during each of the workshops by asking question and providing valuable information to all who were present.

7. Children's Activities: According to Quezada et al., (2003) the lack of child care is a major deterrent for Hispanic parents' school involvement. When using a scale of 1-5 with the higher number representing a higher level of agreement, 62% of TENFEE's pilot project participants circled a "5" when asked if having activities available for the children influenced their participation in the workshops. Activities for participants' children (with and without disabilities) were available during each of the five workshops. Children's activities were limited to the first 25 children, five more than during the pilot. Participants whose children attended the children's activities were required to complete a registration form that asked for basic information related to the child's likes, dislikes, allergies, communication system, etc. Parents were asked to call at least 2 days prior to a workshop to report if their child was not going to be able to attend. If this occurred, the next family on waiting list was called and their child registered to attend the activity.

8. Supervision of Children: A Board Certified Associate Behavior Analyst along with 5 assistants with background experience in special education coordinated and monitored children's activities. Activities such as games, coloring, and dancing, were available during the 3 hours the children waited for their parents to participate in the workshop. A variety of children's books, in both English and Spanish, with characters with exceptionalities were also used to create discussions. Parents were asked to bring a snack and restrooms were available in the room where the activities for the children were being held.

9. Proximity of Children's Activities to Parents: Children's activities were held in the room next to where the workshops were held. Participants had the opportunity to check on their children if they desired. Parents were asked to sign their kids in and out by providing a signature.



10. Meeting other Hispanic Parents: Since all participants were of Hispanic descent, participants had the opportunity to meet other parents who were from the same country or countries with similar cultural characteristics. Several participants during the pilot project expressed that they have come to the United States with their immediate family and have left everyone else behind. At the beginning of each workshop each participant shared their name and those who felt comfortable also provided the area in where they live and even the age and disability of their child in an effort to make connections with other parents who may live close by and/or who may want to share information related to the needs of the child. Meeting other families with similar needs gave TENFEE participants the opportunity to develop new relationships and connections.

11. Time Spent outside the Workshops: On the evaluations completed in the pilot project, participants positively commented on the opportunity to meet other parents and suggested activities outside the workshop to get to know each other better. Half way through each of the workshops participants had a 20 minute break. During this time participants talked to each other while having a snack. Participants were also encouraged to go together to have lunch after the conclusion of each workshop. Coupons for a restaurant near the location of the workshop were distributed after each workshop. Participants had the opportunity to network and create stronger relationships with other participants.

12. Workshop being held on Saturday: Considering what the literature review reported about Hispanic families' work schedules, all 5 workshops were held on Saturdays. TENFEE's pilot participants indicated that having the workshops on Saturdays was helpful because most of their jobs required them to work late during weekdays and/or they had to tend to their families and/or complete chores during the evenings. By holding the workshops on Saturday TENFEE

provided participants who work during the week and have busy evening schedules, the opportunity to attend the workshops.

13. Workshops' Time: All five workshops were held from 9:30 to 12:30 in the morning. Workshops held during the Pilot project, although only 2 hours in length, were also held in the morning and participants expressed the convenience of having the workshops in the morning. "Having the workshops on Saturday mornings gave me and my family the opportunity to start the day together and usually after the workshops, we would go and spend some quality time with the children".

14. Workshops' Duration: Each of the workshops lasted 3 hours instead of the 2 hours provided during the Pilot project. One of the suggestions frequently made by participants in the pilot project was for the workshops to be of greater length in order to expand on the topics and have time for discussions.

15. Involvement of Local University: During the pilot project, some of the participants mentioned that having the workshops held at a university influenced their decision to participate because they believed that the information presented was from a reliable source.

16. Distance to Workshops' Location: Because TENFEE participants came from three adjacent school districts, the location for the workshops was in the school district located in the middle. Although the location was central to all 3 participating school districts, the distance traveled by participants varied significantly.

17. Free Parking: A parking garage adjacent to the building where the workshops were held offered free parking to workshop participants. Families with low incomes did not have to worry about paying the \$4.00 usually charged to park.

18. Free Registration to Workshops: Taking into consideration possible financial concerns, participants' registration to attend the workshops as well as their children's registration to attend the activities was free of charge.

19. Snacks: Because the workshops were three hours in length, a local bakery donated pastries for participants. Participants were able to eat the snacks throughout the presentations and share with their children if they so desired.

20. Access to technology and Facilities: The workshops were held in a technology lab where participants had the opportunity to connect to the internet and use it to research information provided during the workshops (i.e. registering for a conference, contact information for local or national organizations, etc.). The building where the workshops were held had restrooms, water fountains, and vending machines. The building's doors and restrooms provided accommodations for individuals with disabilities.

Phase III: This phase of the study focused on the collection and analysis of data. Once the last workshop concluded, a post survey was distributed to participants. The post survey did not include the first section on the pre survey (participants' demographic information) but included the other two sections asking for participants' knowledge about the Individualized Education Program (IEP) and participants' perceptions about family involvement. Participants' demographic data and IEP test scores were entered into a database and analyzed.

The last section on participants' surveys which included responses to 10 open-ended questions related to family involvement were translated to English by a bilingual (English-Spanish) individual with experience in special education. Each response matched the corresponding participants' code, all of participants' codes (N=37) were written on individual papers and 5 codes were randomly selected (about 14% of participants). Each of the 10

responses on the last section of pre and post surveys that matched the selected codes were checked by a second translator with experience in special education for accuracy on the meaning of the translation. All though some grammatical errors were found (i.e. spelling), only one word was changed because it affected the meaning of the sentence being translated (“most” was changed to “important”). All responses were later analyzed for general themes and reported. Although all collected data from surveys completed by the 40 participants who registered in TENFEE was entered, only the data from those participants who completed both, the pre and post survey (93% of participants) were used for analysis (N=37).

The P/FII was also sent to all teachers who sent back their P/FII during Phase I. All teachers who also sent back their P/FII either by mail or electronically received a \$15.00 gift card and a list of books related to parent involvement was made available. Although 36 teachers completed the P/FII at least prior to TENFEE, the only data used for analysis was that of teachers who completed the instrument pre and post TENFEE and who were representing one of the 37 participants who were included in the survey analysis (72% of teachers or N=26). Results from the pre and post P/FII were also compared to see if any changes in teachers’ perceived level of parent involvement were made after participants’ attendance to TENFEE. A Paired Samples t-test was conducted to determine if the difference in pre and post P/FII scores were statistically significant. Both, the post-survey to participants and post-P/FII to teachers were sent within two weeks after the last TENFEE workshop and expected back within four weeks after being sent out.

All evaluations collected after each of the TENFEE workshops were also analyzed to find patterns on participants’ perspectives about the importance of TENFEE components in their decision to attend the workshops. All quantitative data from the first section of the evaluation

were analyzed for frequency of responses. Responses to the three open-ended questions on the second section of the evaluation were translated to English by a bilingual (English-Spanish) individual with experience in special education. All of the translated responses were also checked by a second translator with experience in special education for accuracy on the meaning of all translated material. Although some grammatical errors were found (i.e. spelling), only three words were changed because they affected the meaning of the sentence being translated. All responses were later analyzed for general themes and reported. Finally, Multiple Regressions were used to explore the relationship between demographics and results from questions related to IEP test score gains.

### Instrumentation

Three instruments were used in this study: (1) survey, a three-section instrument collecting participants' demographic information, assessing their knowledge about the IEP process, and evaluating their perspectives about family involvement, (2) Parent/Family involvement Index, a 63-item evaluation of parent/family involvement in special education services, and (3) workshop evaluation, a two-section assessment of components provided by TENFEE. Copies of each instrument are provided in Appendix C.

#### *Survey*

The first instrument, a survey, was used to collect demographic information, assess participants' knowledge about the Individualized Education Program, and evaluate their perceptions about family involvement. This instrument was developed by the researcher with careful wording to avoid biased responses and based on the validity constructs of other surveys used in similar research studies. The survey included three sections.

The first section included 25 multiple-choice and fill-in-the-blank questions regarding participants' demographics. Besides asking for general demographic information such as participants' ages, relationship to the child receiving special education services, and the school district to where their child belonged, most questions were related to the four areas of need identified in the literature review as critical in the participation of the targeted population: disability, language, cultural background, and socioeconomic status.

In the second section a 50 question multiple-choice test to measure participants' knowledge of the IEP process. These questions were formulated by information provided in IEP manuals used by teachers at a local and state level, including questions related to laws supporting special education, the referral to special education process, evaluation, eligibility, development of the IEP document, student placement, implementation, and IEP revision.

The last section included 10 open-ended items regarding participants' perceptions about family involvement. These questions were asked to collect information that would help support the findings from another instrument used in the study in measuring family involvement. Responses will also be used in the design and implementation of future workshops in order to more specifically meet the needs of participants and influence their level of involvement.

The survey (all three sections) was written in Spanish and provided clear instructions on how to complete each of the sections. The researcher validated the content of the instrument by having a Hispanic professor in the area of Exceptional Education whose primary language is Spanish and three parents who met the criteria to participate in the study but did not participate in the study review the instrument until there was agreement on the clarity and relevance of its content prior to being given to any participant. Reliability for the IEP test of knowledge completed by participants on the second section of the survey was demonstrated with a

Cronbach's Alpha of .827 computed from the scores of all participants who completed the pre test (N=47). The same survey, minus the first section asking for demographic information, was also completed by participants after the workshops concluded as a post measure of knowledge about the IEP process and perception about parent involvement.

### *Parent/Family Involvement Index*

The second instrument used was the Parent/Family Involvement Index developed by John D. Cone, David D. DeLawyer, and Vicky V. Wolfe in 1984. The primary author, John D. Cone was contacted for permission to use the instrument. The instrument was designed to measure parents' participation in the education of their children with special needs. The index consists of 63 statements describing 12 types of parent participation in their child's special education program: (1) contact with teacher, (2) participation in special education process, (3) transportation, (4) observations at school, (5) educational activities at home, (6) attendance to parent education/consultation meetings, (7) classroom volunteering, (8) parent-parent contact and support, (9) involvement with administration, (10) involvement in fundraising, (11) involvement in advocacy groups, (12) disseminating information.

Each of the sixty-three statements is followed by a choice of four blanks for "Mother" and four for "Father", the first blank means "yes", next "no, followed by "N.A." (Not applicable) and finally "D.K." (Don't know). The person completing the index is directed to check the blank that most reflects the involvement of each or either of the parents. A thirteenth area, overall involvement, is scored on a 6-point scale (1= not at all involved, 6= extremely involved). The index is meant to be completed by school personnel, preferably the child's teacher, paraprofessional, or another person familiar with the parent. For the purpose of this study, the

instrument was only completed by the special education teacher identified by the participant as the primary teacher of their children with disabilities.

In a study completed by Cone, DeLawyer, and Wolfe (1985), two-hundred and twenty-nine families were analyzed to evaluate the measure. KR-21 values showed area and total scores to be generally reliable ( $M = .81$ , range = .44-.98 for area scores;  $KR-21 = .94$  for total scores). Validity was met by using two types of analysis: (a) correlations between the separate area scores and between each of them and teacher ratings of overall involvement, and (b) correlations between area score, total involvement score, teacher ratings, and various demographic and program characteristics. Individual category and overall rating correlations ranged from .34 to .75 ( $\underline{M} = .51$ ). Correlations between categories and total involvement (i.e., part vs. whole) ranged from .50 to .80 ( $\underline{M} = .62$ ). The same instrument, the P/FII, was sent to all teachers who completed the instrument during Phase I of the study in order to measure any changes in teachers' perceived level of involvement.

### *Workshop Evaluation*

The third and final instrument used in the study was the Workshop Evaluation. A one-page evaluation was distributed at the end of each of the 5 workshops and collected prior to participants' departure from the workshops. This instrument was also constructed by the researcher based on the validity constructs of other surveys used in similar research studies. The evaluation was written in Spanish and provided clear instructions on how to complete it. A Hispanic professor in the area of Exceptional Education whose primary language is Spanish reviewed the instrument. Three parents, meeting the criteria to participate in the study but did not participated in the study, also reviewed the evaluation. Modifications were made to the



instrument until all five: researcher, professor, and three parents agreed on the clarity and relevance of the questions.

The workshop evaluation included two sections. The first section presented a list of the 20 components provided by TENFEE during each of the workshops. All components corresponded to one of the 4 areas identified as areas of need by the targeted population during the review of the literature and based on TENFEE's pilot project: (1) disability- participants' children specific needs, (2) language barriers, (3) cultural differences, (4) socioeconomic status. A Lickert scale was used for participants to rate each of the 20 components as 1 "not important" to 5 "very important" in their decision to participate in the workshop. The second section of the evaluation asked three open-ended questions regarding the components, including which component was most influential, which component could be provided in future workshops, and if there was any component that negatively influenced their future participation.

Reliability for the first section of the Workshop Evaluation completed by participants at each of the workshops, was demonstrated with a Cronbach's Alpha of .805 computed from the ratings given to each of the 20 components listed.

#### Data Analysis Procedures

Data collection concluded in April of 2007. Four research questions served as the framework of this study which aimed to identify if the components provided in a series of workshops (TENFEE) were influential to the participation of Hispanic families with children with disabilities and if by participating in TENFEE, their knowledge about the IEP process and their involvement in their children's education increased. The researcher used TENFEE, the presentation of a series of workshops specifically designed to meet the needs of Hispanic families, as the independent variable for this study. There were 3 dependent variables: (a)

participants' responses to a pre and post survey, (b) participants responses to workshops evaluations, and (c) results from the Parent/Family Involvement Index completed by participants' children's special education teachers. Results were used to answer each of the following questions:

*Question 1: Does TENFEE provide Hispanic families of children with disabilities with the necessary components to support their participation to workshops?*

Data collected through the workshop evaluations completed by participants at each of the workshops were used to determine if the workshops' components provided by TENFEE were considered important in their decision to participate in the workshops. Evaluations were not matched to participants and all participants who attended the workshops were invited to complete a survey at the end of the workshop. A total of 155 evaluations were collected. Descriptive statistics were calculated to determine the frequency of ratings assigned to each of the 20 components. The second section of the evaluation was used to support the information found on the first section of the evaluation and better respond the research question. Each of the responses to the three open-ended questions included on the second section of the workshops evaluations were translated to English by a bilingual (English-Spanish) individual with experience in special education. All of the translated responses were also checked by a second bilingual individual with experience in special education for accuracy on the meaning of all translated responses until consensus was achieved between the first and second translators. General themes were drawn from responses to each of the questions and frequency recorded on each of the themes.

*Question 2: Does the participation of Hispanic families in TENFEE increase their level of knowledge about their children's Individualized Education Program?*

Data collected from the second section of the pre and post survey where participants (N=37) responded to a 50 multiple-choice questions about the IEP process were entered into SPSS to create a data base. Each question was entered and each participants' pre and post tests examined for correct responses. Each correct response was entered as 1 point and total scores for pre and post tests computed. A Paired Samples t-test was used to compare changes in the mean and standard deviation of total pre and post scores, to determine if these changes were statistically significant, and to demonstrate confidence in the likelihood that TENFEE was the one variable that influenced the changes in scores.

*Question 3: Does the participation of Hispanic families in TENFEE increases their level of involvement in their children's special education services?*

From the 37 participants included in data analysis 26 of their children's teachers completed the pre and post P/FII and therefore only those (N=26) included in the data analysis for the P/FII. Data collected from the P/FII was used to compare pre and post participants' involvement scores as perceived by their children's special education teachers. Scores for the 12 first sections were also computed in accordance to the recommendations by the authors of the instrument by dividing the total number of "yes" responses by the total number of "yes" plus "no" responses (all responses indicating "n/a" or "d/k" were deleted as these were not seen as opportunities). A total score for the number of "yes" responses and a total percentage score was entered into SPSS for each of the pre and post P/FII.

Both total scores were analyzed using Paired Samples t-test to compare changes in the mean and standard deviation for pre and post scores, determine if these changes were statistically significant, and demonstrate confidence in the likelihood that TENFEE was the one variable responsible for the changes. A separate score was entered for the thirteenth section on the

instrument. At this time, a number (1-6) indicating the “overall” level of involvement from “not at all” to “very” involved was entered for each pre and post instrument. A Paired Samples t-test was also used to compare changes in the mean and standard deviation of pre and post scores, determine if these changes were statistically significant, and demonstrate confidence in the likelihood that TENFEE was the one variable responsible for any changes.

Qualitative data collected from the third section of the participants’ survey was used to support the results for this research question. Participants’ responses to the 10 open-ended questions about their perceptions on family involvement were translated to English and numbered to match pre and post responses. Responses to each of the questions were then analyzed for general themes and themes were compared between pre and post responses.

*Question 4: What relationship, if any, exists between family demographics and participants’ outcomes from participating in TENFEE?*

Participants’ demographic data (N=37) collected from the first section of the survey completed by participants prior to TENFEE was entered into a SPSS database. Descriptives were used to report the collected data. Multiple regression analysis were conducted to further explore the relationship between demographic information and results from IEP test gains. Table 10 shows a detailed data analysis plan with information regarding the research questions, the instruments selected to address the questions, and the method used to analyze the data collected.

Table 10: Data analysis plan

<b>Research Questions</b>	<b>Instrument(s)</b>	<b>Analysis of Data</b>
1. Does TENFEE provide Hispanic families with the necessary components to support their participation in workshops?	Evaluation/Part A  Evaluation /Part B	Lickert scale: Descriptives Open-end: categorize
2. Does the participation of Hispanic families in TENFEE increase their level of knowledge about their children’s IEP process?	Survey/Section II	Multiple Choice: Paired Samples t-test
3. Does the participation of Hispanic families in TENFEE increase their level of involvement in their children’s special education services?	P/FII  Survey/Section III	Lickert scale: Paired Samples t-test Open-end: categorize
4. What relationship, if any, exists between family demographics and participants’ outcomes from participating in TENFEE?	Survey/Section I  Results from research questions 2-3.	Descriptives Multiple Regression

## CHAPTER FOUR: FINDINGS

The purpose of this study was to research the influence of components incorporated into a series of workshops specifically designed for Hispanic families of children with disabilities and to study the effect that participating in the workshops would have on parents' knowledge about their children's Individualized Education Program (IEP) and on their level of involvement in their children's education. TENFEE: Talleres en Español para las Necesidades de Familias en Educacion Especial (Spanish Workshops for the Needs of Families in Special Education) delivered five workshops where a series of components were provided to counteract the most frequently identified barriers in the involvement of Culturally and Linguistically Diverse (CLD) parents in the education of their children with special needs: (a) complexity of disability, (b) language barriers, (c) cultural differences, and (d) socioeconomic status (Fix & Passel, 2003; Kalyanpur & Harry, 2004; Quezada, Diaz, & Sanchez, 2003). The following research questions guided the study:

Question 1: Does TENFEE provide Hispanic families of children with disabilities with the necessary components to support their participation in workshops?

Question 2: Does the participation of Hispanic families in TENFEE increase their level of knowledge about their children's Individualized Education Program?

Question 3: Does the participation of Hispanic families in TENFEE increase their level of involvement in their children's special education services?

Question 4: What relationship, if any, exists between family demographics and participants' outcomes from participating in TENFEE?

### Research Question 1

In order to determine if TENFEE provided Hispanic families of children with disabilities with the necessary components to support their participation in workshops, an evaluation was given to each participant each time they attended a workshop. Participants were asked to complete the two sections on the evaluation reporting on the influence that each workshop component had on their decision to participate. A high percentage of participants (96%) completed the evaluations (see Table 11).

Table 11: Evaluations collected after each workshop

<b>Workshop</b>	<b>Attendance</b>	<b>Evaluations Collected</b>
Workshop 1	18 Participants	18 (100%)
Workshop 2	29 Participants	29 (100%)
Workshop 3	38 Participants	36 (95%)
Workshop 4	38 Participants	38 (100%)
Workshop 5	38 Participants	34 (89%)
		<b>Total: 155</b>

Responses to all 155 evaluations were used to answer the first question of the study. The first section of the evaluation listed the 20 components provided by TENFEE during each of the workshops. All components corresponded to one of the four identified areas of need by the targeted population (children's disability, language, cultural differences, and socioeconomic status). Table 12 lists the 20 components under each of the four areas of need. Participants were asked to rate each component using a scale to indicate how important the component was in their

decision to participate in the workshop. Participants used a scale of 1-5 (1= not important/5= very important) for rating each component.

Table 12: List of components included in TENFEE by area of need

<b>Area of Need</b>	<b>TENFEE's Components</b>
1. Disability	Topic selection Agency representatives Children's activities conducted by individuals with special education experience Involvement from local University Access to technology and facilities
2. Language Barriers	Presentations in Spanish All written materials in Spanish Asking questions/participating in Spanish Length of workshops (3 hrs/more time for discussions)
3. Cultural Differences	Hispanic presenters Proximity of children to parents/participants Meeting other Hispanic families Time outside the workshops with other families Time workshops were held (morning/family time)
4. Socioeconomic Status	Free activities for children Free registration to attend the workshops Free parking Free snacks Providing a central location (to facilitate transportation) Day workshops were held (Saturday)

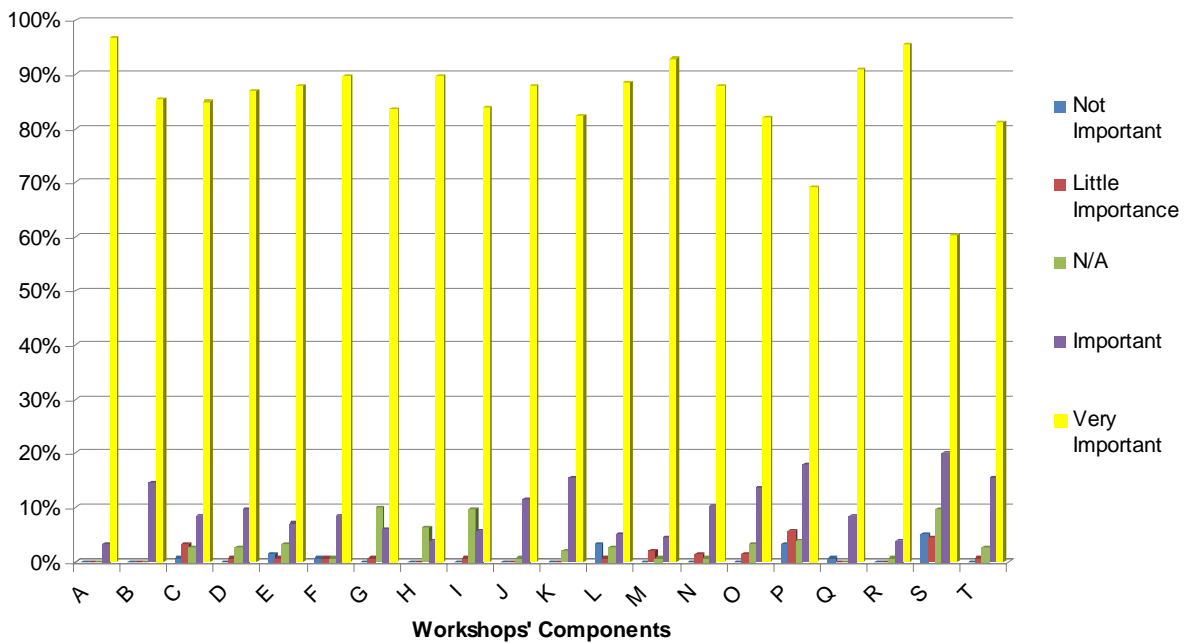


Descriptive statistics were calculated and all 20 components had a mean score of over four, where 4.0 equals to “important” and 5.0 to “very important” in participants’ decisions to participate in the workshops (see table 13).

Table 13: Mean and standard deviation for each component evaluated by participants

<b>Component</b>	<b>Mean</b>	<b>SD</b>
Topic selection	4.97	.179
Free registration to workshops	4.95	.250
Free parking	4.89	.420
Time workshops were held (morning)	4.88	.483
Meeting other Hispanic families	4.87	.355
Agency representative	4.86	.353
Asking questions/participating in Spanish	4.86	.502
Length of workshop (3 hours)	4.85	.472
Presentation in Spanish	4.83	.482
Supervisors of children’s activities experience	4.83	.520
Time outside the workshops with other families	4.81	.444
All written materials in Spanish	4.79	.652
Access to technology and facilities	4.77	.518
Involvement from local university	4.76	.571
Day workshops were held (Saturday)	4.75	.819
Hispanic presenter	4.74	.723
Proximity of children to parents/participants	4.73	.658
Free children’s activities	4.72	.663
Providing a central location (to facilitate transportation)	4.44	1.032
Free snacks	4.26	1.136

Figure 15 illustrates the percentage of responses corresponding to each category (“not important”, “of little importance”, “n/a”, important, and “very important”) as indicated by participants in the 155 evaluations collected. All components were rated “very important” at least 60% of the time; furthermore, all but two components (P-distance to location and S-snacks) were rated as “very important” at least 80% of the time.



Note: (A) topic selection, (B) agency represented, (C) Hispanic presenter, (D) Spanish presentation, (E) Spanish materials, (F) participating in Spanish, (G) activities for children, (H) individuals with special education experience conducting children’s activities, (I) proximity of children’ activities to participants, (J) meeting other Hispanic families, (K) time outside workshops with Hispanic families, (L) day of workshops –Saturday, (M) time of workshops –morning, (N) length of workshop -3 hours, (O) university involvement, (P) distance to location, (Q) free parking, (R) free registration, (S) snacks, (T) access to facilities.

Figure 15: Percentage of responses to each component by level of importance

The second section of the evaluation asked for participants to respond to three open-ended questions providing the qualitative component to support the findings for the first section of the evaluation.

Evaluation Part II Question 1: The first question asked which component was considered most important in participants’ decision to attend and why. All responses to this question were translated to English, categorized into general themes, and any “n/a” or “d/k” response deleted for a total number of 145 responses divided into fifteen themes. All themes that were reported less than 1% of the time, were grouped together into a category labeled “Other” (see Table 14).

Table 14: Most important workshops components as identified on Survey Question 1

<b>Component</b>	<b>Percent</b>
Topic selection	36%
Activities for their children	29%
Day workshops were held (Saturday)	7%
Presentation in Spanish	6%
Agency representative/ Hispanic presenter	5%
*Notice about the workshops	3%
Time workshops were held (morning)	3%
Providing a central location (to facilitate transportation)	3%
Free registration to workshops	2%
Meeting other Hispanic families	1%
Free parking	1%
Everything	1%
Other: all written materials in Spanish/length of workshop/*organization	2%

Note: \*Not identified as a “TENFEE component”.

The highest percentage of responses was attributed to the selection of topics (36%). The reasons why this component was identified as most important varied among participants but common responses included “I can learn more about the IEP process and how to help my child”, “to learn more about everything related to the laws and rights and available resources”, and “the topics were relevant to everyday life”. The second most important component identified by participants as influencing their decision to participate in the workshops was providing activities for their children (29%). Common reasons included “I don’t have anyone to leave them behind with” and “I don’t have family in Florida nor anyone willing to take care of my children”.

Other components reported as “most important” and also identified as “TENFEE components” on the evaluations included: (a) having the workshops on Saturdays, (b) in the morning, (c) free registration, (d) having materials in Spanish, (e) speakers in Spanish, (f) representatives from organizations, (g) meeting other parents, (h) distance to their home, (i) free parking, (j) length of workshops, and (k) everything (31% combined). Some of the reasons reported about why these components were important included “having the workshops on Saturday mornings gives me the opportunity and flexibility to attend”, “because my family was able to share time with others who are going through the same thing”, and “the location was very convenient”.

Finally, components reported as most important but not identified on the evaluation included: (a) notification about when the workshops were going to be held and (b) organization of workshops (4% combined). Some of the reasons reported on why these components were important included “I enjoyed the organization in which all the information was presented and the presenters’ enthusiasm”, “everything was excellent”, and “knowing about the workshops ahead of time”.

Evaluation Part II Question 2: This question asked about the components that could guarantee participants’ attendance to future workshops if provided. All responses were translated and checked for accuracy of translation, grouped into general themes, and any “n/a”, “d/k”, or blank responses deleted for a total of 121 responses grouped into 22 themes. Those themes reported less than 1% of the time were grouped as “Other” (see Table 15).

Table 15: Workshop’s components identified as needed to guarantee future participation

<b>Component</b>	<b>Percent</b>
Activities for their children	25%
*Notice about the workshops	14%
Keep everything the way it is	12%
Topic selection	10%
*Location closer to home	10%
Day workshops were held (Saturday)	7%
*Longer workshops	3%
Providing a central location (to facilitate transportation)	3%
Keep the language accommodations	2%
*Capacity for more participants to register	2%
*Having the workshops on a different day (not Saturdays)	2%
*Having more workshops	2%
Other: free parking, *provide transportation, *held in the afternoon, free registration, same time (morning), *individual time, *spread out the workshops, and everything.	7%

Note: \*Not identified as a “TENFEE component”

The highest request from participants was to provide children's activities (25%), some of the comments included "more availability for children's activities since my children were not able to participate." Secondly, participants requested to receive advance notice of the workshops (14%), some of the comments included "for TENFEE to keep us in mind and invite us".

Other components listed that could guarantee future participation from the targeted population included: (a) language accommodations, (b) free parking, (c) topics, and (d) free registration (14% combined). Components that were not identified as "TENFEE components" but included in responses to this question included: (a) more workshops, (b) provide transportation, (c) increase capacity for participants, (d) more individual time (e) have longer workshops, and (f) spread out the workshops (10% combined).

Some components that contradicted each other included: (a) keep the workshops on Saturdays (7%) vs. have the workshops on a different day (2%), and (b) keep the workshops at the same location (3%) vs. have the workshops closer to their communities (10%). Finally, a high percentage of responses (13%) suggested keeping everything the same way. Comments included "everything was perfect" and "everything was very well organized and all our needs were taken into consideration."

Evaluation Part II Question 3: The final question on the second part of the evaluation asked if there were any components that negatively influenced their future participation in workshops. All responses were translated and checked by a second person for accuracy on the translation, general themes were identified, and any "n/a" or blank responses deleted for a total of 118 responses grouped into 6 themes. Themes reported less than 1% of the time were grouped as "Other" on Table 16.

Table 16: Components that negatively affected participation

<b>TENFEE Components Negatively Influencing Future Participation</b>	<b>Percent</b>
None/Nothing	87%
Lack of time during workshops	7%
Participants asking questions specific to their situation	2%
Other: difficult location to find, lack of individual attention, not enough capacity for children’s activities	2%

Most responses (87%) indicated that there was nothing (no components) that negatively influenced their decision to participate in future workshops. Some of the comments made by participants included “none, in such a short time I learned a lot” and “on the contrary, each workshop gets more informative, interesting, and educative”. A small percentage of responses (7%) indicated that the time spent during the workshops (3 hours) was not enough, negatively influencing future participation “more time, 3 hours is not enough.” Finally, two participants were discouraged by other participants who were using the time during workshops to ask questions specific to their situation while another said that not being able to have individual attention to ask questions specific to his/her situation was discouraging.

In summary, results from the first section of the evaluation indicated that 18 of the 20 components included in TENFEE workshops were rated as “very important” by at least 80% of the Hispanic families of children with disabilities in their decision to participate in workshops. The second section of the evaluation indicated that topic selection and children’s activities were the two TENFEE components reported as most important by participants in their decision to attend the workshops. Results also indicated that if children’s activities and advanced notice about the workshops are provided, participants will be more likely to attend future workshops.

Finally, most participants (87%) reported that TENFEE did not provide any component that would negatively influence their future participation in workshops.

The null hypothesis indicated that TENFEE components had no effect on the participation of Hispanic families of children with disabilities in workshops. Descriptive statistics were calculated to determine that TENFEE components were considered “very important” by Hispanic families of children with disabilities in supporting their participation in workshops, therefore the null hypothesis was rejected. Table 17 summarizes the results from the evaluation.

Table 17: Summary of responses to question 1 of the research study

<b>Question</b>	<b>Assessment</b>	<b>Top 2 Answers</b>	<b>Provided</b>
How important was each of the following components in your decision to participate in this workshop?	Scale of 1-5 from “not important” to “very important”	Topic selection (97%) Free registration (95%) (percent of responses indicating a level 5)	Yes Yes
Which component was most important in your decision to participate in this workshop?	Open-ended question	Topic selection (36%) Children’s activities (29%)	Yes Yes
What components can the workshop provide in order to guarantee your future participation?	Open-ended question	Children’s activities (25%) Receive advance notice (14%)	Yes No
Was there a component that negatively affected your future participation?	Open-ended question	No (89%)	



## Research Question 2

In order to determine if the participation of Hispanic families in TENFEE increased their level of knowledge about their children's Individualized Education Program, a 50 item multiple choice test was administered as part of a survey sent to participants before they attended a workshop and once again after attending their last workshop. Only those participants who attended at least one workshop and completed the pre and post survey were included in this analysis (93% or N=37). Responses to each of the questions were entered into a data base by assigning 1 point for each correct response and 0 points for incorrect responses. A total score was computed for each participant's pre and post test. A Paired Samples t-test was conducted to determine if there was a difference on IEP test scores pre and post attendance to the workshops. The test was conducted using an alpha of .05. The null hypothesis indicated that the participation of Hispanic families in TENFEE has no effect on their level of knowledge about their children's IEP process. The alternative hypothesis was that there is a difference between the score gains on the IEP test after attending the workshops demonstrating that participation in TENFEE has an effect on participants' knowledge about the IEP process. Review of the Shapiro-Wilk's test ( $p > .05$ ) indicated normality of data. Review of Kurtosis, Skewness, and box plot also indicated that normality of scores could be assumed for pre and post scores.

Score gains on the IEP test were statistically significant ( $t = -7.96, p < .01$ ). The mean score prior to participating in TENFEE was lower ( $M = 30.03, SD = 6.51$ ) than after the workshops ( $M = 38.76, SD = 5.34$ ). Figure 16 demonstrates the way in which IEP tests scores were distributed prior to TENFEE, with 68% of scores falling between 23 and 37 points out of a possible 50, fourteen percent between 16 and 23 or between 37 and 44 points, and less than 2% of the scores falling lower than 16 or higher than 44 points.

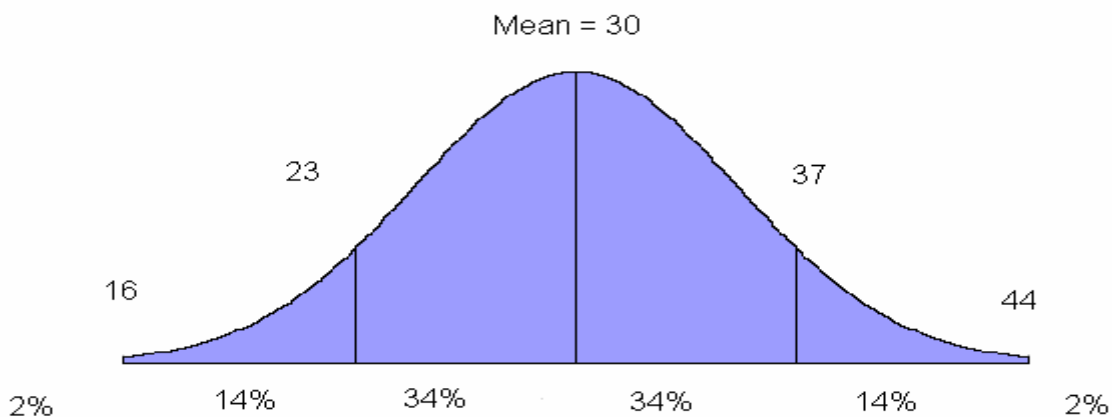


Figure 16: IEP test scores distribution on the bell curve before participation in TENFEE

Figure 17 demonstrates the way in which IEP tests scores were distributed after participation in TENFEE, with 68% of scores falling between 34 and 44 points out of a possible 50, fourteen percent of the scores between 29 and 34 points or between 44 and 49 points, and less than 2% of the scores falling lower than 29 points or higher than 49.

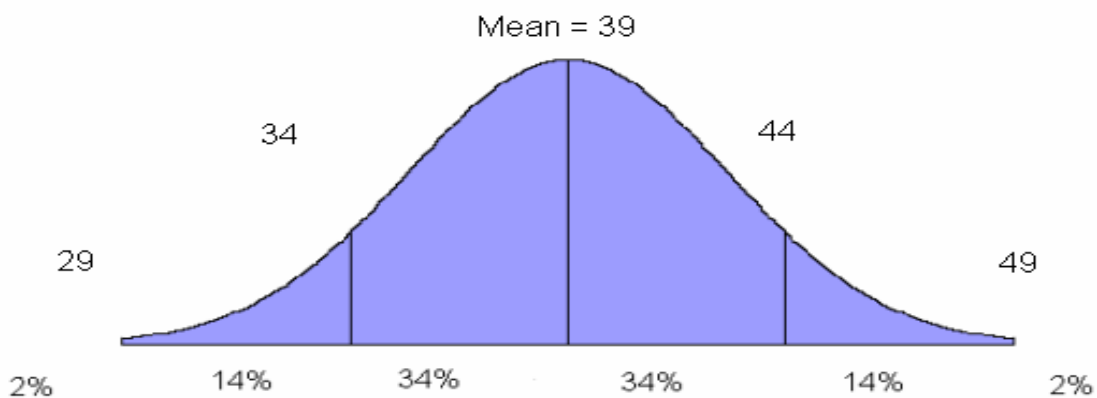


Figure 17: IEP test scores distribution on the bell curve after participation in TENFEE

The 95% confidence interval for the difference between means was -10.9 to -6.5. The effect size was calculated by Eta squared and found to be .6331 indicating that approximately 63.3% of the variance in difference of scores accounted for participation in TENFEE. The results provided evidence to support the conclusion that participation of Hispanic families of children with disabilities in TENFEE increases their level of knowledge about their children's IEP as indicated by score gains on the IEP completed pre and post participating in TENFEE (see Table 18).

Table 18: Paired Samples Statistics

	<b>Mean</b>	<b>N</b>	<b>Std. Deviation</b>	<b>Std. Error Mean</b>
Pre test (number correct)	30.03	37	6.51	1.07
Post test (number correct)	38.76	37	5.34	.879

When analyzing individual responses for each of the 50 items on the IEP test, the mean number of correct responses increased for 86% of the items in the test while only decreasing for 6% of the items, and remaining the same for 8% of the items. Table 19 displays all items for which mean decreased or remained the same as well as sample items from the 43 (86%) that increased from pre to post test.

Table 19: IEP test example mean score changes before and after the workshops

<b>Question</b>	<b>Pre</b>	<b>Post</b>	<b>Result</b>
If you have enough evidence to believe that results from an evaluation conducted by the school are incorrect and these results determine that your child’s placement must be changed, what are you entitled to request from the school?	M=.32 SD=.48	M=.08 SD=.28	decrease
What should the invitation to an IEP meeting include?	M=.89 SD=.32	M=.84 SD=.37	decrease
What are the components of an educational evaluation?	M=.97 SD=.16	M=.89 SD=.32	decrease
Which of the following groups of students require an IEP?	M=.95 SD=.23	M=.95 SD=.23	same
What is “mainstreaming”?	M=.38 SD=.49	M=.38 SD=.49	same
Public schools require your approval in order to:	M=1.0 SD=.00	M=1.0 SD=.00	same
What areas are evaluated in the FCAT?	M=.68 SD=.48	M=.68 SD=.48	same
<b>Mean scores for all other 43 items in the exam</b>			<b>increase</b>
Which of the following is an example of an accommodation?	M=.84 SD=.37	M=.86 SD=.35	lowest increase
Which act offers access to services to students with disabilities who do not qualify under IDEA?	M=.27 SD=.45	M=.78 SD=.42	highest increase

The null hypothesis was rejected as analysis of data indicated that there was a significant difference between the score gains on the IEP test after attending the workshops demonstrating that participation in TENFEE has an effect on participants’ knowledge about the IEP process.

### Research Question 3

In order to determine if the participation of Hispanic families in TENFEE increased their level of involvement in their children's special education services, the researcher analyzed the data collected from the Parent/Family Involvement Index (P/FII) completed by participants' children's special education teacher before participants began to attend the workshops and once again after attending their last workshop. From the participants who attended at least one workshop and completed the pre and post survey (N=37), only the ratings of those teachers who completed the pre and post P/FII were included in the analysis (N= 26 or 70%).

Teachers included for the analysis have worked with the students receiving special education services and their families during 2 to 20 months by the time the study began. The mean average of months teachers reported to have worked with the student was 8 months (M= 8, SD= 6). Thirty-two percent of the teachers were Hisapanic and 28% were able to speak Spanish.

When responding to the P/FII teachers marked "yes", "no", "n/a", or "d/k" to 63 items related to parent involvement. These items were divided into 12 sections on the instrument. Teachers' responses were entered into a SPSS data base as the total number of "yes" responses for each of the 12 sections of the P/FII pre and post workshops. Responding "yes" to any of the 63 items on the instrument indicated that the participant was involved in the particular activity. Figure 18 demonstrates an example of items from one of the 12 sections from the P/FII. A complete copy of the instrument can be found in Appendix C.

<u><b>Contact with Teacher</b></u>		<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
(a) Parent has met teacher or teacher's aide at least once	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Parent has spoken to teacher or teacher's aide at least once concerning child's education.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Parent calls teacher once a month or more concerning child's education	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 18: Sample items from P/FII

A Paired Samples t-test was conducted to determine if there was a change on the mean number of “yes” responses before and after participants’ attended TENFEE. The test was conducted using an alpha of .05. The Null hypothesis indicated that participation of Hispanic families of children with disabilities in TENFEE has no effect on their level of involvement in their children’s special education services. The alternative hypothesis indicated that there is a difference between the score means. Review of the Shapiro-Wilk’s test ( $p > .05$ ) indicated normality of data. Review of Kurtosis and Skewness also indicated that normality of scores could be assumed for pre and post scores. However, no statistically significant differences ( $t = -.24, p > .05$ ) were found between pre ( $M = 15.62, SD = 6.97$ ) and post ( $M = 15.88, SD = 6.70$ ) total number of “yes” responses related to parent/family involvement.

The last section on the P/FII was an “overall” parent involvement rating (see Figure 19). Teachers used a scale of 1-6 to indicate the “overall” involvement of each participant (1= not at

all involved through 6= very involved). No statistically significant differences ( $t=.00$ ,  $p>.05$ ) were found between pre ( $M=3.08$ ,  $SD=1.12$ ) and post ( $M= 3.08$ ,  $SD= .89$ ) overall ratings of involvement either.

***Overall.*** I would consider this parent’s involvement in our program as: (please mark one box for each parent).

Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<b>Not at all Involved</b>		<b>Somewhat Involved</b>		<b>Extremely Involved</b>

Figure 19: Overall rating of parent/family involvement

Although no statistical significance was found on the total pre and post “yes” responses related to parent/family involvement for the 12 sections on the P/FII, each of the sections were individually analyzed for changes in mean by conducting separate Paired Samples t-tests. None of the individual results from each of the 12 sections indicated a significant difference in mean between pre and post tests. Table 21 summarizes the 12 individual sections of the P/FII with each corresponding pre and post mean score, standard deviation, and significance level.

Table 20: Mean scores, standard deviation, and significance level for P/FII “yes” responses.

<b>P/FII Section</b>	<b>Pre</b>	<b>Post</b>	<b>Significance</b>
1. Contact with Teacher	(M= 4.50, SD= 1.33)	(M= 4.65, SD= 1.23)	(t = -.70, p>.05)
2. Participation in Special Ed. Process	(M= 2.54, SD= 1.42)	(M= 2.73, SD= 1.21)	(t = -.96, p>.05)
3. Transportation	(M= 1.31, SD= .92)	(M= 1.54, SD= .76)	(t= -1.18, p>.05)
4. Observations at School	(M= 1.19, SD= 1.02)	(M= 1.19, SD= 1.23)	(t = .00, p>.05)
5. Educational Activities at Home	(M= 2.38, SD= 1.94)	(M= 2.19, SD= 1.65)	(t = .72, p>.05)
6. Attending Parent Education Meetings	(M= 1.38, SD= 1.52)	(M= 1.54, SD= 1.52)	(t = -.62, p>.05)
7. Classroom Volunteering	(M= .92, SD= 1.23)	(M= .88, SD= 1.17)	(t = -.16, p>.05)
8. Parent-Parent Contact and Support	(M= .54, SD= .85)	(M= .42, SD= .17)	(t = .90, p>.05)
9. Involvement with Administration	(M= .08, SD= .27)	(M= .19, SD= .49)	(t= -1.14, p>.05)
10. Involvement in Fund Raising Activities	(M= .35, SD= .48)	(M= .27, SD= .45)	(t = .81, p>.05)
11. Involvement in Advocacy Groups	(M= .18, SD= .37)	(M= .15, SD= .36)	(t = .70, p>.05)
12. Disseminating Information	(M= .08, SD= .27)	(M= .12, SD= .32)	(t= -1.00, p>.05)

Scores for the first 12 sections of the P/FII were also computed as indicated by the authors of the instrument. Percentages of possible involvement (excluding “n/a” and “d/k” responses) were calculated for each of the 12 sections of the instrument. In other words,



percentages were calculated by counting the number of “yes” responses and dividing this number by the total number of “yes” plus “no” responses in the section. A total involvement percentage score was also calculated by dividing the items marked “yes” by the number administered (i.e., 63 minus those marked “n/a” or “d.k”). This was done for all pre and post P/FII.

A Paired Samples t-test was conducted once more to determine if by entering results in such way the researcher could find a difference on the total percentage scores before and after participants’ attendance in TENFEE. The test was conducted using an alpha of .05. Review of the Shapiro-Wilk’s test ( $p>.05$ ) indicates normality of data. Review of Kurtosis and Skewness also indicates that normality of scores can be assumed for pre and post scores. However, no statistically significant differences ( $t=.730$ ,  $p>.05$ ) were found between pre ( $M=.48$ ,  $SD=.21$ ) and post ( $M=.46$ ,  $SD=.18$ ) percent scores. Percentage scores for each of the 12 sections were not analyzed separately.

The Null hypothesis was not rejected as results from data analysis indicated that participation of Hispanic families of children with disabilities in TENFEE had no effect on their level of involvement in their children’s special education services.

In order to clarify participants’ perspectives about parent/family involvement, a series of open-ended questions were asked about the subject on the last section of their survey. Each response was translated to English, checked for accuracy of the translation, and analyzed for general themes. Themes for each of the questions were reported as follow:

Parent Involvement Survey Question 1: What is your opinion about your child’s special education services this school year? Participants’ responses were analyzed as a positive, negative, or neutral response. Examples of responses indicating a positive response included “so far everything is working towards the progress of my child”, “the services are very good”, and “I

think they have done what they promised to do.” Responses with a negative tone included “I was hoping for a lot more from the special education services”, “they are not following the IEP or working towards the progress of the child”, and “unfortunately at this time not good at all.” Finally, the neutral comments were comments that were partially positive and partially negative, for example “This school year the education services have been good so far, although sometimes they forget about accommodations”, “appropriate but they can get better”, and “they are OK but slow.” The percentage of positive, negative, and neutral responses pre and post participating in TENFEE are summarized on Table 22.

Table 21: Positive, negative, and neutral responses for Survey Question 1

	<b>Pre</b>	<b>Post</b>
Positive Comment	50%	51%
Negative Comment	32%	41%
Neutral Comment	2%	2%
Blank/No Response	14%	5%

Parent Involvement Survey Question 2: What is your role in the education of your child with disabilities? There were several themes found throughout participants’ responses. A list of the themes with examples, and percentage of times the theme was found in pre and post responses is summarized on Table 23.

Table 22: Examples of general themes found within Survey Question 2

<b>Theme</b>	<b>Example Pre (percentage of similar comments)</b>	<b>Example Post (percentage of similar comments)</b>
Follow up at home	“I practice the activities my daughter is working on at school. Besides, I ask for extra activities for the weekends.” (19%)	“My husband agreed to teach her math, I’m in charge of writing, and a tutor is in charge of reading. We have clear goals.” (11%)
Monitoring	“I would say the monitoring part.” (13%)	“Monitor for my child to receive all the benefits he deserves.” (17%)
Advocating	“I can say what I want to say when it comes to results and I can ask for some goals.” (10%)	“Due to all the knowledge that I have gained, I feel much more equipped to go out and look for the help I consider necessary.” (24%)
Keeping informed	“I search for information to prepare myself.” (25%)	“I’ve been paying attention to every thing related to his education.” (7%)
Collaborating with others	“I’m an important part since the teachers and all the staff can’t do all the work.” (12%)	“I keep a very active role maintaining daily communication with the school team and identifying possible problems.” (15%)
Providing care	“I take care of him and teach him to be independent.” (6%)	“I’m his father, mother, and advocate.” (2%)
Participating in school activities	“I like to participate in activities in and out of the school classroom.” (6%)	“We attend meetings to obtain everything possible for our child.” (13%)
Limited involvement	“Interested but haven’t received any help from the school.” (4%)	“Sincerely, for the past two years it has been very limited.” (4%)
Other	“Important and active.” (6%)	“Constant support.” (7%)

Parent Involvement Survey Question 3: What does “parent involvement” mean to you?

In order to report participants’ responses to this question, responses were grouped into themes and the percentages of responses corresponding to each theme pre and post TENFEE displayed on Table 24.

Table 23: Themes found in pre and post responses to Question 3

<b>Theme</b>	<b>Example of Comments</b>	<b>Pre</b>	<b>Post</b>
Follow up at home	“To be involved and cooperate so that everything that he accomplishes at school can be extended at home.” “To continue at home what he is doing at school.”	17%	13%
Monitoring	“Making sure that good results are achieved.” “To be aware of everything that is happening with his academic progress to help him reach his goals.”	21%	24%
Advocating	“To participate in my daughter’s education is vital since it is the only way in which I can make sure that her goals are being met and her rights are being protected.” “To be active, take opportunities, be aware of the difficulties my daughter has to fight so that she can make progress.”	6%	11%
Communicating	“Be aware of his school life, ask questions, share experiences” “I communicate with the teacher.”	10%	9%
Collaborating	“To work as a team keeping the focus on my son’s goals at short and long term.” “To share opinions with the team.”	8%	9%
Participating in school activities	“To participate is very important, it’s the key. Attend meetings, keep in touch all the time, visit, and volunteer.” “To be involved in everything, like IEP meetings.”	10%	17%
Other	“It is the best I can do for his future.” “It means everything, without my participation will look after him.”	27%	17%

Parent Involvement Survey Question 4: How do you think your child’s school/teacher expects you to participate in your child’s education this year? Responses to this question were categorized into general themes. A list of themes, examples, and percentage of their frequency pre and post TENFEE are summarized on Table 25.

Table 24: Themes and frequency of themes for responses to Survey Question 4

<b>Theme</b>	<b>Example of Comments</b>	<b>Pre</b>	<b>Post</b>
Follow up at home	“For me to help him at home with his homework.” “Practicing with her at home to meet her goals at an even higher level than what the school expects to achieve.”	16%	15%
Monitoring	“To monitor the development and progress to help them reach the goals that were established” “By following up with them.”	9%	5%
Communicating	“Maintaining continuous communication about my child’s education.” “To be active in communicating.”	23%	27%
Collaborating with school and/or teachers	“I’ve asked her to give me instruction on how to help my child with academics because I don’t have much experience so I meet with her once per month.” “Cooperating and participating in the programs”	14%	15%
Participating in school activities	“Attending activities and visiting the school.” “Being present in all the meetings.”	16%	20%
Other	“They expect for me to participate.” “By supporting them with what they need.”	21%	18%

Parent Involvement Survey Question 5: What barriers are influencing your participation in your child’s education this school year? All barriers were categorized into themes, a list of these themes and examples are summarized in Table 26.

Table 25: Themes of identified barriers on Survey Question 5

<b>Theme</b>	<b>Examples</b>	<b>Pre</b>	<b>Post</b>
Lack of Time	“One of the greatest obstacles that I have as a mother is the lack of time, I work from 8-5 and jobs don’t provide the opportunity or time to participate in school activities.” “My daughter has daily homework activities that require a lot of time and it is often difficult for her but by 6pm she is already tired and doesn’t want to work on the activities.”	16%	29%
Lack of Information	“Not knowing the corresponding laws and rights.” “If I knew more about my child’s rights I could better advocate for him.”	8%	8%
Child Care	“Not having anyone to leave my children with.” “Not having family to help me take care of my other children.”	3%	5%
Lack of Support	“Limited personnel with experience in special education.” “I feel that the school doesn’t want my participation.”	13%	13%
Language Barriers	“English, since I have needed information but when they look for an interpreter I don’t feel very comfortable because I’m not sure if they are interpreting my concerns correctly.” “Primarily the language because the teacher doesn’t speak Spanish and we can’t communicate with her the way we would like.”	24%	26%
Other	“I need more educational materials at home.” “External situations and commitments or obligations.”	16%	5%
Nothing	“So far we have not encountered any obstacles.” “I think none because the language (barrier) can have a solution.”	21%	13%

Parent Involvement Survey Question 6: How can/did TENFEE help you in the way in which you participate in your child’s education? Two main themes were found in the responses from participants: the information provided by TENFEE and feeling more empowered after attending the workshops. Table 27 provides examples of comments made by participants under each theme.

Table 26: Pre and post responses to Survey Question 6

<b>How can TENFEE help you?</b>	<b>How did TENFEE help you?</b>
<p><b>Information (Pre = 69%)</b></p> <p>“Providing guidance to better education.”</p> <p>“I think that I can learn more about my rights, places where to look for help, how to participate without so much stress.”</p> <p>“To understand about all the services, rights, and terminology related to the school and special education.”</p> <p>“By making clear the terms, rights, and purpose of the IEP.”</p> <p>“Maybe I will learn about other programs available for my child’s education.”</p> <p>“To teach me about the IEP.”</p> <p>“By explaining the rights that our children have as it relates to their disability.”</p> <p>“By receiving a better understanding on how to continue helping my child and how to better serve him.”</p>	<p><b>Information (Post = 46%)</b></p> <p>“It helped me to get to know all the rights we have for the best development for our child. Kept us informed of changes and provided information about where we can find more and better benefits.”</p> <p>“It gave us knowledge about the laws and rights we have as parents. It taught us about resources that I can count with for our child’s education.”</p> <p>“TENFEE helped me understand the concept of special education better and to be able to find more information about what an IEP is and how to obtain more help and the rights that children with disabilities have.”</p> <p>“TENFEE helped me gain the knowledge to be able to take action and be a lot more productive about my daughter’s education.”</p>

<b>How can TENFEE help you?</b>	<b>How did TENFEE help you?</b>
<p><b>Empowerment (Pre = 31%)</b></p> <p>“It can help us by teaching us about IEP revisions when we don’t agree with something, our rights as parents of children with special needs, and how to work with them at home. Also how to manage certain behaviors.”</p> <p>“By providing us with the information to know who in the system is willing to make a difference so that these children don’t become just a statistic because they are human beings.”</p> <p>“In better understanding my responsibilities and rights.”</p>	<p><b>Empowerment (Post = 54%)</b></p> <p>“It was a tool to learn how to participate more. TENFEE helped me a lot since it taught me the rights and laws and the benefits that my daughter with disabilities has so that I can protect her and support her and to know that I’m her best advocate. Thanks to TENFEE I was able to acquire the McKay scholarship and made a request for an IEP meeting to talk about her accommodations. Thanks!”</p> <p>“It helped me feel secure of myself to intervene in my children’s education. It helped me realize that I’m an indispensable tool for my children’s recovery.”</p> <p>“Well, it has given us the confidence to request for more, to make drastic decisions if necessary.”</p> <p>“It has given me more tools to request for more and talk with confidence and authority.”</p> <p>“It helped me feel more confident on my last IEP meeting because I had more information and more general knowledge of everything that has to do with special education.”</p> <p>“It was a program that expanded my hopes, it made me realize that I have rights and it is worth fighting for.”</p> <p>“I loved them (the workshops), they were fabulous and the time invested worth it. I feel more confident to participate in the IEP.”</p>



Parent Involvement Survey Question 7: What topics would you like TENFEE to discuss?

A list of suggested topics from pre and post participants’ responses is analyzed in Table 28.

Table 27: Topics requested for TENFEE workshops (responses to Survey Question 7)

<b>Topics Requested for Future TENFEE Workshops</b>	<b>Requests</b>
How to achieve academic progress for students with disabilities	3%
Adult issues (vocational programs, higher education, jobs).	11%
Rights and Laws protecting individuals with disabilities	11%
Information about specific disability (i.e. autism, ADHD, etc.)	6%
Emotional support for families of children with disabilities	8%
How to be more involved in the education of children with disabilities	6%
Behavior modification/management	6%
Health (i.e. nutrition and medications)	6%
Therapies (different types available, including “alternative” therapies)	3%
How to better collaborate with the school/teachers	3%
Enhancing communication skills (i.e. sign language)	5%
Understanding NCLB and school grades	4%
Enhancing social skills	4%
Financial issues related to special education (i.e. Medicaid, trusts, and funds)	5%
More in-depth information about the Individualized Education Program	7%
The use of technology with individuals with disabilities	3%
Placement options (i.e. self-contained classroom vs. inclusive setting)	6%
How to better advocate (i.e. writing letters, understanding the politics behind the services, etc.)	3%

Parent Involvement Survey Question 8: What type of components can TENFEE provide in order to positively influence your attendance and participation in workshops? Responses to this question (pre and post) were categorized into components. The percentage of requests made by participants for each of the component is analyzed on Table 29.

Table 28: List of components requested by participants on Survey Question 8

<b>Component</b>	<b>Requests</b>
Keep the same schedule	13%
Provide activities for children	29%
Specific information	8%
Location closer to home	5%
Keep them in Spanish	4%
Provide advance notice	7%
Keep everything the same	17%
Other	17%

Parent Involvement Survey Question 9: How do you see your child’s future?

Participants’ responses indicated a positive (+), negative (-), or neutral (+/-) tone. Table 30 provides an analysis of the changes in the tone of responses from pre to post participation in TENFEE.

Table 29: Tone of responses to Question 9 pre and post participants' attendance to TENFEE

<b>Tone</b>	<b>Pre</b>	<b>Post</b>	<b>Percent</b>
- to +	"I think that she is going to need a lot of my help."	"Very good, very positive, I don't think about defeat."	7%
- to -	"It scares me."	"It really is something to worry about; now that I know more about her rights I realize how they are being broken"	7%
+ to +	"With success, very brilliant"	"Thanks to everything I learned I see a brilliant, great, super future!"	30%
+/- to -	"We will always continue fighting for her and will not get tired but it is of concern."	"At this time we don't see much of a future in this state, we are looking outside of Florida."	4%
+/- to +	"I don't know yet."	"Now I see it more clearly. I see my children's future full of possibilities and new goals."	37%
+ to +/-	"Very promising."	"Promising but with a lot of challenges to meet his potential and dreams to the max."	4%
+/- to +/-	"A little uncertain but positive that everything is going to be fine."	"Many times I see it very positive but each time that there is a new behavior displayed, I'm unsure."	11%

Parent Involvement Survey Question 10: Do you think that because you are from a Hispanic background your participation in your child's education is any different? Participants were asked to respond and explain their response to this question. Table 31 displays examples and the percentage of responses with a tone of agreement, tone of disagreement, and neutral tone.

Table 30: Percent of responses to Survey Question 10 pre and post TENFEE

Tone	Example	Pre	Post
Agreement	<p>“Yes, we are a growing community with very different needs.”</p> <p>“Yes, the interaction with other people is limited because of language. We are lacking knowledge and support.”</p> <p>“Yes, when the information is not provided in our language.”</p> <p>“Yes, when I registered my child I had no idea about many things, like being able to volunteer, no one took the time to translate.”</p>	37%	53%
Dis-agreement	<p>“No, although we live in a different culture and with a different language, we are capable of adapting and provide new ideas.”</p> <p>No, not at all, in the U.S education system assistance is provided for all the children who qualify.”</p> <p>“No, our children are our responsibility, doesn’t matter the race, we must incorporate in this country and try to participate even when having to ask for help with language.”</p> <p>“No, personally I feel proud of being Hispanic and of my language but don’t think that we should just sit and wait for everything around to change. I keep communication with my children’s school making every effort to be understood.”</p>	55%	30%
Neutral	<p>“It depends, sometimes parents don’t have the knowledge and allow the teachers and administrators intimidate them.”</p> <p>“I didn’t used to believe so but in this new school I feel somewhat out of place, I really don’t think that they like that I participate.”</p> <p>“At the beginning it was very difficult because of language barriers but now I’m doing much better.”</p> <p>“My daughter comes from a different education system from the U.S and because of that it has taken a while for us to adapt and learn how the school functions here.”</p> <p>“Maybe in some aspects but it will depend on the person.”</p>	8%	17%

#### Research Question 4

In order to determine if any relationship existed between family demographics and participants' outcomes from participating in TENFEE demographic data collected on four areas: (a) participants' child disability, (b) participants' language, (c) participants' cultural background, and (d) participant's socioeconomic status. Participants' knowledge gains, as measured by their score on the pre and post IEP test score was the only variable analyzed for a relationship with participants' demographic information.

Demographic variables for each of the four identified areas of need (disability, language, cultural differences, and socioeconomic status) were dummy coded and regression tests calculated. Only two variables demonstrated to significantly predict score gains on IEP knowledge test, participant's number of hours at work and their household income. Both variables were related to the family's socioeconomic status. Work hours  $F(3, 33) = 4.827$ ,  $p < .01$  ( $p = .007$ ) and income  $F(3, 34) = 6.129$ ,  $p < .01$  ( $p = .002$ ). Table 32 identifies how each interaction was coded for the analysis.

Table 31: Dummy codes

<b>Participants' Work Hours</b>	<b>Participants' Income</b>	<b>Work Hours/Income</b>
dumworkhour2 = works up to 20 hrs/wk	dumincome2 = \$21K to \$35K per year	dumwi1 = works at home and makes \$20K or less per year
dumworkhour3 = works from 21-40 hrs/wk	dumincome3 = \$36K to \$50K per year	dumwi3 = works at home and makes \$36K to \$50K per year
dumworkhour4 = works from 41-60 hrs/wk	dumincome4 = \$51K to \$80K per year	dumwi4 = works at home and makes \$51K to \$80K per year
		dumwi5 = works up to 20hrs/wk and makes \$20K or less per year
		dumwi6 = works up to 20hrs/wk and makes \$36K to \$50K per year
		dumwi8 = works 21-40hrs/wk and makes \$20K or less per year
		dumwi9 = works 21-40hrs/wk and makes \$51K to \$80K per year

Multiple regressions were completed for these variables to determine their interaction effect with knowledge score gains on the IEP test. The following null hypotheses were made:

Null One: There is no statistically significant relationship between participants' knowledge score gain on the IEP test and the number of hours they work. Results indicated that there was a statistically significant relationship in the number of work hours and gains in score for the knowledge about IEP test ( $F_{3,33} = 4.827, p < .01$ ). This result indicates that approximately 25.8% of the variance in score gains on the IEP test can be accounted for by number of work hours participants reported to work. The equation for predicting from work hours is: Predicted

score gain for IEP test =  $5.214 + 1.50(\text{dumworkhour2}) + 7.452(\text{dumworkhour3}) + 10.036(\text{dumworkhour4})$ .

Because of the statistically significant interaction effect, one regression effect is not sufficient; therefore there must be a separate equation for each line:

1. When participants work up to 20 hrs per week their predicted score gain on the IEP test is  $5.214 + 1.50(\text{dumworkhour2}) = 6.7$

2. When participants work from 21-40 hrs per week, their predicted score gain on the IEP test is  $5.214 + 7.452(\text{dumworkhour3}) = 12.7$

3. When participants work from 41-60 hrs per week their predicted score gain on the IEP test is  $5.214 + 10.036(\text{dumworkhour4}) = 15.3$

Null Two: There is no statistically significant relationship between participants' knowledge score gain on the IEP test and the linear composite of their work hours and their income. Results indicated that there is a statistically significant relationship between score gains on the IEP test and the linear composite of work hours and income reported by participants ( $F_{6,33} = 5.727, p < .01$ ). This result indicates that approximately 46.2% of the variance in scores can be accounted for by participants' income. The equation for predicting from work hours and participants' income is: Predicted score gain for IEP test =  $10.175 - 3.204(\text{dumincome2}) - 8.391(\text{dumincome3}) - 8.329(\text{dumincome4})$ .

Because of the statistically significant interaction effect, one regression effect is not sufficient; therefore there must be a separate equation for each line:

1. When participants earn an income of \$21K to \$35K per year, their predicted score gain on the IEP test is  $10.175 - 3.204 = 7.0$

2. When participants earn an income of \$36K to \$50K per year, their predicted score gain on the IEP test is  $10.175 - 8.391 = 1.8$

3. When participants earn an income of \$51K to \$80K per year, their predicted score gain on the IEP test is  $10.175 - 8.329 = 1.8$

Null Three: There is no statistically significant relationship between knowledge score gain on the IEP test and the linear composite of work hours, income, and interaction of work hours and income earned by participants. Results indicated that there is a statistically significant relationship between score gain on IEP test and the linear composite of work hours, income, and interaction of work hours and income as reported by participants ( $F_{13,33} = 6.579, p < .01$ ). This result indicates that approximately 68.7% of the variance in score can be accounted for by the linear composite of work hour, income, and interaction of work hour and parents' income. The equation for predicting from the interaction of work hour and participants' income is: Predicted score gain for IEP test =  $.521 + 9.479(\text{dumworkhour2}) + 12.292(\text{dumworkhour3}) + 14.604(\text{dumworkhour4}) + 4.313(\text{dumincome2}) - 8.125(\text{dumincome3}) - 9.0(\text{dumincome4}) + 18.979(\text{dumwi1}) + 7.854(\text{dumwi3}) + 10.479(\text{dumwi4}) - 6.312(\text{dumwi5}) + 7.125(\text{dumwi6}) + 5.312(\text{dumwi8}) + 6.187(\text{dumwi9})$ .

Because of the statistically significant interaction effect, one regression effect is not sufficient; therefore there must be a separate equation for each line:

1. When participants work at home and make \$20K or less per year, their predicted score gain on the IEP test is  $.521 + 18.979(\text{dumwi1}) = 19.5$

2. When participants work at home and make \$36K to \$50K per year, their predicted score gain on the IEP test is  $.521 - 8.125(\text{dumincome3}) + 7.854(\text{dumwi3}) = .25$



3. When participants work at home and make \$51K to \$80K per year, their predicted score gain on the IEP test is  $.521 + 10.479(\text{dumwi4}) = 11$

4. When participants work up to 20hrs per week and make \$20K or less per year, their predicted score gain on the IEP test is  $.521 + 9.312(\text{dumworkhour2}) - 6.312(\text{dumwi5}) = 3.52$

5. When participants work up to 20 hours per week and make \$36K to \$50K per year, their predicted score gain on the IEP test is  $.521 + 9.479(\text{dumworkhour2}) - 8.125(\text{dumincome3}) + 7.125(\text{dumwi6}) = 9$

6. When participants work 21-40hrs per week and make \$20K or less per year, their predicted score gain on the IEP test is  $.521 + 12.292(\text{dumworkhour3}) + 5.312(\text{dumwi8}) = 18.125$

7. When participants work 21-40hrs per week and make \$51K to \$80K per year, their predicted score gain on the IEP test is  $.521 + 12.292(\text{dumworkhour3}) - 9(\text{dumincome4}) + 6.187(\text{dumwi9}) = 10$ .

## CHAPTER FIVE: DISCUSSION

### Summary of the Study

The purpose of this study was to research the influence of components incorporated into a series of workshops specifically designed for Hispanic families of children with disabilities and to study the effect that participating in the workshops would have on parents' knowledge about their children's Individualized Education Program (IEP) and on their level of involvement in their children's education. As stated in Chapter Two, a substantial research base suggests that parent involvement positively influences student academic success; even when students come from minority backgrounds (i.e. have a disability, are culturally diverse, are English Languages Learners, or come from low socioeconomic status homes) (Epstein & Sheldon, 2002; Fan & Chen, 1999; Hoover-Dempsey & Sandler, 1995; Inger, 1992; Jeynes, 2003).

Because of the rapid increase of Hispanic families in the United States and especially because a high percentage of the Hispanic population are children attending schools throughout the country, the targeted population for the study was Hispanic families of children with disabilities. The Family Systems Theory served as the foundation for this study by pointing out the importance of focusing on the family rather than only on the individual and to keep in mind how boundaries between family subsystems and supra-systems, such as the school, can influence the inputs/outputs between the two (Turnbull & Turnbull, 2001).

When working with Hispanic families of children with disabilities, there are several factors that can influence the "permeability" of boundaries between systems; most of these factors can be summarized into four categories: (1) the child's disability/specific needs, (2) language barriers, (3) cultural differences, and (4) the family's socioeconomic status. These

areas were most commonly identified as barriers to the participation of Hispanic families in the education of their children with disabilities. TENFEE: Talleres en Español para las Necesidades de Familias en Education Especial (Spanish Workshops for the Needs of Families in Special Education) workshops were designed taking into consideration all four areas of need by providing components to balance out these needs: (1) specific information and support related to the child's disability, (2) the use of family's first language throughout all communication, (3) a culturally sensitive environment, and (4) resources to compensate for the socioeconomic needs of the families participating.

Five workshops were delivered to a group of participants identified as the primary caregivers of Hispanic students receiving special education services in one of three targeted school districts in Florida. Four questions guided the study:

Question 1: Does TENFEE provide Hispanic families of children with disabilities with the necessary components to support their participation in workshops?

Question 2: Does the participation of Hispanic families in TENFEE increase their level of knowledge about their children's Individualized Education Program?

Question 3: Does the participation of Hispanic families in TENFEE increase their level of involvement in their children's special education services?

Question 4: What relationship, if any, exists between family demographics and participants' outcomes from participating in TENFEE?

### Summary and Implications of Findings

#### *Research Question 1*

The results presented in Chapter Four were based on a sample of 155 responses to workshop evaluations. Participants were asked to indicate the importance that each of the

TENFEE's components had on their participation in the workshop in order to determine if TENFEE was providing Hispanic families of children with disabilities with the necessary components to support their participation in workshops. The purpose of this question was to determine if components identified through the literature and results derived from TENFEE's pilot project were in fact considered important by the targeted population in their decision to participate in workshops related to their children's education.

Twenty components were identified and incorporated in TENFEE workshops, each of the 20 components corresponded to one of the four identified areas of need for greater involvement among the targeted population (1) child's disability, (2) language barriers, (3) cultural differences, and (4) socioeconomic status. A descriptive analysis was used to report the findings for this question. Participants used workshop evaluations to report on the influence that each of the 20 components had on their decision to attend the workshop. The first section of the evaluation used a Likert scale of 1-5 with 1 being "not important" and 5, "very important." Participants rated each of the components. The second section asked three open-ended questions related to the most important component, the component that can guarantee future participation, and the component that negatively influenced their future participation.

All components provided by TENFEE were rated as "important" or "very important." Four components received the highest rankings across all questions asking for workshops' characteristics that would positively influence participation from the targeted population: (1) topic selection, (2) free registration, (3) children's activities, and (4) receiving notice about the workshops.

Topic Selection: The topics covered throughout the workshops received the highest frequency of "very important" ratings on the first section of the evaluation completed by

participants ( $M = 4.97$ ,  $SD = .179$ ). Topic selection was also identified as the most frequent component (36%) in participants' responses to the open-ended question asking to name the component that was the most important in their decision to attend. However, when participants were asked which component would guarantee their future participation in workshops, topic selection was only mentioned 10% of the time and not mentioned when asked about components that negatively influenced participation.

All the topics throughout the workshops were related to the Individualized Education Program, an identified area of need among students with disabilities and their families (Kroth & Edge, 2007; Lytle & Bordin, 2001). Participants learned about the laws that support the IEP and each of the stages related to the process (referral, evaluation, eligibility, development of the IEP document, placement, implementation of IEP, and IEP revision).

Free Registration: Being able to participate free of charge received the second highest ratings on the first section of the evaluation ( $M = 4.95$ ,  $SD = .250$ ) completed by participants, allowing the researcher to understand that by providing free registration to workshops could influence the target population's decision to participate. Providing free registration was only mentioned by 2% of the participants when asked which component was most important in their decision to attend the workshop. Although "keeping everything the way it is" was mentioned 12% of the time when asked about components that could guarantee future participation, not having to pay for registration, specifically, was not mentioned there or when asked about components that negatively influenced participants' involvement in the workshops.

Providing activities for children: This component was the second most frequently mentioned by participants when asked about the component that they considered most important in their decision to participate (29%) and the component most frequently mentioned when asked

which component would guarantee future participation (25%). When participants rated the 20 components on the first section of the evaluation using a scale of 1-5 (least to most), providing free children's activities had a mean score of 4.72 ( $M = 4.72$ ,  $SD = 1.032$ ). Two percent of participants said that not providing enough capacity for their children to participate in the activities negatively influenced their future participation.

Children's activities were available to the first 20 children who registered. Because some participants attending the workshops had multiple children, only 14 participants were able to benefit from this component. Children's activities were conducted by 4 adults with experience in special education and monitored by a Board Certified Associate Behavior Analyst. The purpose of the activities was to offer participants the opportunity to attend the workshops without having to find someone to take care of their children. This component was mainly incorporated because of the socioeconomic status of the targeted population.

Receiving Notice: A component not identified as one of TENFEE's components but the second highest mentioned when participants were asked about which components would guarantee their future participation (14%) was to receive notice about the workshops. Participants' comments varied, but for the most part, asked to be notified in advance about the workshops in order to make plans to attend. This component was also mentioned when participants were asked which component they considered to have been most important in their decision to participate (3%). Receiving notice was not a choice on the first section of the evaluation where participants rated each of the components and it was not mentioned when asked about components that negatively affected future participation. Twenty-four percent of participants heard about the workshops through flyers sent through local agencies 4 weeks prior to the first workshop, but 35% did not find out about the workshops until their children's school

district disseminated the information 2 weeks prior to the first workshop. Twenty-seven percent of participants found out about the workshops through media advertisement after the workshops had already started.

It is also important to note that when participants were asked if any of TENFEE's components negatively influenced their future participation, 87% said that none of the components did. Although all of TENFEE's components were rated as important or very important on the first section of the evaluation, there were some components that did not receive as high ratings as others throughout the evaluations: (1) providing a central location, (2) providing free snacks, and (3) length of workshops.

Providing a Central Location: On the first section of the evaluation "holding the workshops at a central location" had one of the lowest mean scores when asked about the importance that each of TENFEE's components had on participants' decision to attend ( $M=4.44$ ,  $SD = 1.032$ ). Providing a central location was also mentioned on 3% of the comments made by participants when asked which component they considered to be the most important on their decision to participate and in 3% of the comments when asked which component could guarantee their future participation. All 5 workshops were held at a location central to the three participating school districts. The university where the workshops were held was located in School District I, while School District II is the district adjacent to the north and School District III is the district adjacent to the south. Because of the size of the participating school districts, some of the participants had to drive long distances to the location where the workshops were being held; although the location was central to the participating school districts, it was not necessarily close to participants' homes.

Providing Free Snacks: Participants indicated that providing snacks during the workshops was important, but not as important as all the other components and therefore this component received the lowest rating when asked about the importance of each of TENFEE's components ( $M=4.26$ ,  $SD = 1.136$ ). Snacks were donated by a local bakery for all the participants and distributed at every workshop. Although participants commented about the nice gesture, providing snacks at a workshop may not necessarily influence the participation of the targeted population. Providing free snacks was not mentioned on any of the 3 open-ended questions as the component that most influenced participation, would most likely guarantee future participation, or could negatively influence participation.

Length of Workshops: Although the length of the workshops (3 hours) was rated 7<sup>th</sup> highest ( $M= 4.85$ ,  $SD = .472$ ) by participants when using a scale of 1-5 (least to most) to rate each of the 20 components offered by TENFEE, responses to the 3 open-ended questions indicated low ratings for this component. When participants were asked if there were any components that negatively influenced their participation, 7% of the responses indicated that lack of time during workshops had negatively influenced their future participation. When participants were asked which component was most important in their decision to participate and which component would most likely guarantee their future participation, less than 1% of the responses to both questions included the length of the workshop. Comments made by participants indicated that they needed longer workshops in order to cover topics more in depth and have discussions.

In summary, when designing workshops where Hispanic families of children with disabilities will be involved, providing topics specifically related to their children's needs, offering free registration, providing activities for their children, and sending advance notice



about the workshops may increase the likelihood of their participation. On the other hand, components identified less influential in the participation of Hispanic families with children with disabilities in workshops included providing snacks during workshops, traveling a far distance to get to the workshop, and limiting the time for discussions.

### *Research Question 2*

Results for this question were based on a sample of 37 primary caregivers of Hispanic students receiving special education services in three targeted school districts. Participants completed a multiple-choice test asking questions related to the IEP process. This test was taken by participants before and after attending TENFEE with the purpose of identifying if significant gains in test scores were made by participating in TENFEE. The researcher questioned if TENFEE in fact presented the necessary information throughout its workshops to increase the scores on a test based on the topics covered during the workshops.

The multiple choice test had 50 questions with 1 point assigned to each correct response in order to compute a total score for pre and post tests. Results indicated that the lowest score earned by a participant before participating in TENFE was 15 points while after the workshops, the lowest score doubled to 30 points. Also, before the workshops began, the highest score earned by a participant was 41 points. After the workshops the highest score went up to 48 points. The mean score before TENFEE was 30 points ( $M=30.03$ ,  $SD=6.51$ ) while after participating in TENFEE the mean score was 39 points ( $M =38.76$ ,  $SD =5.34$ ). Results from a Paired Samples t-test demonstrated that the gains made after participants attended the workshops were statistically significant ( $t= -7.96$ ,  $p<.01$ ) confirming that it was very likely that participants' attendance in TENFEE influenced the score gains on the test where participants demonstrated their knowledge about the IEP process.

When examining participants' responses to the first research question in the study, it was found that topic selection was the component most frequently reported as helpful. All workshops' topics related to the IEP process and the significant gain in score by participants who completed the IEP test demonstrates that by providing the targeted population with those components that are most important to them, in this case topics related to the IEP process, not only are they more likely to participate, but their knowledge about the subject at hand will also be more likely to increase.

### *Research Question 3*

Results related to this question were provided from the responses of 26 teachers who taught children of TENFEE participants. By completing a pre and post instrument (Parent/Family Involvement Index –P/FII), teachers reported their perceived level of participants' involvement in 12 areas related to special education services and provided an “overall” involvement rating. The purpose of this research question was to investigate if the involvement of Hispanic families in their children's education as perceived by their children's teachers would increase once they were provided with components identified as necessary to support their participation in workshops where their knowledge about their children's education was expected to increase.

Although scores for the P/FII were computed and analyzed in two separate ways (total scores and percentage scores) no significant gains were found. When looking at total scores or the number of “yes” responses reported by teachers, results indicated a mean score of 15.62 points before the workshops (M=15.62, SD=6.97) and a mean score of 15.88 points after the workshops (M=15.88, SD=6.70). When looking at percentage scores or the total number of “yes” responses reported by teachers divided by the total number of opportunities to participate

(the total number of “yes” plus “no” responses), results indicated a mean score of 48% before the workshops ( $M = .48$ ,  $SD = .21$ ) and a mean score of 46% after the workshops ( $M = .46$ ,  $SD = .18$ ). No significant gains were reported on participants’ level of involvement ( $T = -.24$ ,  $p > .05$ ).

Although when calculating mean scores for the total number of “yes” responses a small increase from pre to post scores (from 15.62 to 15.88) occurred, when calculating the mean for total percent scores, a small decrease from pre to post scores (from 48% to 46%) was found. The total percent score was calculated in order to follow the recommendations provided by the authors of the P/FII suggested to compute scores by giving 1 point to every “yes” response and dividing the total number of “yes” responses by the total number of “yes” plus “no” responses throughout the instrument (dismissing any “n/a” or “d/k” response). This method for computing P/FII scores by using percentages was used by the authors in a study completed in 1985 when comparing involvement scores of mothers vs. fathers as reported by their children’s teachers (Cone et al., 1985). However, since the purpose of this study was to determine if an increase in participants’ involvement occurred after the workshops, the researcher concluded that computing the total score of “yes” responses was a more accurate measure.

According to the method used to compute the total percent score by the authors, if a teacher completing the P/FII, for example, answered “yes” to 18 of the 63 items on the instrument, and “no” to 2 items, the total percent score for involvement would be computed as total “yes” divided by total “yes” plus total “no” or  $18/(18+2) = .90$  or 90% indicating a very high level of parent involvement. However, if the same teacher answers “yes” to 45 of the 63 items on the post test and answers “no” to 15 items, the total percent score would be  $45/(45+15) = .75$  or 75% which indicates a decrease in parent involvement from the 90% reported on the pre-test. In reality there was an increase in involvement from 18 activities before the

workshops to 45 activities after the workshops. Therefore, although both scores (total “yes” and total percent) were computed in Chapter 4 and in neither way significant gains were found ( $t=.730$ ,  $p>.05$ ), only the total “yes” scores were further analyzed. Each of the 12 sections were individually analyzed and although none of the sections had results demonstrating significant gains, 6 of the sections had mean total “yes” scores that increased from pre to post workshops: (1) contact with teacher, (2) participation in special education process, (3) transportation, (4) attending parent education/consultation meetings, (5) involvement with administration, and (6) dissemination of information. One mean score remained the same before and after workshops (observations at school), and 5 mean scores decreased from pre to post workshops: (1) educational activities at home, (2) classroom volunteering, (3) parent-parent contact and support, (4) involvement in fund raising activities, and (5) involvement in advocacy groups.

The last section of the instrument asked for teachers assign an overall involvement score to the participant using a scale of 1-6 with one being “not involved at all” and 6 “very involved.” No statistically significant gains were noticed from before ( $M=3.08$ ,  $SD=1.12$ ) to after ( $M=3.08$ ,  $SD=.89$ ) the workshops ( $t=.00$ ,  $p>.05$ ). According to results from the P/FII completed by the children’s special education teachers, the participation of Hispanic families in TENFEE did not increase their level of involvement in their children’s special education services. The non-significant results could be attributed to a variety of factors including: (1) the short time span between pre and post measures, (2) opportunities for involvement, (3) accuracy of teachers’ responses, (4) information delivered during the workshops, and (5) characteristics of involvement as viewed by participants.

Short time span between Pre and Post Measures: Teachers were asked to first complete the P/FII at the end of February or beginning of March and later complete the post measure

between April and May of the same year, only one to two months later. With such a short period of time between pre and post measures and because participants were learning about the topics that were going to influence their involvement during the same time, it could have been difficult for participants to put into practice the information they had recently learned and for teachers to notice any changes.

Opportunities for Involvement: Another factor that could have influenced the results from the P/FII is the opportunities that participants had to put into practice what they learned during TENFEE workshops. The workshops began the last week of February and ended on the last week of March. The time available to demonstrate an increase in involvement was limited to about 6 weeks. Students were off from school for an entire week for Spring Break. Also, in order to volunteer at their children's schools participants needed a background check completed, which can sometimes take several weeks. Finally, by the time the workshops were being held, students had spent over 6 months in school and events such as "meet the teacher" and other family oriented events could have already occurred.

Accuracy of Teachers' Responses: There is the possibility for teachers to have completed the post P/FII based on only the events that occurred after completing the pre P/FII since the directions did not indicate otherwise. Scores based on involvement limited to the 2 months of the study could explain why such limited increase on total mean scores for "yes" responses was observed in some of the 12 areas of involvement and even a decrease in some of the areas as well.

Information Delivered during the Workshops: Although Epstein's model for family involvement was utilized during the development and delivery of presentations and information (Epstein et al., 2002), all of the workshop topics were directly related to the IEP process and

focused on how to be involved in this process. Although IEP test score gains demonstrated to be significant after the workshops, participation as measured by the 12 areas on the P/FII did not show any significant changes. Furthermore, although several of the items on the P/FII related to the IEP meeting, unless the meeting occurred while the workshops were occurring or shortly after, no change could be noted on those items either.

Involvement as Viewed by Participants: Although no significant results on the involvement level of participants as perceived by their children's teachers was observed, when participants were asked questions related to involvement on the last section of the survey the following changes were noticed:

1) When asked about their general opinion about their children's special education services during the school year, there was no change on the frequency of comments with a positive or neutral tone. Comments with a negative tone increased from 32% to 41%. This increase could indicate that those participants who did not provide a response to this question before the workshops acquired the knowledge to identify issues in their children's services that needed to be changed or possibly those participants felt more empowered to give their opinion after the workshops.

2) Participants were also asked about their role in the education of their children in order to better understand what their perceived level of involvement was before and after the workshops. When examining their responses, an increase in the percentage of responses related to monitoring their children's progress (13-14%), collaborating with others (12-15%), and participating in school activities (6-13%) was observed. The greatest increase was observed with responses related to advocacy, where only 10% of responses mentioned advocating for their children before the workshops and 24% after the workshops. Themes related to follow ups at

home (19-11%), keeping informed (25-7%), and providing care (6-2%) decreased in participants' responses. It is important to notice that the themes with the greatest changes in mean were "keeping informed" which decreased from 25% to 7% after the workshops and "advocating" which increased from 10% to 24% after the workshops. Keeping informed referred to the role of the parent in gathering information about how to help their children while advocating referred to the role of the parent using the information gathered to fight for the rights of their children.

3) This question asked participants what involvement meant to them. Again, the purpose of the question was to determine if the information provided during the workshops would influence participants' perspective about being involved in their children's education. Results indicated that themes related to monitoring their children's progress (21-24%), advocating (6-11%), and collaborating with school/teachers (8-9%) increased from pre to post workshops. Themes related to follow ups at home (17-13%) and communicating (10-9%) decreased from pre to post workshops. Results indicated that participants' definition of parent involvement prior to participating in the workshops was mostly related to monitoring their children's progress and following up with activities at home. After the workshops, although monitoring their children's progress was still frequently found in their definition, participating in school activities became one of the most frequent themes found.

4) Next, participants were asked how they thought their children's school or teacher expected them to be involved. This time, the researcher wanted to analyze if participants' perception of teachers' expectations matched their own definition of involvement. Themes found in their responses related to communication (23-27%), collaborating with school/teachers (14-15%), participating in school activities (16-20%), follow ups at home (16-15%) and

monitoring (9-5%). All themes, with the exception of “advocating”, found in their responses to this question also matched their responses to their definition of involvement.

5) Participants were asked to identify barriers to their involvement in their children’s education. The researcher wanted to determine if the same themes found in the literature and used as the foundation for the components offered during the workshops were themes that participants would identify as barriers to their involvement. Themes found in participants’ responses to this questions related to lack of time (16-29%), child care (3-5%), language barriers (24-26%), lack of information (8-8%), lack of school support (13-13%), and 21-13% believed nothing interfered. Lack of time and child care are usually related to socioeconomic status which was one of the four areas identified as an area of need for the targeted population. Language barriers were also an identified area of need. Lack of information can be assumed to be related to information about their children’s special education services which is another area identified in the literature. Finally, negative experiences with school staff were also identified as a barrier to involvement, one parent wrote “I feel that the school would prefer that I don’t participate a lot.”

6) Participants were also asked about how TENFEE has helped them become more involved in their children’s education. The researcher wanted to see if participants’ perspectives about how they can be involved with their children changed after attending the workshops. Two main themes were found in all responses: information and empowerment. The percentage of comments identifying wanting to receive more information on how to help their children decreased from 69% to 46% after the workshops, while comments related to becoming more empowered to advocate for their children’s rights increased from 31% to 54%.



7) In reference to the first question of the study, trying to identify if TENFEE components provided participants with the necessary support to participate in the workshops, topic selection was the component most frequently identified by participants as important in their decision to be involved in the workshops. In regards to future topics to be presented at workshops, responses indicated that all topics were related to their children's disabilities. The most requested topics related to adult issues (such as vocational programs, higher education, and jobs) (11%) and rights/laws related to special education (11%). Both topics were covered during the workshops but participants wanted more in-depth information. Topics requested but not addressed during the workshops included: emotional support to families (8%), health issues such as nutrition and medications (6%), enhancing children's communication skills (5%), and information about alternative therapies (3%).

8) This question asked participants to indicate which components TENFEE should incorporate in future workshops to increase their participation. The themes most frequently found were for TENFEE to provide children's activities (29%), keep everything the same way it was (17%), and keep the same schedule (13%). All components mentioned in their responses, except for providing advance notice (7%) and holding the workshops at a location closer to their homes (5%) were provided by TENFEE.

9) Participants were also asked how they envision their child's future. The purpose of this question was to see if any changes to more positive themes could be observed after participating in the workshops. Forty-four percent of comments changed from a negative or unsure tone to a positive tone, while 41% of comments kept the same positive or unsure tone, and only 15% either changed from positive to unsure tone, from an unsure to negative tone, or remained negative.

10) Finally, when participants were asked if they thought that their involvement in their children's education was any different because they were Hispanic, responses with a tone of agreement increased (37-53%) from pre to post workshops as well as the percentage of unsure or neutral responses (8-17%), while the percentage of responses with a tone of disagreement decreased (55-30%). By the shift from mainly disagreement statements before the workshops to statements that either agree or are unsure/neutral after the workshops, it can be assumed that by attending the workshops more participants realized that they have unique needs as members of the Hispanic community and noticed that when those needs were met they could in fact be more involved in their children's education.

In summary, no significant gains were reported by teachers on participants' involvement level in their children's education after participating in the workshops. Themes from participants' surveys demonstrated that parents became empowered to apply the information they acquired from the workshops. One could predict that if there had been more time between the pre and post involvement measures, greater gains would have been observed by teachers.

#### *Research Question 4*

The final research question investigated the relationships that existed between participants' demographic information and the results obtained from the study. The only dependent variable under investigation for this question was the gains made by participants on the IEP test as no significant gains were reported in participants' level of involvement, and descriptive methods were used to report the information related to the components identified as necessary for the participation of the targeted population,.

Participants' gains on the IEP test were reported as significant ( $t = -7.96, p < .01$ ). Participants' mean score prior to participating in TENFEE were lower ( $M = 30.03, SD = 6.51$ ) than

after the workshops ( $M=38.76$ ,  $SD=5.34$ ). Participants' demographic information was collected in four areas identified throughout the literature as challenging areas to the involvement of the targeted population: (1) participants' child's disability, (2) participants' language, (3) participants' cultural background, and (4) participants' socioeconomic status.

Although regression trials were completed on all the variables related to participants' demographics, the only area that significantly predicted IEP scores was participants' socioeconomic status. This was done by the number of hours participants worked  $F(3, 33) = 4.827$ ,  $p < .01$  ( $p = .007$ ) and their annual household income  $F(3, 34) = 6.129$ ,  $p < .01$  ( $p = .002$ ). Multiple regressions were completed for these variables to determine their interaction effect with score gains on the IEP test. Results indicated that there was a statistically significant relationship in the number of work hours and gains in IEP test scores ( $F_{3,33} = 4.827$ ,  $p < .01$ ). A statistically significant relationship between IEP test score gains and the linear composite of work hours and income reported by participants ( $F_{6,33} = 5.727$ ,  $p < .01$ ) was also found. Furthermore, a statistically significant relationship between IEP test score gains and the linear composite of work hours, income, and interaction of work hours and income as reported by participants ( $F_{13,33} = 6.579$ ,  $p < .01$ ) was reported.

When computing predictions related to the amount of hours worked by participants and score gains made on IEP tests, there was a clear trend indicating that the more hours participants worked the greater their gains on IEP test scores. No predictions resulted for those participants who reported working at home, but it can be predicted that for those who work outside the home between 41-60 hours per week, a gain of 15 points on the IEP test after participating in TENFEE can be achieved. For those who work 21-40 hours, a gain of 13 points can be predicted and for those who work less than 20 hours a gain of 7 points on IEP test scores after participating in

TENFEE can be predicted. Results therefore indicated that Hispanic primary caregivers of students with disabilities, who can probably make the greatest gains from participating in TENFEE, are those who work 41 to 60 hours per week.

Individuals who work longer hours per week usually have fewer opportunities to participate in activities where information about the IEP process can be learned because of the complexity of their work schedule. By providing the components identified in each of TENFEE's workshops (i.e. having the workshops on a Saturday morning), participants who worked long hours and would otherwise be unable to attend informational workshops, were able to participate. Because these participants were less likely to have experience with the topics discussed, their gains after the workshops were greater than those participants who probably had more experience with the topics.

When predicting IEP score gains based on participants' household income, those who earn an income of \$21,000 to \$35,000 per year are predicted to make a gain of 7 points on the IEP test, while there was no significant difference in the predicted gain (2 points) for those who have a household income of \$36,000-\$50,000 per year or \$51,000-\$80,000 per year. Results therefore indicate that generally, Hispanic families of children with disabilities with lower household income are expected to make the greatest gain on IEP test scores after participating in TENFEE. Income is one of the greatest predictors of student achievement and family involvement. Usually lower academic gains are attributed to students who live in low income families and low income families are usually considered to be less involved in their children's education. Low income families are less likely to have the opportunity to participate in activities that traditionally offer information about the IEP process (i.e. school sponsored workshops, internet searches, reading books) because of the challenges faced by their low socioeconomic

status (i.e. longer work hours, lack of transportation, lower pay, lack of resources, etc.). By providing Hispanic families of children with disabilities with the components identified in TENFEE workshops (i.e. free registration, activities for their children, central location, etc.), low income families who would otherwise be unable to participate in activities where they can learn about their children's IEP process were able to participate and demonstrated the greatest gain on IEP test scores.

Finally, when analyzing the interaction effect of participants' work hours and household income, trends indicated that participants whose household income is less than \$20,000 per year and work at home or work outside the home for 21 to 40 hours per week can make the greatest gain on IEP test scores (20 points and 18 points correspondingly). These results indicate that the populations of Hispanic primary caregivers of children with disabilities, who can benefit the most from TENFEE workshops when looking at IEP test gain scores, are those who work at home or up to 40 hours outside the home but their income for the entire family is lower than \$20,000 per year. These are parents who are busy meeting their work schedules and do not have the economic means to participate in the traditional activities available to learn about the IEP process. This population of Hispanic primary caregivers of students with disabilities can be identified as the group who would best benefit from the components provided by TENFEE to participate in workshops where topics related to the IEP process are discussed (components related to their children's disability), in the language they feel most comfortable with (components related to language barriers), by presenters and with other participants from similar cultural backgrounds (components related to cultural differences), and with accommodations based on their schedules and income (components related to socioeconomic status).

### Recommendations for Future Research

Because of the continuous growth of the Hispanic population in Florida it is critical to identify the specific needs of this population in order to provide the corresponding support. Within the Hispanic population of students receiving academic services in Florida, specific support is necessary for those who are enrolled in special education services. This study investigated if a set of components were identified as important for the participation of the targeted population in workshops, if gains in knowledge about the workshops' topic could be demonstrated, and if participants' level of involvement in their children's education changed after participating in the workshops.

The replication of this study is recommended. Additionally there are several indicators that making modifications to the study will facilitate its improvement. First, offering separate workshops at each of the targeted school districts could help increase the possibilities of obtaining a more representative sample. Having a greater number of participants attending the workshops could be detrimental to the effectiveness of the workshops, therefore maintaining multiple workshops with a small number of participants is recommended. Topics could be more specific to the services offered by the particular school district, the location of the workshops would probably be closer to participants' homes, and participants would be able to meet more parents and agency representatives from their own communities.

Due to the fact that father participation was minimal, further research related to the barriers and/or needs of Hispanic fathers of students with disabilities to participate in activities related to their children's education is also recommended. Once these variables are identified, components related to those needs should be incorporated into the workshops in order to increase the participation of fathers.

Changes to the instruments used during the present study are also recommended. Instead of asking participants to rate each of the identified workshop components using a scale of 1-5 (not important-very important), participants can be asked to use a scale from 1-20 to assign a value to each of the 20 components, from most to least significant in supporting their participation. By making this change to the evaluation, the researcher will have a clearer idea about components that may or may not be necessary to include in future workshops. For the IEP test, it is recommended that questions be separated into subscales in order to be able to measure the internal structure validity of the instrument and for the researcher to have a clearer idea about the learning made by participants in the different areas related to the main topic. Exploring the gains in knowledge about other topics related to the academic success of students with disabilities is also recommended. Finally, items on the P/FII need to be carefully studied to make sure that these are not only relevant to activities identified as “involvement” by the school districts/teachers of the targeted population, but also by the targeted population. If necessary the instrument used to measure family involvement should be modified so that a more accurate measure of parent involvement is used for the population at hand. Also, more time should be allowed between pre and post test in order to obtain clearer results as it relates to the involvement of participants in their children’s education.

Other recommendations for future studies include the comparison of results to that of a control group in order to have a clearer idea of the effectiveness of the workshops as compared to other workshops or no intervention. Ethical considerations must be taken into account when using a control group. Also, measuring the influence of the workshops on student academic success could be a variable of interest for future studies. Finally, workshops such as the ones presented in this study should be expanded to other school districts outside the original targeted

three. Although components may have to be modified to meet the specific needs of the targeted population, as more studies are conducted and more information collected on how to increase the participation of Hispanic families of children with disabilities in their children's education, more and more school districts in Florida will be able to provide their Hispanic students with disabilities a greater opportunity for academic success.

### Conclusions

This study was conducted to determine the effectiveness of TENFEE on enhancing the knowledge and involvement of Hispanic families of children with disabilities through specifically designed family workshops. To do this the researcher (1) examined if a specific set of components corresponding to four areas identified through the literature as areas of need to the participation of the targeted population were also considered important by the sample group of participants involved in the study. (2) Evaluated the gains in knowledge about the workshops' topics as measured by score gains made by participants in a pre and post test related to topics presented at the workshops. (3) Explored the possible changes on participants' level of involvement in their children's education by participating in the provided workshops. Involvement was measured by the gains on score made by participants on a scale of involvement completed by their children's special education teachers. (4) Investigated if participants' demographic characteristics influenced their gains.

Results from the study brought light to the fact that the components identified and included in the workshops were considered important by the sample group in influencing their decision to participate. Further research is recommended in order to explore the significance of each individual component and the incorporation of more specific components in workshops or school related activities where the participation of the targeted population needs to increase.



Outcomes from the study also demonstrated a significant gain on IEP test scores by the study's participants. Further research is recommended in order to more specifically explore the areas in which greater gains were made when exploring the topics at hand or if similar gains can be made when exploring other topics that can ultimately benefit the academic success of participants' children. No significant gains were made when examining participants' level of involvement as measured by their children's teachers. More time elapsed between the initiation and completion of the workshops may be necessary to provide parents with more opportunities for their involvement. Also, it is recommended that in future studies the instrument measuring involvement is sensitive to the specific characteristics of the targeted population and the school districts they represent.

Participants reported that TENFEE provided them with more than valuable information on how to better help their children with disabilities and become more involved in their education. Participants developed friendships with other participants in the workshops and described their relationship as that of an extended family. Many parents continue to meet to discuss issues related to education as well as to enjoy social activities with their families, some have said to have found the emotional support which had long eluded them.

TENFEE workshops received public attention as participants contacted the media to share their success stories. Hispanic parents continue to call asking for the workshops to continue. As a result of TENFEE's success, additional funding was received to develop and carry out monthly workshops during 2007-08. Workshops are planned to be held at the same location and on Saturday mornings. The workshops will last 5 hours instead of three, with four hours spent on instruction and discussions and 1 hour for participants to have lunch with their families as a large group to provide greater opportunities for interaction. All workshops will be

presented in Spanish and topics will continue to relate to important special education issues. The long term goal for this project is for its components to be replicated by school districts throughout the state. Results from the current study opened the door to many more questions than those which guided the study in the first place, but at the same time have provided a good foundation to continue building research that will further explore the specific needs of Hispanic families of children with disabilities in order to enhance their involvement in their children's education.

**APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL**



Office of Research & Commercialization

December 18, 2006

Mayra Ruiz  
[REDACTED]

Dear Ms. Ruiz:

With reference to your protocol #06-4048 entitled, "Workshops in Spanish for the Necessities of Families in Special Education," I am enclosing for your records the approved, expedited document of the UCFIRB Form you had submitted to our office. **This study was approved on 12/15/06. The expiration date for this study will be 12/14/2007.** Should there be a need to extend this study, a Continuing Review form must be submitted to the IRB Office for review by the Chairman or full IRB at least one month prior to the expiration date. This is the responsibility of the investigator.

Please be advised that this approval is given for one year. Should there be any addendums or administrative changes to the already approved protocol, they must also be submitted to the Board through use of the Addendum/Modification Request form. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur.

Should you have any questions, please do not hesitate to call me at 407-823-2901.

Please accept our best wishes for the success of your endeavors.

Cordially,

A handwritten signature in cursive script that reads 'Joanne Muratori'.

Joanne Muratori  
UCF IRB Coordinator  
(FWA00000351 Exp. 5/13/07, IRB00001138)

Copies: IRB File  
Jennifer Platt, Ph.D.

JM:jm



THE UNIVERSITY OF CENTRAL FLORIDA  
INSTITUTIONAL REVIEW BOARD (IRB)

*IRB Committee Approval Form*

PRINCIPAL INVESTIGATOR(S): Mayra Ruiz IRB #: 06-4048  
(Supervisor: Jennifer Platt, Ph.D.)

PROJECT TITLE: Workshops in Spanish for the Necessities of Families in Special Education

- New project submission  Resubmission of lapsed project # \_\_\_\_\_
- Continuing review of lapsed project #\_\_  Continuing review of # 3107
- Study expires **1/3/2006**  Initial submission was approved by expedited review
- Initial submission was approved by full board review, but continuing review can be expedited
- Suspension of enrollment email sent to PI, entered on spreadsheet, administration notified \_\_\_\_\_

**Chair**

Expedited Approval

Dated: 12/15/06  
Cite how qualifies for expedited review: minimal risk and #7

Exempt

Dated: \_\_\_\_\_  
Cite how qualifies for exempt status: minimal risk and \_\_\_\_\_

Expiration Date: 12/14/07

**IRB Reviewers:**

Signed: Tracy Dietz  
Dr. Tracy Dietz, Chair

Signed: \_\_\_\_\_  
Dr. Sophia Dziegielewski, Vice-Chair

Signed: \_\_\_\_\_  
Dr. Craig Van Slyke, Vice-Chair

**Complete reverse side of expedited or exempt form**

- Waiver of documentation of consent approved
- Waiver of consent approved
- Waiver of HIPAA Authorization approved

NOTES FROM IRB CHAIR (IF APPLICABLE): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# UCF IRB Addendum/Modification Request Form

This addendum form does NOT extend the IRB approval period or replace the Continuing Review form for renewal of the study.

**INSTRUCTIONS:** Please complete the upper portion of this form and attach all revised/new consent forms, altered data collection instruments, and/or any other documents that have been updated. The proposed changes on the revised documents must be clearly indicated by using bold print, highlighting, or any other method of visible indication. Attach a highlighted and a clean copy of each revised form. This Addendum/Modification Request Form may be emailed to [IRB@mail.ucf.edu](mailto:IRB@mail.ucf.edu) or mailed to the IRB Office: ATTN: IRB Coordinator, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or campus mail 32816-0150. Phone: 407-823-2901 or 407-882-2276, Fax: 407-823-3299.

- **DATE OF ADDENDUM:** 2/14/07 to IRB# 06-4048 [IRB Addendum # 07-4223]
- **PROJECT TITLE:** Workshops in Spanish for the Necessities of Families in Special Education
- **PRINCIPAL INVESTIGATOR:** Mayra Ruiz
- **MAILING ADDRESS:**
- **PHONE NUMBER & EMAIL ADDRESS:**
- **REASON FOR ADDENDUM/MODIFICATION:** The changes made to the evaluation better reflect the accommodations being presented at this year's workshops. The changes made to the survey were made in order to have a more clear understanding about participants demographics, knowledge about workshops' related topics, and their involvement level. The changes made to participants' consent were made after request from Orange County Public Schools to include information related to the survey teachers are to complete and asking permission from parents (participants) for teachers to complete the survey (Parent/Family Involvement Index).
- **DESCRIPTION OF WHAT YOU WANT TO ADD OR MODIFY:**
  - 1) I changed the format and questions on the evaluation of the workshops
  - 2) I changed some of the questions in Part I of the survey to participants.
  - 3) I modified the format of Part II of the survey to participants changing it from a Lickert scale to multiple choice questions. I also doubled the number of questions in this section.
  - 4) I changed some of the questions in Part III of the survey to participants
  - 5) I added information related to teachers being contacted to complete a survey and asking parents for their permission for teachers to complete the survey.

**SECTION BELOW - FOR UCF IRB USE ONLY**

Approved     Disapproved  
 Full Board     Chair Expedited

Tracy R. Dietz  
IRB Chair Signature

2/20/07  
Date

IRB Member/Designated Reviewer

Date

**APPENDIX B: CONSENT FORMS FOR PARTICIPANTS AND  
TEACHERS**

Dear Participant:

I am a graduate student at the University of Central Florida and former exceptional education teacher. You have been identified as a potential participant for a project that will begin this spring and I would like to invite you to take part in this experience. The purpose of the project is to develop and present a series of workshops geared towards the specific needs of Hispanic families with children with disabilities in order to provide information related to your child's education in your native language. In order to participate, your primary language must be Spanish, you need to be at least 18 years of age, and be the primary caregiver of a student receiving exceptional education services in [REDACTED].

Five workshops related to the Individual Education Plan process will be presented. The workshops will be scheduled on a weekly basis between February and March of 2007 and will last approximately 3 hours each. Activities will be prepared for your children while you attend the workshops (registration for children's activities will be available in the order in which you register for the workshops and will be limited to a specific number of children). Registration for workshops, children's activities, and related materials will be free of cost to you.

You will be asked to provide your child's special education teacher's contact information so we can contact the teacher and ask him/her to complete a short survey (Parent/Family Involvement Index). You will also be asked to complete a survey prior to and at the end of the so we can contact the teacher and ask him/her to complete a short survey (Parent/Family workshops and a short questionnaire after each workshop. You may omit any of the questions that you prefer not to answer. Please be aware that you are not required to participate in this project and you may discontinue your participation at any time

In order to protect your confidentiality, all documents will be stored in a secure location, your identity will be kept confidential, and your responses will be analyzed and reported anonymously. Results will be disseminated at a local and national level through conference presentations, journal publications, and reports.

There are no anticipated risks, compensation or any other direct benefits to you as a participant in this project. You are free to withdraw your consent to participate and may discontinue your participation at any time without consequence. If you have any questions about this project, please contact my faculty supervisor, Dr. Jennifer Platt at.: 407/823-2046. Information regarding your rights as a research volunteer may be obtained from: Barbara Ward, Institutional Review Board (IRB) University of Central Florida (UCF) 12201 Research Parkway, Suite 501; Orlando, Florida 32826-3246 Telephone: (407) 882 2276.

If you decide to participate in this project, please bring the signed copy with you to your first workshop. A second copy is provided for your records.

Sincerely, \_\_\_\_\_ MayraRuiz Camacho. Principal Investigator. UCF Doctoral Student in ESE

Project title: Talleres en Español para las Necesidades de Familias en Educación Especial (TENFEE).

\_\_\_ I have read the procedures described above "Informed Consent to Participate" and agree to allow the researcher to use the information I provide for related presentations and publications.

\_\_\_ I give consent to my child's special education teacher to complete the survey (Parent/Family Involvement Index) requested by the researcher.

\_\_\_ I voluntarily agree to participate in the workshops.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Participant / Date / Participant #





Dear Teacher:

I am a graduate student at the University of Central Florida and former exceptional education teacher. My research focus is in studying parent involvement in Hispanic families. You have been identified as the exceptional education teacher of a student whose parent(s) /primary caregiver(s) is/are participating in a series of workshops designed to increase **Hispanic** parents' knowledge and involvement in their children's education.

**I would like to ask for your participation in this project by completing the attached survey (Parent/Family Involvement Index) by Friday, February 23, 2007.** This survey was developed by John D. Cone, Vicky V. Wolfe, and David D. DeLawyer in 1984 to measure parents' participation in the education of their children with special needs. The index consists of 63 statements describing 12 types of parent participation in their child's special education program. **The average time to complete the instrument is 12 to 15 minutes.** You will be asked to complete this survey once more at the end of our project (April) as a "post" measure. **As a small token of our appreciation for your time, we would like to mail you a \$15 gift card to Barnes & Noble once this informed consent and both completed surveys (pre and post) have been sent back to us.**

The person(s) for whom you will complete the survey is/are: \_\_\_\_\_  
\_\_\_\_\_. Although parents and your school district are aware of your participation in completing this survey, your responses will not be shared in any way other than group average data (no names of teachers, schools, or districts will be identified). The survey will be coded with a number for us to match to parents, only the researcher will have access to the code. Completed surveys will be printed and placed under lock and key in order to protect teachers' and parents' confidentiality.

There are no anticipated risks or other direct benefits to you as a participant in this project. You are free to withdraw your consent to participate and may discontinue your participation at any time without consequence. If you have any questions about this project, please contact my faculty supervisor, Dr. Jennifer Platt at: 407/823-2046.

Information regarding your rights as a research volunteer may be obtained from: Barbara Ward, Institutional Review Board (IRB) University of Central Florida (UCF)  
12201 Research Parkway, Suite 501; Orlando, Florida 32826-3246 Telephone: (407) 882 2276

**If you decide to participate in this project by completing the survey, please complete the attached survey on your computer and email back to [maruiz@mail.ucf.edu](mailto:maruiz@mail.ucf.edu) or print and complete and mail back to Mayra Ruiz, College of Education, P.O. Box 161250. Orlando, FL 32816-1250 along with a SIGNED copy of this Informed Consent by using the self-addressed and stamped envelope that you should receive in the mail at your school on the week of February 19<sup>th</sup>. You can also contact me by email at [maruiz@mail.ucf.edu](mailto:maruiz@mail.ucf.edu) if you would like for me to pick it up.**

Sincerely, \_\_\_\_\_ Mayra Ruiz Camacho; UCF Doctoral Student in ESE.  
Project: Talleres en Español para las Necesidades de Familias en Educación Especial (TENFEE).

\_\_\_ I have read the procedure described above "Informed Consent to Participate" and agree to allow the researcher to use the information I provide for related presentations and publications.

\_\_\_ I voluntarily agree to participate by completing the Parent/Family Involvement Index.

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Participant's Code**

## **APPENDIX C: ASSESSMENT INSTRUMENTS**

## PARTICIPANTS' SURVEY

Thank you so much for taking the time to complete this survey, your participation will help us in the design and future presentation of workshops targeting the specific needs of Hispanic families with children in special education. This survey is composed of 3 sections:

- I) You will be asked to provide your personal information (please do not write your name. In an effort to protect your identity, your survey will be numbered as you turn it in).
- II) You will respond to questions related to special education topics.
- III) You will respond to questions related to family involvement in the education of students in special education services.

### Part I:

Please respond to all the question by writing an "X" on the left side of the most appropriate response. If you do not see a response that is appropriate to your situation, please mark "other" and use the given space to write your response. Anytime you read a question that refers to "your child", please know that we are referring to the person for whom you are attending these workshops.

\*\*If you have more than one child receiving special education services, please base your responses on the first child who was diagnosed.

1) How did you find out about these workshops?  
 my child's school     CARD/UCP     TV/newspaper/radio    Other: \_\_\_\_\_

2) Which of the following is the highest degree you have obtained?  
 K-8     K-12     2 yrs of college     4 yrs of college    Other: \_\_\_\_\_

3) How many people lives in your house? (numbers represent amount of persons)  
 2-4     5-6     7-8     More than 8

4) Do you have more than one child who has received/is receiving special education services?  
 No     Yes: \_\_\_\_\_(how many?)

5) What are the ages of the persons who live at your home? (please no names)  
(write the age) Person 1: \_\_\_\_\_ Person 2: \_\_\_\_\_ Person 3: \_\_\_\_\_ Person 4: \_\_\_\_\_  
Person 5: \_\_\_\_\_ Person 6: \_\_\_\_\_ Person 7: \_\_\_\_\_ Person 8: \_\_\_\_\_

6) Approximately, how many hours PER WEEK do you work outside the home?  
 Less than 20     20-40     40-60     More than 60     work at home

7) Approximately, what is the family's annual income?  
 20K or less     21-35K     36-50K     51-80     81K or more

8) Is transportation a barrier for your participation in workshops such as the ones offered by TENFEE?

Yes  No  Sometimes

9) Which is your first/native language? (the first language you learned)

Spanish  English  Other: \_\_\_\_\_

10) Can you speak English comfortably?

very  somewhat  No

11) Can you understand English comfortably?

very  somewhat  No

12) In which language do you usually communicate at home?

English  Spanish  English and Spanish equally Other: \_\_\_\_\_

13) In which language do you prefer to communicate information related to your child's special education services?

English  Spanish  English and Spanish equally Other: \_\_\_\_\_

14) In which country did you live prior to moving to the United States? (write n/a if it doesn't apply)

\_\_\_\_\_

15) **If you have lived in the United States all your life**, what is the country of your family's origin? (write country's name)

\_\_\_\_\_

16) From what country is your spouse from?

(write country's name): \_\_\_\_\_

17) In which country was your child with special needs born?

(write country's name): \_\_\_\_\_

18) In what country was your child diagnosed?

(write country's name): \_\_\_\_\_

19) What type of experience with individuals with disabilities did you have prior to your child's diagnosis? (**you can mark all that apply**)

None  with a family member  at work  in my community Other: \_\_\_\_\_

20) At what age was he/she diagnosed? (numbers represent age in years)

-0  0-2  3-5  6-10  11-15  16-18  19-22

21) At what age did your child began to receive special education services?  
 -0    0-2    3-5    6-10    11-15    16-18    19-22

22) How old is your child now?  
 -0    0-2    3-5    6-10    11-15    16-18    19-22    23+

23) Years that your child has been receiving special education services in the United States?  
 Just started    1-2    3-5    6-10    11-15    More than 15

24) About how many IEP meetings have you attended?  
 None    1-2    3-5    6-10    11-15    All

25) How severe do you consider your child's disability to be?  
 Very severe    only severe in some areas    mild

## Part II:

Please answer the following questions by using an "X" to mark your response next to the corresponding letter. Please only one answer per question.

- 1) What is the IEP?
  - A.  Independent Process of Education
  - B.  Individual Education Plan
  - C.  Instrument for a Productive Education
  - D.  Evaluation for Individuals with Handicaps
  
- 2) Which students require an IEP?
  - A.  Students who are learning English
  - B.  Students with low academia grades
  - C.  Students who qualify for special education services
  - D.  Students at risk to be suspended from school
  
- 3) Who forms part of the IEP team?
  - A.  Teachers and therapists
  - B.  Psychologists and administration staff
  - C.  Parents and students
  - D.  All of the above
  
- 4) How old must your child be in order to start including transition goals on the IEP?
  - A.  At least 18
  - B.  Starting in 9<sup>th</sup> grade
  - C.  At least 14
  - D.  Graudation year

- 5) What type of modifications can you request the school to make for you if there is a language barrier?
- A.  For all documentation related to your child's education to be translated to your first language
  - B.  For teachers and therapists working with your child to take classes to learn your language.
  - C.  For the school to provide someone to translate during any meeting required by the school.
  - D.  Answers A and C but not B
- 6) If you have enough evidence to believe that results from an evaluation conducted by the school are incorrect and these results determine that your child's placement must be changed, you can request...
- A.  For the district to pay for a private evaluation
  - B.  For you to be the one administering the evaluation
  - C.  For the evaluation to be repeated up to 3 times
  - D.  Answers A and C but not B.
- 7) Who is in charge to develop IEP goals for your child?
- A.  Teachers
  - B.  Therapists
  - C.  Parents
  - D.  IEP Team
- 8) **At least**, how often does a revision to the IEP needs to be made?
- A.  Once a year
  - B.  Once per month
  - C.  Every 3 months
  - D.  Every 3 years
- 9) Which of the following goals is best written?
- A.  María will improve her self-esteem
  - B.  Eduardo will be able to better communicate in his classroom on a daily basis
  - C.  Juan will be able to spell 80% of the 1<sup>st</sup> grade spelling list correctly using pencil and paper on 3/5 opportunities.
  - D.  Jesús will behave appropriately in music class on 4/5 days of the week.
- 10) Which students can be included in general education classrooms?
- A.  Special education students can't be included in general education classes.
  - B.  All students with disabilities can be included in general education
  - C.  Only students with mild disabilities can be included.
  - D.  Only students who don't have behavioral problems can be included

- 11) Who decides which therapies will your child receive at school?
- A.  Teachers
  - B.  Parents
  - C.  IEP Team
  - D.  Therapists
- 12) Who decides if your child will participate in Extended School Year?
- A.  Parents
  - B.  IEP Team
  - C.  Teachers
  - D.  Administration
- 13) Who determines the amount of time in which your child will be included in general education classes?
- A.  Administration
  - B.  Parents
  - C.  Teachers
  - D.  IEP Team
- 14) Which of the following areas are covered in the IEP?
- A.  Communication, reading, independence, and mobilization
  - B.  Social/Emotional, communication, independence and writing
  - C.  Academics, communication, independence, and social/emotional
  - D.  Mobilization, communication, independence, and academics
- 15) How long should an IEP meeting last?
- A.  At least 30 minutes
  - B.  One hour
  - C.  Two hours max
  - D.  The time needed
- 16) What are the fundamental parts of an IEP goal?
- A.  Who? What? How? Where? How much?
  - B.  Who? What?
  - C.  Who? What? Where?
  - D.  Who? What? How?
- 17) What happens when you and the school can not agree during an IEP meeting?
- A.  You must accept what the school recommends since they have been prepared to make decisions for the education of your child.
  - B.  Request for a mediation or if necessary due process.
  - C.  There is nothing you can do unless you can hire a lawyer.
  - D.  Transfer your child to a school where there is agreement with your requests.



- 18) What does the “*Least Restrictive Environment*” (*LRE*) mean?
- A. \_\_\_ Only when a student is being aggressive towards others he/she can be physically held by school staff.
  - B. \_\_\_ All students with disabilities should spend as much time as possible in the general education classroom.
  - C. \_\_\_ A student with disabilities should never be kept in a locked classroom.
  - D. \_\_\_ None of the above.
- 19) Which act offers special assistance to minorities, requires that public schools demonstrate annual progress, and has the goal of making sure that all children can reach reading and math efficiency by the year 20013?
- A. \_\_\_ “No Child Left Behind”.
  - B. \_\_\_ IDEA
  - C. \_\_\_ ADA
  - D. \_\_\_ Part C
- 20) What is the name of the powerful federal law that ensures an appropriate and free education for all children with disabilities?
- A. \_\_\_ ADA
  - B. \_\_\_ 504
  - C. \_\_\_ IDEA
  - D. \_\_\_ “No Child Left Behind”
- 21) Which law protects the civil rights of individuals with disabilities? (ex. employment, transportation, telecommunication, etc.)
- A. \_\_\_ IDEA
  - B. \_\_\_ ADA
  - C. \_\_\_ Part C
  - D. \_\_\_ IEP
- 22) Which act offers access to services to students with disabilities who do not qualify under IDEA?
- A. \_\_\_ 504
  - B. \_\_\_ Part C
  - C. \_\_\_ ADA
  - D. \_\_\_ “No Child Left Behind”
- 23) What is “Part C”
- A. \_\_\_ Services for students in transition from middle school to high school.
  - B. \_\_\_ Behavioral intervention services
  - C. \_\_\_ Services for students about to graduate from high school.
  - D. \_\_\_ Intervention services for children from 0-3 years of age.

- 24) What are the “Florida Sunshine State Standards”?
- A.  Requirements for students to be accepted into a public school.
  - B.  Description of what a student will be learning or should be capable to do at each grade level.
  - C.  Tutoring services for students who need extra help to be at grade level.
  - D.  None of the above.
- 25) What is “mainstreaming”?
- A.  When students in special education can go to the playground or cafeteria at the same time that students from general education.
  - B.  When special education students are participating in one or more academic or social activity with students from general education.
  - C.  When students with disabilities spend the whole day in the general classroom with a paraprofessional who takes the role of the teacher.
  - D.  None of the above.
- 26) How old must your child be in order to have an IEP?
- A.  0-3 years
  - B.  3-21 years
  - C.  0-21 years
  - D.  The IEP is written after your child turns 21 years
- 27) What are some of the services that your child could qualify for under IDEA?
- A.  Language/Speech, physical, and occupational therapies. I
  - B.  Audiologist, psychologist, and mobility specialist.
  - C.  Evaluation for disabilities
  - D.  All of the above
- 28) Which is the proper way to refer to an individual who lacks an ability?
- A.  Handicap
  - B.  Disabled individual
  - C.  Individual with a disability
  - D.  Any of the above
- 29) How much time in advance should the school send you notice of an IEP meeting?
- A.  At least a month
  - B.  You should already know the date since it is on the cover of your child’s IEP.
  - C.  At least 10 days
  - D.  Schools don’t have to give you notice, you must call them.
- 30) What happens when the results of an evaluation indicate that your child qualifies for a service (ex. a therapy or a different classroom)
- A.  Your child will start receiving that service right away.

- B.  The school will contact you to discuss the availability of the service.
  - C.  You will need to start paying for this service.
  - D.  The school will ask for you to provide the services at home.
- 31) What can you do if the date/time indicated by the school to hold your child's IEP meeting is not good for you?
- A.  You must cancel anything else and attend the meeting since the IEP is very important for your child's education.
  - B.  If you can't be there, you should let the school have the meeting anyways and ask for a copy of the IEP.
  - C.  You can ask for the time to be changed but not the date since the schools schedule other meetings in advance.
  - D.  You can ask for the day/time of the meeting to be changed to one that is convenient for everyone attending.
- 32) How should the invitation to an IEP meeting look like?
- A.  Should be in writing and in the language you best understand.
  - B.  Should include the purpose of the meeting
  - C.  Should include the names of those invited
  - D.  All of the above
- 33) What is the function of the Functional Behavior Assessment (FBA) and the Behavior Intervention Plan (BIP)?
- A.  Gather information related to what can be causing the behavior and a plan to decrease such behaviors.
  - B.  Both are part of the contract made between school and student when this one has been suspended due to behavior problems.
  - C.  Evaluation and plan created for special education students who are attending a general education classroom.
  - D.  None of the above.
- 34) At what age does a student usually have a Family Support Plan (FSP)?
- A.  0-3 years
  - B.  3-21 years
  - C.  0-21 years
  - D.  It is written after the student turns 21
- 35) Public schools require your approval in order to:
- A.  Change your child's placement
  - B.  Evaluate your child
  - C.  Start a new therapy
  - D.  All of the above

- 36) What are the components of an educational evaluation?
- A. \_\_\_Academic and psychological tests
  - B. \_\_\_Medical exams
  - C. \_\_\_Family history and social information
  - D. \_\_\_All of the above
- 37) Once your child starts attending a special education classroom...
- A. \_\_\_The student should remain in special education until becoming an adult.
  - B. \_\_\_The student always will have the option to attend classes in the general education classroom.
  - C. \_\_\_The student will stay in special education classes until his/her behavior changes and will not be a problem in general education.
  - D. \_\_\_The student will have the option of either stay in a special education class or stay home.
- 38) Federal, state, and local laws protect and offer a free and appropriate education to all students with disabilities attending a public school ONLY if the student:
- A. \_\_\_Can demonstrate to be a legal resident
  - B. \_\_\_Can perform basic academic skills
  - C. \_\_\_Is under 22 years of age
  - D. \_\_\_Is fluent in English
- 39) Who can request for an evaluation to see if your child qualifies for special education services?
- A. \_\_\_Teachers
  - B. \_\_\_Parents
  - C. \_\_\_The student
  - D. \_\_\_All of the above
- 40) What step follows after your child has been evaluated?
- A. \_\_\_The school waits a few months before doing anything and re-evaluates once more to see if there has been any changes.
  - B. \_\_\_The IEP team determines the services for which the child qualifies.
  - C. \_\_\_Services begin right away
  - D. \_\_\_The student is place in the appropriate class according to results from the evaluation
- 41) How often does your child require a complete evaluation?
- A. \_\_\_At least every 3 years
  - B. \_\_\_Every year
  - C. \_\_\_Only once in order to determine the services that he/she will receive.
  - D. \_\_\_Each time that the IEP team meets.

- 42) What diploma options do students receiving special education services have?
- A. \_\_Certificate of completion
  - B. \_\_General Education Diploma (GED)
  - C. \_\_Special Diploma (choose between Option 1A, 1B or Option 2)
  - D. \_\_Any of the above
- 43) What is a modification?
- A. \_\_Changes in the way in which information is presented to your child or how he/she takes an exam.
  - B. \_\_Activities for students who need to catch up academically.
  - C. \_\_Changes in the information provided to the student and expected from the student.
  - D. \_\_Physical changes to the environment in order to facilitate a student's mobility (ex. a ramp).
- 44) Which services can be included in the IEP of a student transitioning to life after school?
- A. \_\_Evaluation and vocational training
  - B. \_\_Daily living skills
  - C. \_\_Preparation for higher education
  - D. \_\_All of the above
- 45) What areas are evaluated in the FCAT?
- A. \_\_Reading, writing, math, and science
  - B. \_\_Academics, communication, independence, and social/emotional
  - C. \_\_Math and reading
  - D. \_\_None of the above
- 46) What kind of accommodations can be requested from the school system for your child's school transportation?
- A. \_\_Equipment (ex. special seat)
  - B. \_\_Environmental (ex. tinted windows)
  - C. \_\_Monitor (ex. assistant)
  - D. \_\_All of the above
- 47) How often should you receive a report of your child's progress with his/her IEP goals?
- A. \_\_Every 6 months
  - B. \_\_Every year
  - C. \_\_Every 9 weeks
  - D. \_\_Every day

- 48) What is an accommodation?
- A. \_\_Changes in the way in which information is presented to your child or how he/she takes an exam.
  - B. \_\_Activities for students who need to catch up academically.
  - C. \_\_Changes in the information provided to the student and expected from the student.
  - D. \_\_Physical changes to the environment in order to facilitate a student's mobility (ex. a ramp).
- 49) Which is an example of an accommodation?
- A. \_\_Books in Braille for a visually impaired student
  - B. \_\_Extended time for exams
  - C. \_\_A sign language interpreter for a student who is deaf
  - D. \_\_All of the above
- 50) What are the main categories of accommodations allowed in the FCAT?
- A. \_\_Number of questions and difficulty of questions
  - B. \_\_Presentation, answering, schedule, environment, and technology
  - C. \_\_Content, level, and preparation
  - D. \_\_None of the above

Part III:

Please feel free to respond to the following questions using the space provided. If you need more space, please feel free to attach as many pages as needed. Please do not write your name on your responses/comments since we are trying to keep your identity anonymous.

- 1) What is your opinion about your child's special education services this school year?

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- 2) What is your role in the education of your child with special needs?

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- 3) What does "Parent Involvement" means to you?

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4) How do you think your child's school/teacher expect for you to participate in your child's education this school year?

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5) What barriers that are influencing your participation in your child's education this school year?

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6) How can TENFEE help you (or has helped you) in the way in which you participate in you child's education?

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7) What topics would you like for TENFEE to discuss?

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8) What type of accommodations can TENFEE provide in order to positively influence your attendance and participation to the workshops?

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9) How do you see your child's future?

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10) Do you think that because you are from Hispanic background your participation in your child's education is any different? Please explain.

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## ENCUESTA PARA PARTICIPANTES

Muchas gracias por tomar el tiempo para completar esta encuesta. Su participación nos ayudará en el diseño y presentación de talleres dedicados a las necesidades específicas de familias Hispánicas con estudiantes en educación especial. Esta encuesta está dividida en tres partes:

**Parte I:** Se le pedirá que provea datos personales (por favor no escriba ningún nombre ya que en el esfuerzo de proteger su identidad, le asignaremos un número cuando usted entregue esta encuesta).

**Parte II:** Se le pedirá que conteste preguntas relacionadas a temas de educación especial.

**Parte III:** Se le pedirá que conteste preguntas relacionadas al rol de la familia en la educación de estudiantes en educación especial.

### Parte I:

Por favor responder a todas las preguntas marcando con una “X” al lado izquierdo de la respuesta más apropiada. Si no encuentra una respuesta que sea apropiada a su situación, marque “otro” y utilice el espacio al lado derecho para escribir su respuesta. Cuando lea alguna pregunta referida a su “hijo(a)” nos referimos a el/la estudiante por la quien usted está participando de estos talleres.

*\*\*De tener mas de un niño/a con una discapacidad, favor de responder la información basada en el primer niño/a que fue diagnosticado(a)\*\**

1) ¿Por medio de que entidad se enteró de estos talleres?

La escuela de mi hijo(a)  CARD/UCP  TV/periódico/radio Otro: \_\_\_\_\_

2) ¿Cuál es el nivel de educación más alto que ha alcanzado usted?

K-8  K-12  2 años de universidad  4 años de universidad Otro: \_\_\_\_\_

3) ¿Cuántas personas viven en su casa? (números representan la cantidad de personas)

2-4  5-6  7-8  más de 8

4) ¿Tiene más de un(a) niño(a) que esté recibiendo o haya recibido servicios de educación especial?

No  Sí: \_\_\_\_\_ (¿cuántos?)

5) ¿Qué edades tienen las personas que viven en su casa? (no provea nombres por favor)

Persona 1: \_\_\_\_\_ Persona 2: \_\_\_\_\_ Persona 3: \_\_\_\_\_ Persona 4: \_\_\_\_\_

Persona 5: \_\_\_\_\_ Persona 6: \_\_\_\_\_ Persona 7: \_\_\_\_\_ Persona 8: \_\_\_\_\_



6) Aproximadamente ¿Cuántas horas, POR SEMANA trabaja fuera de casa?  
\_\_\_ menos de 20 \_\_\_ 20-40 \_\_\_ 41-60 \_\_\_ más de 60 \_\_\_ trabajo en casa

7) Aproximadamente ¿Cuál es el ingreso anual de su familia por año?  
\_\_\_ 20 mil o menos \_\_\_ 21-35 mil \_\_\_ 36-50 mil \_\_\_ 51-80 mil \_\_\_ 81 mil o más

8) ¿Es la transportación un obstáculo para participar en talleres como TENFEE?  
\_\_\_ Sí \_\_\_ No \_\_\_ Algunas veces

9) ¿Cuál es su primer idioma? (el primer idioma que aprendió a hablar)  
\_\_\_ Inglés \_\_\_ Español \_\_\_ Español/Inglés por igual Otro: \_\_\_\_\_

10) ¿Qué tan cómodo se siente hablando Inglés?  
\_\_\_ Muy cómodo \_\_\_ Más o menos cómodo \_\_\_ No me siento cómodo

11) ¿Qué tan bien puede entender el Inglés?  
\_\_\_ Muy bien \_\_\_ Más o menos \_\_\_ No lo puedo entender

12) ¿En qué idioma se comunican principalmente en su casa?  
\_\_\_ Inglés \_\_\_ Español \_\_\_ Inglés y Español por igual Otro: \_\_\_\_\_

13) ¿En qué idioma prefiere tratar temas relacionados a la educación de su hijo(a)?  
\_\_\_ Inglés \_\_\_ Español \_\_\_ Inglés/Español (me da igual) Otro: \_\_\_\_\_

14) ¿Cuál es su país de origen? (escribir nombre de país):  
\_\_\_\_\_

15) **Si los Estados Unidos es su país de origen**, ¿De qué país(es) son sus raíces Latinas y hace cuántas generaciones? (ejemplo: mis abuelos eran Colombianos)  
\_\_\_\_\_

16) ¿De qué país es su esposo(a) o la otra persona responsable por su hijo(a)?  
(escribir nombre de país): \_\_\_\_\_

17) ¿En qué país nació su hijo(a) con necesidades especiales?  
(escribir nombre de país): \_\_\_\_\_

18) ¿En qué país fue su hijo(a) diagnosticado con una necesidad en educación especial?  
(escribir nombre de país): \_\_\_\_\_

19) ¿Qué experiencia tenía con personas con discapacidades antes del diagnóstico de su hijo(a)? **(puede marcar todas las respuestas que apliquen)**.  
\_\_\_ Ninguna \_\_\_ Con un familiar \_\_\_ En el trabajo \_\_\_ En mi comunidad  
Otro: \_\_\_\_\_

20) ¿A qué edad (en años) fue su hijo(a) identificado en necesitar educación especial?  
\_\_\_ 0-1 \_\_\_ 0-2 \_\_\_ 3-5 \_\_\_ 6-10 \_\_\_ 11-15 \_\_\_ 16-18 \_\_\_ 19-22

21) ¿A qué edad (en años) empezó su hijo(a) a recibir servicios de educación especial?  
\_\_\_ 0-1 \_\_\_ 0-2 \_\_\_ 3-5 \_\_\_ 6-10 \_\_\_ 11-15 \_\_\_ 16-18 \_\_\_ 19-22

22) ¿Qué edad (en años) tiene su hijo(a) (con necesidades especiales) en este momento?  
\_\_\_ 0-2 \_\_\_ 3-5 \_\_\_ 6-10 \_\_\_ 11-15 \_\_\_ 16-18 \_\_\_ 19-22 \_\_\_ más de 22

23) ¿Hace cuánto tiempo que su hijo(a) ha estado recibiendo educación especial en los Estados Unidos?  
\_\_\_ acaba de empezar \_\_\_ 1-2 \_\_\_ 3-5 \_\_\_ 6-10 \_\_\_ 11-15 \_\_\_ más de 15

24) ¿Más o menos a cuántas reuniones de IEP ha podido asistir?  
\_\_\_ Ninguna \_\_\_ 1-2 \_\_\_ 3-5 \_\_\_ 6-10 \_\_\_ 11-15 \_\_\_ Todas

25) ¿Qué tan severa considera usted que es la discapacidad de su hijo(a)?  
\_\_\_ muy severa \_\_\_ solo es severa en algunas áreas \_\_\_ muy leve

## Parte II:

Por favor conteste las siguientes preguntas marcando la respuesta que mejor corresponde con una "X". Solo marque una respuesta por cada pregunta.

- 1) ¿Qué es el IEP?
- A\_\_ Proceso Educativo de Independencia
  - B\_\_ Plan de Educación Individual
  - C\_\_ Instrumento de Educación Productiva
  - D\_\_ Evaluación Para Incapacitados

- 2) ¿Qué estudiante requiere de un IEP?
- A\_\_Estudiantes que están aprendiendo Inglés
  - B\_\_Estudiantes con calificaciones bajas
  - C\_\_Estudiantes que califiquen para servicios de educación especial
  - D\_\_Estudiantes que estén en riesgo de ser expulsados de las escuelas
- 3) ¿Quiénes forman parte del equipo del IEP?
- A\_\_Maestros y terapeutas
  - B\_\_Psicólogos y administradores
  - C\_\_Padres y estudiante
  - D\_\_Todos los mencionados pueden formar parte
- 4) ¿Qué edad debe tener su hijo(a) para que el IEP comience a reflejar metas de transición para la vida después de graduación escolar?
- A. \_\_Por lo menos 18 años
  - B. \_\_Al empezar el noveno grado
  - C. \_\_Por lo menos 14 años
  - D. \_\_El año en que el estudiante este listo para graduarse
- 5) ¿Cuáles son los arreglos que usted como padre/representante tiene derecho a exigir a las escuelas cuando existe una barrera del idioma?
- A. \_\_Que provean toda documentación relacionada a la educación del su hijo/a traducida en su idioma nativo
  - B. \_\_Que maestros y terapeutas tomen clases para aprender el idioma que usted habla
  - C. \_\_Que la escuela provea un intérprete para que traduzca durante cualquier reunión requerida por la escuela
  - D. \_\_Respuestas A y C son correctas
- 6) Si usted tiene suficientes motivos para creer que los resultados de una evaluación hecha por la escuela son erróneos y estos determinan el cambio de servicios para su niño/a, usted tiene derecho a pedir ...
- A. \_\_Que el distrito escolar pague por una evaluación privada
  - B. \_\_Que usted sea el que administre la evaluación a su hijo(a)
  - C. \_\_Que la evaluación sea repetida hasta 3 veces
  - D. \_\_ Respuestas A y C son correctas
- 7) ¿Quiénes están encargados de escribir las metas escolares de su hijo?
- A. \_\_Maestros
  - B. \_\_Terapeutas
  - C. \_\_Padres
  - D. \_\_El equipo del IEP

- 8) **Por lo menos**, ¿cada cuánto tiempo se hace una revisión del IEP?
- A. \_\_ Una vez al año
  - B. \_\_ Una vez al mes
  - C. \_\_ Cada tres meses
  - D. \_\_ Cada tres años
- 9) ¿Cuál de las siguientes metas está mejor redactada?
- A. \_\_ María mejorará su concepto de sí misma
  - B. \_\_ Eduardo se comunicará mejor en el salón de clase todos los días
  - C. \_\_ Juan podrá deletrear correctamente 80% de las palabras de la lista de primer grado usando papel y lápiz en 2 de cada 3 oportunidades
  - D. \_\_ Jesús se portará bien en clase de música 4 de los 5 días de la semana
- 10) ¿Cuáles niños pueden ser incluidos en salones de educación general?
- A. \_\_ Ningún niño con discapacidad puede ser incluido en educación general
  - B. \_\_ Todos los niños con discapacidades pueden ser incluidos en educación general
  - C. \_\_ Solo los niños con discapacidades leves pueden ser incluidos en educación general
  - D. \_\_ Solo los niños que no tengan problemas de conducta pueden ser incluidos en educación regular
- 11) ¿Quiénes deciden que tipo de terapias recibirá su hijo(a) en la escuela?
- A. \_\_ Maestros
  - B. \_\_ Padres
  - C. \_\_ El equipo del IEP
  - D. \_\_ Terapeutas
- 12) ¿Quiénes deciden si su hijo/a participará de la escuela durante el verano?
- A. \_\_ Padres
  - B. \_\_ El equipo del IEP
  - C. \_\_ Maestros
  - D. \_\_ La administración
- 13) ¿Quiénes determinan la cantidad de tiempo que el niño(a) pasará en clases de educación general?
- A. \_\_ La administración
  - B. \_\_ Padres
  - C. \_\_ Maestros
  - D. \_\_ El equipo del IEP
- 14) ¿Cuáles son las 4 áreas que cubre el IEP?
- A. \_\_ Comunicación, lectura, independencia y movilización
  - B. \_\_ Social/Emocional, comunicación, independencia y escritura
  - C. \_\_ Académico, comunicación, independencia y social/emocional
  - D. \_\_ Movilización, comunicación, independencia, y académico

- 15) ¿Cuánto tiempo debe durar la reunión del IEP?
- A. \_\_\_ Por lo menos 30 minutos
  - B. \_\_\_ Una hora
  - C. \_\_\_ No mas de dos horas
  - D. \_\_\_ El tiempo que se necesite
- 16) ¿Cuáles son las partes fundamentales de una meta escrita en el IEP?
- A. \_\_\_ ¿Quién? ¿Qué? ¿Cómo? ¿Dónde? ¿Cuándo? ¿Cuánto?
  - B. \_\_\_ ¿Quién? ¿Qué?
  - C. \_\_\_ ¿Quién? ¿Qué? ¿Dónde?
  - D. \_\_\_ ¿Quién? ¿Qué? ¿Cómo?
- 17) ¿Qué sucede cuando no se puede llegar a un acuerdo en una reunión de IEP?
- A. \_\_\_ Darle la razón a los maestros ya que ellos han sido educados para este trabajo
  - B. \_\_\_ Solicitar una mediación o audiencia del proceso legal imparcial
  - C. \_\_\_ No hay nada que pueda hacer a menos que tenga suficiente dinero para contratar a un abogado
  - D. \_\_\_ Sacar al niño(a) de esa escuela y colocarlo en otra donde estén de acuerdo con usted
- 18) ¿Cuál es el significado del requerimiento “*Least Restrictive Environment*” (LRE) o “Ambiente Menos Restrictivo”?
- A. \_\_\_ Que solo cuando un estudiante tenga problemas de conductas agresivas puede ser físicamente aguantado por el personal escolar.
  - B. \_\_\_ Que todo estudiante con discapacidad reciba educación en el salón de clase general en la mayor medida posible
  - C. \_\_\_ Que ningún estudiante con discapacidad debe estar en un salón de clase bajo llave
  - D. \_\_\_ Ninguno de estos es el significado
- 19) ¿Cuál es el acta que en las escuelas públicas ofrece ayuda especial a las minorías, requiere que escuelas demuestren progreso anual, y establece que todos los niños deben estar a su nivel de lectura y matemáticas para el año escolar 2013?
- A. \_\_\_ “*No Child Left Behind*” o “Ningún niño es Dejado Atrás”.
  - B. \_\_\_ IDEA
  - C. \_\_\_ ADA
  - D. \_\_\_ Part C

- 20) ¿Cuál es el nombre que se le da a la poderosa ley federal que asegura una educación apropiada y gratuita para todos los niños con discapacidades?
- A. \_\_ADA
  - B. \_\_504
  - C. \_\_IDEA
  - D. \_\_“*No Child Left Behind*” o “Ningún niño Dejado Atrás”
- 21) ¿Cuál es la ley que protege derechos civiles de personas con discapacidades? (ex. Empleo, transportación, telecomunicación, etc.)
- A. \_\_IDEA
  - B. \_\_ADA
  - C. \_\_Part C
  - D. \_\_IEP
- 22) ¿Cuál es la ley que ofrece acceso a servicios educacionales para estudiantes con impedimentos, que no han calificado para los servicios bajo la ley IDEA?
- A. \_\_504
  - B. \_\_Part C
  - C. \_\_ADA
  - D. \_\_“*No Child Left Behind*” o “Ningún niño Dejado Atrás”
- 23) ¿Qué es la Parte C o “*Part C*”
- A. \_\_Servicios para estudiantes en transición de octavo grado al noveno
  - B. \_\_Servicios de intervención de la conducta para estudiantes
  - C. \_\_Servicios para estudiantes listos para graduarse
  - D. \_\_Servicios de intervención temprana para niños de 0-3 años de edad
- 24) ¿Qué son las “Normas Básicas Educativas del Estado de la Florida” o “Florida Sunshine State Standards?”
- A. \_\_Requerimientos para que un estudiante sea aceptado en una escuela pública
  - B. \_\_Describen lo que debe saber un estudiante y lo que debe ser capaz de hacer en cada grado
  - C. \_\_Servicios de tutoría para que todo estudiante pueda estar a un nivel académico en acuerdo con su edad.
  - D. \_\_Ninguno de estos es correcto.

- 25) ¿Qué es “*mainstreaming*” ó “corriente convencional”?
- A.  Cuando el estudiante está en el recreo o la cafetería al mismo tiempo que los estudiantes de educación general
  - B.  Cuando el estudiante con discapacidad está participando en una o más actividades académicas o sociales con estudiantes de educación general.
  - C.  Cuando el estudiante pasa todo el día en el salón regular con una ayudante el/la cual toma el papel de maestro(a) del estudiante.
  - D.  Ninguno de estos es “*mainstreaming*” ó “corriente convencional”.
- 26) ¿Qué edad debe tener su hijo para poder tener un IEP?
- A.  0-3 años
  - B.  3-21 años
  - C.  0-21 años
  - D.  Se escribe después de los 21 años
- 27) Bajo la ley IDEA ¿Cuáles son algunos de los servicios por los que pueda calificar su niño/a?
- A.  Terapia del habla, física, ocupacional
  - B.  Servicios auditivos, psicológicos, de orientación y movilidad
  - C.  Identificación y evaluación de discapacidades
  - D.  Todos los mencionados
- 28) ¿Cual es el término más aceptado al referirse a una persona que no posee una habilidad en alguna área específica?
- A.  una persona con incapacidad
  - B.  una persona minusválida
  - C.  una persona con discapacidad
  - D.  una persona con desabilidad
- 29) ¿Cuánto es el tiempo que se estipula para que la escuela le informe a los padres sobre una reunión de IEP?
- A.  Por lo menos un mes
  - B.  Usted debe saber la fecha con un año en anticipación ya que está escrita en el IEP
  - C.  Por lo menos 10 días
  - D.  La escuela no tiene el deber de avisarle, usted debe llamar.

- 30) ¿Qué significa que una evaluación escolar indique que su hijo(a) califica para algún servicio (ejemplo: una terapia, un salón especial o un equipo especial)
- A.  Que su hijo(a) empezará esa a recibir ese servicio inmediatamente
  - B.  Que la escuela lo llamará para discutir la posibilidad de que el estudiante reciba el servicio
  - C.  Que usted deberá pagar por ésta terapia o servicio si quiere que su hijo(a) la reciba
  - D.  Que la escuela pedirá que usted consiga un terapeuta para que trabaje con su hijo(a) en la casa.
- 31) ¿Qué puede hacer usted, si la hora/día que la escuela planifica hacer la reunión del IEP no es conveniente para usted?
- A.  Debe cancelar cualquier otra cosa, esta reunión es muy importante.
  - B.  Si no puede ir, deje que la escuela se reúna y pida una copia del IEP
  - C.  Usted puede pedir que se haga a una hora diferente pero debe ser en el día que la escuela indique ya que ellos tienen otras reuniones
  - D.  Usted puede pedir que el día/hora de la reunión sea cambiada a una fecha/hora que sea conveniente para todos
- 32) ¿Cómo debe ser la invitación de la escuela a una reunión de IEP?
- A.  Debe ser por escrito y en su idioma
  - B.  Debe indicar el motivo de la reunión
  - C.  Debe indicar quienes han sido invitados
  - D.  Todo lo mencionado es requerido
- 33) ¿Qué función tienen la Evaluación Funcional de Conducta (FBA) y el Plan de Intervención de Conducta (BIP)?
- A.  Recopilar datos sobre el porque se manifiestan conductas problemáticas en el estudiante y plan para disminuir estas conductas
  - B.  Ambos forman parte del contrato que se hace entre la escuela y estudiante cuando este ha sido expulsado debido a conductas problemáticas
  - C.  Evaluación y plan creados para estudiantes con discapacidades que pasen parte del día en clases de educación general
  - D.  Ninguno de los mencionados describe la función del FBA y BIP.
- 34) ¿A que edad suele el estudiante tener un Plan de Apoyo Familiar (FSP)?
- A.  0-3 años
  - B.  3-21 años
  - C.  0-21 años
  - D.  Se escribe después de los 21



- 35) La escuela requiere de su consentimiento para poder:
- A.  Cambiar a su hijo(a) de salón de clase
  - B.  Hacer una evaluación a su hijo(a)
  - C.  Empezar servicios terapéuticos con su hijo(a)
  - D.  Su consentimiento es requerido para todo lo mencionado
- 36) ¿Cuáles pueden ser componentes de una evaluación educacional?
- A.  Exámenes educacionales y psicológicos
  - B.  Exámenes médicos
  - C.  Historia familiar y social
  - D.  Todos los mencionados pueden formar parte de una evaluación
- 37) Una vez que su hijo(a) sea aceptado en el programa de educación especial...
- A.  Deberá permanecer en programas de educación especial hasta que cumpla la mayoría de edad
  - B.  Siempre tendrá la opción de quedarse/regresar a un salón de educación general con las modificaciones y adaptaciones necesarias para que progrese
  - C.  Deberá permanecer en programas de educación especial hasta que su conducta cambie y no represente un problema en el salón general
  - D.  Tendrá la opción de estar en un salón de educación especial o quedarse en la casa sin estudiar
- 38) Las leyes federales, estatales y locales protegen y ofrecen una educación gratis y apropiada a TODOS los estudiantes con discapacidades en escuelas publicas que:
- A.  Estén en este país legalmente
  - B.  Puedan aprender materias escolares básicas
  - C.  Sean menores de 22 años
  - D.  Puedan hablar inglés
- 39) ¿Quiénes pueden solicitar una evaluación para establecer si su hijo(a) califica para servicios de educación especial?
- A.  Maestros de su hijo(a)
  - B.  Padres
  - C.  Estudiante
  - D.  Todos los mencionados pueden solicitar una evaluación.
- 40) ¿Cuál es el paso a seguir después de que su hijo(a) es evaluado(a)?
- A.  Se esperan unos meses para reevaluar y ver si se necesitan cambios
  - B.  Se determinan los servicios para los que es elegible durante una reunión de IEP
  - C.  Se empieza una intervención
  - D.  Se ubica en el salón apropiado

- 41) ¿Cada cuánto tiempo se hace una evaluación completa de su hijo(a)?
- A. \_\_ Por lo menos cada 3 años
  - B. \_\_ Anualmente
  - C. \_\_ Solo una vez para determinar los servicios para los que califica
  - D. \_\_ Cada vez que se hace una reunión de IEP
- 42) ¿Cuáles son las opciones de diplomas que tienen los estudiantes recibiendo servicios de educación especial?
- A. \_\_ Certificado Especial de Terminación
  - B. \_\_ Diploma de Desarrollo Educacional General (GED)
  - C. \_\_ Diploma Especial (puede ser Opción 1a, 1b, u Opción 2)
  - D. \_\_ Cualquiera de los mencionados
- 43) ¿Qué es una “modificación”?
- A. \_\_ Cambios en la manera en que se le enseña al estudiante o en la forma en que se somete a exámenes
  - B. \_\_ Actividades extras para repasar áreas en las que el niño/a está teniendo dificultad
  - C. \_\_ Cambio de lo que se le enseña al estudiante y lo que se espera del estudiante.
- 44) \_\_ Cambios físicos que se le dan al salón para que el estudiante pueda movilizarse (ex. una rampa) ¿Cuáles son los servicios que pueden ser incluidos en el IEP de un estudiante en transición para la vida después de la escuela?
- A. \_\_ Evaluación y entrenamiento vocacional
  - B. \_\_ Destrezas de la vida diaria
  - C. \_\_ Preparación para la universidad
  - D. \_\_ Todos los mencionados
- 45) ¿Qué áreas evalúa el FCAT?
- A. \_\_ Lectura, redacción, matemáticas y ciencias
  - B. \_\_ Académico, comunicación, independencia y social/emocional
  - C. \_\_ Matemáticas y lectura
  - D. \_\_ Ninguno de las áreas mencionadas
- 46) ¿Qué acomodos puede pedirse al sistema escolar para la transportación escolar diaria de su hijo(a)?
- A. \_\_ Acomodos físicos (ex. Asiento especial)
  - B. \_\_ Acomodos ambientales (ex. ventanas oscuras)
  - C. \_\_ Monitoria (ex. ayudante para cuidar/vigilar al estudiante)
  - D. \_\_ Todo lo mencionado

- 47) ¿Cada cuanto tiempo deberá recibir un reporte del progreso de las metas del IEP de su niño/a?
- A. \_\_Cada 6 meses
  - B. \_\_Cada año
  - C. \_\_Cada 9 semanas
  - D. \_\_Todos los días
- 48) ¿Cuál es un “acomodo”?
- A. \_\_Cambios en la manera en que se le enseña al estudiante o en la forma en que se somete a exámenes.
  - B. \_\_Actividades extras para repasar áreas en las que el niño/a está teniendo dificultad
  - C. \_\_ Cambio de lo que se le enseña al estudiante y lo que se espera del estudiante
  - D. \_\_Cambios físicos que se le dan al salón para que el estudiante pueda movilizarse (ex. una rampa)
- 49) ¿Cuál es un ejemplo de un acomodo?
- A. \_\_Libros de texto escritos en braille para un estudiante ciego
  - B. \_\_Tiempo extendido para tomar un examen
  - C. \_\_Un interprete para un estudiante sordo
  - D. \_\_Todos los mencionados anteriormente son acomodos
- 50) ¿Cuáles son las categorías principales de acomodos permitido en el FCAT?
- A. \_\_Numero de preguntas y dificultad de preguntas
  - B. \_\_Presentación, respuesta, horario, ambiente y tecnología
  - C. \_\_Contenido, nivel, y preparación
  - D. \_\_Ninguna de las respuestas es correcta

**Parte III:**

Por favor responder libremente a las siguientes preguntas usando el espacio proveído. Si necesita más espacio, por favor añadir las páginas que necesite o escriba en la página de atrás. Al escribir su respuesta/comentario, por favor no incluya su nombre ya que queremos mantener su identidad en anonimato.

- 1) ¿Cuál es su opinión acerca de los servicios de educación de su hijo(a) en este año escolar?

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- 2) ¿Qué rol o papel tiene usted en los servicios de educación especial de su hijo(a)?

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3) ¿Qué significa para usted el “participar” en la educación de su hijo(a)?

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4) ¿Como cree que la escuela/maestros esperan que usted “participe” en la educación de su hijo(a) en este año escolar?

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5) ¿Cuáles son los obstáculos que influyen en su “participación” en la educación de su hijo(a) en este año escolar?

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6) ¿Cómo puede ayudarle (o le ayudó) TENFEE con respecto a su “participación” en la educación de su hijo(a)?

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7) ¿Qué temas le gustaría a usted que se discutiesen en los talleres de TENFEE?

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8) ¿Qué clase de acomodados puede proveerle TENFEE para influenciar positivamente en su asistencia y participación a los talleres?

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9) ¿Cómo ve el futuro de su hijo(a)?

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10) ¿Piensa que el ser Hispano cambia de alguna forma en que usted participa en la educación de su hijo(a)? Por favor explique.

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## PARENT/FAMILY INVOLVEMENT INDEX

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Dear Teacher,

This survey provides the opportunity for you to share your perceptions of the involvement level of up to two parents (or primary caregivers) of a student in your class. Please refer to your "Informed Consent" for the name of the person(s) who you will be completing this survey for. Please read each of the items on the survey and click on the box that best fits your response (only ONE box per item please). Once you are finished, please **SAVE AS the Participant's Code on the bottom of your Informed Consent (e.g., 099)** and e-mail back to [maruiz@mail.ucf.edu](mailto:maruiz@mail.ucf.edu) by **Friday, February 23, 2007**. The average time to complete the survey is 12-15 minutes. Please do not include any information that would identify you, the participant, or your school on the survey in order to protect your confidentiality.

The labels used in the survey are:

**M** = mother (or caregiver #1) and

**F** = father (or caregiver #2).

***When referring to "parent" throughout this survey, please be aware that we are referring to the primary caregiver of your student.***

The index provides four possible responses for each of its items:

**Yes** = The item is true of the parent

**No** = The item is not true of the parent

**N.A.** = The item does not apply to this parent or school situation (Not Applicable).

**D.K.** = The informant doesn't know whether the item is true for the parent

When responding for only one parent, simply leave the spaces for the absent parent blank. An example of an item for a case where the mother met the teacher and the father hasn't:

		Yes	No	N.A.	D.K.
<b>(a) Parent has met teacher at least once.</b>	<b>M</b>	<u>X</u>	___	___	___
	<b>F</b>	___	<u>X</u>	___	___

Thank you for taking the time to respond. Please begin by answering the following 3 questions and then continue with the survey:

1. How long have you worked with the student whose parent(s) you are completing the survey for? (years/months).
2. Are you Hispanic? (yes/no)
3. Can you speak Spanish? (yes/no)

Parent / Family Involvement Index

M = Mother (or caregiver #1)

F = Father (or caregiver #2)

1.	<b>Contact with Teacher</b>		Yes	No	N.A.	D.K.
	(a) Parent has met teacher or teacher's aide at least once	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has spoken to teacher or teacher's aide at least once concerning child's education.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent calls teacher once a month or more concerning child's education.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent has attended an individually scheduled meeting with the teacher at least once.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Parent has attended an individually scheduled meeting with the teacher several time during the child's enrollment in the class.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Parent at least occasionally sends note to class concerning child (e.g., medication, diet, clothing, transportation, behavior at home, etc.)	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>Participation in Special Education Process</b>		Yes	No	N.A.	D.K.
	(a) Parent completed screening/assessment devise concerning child upon request by teacher	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has attended an IEP (Individualized Education Program) conference in the school setting.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent participated actively in the IEP meeting (i.e., asked questions, made numerous comments, etc.).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) If necessary, parent allowed IEP meeting to be held in home.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = Mother (or caregiver #1)  
 F = Father (or caregiver #2)

2.	<b><u>Continuation</u></b>		<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
	(e) Parent has completed needs assessment, program evaluation, parent satisfaction rating or other such forms.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	<b><u>Transportation:</u></b> Even when there is bus transportation provided by the school district there are still times (e.g., bus not running, child missed bus, special events) when parents need to transport their child to school. The following items deal with those occasions when it is necessary for parent to provide transportation.					
			<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
	(a) Parent has transported child from home to bus stop.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has transported child from home to school.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent has transported additional children besides own to school.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent has transported child on special occasions (e.g., field trips).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	<b><u>Observations at School</u></b>		<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
	(a) Parent has observed child in classroom activity at least once.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent regularly takes time to observe child in classroom activities (at least once per month)	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent has taken notes or data on child's behavior in classroom activities.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent has made suggestions to teacher or aide based on observations in the classroom	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



M = Mother (or caregiver #1)  
 F = Father (or caregiver #2)

5.	<b><u>Educational Activities at Home</u></b>		Yes	No	N.A.	D.K.
	(a) Parent has allowed teacher, teacher's aide, or school social worker to visit home on at least one occasion.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has told teacher or aide about having read things about teaching techniques, educational activities, or about the child's disability.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent collects data on child behavior at home for the teacher.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent performs informal home activities specifically designed to reinforce and maintain skills learned in school or suggested by the teacher.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Parent performs more formal activities designed to train new behavior, as suggested by the teacher.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Parent routinely sends teacher written information (notes, data, etc.) about child's behavior at home when asked.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<b><u>Attending Parent Education/Consultation Meetings</u></b>		Yes	No	N.A.	D.K.
	(a) Parent has attended at least one parent group meeting designed for training educational techniques, child care, or behavior management skills.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has attended such parent group meetings several times (three or more times in school year)	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = Mother (or caregiver #1)  
 F = Father (or caregiver #2)

6.	<u>Continuation</u>		Yes	No	N.A.	D.K.
	(c) Parent has attended individual training sessions provided by school or school adjunctive services (teacher, school psychologist, school counselor, mental health worker, clinical psychologist).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent has attended individual or family counseling sessions conducted by a psychologist, psychiatrist or other mental health professional to assist in adjusting to the child's disability.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Parent has sought and attended educational sessions outside of school programs (e.g., workshops at conventions, etc.).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<u>Classroom Volunteering</u>		Yes	No	N.A.	D.K.
	(a) Parent has volunteered to provide services to the school, <u>outside</u> of the classroom (nurse's aide, office help, school yard maintenance, crossing guard).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has volunteered to serve as chaperone or assistant on a field or other organized activity conducted off the school grounds.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent has volunteered at least once to assist <u>in</u> the classroom.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent has actually worked in the classroom assisting with non-teaching activities such as preparing snacks and materials.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Parent has conducted educational activities with children in group settings (reading stories, singing songs, imitation exercises).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = Mother (or caregiver #1)  
 F = Father (or caregiver #2)

<b>7.</b>	<b><u>Continuation</u></b>		<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
	(f) Parent has conducted one-to-one training sessions with child under supervision of teacher/aide.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	<b><u>Parent-Parent Contact and Support</u></b>		<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
	(a) Parent has called, or spoken to in person, other parents concerning classroom related issues.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has called, or spoken to in person, other parents about methods of training their child with disability at home.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent has helped other parents become involved in educational activities (e.g., supplied transportation, called to support their activities related to the classroom, etc.).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent worked individually with other parents to teach educational or behavior management skills.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Parent has baby-sat for another child with disabilities and/or has been, part of a baby-sitting or respite service for parents of children with disabilities.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Parent has attended parent groups organized for and by parents (not advocacy groups).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(g) Parent has organized activities and/or groups for parents.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = Mother (or caregiver #1)  
 F = Father (or caregiver #2)

9.	<b><u>Involvement with Administration</u></b>		<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
	(a) Parent has sought information concerning the administration or policy making procedures of the classroom or school.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has participated in group meeting concerned with administrative or policy procedures of school (e.g., advisory board of school).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent has assumed responsibilities in such group meetings (chairing meetings, writing newsletter, etc.).	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent serves on advisory board of school or program.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<b><u>Involvement in Fund Raising Activities</u></b>		<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
	(a) Parent has suggested fund raising activities which could be conducted.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has participated in fund raising activities by donating materials, supplies, or money.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent has been involved in the actual organization and/or carrying out of fund raising activities.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent has written letters to potential funding agencies requesting financial assistance for programs.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Parent has participated in meetings with funding agencies to request funds.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M = Mother (or caregiver #1)  
 F = Father (or caregiver #2)

11.	<b><u>Involvement with Advocacy Groups</u></b>		<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
	(a) Parent has actively sought information about advocacy groups (e.g., ARC, ACLD, CEC, etc.)	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent actually belongs to at least one advocacy group.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent regularly attends the group's meetings	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent has been officer or chairperson of committee in advocacy groups.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Parent has recruited others to join advocacy groups.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<b><u>Disseminating Information</u></b>		<b>Yes</b>	<b>No</b>	<b>N.A.</b>	<b>D.K.</b>
	(a) Parent has referred other parent9s) to programs serving special children.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Parent has written <u>letters</u> (to legislators, newspaper, etc.) to support special education programs.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(c) Parent has spoken to advocacy groups on topics relating to special education.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(d) Parent has spoken to local, state, or national groups on topics concerning education (e.g., spoken to local Rotary, church group, etc.)	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Parent has written <u>articles</u> for newsletters, newspaper, magazines, etc. concerning special education.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(f) Parent has appeared on television or radio to speak about programs for special children.	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>13.</b>	<b>Overall</b> , I would consider this parent's involvement in our program as: (please mark one box for each parent).				
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<b>Not at all</b>		<b>Somewhat</b>		<b>Extremely</b>
	<b>Involved</b>		<b>Involved</b>		<b>Involved</b>

## WORKSHOP EVALUATION

Thank you very much for taking a few minutes to complete this evaluation; your feedback will help us to plan future workshops. Please **DO NOT WRITE YOUR NAME** on this paper since we are only interested in that you feel free to express yourself.

**Part I:** Please use the number scale to let us know how **IMPORTANT** was each of the following components provided by TENFEE on influencing your decision to come and participate in the workshop:

**1: Not important      2: Of little importance      3: Does not apply      4: Important      5: Very important**

**Only circle one number per component**

1)	Interest for today's topic	1	2	3	4	5
2)	Agency and/or presenters invited to today's workshop	1	2	3	4	5
3)	Presenter was Hispanic	1	2	3	4	5
4)	Presentation was going to be in Spanish	1	2	3	4	5
5)	Materials distributed were going to be in Spanish	1	2	3	4	5
6)	To be able to ask questions and/or participate in the activities in Spanish	1	2	3	4	5
7)	Children activities were being offered	1	2	3	4	5
8)	Persons conducting my children's activities were persons with experience in special education.	1	2	3	4	5
9)	My children were going to be within close proximity to where I was going to be.	1	2	3	4	5
10)	The opportunity to meet/talk to other Hispanic parents	1	2	3	4	5
11)	The opportunity for my family to spend time with other families (children activities, lunch after workshop, etc.)	1	2	3	4	5
12)	For the workshop to be on Saturday	1	2	3	4	5
13)	For the workshop to be in the morning	1	2	3	4	5
14)	For the workshop to be 3 hours in length	1	2	3	4	5
15)	For the university to be involved in the development of the workshop.	1	2	3	4	5
16)	The distance from my home to the location of the workshop	1	2	3	4	5
17)	For parking to be free	1	2	3	4	5
18)	Free registration to participate in the workshop	1	2	3	4	5
19)	Snacks provided (pastries, drinks, etc.)	1	2	3	4	5
20)	Access to technical equipment where the workshops were being held, restrooms, computers, etc.	1	2	3	4	5

**Part II:** Please use the provided space to answer the following questions. If necessary, you can use the back of this paper to continue writing.

- 1) Which component was the **most important** in your decision to participate in today's workshop and why?

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- 2) Which component would you like for TENFEE to provide in order to guarantee your future attendance and participation to workshops?

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- 3) Was there any component in today's meeting that could have **negatively** influence your decision to attend and participate in future workshops? Please explain

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## EVALUACION DEL TALLER

Muchas gracias por tomar unos minutos para completar esta evaluación; sus respuestas nos ayudarán a planificar futuras reuniones. Por favor **NO ESCRIBA SU NOMBRE** en éste papel ya que sólo estamos interesados en que usted se exprese libremente.

**Parte I:** Por favor use la escala numérica para saber **QUE TAN IMPORTANTE** fue cada uno de los siguientes arreglos hechos por **TENFEE** para que usted decidiese venir y participar del taller:

**1: No fue importante    2: Poco importante    3: No aplica a mi situación    4: Importante    5: Muy importante**

**Sólo circule uno de los números por cada arreglo**

1)	Interés por el tema de hoy	1	2	3	4	5
2)	Agencia y/o presentadores invitados al taller de hoy	1	2	3	4	5
3)	Que el/la presentador(a) es hispano(a)	1	2	3	4	5
4)	Que la presentación sería en español	1	2	3	4	5
5)	Que los materiales distribuidos serían en español	1	2	3	4	5
6)	El poder hacer preguntas y/o participar de actividades en español	1	2	3	4	5
7)	Que ofrecían actividades para mis niños	1	2	3	4	5
8)	Que las personas dirigiendo las actividades de mis niños son personas con experiencia en educación especial.	1	2	3	4	5
9)	Que mis niños estarían cerca de donde yo estuviera participando	1	2	3	4	5
10)	La oportunidad de poder conocer/hablar a otros padres hispanos	1	2	3	4	5
11)	La oportunidad de que mi familia pueda compartir con las otras familias (actividades de niños, almuerzo, etc.).	1	2	3	4	5
12)	Que el taller fuese un sábado	1	2	3	4	5
13)	Que el taller fuese en la mañana	1	2	3	4	5
14)	Que el taller durara 3 horas	1	2	3	4	5
15)	Que la Universidad Central de la Florida estuviese involucrada en el desarrollo del taller	1	2	3	4	5
16)	La distancia de mi casa al sitio donde se llevaría a cabo el taller	1	2	3	4	5
17)	Que el estacionamiento fuese de acceso gratuito	1	2	3	4	5
18)	Que el taller sería gratuito	1	2	3	4	5
19)	Que ofrecieran refrigerios/merienda (pan, dulces, bebidas, etc.)	1	2	3	4	5
20)	Que hubiese acceso al equipo técnico del salón, baños, computadoras, etc.	1	2	3	4	5

**Parte II:** Por favor use el espacio proveído para contestar las siguientes preguntas. Si es necesario, puede usar la parte de atrás de éste papel para continuar escribiendo.

- 4) ¿Cuál arreglo fue **más importante** en su decisión de venir el día de hoy y por qué?

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- 5) ¿Cuál arreglo le gustaría que TENFEE le pudiese proporcionar para garantizar su asistencia y participación en futuras reuniones?

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- 6) ¿Hubo algo en la reunión de hoy que pudiese haber afectado en forma **negativa** su decisión de asistir y participar en futuras reuniones? Por favor explique:

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