

# Early Intervention Experiences: Parental Satisfaction, Involvement, and Perception of Quality

A Thesis Submitted to the College of

Graduate and Postdoctoral Studies

In Partial Fulfillment of the Requirements

For the Degree of Master of Education

In the Department of Educational Psychology and

Special Education

University of Saskatchewan

Saskatoon

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## **Abstract**

Parental satisfaction of, and involvement, in early intervention programs is important for child success and promotes resilience in parents and children (Fantuzzo et al., 2006). Early intervention programs and parental involvement are especially significant for children with exceptionalities (Bradshaw, 2013; Dawson et al., 2010, Gerber et al., 2011; Robertson et al., 1999). This study investigated parents' satisfaction and involvement with their child's early intervention program. Specifically, the differences between parental characteristics and satisfaction levels was examined, as well as parents' perceptions of the factors that helped and challenged their involvement was explored using resiliency theory. Parents/primary caregivers ( $n = 100$ ) of students who were 3 to 6 years old and in daycare, prekindergarten, or kindergarten completed an adapted version of the Parent Satisfaction Educational Experiences Scale (Fantuzzo et al., 2006) and responded to a series of open-ended questions related to the factors limiting or helping their involvement. No significant differences were found in satisfaction or involvement when looking at the child's age, parent's age, and the parent's highest educational level. Thematic analyses of parents' responses to posed open-ended question found that while many parents had positive experiences with the teacher and their child's program, some parents reported lack of communication with the teacher and personal factors as negatively affecting their involvement. This research provides an initial exploration of what parents value and how their involvement affects their perception of their child's program. This provides initial feedback on how educators and policy makers can improve programming, communication, and increase parental involvement which may positively influence parental satisfaction. Further research is needed to explore the dynamic parent-teacher relationship and how parents' involvement fits into their child's early intervention program.

### **Acknowledgements**

In completion of this Master's Degree, I would like to extend my deepest appreciation for all those who made it possible. Firstly, I would like to thank Dr. Laureen McIntyre, who has been an exemplary supervisor and cheerleader. Thank you for being readily available to answer any questions I may have had, giving me guidance and clear expectations, and pushing me to achieve my full academic potential. I would also like to thank members of the Advisory Committee for their time. Thank you to Dr. Laurie Hellsten for providing a detailed review and constructive feedback.

A special thank you to my incredible parents, who have been there for me throughout my entire academic career. Without your love, support, and encouragement, I would not be where I am today.

Finally, I would like to thank my husband, who has put up with me while I complete this degree. You always cheered me on and were an unwavering source of support, and for that I am truly grateful.

## **Dedication**

*This thesis is dedicated to my parents.*

*For instilling the confidence and work ethic in me that I needed to succeed.*

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## **Chapter One: Introduction**

Inclusion is a philosophy that brings students together in a learning community, no matter their strengths and weaknesses, to foster a sense of belonging and membership, and enable them to complete their academic endeavours together (Saskatchewan Learning, 2001; Titone, 2005; Williams, 1991). Inclusive education is one of the goals of the Canadian education system, as it leads to more equitable societies and aligns with the changing world of global interdependence (Lim & Ireland, 2001). Preschool programs, Head Start programs, and child care settings are educational settings that include children with and without exceptionalities who have not yet entered the formal school system (Odom & Diamond, 1995). Guiding principles that can be used to facilitate the inclusion of children in early childhood settings, include: ensuring the child has had comprehensive assessment completed by designated professionals; having professionals who are involved in the child's programming work together as a collaborative team (i.e., teachers, educational assistants, administrators, occupational therapists, speech-language pathologists, special educational consultants, parents); and setting individualized goals and adapting instruction in order to meet the individual child's diverse needs (e.g., providing visual representations to support verbal information) (Saskatchewan Learning, 2001; Steiner, 2011). When setting individualized goals for a child, these goals should be created based on the strengths of the child to give them the opportunity and confidence to succeed (Steiner, 2011). Strength based approaches (SBAs) involve positively viewing individuals as resourceful and resilient in the face of adversity and supporting the development of their skills, competencies, and characteristics to help create a sense of personal accomplishment (Cosden, Koegel, Koegel, Greenwell, & Klein, 2006; Luthar et al., 2000). Steiner (2011) emphasized that a strength-based approach focuses on the positive aspects of a child's behaviour, areas of competence, and identifies areas of development that help to facilitate growth. Strength based approaches are not only advantageous with children, but can have a positive impact on parents with accepting their child's diverse learning needs (Steiner, 2010). Teachers, parents, and professionals must change their focus from what the child cannot do, to how they are able to make it possible for them to be involved in activities that will highlight their strengths (Saskatchewan Learning, 2001; Titone, 2005).

Early intervention programs are initiated and recommended for all children, but especially those who require additional supports to achieve developmental and academic success

similar to their same-aged peers (Eikeseth, 2008). Students requiring special supports may include those with language impairments or those who are diagnosed with autism spectrum disorder, down syndrome, and other physical, mental, and emotional exceptionalities (De Graaf, Van Hove, & Haveman, 2014; Gerber, Brice, Capone, Fujiki, & Timler, 2012; Koegel, 2010). Early intervention can take place at home, school, or in a clinical setting (Blacklock, Weiss, Perry, & Freeman, 2012; Dawson et al., 2009). Examples of government initiatives in Canada that support young children include: early learning supports (i.e., community speech, language, or hearing screening programs), home-based early intervention programs that give extra supports to families with children with exceptionalities (e.g., KidsFirst), and prekindergarten and kindergarten programs (Saskatchewan Association for Community Living, 2011; Shan, Muhajarine, Loftson, & Jeffery, 2012). In Saskatchewan, prekindergarten programs (i.e., which are run by a certified teacher), and KidsFirst programs (i.e., which are organized by program coordinators) are funded by the provincial government for children from 3 to 4 years of age (Government of Saskatchewan, 2012; Shan et al., 2012). Recently, early intervention programs have becoming increasingly family-centred to focus not only on the child's needs, but on the family's needs as well (Tomasello et al., 2010). This means professionals working in these environments not only focus on the experience of the child, but also how the child's exceptionality is affecting the family, and teaching parents and family members how to cope in a healthy way (Tomasello et al., 2010). However, some parents report difficulty implementing programs at home due to time, energy, and confidence (Edwards, Millard, Praskac, & Wisniewski, 2003). Resiliency theory explains how individuals overcome obstacles and successfully adapt to personal life struggles (Luthar et al., 2000; Masten, 2001), and can be used to better understand the relationships between parents and children, parents and teachers, and factors parents find to impede their ability to be resilient.

Early intervention programs can range in what they offer (i.e. full or half day, play, academic, social based etc.) and what types of resources are available for children (i.e., the support of psychologists, speech-language pathologists, occupational therapists, teachers etc.) (Koegel, 2000). Even though programs differ in content and implementation, parental support (e.g., actively volunteering) and interest in the program is usually required in order for the child to make significant progress (Cryer et al., 2002). There are several benefits for early intervention programs, especially those programs that actively involve families, including improvements in a

child's: social and behavioural development (Dawson et al., 2000; Koegel, 2000); communication, perception, and motor skills (Eikeseth, 2008); and a decrease in aberrant behaviors (Eikeseth, 2008), since many of these atypical behaviors commonly arise from an inability to communicate. Koegel (2000) suggested that the single most important precursor to success for students with autism is language ability. Early intervention programs can help support children's language development, which is fundamental to making strides in supporting the development of a child's social and intellectual abilities (Dawson et al., 2009; Wittermerbeth & Strain, 1996). The needs of children with language delays can be complex in that one or more of the five areas of language can be affected, and they may require interventions that access the knowledge of a number of professionals across a variety of disciplines (e.g., teachers, parents, occupational therapists, physical therapists, speech-language pathologists) (ASHA, 2013; Gerber et al., 2012). Research evidence, combined with practitioner experience, is used in the process of clinical decision-making (Gerber et al., 2012).

The interaction between environmental (e.g., degree of parental involvement, adequate nutrition, care etc.) and genetic factors (e.g., temperament, abnormal hereditary genes, prenatal development) are believed to affect children's development (Bakersman-Kraneburg & Van Ijzendoorn, 2007). Parental involvement and parental satisfaction of early intervention programs is crucial to a child's social development (Koegel, 2000), since parents are fundamental role models for children and are responsible for choosing the amount and exposure of socialization for their child (Blacklock et al., 2012; McNaughton, 1994). In addition, programs are considered successful when children's development progresses and positive feedback is given by parents and individuals (teachers, administrators, program leaders) involved (Fantuzzo, Perry, & Childs, 2006). Parents' views of early intervention can be used to better develop programs and create an effective home-school collaboration system (Fantuzzo et al., 2006; Georgiou, 1997; McNaughton, 1994), since the outcomes for the child are more positive when family members are involved (Ronski, Sevcik, Adamson, Smith, Cheslock, & Bakeman, 2011). A variety of factors have been found to influence whether parents have a positive perception of their child's early childhood program, including parents': education levels, status of employment, marital status, and interaction with school contacts (Caley, 2012; Fantuzzo, Tighe, & Childs, 2000).

If educators participate in behaviors that will increase teacher-parent contact, such as making monthly phone calls or setting meeting times, they will be more likely to increase engagement (McNaughton, 1994).

Engagement or involvement can be considered as any time that the teacher or student may be interacting with the parent and making them aware of the current events in the program (Graham-Clay, 2005). Also, involvement can be the parent directly attending the various program activities or helping their child with developmental activities at home (e.g., social skills such as taking turns and pragmatics, fine motor skills such as writing and drawing). There is currently limited research showing how parents can be more easily and effectively included in the early intervention process (Irwin et al., 2002). It is also unclear how limited parental involvement may influence the relationship between parents and educators as they set goals and work to improve the social, emotional, and academic outcomes of the children involved in early intervention programs (Irwin et al., 2002). Negative outcomes related to children's development may arise when children receive little to no intervention or have poor parental involvement (Head & Abbeduto, 2007). If children fail to receive or continue intervention, they may fail to thrive, and their delays and/or difficulties can worsen (Head & Abbeduto, 2007). It is crucial empirically driven early intervention practices are implemented to meet not only the children's academic, social, emotional, and cultural needs, but the parents' needs as well (Blacklock et al., 2012). If parents see progress in their child after participating in an early intervention program, they are likely to be more satisfied involved with the program (Blacklock et al., 2012). Improving parental satisfaction with the early intervention process will support the child in receiving the most effective, collaborative intervention possible (Bradshaw, 2013). There are currently limited published research studies examining the relationship between parental satisfaction items and family involvement behaviours (Fantuzzo et al., 2006). An examination of this relationship would provide a clearer picture of the bi-directional nature of how parental satisfaction shapes involvement and how parental involvement influences satisfaction (Fantuzzo et al., 2006). Therefore, parental involvement is important to study since the efficacy (i.e. positive outcomes) of early intervention programs can be increased with the help and involvement of parents (Fantuzzo et al., 2006). This information would allow for programming changes to be based on parents' direct experiences, and give teachers ideas on how to: better

interact with parents, get them involved in their child's intervention program, and help to improve their overall teaching practices.

### **1.1. Purpose**

In order to help educators make positive program changes, improve student development, and improve their own teaching practices, it is important to better understand: (1) factors that may be affecting parental satisfaction and parental perception of quality; and (2) how parents are involved in their child's early intervention program. The purpose of this study was to examine parental satisfaction and the perception of quality of their child's early intervention program, while looking for differences between parent characteristics. Specifically, the following research questions were explored through the lens of resiliency theory:

1. What differences exist between parental characteristics (i.e., age, educational level, and child's age), and levels of parental satisfaction and parental perception of quality related to their child's early intervention programming?
2. How were parents involved in their child's early intervention program?
  - a. What factors did parents perceive to limit or challenge their involvement in their child's early intervention program?
  - b. What factors did parents perceive to help or facilitate their involvement in their child's early intervention program?

### **1.2. Definitions**

The following definitions were defined to clarify the terms used throughout the study.

**1.2.1. Language.** "Language can be defined as a socially shared code or conventional system for representing concepts through the use of arbitrary symbols and rule-governed combinations of those symbols" (Owens, 2012, p. 6). It can be categorized into three major components: form which consists of syntax (i.e., rules that specify word, phrase, and clause order), morphology (i.e., rules concerning changing meaning at the intra-word level), and phonology (i.e., rules governing the structure, distribution, and sequencing of speech-sound patterns); content which encompasses semantics (i.e., rules that relate to the meaning of words); and use of language, or pragmatics (i.e., rules concerning ways language is used for different purposes in different settings) (Owens, 2012).

**1.2.2. Early intervention/education programs.** Early intervention (EI) can be defined as any early childhood program that aims to increase the social and behavioural development of

young children such as daycare programs, pre-kindergarten, kindergarten, or specific preschool programs such as Head Start (Fantuzzo et al., 2006).

**1.2.3. Parental involvement.** Parental involvement can be defined as parent interaction with the student, teacher, and/or any other administrators by the parents imitating contact and communicating with educators (Fantuzzo et al., 2006). Parental involvement can also involve learning at home, volunteering and decision making at school or the early intervention program, and four parenting tendencies (i.e., emphasizing achievement, pressure, control, and personality development; Georgiou, 1997).

**1.2.4. Parental satisfaction.** Parental satisfaction refers to the degree which parents are satisfied with the overall quality of the special education, the child's program, teachers and services received (Bitterman, Daley, Misra, Carlson & Markowitz, 2008).

### **1.3. Organization of the Study**

A review of the pertinent literature in relation to early intervention programs and parental satisfaction and involvement follows in Chapter 2. A description of the research methods and procedures used are described in Chapter 3. Chapter 4 provides an analysis of the results. Finally, chapter 5 presents a discussion of the results, as well as discussing the strengths, limitations, and implications of this study.

## Chapter Two: Literature Review

The purpose of this study was to examine: (1) the differences between parent characteristics and levels of parental satisfaction and parental perception of the quality of programming, and (2) how parents were involved in their child's early intervention program (i.e., factors that challenged and helped parents' involvement). In order to understand the importance of parental satisfaction and parental involvement in relation to a child's early intervention program, the reviewed literature was divided into two sections. Section one focuses on early intervention/education programs, their definition, use, and importance for child development. Section two describes what constitutes parental involvement and satisfaction in their child's early intervention programs, the advantages of involvement, and how lack of involvement affects their child.

### 2.1. Early Intervention/Education Programs

Every student is entitled to the same rights in terms of their educational experience and having their academic needs met (Government of Saskatchewan, 2001). For the purpose of this study, early intervention/education programs are programs that: (1) take place outside of the home or clinical setting, usually in a classroom setting, (2) involve an educator as the leader/role model for children, (3) involve peer interaction with same-age peers (4) involve play-based learning, and (5) can be in the form of day care, preschool (Head Start) or other community program (Fantuzzo, 2006; Government of Saskatchewan, 2013). Early intervention programs have changed over time and have a certain set of characteristics in order to be successful (Guralnick, 2000). A well-organized but informal set of supports (i.e., parent groups, family counseling services) are needed, and they are available in all communities and are organized in a manner that is consistent with the federal legislation. Most formal programs also have a *curriculum* which contributes to its effectiveness (Guralnick, 2000). In relation to knowing if a child needs early intervention programming, the *wait and see* approach has been coined. Children are not exposed to early intervention but their progress is tracked to see if it improves over time as they get older (Robertson & Weismer, 1999). If growth does not occur at a typical rate, early intervention programs can be explored by parents and families. Family factors and cultural responsiveness have been identified as important characteristics of an early intervention program in order to promote positive outcomes for participants (Bradshaw, 2013; Dunst, 2000).

There are several important familial aspects of a successful intervention (Dunst,



2000). Firstly, the strengths of the child-parent relationship should be emphasized in intervention to help promote confidence in the child and self-efficacy for the parent (Hoover-Dempsey & Sandler, 1997). Family control and access to resources were also seen as significant, as opposed to becoming dependent on only resources (Dunst, 2000). Resources could include using mental health services, occupational therapists, or speech and language pathologists (Government of Saskatchewan, 2012). Partnerships between practitioners and families would result in better outcomes than professional centred approaches alone (Dunst, 2000). Lastly, meeting the cultural needs of each particular family is an aspect that may need to be considered (Bradshaw, 2013). There are several factors that are involved in creating a culturally friendly intervention service.

Cultural competence is based on four factors: examining one's own culture, acquiring knowledge of client cultures, building culturally competent practices, and reflecting and evaluating practices (Bradshaw, 2013). Examining one's own culture is important to realize one's values, biases, and thoughts. Since the number of families seeking intervention services is increasing, practitioners are more likely to be exposed to cultures other than their own (Bradshaw, 2013). Acquiring knowledge of the clients one is working with allows for the greatest degree of authenticity and standardization for the intervention services (Bradshaw, 2013; Fantuzzo et al., 2006). Some cultures believe that disability arises from supernatural causes and may be caused as a reward or retribution from past actions (Bradshaw, 2013). This may affect their willingness to agree to certain services or trust in their effectiveness. Building culturally competent practices requires precision, accommodations, and changes over time. Early intervention programs must be adjusted to meet the diverse needs of students but also keep students integrated and included. Several studies showed the progress that early intervention services provide children who are struggle with language delays (e.g. Bradshaw, 2013; Dawson et al, 2010; Gerber et al., 2011; Robertson et al., 1999).

There are many aspects that must be considered as fundamental to a successful early intervention program which include: theoretical constructs, cultural responsiveness, and familial aspects (Bradshaw, 2013; Dunst, 2000; LeLaurin et al., 1992). Early intervention can make a positive difference on children's language development (e.g., Fricke et al., 2013; Rice et al., 1991; Robertson et al., 1999). However, the overarching limitation is that it is not known to what extent these benefits continue on in the children's later academic years and if exposure to

these interventions at the preschool age is the right time (Robertson et al., 1999; Fricke et al., 2013). Nevertheless, one goal of early intervention programs is to promote growth of many developmental areas in children, especially social language (Fantuzzo, 2006).

**2.1.1. Benefits of early intervention programs.** Early intervention programs are beneficial for children and parents for a multitude of reasons (Guralnick, 1998). For example, resilience, or adapting and overcoming an obstacle, can be considered a benefit of an early intervention program in that it emphasizes the positivity of early intervention programs and the development that can take place (Ellenbogen, Klein, & Wekerle, 2014; Luthar et al., 2000). Luthar et al. (2000) posited that early intervention programs are cost effective and a great preventative measure. Viewed from the perspective of resilience, early intervention programs are a protective factor, especially for disadvantaged children (Luthar et al., 2000). Not only do early intervention programs help to promote resilience in children, but parents as well (Margalit & Kleitman, 2006). Resilience theory also states that time and duration of the early intervention matter (Luthar et al., 2000).

The short and long term benefits of early intervention programs are important to consider (Guralnick, 1998). Early intervention programs being implemented and children being evaluated in the first five years of life can help drastically reduce declines in intellectual ability (Guralnick, 1998). This proved to be true for children with down syndrome and those at biological and environmental risk (Guralnick, 1998). In the long term, early intervention programs can improve scores on developmental measures, strengthen the parent-child relationship and interactions, and provide a means of support for the family. The efficacy of early intervention in early years has proven to be a significant factor for oral language and literacy in later years. For example, Fricke et al. (2013) focused on vocabulary, phoneme awareness, and letter-sound knowledge through 30 week early intervention sessions given by nursery staff and teaching assistants. The results showed that compared to the waiting control group, the experimental group improved significantly. It is difficult to determine whether or not the intervention being implemented in preschool is advantageous compared to any another age. However, it is known that playing with same-age peers at the preschool level is necessary for proper development (Rice, Sell, & Hadley, 1991). In addition to child development, programs may benefit professionals by giving them the opportunity to collaborate more often (Majnemer, 1998). Early intervention programs can be used for prevention, remediation, or compensation, providing multifaceted benefits for children

(Majnemer, 1998). Long term studies have shown that early intervention programs lead to enhancement in school achievement, higher earnings, lower criminal activity, and greater independence compared to those who did not participate in early intervention programs (Guralnick, 1998). Although early intervention is beneficial, parent involvement and satisfaction of their child's interventions program must be considered in depth as parents are fundamental to their child's development (Doré & Mendez, 2010; Fantuzzo, 2006; Ronski et al., 2011).

## **2.2. Parental Involvement and Satisfaction**

Families, especially parents, are important for development because they are a means of creating a meaningful relationship, as well as practicing social skills (Guralnick, 2000). Reynolds et al. (2003) stated several hypotheses that relate to resilience, one of which is the family support hypothesis. This hypothesis posited that the long-term effects of early intervention will occur to an extent dependent upon the participation of parents that support and encourage the child's learning and development (Reynolds et al., 2003). The role of parents is fundamental in developmental outcomes. When children are raised in cohesive or child-oriented families; they demonstrate higher levels of adaptive behaviour, fewer behaviour problems, and less peer isolation (Head & Abbeduto, 2007). When parents were involved, children were more likely to demonstrate high levels of independent functioning and recognizing their role in social situations (Head et al., 2007). Parents who engaged in home intervention services focusing on language felt that the way they communicated with their child and how their child communicated with them changed drastically following intervention (Wake et al., 2003). Similarly, parent-based intervention was effective for the short term in developing expressive language (Buschmann et al., 2009). In order for early intervention to be fully beneficial for children, parental satisfaction and involvement needs to be studied. In parental satisfaction studies, parents have been found to influence their child's development and help develop better services (Doré et al., 2010; McNaughton, 1994). In addition, parent participation in their child's intervention may be increased by evaluating decision making, and parental satisfaction may be used to encourage continuation of a program to policy makers (Fantuzzo et al., 2006; McNaughton, 1994).

A variety of factors have been found to affect whether a parent is involved in various types of early intervention programs, including: stress, low social-emotional functioning, depression, low-income, and employment status (Doré et al., 2010; Caley, 2012; Fantuzzo et al.

2006; Head et al., 2007). There are conflicting findings that mothers are typically likely to experience more stress than fathers, particularly because of gender roles and caregiving responsibilities (Head et al., 2007). In comparison to fathers, mothers of children with exceptionalities reported higher levels of stress, higher levels of depression, and increased caregiving responsibilities (Head et al., 2007). A healthy coping style for parents is based on problem solving and seeking out resources has been shown to result in healthy and positive emotional well-being (Head et al., 2007). Parents may relay positive perceptions of early intervention programs, although it is important to note that progress may be over reported and differed depending upon intervention type (Ronski et al., 2011). Many aspects were identified as being important to parents in terms of their child's early childcare and education, including: understanding of language, using language, fine motor activities, and free play (Cryer, Tietze, & Wessels, 2002). A study on intensive behavioural interventions (IBI), defined as applying principles of applied behavioral analysis in an intensive setting that is based on learning and behavior, showed that parent perceptions did not match the actual progress of the child (Blacklock et al., 2012). Despite some of the difficulties that parents may encounter with being involved, caregivers are almost always encouraged to be involved in their child's growth in social language since there is a relationship between parent engagement and higher academic achievement (Flynn, 2011).

There are many factors (i.e. severity of child's exceptionality, stressful life events, family functioning, resources, and social support) that must be controlled or managed in order for parent involvement in early interventions to be optimal for children (Caley, 2012). Studies have examined what these variables are, which ones are likely to cause positive perceptions of intervention and involve the parents (Caley, 2012; Doré et al., 2010; Fantuzzo, 2006). Parental depression and involvement were studied to determine parental satisfaction of early childhood programs, such as Head Start (Doré et al., 2010). Single marital status, minority status, education level, and employment status have all been shown to affect parent involvement (Doré et al., 2010; Fantuzzo, 2006).

Factors associated with adaptation in mothers whose children who were receiving early intervention services for any reason were studied (Caley, 2012). The authors also examined risk and protective factors such as adaptation (stress), risk factors (pile up of demands, family's type of functioning, appraisal of situation), and protective factors (resources and social support)

(Caley, 2012). The findings showed that mothers' stress was highest in the last six months of intervention services compared to any other time (Caley, 2012). Mothers' stress can interfere with the ability to help their child as it can result in low parental satisfaction, higher symptomology, abusive behaviour, and an insecure child attachment (Caley, 2012). Pile up of demands was significantly associated with stress in the current study, as well as the top ten stressors were related to health (Caley, 2012). Protective factors of higher income and education were associated with less stress, but the author cannot conclude how they are related. Similar results were found in a separate study on parental satisfaction and depression in mothers (Doré et al., 2010).

According to Doré et al. (2010), parents who were depressed may view themselves as less competent and motivated so they were less likely to engage in activities with their child at home and with school personnel. Parental satisfaction is difficult to study because of two reasons: positive response bias, and the global aspect of interventions rather than the specifics. For example, a program that focuses on global aspects rather than specific aspects of development in an early intervention program may result in less satisfied parents. If the program is not focusing on the skills that parents believe their child needs to better develop, this could negatively affect satisfaction. Few studies have focused on parental satisfaction and its relationship to parental depression. The findings show that nearly 40% of mothers reported being chronically or sometimes depressed during their child's one year Head Start program (Doré et al., 2010). Those who were depressed reported lower levels of involvement at home and in school based activities such as teacher interactions. The authors posited that because parents who are more involved may feel they have amplified their knowledge on the program, this might cause them to have more positive perceptions. Depressed parents may actually gain confidence and be less depressed if they are involved in their child's intervention program. However, this study fails to describe how educators and programs can encourage parents to become involved. It also did not mention how parents are exposed to these programs for their children, which could also help address why they are satisfied or not.

A similar quantitative study conducted by Fantuzzo et al. (2006) used a Parent Satisfaction with Educational Experiences Scale (PSEE) to show that Head Start or kindergarten parents were more satisfied than those in childcare or first grade. This type of study seems to be unique in that it examines the parental satisfaction of early intervention programming for all

types of children, not only those with exceptionalities. Fantuzzo et al. (2006) used a Likert scale to obtain these results, which was regarded as a continuous scale. An adapted version of this measure was used in the current study as it was a measure of parental satisfaction. There is sufficient reliability and validity evidence from the PSEE showing that it is a dependable and consistent measure. This scale has been used successfully in many settings (i.e., rural vs. urban) with participants with varying educational levels, who are single, divorced, and married, employed in varied settings, and from diverse socioeconomic backgrounds. Despite some researchers believing that Likert type scales can only be viewed as ordinal, or ordered categories, Likert scales can overcome the methodological limitations that some researchers believe they have (Carifio & Perla, 2007). Firstly, distinguishing between a Likert type item and a Likert scale is important. A true Likert scale is a scale that is made up of many items which measures the same attitude. The authors asserted that the language for the word “scale” is dependent upon the use of the data. They noted that in terms of a Likert type instrument, a nominal scale has no underlying continuum, so the “errors and carelessness are further made obvious if the binary categories of the scale are not defined” (p.107) (Carifio & Perla, 2007). Fantuzzo et al. (2006) referred to their instrument as having a “simple response format” (p.144), while Carifio and Perla (2007) stated that scale versus response formats are difficult to distinguish between and another reason why Likert type scales could be considered continuous.

Likert scales can also be considered continuous data (Lubke & Muthen, 2004). In order to successfully have continuous data, the test must be a measurement invariant, meaning that test takers belonging to different groups have the same score on the factor underlying the test, have the same score on average on an observed item (Lubke et al., 2004). Parametric tests can be used on data obtained from Likert scales (Norman, 2010). It was argued that others who defend the position of parametric methods not being able to be used on ordinal data ignore the idea of robustness. It has been believed that the Pearson correlation is robust when it comes to non-normality and skewness, but when tested, it was discovered that the Pearson correlation was not sensitive to violations of the assumptions of normality and the type of scale. Secondly, some researchers believed that Likert items can be considered ordinal, while the Likert scale and its sum of many items can be interval. Likert items should never be analyzed on their own. Norman (2010) refuted this claim and says that the sum of many items is similar to the sum of correct answers in a multiple-choice test, and as such, this claim is not plausible. The second

approach that he reviews is the idea that no one knows the difference between 1 = “Definitely disagree” and 2 = “Disagree” and if it is the same as the distance between 4 = “No opinion” and 5 = “moderately agree” (Norman, 2010). The computer cannot affirm or deny this, but only make assumptions about the numbers. Therefore, one cannot make further inferences about differences in the characteristics reflected in the Likert scales, but that does not invalidate the conclusions regarding the numbers (Norman, 2010).

Researchers have also examined parental factors in relation to early intervention programs and involvement (Doré et al., 2010). The scale discovered that parents who were employed part time or unemployed were more satisfied with their child’s intervention services (Fantuzzo et al., 2006). It was predicted that because these parents had more time to be involved and be knowledgeable about their child’s intervention, they were happier. Parents who were married were also more likely to be satisfied in the teacher contact experience, possibly because they have more time to be involved and have contact because the responsibility of the child is split between both parents (Fantuzzo et al., 2006). Single parents could also have less contact with the teacher, giving them a negative perception of the program and educators. Parents of children in Head Start or Kindergarten were more satisfied than those in daycare or first grade (Fantuzzo et al., 2006). This may be because there is a bigger emphasis on communication and involvement with parents in these programs. This study is important for educational policy makers because it can contribute ideas on how to improve the program, as well as how to better include parents in the program. It can create a better relationship between the teachers and parents, regardless of personal factors. This study failed to give feedback on how to mediate the personal factors that may negatively affect parent involvement.

A cross-cultural comparison between the U.S. and Germany examined how parents perceived the quality of their child’s care (Cryer et al., 2002). Few Canadian studies have examined this topic (Underwood et al., 2012). There were differences and similarities that must be mentioned to make sense of the results. In the U.S., the cost of preschools is higher; the range of quality varies, as well as types of programming available. Germany has more affordable programs, but less variety in terms of quality and programs. Parents from both countries were given a 37 item scale called the Early Childhood Environment Rating Scale in which they rated each item’s quality on a 7-point scoring system and the importance on a 3-point system (Cryer et al., 2002). There were many similarities found between the countries in terms of rating items as

high importance; using language, learning concepts, supervision of fine motor activities, gross motor space, and tone. In both countries, parents indicated the items important that professionals would include in their definition of a high-quality program. All parents indicated their child was in a high-quality program, even if the quality was poor (Cryer et al., 2002). These results showed that parents tend to have a positive bias towards their child's intervention services, even if they do not fully understand what the intervention consists of on a daily basis (Cryer et al., 2002; Ronski et al., 2011). The perception of a high-quality program may lead parents to be less involved, although parent engagement has been proven to contribute to academic success for the child (Underwood et al., 2012).

Canadian studies seem to be limited when looking at parental satisfaction and involvement of early intervention programming. One of the few Canadian studies that exist focused on parents and family perceptions of early childhood programs such as Best Start (similar to Head Start) in Ontario (Underwood et al., 2012). The authors posited that there is a relationship between parent engagement and future student achievement, but the nature of the relationship is unknown. Parents must be aware of all of their child's needs in order to successfully engage with them and make a positive difference, but parents feel that they are not well informed of their child's development and how to best engage with them (Underwood et al., 2012). Parents were asked to fill out a questionnaire about their satisfaction with Best Start services. 75% of respondents agreed that the type of program was of good quality and 90% believed that early childhood programs were positive. Of concern for respondents was the quantity of programs; with fewer than 75% believing that there were enough child care spaces in their community (Underwood et al., 2012). For parents to be optimally involved, there must be caring and professional staff, programs that are accessible, as well as a large range of options in types of programs. Also, if parents perceived the programs as high quality, they were more likely to participate and be involved. Satisfaction and engagement may not directly be related, as some of the most satisfied parents were the least engaged (Underwood et al., 2012). These findings relate to Ronski et al.'s (2011) study, which recognized that positive effects are related to parent involvement.

It was found that parents' positive perceptions and involvement in intervention could positively affect their child (Ronski et al., 2011). The authors conducted a study that examined parental perception of communication development before and after their child was exposed to



intervention using an interview method. This study reviewed interventions that used speech, speech generating devices (SGD), and augmentative and alternative communication (AAC) (Ronski et al., 2011). They described two topics that were important to consider: parents' participation in the language process, and parents' perception of their child's language skills. Generally, researchers have found that not all parents have negative experiences or perceptions of their child's delayed language (Ronski et al., 2011). Some parents use positivity as a coping mechanism (i.e., focusing on the positive aspects of a negative situation or experience) and may view their child's intervention as making their children more independent (Ronski et al., 2011).

The findings revealed that after three months, parents' perceptions were more positive, but the results were not statistically significant at a conventional level (Ronski et al., 2011). However, their perception of the severity of their child's language development decreased for augmented alternative communication and the speech generating devices groups. Severity increased for the spoken language group. The authors predicted that parents might feel less pressure to try and communicate with their child when they have a speech device rather than only spoken speech (Ronski et al., 2011). Future research needs to focus on exactly which way and to what extent parents' involvement can benefit their child, as well as how parents' perceptions could change with older children. The authors did not consider families of lower socioeconomic status, as this intervention was rigorous and required parents to bring children twice a week for nine weeks to the intervention program. A larger sample size may have detected significance in findings, as this study only used 53 parents. Parents' perceptions versus the actual progress of a child could be affected by these variables (Ronski et al., 2011).

Parents' perceptions on children's intensive behavioral interventions (IBI) versus their child's actual progress showed that parents' views were skewed (Blacklock et al., 2012). In this case, the children participating in IBI were diagnosed with autism spectrum disorder (ASD). The authors posited that if parents associate progress with a therapy, they were more likely to choose this type of therapy in the future for the child. The opposite is also true; if the parent did not notice progress, they may remove their child prematurely from the intervention (Blacklock et al., 2012). The perceptions of parents may be linked to the quality of intervention (Blacklock et al., 2012; Cryer et al., 2002). The progress that parents noted included areas such as: expressive language, focus/attention, receptive language, routines, language, and social interactions. The

participants included 27 boys who ranged in age from 43 to 81 months. Parental perceptions were measured using an open-ended questionnaire about how the intervention was going and if there were any noticeable changes (Blacklock et al., 2012). Three different scales were used to measure the children's progress. Parents' perceptions about their child were grouped into four different categories: negative, positive, mixed, or strongly positive. Forty one percent of parents were classified as being strongly positive, 41% as positive, the remaining 18% were mixed, and no perceptions were negative (Blacklock et al., 2012). From these results, the authors can infer that parents may use positive perceptions of intervention programs as a coping mechanism (Blacklock et al., 2012). Parents may benefit from being involved in early intervention programs, as this can be a coping mechanism for having a child with exceptionalities and can result in resilience (Margalit & Kleitman, 2007).

As previously described, many studies have looked at parents' perceptions of how early intervention programs benefit children, but they fail to study differences between specific early intervention programs. There is also limited research on how parents' involvement contributes to their child's success in their early intervention program. The current study was an initial endeavour to bridge the gap between parental satisfaction and its relationship to parental involvement in early intervention programming. In order to better understand how both children and the parent-child relationship develop, it is important to explore some of the theories relating to the parent-child relationship.

**2.2.1. Theories related to parent-child relationship and child development.** Many theories focus on the factors that influence the relationships between individuals (i.e., the parent-child relationship) and the development of children. These factors may consist of: social and/or cultural influences on child development, a complex system of relationships influenced by the environment, as well as how individuals anticipate, adapt, recover and learn in the context of a major threat. Three theories that could be used as a framework for understanding the parent-child relationship and parental satisfaction and/or involvement include: (1) Vygotsky's sociocultural theory (Kozulin, 2003; Vygotsky, 1978, 1988); (2) Bio-ecological systems theory (Berk, 2000; Bronfenbrenner, 2005); and (3) resiliency theory (Luthar et al., 2000; Masten, 2001).

**2.2.1.1. Socio-cultural theory.** The socio-cultural theory suggests that human capacities are influenced by biological, environmental, social and cultural factors that are present in which

they develop (Vygotsky, 1978, 1988). This theory emphasizes the social interactions which children internalize and then from there, learn and develop (Vygotsky, 1978, 1988). In terms of change and crises in children, Vygotsky (1998) believed that a “crisis is a turning point that is expressed in the fact that the child passes from one method of experiencing the environment to another” (p. 295). Children vary in terms of their onset, duration, and impact of critical periods, but a transformation occurs nonetheless. When applied to the parent-child relationship, this theory is a framework that emphasizes the influence of adults and peers on learning for children. Understanding the meanings of these interactions and the changes that take place psychologically can help teachers and parents construct effective teaching and parenting approaches. The school and home setting are both fundamental for active social interactions between children, parents, and teachers, highlighting the importance of these relationships. Furthermore, this theory recognizes both social and internal changes that occur in children, indicating that parent involvement both indirectly and directly affects healthy development.

**2.2.1.2. Bio-Ecological systems theory.** Urie Bronfenbrenner (2005) believed that human development was based on interrelated ecological levels, viewed as nested systems (i.e., microsystem, mesosystem, exosystem, and macrosystem). The microsystem is the setting which a child is behaving in at a given moment in his/her life, while the mesosystem is the set of microsystems making up the developmental niche within a given time of development, such as churches, schools, neighbourhoods etc. (Bronfenbrenner, 2005). The exosystem are contexts that may not directly involve the developing child but still influence them (e.g., the workplace of a child’s parent, family resources, or community centers) (Bronfenbrenner, 2005). Finally, the macrosystem is the outermost system and consists of superordinate levels of human development, involving culture, laws, and values (Berk, 2000; Bronfenbrenner, 2005). The Bio Ecological Model posits that in order for a child to develop (intellectually, emotionally, socially, and morally) a child requires participation in complex activities many times in their life, with a person with whom there is a mutual attachment and who has the child’s best interests in mind, preferably for life (Bronfenbrenner, 2005). When applied to the parent-child relationship, this theory emphasizes that the development of strong, mutual attachment and activities by parents leads to an internalization of these feelings by the child, motivating the child to develop themselves socially, physically, or intellectually. Similarly, parents are powerfully influenced by their child’s behaviour and development. In relation to schooling or other programming,

children are influenced positively or negatively by their family, teachers, former and current learning environments, as well as educational values. To better understand child development and parental involvement, all aspects of the bio ecological systems must be considered.

**2.2.1.3. Resiliency theory.** Resilience refers to a “dynamic process compassing positive adaptation within the context of significant adversity” (Luthar et al., 2000, p. 525). An exposure to a significant threat and an achievement of positive adaptation are key components of resiliency theory (Luthar et al., 2000). Adversity, or risk, can be viewed as a “negative life circumstance that is associated with adjustment difficulties” (Luthar et al., 2000, p. 526). Luthar et al. (2000) suggested that there are vulnerability factors and protective factors that can diminish or enhance one’s ability to be resilient. Vulnerability factors can be seen as variables that make it harder to overcome the adversity while protective factors change the risk of the condition in a positive manner (Peer & Hillman, 2014). Peer and Hillman (2014) stated that parents learning what promotes resilience for both parents and children is important. Resilience factors include: coping style, optimism, and social support (Peer et al., 2014). Coping style is a person’s effort (both cognitive and behavioral) that help to manage stress from the environment. There are two distinct types of coping: problem-focused coping, or changing one’s external or internal situational demands and preventing the stressful situation from occurring; and emotion-focused coping which is providing regulation to the emotion caused by the situation (Peer et al., 2014). Dispositional optimism refers to expecting positive outcomes when encountering problems in life, and seems to be a key factor in preventing and protecting from stress (Peer et al., 2014). Optimism is an important trait for parents with children with exceptionalities to possess in order to be resilient. Social support is considered to be a resilience factor. By having both formal and informal supports available, parents are able to buffer themselves from the negative effects that stress can cause (Peer et al., 2014). By developing relationships that have a strong foundation, parents feel like they are not alone in dealing with the struggles and responsibilities of having a child with an exceptionality. Education was seen as a protective factor for parents as they can search for avenues on how to help them deal with their problems (Rajan, Romate, & Srikrishna, 2016).

Masten and Monn (2015) discussed what it means to have a family that is functioning effectively, and many theorists have differing views. Families should “provide a sense of belonging and meaning, protect vulnerable members, and educate and socialize family members”

(Masten et al., 2015, p. 8). Adequate parenting was also mentioned, which is related to academic success. Many studies have looked at family resilience of parents with a child with exceptionalities (e.g., Heiman, 2002; Roach, Ormond, & Barratt, 1999) and child resilience (e.g., Reynolds et al., 2013). When applied to the parent-child relationship and parental involvement, this concept fits well for parents of children in early intervention program considering their need to be able to juggle multiple facets of their life, including work, home and child. For example, a risk for parents could include illness, a child with an exceptionality, low socio-economic status, low educational level, etc. Individuals are not considered resilient if they do not experience adversity (Masten, 2001).

**2.2.1.4. Comparison of theories.** Vygotsky's sociocultural theory (Vygotsky, 1978, 1988), the bio-ecological systems theory (Berke, 2000; Bronfenbrenner, 2005), and resiliency theory (Luthar et al., 2000; Masten et al., 2015; Peer et al., 2014) are all theories that could be used to better understand the parent-child relationship and parental involvement in early intervention programs. However, it is the resiliency theory that examines the hardships that parents may experience and how it may affect participating in their child's early intervention program (e.g., Margalit et al., 2006). The other two theories are less appropriate to understanding parental involvement and satisfaction and how it may affect their child's development for a variety of reasons. While the socio-cultural theory provides a strong foundation for examining experiences through a specific set of social and cultural contexts, it does not consider how parental personal factors may influence children's development (i.e., parent-teacher relationships, work-home balance, mental health status, support and resources available). Therefore, it is not best suited in examining parental involvement and the parent-child relationship. Next, the bio-ecological systems theory examined all of the nest systems, and relationships within these systems. However, there was little emphasis put on the importance and quality of relationships, only that they existed and were interconnected with the other layers of the structure. Finally, resiliency theory focused on overcoming obstacles and positive adaptation, using social support and optimism. Although the two former theories were plausible choices, resiliency theory was the most appropriate and relevant choice as it considered the various factors that parents may encounter as risks, and how they are able to overcome them and effectively parent their child. This broad theory allows for a more in-depth understanding of strengths and weaknesses that can arise through parental satisfaction and/or parental

involvement. Lastly, not only is resiliency theory applicable to parents, it is also useful for understanding how children with exceptionalities can overcome difficulties they may encounter in their academic career.

### **2.3. Summary**

Early intervention programs come in many forms, and must be well organized to be successful (Guralnick, 2000). They are beneficial for children both in the short and long term (i.e., social and emotional development, educational attainment, and promoting resilience) (Guralnick, 1998; Luthar et al., 2000; Majnemer, 1998). Parental satisfaction and involvement is dependent upon several factors, including employment status, marital status, mental health state, and income level (Doré et al., 2010; Caley, 2012; Fantuzzo et al. 2006; Head et al., 2007). The parent-child relationship can be complex, especially when there are exceptionalities involved (Roach et al., 1999; Irwin et al., 2002). Parental factors must be dealt with in a healthy manner to encourage optimal involvement and satisfaction of early intervention or education programs (Caley, 2012; Doré et al., 2010). Vygotsky's sociocultural theory, Bronfenbrenner's bio-ecological theory, and resiliency theory were compared. Resiliency theory was chosen as the best suited theory, as it was fundamental to make sense of how children may react and progress to early interventions and parents can be involved despite factors that may interfere with their progress (Luthar et al., 2000). Missing from the current literature are coping mechanisms for parents to help increase or stabilize their involvement (Fantuzzo et al., 2006). Also, many intervention programs only take into consideration large urban districts with low to middle income families and are not generalizable to the entire population (Caley, 2012; Fantuzzo et al., 2006). The literature, theories, and research on parent satisfaction and involvement in their child's early intervention programs have highlighted the complex relationship between parents and teachers, the variables that influence the ways in which parents fit into their child's early intervention programming, and how these variables affect their child's development.

## **Chapter 3: Methodology**

### **3.1. Mixed Methods Research**

This study examined: (1) the differences between parent characteristics (i.e., child's age, parent's age, parent's highest level of education) and parental satisfaction and parental perception of quality of early intervention programming; and (2) how parents are involved in their child's early intervention program. Both qualitative and quantitative data was gathered to help relay a deeper understanding and rich context of the topic that is being studied (Creswell, Plano-Clark, Gutmann, & Hanson, 2003). Gathering both quantitative and qualitative data will help to establish a more in depth understanding of parents' satisfaction with their child's early intervention program and development. For example, social phenomena (i.e., relationships between parent-child or parent-teacher) can be quite complex, so using multiple methods of data collection and analysis can help create a deeper understanding compared to only one method (Tashakkori et al., 2003). Researchers must carefully plan their research design in order to successfully be able to answer their research questions. The present study explored the satisfaction of parents (i.e., parents' ratings on a questionnaire) and their perceptions of their child's early intervention program (i.e., parents' responses to open-ended questions). Specifically, the following research questions were explored:

1. What differences exist between parental characteristics (i.e., parent's age, child's age, parents' highest educational level), and levels of parental satisfaction and parental perception of quality related to their child's early intervention programming?
2. How are parents involved in their child's early intervention program?
  - a. What factors do parents perceive to limit or challenge their involvement in their child's early intervention program?
  - b. What factors do parents perceive to help or facilitate their involvement in their child's early intervention program?

### **3.2. Measures**

Participants in this study were asked to: (1) complete an adapted version of the 12 item survey entitled Parent Satisfaction Educational Experience (PSEE) (Fantuzzo et al., 2006) to measure parental satisfaction; and (2) respond to four posed open-ended questions related to their involvement in their child's intervention program. The Social Science Research Laboratory

(SSRL) at the University of Saskatchewan was used to format this survey and create it in an online format. The same format of the survey and questions was printed to create paper copies for those who choose to fill out the survey using this method.

**3.2.1. Parent Satisfaction with educational experiences (PSEE).** The Parent Satisfaction with Educational Experiences (PSEE) scale can be used to explore parents' level of satisfaction with their child's educational or early intervention experience (Fantuzzo et al., 2006). This 12 item Likert type scale measures three constructs: teacher experiences; classroom contact experiences; and school contact experiences. There are four items in each subscale. Within the teacher contact experiences subscale, telephone conversations with teacher, notes sent home, conferences with teacher, and schoolwork sent home to work on with the child were included. Classroom contact experiences included parent involvement in planning activities, volunteering in classroom, support given for parent involvement in school, parent participant in decision-making. School contact experiences consisted of contact had with other parents, workshops/training opportunities offered, contact had with principal/administrators, and support for family's language and culture. The PSEE scale required parents to rate the questions as *very satisfied*, *satisfied*, *dissatisfied*, and *very dissatisfied* (Fantuzzo et al., 2006). The estimated time to complete the survey was 20 minutes. The researchers designed this study be able to be implemented on a large-scale basis, with a small number of items and straightforward wording that could be easily answered. The reliability of the 12-item PSEE scale was determined using a common factor analyses that included the following constructs: teacher contact experiences, classroom contact experiences, and school contact experiences.

The responses from PSEE can be considered continuous variables. Questions similar to the ones in the PSEE were created by the student researcher related to parents' perceptions of the quality of their involvement with their child's early intervention programs. For example, an original question from the PSEE asked parents to rate parent involvement in planning classroom activities. The created question was: "how involved are you in planning classroom activities?" A comment box was linked to each question where parents could comment on that particular question if they would have liked to add any additional information.

Reliability values for each construct were Cronbach alpha values of 0.82, 0.82, and 0.75, respectively (Fantuzzo et al., 2006).



**3.2.2. Open-ended questions.** Additionally, four open-ended questions were added to the survey questions in order to gain more information on parents' satisfaction levels, and details on parents' perceived benefits of their child's intervention programs, factors that facilitated and impeded involvement, and if parent involvement is associated with parent satisfaction. For example, a question that was asked: "are you satisfied with your child's early intervention program? What areas of your child's early intervention program do you like and dislike?" Another example of a question was: "what factors have blocked or challenged your involvement in your child's early intervention program?" These questions were geared towards these topics because they will help give an overarching idea as to how parents may view their child's early intervention program and how future programs can adapt to create positive change. The estimated time for the completion was 20-30 minutes.

### **3.3. Participant Recruitment/Selection**

The student researcher sought and received approval from the University of Saskatchewan Behavioural Research Ethics Board to conduct this study (BEH # 15-286). School divisions and community organizations (e.g., daycares centres) were then contacted by phone and email to request advertisements to recruit participants for this research study be distributed or posted (see Appendix A). Two school divisions approved the study and agreed to post the recruitment poster at their elementary schools. Two community daycares also agreed to post the recruitment poster and send out the survey link via email to the parents they were currently serving. Upon approval from the school division or organization, the principal or administrator provided parents/primary caregivers a recruitment letter and/or poster that provided the link to the parent perception of quality scale adapted by the student researcher from the Parent Satisfaction Experiences Scale and open-ended questionnaire (See Appendix B and C).

The following inclusionary criteria had to have been met in order to participate in this study. Specifically, the parent/caregiver had to: (1) be 18 years of age or older; (2) have his/her child in early intervention services/preschool/daycare for at least 3 months; and (3) state that one of his/her child's primary goals, as indicated by them and/or teachers, was focused on language development. Parents and/or guardians must have acknowledged that they met the established inclusionary criteria in order to have been permitted to move on to the next screen and answer the survey and open-ended questions. If parents met these criteria and were interested in participating, they could access the survey through the link found in the recruitment poster. An

information letter outlining the purpose of the study and a consent form was given to parents in the form of a link or paper copy (see Appendix C). Once parents agreed to participate, they were allowed to continue to the next screen and begin the survey. Participants were informed that their participation was completely voluntary, and that they could choose not to respond any questions they did not feel comfortable answering. Participants were able to withdraw from the survey up until their information was submitted.

Participants were recruited using purposeful sampling, which allowed the researcher to include specific criteria, such as parent's age, education level, and child's age. All responses were selected for the semi-structured open-ended questions to gain enough data to create themes and compare and contrast experiences through qualitative analysis. Of the 116 parents who participated in the study, 16 partially completed the survey, while 100 completed the entire survey. All participants were identified using a coding system (i.e. an identification number) to maximize their confidentiality. The data in the study was reported without mention of the identity of individual participants. Participants were provided with information on how the researcher could be contacted if they had questions or concerns in the Letter of Information (see Appendix B). The participants were also encouraged to get a hold of the researcher if they were interested in the results of the study.

### **3.4. Data Collection**

One hundred participants completed the online version of the survey. All data was collected through the completion of the survey and the open-ended questionnaire consisting of four questions. The survey was disseminated through the Social Science Research Laboratory (SSRL). The survey took approximately 20 to 30 minutes to complete, depending on how much information participants wished to share in the open-ended questions. Participants gave consent before beginning the survey (i.e., giving consent on the online version by checking the box), but were able to withdraw their answers up to the point of submission. The survey was available for 10 months, beginning in February 2016 and ending in November. The SSRL gathered the raw data on a summary sheet. Participant confidentiality was ensured by using an assigned number system.

### **3.5. Data Analysis**

The Social Science Research Laboratory in a Statistical Package for the Social Sciences (SPSS) data file gave the data from participant responses to the researcher. The researcher

determined the accuracy of the data by checking for any inconsistencies between variables and labels that was created by the SSRL. The researcher did a check to determine for accuracy of the PSEE scale data by looking for inconsistencies in labels and variables. All qualitative data (open-ended questions) was entered into a word document by question to allow for thematic analysis to be administered.

### **3.5.1. Research question 1.**

The first research question asked: What differences exist between parental characteristics (i.e., parent's age, child's age, parents' highest educational level), and levels of parental satisfaction and parental perception of quality related to their child's early intervention programming? The demographic information provided by participants (e.g., age, highest educational level, and child's age) were the independent variables; while the dependent variable was the level of parent satisfaction and perception of quality of the early intervention program (low, normal, or high). The dependent variable was the differences that were found between levels of parent satisfaction and the perception of quality of programming. Nine analyses of variance (ANOVAs) were used to determine if there were differences between the dependent variable parent satisfaction and independent variables child's age, highest educational level, and parent's age. Nine additional ANOVAs were used to determine if there were differences between the dependent variable parental involvement and the independent variables child's age, highest educational level, and parent's age. An independent sample t-test was used to compare the means between men and women on their PSEE scores. Data was considered on a continuous scale; meaning that the variables can take on any value and the data can be ordered in order from least to most satisfied (Carifio & Perla, 2007). Since parent satisfaction levels can change over time, these discrete values can be treated as continuous (Carifio & Perla, 2007). This research question was answered through descriptive statistics including measures of central tendency and analysis of variance. The parent characteristics and the answers from the PSEE scale and perception of quality of programming questions were used to determine the relationship between variables.

**3.5.2. Research question 2.** The second research question asked: How are parents involved in their child's early intervention program?

- a. What factors do parents perceive to limit or challenge their involvement in their child's early intervention program?

- b. What factors do parents perceive to help or facilitate their involvement in their child's early intervention program?

Four open-ended questions were posed to participants to learn more about parental involvement in their children's early intervention programs:

1. What areas of your child's early intervention program do you like? Why?
2. What areas of your child's early intervention program do you dislike? Why?
3. Identify and describe any factors that have helped you to become involved in your child's early intervention program.
4. Identify and describe any factors that have limited or challenged your involvement in your child's early intervention program.

A basic interpretive qualitative approach was used to find meaning of experiences of parental satisfaction and involvement (Merriam, 2002). Thematic analysis can be defined as a method for identifying, analyzing and reporting patterns or themes within data (Braun & Clarke, 2006).

Participants' responses to the four posed open ended questions were analyzed using the lens of resilience (i.e., succeeding despite the barriers faced; Masten, 2001), following Braun and Clarke's (2006) suggested six phase recursive process of analyzing qualitative data: (1) becoming familiar with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and further refining the themes; and (6) producing the report. The parent responses to the four open-ended questions were first read by the researcher, then initial codes were created based on positive and negative experiences. The researcher searched for themes within the data set and grouped like responses together (i.e., communication, programming, development, parent involvement, personal factors). The themes were defined and reviewed to ensure accuracy and readability of the data set as some responses overlapped with multiple themes. Thematic analysis can either provide a rich description of the entire data set, or a detailed account of one particular aspect. For this particular research study, a rich description of the data set was used and themes were created based on an accurate reflection of all information. Themes were identified through inductive (*bottom up*) reasoning or deductive (*top down*) reasoning, also known as theoretical thematic analysis. This study used a deductive, or top down approach, by focusing on coding data for the research questions. Themes can be described on a semantic or explicit level, or else a latent or interpretive level. The current study analyzed the data on a latent or interpretive level, seeking to examine underlying assumptions,

ideas, and conceptualizations (Braun & Clarke, 2006). Once these steps were successfully completed, the report was produced.

### **3.6 Trustworthiness**

When conducting qualitative research, the standard for rigor is termed *trustworthiness*, and refers to how well the reader can trust the interpretations of the researcher (Merriam, 2009). Four main components make up trustworthiness, including: credibility, transferability, dependability, and confirmability (Shenton, 2004).

#### **3.6.1. Credibility**

Credibility refers to the internal validity of the study, or how congruent findings are with reality (Shenton, 2004). In order to achieve credibility and depth of experiences, multiple data sources were used. Firstly, multiple individuals participated in the study, showing that data was gathered from several sources. Secondly, participants were allowed to share as little or as much detail of their experiences that they felt comfortable with, easing any anxiety that participants may feel discussing any sensitive subject matter. This may add to the credibility of the study as participants were more likely to give in-depth, honest answers to the posed questions. Furthermore, a proven form of analysis was used to analyze the data (i.e., thematic analysis) and was connected to an appropriate and applicable theoretical foundation (i.e., resiliency theory; Luthar et al., 2000).

#### **3.6.2. Transferability**

Merriam (2009) writes that external validity, also known as *transferability*, is the ability to which the findings of a study can be applied to other situations. A detailed description of the context was provided to the reader, who can make the decision about whether the findings of this qualitative study are applicable to other experiences (Merriam, 2009). The researcher was not able to make inferences about transferability, as they were only responsible for the “sending context” or rich, in text descriptions (Shenton, 2004). These widespread descriptions included relevant information and direct quotes from participants in the study.

#### **3.6.3. Dependability**

Dependability refers to how likely the results of the study could be repeated, dependent upon the same context, research methods, participants, and settings. Shenton (2004) emphasizes that the processes within the study should be provided in detail, enabling a future researcher to be able to repeat the work. The current study provides in-depth descriptions of methods and

theories used to ensure a reliable design. Furthermore, the operational detail of data gathering was explained. Lastly, the researcher ensured trustworthiness of the study by reflecting on all data found, as well as strengths and limitations, and implications for future research. The researcher also coded all data and divided it into segments to help keep data organized during thematic analysis, which is a multi-step process (Braun & Clarke, 2006).

#### **3.6.4. Confirmability**

In qualitative research, *confirmability*, refers to the objectivity of a study, or that the study should reflect what is being studied (i.e., the experiences of participants), and not the biases or beliefs of the researcher (Morrow, 2005). The confirmability of this study was ensured by using methods triangulation (i.e., both qualitative and quantitative research methods). In following the steps from Braun and Clarke's (2006) thematic analysis, and breaking the responses into segments, it was confirmed that participants in this study shared experiences that reflected the themes that were created by the researcher.

### **3.7 Ethical Considerations**

Ethics approval was sought from the University of Saskatchewan Ethics Board and no ethical concerns were mentioned. Participants were provided with information about the study before they provided consent and began the survey. Participants were required to consent to the study, and their participation was voluntary. Participants had the right to withdraw from the study at any time before the point of submission of their responses, and were made aware that their responses would remain confidential. Participants were provided with the student researcher's contact information and information on how they can obtain a final report of the study. No identifying information was used in this study.

In the following chapter, the demographics of participants will be discussed, as well as the quantitative results and themes will be presented.

## **Chapter Four: Results**

### **4.1. Overview**

The purpose of this chapter is to describe the analyses of the data collected for this study. The chapter begins with a description of the study's participants. The results are then presented separately for each research question.

### **4.2. Participants**

One hundred parents or primary caregivers completed an online adapted version of the Parent Satisfaction Educational Experiences Scale (PSEE) and answered all four open-ended questions in order to share their experiences related to their child's early intervention experiences in as much as detail as they felt comfortable providing. Demographic information collected from 100 participants indicated that 96.0% of participants were female, 47% were in their 30s, 75.0% were married, and 84.0% reported that they had completed some post-secondary education (see Table 4.1).

### **4.3. Research Question 1**

The first research question explored was: what differences exist between parental characteristics (i.e., parent's age, child's age, parents' highest educational level), and levels of parental satisfaction and parental perception of quality related to their child's early intervention programming? This question was answered using the participants' provided demographic information (parent's age, child's age, highest educational level) and the answers from the ratings of the PSEE scale for both satisfaction and involvement, as well as the four open ended questions added by the researcher.

To establish consistency and reliability, the current study calculated the Cronbach alphas of all three constructs for both satisfaction and involvement (see Table 4.1). The teacher contact experience subscale found Cronbach alphas of .693 and .765 for satisfaction and involvement, respectively. The classroom contact experiences subscale calculated Cronbach alpha of .804 for satisfaction and .665 for involvement. Lastly, the school contact experience subscale was found the least reliable with Cronbach alpha of .640 for satisfaction and .532 for involvement. Total scale reliabilites showed a Cronbach's alpha of .852 for satisfaction and .800 for involvement. A power calculation determined a minimum total sample size of 160 people would be needed using a four factor independent variable if a power level of at least 0.80 is desired using a medium effect size (0.75) and an alpha level of 0.05.

The raw scores of the three dimensions of the PSEE (i.e., teacher contact experiences, classroom contact experiences, and school contact experiences) which each had four items were summed for both satisfaction and involvement. They were converted into T-scores and one way ANOVAs were administered with each dimension and each independent factor (parent's age, child's age, highest educational level). Specifically, 18 one-way ANOVAs were run to examine differences between groups. The independent variables were: educational level, child's age, and parent's age, while the dependent variables were the level of parental satisfaction and parental involvement. A Bonferonni correction was used to calculate the level at which significance could be determined (Cronbach's Alpha/Number of Tests Run = Bonferroni Correction Factor or  $0.05/18=0.0027$ ). The means and standard deviations for each of the independent variable groups, and the three PSEE dimensions for both satisfaction and involvement were reported (see Appendix D).

Table 4.1

*Descriptive Statistics for Subscale and Scales*

Scale	Number of Items ( <i>k</i> )	Cronbach's Alpha (alpha)	Sample size ( <i>n</i> )	Mean	SD
Teacher Contact Satisfaction	4	.693	95	12.8	2.1
Teacher Contact Involvement	4	.765	94	12.1	3.0
Classroom Contact Satisfaction	4	.804	98	11.9	2.2
Classroom Contact Involvement	4	.665	94	7.4	2.4
School Contact Satisfaction	4	.640	96	11.5	2.0
School Contact Involvement	4	.532	96	8.0	2.3
Parental Satisfaction	12	.852	93	36.1	5.2
Parental Involvement	12	.800	87	27.4	6.2



The teacher contact dimension of the PSEE included notes sent home, telephone conversations with the teacher, conferences with the teacher, and school work sent home to work on with the child. The one-way ANOVA revealed that there were no statistical differences detected for the teacher dimension relation to the parent's age and satisfaction [ $F(1, 93) = .010, p = .921$ ] or involvement [ $F(1, 92) = 1.49, p = .226$ ]. The mean scores showed that younger parents were more satisfied and involved with this aspect of their child's program, although the results were not statistically significant.

In relation to educational level, the teacher dimension of the PSEE also showed statistically insignificant results for satisfaction [ $F(2, 92) = .550, p = .579$ ] and involvement [ $F(2, 91) = .39, p = .679$ ]. Most parents were highly educated, with at least a college diploma and over half of the participants had a university education. The parents with university education had a slightly higher mean for the teacher dimension, showing a slightly higher satisfaction rate, although not significant. Based on the child's age, the teacher subscale of the PSEE results did not show any statistical significance. The ages showed that parents with children in these age groups did not differ greatly in their satisfaction [ $F(3, 90) = .87, p = .462$ ] or involvement [ $F(3, 90) = .821, p = .485$ ] in relation to teacher contact experiences.

The classroom contact experiences dimension included parent involvement in planning activities, volunteering in the classroom, support given for parent involvement in school and parent participation in decision making. Parent's age and this particular dimension of the PSEE showed no significant differences between the two age groups [ $F(1, 96) = .621, p = .443$ ]. The younger parents (19-30 years old) had a slightly higher satisfaction rate in this subscale than older parents. Involvement and parent's age showed no significance as well [ $F(1, 92) = .221, p = .639$ ]. Classroom contact experiences and educational level show no significant differences for satisfaction [ $F(2, 95) = 1.10, p = .341$ ] or involvement [ $F(2, 91) = 2.91, p = .059$ ]. Parents with a university education had a slightly higher mean for this dimension of the PSEE (see Appendix D). This indicated that the higher the level of education completed, the higher the satisfaction. However, these results were not statistically significant. The classroom contact dimension showed that the age of the child did not statistically differ for satisfaction [ $F(3, 93) = 1.27, p = .291$ ] or involvement [ $F(3, 89) = .255, p = .857$ ]. The highest mean of satisfaction indicated that five year olds had the highest level of satisfaction, with the mean being the lowest for six year olds.

The third dimension of the PSEE is school contact experiences, which included the following: contact with other parents, workshops or training opportunities offered, contact with principals/administrators, and support for family's language and culture. Parent's age and school contact experiences suggested that there were no significant differences between the two age groups for satisfaction and ages 19-30 and 31-40, respectively [ $F(1, 94) = .508, p = .478$ ]. Involvement and parent's age showed no significance [ $F(1, 94) = .484, p = .488$ ]. The means of the two groups showed that the younger age group was more satisfied, although not significantly (see Appendix D). The participants' educational level and the school contact experiences dimension signifies that there was no statistical significance for satisfaction [ $F(2, 93) = .100, p = .905$ ] and involvement [ $F(2, 93) = 1.60, p = .207$ ]. Finally, when looking at the child's age the school contact experiences subscale, there were no differences found for satisfaction [ $F(3, 91) = .640, p = .591$ ] or involvement [ $F(3, 92) = .097, p = .961$ ].

#### **4.4. Research Question 2**

The second research question posed was: how are parents involved in their child's early intervention program? This question was divided into two parts: (1) what factors parents perceived to limit or challenge their involvement; and (2) what factors helped or facilitated their involvement. This research question was answered by posing four open-ended questions to participants:

1. What do you like about your child's early intervention program? Why?
2. What do you dislike about your child's early intervention program? Why?
3. Identify any factors that have helped you become involved in your child's early intervention program; and
4. Identify any factors that have limited or challenged your involvement in your child's early intervention program.

A basic interpretive qualitative approach (Merriam, 2002) was used to analyze 100 participants' responses to the four posed open ended questions using the lens of resilience (i.e., succeeding despite the barriers faced; Masten, 2001). Participants' responses provided a qualitative description of the parents' positive and negative experiences, and revealed two major themes: working with school personnel to support children's needs, and overcoming challenges and remaining involved. Both males and females participated in the study, but for readability purposes, all participants' responses will be discussed using feminine terminology.

**4.4.1. Theme 1: Working with School Personnel to Support Children's Needs.** The participants shared some of the benefits of, and challenges to, working with early childhood setting or school personnel to support their children's needs related to fostering consistent home-teacher communication (39 segments), developing and supporting appropriate educational programming (64 segments), and supporting children's social, emotional, language, and cognitive development (22 segments).

**4.4.1.1. Fostering consistent home-teacher communication.** According to participants, a significant factor that either contributed to negative and/or positive experiences of their child's early intervention or school program was the communication between the teacher and the parent and/or caregiver. Positive communication experiences included the teacher contacting the parents regarding their child's progress, scheduling issues, or any other concerns that arose concerning the child. Parents described various modes of communication being used by the teacher to keep them informed about their child, including: email, in person discussions or meetings, notes, letters, messages in communication books, and/or by phone. For example, many parents described talking to the teacher about anything important when they were dropping off or picking their child up from school/their program. One parent noted "we chat with them every day at drop off, and if there is anything interesting/of note that may help them with their day with the kids." Email messages were described as another form of communication being used by teachers to communicate with parents. One parent shared, "we email more than anything if there's an issue. I'm not at all unhappy about that." Another parent commented on the ease of communication and face-to-face contact, stating "initiating a conversation is very easy, our teacher is always open to talk. We...[use] more person to person or email messages as a first stage of communication." The use of email instead of hand written notes was emphasized by other parents. As one parent stated: "we don't send notes in kindergarten, the teacher emails and talks to us." Another parent wrote "we don't receive "notes" ... we receive texts. It's only preschool. For older grades, I would expect notes though."

Communication folders or books were another form of communication parents reported their child's teacher used. As one parent shared: "[the] teacher updates us through a communication folder and we respond the same way." Similarly, a second parent reported:

Our teacher has a duo-tang with a calendar. Each day our Grade 1s write a little blurb and each night the parents initial they've read the blurb. The parents also have the

opportunity to comment or remind the teacher of anything. It's been excellent. I love it. They also send home school work that can stay home. And there is a folder at the front for anything that needs to be signed and returned or forms.

Another parent commented: "I like the communication that is had between all parties. I like that we feel involved." A second participant noted: "I like the amount of info[rmation] the parents are given about the progress the child is making." When teachers updated parents on their child's progress, parents reported they could make time to attend events, volunteer, or help their child at home with any homework or skills that needed improvement. For example, one parent reported: "my child had issues with expressing and handling his anger/emotions, the teachers at his daycare communicate regularly with me so we can work together as a team to give him the tools and help he needs." Another parent revealed "educator initiated conversations and invitations to bring personal experience to the classroom" helped him/her to be more involved in their child's program. Communication is heavily relied on for parents to increase their awareness and understanding of where their child is at developmentally, but appropriate educational programming is also necessary to achieve the best potential outcomes of children.

**4.4.1.2. Developing and supporting appropriate educational programming.** Participants reported another significant factor that contributed to their negative and/or positive experiences with their child's early intervention program was the way their child's educational program was designed and run, which included their perceptions of the teacher's or daycare facilitator's competence or qualifications. Firstly, many parent responses relayed that the teacher or other professionals associated with the program were competent, helpful, passionate and made their child's experience in the program better. As one parent said "I like the training of the staff, so that he is getting the support that he needs." A second parent responded:

I was 'lucky' enough to have my son work with various people from occupational therapist, speech language pathologist, physical therapists, education assistants and many others. They have all helped greatly to help my son grow and help me understand where/why my son is going.

Another parent noted: "a kind, compassionate, and love for teaching" was what they loved about their child's program. When referring to preschool, a parent reported: "they learn how to follow rules, get used to other personalities and how to deal with them on a regular basis. I love that

they get the learning rolling with some teaching but mostly have fun.” Play based learning was viewed as important, as this parent disclosed:

Play based and inquiry learning in full day kindergarten has helped build stamina and understanding of routines. He has built the social skills needed for grade one. Appropriate academic expectations and home practice of motor skills expected. Parent involvement welcome, but curriculum is left to professionals to implement (as it should be).

A similar response was given, emphasizing the skills that were developed at daycare:

The focus on emotions, building independence, and learning social skills and interactions. My son is learning and needs help mastering his emotions and behaviour and the interactions with teachers and other children. My son has developed a lot in this area at his daycare centre.

A parent shared the aspects they enjoyed in their child’s early intervention program: “The hands on approach, even while learning or playing, care is always made to help her learn at her level, and if she needs or wants more advanced toys/activities these are always provided.”

Not all parents were satisfied with the programming of their child’s early intervention program. Many faced challenges, either with teachers or the resources that were lacking in order for their child to learn and develop, as well as the parent themselves to learn how to be involved and help their child, in and out of the program. For example, when asked about training opportunities at their school, 100% of participants responded that there were no opportunities at their child’s program for them. One participant said: “I feel like there is a large number of student to teacher ratio- 10:1. If there was more funding from the government to place more qualified employees with our kids this would be wonderful.” A second parent revealed that: “there were too many kids in the program but our teachers handled it well.” A concerned parent described their experience:

We are relying on the school boards to help us, when in all honestly, they do what they can, but one full-time EA and seven part-time ones for a school of 400+ is a bit sad.

Especially when you see that my son’s classroom alone has four special needs students, two of whom need round the clock care.

Not only did the parents regard the child to adult ratio in a classroom as a significant factor that they were not fond of in their child’s early intervention program, they were also concerned with their child’s teacher not communicating with them about their child’s progress or having the

opportunity to be involved. For example, a parent stated that “parent involvement was not a priority.” Similarly, another parent said that “there is no parent involvement so it would be nice to be asked to attend more things for them to share what they've been working on with the kids and learning.” As one parent disclosed:

sometimes my daughter comes home wanting me to practice new things that she is learning but I have no idea what she is asking to do. I've had try to catch the SLP [speech-language pathologist] a few times to get an explanation.

Finally, a fourth parent expressed that there was “not a lot of communication about where my child is at academically unless I ask and no parent involvement.”

In summary, programming was a reoccurring idea within parents’ responses that reflected the positive and negative aspects of early interventions. Parents had experiences which helped them to be confident in the quality of programming, such as the teacher’s qualifications and the organization of the program. Nevertheless, despite the positive comments, some parents voiced negativity towards the teacher and their child’s program. Few resources and professionals in a classroom of high needs was mentioned as a concern. The communicative manner of being asked to be involved or told about the child’s progress without having to be a concerted effort was also a common experience of parents. The subtheme of child development is a goal that parents felt their children were gaining from being exposed to early intervention programs.

#### ***4.4.1.3. Supporting children’s social, emotional, language, and cognitive development.***

Parents gave in depth descriptions as to how they see their child develop and flourish over time because of their participation and exposure to early intervention program. They described both skills and moral values that their child has learned and developed, as well as mental leaps that they observe in their child. For example, when asked what aspects they liked about their child’s program, one parent responded: “the preparation for kindergarten and socialization.” A second parent had a similar response and reported that they enjoyed that their child was “learning through play - they need to be exploring. Learning is messy and learning is loud.” A second parent said they liked “how involved they [teachers] are with play as a learning key.” A third parent’s response was that they liked: “the free play aspect and the genuine love that our educators have for the program and all of the kids involved.”

Parents shared that the curriculum and lessons that their children were being taught were positive aspects of involving their children in early intervention programs. For example, one

parent appreciated the “many different activities planned; music, sensory, art. Etc; outdoor play is a high priority; no screen time.” Another pleased parent shared:

The teachers are amazing with the children. They surprisingly do a lot of field trips for the kids where parents and sometimes siblings are invited to come along. It's nice to have functions that involve the whole family and the preschool kids. Every other day there is a craft or something sweet to take home and frequent trips to the school library. I love that I trust that my son is in great hands when he's at school.

The sharing that occurred between home and school was another aspect of their child's early intervention program valued by one of the parents:

All the hands on interactive work they do. Always learning new things each month and sharing them at home. I also like that they post pictures and reviews of what they've taught the kids and things we can be asking them at home about the new things they've learned.

Another parent emphasized their admiration for the teacher and what she hopes her son will learn:

I love his teacher and her involvement with each and every student. In preschool I'm the most concerned about my son learning to be a good listener and learn to have positive interactions with other kids. Everything has gone great.

Similarly, another parent enjoyed their child's early intervention program was “instilling Christian Ethics, strong positive behaviour, strong character building as well as teach[ing] the children about establishing positive relationships with their peers.”

Despite the great progress that these parents have observed, some parents reported that they felt their child was not learning enough because of the curriculum (i.e., emphasis only on play), or due to the teacher their child had. For example, one parent dissatisfied with the curriculum shared:

The curriculum: what happened to actual grades. Passing and failing. Teaching kids hard work pays off - not just a 'nice try'. It is a true shame that the honor roll system has been taken out of the schools. What pushes kids to be at the top of the game anymore? When kids can get by doing less, why would they want to do more work? You already see that in the generation that is graduating...work ethic has gone way downhill.

A second parent reported: “not enough is being done.” Another parent response questioned the curriculum that was taught in the program they had chosen for their child to attend, stating: “...the openness to dream catchers, because we see it is a spiritual symbol rather than a cultural item. We put our child into Catholic French Immersion for a reason, and feel that the openness to other spiritual teaching concerning.” A parent also expressed his/her frustration with the school system once her child was in Kindergarten:

In the first year of Pre-K, a speech therapist regularly came to see the kids who needed help, and the help guide the teacher and EA [educational assistant] in how to help with speech development. In the first year we saw HUGE improvements. In the second year speech therapists were no longer able to work with the kids at school. This lead to less guidance for the teacher and EA, and therefore only minor improvements were made.”

Several parents shared they believed that their child’s early intervention program helped their social, cognitive, emotional, and language development. However, there were difficulties that parents reported in regards to their child’s early intervention program and their involvement. The following theme of overcoming challenges and remaining involved considers parents’ experiences with being involved in their child’s early intervention program.

**4.4.2. Theme 2: Overcoming Challenges and Remaining Involved.** Responses related to this theme included the experiences about the ways in which parents were involved, and what personal factors helped and hindered their involvement. Specifically, segments of data from this theme were distributed across two subthemes which included: (1) working to remain involved (60 segments); (2) challenging personal factors (88 segments).

**4.4.2.1. Working to remain involved.** When asked how often parents were involved in their child’s early intervention program, the responses ranged in frequency. One parent reported “for the first four months of the school year, I volunteered once a week and felt really welcome and appreciated. This helped my son to adjust.” A second parent shared: “I have been invited numerous times to give ideas for field trips/family days. I have helped a few times.” Other parents commented and said they volunteered “three times per month,” “approximately three or four times a year,” and “once a day per month.”

When asked how involved they were in planning activities for their children, parents’ responses varied. Some participants described how they were involved in different school committees. One parent said: “I am a member of the student community council and get to be



involved in many school activities.” A second parent reported: “I make sure to always get information out to other parents to show community events or something going on in the school.” Another participant reported that they were “very involved as they were a member of the parent committee.” Other parents were involved in planning activities in contrasting ways, such as offering advice: “I give my child’s teacher ideas that I utilized in my own classroom and that were successful with my own students.” Another way of helping to plan activities was shared: “I offer suggestions for field trips. Opportunity to attend meetings but have not yet.” An opposing view about leaving the planning for teachers was also among the responses:

I provide feedback when it's asked for and we are informed of the program for every month but teacher leads the program and we fall in line - that's the way it should be. We are parents not teachers. They are the experts.

When parents were asked about how involved they are in conferences about their child’s learning, responses ranged in frequency and the type of involvement they had. For example, one respondent said: “It was outburst year, and we had no clue what to expect. We have also had good communication with his teacher year-round, so there really wasn't anything new or concerning to talk about.” A second parent shared: “at the scheduled times,” showing that it seemed as though they did not go beyond the scheduled times to discuss their child’s progress. Another parent revealed that “anytime there is an opportunity, I am involved.” Parents were asked about how often they have contact with the principal or other school administrators. A parent disclosed their experience by writing: “very involved with the centre director at the daycare. [We] communicate frequently with questions for the school with the secretary.” A second parent said:

Just met the school’s principal in the hall, the daycare/preschool are a separate entity within the school. The daycare administrator is amazing and we see her everyday helping out with the kids, she knows everyone by name and is just the best.

When asked about what they liked about their child’s involvement, a few parents mentioned involvement. As one parent reported:

The teachers are amazing with the children. They surprisingly do a lot of field trips for the kids where parents and sometimes siblings are invited to come along. It's nice to have functions that involve the whole family and the preschool kids. Every other day there is a

craft or something sweet to take home and frequent trips to the school library. I love that I trust that my son is in great hands when he's at school.

Similarly, another parent shared:

My child attended a cooperative preschool within a French immersion Catholic school. I appreciated the teacher's knowledge, but mostly her patience. I really appreciated that because it was run by a parent board, I could help make decisions by attending Board meetings regularly.

Parents were asked to comment on any homework activities that were sent home and their involvement. Most parents reported that their child did not have any homework sent home due to their young age. However, a few parents who reported having activities sent home to work on with their child responded positively. For example, one parent stated: "it's a bonding moment, our kinder projects have been fun and all the family had participated." A second parent reported: "Most of the work my son can complete on his own with minimal help." While another parent shared: "I would like to see more so I have a better idea of what they are doing."

Parents also reported negative experiences of being involved in their child's early intervention program. When asked how involved parents were in helping plan their child's activities, many said that they were not asked to be involved by teachers. As one parent said: "I am not considered when creating classroom activities for my child." Another parent reported: "we don't have the option to be involved." A third parent solidified this complaint by sharing their experience: "we don't get asked for input." Even though many parents were not involved in planning activities, some admitted that they believe they did not need to be as they trusted the teacher, or that they believe the teacher would be receptive if they did have any input. As one parent wrote: "I think they would be receptive to input if I had any. Our daycare is cooperative so the parents have as much opportunity for input as they would like." Another parent reported: "Not at all. I trust his teacher to plan appropriate activities for kindergarten. I attend field trips as a parent helper." Similarly, another participant shared: "I'm not at all involved. The preschool teacher takes care of everything and she's fabulous." A variety of personal factors parents reported to positively affect their involvement in their child's early intervention program included: intrinsic motivation, having a child with exceptionality, a positive parent-teacher relationship, their type of job, the amount that the parent worked, and the resources that were available or had to be sought out by the parent. For example, many parents reported they had an

intrinsic motivation and parental instinct to be involved in their child's program to help their development. When asked what helped parents to be involved, one respondent said: "Just a desire to help my son, and make sure he's getting everything that he needs to be successful." A second parent's response was similar: "I didn't need any factors, I myself took initiative to be actively involved in my children's early education." A third parent wrote: "just the passion to see my kids succeed and work hard. I want to see how my kids are doing – the good, the bad, the ugly. I ask a lot." "My own drive to make sure I am forming meaningful memories with my kids as they grow up" was a significantly common response.

**4.4.2.2. Challenging personal factors.** Children's exceptionalities and being an advocate for their child were also reported by participants as motivating them to be involved in their child's early intervention programs in order to help their child. As one parent responded:

My son was born 12 weeks premature, and since birth has needed assistance with various things. As he gets older he needs less help, but being diagnosed with sensory processing, ADD [Attention Deficit Disorder] and possible Asperger's (we are still waiting to get in to get assessed at autism services) I have had to become my own child's advocate to get the help he needs and deserves to live a full life.

Another parent reported she had a similar experience related to her child's exceptionality: "I learned different ways to help my son [with] his speech and to improve his social skills. Before I tried nearly everything to get him over his social anxiety, and to express his feelings through words versus through tantrums." Another parent mentioned: "my daughter has a learning disability so I am her advocate. It is my job to make sure she is getting the best start in life." Similarly, a parent shared their desire to help make the transition to school easier for his/her son and to make the classroom cleaner:

My son's difficulty with starting school, separation anxiety and shyness. I helped to clean the classroom quite often as my son was catching a lot of illness. Cough and colds, HFM, and there was lice, chicken pox and other contagious illnesses being passed around. The school was not doing a very good job of cleaning the classroom so I went in for cleaning days to help. It would be nice if the school took a more active role and also if other parents would be more encouraged to help out.

One respondent explained how the parent-teacher relationship influenced the involvement at home:

Speaking with the teacher, helping her at home with what she learnt at school. Be on top of what she's learning at school and ask her about it at home - help her understand more in depth if she has questions.

A second parent reported that “educator initiated conversations, and invitations to bring personal experiences to the classroom” helped them to be involved. Similarly, another parent shared that “the teacher presenting opportunities for involvement” was a significant factor to their involvement. One parent mentioned communication and being asked for suggestions, stating:

My child had issues with expressing and handling his emotions/anger, the teachers at his daycare communicate regularly with me so we can work together as a team to give him the tools and help he needs. We are routinely asked for suggestions for the teachers/centre.

Parents also shared another personal factor that aided in their involvement with their child’s early intervention programs was the resources that parents had to seek out or were exposed to by professionals involved in their child’s program. For example, a parent reported: “KCC [Kinsmen Children’s Centre], and the use of iPad apps at home” contributed to their knowledge and allowing them to help their child with exceptionalities progress. Other parents stated that “idea sheets [that were] sent home” and “notes sent home” helped them to be involved. These “school and home links” aided in their involvement. The home-school connection was successful for one parent who shared:

My daughter has always loved being read to, and even though in kindergarten the teacher has recognized her love for books, so we get sounds sent home, and easy to read books so my daughter and I can learn/teach reading together. I love sitting with her and watching her do homework and helping if she needs it.

Parents’ occupations or jobs were reported to both cause conflict with being involved with their children at home and in their early intervention program, and allowed them to spend that quality time with their child to help them grow and develop. First, let’s consider how parents’ occupations or jobs facilitated their involvement in their child’s early intervention program. As one parent reported:

My job helps a lot whereas I have days off during the week to help in anything she needs and to send her on the bus and pick her up from school. My job was also flexible to allow me to take a different lunch time so I could still pick her up days I am working and my husband is home to send her on the bus! So glad we live in a small town too!

A second parent said: “I have the time to be involved as I work part time.”

As one parent reported, their involvement was limited because they were: “returning to work to a very demanding job.” Another parent shared their work schedule negatively affected their involvement in their child’s program, stating:

Definitely my work schedule. There is only one day of the week that I can be present at his program if need be. And the teachers are gone by the time I pick him up so it’s hard to interact with them to see how he's doing and if there is anything we need to be working on at home.

Another parent shared similar challenges, stating “work, full-time work can sure put a damper on spending time with your kids in any way.” As one parent reported, “being a full-time working parent limits the in school involvement I can have due to my availability.” One parent felt being a mother who works and attends school has double the challenge, commenting:

There aren't any [ factors that help me to be involved]. I am a single working mother, who also attends university full time. In my free time I prefer one on one activities with my child. School is just something for him to do while I'm at work.

The type of occupation that parents had also seemed to influence how they could be involved in their child’s early intervention program. As one parent shared: “working full time as a teacher, so the hours that my child is at daycare I am at work.” Another parent shared the challenges of working full time stating: “I am a business owner so it was sometimes difficult to take time off to volunteer for a day every week and now that my son is adjusted I don’t spend as much as time there.” A parent working from home reported similar challenges, stating “I run a day home, therefore I am unable to take time off for my family to partake in their school life.” As one parent summarized, “work, finances, and school” were all listed as challenges to parent involvement.

A parent’s occupation was not the only factor that challenged involvement in their child’s early intervention program; having a younger child at home to care for and finding the motivation harmed parent’s involvement. For example, one parent reported, “I’m a stay at home

mom of two and it's hard to find a sitter on the days I'm scheduled. It would be convenient for me to bring my youngest with me sometimes.” Another parent commented:

I think lack of transportation and having a young child at home. I don't have a driver's license and have a small child at home, and unless my spouse is off that day at work, it's hard to participate and volunteer at his school.

Similarly, this parent shared:

Having a younger child without options of childcare that would allow more one on one with my pre-k child at school or to volunteer more. as my younger child still naps in the afternoon when my oldest is in pre-k.

Another parent stated: “I have a young baby at home so finding the time away to go in and involve myself is tough – as it would be for any full-time working parent.”

In summary, parents shared some of the personal factors in their lives that increased their chances of involvement in their child's early intervention programs. These factors included internal motivation, a relationship with the teacher that was communicative, and the parents' work schedule and/or type of work they do. Furthermore, the resources that the parents either personally seek out or were exposed to were named as an influencing factor. However, it is important to note that not all of the personal factors parents discussed were positive. Parents did share a number of negative experiences when involved in their child's early intervention programs. Prominent factors mentioned by parents were their work schedules and younger and/or other children to care for. The final chapter discusses parents' involvement in their child's program, the factors that help and challenge their involvement, and what can be done to achieve resilience in relation to existing research. The implications of the findings, the strengths and limitations of the study, and ideas for future research will also be considered.

## Chapter Five: Discussion

The purpose of this study was to assess the parents' current satisfaction *and* involvement level, as well as the perceptions of the quality of their child's early intervention program (i.e., daycare, prekindergarten, and kindergarten). Resiliency theory provided the framework for this study by providing insight into how overcoming obstacles and adapting can increase the chance of resilience (Luthar et al., 2000). Vulnerability factors make it difficult to achieve resilience, while some factors are "protective" and can help parents to feel optimistic, use social supports, and effectively cope with struggles (Masten et al., 2015; Peer et al., 2014). In turn, this will potentially increase the levels of satisfaction and involvement. Parental involvement is fundamental for academic success and development in children (Ronski et al., 2011). This study also sought to understand the factors that both helped and challenged parents' involvement in their child's program. The following research questions were posed:

1. What differences exist between parental characteristics (i.e., parent's age, child's age, parents' highest educational level), and levels of parental satisfaction and parental perception of quality related to their child's early intervention programming?
2. How are parents involved in their child's early intervention program?
  - (a) What factors do parents perceive to limit or challenge their involvement in their child's early intervention program?
  - (b) What factors do parents perceive to help or facilitate their involvement in their child's early intervention program?

### 5.1. Summary of Findings

1. Most parents reported that they were *satisfied* and *very satisfied* with their child's early intervention program in terms of the three dimensions of the PSEE: classroom contact experiences (72-87%), teacher contact experiences (82-93%), and school contact experiences (52-94%).
2. Parents rated their involvement lower; they were less *frequently involved* or *always involved* in their child's early intervention program in terms of the three dimensions of the PSEE: classroom contact experiences (13-28%), teacher contact experiences (69-80%), and classroom contact experiences (9-43%).
3. No significant differences were found in the three dimensions of the PSEE (teacher, contact, and classroom experiences) for satisfaction or involvement

when one-way ANOVAs were run in relation to the independent variables (parents' age, child's age, and parents' highest educational level).

4. Although differences were not significant, the means were slightly higher for satisfaction in the three dimensions for younger parents and parents with a university education versus those in the older age bracket (31-40) and a high school diploma.
5. Participant responses to the open-ended questions revealed two main themes and supporting subthemes: (1) working with school personnel to support children's needs (fostering consistent home-teacher communication, developing and supporting appropriate educational programming, supporting children's social, emotional, language, and cognitive development ), and (2) overcoming challenges and remaining involved (i.e., working to remain involved, challenging personal factors).

## **5.2. Relationships Between Parental Characteristics and Levels of Satisfaction/Involvement**

The first research question posed was: what differences exist between parental characteristics (i.e., parent's age, child's age, parents' highest educational level), and levels of parental satisfaction and parental perception of quality related to their child's early intervention programming?

**5.2.1. Communication.** Participants rated their satisfaction with their child's teacher/administrator in the PSEE, as well as recalled accounts of communication as being a positive aspect in their experience with their child's program. Frequency analyses (counts and percentages were used to determine parents' satisfaction for each question. Overall, parents were *satisfied* or *very satisfied* with all forms of communication (telephone, meeting with teacher, notes sent home, emails etc). Although the results were lower for the involvement portion of the questionnaire, parents were still generally *frequently involved* or *always involved* in communicating with their child's teacher or daycare provider. These results were consistent with the open-ended questions that were asked (e.g., "my child's teacher sends notes home every day and we have a communication book in her agenda that we talk in everyday"). One parent shared: "It was outburst year, and we had no clue what to expect. We have also had good communication with his teacher year round, so there really wasn't anything new or concerning to talk about." From this response, one can infer that this parent and the child's teacher maintained



close contact, not only at scheduled conference times. This child's struggles were tackled by both parties, showing how formal supports are used by the parent (Peer et al., 2014).

Another example of communication that was received showed that phone calls were not the most popular method of communication: "we usually communicate by e-mail and I'm happy with it." Talking face-to-face was also seen as one of the more popular options: "I speak in person with the teacher if there is an issue as I see her everyday my child goes to school." Weekly folders/communication books were mentioned heavily within the data set, suggesting that written and face-to-face communication has the biggest positive impact on parents with children in early intervention programs. Parents were asked about how often they have contact with the principal or other school administrators.

"Just met the school's principal in the hall, the daycare/preschool are a separate entity within the school. The daycare administrator is amazing and we see her everyday helping out with the kids, she knows everyone by name and is just the best."

This parent recognized that the administrator is involved with the children, and is not only concerned with administrative duties. This type of behavior may trigger parents to become more motivated as well, despite having other responsibilities as a parent, employee, spouse etc. Motivation is related to resiliency in that it creates a protective process for the individual (Masten et al., 2015). Despite some parents' lack of communication with teachers, others reported that communicating with the teacher regularly aided in their efforts of being involved in their child's program. A positive parent-teacher relationship increases the chances of resilience as social support is considered a protective factor and a foundation for positive adaptation in relation to overcoming adversity.

Although many parents reported positive communicative relationships with teachers, some voiced that the lack of communication by the teacher contributed to a disconnect and impeded their involvement in their child's program: (e.g., "not a lot of communication about where my child is academically unless I ask"). Another parent wanted to be involved in what the child would be learning (e.g., "no say or knowledge was being taught before it was taught"). It is clear that the parent-teacher relationship is incredibly dependent on the personalities of parents and teachers, as well as the effort that is made on both ends. The perceived strained relationship that parents felt towards the teacher could result in negative feelings (i.e., disappointment, anger, stress, and confusion), all of which could negatively affect the promotive factors of resilience

that parents need to be resilient (Masten & Monn, 2015). These comments are important to consider when planning a curriculum and improvements that are made will only strengthen both the parent-teacher and parent-child relationship.

**5.2.2. Programming.** Parents of children in early intervention programs rated their satisfaction and involvement in their child's program, as well as shared their experiences of what aspects of programming they enjoyed and believed to be positively and negatively impacting their child. In terms of programming, parents rated their satisfaction very low for training opportunities or workshops. The open-ended comments confirmed these results (e.g., "there are no workshops or training opportunities at our school"). Parents also shared what aspects of programming they liked about their child's early intervention program, such as the play-based experience (e.g., "the ability for kids to explore and learn about what interests them"). With play-based learning, parents were allowed to be more confident in the way their child learns, both at school and in the home. This confidence will protect against risk factors for both parents and children, resulting in resiliency. Parents reported that a well-planned, age appropriate curriculum and the lessons learned was an important factor that contributed to satisfaction. A parent noted when referring to their child's program: "The hands on approach. Work books. Letters. Learning through art and music. Smart boards for lessons. Sight words. Games. Motor skills activities." A parent felt that their child has learned what they expected them to in Kindergarten, but also notes that there is expectation from home to practice these skills, showing that this parent has the motivation to work with their child. Motivation is a protective factor that promotes resilience. The teacher and other staff's qualifications were also mentioned (e.g., "I like the teacher and her passion for teaching children"). Another parent noted: "I like the training of the staff, so that he is getting the support that needs" was what they loved about their child's program. It is obvious that a passionate and intelligent teacher is fundamental for a parent to be satisfied with their child's program and the child to be successful. A teacher that is viewed as a positive influence on the child will make an excellent source of social support for the parent, as well as run an age appropriate, well-planned program (Peer & Hillman, 2014). One parent reported the various professionals involved in their son's life helped him grow and her understand his exceptionality. This parent showed the resilience factors of optimism and social support. They were confident in the professionals' abilities to help their son reach his maximum potential. They also divided the responsibility of the child's struggles by utilizing the

professional social support, making them adaptable and therefore likely to be resilient. However, not all parents felt the programming was adequate, and it contributed to their dissatisfaction of the program.

Despite several positive comments, some parents voiced negativity towards the teacher and their child's program, making it difficult for parents to overcome personal risk factors and show resiliency. Few resources and professionals in a classroom of high needs were mentioned as a concern. For example, when asked about training opportunities at their school, 100% of participants responded that there were no opportunities at their child's program for them. Parents were not able to have outside training in parenting techniques or how to encourage their child's development, which for many could be considered a risk or vulnerability and harm their chances of resilience. If parents do not have motivation and optimism to expand their knowledge, their child's development may suffer. Parents also had other complaints about their child's programming. In particular, the number of students compared to teachers and other professionals in the classroom was voiced as a concern by several parents.

A concerned parent reported the lack of resources and professionals for the size of the school:

“we are relying on the school boards to help us, when in all honestly, they do what they can, but one full-time EA and seven part-time ones for a school of 400+ is a bit sad.

Especially when you see that my son's classroom alone has four special needs students, two of whom need round the clock care.”

The lack of attention that these parents felt their child is receiving at their program can create a disconnect between parents and teachers, which can be considered a risk for resilience. If parents do not have an established relationship and support system in place, they are less likely to feel stable in being involved and helping their child. The communicative manner of being asked to be involved or told about the child's progress without having to be a concerted effort was also a common experience of parents. Some parents reported overcrowding in the classroom (e.g., “I don't like that there are so many students in the classroom. I wish to be better updated on what the children are doing in the class”). Parents felt that their child's program did not have enough opportunities for them to be involved and volunteer (e.g., “I feel like there should be more opportunities for parents to come and participate in the school day to see potential skills we can work on as a parent”). They also felt that the child's curriculum was not appropriate (e.g., “I felt that there was no structure, rules, and barely any learning”). By feeling that children are not

being pushed to their full potential because of the way that the curriculum is organized; to always praise children, even when not doing their best. With a negative opinion such as this one, resiliency would be difficult to achieve in parents. Parents would feel like there is no point in an effort being made at home to teach their child valuable skills. Other services associated with the program were mentioned (e.g., “I don’t like that the services are not integrated. It’s a lot more paperwork for me”). These perceptions of the quality of the program can have a significant negative impact on parents and the way they choose to involve themselves in their child’s program. Although the responses were mixed, *most* participants were satisfied and involved in their child’s program regularly and were impressed with their child’s development and progress. It is clear that the parent-teacher relationship is incredibly dependent on the personalities of parents and teachers, as well as the effort that is made on both ends. Although it can be a strained relationship at times, the subtheme of child development is a goal that both parties should be equally invested in.

**5.2.3. Child development.** When asked what participants liked and disliked about their child’s early intervention program, many participants reported that their child’s development was positively affected. They noticed their child’s social skills drastically (e.g., “I enjoyed the social interactions, communication skills as well as the problem solving skills she learned” and “My son is learning to be a good listener and learning to have positive interactions with other kids”). Independence was regarded as a positive change in the participant’s child: (e.g., “My three-year-old gained a lot of independence participating two mornings a week”). Learning to read and write was reported to be part of the advantages of the early intervention program: (e.g., “The fact that she’s starting to recognize certain words through their reading program at school is very informative”). “Listening and following instructions” was another aspect of progress that parents noticed with their child. A pleased parent said:

“The focus on emotions, building independence, and learning social skills and interactions. My son is learning and needs help mastering his emotions and behaviour and the interactions with teachers and other children. My son has developed a lot in this area at his daycare centre.”

This parent recognized the struggles their child has, and how his early intervention program is helping him work through these issues. Parents with children with exceptionalities feel even more responsible for their child’s development and putting in an effort to make sure their child is

in the right program compared to a parent with a typical child. In contrast, for a parent who seemingly has a typical child, they recognized that the learning can be accommodated to an appropriate level. This parent emphasized the aspects they enjoy of their child's program: "The hands-on approach, even while learning or playing the care is always made to help her learn at her level, and if she needs or wants more advanced toys/activities these are always provided." By appreciating the teacher's approach to learning, parents may be motivated to have a hands-on approach within the program and at home. Motivation is also considered a resilience factor (Masten & Monn, 2015).

With these positive experiences from early intervention programs, it is evident that these programs are necessary for children to be a part of in order to develop adequately for their age, especially those who struggle with language. Many participant reports showed that children who had difficulties with speech greatly improved through early intervention programs and access to various services and professionals. The results of this study suggest that parents' satisfaction and involvement was dependent upon many variables and perceptions of the parents, such as: communication (written, face-to-face, and e-mail/text), programming, child development, and openness to involvement in their child's early intervention program. Demographic factors were found to be of importance, although differences were not found to be significant. Parents were more satisfied than they were involved, which Ronski et al. (2011) also found in their study. Parents who were the most satisfied were the least involved (Ronski et al., 2011). Parents could potentially use their positive perception of their child's program as a coping mechanism, especially if their child has behavioral or language difficulties. They could view their child's program as helping lessen their sole responsibility for the child's progress, helping to aid in resilience. In terms of programming, Underwood et al. (2012) reported that parents believed that there was enough space in their child's program (child: teacher ratio), while the current study mentioned that class size was a problem, or that there were not enough teachers and other staff to care for all the needs of the child. This dissatisfaction caused barriers to be developed, and resiliency unlikely to be experienced by parents.

The current study found perceptions of child development and progress taking place in early intervention programs as reported by parents. Blacklock et al. (2012) reported similar results and found that parents saw improvements in expressive language, focus/attention, routines, language, and social interactions. Robertson et al. (1999) examined late talkers and

various techniques, as well as their progress in early intervention programs. They found that all children made gains in verbal output. Underwood et al. (2012) found that parents were unaware of how to best engage with their child, which was mentioned in the current study several times. By not being aware of what the child is learning in their program, parents cannot be consistent at home to ensure stability between the home and the school. When parents and caregivers have difficulty with involvement, it also has many negative repercussions for children and their development. Parenting style, interpersonal factors, and socioeconomic status are mentioned as affecting language in children (Morriset et al., 1995). Parents who encouraged participation engaged in language modelling strategies, and took the child's lead at home saw significant improvements in their child's language (Cicone et al., 2012).

In terms of demographic factors, educational level, age, and child's age were examined in the current study. Marital status, educational level, gender, mental health, and employment status were all found to affect satisfaction (Doré et al., 2012; Fantuzzo et al., 2006). The results of the present study show that means differed between the two age groups, but not significantly. This may suggest that younger parents may have more energy to be involved in their child's program, thus increasing their level of satisfaction. Caley (2012) examined factors that helped with adaptation in mothers with children in early intervention programs. The researcher found that stress and family demands can interfere with adaptation, as well as result in low parental satisfaction, insecure child attachment, etc. Caley (2012) found that higher education and income resulted in parents being less stressed. The present study also found differences between satisfaction and the means of parent's educational level (see table 4.2), although the results were not statistically significant. Parents' demographics have a significant impact on their child's progress, as well as both the parent's and child's chance of resiliency in the face of difficult life experiences.

### **5.3. Research Question 2**

The second research question posed was: how are parents involved in their child's early intervention program? It was divided into two parts: (a) what factors do parents perceive to limit or challenge their involvement in their child's early intervention program, and (b) what factors do parents perceive to help or facilitate their involvement in their child's early intervention program?

**5.3.1. Working to remain involved.** Participants rated their level of involvement as related to the PSEE, as well as shared their experiences in the open-ended questionnaires about what helps and challenges their level of involvement. Participants' involvement was rated much lower than satisfaction, as is seen in both Tables 4.2. and 4.3. Participants commented on involvement in planning activities and volunteering. Responses varied (e.g., "Our teacher doesn't utilize parent volunteers" and "not very involved – the teacher does most of the planning"). A parent reported that by being on the parent board, they were able to directly affect their child's programming. Within this role of being on the parent board, Masten et al. (2015) reported that learning opportunities are a promotive process for resilience. A parent said: "The teacher wasn't a fan of parents helping and volunteering. [We] weren't allowed to stay and see what goes on." A third parent wrote a similar statement: "The teacher's attitude towards the children makes me want to be less involved." By having a teacher that values parental input and seeks out conversation, parents feel comfortable being involved and that their responsibility is shared for the child.

Through these responses, the resilience factor of optimism is used by these parents to be accepting and feel okay with their child's academics being in the hands of someone else. However, many of these parents also seem to struggle in finding a way to overcome the barrier of *how* they could involve themselves despite the teachers' lack of asking for input. One parent stated that they did not like that there was "no parent input except at a once a year meeting." Another said that "In both the daycare and kindergarten environment, more communication to home would be helpful about the day and what the students are learning." A parent described her frustration with not having enough time to learn from professionals what her daughter has been working on and may need help with:

"sometimes my daughter comes home wanting me to practice new things that she is learning but I have no idea what she is asking to do. I've had try to catch the SLP [speech-language pathologist] a few times to get an explanation."

Finally, a fourth parent expressed feelings of dissatisfaction and said that there was "not a lot of communication about where my child is at academically unless I ask and no parent involvement." The perceived strained relationship that parents felt towards the teacher could result in feelings of disappointment, anger, stress, and confusion, all of which could negatively

affect the promotive factors of resilience that parents need to be resilient (Masten & Monn, 2015).

Some parents said that they believed it was the teacher's responsibility to plan the classroom activities or that they trusted their child's teacher because they were qualified. Compared to activities and volunteering, parents reported to be more involved in initiating conversations with their children's teacher, attending conferences, and replying to notes. This could be due to parent's perceptions of the communication between parent and teacher. If parents view speaking with their child's teacher about their progress or any issues that may arise as important, it shows that they appreciate the social support and shared responsibility of the child's development. 60% of parents reported helping their child with homework at home either frequently or always, indicating involvement with the child at home, but within the program itself. The highest mean for child's age in terms of involvement was five years old (see Table 4.2), which could possibly be due to this age being when children enter Kindergarten and are "officially" considered a student. Fantuzzo et al. (2006) found similar results with parental satisfaction, with Head Start or Kindergarten scoring higher than daycare or grade one. Parents feel that they should be more involved because it is such a critical time for development and socialization. A parent described her frustration: "[I] wish I had more resources to learn more to teach them more."

This ambiguity in learning created difficulty for parents to be able to help their child move forward in their development, as they were not sure what to skills to focus on improving when at home with them. Some parents may feel more comfortable involving themselves, while others do not. Masten and Monn (2015) noted how family responsibility is considered a pathway to success and resiliency. By parents feeling responsibility and motivation to be involved in their child's program, they are more likely to experience resiliency and have better outcomes for their children. In many cases, parents felt that the meaningful conversations that were invited by the teacher greatly enhanced their desire for involvement in their child's program. The invitation for suggestions on how to approach certain topics or situations helps parents feel more involved, even if they are not always present during their child's participation in the program. A positive parent-teacher relationship can be considered a protective factor for parents (Masten et al., 2015).

In conclusion, parents voiced that they wished parental involvement was improved in their child's program. There is certainly a lot of uncertainty and mixed responses about whether



or not parents should be involved in their child's program, making this a plausible future topic of research. In relation to both positive accounts of involvement and experiences of lack of involvement, personal factors are almost always responsible and show how resilience can be difficult to achieve for parents because of extenuating circumstances.

**5.3.2. Challenging personal factors.** Participants responded to open-ended questions in which they revealed which factors both helped and challenged their involvement. Many participants shared personal factors as limiting their involvement, such as the demands of a younger child (e.g., "Sometimes taking care of my younger child prevents me from going to be involved in class"). By having younger children, parents are required to try to divide their time equally, with the older child sometimes getting less attention. Work demands proved to be another detrimental factor in negatively affecting involvement (e.g., "Being a full-time working parent limits in school involvement due to my availability"). The type of career that parents have was also reported to have unfavorable effects on involvement (e.g., "Being a teacher myself, it is very hard to attend"). Not being fond of or not getting along with the educator also proves to be difficult, as parents feel they cannot communicate successfully or are not asked for their input (e.g., "The teacher tells us very little"). Alternatively, participants regarded intrinsic motivation and a desire to help their child as positively affecting them (e.g., "my own drive to make sure I am creating meaningful memories with my kids as they grow up").

The results of the second research question may imply that parent involvement in their child's early intervention program was difficult for some participants, as they struggled to juggle their home, work, and child's school life. The results of the current study were supported by Dore et al. (2010) and Fantuzzo et al. (2006) who found similar results; employment status and age affected parental satisfaction and involvement. Those who worked part-time had a higher involvement than those who worked full-time. Younger parents seemed to be slightly more satisfied, although the results were not significant. Head et al. (2007) found that parental coping style has a lot of influence on whether or not parents will be involved. Those who seek out resources and have adequate problem-solving skills will fare better than those who do not. Caley (2012) found similar results and called these skills protective factors. Rajan et al. (2016) discussed how education served as a protective factor, while the current study found that there were very little to no training opportunities or workshops for parents on how to better help their child's development. Caley (2012) also identified risk factors, which could be considered a pile

up of demands (i.e., work, other children, home responsibilities, illness), the appraisal of the situation they are in, and what type of family functioning they have. If participants perceived their relationship with their teacher as strained and felt like they were not included, involvement would likely be less or non-existent compared to those who have positive relationship perceptions. Parents who perceived their child's program as being higher quality were most likely more involved (Underwood et al., 2012).

Although many experiences were positive overall, resilience was difficult for some participants to achieve as they faced challenges, or as Luthar et al. (2000) would call it; adversity. In turn, their satisfaction and involvement suffered or was lower compared to those who did not have such risk factors, or were able to handle them in a healthier way. Adversity is a normal part of life, but how it is handled can be called positive adaptation outcomes (Luthar et al., 2000). Rajan et al. (2016) noted that positive adaptation is never permanent. For example, a parent can positively adapt to having a hectic work schedule, but once another factor is involved (e.g., a second child), the state of adaptation becomes questionable as they try to balance it all. Luthar et al. (2000) emphasized a similar concept and believed that instability and competence is changing over time, making the concept of resilience difficult to study. They also relate that vulnerability definitions change over time and resilience is subjective (Luthar et al., 2000). Outsiders may perceive resilience in a parent, when the parent does not feel or believe they have achieved resilience, and vice versa. Just because parents are highly satisfied with their child's program does not mean that will lead to involvement or resilience. Parents may achieve resilience in some domains of their life, but not others (e.g., make time to talk to teacher about child's progress but not make an effort to be physically involved in the early intervention program).

There are many ways that parents can promote resilience in their own life and their child's, and therefore be more involved and engaged in their child's early intervention program and development, as the current study showed through qualitative analyses. Ellingsen, Blaker, and Crnic (2014) discuss how parenting resilience and positive parenting can result in children who are able to develop intrinsic resilient capacities and effective coping strategies when exposed to stressful situations. This should be a shared goal for parents and educators, however, *how* to educate parents on positive parenting has proven to be difficult and needs further study. Peer et al. (2014) believed that social support can be utilized in several ways, either on a formal

or informal basis. Parents stating that they had no one to watch their younger child so they could be involved shows that those parents do not have informal support at home. Formal support could include relying on the teacher and other service professionals, which parents appreciated and shared in the current study. Several parents mentioned that they felt like they were not communicated with enough, which made them feel uninvolved and unaware of what was going on in the program. When considered as a whole, the research illustrates that consistent informal and formal support, education, and communication would greatly improve mental state and confidence of the parent, help them to feel knowledgeable, and give them insight on how to be engaged with their child both *in* and *out* of the early intervention programs.

#### **5.4. Limitations**

The first limitation that may have impacted the results of the current study is the sampling procedure. Participants were recruited from one western Canadian province. They were mainly recruited through receiving permission of school divisions and the cooperation of school principals and administrators. Two out of four school divisions that were contacted approved the study. Two university daycares also agreed to partake in the study. Recruitment posters were posted and recruitment e-mails were forwarded to parents/caregivers. The sample may have been biased as it was not selected randomly. If school divisions and participants could have been randomized, the results could have been different. However, this was not feasible. The sample was homogenous, which resulted in no significant differences between the groups of the independent variables (age, child's age, educational level, marital status). The parents in the current study may not have been representative of all parents who have difficulty being involved (i.e., there may be other factors involved affecting their involvement/satisfaction other than the ones mentioned above) or there could have been a positive bias towards their child's program. A bigger sample size could also have resulted in statistically significant findings, while the current study did not find any significance with the 100 participants that participated in the study.

A second limitation that should be considered is how the data was collected. The data was collected primarily through an online survey. Advertisements were posted online on bulletins, through e-mail, and through posters. If another means of data collection was used, the results could have varied. No parents asked to complete a paper copy, even though it was stated that they could complete the survey in paper copy if they chose to. Perhaps parents who are not comfortable with technology would have shared dissimilar experiences and ratings, altering the

outcomes of the study. However, the methodology of the study used a mixed methods approach, which is useful for its multi-faceted ways of gaining insight and important information. The open-ended questions allowed participants to share as much or as little as they felt comfortable with, which resulted in a great deal of depth in some participants' answers.

### **5.5. Implications for Practice & Future Research**

The broader purpose of this study was to inform educators and other professionals who work with younger students and those with exceptionalities on what parents perceive to affect their satisfaction and involvement, as well as what aspects of their child's early intervention program they like and dislike. By being aware of this data, educators can learn how to improve their teaching strategies and rapport with parents to best suit the child and the parent. If parents believe that the program their child is in is resulting in progress, they are likely to choose that program in the future (Blacklock et al., 2012). The results of this study indicated that parents' satisfaction with their child's program was dependent upon several factors, one of the biggest being the communication between the parent and the teacher. Parents need to have healthy coping strategies and social support in order to be involved with the program while managing other responsibilities. Parent participants offered ideas on how they could be more satisfied and better involved (better communication (written, verbal, e-mail), being able to bring younger children along, learning which activities can be done at home etc.). Educators and administrators may wish to use these ideas that parents have given. School divisions could potentially have learning opportunities for teachers and parents and allocate resources differently, as well as make the parent-teacher relationship a priority. It is imperative that educators value the role of parents in the academic process of children, while still maintaining professional and focusing on the student's goals.

There is an abundance of research in the area of parent satisfaction and involvement in their child's early intervention program. There are a great number of directions that future research could take in relation to this topic. Differentiating between types of early intervention programs to examine parental satisfaction and involvement could be explored. One program might yield higher satisfaction rates than another, and studying the reasoning behind these differences could prove to be useful. Parents' answers to the open-ended questions provided insight as to which aspects of the program they enjoyed and which they disliked, as well as the factors that helped and challenged their involvement. Cryer et al. (2002) suggested looking at

what factors parents perceive as important in their child's program, which the current study did in terms of involvement. Future research could ask what factors are important for parents to be satisfied with their child's program. An in depth qualitative analysis with several parents could help to understand which factors are fundamental in a child's early intervention program and will result in the highest rating of satisfaction.

The current study examined typical children or those with exceptionalities, while resilience studies only use children who are ill or have an exceptionality. Future resilience research could focus on both the parents as well as the typical child in relation to early intervention programs. Parents' resilience is not widely researched, and positive parenting is dependent upon many factors (Ellingsen et al., 2014). There are several important determinants of parenting: child characteristics, family economic resources, and parent characteristics (Ellingsen et al., 2014). The factors that mediate stress for parents are important to consider, as parents' coping can help or hinder involvement.

The parents who completed this study did not vary significantly in demographic variables (age, educational level, marital status, child's age). It would be interesting to do a longitudinal study to explore the demographic variables and the relationship between the PSEE factors with the same participants to see if their satisfaction and involvement levels change over time (Fantuzzo et al., 2006). If they do, examining what factors caused the positive or negative change could be useful for educators and in terms of promoting resilience. The educational level of parents and satisfaction warrants further exploration as the means were slightly higher for parents with a higher education, though not significantly.

Many parents reported that they wished they could be involved and were communicated with better. It could be useful to pose the research questions: "how can the teacher/childcare provider/administrator improve their communication?" or "what could the teacher do for you that would help you to be involved?"

## **5.6. Conclusion**

In conclusion, the findings from this study demonstrated that it is important for educators to be aware of parents' levels of satisfactions with their child's early intervention program, what factors they enjoyed and disliked about the program, and what challenges parents faced in terms of involvement. The results of this study suggested that parents are more satisfied than involved in their child's program. Further, parents and teachers *must* communicate effectively in order to

ensure that the parent feels aware and knowledgeable about the child's progress and ways in which they can help their child flourish. Parents' recognition of the positive aspects of their child's program showed that they value the program and the growth their child is making. Finally, it is important for parents to focus on positive adaptation outcomes such as a healthy coping style and using social supports in order to encourage their child's academic development and their own sense of resilience (Luthar et al., 2000).

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**Appendix A**  
**Request to Conduct Research**



I, Almasa Nordstrom, am a graduate student researcher in Educational Psychology and Special Education at the University of Saskatchewan. I am interested in the experiences of parents with children in early intervention programs in relation to their satisfaction and the perception of quality of programming. I am also interested in studying the relationship between satisfaction of parents and their involvement in their child's program. I am seeking volunteers to participate in one individual 20-40 minute survey (paper or online).

As a participant in this study, parents would be asked to: fill out an anonymous survey pertaining to their satisfaction/quality in their child's early intervention program and respond to four open-ended questions related to their involvement in their child's early intervention program.

In order to participate, the volunteer must:

- A) Be 18 years of age or older.
- B) Have their child in early intervention services/preschool/daycare for at least 3 months.
- C) State that one of their primary goals as indicated by them and/or teachers for their children focused on language development.

Parents were excluded from the study if their child had not received services for at least three months.

I am asking for recruitment posters to be posted in your school/organization to invite parents to participate in the study. If you are interested in learning more about this study or have questions, please contact Almasa Nordstrom at 306-251-2246 or leave a message or email: [alf145@mail.usask.ca](mailto:alf145@mail.usask.ca).

Thank you so much for your time and consideration. I look forward to hearing from you.

Almasa Nordstrom

**Appendix B**  
**Information Letter and Consent Form**



You are invited to participate in a research study entitled “Fostering Language Development in Early Intervention Experiences: Parental Satisfaction, Involvement and Perception of Quality.”

Please read this form carefully, and feel free to ask any questions you might have about the study.

**Student-Researcher:** Almasa Nordstrom, Department of Educational Psychology and Special Education College of Education, University of Saskatchewan, [alf145@mail.usask.ca](mailto:alf145@mail.usask.ca)

**Supervisor:** Laureen McIntyre, Associate Professor and Director of the Special Education Certificate Program, Educational Psychology and Special Education College of Education, University of Saskatchewan; Phone: (306) 966-5266 Email: [laureen.mcintyre@usask.ca](mailto:laureen.mcintyre@usask.ca)

**Purpose and Procedure:** The purpose of the present research focuses on examining parent satisfaction of early intervention programs and factors that may impede or facilitate parents' involvement, as well as parents' perceptions of the quality of programming. This will be administered using a paper format survey method and open-ended questionnaire. You will be asked to fill out the survey, which will take approximately 10-20 minutes. The open-ended questionnaire will follow, and will require you to disclose information about your parental satisfaction and involvement of your child's early intervention program, which will take 10-20 minutes, depending on the depth of information you choose to disclose. Some example topics discussed in the open-ended questionnaire will include: the ways in which you are involved in your child's program, why or why you are not satisfied with the program, and how you think both parent satisfaction and parent involvement could be improved. You will have a great degree of freedom in what you choose to disclose about your experience. The study should take approximately a total of 20-40 minutes of your time. The data will be recorded and will be used for analysis.

**Risks:** There are no known risks associated with participation in this study. Furthermore, you may receive no personal benefits from participation in the study. At the end of the study you will be given a sheet that better explains the nature of the study and you will be given a chance to ask any further questions that you might have.

**Benefits:** The benefits of the study for others are that the results could help future intervention programs and educational practices to create a stronger collaboration between teachers and parents.

**Confidentiality/Anonymity:** Your identity will be kept as confidential and through the use of a pseudonym and identifying statements will be removed. The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor. When the data is no longer required, it will be destroyed beyond recovery.

**Right to withdraw:** Participation in this survey is voluntary, and you can decide not to participate at any time by choosing not to answer any questions you don't feel comfortable with. Survey responses will remain anonymous. Since the survey is anonymous, once it is submitted it cannot be removed.

**Questions:** If you have any questions concerning the study, please contact the researchers at the numbers provided above. This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office [ethics.office@usask.ca](mailto:ethics.office@usask.ca) (306) 966-2975. Out of town participants may call toll free (888) 966-2975. You may obtain a copy of the results of the study by contacting the student-researcher or the supervisor.

**Consent to Participate:** By completing and submitting the questionnaire, **YOUR FREE AND INFORMED CONSENT IS IMPLIED** and indicates that you understand the above conditions of participation in this study.

**Sealing Survey:** Please **seal** your completed survey into the provided envelope so your data remains confidential. Take your envelope to the office and give to the administrator/secretary.

## **Appendix C**

### **Questionnaire**

**Note:**

**Scores are summed and raw scores are converted to T-scores using area conversion. T-scores are based on a mean of 50 and a standard deviation of 10. A score of 50 represents an average score in the norm sample. A score below 40 or above 60 indicates that a caregiver experiences significantly lower (2 standard deviations below the mean) or higher (2 standard deviations above the mean) levels on a satisfaction dimension.**

**Key:**

**Very Dissatisfied = 1**

**Dissatisfied = 2**

**Satisfied = 3**

**Very Satisfied = 4**

**PARENT-SCHOOL CONTACT & SUPPORT**  
**(for Parents or Primary Caregivers)**

How satisfied/involved are you with the following? Fill in the appropriate circle for **both** satisfaction and involvement.

Very Dissatisfied/Never Involved (1)

Dissatisfied/Sometimes Involved (2)

Satisfied/Frequently Involved (3)

Very Satisfied/Always Involved (4)

	(1)	(2)	(3)	(4)
1. Parent involvement in planning classroom activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How involved are you in planning activities?				
Comment:				

2. Volunteering in the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How involved are you in volunteering in the class?				
Comment:				

3. Telephone conversations with my child's teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How involved are you in initiating conversations with your child's teacher?				
Comment:				

4. Support and encouragement given for active parent involvement in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How involved are you in planning with other parents?				
Comment:				

5. Level of parent participation in decision making for the school or program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How involved are you in decision making for the program your child is in?				
Comment:				

6. Notes sent home from the teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How involved are you in replying to or sending notes to the teacher?				
Comment:				

7. Contact I have had at school with other parents from my child's classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How involved are you in contacting other parents from your child's classroom?				
Comment:				

8. Parent workshops or training opportunities offered at my child's school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How involved are you in attending workshops or training opportunities at your child's school?				

Comment:

9. Conferences with the teacher about my child's learning or behavior      O                      O                      O                      O

How involved are you in conferences with teachers about your child's learning or behavior?

Comment:

10. Contact I have had with the school principal or other administrators      O                      O                      O                      O

How involved are you in having contact with the school principal or other administrators?

Comment:

11. School work sent home for me to work on with my child      O                      O                      O                      O

How involved are you in helping your child complete school work at home?

Comment:

12. Support and encouragement at school for our family's language and culture      O                      O                      O                      O

How involved are you in advocating at school for your family's culture and language?

Comment:

## ***Parent Satisfaction/Involvement Questionnaire***

### ***Demographic Questions***

1. What is your age?

List: 19 and under, 20-30, 31-40, 41-50, 50+

2. What is your gender?

List: Female or male

3. What is the highest level of education you have completed?

List: Some high school, High school (Grade 12), College, University (Bachelor's degree), University (Master's degree), University (Ph.D)

4. What is your marital status?

List: Single, Common law, Married, Widowed, Divorced

5. What is your child's age?

6. What is your child's gender?

List: Female or male

### ***Open-Ended Questions***

1. What areas of your child's early intervention program do you like? Why?
2. What areas of your child's early intervention program do you dislike? Why?
3. Identify and describe any factors that have **helped you** to become involved in your child's early intervention program.
4. Identify and describe any factors that have **limited or challenged** your involvement in your child's early intervention program.



**Appendix D**  
**ANOVA Results**

Table 1A

*ANOVA Results for Dependent Variables by Participant's Age*

Dependent Variable	Group	Sample size ( <i>n</i> )	Mean	SD	<i>df</i>	<i>F</i>	Sig
Teacher Contact Satisfaction	19-30	37	12.8	1.6	1, 93	.010	.921
	31+	58	12.8	2.4			
Teacher Contact Involvement	19-30	36	12.6	2.2	1, 92	1.49	.226
	31+	58	11.8	3.3			
Classroom Contact Satisfaction	19-30	38	12.1	1.7	1, 96	.621	.433
	31+	60	11.8	2.4			
Classroom Contact Involvement	19-30	37	7.5	2.3	1, 92	.221	.639
	31+	57	7.3	2.5			
School Contact Satisfaction	19-30	38	11.3	1.5	1, 94	.508	.478
	31+	58	11.6	2.2			
School Contact Involvement	19-30	37	7.8	2.0	1, 91	.484	.488
	31+	59	8.2	2.5			

Table 2A

*ANOVA Results for Dependent Variables by Child's Age*

Dependent Variable	Group	Sample size (n)	Mean	SD	df	F	Sig
Teacher Contact Satisfaction	3	22	12.9	1.6	3, 90	.865	.921
	4	26	12.5	2.1			
	5	26	13.3	1.8			
	6	20	12.7	2.7			
Teacher Contact Involvement	3	22	12.0	2.7	3, 90	.821	.485
	4	26	11.5	2.7			
	5	25	12.5	2.9			
	6	21	12.7	3.5			
Classroom Contact Satisfaction	3	23	12.4	1.9	3, 93	1.27	.291
	4	27	11.9	2.2			
	5	26	12.2	2.3			
	6	21	11.2	2.2			
Classroom Contact Involvement	3	23	7.6	1.9	3, 89	.255	.857
	4	26	7.6	2.7			
	5	25	7.2	2.0			
	6	19	7.1	3.1			
School Contact Satisfaction	3	22	11.3	2.0	3, 91	.640	.591
	4	27	11.7	1.2			
	5	26	11.9	2.1			
	6	20	11.3	2.5			
School Contact Involvement	3	22	8.1	2.1	3, 92	.097	.961
	4	27	7.8	2.5			
	5	26	8.1	2.3			
	6	21	8.1	2.6			

Table 3A

*ANOVA Results for Dependent Variables by Educational Level*

Dependent Variable	Group	Sample size (n)	Mean	SD	df	F	Sig
Teacher Contact Satisfaction	High School	16	12.3	1.76	2, 92	.550	.579
	College	42	12.9	2.2			
	University	37	12.9	2.2			
Teacher Contact Involvement	High School	15	12.6	2.8	2, 91	.388	.679
	College	43	12.2	2.8			
	University	36	11.8	3.6			
Classroom Contact Satisfaction	High School	16	11.3	2.1	2, 95	1.089	.341
	College	44	11.9	2.1			
	University	38	12.3	2.4			
Classroom Contact Involvement	High School	16	7.6	2.4	2, 91	2.91	.059
	College	42	6.8	2.3			
	University	36	8.1	2.5			
School Contact Satisfaction	High School	16	11.4	1.7	2, 93	.100	.905
	College	44	11.5	2.1			
	University	36	11.6	2.0			
School Contact Involvement	High School	15	8.1	1.8	2, 93	1.602	.207
	College	45	7.6	2.4			
	University	36	8.5	2.4			