HISPANIC PARENTS AND THE SPECIAL EDUCATION PROCESS:
KNOWLEDGE, AWARENESS OF RESOURCES, AND
ACCESS AND USE OF SERVICES

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By

Ginalyn Arredondo

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The graduate project of Ginalyn Arredondo is approved:

Alberto Restori, Ph.D.  

Joan Golden, Ph.D.  

Pete Goldschmidt, Ph.D.  

Wilda Laija-Rodriguez, Ph.D., Chair  

California State University, Northridge
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Abstract

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The purpose of this culminating project is to develop a workshop that meets the needs of Hispanic parents who have at least one child in special education. The intended culminating project is a PowerPoint presentation which presents special education services in a detailed and easy to understand manner geared towards parents of students in special education and school staff. The PowerPoint presentation elaborates on the description of each special education service, the various professionals who determine the need for the service, the student who benefits from the service, and how the service goes into effect. The information included on the PowerPoint slides was retrieved from the California Department of Education website. Research shows that Hispanic parents benefit to a great extent from special education informational sessions which are designed in a supportive manner (Gershwin, Milian, & Lopez, 2009). Hispanic families have reported receiving emotional support from the Hispanic group and benefited from having
access to critical sources of information (Gershwin, Milian, & Lopez, 2009). Similar research with culturally and linguistically diverse groups has reported stronger and more effective special education advocacy resulting from parents attaining greater knowledge of parental rights, IEP content, and interacting with other parents of children with disabilities (Trainor, 2010). Providing opportunities for Hispanic parents to develop essential resources, in conjunction with being lead by other individuals in their native language strengthens overall resources parents bring with them to their partnership with school professionals (Bourdieu, 1986).
Chapter 1: Introduction

Approximately 7 million children receive early intervention and special education services in the United States. Almost 1.3 million Hispanic children receive early intervention and special education services (Emenheiser, 2014). Existing research literature has found, Hispanic parents believe they do not have the right to ask the schools for special services for their children (Berlinger, 1985). Their lack of understanding of the school system also keeps them away (Casanova, 1985; Gonzalez, 1986). In an ethnic comparison of parents involved in early intervention programs for children with developmental delays, Sontag and Schacht (1994) found that Hispanic and American Indian parents were less likely than Caucasian parents to be knowledgeable about the process of obtaining services and to be involved in making decisions about services for their children. Moreover, in a study of ethnically diverse parents of children with several disabilities, Lynch and Stein (1987) found Hispanic and African-American parents were less knowledgeable about the special education services their children were receiving in comparison to Caucasian parents.

As evidenced by the existing research literature, Hispanic parents believe they do not have the right to ask the schools for special education services (Berlinger, 1985). This belief system stems from Hispanic parents considering school professionals to know best about decision-making related to education (Jung, 2011). Therefore, Hispanic parents are less likely to question the rational of school professionals in comparison to individuals from other ethnic groups. “The interpersonal values held by these parents which foster their passive role results in them entrusting their children’s education to the school professionals, both during the IEP process and beyond” (Jung, 2011, p. 21). Moreover, in
comparison to individuals from other ethnic groups, Hispanic parents are less likely to be knowledgeable about the process of obtaining services and to be involved in making decisions about services for their children (Sontag & Schacht, 1994). Lastly, Hispanic parents are less knowledgeable about the special education services their children receive in comparison to individuals from other ethnic groups (Lynch & Stein, 1987).

There are different systemic issues that prevent Hispanic parents from gaining knowledge about special education services. In the schools, there are school professionals who lack cultural competence in working with Hispanic families. At times, school professionals use complex language and/or incompetent translators who convey inaccurate translations. Moreover, in the community, there are Hispanic families who share and discuss their own interpretations or assumptions of particular special education services. These families live in the same place of residence in which they share similar characteristics (e.g., socioeconomic status, cultural beliefs, cultural barriers). In the home, Hispanic families find themselves experiencing financial burdens including heading a single parent household where the single parent has an inability to miss work, works multiple jobs, and/or has no transportation. Additionally, other burdens include multiple children in the home, children with special needs, and/or no child-care or costly child-care (Rodriguez, Blatz, & Elbaum, 2014).

With more than 1.3 million Hispanic children receiving special education services, the existing research literature indicates that Hispanic parents lack knowledge on the special education services their children receive (Emenheiser, 2014). Therefore, it is important for Hispanic parents to receive accurate and understandable information related to special education services (e.g., what the service is, what area of need it
addresses, and appropriateness for their child). Hispanic parents assume school professionals have their child’s best interest in mind (Jung, 2011). However, it is to their advantage that parents personally ensure that their child with special needs is being provided appropriate support. In order for this to occur, available resources should be in place for them and the resources should be easily accessible.

The purpose of this culminating project is to develop a workshop that meets the needs of Hispanic parents who have at least one child in special education. The intended culminating project is a PowerPoint presentation which presents special education services in a detailed and easy to understand manner geared towards parents of students in special education and school staff. The PowerPoint presentation elaborates on the description of each special education service, the various professionals who determine the need for the service, the student who benefits from the service, and how the service goes into effect. The information included on the PowerPoint slides was retrieved from the California Department of Education website.

Research shows that Hispanic parents benefit to a great extent from special education informational sessions which are designed in a supportive manner (Gershwin, Milian, & Lopez, 2009). Hispanic families have reported receiving emotional support from the Hispanic group and benefited from having access to critical sources of information (Gershwin, Milian, & Lopez, 2009). Similar research with culturally and linguistically diverse groups has reported stronger and more effective special education advocacy resulting from parents attaining greater knowledge of parental rights, IEP content, and interacting with other parents of children with disabilities (Trainor, 2010). Providing opportunities for Hispanic parents to develop essential resources, in
conjunction with being lead by other individuals in their native language strengthens overall resources parents bring with them to their partnership with school professionals (Bourdieu, 1986).

This culminating project consists of four chapters. The upcoming chapter, Chapter 2, is a literature review. The purpose of the literature review is to explore research on issues that are relevant to the culminating project. Chapter 3 includes who is the audience and the implementation factors of this culminating project. Chapter 4 includes an evaluation of the effectiveness of the culminating project. Lastly, Chapter 5 includes a summary of the chapters and a discussion on future work/research that needs to be done in the future.
Chapter 2: Literature Review

According to Aceves (2014), historically, parents have made a major effort to be involved in the education of their children with special needs. As a result, federal law now requires school professionals to collaborate with parents in the area of special education services for their children, assuring parents are included in the decision-making process regarding their child’s education. Although federal and state law recognizes parents as equal partners with school professionals, this is not the reality for many low-income and culturally and linguistically diverse families (Aceves, 2014). Circumstances that affect the involvement of culturally and linguistically diverse parents and the quality of their children’s special education services include the following: major differences in cultural perspectives regarding disability and parent-school professional roles, deficit views of the families, poor communication with school professionals, and limited access to appropriate special education services (Aceves, 2014).

Cultural Perspectives

Communication patterns and child-rearing practices within Hispanic families are established early in the lives of the family members. According to Langdon (2009), such patterns differ from population to population because they are based on the cultural and communication characteristics of the group. Additionally, there are differences that occur across generations. Developing an understanding of those patterns may help explain the behavior of families and children to specific situations. For example, Hispanic parents and caregivers are the first “teachers” of their children. Moreover, some Hispanic parents and caregivers consider themselves the primary caregivers and consider the teachers
responsible for delivering academic instruction to their children (Kayser, 2007; Langdon, 1992; Nieto, 2004).

Acknowledging and accepting a disability may be difficult for any family, but it may be particularly difficult for immigrants (Langdon, 2009). According to Langdon (2009), the United States is the leading nation in the world in identifying learning disabilities of young children. Additionally, the United States is the leading nation in the world in researching several intervention approaches, which are in general limited in other parts of the world. Moreover, the United States is also a leader in passing laws to protect children with special needs. Therefore, Hispanic families who migrate to the United States may not be familiar with resources that help recognize the disabilities that often become apparent when children attend school (Langdon, 2009).

Some Hispanic parents and caregivers find it easier to understand that their child has a disability if it is more “visible” such as cerebral palsy, blindness, or deafness (Langdon, 2009). On the other hand, it is more difficult for a Hispanic family to acknowledge that their child may have a learning disability because there is no obvious physical problem and the child is performing as expected in the home setting (Langdon, 2009). Langdon (2009) suggests professionals who work with children who have disabilities to reflect on their own attitudes about disabilities and to understand the families’ points of view.

In several Hispanic cultures, an inherited disability may be interpreted as resulting from an external factor, such as lunar activity, witchcraft, or bodily states (Cheng, 1991; Meyerson, 1983, 1990; Weddington, 1990). Of noted importance, individuals of the same group may have differing views toward various disabilities, depending on their beliefs.
and experiences. For example, stuttering may be considered a problem in one family; however, stuttering may not be considered a problem in another family. Therefore, it is of great importance to “be prepared to open a dialogue with clients and families to ascertain their beliefs and feelings” (Ratner, 2004, p. 294).

Hispanic parents and caregivers tend to accept their child’s disability more readily when it is visible than when it is “hidden” such as intellectual disability or speech impairment (Queralt, 1984). Some Hispanic parents and caregivers view these disabilities as being caused by external influences on the human body. For example, Meyerson (1983, 1990) reported that several Chicano mothers attributed their children’s cleft palates to an eclipse during pregnancy, whereas other Chicano mothers attributed the problem to a “susto” (a fearsome experience) during pregnancy. Most commonly, Hispanic mothers use terms “mal ojo” (evil eye) or “mal puesto” (witchcraft) in an effort to account for the reasons for their children’s disabilities. Other Hispanic mothers name some wrongdoing during their pregnancy in an effort to account for the reasons for their children’s disabilities. Interestingly, among the Cuban population, a child’s mental and/or physical problems are often attributed to a “desmayo” or “desvanecimiento” (a fainting spell), “decaimiento” (lack of energy), “barrenillo” (obsessive thinking), or “empacho” (indigestion) that occurred during pregnancy (Queralt, 1984).

Furthermore, according to Jung (2011), culturally and linguistically diverse parents strongly hold on to and embrace their traditional relational values in relationships with school professionals, regardless of their duration of residency and their degree of participation in American society. They perceive the cordial and kind attitudes of school professionals as a sign of personal interest or an authentic relationship. Moreover, they
try to avoid conflicts and confrontations with school educators from the initial meeting on through the special education process. On behalf of their children, they appear to maintain a modest and agreeable stance with school professionals in an effort to nurture good relationships (Jung, 2011).

According to Jung (2011), “the interpersonal values held by these parents which foster their passive role results in them entrusting their children’s education to the school professionals, both during the IEP process and beyond” (p. 21). This creates inherent obstacles in their communication with school professionals throughout the decision-making process. Additionally, culturally and linguistically diverse parents are not familiar with the process of discussing their children’s education with school professionals. They believe school professionals’ recommendations are final decisions from the beginning of the IEP process, even when parents’ views are completely different from those of the school professionals (Jung, 2011).

Thus, gradually culturally and linguistically diverse parents experience strong feelings of powerlessness, pressure, and alienation from the special education process. These parents’ feelings become excessively overwhelming for them to defend their views over those of school professionals. Under these circumstances, the presence of several school educators is construed by parents to conform to the school professionals’ recommendations (Jung, 2011).

Hispanic Parents’ Involvement in the School Setting

According to Rodriguez, Blatz, and Elbaum (2014), culturally and linguistically diverse groups, Hispanic families in particular, demonstrate different involvement
patterns than Caucasian families. For example, Hispanic families are less likely to show initiative to become involved in schools in the same manner as Caucasian families. This may be true under conditions in which these families believe that school staff are not receptive to their initial efforts to become involved. According to Rodriguez et al. (2014), in order to effectively involve Hispanic families, it is important to acknowledge the factors that may affect their initiative to become involved.

In addition to culturally and linguistically diverse families’ cultural based beliefs that may lead to a reduced role in school, there are additional factors that may limit the involvement in school to support the child’s academic progress. For example, Walker, Ice, Hoover-Dempsey, and Sandler (2011) found Hispanic families had a tendency to be more involved with their children at home than in school. Moreover, other research has shown that language barriers among families of culturally and linguistically diverse students negatively impact their involvement in school (Barrera & Liu, 2006; Blanchett, Klingner, & Harry, 2009). “There is also evidence that culturally and linguistically diverse families may have a different definition of what it means to have a child with a disability, and that this culturally influenced definition can affect the extent to which families get involved in school” (Rodriguez et al., 2014, p. 264). For example, some Hispanic families view their child’s disability as a spiritual phenomenon that involves divine intervention, rather than a deficit in the child’s ability to function effectively in school. Therefore, families with this view may be less likely to be involved in school since they do not view their child as having a deficit (Harry, 1992, 2002).

According to Harry (2008), other research points to cultural differences in the ways culturally and linguistically diverse families view the teacher. Families from some
cultures take on a deferential stance toward teachers and school administrators. To elaborate, they view teachers as the professionals who are best fit to assist their child achieving successful educational outcomes. There is an implied trust in the teacher’s professionalism and competence. Hoover-Dempsey, Walker, Sandler, Whetsel, Green, Wilkins, and Closson (2005) proposed the following theory of parental involvement.

Parents’ role construction and sense of self-efficacy were viewed as key determinants of their involvement. According to this model, families who are less confident in their abilities and who do not believe it is their role to be involved in school, tend to become less involved. As a result, Hispanic families are less familiar with information related to special education, and consider above all, to be the teacher’s role to educate their child. Therefore, these families may be less likely to take the initiative to become involved. According to Hoover-Dempsey et al. (2005), it is critical that school staff extend clear messages to Hispanic families that their input is of great value in the education of their children.

Culturally and linguistically diverse families may also lack the economic, cultural, and social capital needed to efficiently advocate on their children’s behalf. As a result, culturally and linguistically diverse families may be less motivated to become involved in support of their children’s education (Ong-Dean, 2009; Trainor, 2008). These families, who may lack the resources needed to advocate effectively for their children, may not know who to turn to for support when schools do not provide the supports or services they perceive their children may need or what to do when they disagree with a school’s decision concerning their children (Ong-Dean, 2009; Trainor, 2008, 2010).
To the extent lower socioeconomic status (SES) is linked with culturally and linguistically diverse status, and lower SES is linked with lack of social and cultural capital, culturally and linguistically diverse families may tend to be less involved in school. For example, many low SES culturally and linguistically diverse parents work in low-paying jobs that provide little flexibility for them to attend IEP meetings. Moreover, in rural areas, simply getting to the school may be a problem for several families. These families may also lack access to computers, which may be necessary to communicate with school staff via email and/or have access to electronic grade portals (Rodriguez et al., 2014).

Additionally, research has found parents of children at low SES schools expect less. More specifically, they are satisfied with less influence on their children’s educational progress and education. Conversely, parents from high SES groups are more aware and involved in school activities; therefore, they have an influence on the schools their children attend (Herman & Yeh, 1983; Keith & Lichtman, 1994). According to Brantlinger (1985), parents from low SES groups may not perceive that the ownership of a high school diploma will increase a child’s social status or job opportunities. However, Tidwell (1988) found that minority and low-income parents place a high value on education. For instance, Solorzano (1991) found the typical minority parent’s educational aspiration for his or her children is at least a bachelor’s degree.

According to Rodriguez, Blatz, and Elbaum (2014), school staff who hold critical outlooks in response to what they perceive as a lack of involvement of culturally and linguistically diverse families will experience a difficult time trying to work effectively with those families. More specifically, the perception that culturally and linguistically
diverse families are less involved may call to mind negative cultural stereotypes. School staff may attribute families’ failures to become involved to a lack of concern about their children (e.g., living in a broken home, alcohol or substance abuse). According to Rodriguez, Blatz, and Elbaum (2014), assumptions may lead to self-fulfilling prophecies. For example, “teachers or administrations who believe that culturally and linguistically diverse families are lazy or disinterested are less likely to extend invitations to these families to become involved, so those families may become even less involved, inadvertently reinforcing the initial negative stereotypes” (Rodriguez et al., 2014, p. 265).

Furthermore, according to Rodriguez, Blatz, and Elbaum (2014), Hispanic families often reported they felt a major responsibility to be involved in their children’s education, regardless of the schools’ efforts to involve them. Even though Hispanic and Caucasian families reported comparable levels of initiative when their children were enrolled in high performing schools in involving them, their reported levels of initiative changed significantly when the schools were lower performing. Caucasian families appeared to respond to the lack of school involvement efforts by taking further initiative to obtain services, whereas Hispanic families responded by becoming less involved. Yet, Hispanic families did not report any less sense of responsibility to become involved than their Caucasian counterparts. On the contrary, a higher percentage of Hispanic families than Caucasian families reported they felt it was their obligation to become involved, regardless of the schools’ efforts to involve them (Rodriguez et al., 2014).

According to Rodriguez, Blatz, and Elbaum (2014), there are several other reasons why Hispanic families in comparison to Caucasian families may take less initiative in response to the schools’ failures to involve them. One factor is language.
When schools facilitate parent involvement, it is very likely they are also ensuring translations are conducted during meetings and translating materials into the parent’s native language. “Hispanic families may simply be less able to communicate effectively with the school when the school does not facilitate those communications” (Rodriguez et al., 2014, p. 266). As a result, Hispanic families may be less informed of opportunities available to them when they are met with resistance from schools. As previously stated, Hispanic families may lack the social and cultural capital to know what steps to take when the schools are unreceptive to their efforts. “Hispanic families may also perceive that when schools are not receptive to their efforts to become involved, they are being sent a message to stay away” (Rodriguez et al., 2014, p. 266).

Walker, Ice, Hoover-Dempsey, and Sandler (2011) suggest schools need to be thoughtful to the possibility that Hispanic families may take less initiative to be involved when they find the school uninviting. Moreover, if Hispanic families rely more profoundly on the schools’ invitations to become involved, then the schools need to make a sincere and concerted effort to actively involve these families, since a lack of these efforts may have the effect of distancing them even further. To conclude, the research literature reports that Hispanic parents hold high expectations for their children, hold positive aspirations for their children, and believe supporting their children in school is important; however, their forms of involvement may be different from those of families from other backgrounds (Araujo, 2009; Gillanders & Jimenez, 2004; Scribner, Young, & Pedroza, 1999; Valdes, 1996).
Views of Hispanic Families and the Special Education Program

Bailey, Skinner, Rodriguez, Gut, and Correra (1999) conducted a study to gain a better understanding of how Hispanic parents perceived the special education program. They found the majority of parents of Hispanic children with disabilities reported moderate levels of satisfaction with special education services. Moreover, a high number of these families were for the most part or entirely dissatisfied with their children’s special education programming. In another study conducted by Alvarez-McHatton and Correra (2005), they surveyed Hispanic mothers of children with disabilities and found that maternal satisfaction with special education in early childhood promoted future interactions. The mothers who reported having negative interactions or experiences of bias and discrimination early on became distrusting, defensive, and suspicious of school professionals in following interactions.

According to Shapiro, Monzo, Rueda, Gomez, and Blacher (2004), Hispanic parents believed school professionals demonstrated negative attitudes towards the child, low effort when providing services, and poor treatment. Moreover, Hispanic parents reported having received limited contact or communication from the school (Lian & Fontanez-Phelan, 2001). Researchers have also found Hispanic parents lacked understanding of the disability determination and classification process (Zetlin, Padron, & Wilson, 1996). On occasions in which parents were dissatisfied, they reported concerns about their child’s lack of progress and decreased services from special education related service providers such as occupational therapists, physical therapists, and speech-language pathologists (Tejero-Hughes, Martinez Valle-Riestra, & Arguelles, 2002). In addition, Lian and Fontanez-Phelan (2001) found that more than half of the
Hispanic parents who participated in their study, believed they should not become involved in the decision-making process and keep a respectful distance.

Hispanic Parents’ Involvement in Special Education

Researchers have found parent involvement in education is beneficial to both the child and the parent (Keith & Lichtman, 1994; Seefeldt, 1985; Turnbull, 1983). Moreover, the more involved the parent is in the education of his or her child, the greater the impact on the child’s educational performance (Christenson, Rounds, & Gorney, 1992; Keith, Keith, Troutman, Bickley, Trivette, & Singh, 1993). For example, parents who are passively involved in their child’s classroom were in all likelihood to familiarize themselves with their child’s learning process and with the classroom. Additionally, parents who are passively involved are able to reinforce classroom lessons at home (Herman & Yeh, 1983).

Increasing Hispanic parents’ involvement in the education of their children may not only benefit them, but may also have a positive effect on their children’s school achievement, positive attitudes toward education, and self-esteem. Although parent involvement positively impacts children’s education, research has found that Hispanic parents are not active participants in the educational process of their children. Additionally, there is a common misconception that Hispanic parents do not value education as much as parents from other ethnic groups; therefore, they are not involved in the schools (Keith & Lichtman, 1994; Tidwell, 1989). According to Gonzalez (1986), Hispanic parents remain moderately uninvolved because they believe education is the school’s responsibility. Stein (1983) reported that in several Hispanic subcultures, parents are encouraged to trust the school to make decisions for them.
In a study conducted by De La Luz Reynoso and Tidwell (1996), they examined the issues relevant to Hispanic parent involvement in special and general education. More specifically, the study focused on the perceived barriers to participating and ways of participating, the educational attitudes of Hispanic parents, and the degree of Hispanic parent participation in special education. They hypothesized Hispanic parents with children in special education are more likely to be involved than Hispanic parents with children in general education. Additionally, Hispanic parents may be responding to special education laws that require parents to be more actively involved in their children’s educational planning, or they may be more interested in participating in their children’s education when they have children who are in special education (De La Luz Reynoso & Tidwell, 1996).

Four measures were used to assess a number of areas: sociodemographic characteristics, family structure, acculturation, and level of participation and attitudes toward education. The measures were the Demographic Interview (DI), Parent/Family Involvement Index (P/FII), Parent Attitudes Toward Education (PATE), and Parents’ Perceptions of Participation (PPP). Findings indicate that there were no significant differences in educational attitudes between the group of Hispanic parents with children in special education and the group of Hispanic parents with children in general education. Ninety-nine percent of all the parents reported they were very interested in their children’s education, 98% of all the parents reported that a child’s education is of first-rate importance to a parent, 77% of all the parents reported the school was primarily responsible for teaching academic skills, and 88% of all the parents reported they should not concern themselves with teaching academic skills to their children. Moreover, 92% of
all the parents reported themselves as a parent as well as a teacher, however 99% of all the parents also reported their primary responsibility was to teach their children values and good manners (De La Luz Reynoso & Tidwell, 1996).

Furthermore, 67% of all parents reported wanting to participate, however did not know how, 62% of all parents reported feeling uncomfortable participating, and 57% of all parents reported feeling discouraged due to the language barrier. Thirty-eight percent of all the parents reported that they believed they were not qualified to make educational decisions, and 30% of all the parents reported that they believed the school should be responsible for making educational decisions. Thirty percent of all parents reported they believed it was the schools’ responsibility to educate their children, 14% of all parents reported they did not understand the school system, 38% of all parents reported they did not feel the teachers encouraged them to participate, and 23% of all parents reported they only participate when the teacher invites them to do so. Lastly, 99% of all the parents reported that they believed participating benefited their children, 98% of all the parents reported wanting their children to learn more than basic academic skills, 92% of all the parents reported they would push their children to pursue an education, and 99% of all the parents reported that they believed education is the key to a better future (De La Luz Reynoso & Tidwell, 1996).

De La Luz Reynoso and Tidwell (1996) found significant differences between the group of Hispanic parents with children in special education and the group of Hispanic parents with children in general education. More specifically, there were statistically significant differences between the two groups in educational activities at home, availability of transportation, attendance at parent meetings, involvement with
administration, involvement in fund-raising activities, involvement in disseminating information, as well as in the area of parent-parent support. However, there were no significant differences found in classroom volunteering, contact with the teachers, and observations at school. Additionally, there were no significant correlations between years of education and level of participation or salary and level of participation. Two additional variables that were introduced in relation to parent participation were household income and years of education of the parent, and a moderate relationship between the two variables was found (De La Luz Reynoso & Tidwell, 1996).

Furthermore, the results showed classroom volunteering, contact with the teachers, and observations at school were significantly related to education. Next, educational activities at home, involvement with administration, involvement in fund-raising activities, parent-parent contact and support, and involvement in classroom volunteering were significantly related with income. Availability of transportation, contact with the teachers, attending parent meetings, observations at school, involvement in advocacy groups, and involvement in disseminating information were not significantly related to income level. Moreover, no significant relationship was found between education and transportation, educational activities at home, attending parent meetings, involvement with administration, parent-parent contact, involvement in fund-raising activities, involvement in advocacy groups, and involvement in disseminating information (De La Luz Reynoso & Tidwell, 1996).

Lastly, no significant relationship between acculturation and parent participation was found. However, acculturation was related to contact with the teachers, involvement in classroom volunteering, involvement with administration, and involvement in fund-
raising. Acculturation correlated with the following measures: educational activities at home, transportation, observations at school, attending parent meetings, parent–parent contact and support, involvement in advocacy groups, and involvement in disseminating information (De La Luz Reynoso & Tidwell, 1996).

According to De La Luz Reynoso and Tidwell (1996), the most common school–related and personal barriers to participation for Hispanic parents of special education and general education children were language, teachers and school staff not encouraging parents to participate, times of school meetings, work commitments, and child care. As for the special education group, transportation, not understanding the school system, and level of education were also frequently reported. Overall, the parents believed they participated in their children’s education by being present at meetings, helping their children with their homework, and encouraging their children to finish school (De La Luz Reynoso & Tidwell, 1996).

Hispanic Parents’ Involvement in the Special Education Process

In the IEP process, very often most culturally and linguistically diverse parents encounter obstacles which impede their effective involvement. Limitations are reinforced by both their lack of knowledge of their legal rights and the IEP process. Additionally, limitations are reinforced by school professionals who evade their responsibility and allow parents to “remain unaware of their rights” (Harry 1992, p. 111). According to Jung (2011), “the school professionals’ stance too often is to discourage parents from having an influential role in the decision-making process, which is accomplished by reserving abundant on program selections or placement options” (p. 21). In due course, these attitudes of school professionals result in an inauthentic process of IEP meetings for
parents. Oftentimes, school professionals are not willing to allot sufficient time to discuss concerns that parents consider significant, displaying impatience through their facial expressions and gestures and rushing to end meetings (Jung, 2011).

Many culturally and linguistically diverse parents describe school professionals’ inherent perspectives or attitudes toward parents as “arrogant” and “obstinate.” “If parents set about to increase their role, surface their opinions, and become more persistent during their child’s IEP process, the more adamant the attitudes of school professionals become as they exhibit insensitive, aggressive, and impatient attitudes toward the parents” (Jung, 2011, p. 21). As a result, the majority of culturally and linguistically diverse parents are psychologically and emotionally disturbed by the feelings of frustration, anger, resentment, and isolation (Jung, 2011).

According to Jung (2011), the forming of fundamental conflicts between culturally and linguistically diverse parents and schools professionals is in part caused by “Western positivistic values deeply rooted in the special education system and espoused by the educational professionals” (p. 21). Kalyanpur, Harry, and Skrtic (2000) noted Western values highlight scientific knowledge through experimentation and structured observation. From this systematic view, it is taken for granted that school professionals’ knowledge, analysis, and interpretations in the IEP process have greater significance than those of culturally and linguistically diverse parents as the source of dependable and reliable information. For example, during IEP meetings, school professionals often employ elaborate verbage and jargon, and/or use difficult to understand statistics and graphs to justify their recommendations. Therefore, parents are likely to feel less knowledgeable and/or confident in voicing or upholding their opinions and have the
impression that the school professional are the only one’s qualified to make decisions (Jung, 2011).

Hence, in light of the educator’s reasoning, several suggestions or information emerging from parent’s observations and beliefs are considered inaccurate, inconsistent, or unreliable and consequently not used or reflected at the decision-making stages of the process. School professionals’ attitudes, as well as their undemocratic decision-making processes often render immigrant parents to challenge and become confrontational. More specifically, some parents will resort to taking legal actions. Unfortunately, other parents will simply give up (Jung, 2011).

Culturally and linguistically diverse parents’ inner conflicts and their psychological or emotional barriers are further broadened and deepened by the manner of speaking of school professionals, which they see as “distant,” “inconsiderate,” “cold,” and even “cruel.” Especially when discussing disagreement, school professionals’, direct, clear, or determined remarks are perceived by culturally and linguistically diverse parents as an emotional shock that intensifies their resentment and hostility toward school professionals (Jung, 2011).

According to Jung (2011), a level of limited English proficiency may not be a direct barrier in the special education decision-making process; however, it frequently serves as a major disadvantage to culturally and linguistically diverse parents in communicating with school professionals. Therefore, culturally and linguistically diverse parents acknowledge the importance of knowledgeable and qualified translators in the IEP process as well as for the resulting written IEP documents that serve as follow-up information. However, concerns are frequently expressed about translators’ strong
connection to the school district and limited language proficiency level in both languages. These two factors negatively impact the deliverance of parents’ critical issues to school professionals (Jung, 2011).

For example, according to Jung (2011), there are translators who translate a large portion of school professionals’ opinions, however fail to fully deliver the main opinions and issues expressed by parents. Additionally, translators often urge parents to conform to school professionals’ recommendations in an influential manner so as to end controversial matters or conflict between school professionals and the parent. Concerns about translators not being knowledgeable about special education terminology and the entire IEP process are also often raised (Jung, 2011). “Such unqualified, untrained translators as well as translators who have slanted views place immigrant parents in an even more vulnerable position when dealing with disputable issues. Most participants are confounded by their limited English skills, lack of an advocate, and unqualified or biased school district translators. Parents might say that the “uneven table” of IEP meetings is dominated and controlled by school professionals and there is no way out but to accept school professionals’ unwanted recommendations” (Jung, 2011, p. 21).

Furthermore, oral interpretations are often not sufficient for parents whose English level is limited to understand the course of description by school professionals, as well as the fundamental elements of the IEP evaluation. To elaborate, even those parents who have a basic understanding of English are oftentimes unable to focus adequately to adequately interpret the spoken words of school professionals (e.g., the professional vocabulary, jargon, sentence structure) to grasp precisely the meaning of the conversation. Therefore, written and accurately translated documents would appear
necessary to provide understanding of the full range of issues that are being discussed during IEP meetings (Jung, 2011). Harry (1992) suggests interpreters be both fluently bilingual and bicultural, so they are able to recognize the subtle distinctions of language, interpersonal behavior, and social status of the participants, in an effort to serve as facilitators or advocates for the culturally and linguistically diverse parents.

Inadequate translation during parent-school professional meetings contributes to limited knowledge of special education procedures and limits the ability to participate during meetings. Moreover, obtaining well-written material in their native language has been found to be problematic. These experiences contribute to families feeling disconnected with schools, leaving them unclear on how to advocate for their children. When working with Hispanic parents to improve their advocacy skills, Aceves (2014) suggested community services must enhance parents’ ability to communicate effectively with school professionals and boost their knowledge of parental rights and responsibilities, their child's disability (including effective practices to support progress), and the importance of support providers (e.g., family members, advocates) in decision making.

In a study conducted by Torres-Burgo, Reyes-Wasson, and Brusca-Vega (2010), these researchers developed a survey to elicit responses of parents regarding four primary aspects of learning disabilities services: “(a) knowledge of and involvement in the IEP process, (b) communication between the home and school, (c) cultural sensitivity of school personnel, and (d) satisfaction with the school program and suggestions for improvement” (Torres-Burgo et al., 2010, p. 376). Findings indicate that of the items that related mainly to parental knowledge of and involvement in the IEP process, significant
differences were found between the responses of Hispanic and non-Hispanic parents in four occurrences: “(a) Hispanic parents had their rights concerning the IEP process explained to them in their native language significantly less often than did non-Hispanic parents; (b) Hispanic parents were asked significantly less often by professionals if they understood their children’s IEP than were non-Hispanic parents; (c) Hispanic parents were significantly less aware of the severity rating assigned to their children’s learning disability (e.g., mild, moderate, severe) than were non-Hispanic parents; and (d) Hispanic parents were significantly less aware of the type of delivery system (e.g., resource room, self-contained room) that was used to provide services to their children than were non-Hispanic parents” (Torres-Burgo et al., 2010, p. 379).

First, regarding knowledge of terminology, both Hispanic and non-Hispanic parents responded in simple terminology that learning disabilities meant primarily their children were slower in comparison to other children. The comments of non-Hispanic parents; however, tended to express certainty that their children would be able to “catch up” given proper assistance (e.g., “harder for him to comprehend, needs a little more help”). Conversely, the comments of Hispanic parents tended to focus on the differences among their children and other children (e.g., “does not think as a normal child does”). Second, regarding knowledge of program issues, both Hispanic and non-Hispanic parents reported not knowing what an IEP was, although this was true for a larger percentage of Hispanics than for non-Hispanics. A similar percentage of parents in each group reported that they did not know whether the services listed on the IEP were being provided to their children. Third, regarding Parental Rights, both Hispanic and non-Hispanic parents were well aware of their right to see their children’s school records although only about one-
third of the groups had ever done so. Fourth, regarding involvement during the IEP process, over half of the parents in both groups reported self-initiated involvement by giving input or asking questions. Moreover, both Hispanic and non-Hispanic parents reported that a similar percentage of professionals asked them to make decisions concerning some aspect of the process. Nearly two-thirds of Hispanic parents and considerably less than half of the non-Hispanic parents indicated a preference for school staff, rather than themselves to, make decisions about their children’s education, stating reasons such as “Teachers are more qualified” and “The school is more aware of my child’s needs” (Torres-Burgo et al., 2010).

Additionally, of the responses to items that related to communication between school and home, the following significant differences were found between Hispanic and non-Hispanic parents: “(a) Hispanic parents communicated with their children’s special education teachers on a regular basis significantly less often than did non-Hispanic parents; and (b) Hispanic parents were offered significantly less advice about how to help their children at home by school personnel than were non-Hispanic parents” (Torres-Burgo et al., 2010, p. 380).

Both Hispanic and non-Hispanic parents reported they did not receive recurrent written or oral communication from the school, although the percentage was greater for non-Hispanics than for Hispanics. Similarly, both Hispanic and non-Hispanic parents reported they never received a copy of their children’s IEP. Moreover, the parents in both groups expressed a preference for face-to-face meetings with school staff over other forms of communication. However, the parents in both groups expressed a preference for
communicating with their children’s teachers over other staff regarding school issues (Torres-Burgo et al., 2010).

Furthermore, nearly half of Hispanic parents indicated their children’s special education teachers did not speak Spanish; however, no significant differences were reported on other items related to cultural sensitivity. Of noted importance, a high percentage of both Hispanic and non-Hispanic parents felt that their children’s special education teachers were sensitive to the cultural background of the family (Torres-Burgo et al., 2010). Lastly, Hispanic and non-Hispanic parents did not differ significantly in their level of satisfaction on the following items: “(a) the amount of communication between themselves and classroom teachers; (b) the amount of communication between themselves and other school personnel; (c) the special education services their children receive; and (d) the help that they receive from the school in order to help their children at home” (Torres-Burgo et al., 2010, p. 381).

Hispanic and non-Hispanic parents indicated they agreed with the school staff’s decision to give their children learning disabilities services. Approximately half of the Hispanic and non-Hispanic parents wrote comments at the end of the survey form. Comments from Hispanic parents mainly indicated their desire for better communication between school and home, bilingual special education teachers, a smaller student-teacher ratio, and the use of stricter discipline procedures. Comments from non-Hispanic parents mainly indicated their desire for a greater understanding of learning disabilities, better classroom materials, and more classroom space. At last, in response to a dichotomous item, a moderately high percentage of both Hispanic and non-Hispanic parents indicated
a need for a formal program that would help them to assist their children at home (Torres-Burgo et al., 2010).

Knowledge, Awareness, Access and Use of Services

According to Berlinger (1985), oftentimes, Hispanic parents believe they do not have the right to ask the schools for special services for their children. Their lack of understanding of the school system also keeps them away (Casanova, 1985; Gonzalez, 1986). In an ethnic comparison of parents involved in early intervention programs for children with developmental delays, Sontag and Schacht (1994) found that Hispanic and American Indian parents were less likely than Caucasian parents to be knowledgeable about the process of obtaining services and to be involved in making decisions about services for their children. Moreover, in a study of ethnically diverse parents of children with several disabilities, Lynch and Stein (1987) found Hispanic and African-American parents were less knowledgeable about the special education services their children were receiving in comparison to Caucasian parents.

Researchers who have analyzed the experiences of parents from culturally and linguistically diverse groups, when interacting with special needs service providers have, poor connections made between service agencies and the home have been evident (Bennett, 1988; Harry 1992; Harry, Allen, & McLaughlin, 1995; Kalyanpur & Rao, 1991). For example, in an ethnographic study conducted by Harry (1992), twelve Hispanic parents with children with mild disabilities, the input concerning their children’s special education programs was found to be significantly compromised by differences in cultural conceptualizations of disability and by several occurrences of poor communication practices (e.g., scheduling problems, superficial attention to parental
concerns). According to Langdon (2009), whether the service provider is a school psychologist, resource specialist, speech-language pathologist (SLP), occupational therapist, or physical therapist, it is imperative to keep in mind the following areas in assessing the special needs of a child of Hispanic background: “(a) understanding of communication styles in the various families; (b) child-rearing and communication patterns that occur within the families of students/clients; (c) families’ experiences in attaining literacy and accessing school resources; (d) facilitation of communication with Hispanic families; (e) how families understand and react to various educational and medical disabilities; and (f) best strategies for obtaining from Hispanic families the information that is needed to counsel and guide them in handling specific educational or medical issues” (Langdon, 2009, p. 86). Additionally, Langdon (2009) suggests, in order to be efficacious, educators, specialists, other professionals, health care personnel, and community agents must attune to their own sets of beliefs and expectations. Lastly, they should strive to comprehend their clients’ families’ expectations and experiences.

Furthermore, Aceves (2014) conducted a study in which Hispanic parents participated in a parent training program. The parent training program aimed to support their children’s special service delivery and development at home. Also, it aimed to increase Hispanic parents’ knowledge and ability to communicate with their children’s school. Last, it aimed to increase Hispanic parents’ knowledge concerning community services to support their children’s progress. Responses fell into five categories: accessing resources in their primary language, validating existing knowledge, accessing new information affecting knowledge, communicating with school professionals, and connecting with other families (Aceves, 2014).
Findings indicate there were no statistically significant gains in parents feeling they understood how to communicate with the school regarding their children’s education. However, the parents reported being able to access new information during training sessions that permitted them to communicate more with school administrators and teachers. The parents were not able to elaborate on exactly how they learned to improve their communication with school staff; however, all the families reported feeling more comfortable with the process. Furthermore, parents demonstrated significant gains on items related to improving their understanding of their children’s school services. However, there were no significant gains on items related to understanding and being able to support their children’s social skills and behavior at home (Aceves, 2014).

Additionally, in individual parent interviews, the parents reported they appreciated having been exposed to new information through the training sessions. There were significant gains in parents’ understanding of community resources to support their children’s education. They reported receiving information regarding after school programs and community programs. They received information from community-agency speakers; service providers from both the local and surrounding county. These community-agencies included: regional centers, family mental and health services, and job training programs. Although these agencies were located in close proximity to participating schools, several families were previously unaware of the services and programs the agencies provided. By the end of the parent trainings, findings indicate the majority of parents reported high levels of self-efficacy (Aceves, 2014).

Research has found Hispanic parents benefit to a great extent from a parent special education support group. Hispanic families have reported receiving emotional
support from the group and having access to critical sources of information (Gershwin, Milian, & Lopez, 2009). Similar research with culturally and linguistically diverse groups has reported stronger and more effective special education advocacy resulting from parents attaining greater knowledge of parental rights, Individualized Education Program (IEP) content, and interacting with other parents of children with disabilities (Trainor, 2010). According to Bourdieu (1986), providing opportunities for Hispanic parents to develop essential resources, in conjunction with being lead by other parents in their native language, strengthens overall resources parents bring with them to their partnership with school professionals.

To conclude, historically, parents have made a major effort to be involved in the education of their children with special needs (Aceves, 2014). As a result, federal law now requires school professionals to collaborate with parents in the area of special education services for their children, assuring parents are included in the decision-making process regarding their child’s education. Although federal and state law recognizes parents as equal partners with school professionals, this is not the reality for many low-income and culturally and linguistically diverse families (Aceves, 2014). Circumstances that affect the involvement of culturally and linguistically diverse parents and the quality of their children’s special education services include the following: major differences in cultural perspectives regarding disability and parent-school professional roles, deficit views of the families, poor communication with school professionals, and limited access to appropriate special education services (Aceves, 2014).

According to Langdon (2009), whether the service provider is a school psychologist, resource specialist, speech-language pathologist (SLP), occupational
therapist, or physical therapist, it is imperative to keep in mind the following areas in assessing the special needs of a child of Hispanic background: “(a) understanding of communication styles in the various families; (b) child-rearing and communication patterns that occur within the families of students/clients; (c) families’ experiences in attaining literacy and accessing school resources; (d) facilitation of communication with Hispanic families; (e) how families understand and react to various educational and medical disabilities; and (f) best strategies for obtaining from Hispanic families the information that is needed to counsel and guide them in handling specific educational or medical issues” (Langdon, 2009, p. 86). Lastly, Langdon (2009) suggests, in order to be efficacious, educators, specialists, other professionals, health care personnel, and community agents must attune to their own sets of beliefs and expectations. They should strive to comprehend their clients’ families’ expectations and experiences.
Chapter 3: Project Audience and Implementation Factors

This culminating project presents a project that, according to the existing research literature, is needed. Research shows Hispanic parents benefit to a great extent from special education informational sessions which are designed in a supportive manner. Hispanic families have reported receiving emotional support from the group and having access to critical sources of information (Gershwin, Milian, & Lopez, 2009). Similar research with culturally and linguistically diverse groups has reported stronger and more effective special education advocacy resulting from parents attaining greater knowledge of parental rights, IEP content, and interacting with other parents of children with disabilities (Trainor, 2010). Providing opportunities for Hispanic parents to develop essential resources, in conjunction with being lead by other individuals in their native language, strengthens overall resources parents bring with them to their partnership with school professionals (Bourdieu, 1986).

Development of Project

With regard to the development of the project, the school psychologist intern decided to create a PowerPoint presentation which presents special education services in a detailed and easy to understand manner geared towards Hispanic parents who have at least one child in special education and school staff. The PowerPoint presentation elaborates on the description of each special education service, the various professionals who determine the need for the service, the student who benefits from the service, and how the service goes into effect. The information included on the PowerPoint slides was retrieved from the California Department of Education website. This PowerPoint presentation was created for use at an informational session, such as a workshop.
Intended Audience

The intended audience for this culminating project is the Hispanic population. More specifically, the relevant demographics of the group include the following:

Hispanic parents who have at least one child in special education, Spanish-speaking Hispanics who are still learning the English language, all ages, both genders, and all socioeconomic statuses. This project would be inappropriate for Hispanic parents who do not understand the Spanish language as the information will be translated in Spanish and not much information will be explained in the English language.

Personal Qualifications

The school psychologist intern will conduct a workshop in which the PowerPoint presentation will be presented. The school psychologist intern holds a school psychologist intern credential to work in the schools with students, parents, and school staff. The school psychologist intern is currently finishing the last semester of a three year School Psychology Master’s Program. All required coursework has been completed. Moreover, the school psychologist intern completed fieldwork experience within the Pasadena Unified School District, a school district that serves a large segment of the Hispanic population. As an undergraduate college student, the school psychologist intern was a peer mentor who interacted with several Hispanic college students. With regard to employment, the school psychologist intern worked with Hispanic families as a behavior interventionist. Lastly, the school psychologist intern is Hispanic and speaks Spanish fluently.
Environment and Equipment

The attributes of the physical space in which the workshop is to take place is in a large open space conference room at Miller Elementary within the Lancaster School District. This conference room is free from outside noise. The only special equipment required are a laptop and a projector.

Project Outline

The intended audience members will complete a pre measure, a questionnaire, asking them about what they know about special education services. The PowerPoint presentation will be presented. The school psychologist intern will elaborate on each special education service and answer any questions the audience members may have. Lastly, the audience members will complete a post measure, a questionnaire, asking them about what they know about special education services. The school psychologist intern will end the workshop by distributing a booklet of community resources to each audience member.
Chapter 4: Evaluation

Three workshops were conducted. Group 1 consisted of 6 audience members, Group 2 consisted of 5 audience members, and Group 3 consisted of 8 audience members. Overall, there were a total of 19 audience members. The audience members were asked to complete a pre measure, a questionnaire, asking them about what they know about special education services. The PowerPoint presentation was presented. The school psychologist intern elaborated on each special education service and answered all questions asked by the audience members. Then, the audience members were asked to complete a post measure, a questionnaire, asking them about what they know about special education services. All audience members requested and completed the Spanish version of the pre/post measure. Lastly, the school psychologist intern ended the workshops by distributing a booklet of community resources to each audience member.

Results

The pre/post measure was distributed at the beginning of each workshop and at the end of each workshop. The audience members were asked to answer the following questions and statements: (A) Have you participated in at least 1 special education parent workshop to gain knowledge about special education services, (B) Please circle the following special education service(s) you have knowledge about, (C) When did you become knowledgeable about the service(s), (D) Who helped you become knowledgeable about the service(s), and (E) Do you know about other resources in the community that can assist you with your child. To determine the effectiveness of the culminating project, the school psychologist intern collected and analyzed the following pre and post data:
Table 1 below consists of the audience members’ responses to item A, which was “Have you participated in at least 1 special education parent workshop to gain knowledge about special education services?” Response options were (1) No and (2) Yes.

Table 1. Audience members’ responses to pre/post measure item A.

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Based on the responses, none of the Hispanic parents had participated in a special education parent workshop before this workshop.

Table 2 below consists of the audience members’ responses to item B, which was “Please circle the following special education service(s) you have knowledge about.” Response options included the following: (1) Family training, counseling, and home visits (ages 0-2 only); (2) Respite care services (ages 0-2 only), provided by Regional Center; (3) Specialized academic instruction; (4) Language and speech; (5) Adapted physical education; (6) Health and nursing – specialized physical health care services; (7) Assistive technology services; (8) Occupational therapy; (9) Physical therapy;
(10) Individual counseling; (11) Counseling and guidance; (12) Educationally Related Intensive Counseling Services (ERICS); (13) Behavior intervention services; (14) Residential treatment services; (15) Specialized services for low incidence disabilities; (16) Specialized deaf and hard of hearing services; (17) Interpreter services; (18) Audiological services; (19) Specialized vision services; (20) Orientation and mobility; (21) Braille transcription; and (22) Specialized orthopedic services.

Table 2. Audience members’ responses to pre/post measure item B.

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Based on the responses, the Hispanic parents reported having had learned about other special education services than the service(s) their children receive. The majority of the Hispanic parents only knew about the one (5%) service out of the 22 (100%) of the services covered during the workshop.

Table 3 below consists of the audience members’ responses to item C, which was “When did you become knowledgeable about the service(s)?” Response options included
the following: (1) Before an IEP meeting, (2) During an IEP meeting, (3) After an IEP meeting was held, and (4) At a special education parent workshop.

Table 3. Audience members’ responses to pre/post measure item C.

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Based on responses on the pre measure, 12 (63%) of the Hispanic parents reported learning about services during an IEP meeting. The remaining 7 (37%) Hispanic parents reported learning about services before an IEP meeting. All of the Hispanic parents reported learning additional information about their child’s service(s).

Table 4 below consists of the audience members’ responses to item D, which was “Who helped you become knowledgeable about the service(s)?” Response options included the following: (1) Teacher, (2) School Psychologist, (3) School Psychologist Intern, (4) Resource Specialist, (5) Speech Pathologist, (6) Occupational Therapist, (7) Adaptive Physical Education Specialist, (8) Special Education Teacher, (9) School Staff, (10) Friend, (11) I researched, and (12) Other.
Table 4. Audience members’ responses to pre/post measure item D.

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<td>1, 3</td>
</tr>
<tr>
<td>Parent 14</td>
<td>2</td>
<td>2, 3</td>
</tr>
<tr>
<td>Parent 15</td>
<td>10</td>
<td>10, 3</td>
</tr>
<tr>
<td>Parent 16</td>
<td>2</td>
<td>2, 3</td>
</tr>
<tr>
<td>Parent 17</td>
<td>11</td>
<td>11, 3</td>
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<tr>
<td>Parent 18</td>
<td>2</td>
<td>2, 3</td>
</tr>
<tr>
<td>Parent 19</td>
<td>2</td>
<td>2, 3</td>
</tr>
</tbody>
</table>

Based on the responses, 12 (63%) of the Hispanic parents reported learning about services from school psychologists. The remaining 7 (37%) Hispanic parents reported learning about services from other individuals, including teachers, school staff, and friends, or through their own research.

Table 5 below consists of the audience members’ responses to item E, which was “Do you know about other resources in the community that can assist you with your child?” Response options were (1) No and (2) Yes.

Table 5. Audience members’ responses to pre/post measure item E.

<table>
<thead>
<tr>
<th>Audience Member</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent 1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Parent 2</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Parent 3</td>
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<td>Parent 4</td>
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<td>Parent 5</td>
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<td>Parent 6</td>
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<td>Parent</td>
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<td>Count 2</td>
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<td>Parent 7</td>
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<td>Parent 18</td>
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<td>2</td>
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<tr>
<td>Parent 19</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Based on the responses, 3 (16%) of the Hispanic parents reported knowing about other resources in the community that could assist them with their child, whereas 16 (84%) of the Hispanic parents reported not knowing about other resources in the community that could assist them with their child. However, based on the post measure, all of the Hispanic parents left the workshop having had gained knowledge about other resources in the community that could assist them with their child.

Overall, based on the pre and post data, all audience members gained knowledge about special education services. More specifically, per all audience members’ responses, they noted having had learned about other special education services. The audience members expressed to the school psychologist intern having had learned about other special education services that they did not know about or were unfamiliar with.

Therefore, based on the pre and post data and conversations held with the audience members after the conclusion of the workshops, this project is considered to be effective in helping Hispanic parents gain knowledge about special education services.
Chapter 5: Summary and Conclusion

This culminating project consisted of four chapters. Chapter 1 introduced the project. Moreover, it included the purpose of the project. Chapter 2 included a literature review. The purpose of the literature review was to explore research on issues that were relevant to the culminating project. Chapter 3 included who was the audience and the implementation factors of this culminating project. Chapter 4 included an evaluation of the effectiveness of the culminating project. Lastly, Chapter 5 includes a summary of the preceding chapters and a discussion on future work/research that needs to be done in the future.

The purpose of this culminating project was to develop a workshop that met the needs of Hispanic parents who have at least one child in special education. The culminating project was a PowerPoint presentation which presented special education services in a detailed and easy to understand manner geared towards parents of students in special education and school staff. The PowerPoint presentation elaborated on the description of each special education service, the various professionals who determine the need for the service, the student who benefits from the service, and how the service goes into effect. The information included on the PowerPoint slides was retrieved from the California Department of Education website.

This culminating project presented a project that, according to the existing research literature, is needed. Research shows that Hispanic parents benefit to a great extent from special education informational sessions which are designed in a supportive manner (Gershwin, Milian, & Lopez, 2009). Hispanic families have reported receiving emotional support from the Hispanic group and benefited from having access to critical
sources of information (Gershwin, Milian, & Lopez, 2009). Similar research with culturally and linguistically diverse groups has reported stronger and more effective special education advocacy resulting from parents attaining greater knowledge of parental rights, IEP content, and interacting with other parents of children with disabilities (Trainor, 2010). Providing opportunities for Hispanic parents to develop essential resources, in conjunction with being lead by other individuals in their native language strengthens overall resources parents bring with them to their partnership with school professionals (Bourdieu, 1986).

The intended audience for this culminating project was the Hispanic population. More specifically, the relevant demographics of the group included the following: Hispanic parents who have at least one child in special education, Spanish-speaking Hispanics who are still learning the English language, all ages, both genders, and all socioeconomic statuses. This project would have been inappropriate for Hispanic parents who do not understand the Spanish language as the information was translated in Spanish and not much information was explained in the English language.

The school psychologist intern conducted three workshops in which the PowerPoint presentation was presented. The school psychologist intern conducted these workshops as she holds a school psychologist intern credential to work in the schools with students, parents, and school staff. The school psychologist intern is currently finishing the last semester of a three year School Psychology Master’s Program. All required coursework has been completed. Moreover, the school psychologist intern completed fieldwork experience within the Pasadena Unified School District, a school district that serves a large segment of the Hispanic population. As an undergraduate
college student, the school psychologist intern was a peer mentor who interacted with several Hispanic college students. With regard to employment, the school psychologist intern worked with Hispanic families as a behavior interventionist. Lastly, the school psychologist intern is Hispanic and speaks Spanish fluently.

The attributes of the physical space in which the workshops took place were in a large open space conference room at Miller Elementary within the Lancaster School District. This conference room was free from outside noise. The only special equipment required were a laptop and a projector.

The audience members were asked to complete a pre measure, a questionnaire, asking them about what they know about special education services. The PowerPoint presentation was presented. The school psychologist intern elaborated on each special education service and answered all questions asked by the audience members. Then, the audience members were asked to complete a post measure, a questionnaire, asking them about what they know about special education services. All audience members requested and completed the Spanish version of the pre/post measure. Lastly, the school psychologist intern ended the workshops by distributing a booklet of community resources to each audience member.

To determine the effectiveness of the culminating project, the school psychologist intern collected and analyzed the pre and post data. Based on the pre and post data, all audience members gained knowledge about special education services. More specifically, per all audience members’ responses, they noted having had learned about other special education services. The audience members expressed to the school psychologist intern having had learned about other special education services that they did not know about or
were unfamiliar with. Therefore, based on the pre and post data and conversations held with the audience members after the conclusion of the workshops, this project is considered to be effective in helping Hispanic parents gain knowledge about special education services.

Per observations, conducting a workshop for Hispanic parents differs from conducting a workshop for English speaking parents. To elaborate, with regard to the Hispanic audience, the presenter has no knowledge of the level of English speaking proficiency nor the level of education the audience members have. Therefore, when translating, the presenter must avoid using jargon. However, when using complex language, the presenter must elaborate by providing examples and checking for understanding. The presenter must ensure to only provide concise information. As a result, when Hispanic parents are well informed, they are able to use accurate information to ask questions, share any concerns, and make comments. It is crucial for a presenter to be culturally competent when working with this segment of the population.

To conclude, a limitation of this culminating project is that it was only for Hispanic parents who have at least one child in special education at Miller Elementary within the Lancaster School District. Another limitation is that the information presented was summarized in Spanish, which may or may not have had an effect on the message being delivered. With regard to future work/research, a study may be conducted on the effectiveness of this workshop. A study that may ultimately add to the existing research literature. Lastly, this workshop may be conducted in different languages for other segments of the United States population to benefit from.
References


HISPANIC PARENTS AND THE SPECIAL EDUCATION PROCESS: KNOWLEDGE, AWARENESS OF RESOURCES, AND ACCESS AND USE OF SERVICES

Ginalyn Arredondo
School Psychologist Intern

WELCOME!

☐ As every child in special education, YOU have a Goal as well:

Hispanic parents who have at least one child in special education will increase their awareness and knowledge about special education related services by participating in the “Hispanic Parents and the Special Education Process: Knowledge, Awareness of Resources, and Access and Use of Services” one-day workshop as measured by the school psychologist intern's observations, pre-test data collection, and post-test data collection.
Pre-Test

Ice-Breaker

- What special education services do you know about?

- What special education services would you like to learn more about?
It’s time to work on your Goal!

- Family training, counseling, and home visits (ages 0–2 only)
- Respite care services (ages 0–2 only), provided by Regional Center
- Specialized academic instruction
- Language and speech
- Adapted physical education
- Health and nursing — specialized physical health care services
- Assistive technology services
- Occupational therapy
- Physical therapy
- Individual counseling
- Counseling and guidance
- Educationally Related Intensive Counseling Services (ERICS)
- Behavior intervention services
- Residential treatment services
- Specialized services for low incidence disabilities
- Specialized deaf and hard of hearing services
- Interpreter services
- Audiological services
- Specialized vision services
- Orientation and mobility
- Braille transcription
- Specialized orthopedic services
- Note taking services

Family training, counseling, and home visits (ages 0–2 only)

- These services are provided by social workers, psychologists, or other qualified personnel to assist the family in understanding the special needs of the child and enhancing the child’s development.

* These services are provided if the Individualized Family Service Plan (IFSP) team determines they are needed following an assessment.

- These services are provided in the home or outside vendor agencies.

(California Department of Education, 2015)
Transition from Regional Center to Lancaster School District (LSD)

- At age 2.6, Regional Center invites the Local Education Agency (LEA) (School District) to the child’s IFSP meeting.
- At age 2.9, Regional Center refers the child to Special Education. Then, the school district must conduct an assessment and hold a transitional IFSP meeting by the age of 3.
- Regional Center ends Early Start services at the age of 3, but may refer the child to their School Age Unit if they suspect Autism (AUT), Intellectual Disability (ID), Cerebral Palsy, Epilepsy, or condition similar to ID.

Respite care services (ages 0–2 only), provided by Regional Center

- Respite care services include short-term care provided in-home or out-of-home, which temporarily relieves families of the ongoing responsibility for specialized care for their child with a disability.
  - Note: only for infants and toddlers from birth through 2, but under 3.

* These services are provided if the IFSP team determines they are needed following an assessment.

(California Department of Education, 2015)
Specialized Academic Instruction (SAI)

- Specialized academic instruction includes the delivery of instruction to enable the student to access the general curriculum, so that he or she can meet the grade-based educational standards.

- The Individualized Education Program (IEP) team determines what type of specialized academic instruction the student needs following an assessment.

  (California Department of Education, 2015)

Language and speech

- Students with disorders in language, articulation, and fluency may receive services if negative impact of the disability on access to the core curriculum is determined by the IEP team following an assessment.
Adapted physical education

- Adapted physical education services are provided by an adapted physical education specialist to students who have needs that cannot be adequately met in other physical education programs, as indicated by assessment and evaluation of motor skills performance.

- Adapted physical education services may include designing developmental activities, games, sports, and rhythms for strength development and fitness suited to the capabilities, limitations, and interests of individual students with disabilities who may not safely, successfully, or meaningfully engage in the vigorous activities of the general or modified physical education program.

* These services are provided if the IEP team determines they are needed following an assessment.

(California Department of Education, 2015)

Health and nursing—specialized physical health care services

- Specialized physical health care services include health services prescribed by the student’s licensed physician and surgeon, requiring medically related training of the individual who performs the services and which are necessary during the school day to enable the student to attend school.

- Specialized physical health care services include, but are not limited to, suctioning, oxygen administration, catheterization, nebulizer treatments, insulin administration, and glucose testing.

- Health and nursing - other services are provided to students with exceptional needs by a qualified individual pursuant to an IEP when a student has health problems which require nursing intervention beyond basic school health services.

- Services include managing the health problem, consulting with staff, group and individual counseling, making appropriate referrals, and maintaining communication with agencies and health care providers.

* These services are provided if the IEP team determines they are needed following an assessment.

(California Department of Education, 2015)
Assistive technology services

- Assistive technology services include any specialized training or technical support for the incorporation of assistive devices, adapted computer technology, or specialized media with the educational programs to improve access for students.

* These services are provided if the IEP team determines they are needed following an assessment.

(California Department of Education, 2015)

Occupational therapy

- Occupational therapy includes services to improve the student’s educational performance, postural stability, self-help abilities, sensory processing and organization, environmental adaptation and use of assistive devices, motor planning and coordination, visual perception and integration, social and play abilities, and fine motor abilities.

* Services are provided, pursuant to an IEP following an assessment, by a qualified occupational therapist registered with the American Occupational Therapy Certification Board.

(California Department of Education, 2015)
Physical therapy

- Physical therapy services are provided, pursuant to an IEP following an assessment, by a registered physical therapist or physical therapist assistant, when assessment shows a discrepancy between the student’s gross motor performance and other educational skills.

- Physical therapy includes, but is not limited to, motor control and coordination, posture and balance, self-help, functional mobility, accessibility and use of assistive devices.

(California Department of Education, 2015)

Individual counseling

- Individual counseling is provided by a qualified individual pursuant to an IEP following an assessment.

- Counseling may focus on student aspects of education, career, personal, or be with parents or staff members on learning problems or guidance programs for students.

(California Department of Education, 2015)
Counseling and guidance

- Counseling and guidance services are provided based on an assessment by a qualified individual pursuant to an IEP in an individual or group setting.

- Counseling and guidance services are typically social skills development, but may focus on student aspects of education, career, personal, or be with parents or staff members on learning problems or guidance programs for students.

- Specific programs include social skills development, self-esteem building, and parent training.

(California Department of Education, 2015)

Educationally Related Intensive Counseling Services (ERICS)

- Individual or group counseling is provided by a qualified individual pursuant to an IEP based on an assessment, to assist the parent(s) of students in special education in better understanding of meeting their child's needs, and may include parenting skills or other pertinent issues.
Behavior intervention services

- Behavior intervention services include the systematic implementation of procedures designed to promote lasting, positive changes in the student's behavior, resulting in greater access to a variety of community settings, social contacts, public events, and placement in the least restrictive environment.

* These services are provided following an assessment if the IEP team determines they are needed.

(California Department of Education, 2015)

Residential treatment services

- Residential treatment services include a 24-hour out-of-home placement that provides intensive therapeutic services to support the student’s educational program.

* These services are provided following an assessment if the IEP team determines they are needed.

(California Department of Education, 2015)
Specialized services for low incidence disabilities

- Low incidence services are defined as those provided to the student population who have orthopedic impairment, visual impairment, who are deaf, hard of hearing, or deaf-blind.

- Typically, services are provided in education settings by an itinerant teacher or an itinerant teacher/specialist.

- Consultation is provided to teachers, staff, and parents as needed.

- These services must be clearly written in the student’s IEP based on an assessment, including frequency and duration of the services.

  (California Department of Education, 2015)

Specialized deaf and hard of hearing services

- Specialized deaf and hard of hearing services include speech therapy, speech reading, auditory training, and/or instruction in the student’s mode of communication.

* These services are provided following an assessment if the IEP team determines they are needed.

  (California Department of Education, 2015)
Interpreter services

- Interpreter services include sign language interpretation of spoken language to students, whose communication is normally sign language, by a qualified sign language interpreter.

- This includes conveying information through the sign system of the student.

* These services are provided following an assessment if the IEP team determines they are needed.

(California Department of Education, 2015)

Audiological services

- Audiological services include measurements of acuity, monitoring amplification, and frequency modulation system use for students with documented hearing loss.

* These services are provided following an assessment if the IEP team determines they are needed.

(California Department of Education, 2015)
Specialized vision services

- This is a broad category of services provided to students with visual impairments. This broad category includes the following services:
  - Curriculum modifications necessary to meet the student’s educational needs including Braille, large type, and aural media
  - Communication skills including alternative modes of reading and writing
  - Coordination of other personnel providing services to the students such as transcribers, readers, counselors, orientation and mobility specialists, career/vocational staff, and others

* These services are provided following an assessment if the IEP team determines they are needed.

(California Department of Education, 2015)

Orientation and mobility

- Orientation and mobility services include teaching students with visual impairments in body awareness. Students are assisted in developing the skills that enable them to travel safely and independently around the school and in the community.

* These services are provided following an assessment if the IEP team determines they are needed.

(California Department of Education, 2015)
Braille transcription

- Braille transcription services include converting materials from print to Braille. It may include textbooks, tests, worksheets, or anything necessary for instruction. The transcriber should be qualified in English Braille as well as in Nemeth Code (mathematics) and be certified by the appropriate agency.

* These services are provided following an assessment if the IEP team determines they are needed.

(California Department of Education, 2015)

Specialized orthopedic services

- Specialized orthopedic services include specially designed instruction related to the unique needs of students with orthopedic disabilities, including specialized materials and equipment.

* These services are provided following an assessment if the IEP team determines they are necessary.

(California Department of Education, 2015)
Reference


Also...

- Please see Community Resources handout.
Conclusion

- Post-Test

A  ALWAYS
S  SEEK
K  KNOWLEDGE