



Smith ScholarWorks

---

Theses, Dissertations, and Projects

---

2013

## Positive interventions for children diagnosed with learning disabilities : an exploration of educators' lived experiences

Chelsea M. Dann

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Dann, Chelsea M., "Positive interventions for children diagnosed with learning disabilities : an exploration of educators' lived experiences" (2013). Masters Thesis, Smith College, Northampton, MA.  
<https://scholarworks.smith.edu/theses/582>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact [scholarworks@smith.edu](mailto:scholarworks@smith.edu).

Chelsea M. Dann  
Positive Interventions  
for Children Diagnosed  
with Learning Disabilities:  
An Exploration of Educators'  
Lived Experiences

## **ABSTRACT**

The purpose of the study was to examine the practices used by teachers within the classroom environment that lead learning disability (LD) diagnosed children to a positive learning experience. This study focused on exploring the practices in place that support these children in a positive way in the classroom post-diagnosis. Further, the purpose of this study was to investigate how classroom teachers interact with elementary students ages 7 -12 who have an LD and who are on an IEP. This study explored how educators implemented supportive practices to provide these children with a positive school experience, which in turn, determine how a child experiences their disability within their learning environment. The most compelling findings from this research were that the teachers' effort to support LD students was present, but barriers and limitations to these supportive practices and school-wide planning diluted provision of an adequate and positive classroom environment for children with an LD and who are on an IEP. Implications for social practice and policy highlight the need for further research in finding collaborative and team models that work well and efficiently within the school setting.

Positive Interventions for Children Diagnosed with Learning Disabilities:

An Exploration of Educators' Lived Experiences

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

Chelsea M. Dann

Smith College School for Social Work  
Northampton, Massachusetts 01063

2013

## ACKNOWLEDGMENTS

This thesis could not have been accomplished without support and encouragement from certain individuals in my life during this past year at Smith College School for Social Work; those contributions are gratefully acknowledged.

I dedicate this thesis to my wife, Jennifer Dann, who shares the belief that children deserve community advocates and positive support. Without you, this work could not have been completed. Thank you for always being an inspiration to me and always giving me the support to push through, especially when I needed it most. To my dogs, Rachael and Abby, for reminding me to eat, sleep, and take you for walks, and for all the moral support you provided me by napping by my side throughout these past months. To my Saint, Lorrie, whose gentle spirit now rests above me: I love you, you give me strength. To the Dann clan and the Molloy family for always being there for me: I thank you.

Much gratitude and appreciation is owed to my thesis advisor, Elaine Kersten, and her consistent enthusiasm throughout these past nine months; I am most fortunate to have had an opportunity to work with her this year and I extend my sincere thanks.

To the Smith College School for Social Work and the certain professors and administrators, namely Irene Rodriguez-Martin and Laura Rauscher, who supported me provided me with the opportunity to complete such important work: your support and guidance is much appreciated.

Finally, a special thanks goes out to my lovely Smithies; no one could ask for better cohort and for this I thank you.

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW.....	4
III. METHODOLOGY.....	28
IV. FINDINGS .....	34
V. DISCUSSION AND CONCLUSIONS.....	66
REFERENCES .....	78
APPENDICES	
Appendix A: HSR Approval Letter.....	82
Appendix B: Informed Consent Form.....	83
Appendix C: Recruitment Email.....	85
Appendix D: Participant Information Sheet.....	87
Appendix E: Interview Questions.....	88

# CHAPTER I

## Introduction

Once a child is diagnosed with a learning disability there is a process by which the child begins to understand that diagnosis. Further, how a child incorporates and understands the diagnosis can impact the child's school experience. Students with LD can encounter problems within their school environments if their teachers are not prepared for this challenging experience. Of interest to this researcher are classroom practices that lead LD diagnosed children to a positive learning experience. To that end, my over-arching research question is: what practices are in place to support these children in a positive way in the classroom post-diagnosis?

Individuals, families and educators can stigmatize a child with a learning disability (MacMaster, 2002). Gresham and Macmillan (1997), according to MacMaster (2002), write that “[c]hildren with learning disabilities tend to be perceived negatively by both teachers and peers and they can experience problems in social interaction both inside and outside the classroom” (Sabornie, 1994). Since this study explores children post LD diagnosis, it will be important to investigate how educators interact with elementary student's ages 7-12. This study will question how educators implement models to provide these children with a positive school experience which may determine how children interpret their disability.

Though there have been studies that examine the pathological impact an LD diagnosis has on a children as well as those that explore ways to decrease negative responses to the LD diagnosis (Feurst, 2007; Mishna, 2010), this study will investigate how a positive experience can occur (Feurst, 2007; Mishna, 2010; Tsatsanis, Fuerst, and Rourke, 1997; Higgins, Raskind, Goldberg and Herman, 2002). Research studies by Abernath and Taylor, 2009, Mishna and Muskat 2004 and Meltzer, Reddy, Pollica, Roditi, Sayer and Theokas, 2004 report that

supportive educators and a positive school experience contribute to a child's educational well-being and ultimately a child's positive self-concept. However, teachers are not always skilled in producing these positive results. Abernath and Taylor (2009) discuss the importance of teachers working collaboratively when teaching children with an LD. According to their research, "[t]he results of [this] descriptive study highlight[s] a significant need in teacher education. Teachers appear to be unskilled or unwilling to discuss with students the nature and manifestation of their learning disability" (Abernath, 2009, p. 132). Mishna and Muskat (2004) believe that collaborative school-based intervention models promote "change in individual students and fostered improved understanding of learning disabilities by these students, their parents, teachers, and school-based social workers" (pp.145-146). Meltzer et al. (2004) discuss at length the "important role of students' academic self-perceptions in relation to their teachers' perceptions and expectations" (p. 40). Meltzer et al. (2004) go on to acknowledge learned strategies that help children with an LD overcome these challenges and achieve a greater margin of success in schools, promoting a positive self-concept, which aids to resilience and academic growth.

Other research suggests that the social context within which LD children experience their educational challenges is an important influence to the learning process. In fact "social construction," discussed by Anastasiou and Kauffmann (2011), plays a role in children's reactions to being diagnosed with an LD. As Anastasiou and Kauffmann note, LD diagnosed children will have a positive or negative learning experience related to their school social environment. The proposed study seeks to explore the practices within the school social context that lead to a positive elementary school environment and learning experience.

In attempting to understand the nature of a child's environment, this study uses social construction theory as a theoretical underpinning to assess a child's positive learning experience.

Specifically, this study highlights how social construction<sup>1</sup> affects children's responses to their diagnosis in terms of their learning experience within their school environment. In fact, Averill and Rinaldi (2011) emphasize that the best way to achieve a positive school experience is with a Multi-tier system of support (MTSS) which include Response-to-Intervention (RTI) and Positive Behavior Intervention and Supports (PBIS). Averill and Rinaldi (2011) write that "[i]ntegrating both models addresses the academic, social, emotional and behavioral development of children from early childhood through adolescence. These models focus on supporting the child's positive school environment which further enforces the Individuals with Disabilities Education Improvement Act 2004 which requires public school students with a LD diagnosis to receive an Individualized Education Program (IEP). To date, according to Weishaar (2010), some schools are incorporating a "[s]trengths-based IEP focus on student's strengths and abilities, rather than weaknesses and disabilities" (p.207). For the purpose of this study, I will investigate practices used in the school and the classroom by interviewing educators about their interventions when working with children who have an LD diagnosis. This research will be beneficial to both school social workers and clinical social workers who work with individuals who have been diagnosed with LD's during their elementary school experience.

---

<sup>1</sup> Social Construction is a paradigm that emphasizes multiple subjective realities and the impossibility of being completely objective (Rubin, 2012, p.17.)



## **CHAPTER II**

### **Literature review**

Classroom teachers are the primary source of a child's academic learning; this is why it is crucial that teachers play a positive and supportive role to all of their students. Teaching is a complex and versatile endeavor; those who lead classrooms must wear many hats to meet the needs of all the different children in their classrooms. The question is, how do teachers support their students in a positive way? In particular, how do teachers support children with a learning disability (LD) positively? Children with an LD require more teaching and differential learning than non-LD children, which makes the role of their classroom teacher even more complex and challenging. These issues form the basis of this study, the focus at which is how teachers ensure a positive classroom experience for learning disabled children in their classes. To that end, this literature review will examine how children learn and develop; a review of some of the common learning disabilities of elementary school age children; explore how a child with an LD learns; examine social work with children who have an LD; and investigate how public schools in the United States implement and provide specific classroom related supports for a child with an LD; the best practices used by educators; an overview of a classroom teachers' perception of their LD students. In addition, this literature review will review empirical research of the work contemporary social workers, psychologists and scholars have done to enhance a positive academic environment for children with an LD.

Because it is the core of my research, this study will explore how the construction of the classroom environment can contribute to LD diagnosed students' positive learning experience. Socially constructed environments play a large role in a child's learned self-efficacy, socio-emotional development, self-concept, academic achievement and psychosocial wellbeing.

McLeskey and Waldron (2010) write that current “[f]indings suggest that both inclusive and resource programs can be used to improve academic outcomes for elementary age students with an LD, if high-quality instruction designed to meet individual student needs is delivered in these settings” (p. 49). This study’s findings is similar to what McLeskey and Waldron (2010) write that current “[f]indings suggest that both inclusive and resource programs can be used to improve academic outcomes for elementary age students with an LD, if high-quality instruction, designed to meet individual student needs is delivered in these settings” (p. 49). It is the combination of a positive teacher support, best practices and collaborative school approaches that contribute to a positive school experience for a child with an LD.

### **How Children Learn and Develop**

There are many different theories on child development that give understanding of how children develop and learn. Advancements in technology, however, have given way to new discoveries of how the brain develops. This technology provides scientific evidence of how we learn and obtain information based on our biological makeup. Davies (2011) writes when citing Shiridan and Nelson (2009) that “the human brain matures over many years...as the brain develops, it can be influenced in both subtle and profound ways by the quality of the individuals’ transactions with the environment” (p. 43). The brain, in the early years of development grows more rapidly allowing for more plasticity and experience (Davies, 2011). After age twenty we continue to learn; however, there is less room for brain growth, meaning that the prime years for learning, and learning how to learn, is during the youngest years of development.

Developmental psychologists pay particular attention to the nature and the fundamental stages of development children experience to reach their developmental milestones. Theorists such as Jean Piaget and Lev S. Vygotsky provide explanations of how children learn from their

environment. In particular, Lev Vygotsky's theory suggests that children learn most from their social and cultural environments. Other theories from psychologists Sigmund Freud and Erick Erikson help us to understand how children learn from mastery of specific life stages. The concept of mastery helps one to understand a child's socio-emotional capacity for new knowledge. It is a child's development and environmental experience that helps a child grow; equally a child's development and environmental experience may also determine the child's vulnerability to current or future pathological disposition. If a child has an LD they often times have a pre-disposition toward low self-esteem, poor self-concept, behavior problems, anxiety and depression (Palombo, 1994; Fuerst & Rourke, 2007).

Opportunity for new learning and specific skills depends entirely on the child's brain growth, development, and environmental experience. Sousa (2007) explains that the "learning occurs when the synapses make physical and chemical changes so that the influence of one neuron on another also changes...a set of neurons learns to fire together [in doing so] repeated firings make successive firings easier and, eventually, automatic under certain conditions allowing [memory to form]" (p. 12). Learning is how we gain knowledge and memory is the process of holding on to it. As children develop, they experience new things that are learned from their environment.

It is exceptionally important that children continue to experience frequent and new learning in their early years of development. Kessenich and Morrison (2012) write that "[m]any researchers and theorists dispute such a rigid, step-like theory of development [such as those from developmental psychologists Sigmund Freud, Jean Piaget and Erik Erikson] emphasizing instead a more continuous gradual process influenced equally by both brain maturation and environmental stimulation" (p.562). It would be both early learning experiences joined with later

experiences that deepen a child's capability to learn and eventually enable her to embark upon success academically, socially and emotionally.

In the time of childhood, typically ages six through twelve, a child is in school. According to Davies (2011), "[f]ine motor skills are perfected during this period" (p.328). This is the time when a child's frontal lobe of the cerebral cortex develops rapidly allowing for more "synaptic pruning and myelination;" and an influx in cognitive functioning takes place (Davies, 2011). School settings are where a child makes advancements in their learning; learning to read and write, they begin to understand abstractions like mathematics and sciences. The brain begins working in a more advanced way by fine tuning working memory, they gain the ability to pay more attention to detail, and adapt to organization and self-control. Hamilton et al (2011) explain:

That over the course of elementary school, children typically become fluent readers; they transition from 'learning to read' into 'reading to learn'; They also begin to move away from a literal understanding of spoken language toward comprehending figurative language and sentences with multiple meanings (p. 1).

Understanding where children are in regard to one another is significant. When children enter school they begin a period of forming different and new attachments, they become separated from their primary caregiver(s), they enter a world filled with new opportunities; their attachments shift. Children begin to relate more to their peers and experience a structured environment led by adults who intend to teach them how to learn. This environment is intended to be caring and nurturing, but any new environment requires transition – often times this transitional shift is overwhelming for a child and extra support is needed.

One theory of child development central to this study is the work of Lev S. Vygotsky. Understanding the complex environment a child lives will help exemplify the influence social environment has on a children's cognitive development, especially on their learning. Burns, Bodrova, Leong (2002) write that "[i]n the last decade, the intellectual climate of educational theory in the United States had been dramatically influenced by the work of Lev Vygotsky" (p.574). Vygotsky believed that learning can lead to development and development can lead to learning, but this dynamic process takes play from the interrelationship. This theory states that socio-cultural experiences are learned from one's cultural artifacts: which include languages, number systems, various signs and symbols (Burns, Bodrova and Leong, 2002). This is what Vygotsky determined, his theory would go on to hypothesized that each person's culture is framed by a person's unique social situation and development (p. 575). Vygotsky coined the phrase *zone of proximal development* (ZPD) which is an area between the person's "independent performance" or developmental level and what the child can do with "assisted performance" or support; "independent performance is the best the learner can do without help and assisted performance is the maximum the learner can achieve with help" (Burns, Bodrova, Leong, 2002, p. 575). Burns, Bodrova, Leong (2002) also write that "teaching should provide organized experiences that are in advancement of a child's independent functioning, but still remain within the child's ZPD; and teachers should encourage (and even create) opportunities for problem solving" (P. 576). This central goal of education –independent functioning is also every LD child's goal as a learner. But teachers seeking to achieve this outcome will need to understand that LD children will require more "assisted performance" support.

## **Learning Disabilities**

Palombo (1994) writes that learning disabilities are broadly defined as neurologically-based conditions in which a discrepancy exists between a person's competencies and that person's performance in specific areas of cognitive functioning (p.129). Learning disabilities present in people as difficulty in organizing information received, remembering it, and expressing information, which in turn makes it challenging for a person when reading, writing, and with comprehension and reasoning. There may be no distinct reason why people have an LD; often it is difficult to determine if their LD has a neurological basis or developmental. What research does tell us, it that children with an LD can be taught effective learning strategies that will help them complete tasks more effectively (Palombo, 1994; Tournaki, 2003; Weishaar, 2010; McLeskey and Waldron, 2010; Averill and Rinaldi, 2011;). Sousa (2007) explains that LD children often have a sense of what they are learning but struggle to understand meaning. Sousa (2007) also writes that “[a]ttaching sense to meaning to new learning can occur only if the learner has adequate time to process and reprocess it...[t]his continued reprocessing is called rehearsal and is a critical component in the transference of information from working memory to long-term storage” (p.14).

Children with an LD struggle most because they have difficulty with main stream learning; to meet the learning needs of children with LD, individualized and differential learning is often necessary (Tournaki, 2003; Landon and Oggel, 2002; Newhall, 2008). One example of differential learning is teaching strategies to children who learn differently. Research shows that children with an LD struggle more with learning than non-LD students (Tournaki, 2003; Landon and Oggel, 2002; Newhall, 2008). Research has also found that these children need a supportive and encouraging home and school environment as the foundation for a child's positive academic

experience (Elksnin and Elksnin, 2000; Weishaar, 2010). Elksnin and Elksnin, (2000), write according to Hynes and Comer, (1996) that “[a]s educators, we know that intervention outcomes are much more powerful and enduring if educators and parents collaborate” (p.2). (Tournaki (2003) conducted a study that correlated a teacher’s use of differential instruction methods.

Tournaki (2003) writes:

[t]he finding of the present study that the strategy instruction method is more effective than drill-and-practice instruction for students with LD on both posttest and transfer task supports the proposition made by a number of researchers about the need for direct and explicit instruction of strategies (Belmont & Butterfield, 1977; Marzola,1987; Montague, 1997; Myers & Thornton, 1977; Swanson, 1990; p. 454).

Tournaki (2003) explains strategy learning when referencing Nesher (1986) who writes, “[t]he theoretical assumption is that when we teach strategies, we provide students with ‘procedural knowledge’ –that is, methods that can be used to derive answers for problems lacking prestored answers (Nesher, 1986; Tournaki, P. 450). This study also found that both drill and practice instruction were necessary for both LD and non-LD learners; however, it was strategy instruction that would in fact “increase the problem-solving efficiency” which helped LD learners perform at the level of their non-LD peers. Findings from this study continued to highlight the importance of utilizing effective and appropriate teaching methods for LD learners. To that end, Tournaki (2003) concludes this study by explaining that “students with LD in the strategy group became significantly faster than their counterparts without LD” and that strategy learning paired with drill and practice based instruction improved the speed and accuracy of both LD and non LD learners –that an effective classroom tool for teachers, is strategies based learning (P.453). Such findings underscore the importance of selecting appropriate teaching methods for different

learners. Further, as explained from the article Teaching Strategies for Using Materials in an Inclusive Classroom is that “[o]ne of the ultimate goals of teaching is to help students become independent learners. Learners who are knowledgeable about a variety of strategies for learning and who are aware of how and when to use strategies are on their way to becoming successful learners on their own” (An overview, 2013, p. 3).

The most common LD occurs with reading; most often if one has a reading disability he or she will also have math and writing difficulty too (Palombo, 1994; Vaughn, Linan-Thompson, Hickman, 2003; Cunningham, 2007; Sousa, 2007). Many people that have a diagnosis of Attention Deficit Hyperactivity disorder will also have a diagnosis of a reading disorder, math disorder, or written language disorder. As notes in the article Learning Disabilities: An Overview who write that:

[m]any aspects of speaking, listening, reading, writing, and arithmetic overlap and build on the same brain capabilities. It is not surprising that people can be diagnosed with more than one learning disability. For example, the ability to understand language underlies learning to speak. Therefore, any disorder that hinders the ability to understand language will also interfere with the development of speech, which in turn hinders learning to read and write (An Overview, 2008, p.1).

Usually between the ages of 7 and 12, students who learn differently begin to struggle significantly in school. While there are procedures for earlier intervention and social support programs in schools being implemented, the increase in students’ duties tend to increase during this time. Many students with an LD are average or above average in certain areas; others fall below average academically, which creates academic frustration. Davies (2011) writes that learning disabilities “represent specific rather than generalized developmental problems, in the



sense that a child with an LD may have normal intelligence and function well across most areas of development but have specific cognitive deficits that affect her ability to read, write, do math problems, remember information and instructions, or integrate information” (p.387). It is also important to understand that a child’s IQ does not preclude to a child’s ability to achieve or exceed in academia. Many people believe that if children scored low on an IQ test, they were below average. This stigmatization is one that carries a particular burden for children who have LD. Research by Vaughn et al. (2003) documents that the “[d]iscrepancy between IQ and achievement as a means of identifying students with an LD has been at the heart of the controversy over identification” (p. 392).

### **Social Work and Children with an LD Diagnosis**

Individuals, families and educators can stigmatize a child with LD which can result in classroom comfort and result in a loss of motivation that could lead to other developmental difficulties (MacMaster, 2002). Gresham and Macmillan (1997), according to MacMaster (2002), who writes that “[c]hildren with learning disabilities tend to be perceived negatively by both teachers and peers and they can experience problems in social interaction both inside and outside the classroom” (Sabornie, 1994). Children who struggle with academic achievement in school are twice as likely to be diagnosed with a psychiatric disorder as children without school difficulties (Offord, Boyle, and Racine, 1990; Mishna and Muskat, 2004). These children are vulnerable and have potential to develop socio-emotional and/or behavior difficulties because of their struggle with learning and achieving academically.

Approximately forty percent of individuals with an LD develop social, emotional, and behavior problems (Mishna and Muskat, 2004). Tsatsanis, Fuerst, and Rourke (1997) write about the large number of studies in recent years that examined the social-emotional and behavioral

functioning of children with LD, implicating the methodological flaws in these studies – specifically a disregard of “the heterogeneity of children with LD” (p.490). Tsatsanis et al. (1997) examined the negative social-emotional effects rather than examining both positive and negative emotional responses, conducting a quantitative study of “152 students out of 300 hundred students who were referred for neuropsychological assessment because of learning difficulties over a 10-year period” (p. 492). Their research examined the diagnosis as one that causes a psychosocial disturbance rather than a psychosocial reprieve; they tested these children using different psychosocial and neurological tests. Tsatsanis et al. (1997) supports the idea that social and environmental influences have the potential to promote psychosocial disturbance. Further, their research found a correlation between academic achievement and personality development, but could not correlate age, diagnosis and a psychosocial disturbance (Tsatsanis et al., 1997).

Fuerst and Rourke (1995) investigated the psychosocial functioning of children with LD at three age levels, by examining the social-emotional conditions of children between the ages of 7 and 13 whose social setting consisted of guardians, teachers, and peer counterparts. Fuerst and Rourke (1995) recognized gaps in previous research and predicted three potential outcomes: negative outcomes at all age levels, negative outcomes that increased with age, and, with an increase age, a higher potential for an increase in psychosocial dysfunction. The study found that children who were diagnosed with LD in their elementary school years were exposed to criticism and negativity, but the results suggested that children with LD between the ages of 7-13 remain stable and do not show increased psychopathology with increased age. This research implicated differing psychosocial development and the potential for “more severe deficits and more

opportunities for negative experiences,” (Fuerst and Rourke, 1995, p. 52), which is relevant information to understanding the effects of social development on a child with LD.

Acceptance can be hard to acquire, especially if a child is dealing with the effects of academic failure in coalition with the deficit in learning; to have a LD label alone can be potentially stigmatizing. MacMaster et al. (2002) write in response to Smith, Osborne, and Rhu (1986) that “[l]abeling theory has as its basic premise that deviance is not an intrinsic property of acts but its “a socially constructed, discrediting definition” (p.101). To that end children who learn differently are often treated differently by teachers, parents, and peers. Children in return begin to feel different or in many ways not normal. MacMaster et al. (2002) cites that Fogel and Nelson (1983) who found that labeling a child as learning disabled biased teachers’ behavioral checklist scores. When teachers in this study watched a video of a child, those in the group who were told that the child had a learning disability attributed more characteristics of mental retardation to the child than did those teachers who had not been provided with a diagnostic label for the child, even though both groups of teachers were actually observing the same child (MacMaster et al., 2002, p.102). This biased notion of what a learning disability is promotes the negative stigmatization of the LD child. Children have a higher self-esteem when they recognize their disability as “delimiting rather than global in nature as modifiable and as non-stigmatizing,” which made it possible for researchers to underscore the positive link between the child receiving the diagnosis as a helpful and appropriate remediation (Macmaster et al, 2002; Heyman, 1990).

School social workers are often faced with working with children who have become identified as having LDs; in doing so they provide one on one intervention to help these children develop coping skills to build resilience and work through their academic struggle. Part of the dichotomy that is developed between the school social worker and the student is one of support.

Children respond well to this intervention, but a school social worker's job does not stop at a dyad, many social workers rely on the collaborative support system that the school or school district instills to address the needs of a child with an LD. Social workers advocate for students with and LD, co-creating a language to help the children meet their needs socially, emotionally and academically. Once this so-called language is developed the school social worker creates or expands on a specific treatment plan, which dovetails from the child's Individual Education Program (IEP).

Unfortunately, there are far more studies that examine the pathological impact an LD diagnosis has on a child than there are studies which explore ways to decrease negative responses to the LD diagnosis (Feurst, 2007; Mishna, 2010). Fewer studies have been conducted to investigate practices that can lead to positive classroom experiences (Feurst, 2007; Mishna, 2010; Tsatsanis, Fuerst, and Rourke, 1997; Higgins, Raskind, Goldberg and Herman, 2002). Research studies by Abernath and Taylor (2009) Mishna and Muskat (2004) and Meltzer, Reddy, Pollica, Roditi, Sayer and Theokas (2004) report that there are certain practices that can contribute to a child's positive experience and ultimately a child's positive self-concept. However, as noted by the authors, not all educators nor social workers are skilled in the practices necessary in producing these positive results. Abernath and Taylor (2009) discuss the importance of teachers working collaboratively when teaching children with an LD self-determination and self-advocacy. According to their research, "[t]he results of [this] descriptive study highlight a significant need in teacher education. Teachers appear to be unskilled or unwilling to discuss with students the nature and manifestation of their learning disability" (Abernath, 2009, p. 132).

Mishna and Muskat (2004) believe that collaborative school-based intervention models have promoted "change in individual students and fostered improved understanding of learning

disabilities by these students, their parents, teachers, and school-based social workers” (pp.145-146). Meltzer et al. (2004) discuss at length the “important role of students’ academic self-perceptions in relation to their teachers’ perceptions and expectations” (p. 40). This study goes on to acknowledge learned strategies that help children with an LD overcome these challenges and achieve a greater margin of success in schools, promoting a positive self-concept, which aids to resilience and academic growth.

A similar philosophy that social workers and educators share, is to meet children where they are developmentally. Barriers and limitations however can skew these interactions causing frustration for all parties –especially today with increased federal and state standards placing more demands on students, teachers, schools, and families. Taylor (2004) writes about the importance of using child development theory not only to help clinicians understand the “client world,” but also to use a more critical lens for case assessment (p. 228). Taylor’s critique grants the reader a more “relativistic” lens to child development by prescribing that clinicians look at children as whole individuals as opposed to those trapped in an incomplete stage (p.232). Taylor (2004) indicates that clinicians must eliminate bias by better scrutinizing evidence-based research in the theoretical assessment of clients. Clinicians will then begin to not only see their client’s problems but their strengths as well.

## **United States Elementary School Education**

### **Individuals with disabilities education act (2004).**

In 2004 the United States congress signed the Individual with Disabilities Education Act (IDEA). This act is “the federal law that secures special education services for children with disabilities from the time they are born until they graduate from high school” (IDEA Regulations, IDEA Partnership, 2013). This act was a response to a much needed revision of the

Education for All Handicapped Children Act (EHA). This original law also known as Public Law 94-142 in 1974 was a way to insure that students with disabilities receive appropriate public school education (IDEA Regulations, IDEA Partnership, 2013). The United States Department of Education writes that “[t]he Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA 2004 governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities” (IDEA Regulations, IDEA Partnership, 2013). The act is divided up into Plan B and Plan C. Plan B pertains to children ages three to twenty-one years old. Plan C is particular to early childhood intervention and pertains to children ages birth to two years.

IDEA 2004 recognizes that a specific learning disability means “a disorder in one or more of the basic psychological processes involve in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations” (Idea 2004, IDEA Partnership 2013). Specific learning disabilities under this act include perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental language disorder (IDEA Regulations, IDEA Partnership, 2013). Disorders that are not recognized under IDEA are learning problems developed as a result of visual, hearing, mental retardation, emotional disturbance which include environmental, cultural or economic disadvantages (IDEA Regulations, IDEA Partnership, 2013).

Bradley et al. (2005) explain that “[t]he IDEA states that an Individualize Education Program (IEP) team may determine that a child has a specific learning disability, if that child has a severe discrepancy between achievement and intellectual ability in on or more of the following

areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, or mathematics reasoning” (Bradley, 2005). The discrepancy between achievement and intellectual ability has sprung much controversy, because each state was responsible on how to determine ability and achievement for each child. Further, Bradley et al. (2010) discuss the reasons for devising a plan or method that would have led to the appropriate identification of a learning disability as well as instructional improvements for students with an LD (p.485). Response to Intervention (RTI) emerged shortly after the reauthorization of IDEA 2004, which suggested that because of discrepancies in eligibility, achievement gaps and unspecific state and federal standards, that a bill should be created so that students could receive effective instruction before being considered for special education and before a learning disability diagnosis is given.

### **Response to Intervention.**

Response to Intervention, known by the acronym RTI has been implemented into every public or federally funded school in the United States. The National Joint Commission on Learning Disabilities (NJCLD) wrote a letter expressing concern for the misidentification or under identification of specific learning disabilities, asking that the Office of Special Education Programs (OSEP) respond to this discrepancy. The idea behind RTI is to provide students with quality instruction that their progress is monitored, and that students are appropriately assessed prior to being considered for special education services. Bradley et al (2005) writes that “the basic RTI model has been conceptualized as a three-tiered prevention model, with primary intervention consisting of the general education program; secondary intervention involving fixed duration, targeted evidence-based small group interventions; and tertiary intervention involving individualized and intensive services” (p. 486). According to Klotz and Canter (2007), RTI

responds to children in need with early intervention by providing academic and behavior support rather than waiting for the child to fail before offering help (p. 2). RTI is a process designed to support the No Child Left Behind Act of 2001 and IDEA 2004 which both implement the importance that all public schools in the United State provide high quality, scientifically-based instruction and interventions; they hold schools accountable for the progress of all students in terms of meeting state grade level standards (Klotz and Canter, 2007). Klotz and Canter (2007) also write that RTI helps schools focus on high quality interventions all while carefully monitoring the student's progress" (p.2). RTI provides appropriate intervention to students who are struggling; this three tier model acts as a transparent model for schools, teachers and other affiliates to respond to their students who may be in need.

This model had given way to newer models to provide similar intervention for children on behavior plans, such as Positive Behavior Intervention and Support PBIS with is a preventative behavior instruction that is used in the school in an effort to create a positive school climate (Higgins and Rinaldi, 2011). The use of both RTI and PBIS respond to the all children from early childhood to adolescence to directly address the academic, social and emotional and behavioral development of children (Higgins and Rinaldi, 2011). Higgins and Rinaldi and The Urban Special Education Leadership Collaborative call the use of both RTI and PBIS a Multi-tier System of Support MTSS, which focuses on a "school-wide, differential universal core instruction at Tier 1; Tiers 2 and 3 which provide intensive and increasingly individualized interventions" (P. 91).

### **Individualized Education Program.**

Once a child has been identified as needing special education services or services alike, the child, with the consent of a legal guardian, is evaluated. Once a child has been evaluated,



eligibility is decided, and an Individualize Education Program (IEP) meeting is scheduled. The meeting participants will devise the written individualized plan for a child who is in need of receiving special education services. The IEP is a necessary part to meeting a student's specific learning needs. The IEP has been a process used by schools for their students who are in special education for some time (Response to Intervention (RTI), 2012). Each public school is to use a ten step process in order for the IEP to take place. The state must identify and educate all children with disabilities in the state who need special education and related services. When the school identifies student as needing an evaluation, the child's caregivers are informed and must give written consent to the school so that an evaluation can take place. The evaluation must assess the child in all areas related to the child's suspected disability. Once the evaluation is processed, the results are analyzed and the decision will be made and the child will be found eligible for special education services. The caregivers could, on the contrary, disagree with the evaluation forfeiting the schools involvement, they also have the right to get a second opinion, this is called an Independent Education Evaluation (IEE). In the event that all parties agree to the evaluation results it is decided whether the child meets the criteria to receive special education services and accommodations are discussed. Once this is determined the school has 30 calendar days after the child is found eligible, to meet for an IEP team meeting to discuss the written individualized special education plan (Response to Intervention, 2012).

Once the IEP is created there are specific standards that must be included into the plan: must state how the child is currently doing in school; set reasonable annual goals for the child; list the special education and related services to be provided that pertains specifically to the individual; and explanation for the participation with nondisabled children; the individuals participation in state and district-wide tests and the modifications needed; the IEP must state

when services with begin, how often they will be provided, where they will be provided, and how long they will last (Response to Intervention , 2012).

Weishaar (2010) writes according to Friend and Cook (2010) that “[p]arents may not feel they have the knowledge to make education decisions or they may fear that asking questions or disagreeing with the school officials may adversely affect how their child is treated in the school” (p.83). For many caregivers the IEP process is confusing and often times seen as a legalistic document that instructs a parent how their child will be educated, many caregivers do not feel as though they are full partners in making the IEP decisions which creates a uneasy caregiver to school relationship. Weishaar (2010) argues that schools begin to focus on “incorporating a strengths-base planning into their IEP meetings, so that parents may feel more positive about the meetings and feel they are full partners in the education process” (p. 83). Much of the emphasis on creating a positive school experience for a child rests on the relationship the school has with a child’s caregiver and vice versa. Weishaar (2010) suggests preparation, presentation, and documentation are three ways to implement a strengths-based IEP meeting. Research on the increasing numbers of due process hearings proves that caregivers continue to struggle with the collaborative piece of an IEP (Weishaar, 2010). When preparing caregiver(s) for an IEP it is suggested by Weishaar (2010) that teachers incorporate the following when preparing for the IEP:

[to] use words or language that is positive in tone and familiar to the caregiver; avoid using stigmatizing language i.e. dysfunctional, disabled, disturbed; meet with the caregiver(s) in person to arrange the meeting and pre plan the meeting with the caregivers so that they know what to expect; encourage the caregiver(s) to share information about their child’s strengths, likes and dislikes; inform the caregivers about potential conflict

before the IEP takes place to avoid conflict from happening at the meeting; offer the caregiver(s) an opportunity to voice their concerns or expectations of the IEP; provide the caregiver(s) with copies of the draft reports that will be discussed at the IEP meeting (p.83).

It is suggested that caregivers have access to the same information as the school uses prior to the meeting. Many times caregivers choose to not follow through with the IEP process, they refuse to sign consent and the child is left struggling. Weinaar (2010) makes an important, preventive and potentially feasible point when suggesting a strength-based IEP process when collaborating with caregivers.

### **Best Practices**

The State Education Resource Center (SERC) writes that “[t]he term “Best Practice” has been used to describe what works “in a particular situation or environment” (Best practices in Education, 2012). SERC writes that Grover J. Whitehurst, as assistant secretary for Education research and Improvement at the U.S. Department of Education, defined evidence-based education as “the integration of professional wisdom with the best available empirical evidence in making decisions about how to deliver instruction” (Best practices in Education, 2012). The idea is that educators utilized empirical data to create an environment that is specific and transparent for students and their parents. Using a clear and common focus is one standard that educators use to provide common goals which teaches children how to learn strategies to improve their academic performance. Recent research suggests that educators utilize more experiential and hands-on-learning when incorporating a more active learning environment. This type of engagement should reinforce and deepen a student’s understanding in their learning environment. Best Practices suggest that children have more accountability and responsibility in

their daily routine; choice is a crucial part to a child's learning environment. One idea is to incorporate a student-centered environment. Examples include educators helping students list their own questions, goals and interests; this responsibility encourages a child to learn their own tactics and strategies to reach academic success. Meeting children where they are and allowing them to learn from doing rather than just from hearing or repeating, is what works. Newhall (2008) writes:

[t]hat students who have learning disabilities frequently struggle to keep track of the tools they need for school work. They often lose or forget notebooks, textbooks, and homework because they have not learned how to initiate and follow an organizational routine (p.1). Managing materials is one of the three categories of study skills that contribute to students' ability to organize, remember and apply their knowledge. The other categories are managing information and managing time.

What Newhall (2008) is alluding to is that teachers consider incorporating classroom strategies and teach organizational skills, so that the LD learner can become fully engaged in classroom learning. Newhall (2008) also suggests that in order for students with an LD to become "efficient, effective managers they must develop strategies...they need educators who are willing and able to provide them with explicit instruction, guided practice, and ongoing opportunities (and motivation) to hone the strategies they've learned" (p. 2). Strategies and using practices that work are necessary in every inclusion classroom, however, best practices are most successful when there is collaboration between general and special education teachers and parents and guardians. Ripley (2008) explains that "[i]n a collaborative model the general education and special education teachers each bring their skills, training and perspectives to the team" (p.1). Collaborative teaching models are successful in teaching a range of learners; team models are not always easy

to implement but have been observed as successful when collaboration does exist. Ripley (2008) also writes:

[c]ollaboration involves commitment by the teachers who will be working together, by their school administrators, by the school system, and by the community. It involves time, support, resources, monitoring, and, above all, persistence. However, the biggest issue is time—for planning, time for development, and time for evaluating. Planning should take place at the district and the building levels, as well as at the classroom level (p.2.)

Further, teaching parents or guardians strategies and including them within their child's learning environment has also been found to be a successful way towards providing more positive school outcomes for students with and LD. Bos, Nahmias and Urban (1999) write:

[h]ome-school collaboration is an important key for the success of students...[c]ommunication fosters common language and consistent expectation and engages students, parents, and teachers. Communication and collaboration are particularly critical for input during assessments, when developing behavior plans, when monitoring medication, and in coordinating homework...[p]ositive home-school collaboration is just another way in which you can bring out the best in students..." (p. 2)

To that end, communication, collaboration and planning using a team model are techniques that have been proven to help children with an LD achieve academically thereby promoting a child's positive self-concept and positive academic self-concept.

### **Classroom Teachers' Perception of their LD Students**

How do teachers react to a child's perseverance or lack thereof? This question is explored by Meltzer, Reddy Pollica, Roditi, Sayer, and Theokas (2004) and Abernathy and Taylor (2009),

who write about a teacher's perception of a student with an LD. Meltzer et al (2004) examined how teachers perceive their students with an LD as motivated and willing to work compared to unwilling or less interested or lacking in motivation. The authors compare the latter with teachers and students positive and negative self-perceptions. Meltzer et al (2004) data collection was derived from a sample of seven teachers and their 225 students from grade 6, 7, and 8. Out of these students 46 students with an LD were matched randomly with 46 students without an LD. The study measured students' self-perceived academic performance by using an effort questionnaire. The study also used a teacher-rating survey which was used to assess teacher perceptions of students' academic performance and effort and then the teachers were asked to rate each student on a three point scale to locate how well the student performed and how much effort the student exerted in classwork. The study determined that teachers did not negatively perceive a child with an LD negatively, " a diagnosis of a learning disability did not affect teachers' ratings of student effort or academic performance" however the study's did determine that LD students with negative self-perceptions were rated significantly lower in academic performance than their counterparts without learning difficulties.

Interestingly, Meltzer et al. (2004) research found that "teachers perceived LD students with a negative academic self-perceptions as exhibiting much lower effort in their classwork than those students with no learning difficulties who displayed negative academic self-perceptions" (p. 43). The study found that this was true, that teachers do perceive students who work hard as those who will do well in school and those who work less as those who will not do well academically. The underlying measurement examines a student's self-esteem and self-concept when they are acknowledged as hard working, on the contrary, if they are not willing or working hard, children seemingly have lower self-esteem and a poorer academic self-concept and

perception. Meltzer et al (2004) write that “when students with LD are successful academically as a result of their hard work and strategy used they value these strategies and feel empowered to work hard and to recognized that their persistence will lead to academic success” (p. 42). This study, however, does not examine what a teachers interventions are to support and empower students that have a negative academic self-perception similarly this study does not examine why certain students with LD do not use strategies to find academic success.

### **Empirical Research into a Positive Academic Environment**

This study does reveal that students have in increase in their positive academic-perception when using more strategies (Meltzer et al, 2004). Interestingly enough, students with an LD who had positive academic self-perception were noted as exerting more effort into all domains and tasks in school in general whereas student’s with a negative academic self-perception were willing to “exert maximum effort only in nonacademic areas, where they presumably felt competent and able to display their talents” (Meltzer, 2004, p. 45). Though there was not a specific measure on how students learn strategies or how they learn to utilize strategies, this study used an identifying variable measure that suggested that “strategy use does indeed mediate the relationship between students’ academic self-perception and effort, thus highlighting the importance of strategy use for successful school performance. To that end, this study’s overall finding was that “self-perceptions of being a good student appeared to be influenced by their perceptions of their use of strategies in their schoolwork” (p.39).

Regardless of how a student with an LD views themselves as academically competent or not, a student’s willingness to work hard and use the strategies helped them overcome their difficulties with academia and allowed them to achieve greater success in school. Together with best practices, collaborative models and teaching children with an LD a skill set –student’s with

an LD learn to have a positive academic self-concept which can limit or decrease the chances of these children from developing low self-esteem, a poor self-concept and a poor academic self-concept.

McLeskey and Waldron (2010) write that “[c]hanges are needed to meet the needs of students with LD and improving instruction in the general classroom... [t]hat the development of effective, inclusive schools requires that the entire school community engage in comprehensive, long-term school wide change in activities” (Pp. 53-54). McLeskey and Waldron not only go into discussion about the need for high-quality instruction and design but the implementation of collaborative models where general education and special education teachers come together to promote school-wide change to address improving academic outcomes for all students across both general and special educational settings (2010, p.54). McLeskey and Waldron (2010) also write that:

[u]niversal supports are provided in the general education classroom with the entire class and benefit all students... such as differentiated instruction, providing a wide range of reading materials in the classroom... targeted supports are used to benefit students who struggle with learning basic academic skills and may include supports such as explicit instruction in small groups, peer tutoring, or extended opportunities for guided practice...[m]ore specialized supports such as explicit teaching of specific skills in small groups or one-to-one, and the use of evidence-based instructional material materials and programs” are needed to provide high-quality instruction (pp. 53- 55).

McLeskey and Waldron (2010) conclude their study by reminding us that original idea of an inclusive setting for students with an LD seemed well-designed but “have not proven sufficiently



malleable to offer the high-quality, intensive instruction needed by most elementary students with LD to achieve desired educational outcomes” (p.54).

Understanding how children with an LD learn in conjunction to the environment they exist in were key points in this literature review. Of further importance is a social workers role when working with this child in their environment. Prevention, intervention and utilization of best practices highlight the importance of receiving supports so that children with an LD can learn in an inclusive classroom setting. Based on the literature reviewed, further study is indicated that will demonstrate the need for supports and specific skill sets which are indicative for school social workers to be aware of when working with their LD clients. An exploration of the classroom environment is a necessary facet to understanding how supportive practices are implemented and maintained in the classroom, acknowledgement of the barriers and limitations that exist in the classroom that delimit these classroom practices, and what classroom teachers are doing successful maintain a positive classroom experience for their students with an LD who are on an IEP.

## **CHAPTER III**

### **Methodology**

#### **Purpose of Study**

The purpose of the study was to examine the practices used by teachers within the classroom environment that lead learning disability (LD) diagnosed children to a positive learning experience. This study focused on exploring the practices in place that support these children in a positive way in the classroom post-diagnosis. Further, the purpose of this study was to investigate how classroom teachers interact with LD diagnosed elementary students ages 7-12. This study questioned how educators implement models to provide these children with a positive school experience, which in turn may determine how a child experiences their disability. I investigated practices used in the school and the classroom by interviewing second, third, fourth and fifth grade teachers about their interventions when working with children with an LD diagnosis who are currently on an Individual Education Program (IEP).

The descriptive study was a qualitative study where I interviewed twelve teachers about their classroom practices to understand how they support students with an LD. Data collection was based on open-ended questions that asked teachers about the practices they used in their classroom, how they chose these practices and how they orient their students who have an LD diagnosis to these classroom interventions. The results and analysis of this data provided a description of the practices used by this sample group and then was compared with measured best practices reviewed from literature. The overarching research questions was explored; what are the practices used by teachers to support their students with an LD diagnosis; how do teachers support students who have an LD using these practices; how can they tell they have achieved a supportive and positive school experience for their students?

The individual interview allowed participants to answer questions in a more personal and authentic manner. Interviewing professionals in this way allowed for a more focused perception of a child's environment, as opposed to a quantitative and general examination of children diagnosed with LD based on surveyed evidence. Interviewing nine classroom teachers provided for different perspectives on how LD is perceived within a classroom setting. The questions I have devised for the interview process were open ended questions, and have abled me to understand the role each classroom teacher has when working with students who have an LD diagnosis. Interviews provided for a general understanding of what the school environment was like for students with an LD diagnosis; more specifically, interviews composed furthering understanding of how the classroom teachers respond to their student's LD and IEP, as well as how the teachers understand the way their students respond to their school environment.

Much of the literature reviewed consisted of studies that use quantitative methods. My study expands beyond a generalized viewpoint of LD and moves into the individualistic realm – an inductive examination of the educators' learned experience working with children who have an LD diagnosis. Much of this literature uses quantitative methods in examining negative views of LD in children. Although these studies have provided concrete data to support my research, I believe qualitative methodology to be a deeper exploration more appropriate for my study because a qualitative method provides for a personal perspective from the educators who work with these children, and provided me with an inside look of what a child might experience in her school setting with an LD diagnosis.

### **Sample**

Participants in this study were elementary school classroom teachers who work in a United States public elementary school. Their place of work is located in the northeast region of

the U.S, which included and was limited to Massachusetts, Vermont, New Hampshire, Maine, Connecticut and New York. Participants provide services to children age's seven to twelve, or grades two through five. Participants work for a school that has an inclusion program and follows the guidelines of the Individual with Disabilities Education Act of 2004 (IDEA).

Teachers who participated in my study work with children who have an LD diagnosis who are on an Individual Education Program (IEP). Participants were either currently holding a position in their school or had recently retired from their position. Participants had a least two years working experience in their position. The sample size was nine participants. The sample size was originally twelve participants, due to time constraints the study's sample size was nine participants.

Recruitment for this study was done by sending a recruitment email to my acquaintances using my social network, Facebook (FB). I used a snowball methods approach to recruit. By creating a standard electronic recruitment email (Appendix A) and asking that my FB "friends" forward the electronic recruitment email to potential participants. The electronic recruitment email explained my study, and included information related to the research topic, listed inclusion criteria, described the voluntary nature of participation and asked participants for their participation. The letter had my contact information on it and asked that the potential participants email message me or FB message me their contact information stating their interest in participating. Once I found nine eligible participants who agreed to the terms and signed the letter of consent for participation the recruitment process ended and interviews began.

## **Data Collection**

The participant received two copies of the letter of informed consent via U.S mail. They signed the letter of informed consent and mailed back the letter before the interview took place. They kept a copy for their records.

The informed consent clarified the nature of participation, the length of time of the interview, the procedures being used, the risks of participation. Once the participant agreed to the terms and signed the letter of consent we set up a time for the interview. Participants had either agreed to meet in person for the interview in a mutually agreed upon location that is quiet and private and that is free of distractions or via phone conference to which they agreed to use a space that was private and free of distractions. I used a special device mechanism that plugged into my landline and my voice recorder to record the phone interview.

The interviews lasted between thirty and forty-five minutes in length. The interview consisted of four open-ended questions (Appendix E). Each question had additional prompts to help the participant engage further with the questions and helped them answer the question more specifically. When the interview was over I briefly reviewed the terms of the agreement and reminded participants about the withdrawal date deadline, which was on April 15, 2013. Recorded information was transcribed personally by myself and my audio recorded interviews were held in a confidential password protected file. The confidential transcribed file was saved using a password protected file to ensure confidentiality and has been reserved for the purpose of this research only. When the information is no longer needed, and after a period of three years, the recording and transcription will be destroyed as required by the Federal guidelines for Human Subject Research. Signed consent forms will be maintained in a secure location separate from the other materials, and will similarly be destroyed after three years, or if the participant

withdraws from the study. To safeguard the confidentiality of each participant, I asked that participants not disclose the names of students or staff that they work with. If a participant did disclose, I omitted the name(s) and replaced them with a code number. To further ensure confidentiality the school name was not documented, this information was gathered for demographic collection only and has been locked in a password protected file.

The Smith College School for Social Work had appointed me a Research Adviser; who had access to data only after identifying information had been removed. All digital communication was secured and encoded within an email account created for the purpose of this study; this account will be deleted when all transcripts and data are destroyed. The address to this account is: cdann.research@gmail.com. All data will be reported in aggregate format; quotes used to illustrate specific findings will be presented in such a manner that they cannot be traced to an individual participant.

Data analysis was done by looking for patterns and trends in responses across participants, leading to a theoretical basis for supportive practices as reflected by this set of sample participants. Comparison between practices described by this sample was made with practices reported in the reviewed literature. In addition, analysis looked for unusual responses that appear to be unique and may contribute to creative practices that are not reflected in the literature. Findings will be compared to the literature reviewed in this study and discussed further; implications for practice will be addressed.

## **CHAPTER IV**

### **Findings**

This chapter will present the findings of a qualitative analysis of elementary school teachers and how they utilize practices in their classroom to support their students who have a learning disability diagnosis and who are on an IEP. The findings have been collected from a recorded interview in which each participant discussed the practices he or she used, the barriers and limitations to utilizing such practices and the collaboration and communication needed to implement these practices in the classroom. Analysis of participant's response uncovered specific themes and trends that provide a clear depiction of each teacher's classroom environment. Further analysis of participants reveals the daily struggle teachers face in their classroom in their effort to provide a supportive and positive school environment for all students, specifically students with a learning disability. The data analysis is organized in the following four sections: (1) Demographic data; (2) the practices used in a classroom to create a positive school environment; (3) the barriers and limitations to using these practices in a classroom and school setting; (4) the collaboration and communication needed to carry out these practices.

Data analysis from these questions were grouped together to show common themes based on the data collected. For section 1, demographic data from the participant information sheet will be listed. For section 2, the practices used in a classroom to create a positive school environment will detailed in seven subsections: (1) independent work and one-on-one assistance, (2) differential learning, (3) kinesthetic engagement, (4) small group work, (5) school resources and special education services, (6) organization, (7) positive support and building self-confidence. For section 3, the barriers and limitations to using these practices in a classroom and school setting, will be described in five subsections: (1) extra classroom support, (2) parent and

guardian relationship, (3) systemic communication issues (4) IEP process (5) state testing (6) funding. For section 4, the collaboration and communication needed to carry out these practices, five subsections will be used: (1) parent and guardian communication, (2) team model or collaborative model, (3) grade level team meeting, (4) special education teacher and classroom teacher communication, (5) IEP meetings. Participant demographic data has been collected and will be listed. Illustrative quotes are included with each section to reflect participant perspectives.

### **Demographic Data**

Demographic data was collected using a participant information sheet which asked participants their age, gender, race, ethnicity, their professional title, education history, geographical setting of the school, the number of years employed at a public elementary school, current role at school. The mean age of participants was 40.5 with a median of 33 and a range of 27 through 62 years of age. Eight participants were female and one participant was male. All of the participants identified as Caucasian. Two participants were fifth-grade teachers, four participants were fourth grade teachers, two participants were third grade teachers, and one participant was a second grade teacher. Seven out of nine participants have their Masters in education. Four participants teach in an urban setting, five teach in a suburban setting. The mean number of years each participant worked in an elementary school was 14.1; the range is 3 through 38 years. The roles vary: five participants specialize in either math or English language arts (ELA); three specialize in ELA and two specialize in math. These five participants work in a school that has a rotating schedule and teach a 90 minute specialization for the entire grade level. The remaining four participants are general education teachers and teach one class per grade and are not required to have a designated specialization.



## **Practices Used in the Classroom to Create a Positive School Environment**

### **Independent Work and One-on-One Assistance**

It would appear that a key practice for classroom teachers working with LD students is to encourage them to do independent work. Further, teachers interviewed emphasize the importance of one-on-one assistance. All nine participants stated that they encourage their students to do independent work and provide one-on-one assistance when needed. All nine participants responded to this question by stating that their students with an LD who are on an IEP receive one-on-one or one-on-two support from the teacher or SPED teacher on a daily basis. Another common theme was that participants needed to modify independent work in the classroom setting, so that these students could finish within the standard of time or because modification was an accommodation on the student's IEP. All participants reported that every student was different; some need more one-on-one help and some do not need as much one-on-one.

Examples of participant responses as follows:

Participant 1 responded:

You know I find writing as the hardest thing because some kids are really good writers and they come up with an idea and they develop a story and it does not take them very long to complete it. So the process for some is a lot shorter, again, what happens is, am I going to expect somebody with a learning disability to write three paragraphs? No, just one good paragraph, so you would have to do some modification there.

Participant 4 voiced:

And other times in the class the regular kids in the general class are working individually and there is a lot of one-on-one support with the kids on IEP's, especially in writing in fourth grade, because the kids are expected to be up to five paragraphs in essay writing.

Participant 7 added:

I run a lot of small groups in my reading block, especially and it's a mixed group of disabilities, and I do a lot for one-on-one work.

Participant 3 responded:

There are little extensions that you can do to help that but, that's not always the case, it definitely depends on the kid...it really is just how willing and motivated the kid is to work and how many of them there are in the class so that I can individually check in with them all.

Participant 5 noted:

A lot of times there is one-on-one or one on two happening...because there has to be .I would check in, I would pick a stronger student and buddy them up and work on that, a lot of times I might take them up to the front of the room and while everybody else is doing an independent activity, I say all right you two or three, come up to the table –we are going to work on this together –so something like that.

### **Differential Learning**

Recognizing differential learning appears to be central to working with children who have an LD. In fact, all nice participants stated that they used differential learning in their classroom. Common themes that participants reported were giving students appropriate leveled reading, incorporating audio players or read aloud programs, using manipulatives and other hands-on prompts, graphic organizers, and guided reading with visuals. For more specific differential learning, participants referred to specific accommodations that are listed on their students IEP; some examples included paper with dotted lines for handwriting and books with larger fonts. Less common themes included utilizing technology such as Smart boards, computer

games, specialized learning software; one participant used a microphone for large group instruction to accommodate a student. Two participants included that seating arrangements or having the student sit close in proximity to them when teaching part of differential learning. One participant utilized pre-exams that are not graded to help students prepare for graded exams.

Other participant offered other techniques:

Participant 9 stated:

So visual learners in the class especially visual learners who are in IEP's specially when we previewed vocabulary lessons will have word wheels so that they can write a vocabulary piece down and then write related words that we discussed so they can think of so they can kind of recall with a vocabulary word is... We have a lot of read out loud for auditory learners and we are really lucky that there is a smart board in every classroom which is really helpful!

Participant 3 offered:

I often I do guided practice for everyone, so I will teach the whole class and then I will teach another lesson to the whole class. So there is a five minute lecture sort of where I give an example where the kids are trying it themselves and their trying to on whiteboards and I am circling around the room, seeing who is understanding it, and then when they start doing their independent work.

Participant 6 said:

What is really great is that we have the three teachers do different stations. So when we teach new subjects, we are able to do it in three different ways. Why group will do a hands-on learning activity. Another group will do paper, pencil activity and another group will be just learning it in a different way. It's for example, we just recently learned multiplication, so in one

of the small group settings that are teacher directed, they were able to use manipulatives to make to make a rave and physically move things around to create multiplication sentences and another group. In another group. They were able to play a matching game that had the visual there with the number on the paper and match the multiplication facts and the other group. They were creating multiplication charts will and they were able to use those to help them with their facts. So we are hacked them with every kind of different learning strategies with the multiple intelligences. So if they do not pick up on one way they will get it in a different way they are able to take it in differently.

Participant 2 emphasized the importance of color coding and organization:

I color code each subject math is blue social studies is red sciences, green English is yellow, so that is helpful for your students who have a learning disability because they know where everything is in the classroom and they know what subject, it represents all my folders of the same color all my bins are the same color their notebooks are these colors so it just helps them out because they know where everything should be and they are not rattling through their desk to find notebooks. I know exactly what color everything is and are ready to go.

Examples of participants sharing their enthusiasm about using technology as a best practice are as follows:

Participant 2 explained that:

Technology is also huge right now...we have this program called Fast Math...it's a program that students have to log on to at least three times a week. The best part is they think it's a game, but they are testing all their math facts: addition, subtraction, multiplication, division and it is being timed, I rarely see kids stress when they are using this program.

Participant 9 notable finding:

I have a few kids that are really kinesthetic and who really like to experience things in a tactful way, so the ability to play games on the Smart board is ridiculously useful. So like I am a huge advocate to use this technology with IEP students, but really for everybody, I use games as a learning tool.

### **Kinesthetic Engagement**

Kinesthetic engagement is common and all nine participants utilized this as a practice. It would seem that utilizing kinesthetic engagement redirects students which help teachers and their students stay on task. Common themes included breaks, out of class break time, sensory and movement breaks. Less common themes included classroom yoga, singing songs, utilization of sensory cushions, and utilization of sensory squeeze balls. One participant stated that she worked closely with the schools occupational therapist that would provide different weight-bearing and sensory integrative equipment for certain students. Examples of participants incorporating kinesthetic movement through the day are as follows:

Participant 4 voiced:

I have sensory breaks and movement breaks built-in to the day so they can get up and kind of build their balance back...in general if you have kids on IEP's and stuff and 504s for health reasons, they especially need to have the movement breaks and mind and body breaks so we have that set up in intervals through the day.

Participant 7 added:

So I have couple kids who have issues with strength in their hands so they have those stress balls, the squeeze balls for their hands. I'd also let them go on frequent breaks, especially during writing. So I have one girl. For example, so the rest of the class has to

keep moving. But I also have to give her. Break. Some kids have to go on breaks outside of the classroom.

Participant 2 noted:

I am constantly using manipulatives, which is great. The students love to learn through active involvement I use a lot of songs I use a lot of poems readers theater plays, the more engaged they are the more they retain the content.

### **Small Group Work**

Small group work is a practice that all nine participants utilized, it would appear that small group work helps teachers meet the needs of students from large group and as practices to help students who need extra guidance or support. Participants use small groups for classroom instruction, lectures or extra help. Two participants reported that the special education teacher works with students with an LD in a small group during class time. All nine participants have special education teachers who come into the classroom to work with students who receive special education services in a small group fashion. Five participants divided their classroom up so that the special education teacher could work with one group and the classroom teacher could work with another group.

Participant 3 explained:

When I have a child who is not close to grade level work, and generally speaking, if they are close to grade level work and I am sitting with them, and walking them through a few questions in the small group. We will do two or three altogether.... They will do a few on their own and then I have them work on their own and they can do a few independently.

Participant 4 elaborated:

There is also small group instruction, so if I teach a lesson to the whole group say for like 15 or 20 minutes then I will meet with small groups, and so the special Ed kids hear it once in a whole group setting and then they hear it in a small group setting and hopefully the last 20 minutes the special Ed teacher comes in and works with them again. So we call it triple dipping, with all the IEP kids here, the concept is three times in a perfect world. Another thing we have in my classroom is flexible grouping. Sometimes this sped kids work together with the teacher and sometimes everybody is spread out based on ability level and they can learn how to be coaches from peers and through peers.

Participant 6 said, which was a striking finding:

So that is helpful and like I said, we have the three teachers so it's easy to have small group teacher directed and zero in on different topics, which has been great.

Participant 8 reported:

I have a lot of hands-on stuff, I do a lot of small group work and a lot of partner work. I teach my math step-by-step.

### **School Resources and Special Education Services**

Special Education Department (SPED) services are in all schools, participants explained the benefits to having this service. It would appear that SPED is an aide to implementing their overall classroom practices successfully. Participant responses varied. Six participants were in schools where special education teachers used a pull in approach which means the SPED teacher provides services in the classroom as opposed to only pulling the student out of the classroom. Three participants were in schools where special education teachers utilize a pull in and pull out approach which means that SPED teachers work with students in the class and also take students out of the room for services. A common theme that participants reported was that students were

pulled out for speech, neuro-psych assessments, occupational therapy, psychology or social work services, which all varied and were dependent on the specific services listed in that students IEP.

Participant 9 reported:

We work really closely with the special education department; we have a really high degree of push in accommodations especially in my classroom. Upwards to 75% of the time I have an additional teacher in my room, a special educator who is only working with IEP students, specifically on the core content material that we are doing in class.

Participant 4 noted:

The kids that I have are on formal IEP's, the Special education teacher comes in, according to what the grid says, because the kids are legally required to get the support, according to what the grid says, some kids get it three times a week for a half an hour for both math and writing. So the SPED teacher comes in, or takes them out and works with them in math and writing three times a week for a half an hour.

Participant 1 explained:

When you are talking about a child who is on an IEP generally speaking, there is either somebody coming into your classroom to work with them on their skills, or where they are going out of the room for specific alternative instruction. We have replacement reading and writing programs and replacement math programs for our kids with an LD, oftentimes. Children are pulled out of the room, There is some work where these kids are in the classroom.

Participant 6 voiced:

Originally the plan was to move to an all-inclusive setting in the schools, where there were no special education class rooms separate from the regular classroom, so that is



where the co-teaching model started, so the SPED teacher for the third-grade shares a room with me and the teacher that she works with is next-door to my classroom, same thing, she co-teaches both reading and math.

Participant 7 explained:

We have a special education teacher who is assigned to each student who is on an IEP, and they give me a copy of their goals as well. She will come in and we work during writing time if they have a writing goal or in math if they have a math goal. So they have that service and the SPED teacher they come into the classroom. They don't pull them out anymore, which used to happen, so that is a general accommodation that the kids get. We have pullouts for speech, OT, PT and therapist.

## **Organization**

When explaining the practices used, most participants said that using some form of organization was helpful to supporting their students. Eight participants utilize organizational techniques in their classroom. Common themes included using a checklist, writing clear expectations on the board, clarification of directions, and using visual prompts. Less common themes included daily or weekly journals, weekly progress reports, and homework folders. One participant utilized a rotating classroom job list. One participant color coded all learning folders, notebooks and supply bins. One participant has a toolbox in each student's folder with prompts and reminders that are specific to certain criteria. Five participants stated that parent involvement was helpful in aiding students with more organization tools. Six participants either had a daily homework log, weekly or daily progress report(s), or a weekly assignment folder that was to be reviewed and signed by the student's parent or guardian. Examples of a participants utilizing organization as a best practice as follows:

Participant 2 reported:

So basically my biggest thing is organization with students. My kids have a little saying in the room; organization is the key to success. And they repeat this every morning before the school day starts...They also create table of contents in each of their notebooks so that when they go home to study. They know what page let's say they are reviewing geometry, they will know exactly what page in the notebook that whole section starts on so it is just simple organizational tool, but I find it. It really helps them out because your students with disabilities. Sometimes the organization is a lot for them to handle. So that is just a simple thing that I do.

Participant 4 highlighted the importance of a checklist:

Everybody has a checklist and they know what they have to do when they come in in the morning and what they have to do before they leave in the afternoon, everybody knows what to expect. We have clear guidelines and routines, the rules of the classroom is something we came up with together and we come up with consequences together if they do not follow through with the rules.

Participant 7:

I have journals that get sent home with certain students. Every night just trying to keep in contact with them and to let them know what is going on during the day, and then I can know what is going on at home.

Participant 3 stated:

Generally speaking, I try. I tried to teach very visually I kind of set my questions up, so that often times, directions are on the board. The schedule is on the board. You could see what is happening what page they are supposed to be on.

## **Positive Support and Encouraging Self-Confidence**

Encouraging students who have an LD is a common trend for participants. Using prompts, quotes, or enthusiasm are among some of the themes addressed. Eight participants incorporated positive reinforcement and encouragement. Four participants talked about the importance of self-confidence with their students. Varying responses included using catchphrases such as, “the power of the brain,” “build stamina,” “hard work equals smart work,” “exercise your brain,” “train your brain.” Participant 3 utilized an Albert Einstein’s quote “that genius is 99% effort and 1% talent.” Four participants taught their students about the different intelligences, which they explained help their students to identify their academic strengths. Examples of responses from participants included the following:

Participant 4 emphasized the importance of encouragement:

A lot of it is encouragement and a lot of it is that they believe in themselves, they have to get a level of self-confidence. So everybody gets a different role each time, and we try to decide fairly so not everybody is being a coach all the time...so we try to keep the confidence level high, because it is hard to have the confidence level high for the kids with a learning disability.

Participant 1 reported:

In terms of a positive school environment, I think it’s about you reaching out to the students and accepting the where they are, making sure that they feel honored for the work that they are doing and praising them for the effort that they put in because usually those kids are struggling and they need to know that what they do matters and hat you are not judging them based on their disability.

Participant 8 voiced:

A lot of it is encouragement and a lot of it is that they believe in themselves, they have to get a level of self-confidence. And you can get a lot out of the kid if you can get that kid to have a level of self-confidence and not be afraid to be wrong.

Participant 3 explained:

There are a lot of ways that I hope to create a positive environment; we talk a ton about smart work rather than being smart. I spend a great deal of time talking about how smart you work is how smart you become –like you train your mind to be an effective worker and effective thinker –and I know that's not always possible for every kid and not for every kid with a learning disabilities, but I have seen over the years. If you have that attitude and try, it really teaches these kids that you are trying to train your brain. It just seems so much more helpful for so many children, not just children with learning disabilities but for so many kids.

### **The Barriers and Limitations to Using these Practices**

#### **Extra Classroom Support**

While there are many concrete practices utilized by participants, there are barriers and limitations to implementing them. The lack of extra classroom support was among the biggest barrier and limitation to implementing practices. Six participants expressed a lack of support in their classroom as a barrier. On the contrary, two participants who have co-teachers expressed less concern about extra support and did not feel extra support was needed. A less common trend, in which participants felt they needed more support, was with limited space, time management, and more SPED services. Participant responses included the following:

Participant 4 reported:

I wish that we had more of a co-teaching model instead of having them pop in and out. The lack of co-teaching and the lack of planning for all the kids...sometimes I feel like it's a solo mission inside the classroom.

There's just not enough support for them in my school for the amount of them in my school so you have six kids in your class who are on an IEP or about to be in, in a class of 20 and only one person is there. There is a problem. There is not enough of support for the kids. Not enough of support for the teachers. There is not enough money, theirs is no money; the poor principles they have a budget and their hands are tied and I don't know who can make the decision to change it, it's pretty bad.

Participant 7 in a notable finding:

It's pretty difficult and almost impossible with the amount of support that you have. Like we have one special Ed teacher for the whole fourth-grade, but there are three different fourth grades, so obviously she can't be in three rooms at once, but there are at least five kids in each class who have an IEP. So how does happen? You know, and you can't put them all in one class, you can't have a class with 15 students that are on IEP, you know, because then they're not mainstream, so um, because of budgets and money and that sort of thing and makes it really difficult because you don't have another person in there overseeing that and supporting that, because a lot of the accommodations are small group or one-on-one stuff that you need to be doing as a classroom teacher with 20-30 kids you got to find another way to do it.

Participant 3 explained:

Even in the special Ed class room it is hard to break down a small group when you are working in small group's everyday with 50 different kids in 50 different ways,

throughout the day, and to just keep track of that yourself, I don't know how anyone would do that –you know, it's just a big, big process. I don't know if you have ever heard of reading recovery? Reading recovery is this program where kids are pulled out in first grade and these are children who identified as not having a learning disability yet, so if you have an IEP you cannot be in this program, but it pulls kids out and tutors them one-on-one for 20 minutes every day for six weeks and it is just this really intensive program that tries to get kids over the hump so that they are reading and it will increase their reading level, it is just so effective and I think it is the best thing I could imagine. Like when I taught first grade, I was absolutely amazed and the program for training was intelligent and so thoughtful and it is really unbelievable and it is just so unfortunate that it is really so expensive and that not everything can be that intensive, because it is so effective.

### **Parent or Guardian Relationship**

The results varied between participants, however each participant named parent or guardian communication as a limitation to using practices. Responses are reflective of best practices, RTI and IEP process. Seven participants expressed parent or guardian relationships as tricky, difficult, tough, and inconsistent. All seven participants expressed their efforts to improve this barrier. Three participants expressed their frustration with the lack of parent or guardian communication. Frustration included how the communication gap falls on a family's economic status, unstable living situation, or other uncontrollable factors. These participants also reported the lack of trust for the special education services or over school experience. Two participants explained that parent or guardian relationships are not a barrier and limitations are rare.

Participant responses included the following:

Participant 7 explained that:

Parent involvement is a huge struggle for us in general and this year we have a handful of really involved parents, but overall that is the biggest struggle, lack of parent communication. A lot of kids don't live with their parents, a lot of kids go back-and-forth between custody battles...a lot of parents are in jail, so it is like that piece is pretty huge and is affecting their learning.

Participant 6 explained that:

Getting parents involved is not always easy. I happened to work in the better area of the city so we do have a lot more areas than most of the other school districts involved, but getting them involved is definitely a stressful –getting in touch with them, getting them to come in to see part of the classroom is harder than most places.

Participant 3 in a surprising finding:

I definitely touch base with families; talk with families, as much as needed really, and as much as it is helpful. There are some families that I don't feel like are helpful. I don't spend as much time communicating with families that aren't going to help in this learning process; but I like communicating, you know the easiest one of course is when the parents pick the kids up from school. You can talk with them after school, and then there are parents who email. I do not mind emailing or talking to them on the phone.

### **Systemic Communication**

Communication and collaboration with administration or SPED was a common barrier for participants. Eight participants shared the common theme that scheduling IEP meetings, special education services for students was a barrier. That inconsistent communication with specific school personnel is a limitation. One participant expressed concern with administration,

and how depending on the principal, that can be a barrier. One participant expressed concern with a specific special education service, and one participant expressed concern with consistency in communication with administration and the special education department. Three participants stated that communication conflicted with the student's daily routine and the special education pullout model was often times distracting or inconsistent.

Participant 3 explained:

There are kids who missed all of my instruction, and then come in for work time in the middle and then they cannot do the work themselves, because they miss the whole instruction, you know I can sit down with them and reteach it all, but that is a big waste of my time and that happens all the time, so that is just how it is you know it's most unfortunate. We have a literacy team at our school who is supposed to serve a similar function, but their role in our school is not as refined yet so occasionally they are hindering system they don't necessarily communicate with the grade level. It's a problem.

Participant 4 explained:

So there are four fourth grade teachers and we have a meeting every Tuesday after school and our special education teacher who is in charge of fourth grade has like never been able to come to our team meeting, so we do not plan with her. We do not talk about the kids with her. We do not talk about the data with her and she is just like in and out, so I feel like it would be much, much better if we had planning time with the special education teacher so that it could be more seamless when they are in and out instead of just walking around making sure that everybody is paying attention. What we need is to break the class up into two group of 12 or 10 kind of like private school style teaching,



but it is not like that because as far as the teachers we have traded in a lot of our paraprofessional teachers in for highly qualified special education teachers so there is no reason that they cannot be taking a bigger group of kids so that everybody's group is small, you know what I mean. That way everybody gets smaller group instruction, as opposed to being in the big group of 20 plus students because then there is more participation between all of the kids.

Participant 1 voiced:

The kids are being pulled out when you're doing another activity so then they are missing something, or they will miss the mini lesson or they will miss the conclusion and that can be a frustration and another barrier sometimes the continuity is an issue.

### **RTI and IEP Process**

The RTI and IEP process was seen by participants as beneficial but also limiting classroom practices, and limiting resources for students in need. All nine participants reported that the RTI and IEP process takes too much time to initiate. Five participants reported that parent consent to an IEP as a cumbersome process. Two participants voiced their frustration with students not qualifying for an IEP. Two participants who work with students who are English language learners pointed out the discrepancy in RTI when differentiating learning English as a second language and a language disability. Three participants listed that another barrier to the IEP was with RTI and state assessments, stating that it has become harder to bring a child up to RTI because it is too expensive. Other participants noted other barriers:

Participant 3 in striking finding:

You know the IEP is a wonderful thing and I am sure before IEP's where in the school it was a very different place for kids with learning disabilities, probably much more

difficult, but there are positive and negatives to any IEP because at least in my district the way most of the IEP's work with the kids that have a learning disability is that they are pulled out of the classroom. This is really disruptive in so many ways for me, and for them, but I do not really know what the answer is because when kids are left in the room it is often overwhelming for the teacher and at times they are being dragged through curriculum and not learning, but honestly as a public school teacher this is the most difficult thing of my profession, to keep up with who is in the classroom right now, what have they done and how can I keep them accountable and I can't. There are so many kids being pulled out of my room at so many times in the day that I do not know their schedule and that changes so often that even if I knew their schedule, I don't know it by February, and I think that is the case with most teachers, unless they have a very impressive memory that way, it is just really, really difficult and therefore holds these kids accountable for their work, added to the fact that the work is difficult for them, so it is just really tricky. What is difficult about this is that stuff falls through the cracks, at least for me personally because I do not want to come down too hard on the kids, especially if there were out of the classroom, you know, and they did not finish because they were out of the classroom or they not finish because they came in and they had 10 more minutes left. I cannot actually explain whatever it is, in five minutes, so that they can work in five minutes, you know, so that is a big, big issue for me and for the kids too. Sometimes I feel like they do and in some ways I feel like it just makes children very passive because there is no way they can keep on track or on top of everything else, I just see kids come back to class and there are five papers on the desk and they do not know what is what, so I can see that the kids are frustrated definitely.

Participant 8 expressed:

Again, you have to remember I work for the city. And no, I am not a part of the planning, but another thing is, you're going to get a kid in your class and you are just going to get a roster. So if I didn't know the kids just because I know the kid...or if the SPED teacher did not pick the kid up, I wouldn't know, unless I didn't go through my file, which I do go through my file, to find out who has an IEP. You know, sometimes they have an IEP but they don't get pulled out, they have it for different reasons. We had some kid in my class a couple of years ago that was supposed to get occupational therapy, and I guess a person who was doing the occupational therapy, either didn't get the kids name at the beginning of the year, or something, I don't know, for some reason, and I didn't know, and the kid went for months without getting it, because nobody knew...Sometimes your principle can be a barrier, mine is not she doesn't pay too much attention.

Participant 4 explained:

For example the school psychologist will set up a half an hour session with each of the kids in a small group or a one-on-one, but it is kind of on a day-to-day basis, so that is what is going on here in terms of the school psychologist; even if the kid has a 20 or 30 minute chunk of time, what we should do is talk about what they should talk about with the psychologists in that amount of time, but instead of being like that, it is just okay well "I have a meeting with so-and-so on Friday" and it's Thursday afternoon and we find out, passing in the hallway; so the collaboration is not really happening.

Participant 5 reported:

The parents have a lot of power, they do, and I have run into this a half dozen times you know, the parents just say, you know, I went out for special and I didn't like it, the kids

made fun of me. I do not want my son or daughter to go through that you just do what you can and we will help them a home and that I all you can do.

Participant 7 stated:

It's almost like a crutch to them they will just wait for the math specialist to come in the room...so in some ways the collaboration and accommodations that exist with children are good, but I think it's also good from them to free up a little bit and struggle to see what they are capable of, an IEP can slow them down from meeting their potential, rather than doing the opposite of what it's supposed to do.

Participant 2 responded by saying:

I just don't really know how I feel about it. It's a long process, I feel like there is a lot of time wasted where we could actually be getting the services for the students... I just don't really know how I feel about it...Unfortunately, the school doesn't want to see that, but it's better for the kids because the parents can speed up the process, you know, I have mixed thoughts on that one.

Participant eight voiced being left out of the IEP planning meeting:

The IEP plan? No, no, the teachers usually are not part of the plan, I try to bring students up to it, but once it gets ahead with the special education teachers, they use the testing results, and they put the plan in effect and then I'm given the plan.

### **State Testing**

The biggest barrier and limitation to classroom practices was state testing, Common Core curriculum and assessments. Participants voiced many concerns and frustrations about this. All nine participants described state testing as a barrier and limitation. Seven participants stated that state testing was an overall biggest barrier and limited them in successfully implementing

practices. The advanced nature of statewide testing and common core standards were common themes. Participants expressed their frustration and concern both personally and professionally. Five teachers reported that state testing was “too hard” and a “waste of time.” That Common Core and statewide testing such as too accelerated a curriculum and test for students. Three teachers did not go into detail, but they did mention the amount of pressure on a district when preparing for the state test as stressful. Participant 9 provided a good example of the common themes among participants in regard to state testing and common core by voicing, “I really wish the kids did not have to take the MCAS, I wish that we could just work on skills that the children need.”

Participant 9 went on and explained frustration with the state test:

I don't get to do as much of it, because I do have two do MCAS prep... it's also crazy time-consuming and eats up... almost 3 full weeks out of the whole school year, which is insane. It's crummy and the kids don't like it.

Participant 1 reported the effects that the state test has on the school district and herself:

The new teacher evaluations and the 33 indicators that that hold a teacher responsible and the pressure of the MCAS on the district and the push and pull that goes on... it just drives me crazy.

Participant 2 voiced:

Common core are the new standards that several states have adopted, it is insanely demanding, you are asking fifth-graders to read at a lexile that is two years above their normal lexile score, so it's like they do not understand what the reading is, then they have to answer questions on the reading... This is not fifth grade level; I didn't even learn this stuff in high school, it is just so hard. So if you are a kid that has special education forget

about it and then it's challenging for the teacher because you are like trying to find materials now that work for what the state expects them to do, and it's not out there, because there are no materials for this, they are not developmentally there.

## **Funding**

Funding was a theme that frustrated the majority of participants. It would appear that funding limited extra support in the classroom, purchasing new materials specific for their practices, increased class size and limited the amount of needed resources. Eight participants reported that funding was a barrier. The most common theme voiced by participants was that there was "no money." Four participants talked about program cuts being a huge barrier and a limitation. One participant reported her frustrations with needing specific learning modules or programs to benefit SPED students, and how this was limited because of low funding. One participant did not report any concern with funding; this participant worked for a charter school. Another theme was that bringing students up to an IEP was becoming harder and harder because of stricter neuro-psych evaluations and a lack in funding. One participant voiced her need for more funding:

I would just say more people and more hands on stuff for the kids to use but of course, there is never enough money.

Participant 2 explained that:

Class sizes are increasing because they are cutting teachers like crazy, like I actually have 30 students this year, so you know that is a problem.

Participant 4 voiced her frustration and the repercussions from budget cuts:

There has been a cut in funding; there have been budget cuts like crazy. So there is not a lot of special education support or resources, so I feel like some things that are not

working you know, like the fact that teachers have 21 to 24 kids in their classroom, a lot of times I'm working with the kids that need the help and the rest of the class is working independently, they are kind of losing time on learning in terms of moving forward to progressing on the standards and then the opposite happens when I am teaching the whole class and in the special education kids are spending that time learning on their own because they need more help and more guidance to follow along; I wish that we had more of a co-teaching model instead of having the SPED teachers popping in and out.

Participant 8 expressed frustration:

Now you have to jump hoops to get the principle to sign on, at least that is the way it is done in the...city schools –which for some reason since [The Mayor of the city] took over –he held it against the principles for having the kids evaluated. It's a money thing, and they do not want to evaluate.

### **Collaboration and Communication Needed to Carry Out These Practices**

#### **Parent or Guardian Communication**

Parent or guardian communication is important to carry out these practices but, participants struggled to maintain communication and relationships with parent or guardians. Eight participants reported their efforts to improve communicating with parents or guardians. One participant said that she had great communication with her student's parents. Another participant reported the importance of parent communication but would not initiate parent communication. Newer models and school initiatives appear to be addressing the importance of parent or guardian communication. Six participants worked in schools that are trying to be more involved in the community in hopes to develop better parent or guardian relationships. One participant worked in a full service school; which means all individual and family services can

be met on school grounds. Participant 7 worked in a school where the school hired a company to run a pilot program to strengthen family and school communication and collaborative efforts:

Participant 7 explained that:

We just started a pilot program, it's called GEM, they work with the school to increase academic performance through parent involvement by targeting kids whose parents we cannot get not get in touch with." We are a full-service school, a community based school...and that is kind of what the philosophy is, let's meet them where they are because the basic needs are not being met at home.

Participant 9 went to his student's basketball games in effort to deepen the relationship and communication with a student and their family. All nine participants pointed out that good parent communication was helpful during the RTI and IEP process.

Participant 2 voices taking initiative with parents or guardians:

I am in constantly in contact with parents through behavior plans or reports or I am calling them.

Participant 8 explained:

I also give my home phone number out, and lot of people thing I'm nuts for doing it. If the parents feel that they can talk to you and the kids see that you have a team approach.

Participant 1 reported:

I would have a parents meeting and talk to parents and I have always worked with parents up until that meeting point so that they understand why we are doing what we are doing the evaluation so they can be involved in the process beforehand. I think it's really important that they do not go in blind then you go through the process.



## **Collaborative Model or Team Model**

Collaboration with other colleagues appears to be an important approach when working with children with LD. Six participants highlighted using a collaborative model or team model approach in their school. Three participants responded that the collaboration with SPED and administration as decent and helpful in implementing their practices. Five participants reported communicating and collaborating with the other grade level teacher's on a daily basis either before school, during lunch or designated times throughout the week. These participants commented on having a good connection with their team this year.

Participant nine explained his appreciation for good communication:

Administration is really assessable for, which is nice, like I can go talk to are academic coordinator, whenever which is nice.

Participant 2 voiced feeling lucky to have good collaboration:

Where lucking in my school because a lot of collaboration that takes place because we have those two meetings a week...Definitely collaborating is a key thing, it is really helpful to hear what everybody else is doing.

Participant 6 also commented on the benefits of teamwork:

I like the way our team works together...There is six of us and three of them are special education and one of them was special education teacher, so we have been working very closely as a great team so that has been helpful and it has helped me learn a lot too.

## **Grade Level Team Meeting**

It would appear that meeting as a team of grade level teachers is an important and successful way to communicate, plan, and implement practices. Six participants met with other

grade level teachers on a daily basis to discuss curriculum SPED students, field trips, project planning, and problem solving.

Participant 8 explained how her team works together:

The teachers work as a group, we meet maybe two times a week formally and informally. We usually eat lunch together. We do a lot of group planning and things like that.

Participant 7 also reported that she works well with her team:

My team is great; we are all working right next to each other so in the morning we meet before school starts. So that is a good thing to have a great team.

Participant 9 explained:

Yeah, there are three classes. We're classroom sizes of about 20 – 21 students, I do not know how they work together other grade levels, but we meet every day, usually for about an hour and a half. Because that is when specials are going, like when students are at PE or like non-curriculum things we all go over our material together, but that might just be because we actually like each other, so like a lot of the time you would spend time in your room alone by yourself, we spend it together. So we spend that time in each other's company.

### **Special Education and Teacher Communication**

Participants varied in their responses to questions about how they communicated with SPED; however it appears to be beneficial for teachers to communicate with SPED as often as possible. One participant expressed the benefit of meeting with the special education teacher and or the special education department every four days. One teacher mentioned meeting with her team, which included the special education teacher, twice weekly and that there was good and consistent communication. Eight participants reported easy access to meeting with the special

education teacher when they needed. Two participants reported meeting monthly with the special education department or teachers.

One participant, in a striking finding, described the importance of meeting with SPED as needed:

Making sure I talk with the special educator on a regular basis, be it once a week, sometimes it would be daily depending on the child, sometimes it would be once a week that I was consulting with them, making sure that we are on the same page.

Participant 3 felt being close in distance to the SPED teacher is helpful:

Luckily one of the special education teachers is right across the hall from me, so I think proximity really helps. I often pop my head in there.

Participant 9 added:

It is mandated at our school we have to have meetings more than that, the way the school it set up, the entire fifth grade has a meeting every four days. Were set up on an ABCD schedule so like on A days if administration has something to talk to is about we have a meeting and a lot of the time times they don't. But when they do they know where together and where to find us, that sort of thing. B days is special education meetings, but very often the special educator is in the room with us, regardless whether or not it is that time. C days are for the math and literacy team – yeah there is a huge amount of collaboration built into the school's infrastructure, which is super useful...I mean we have way less prep time and we are on an extended day, but it's totally worth it and I don't mind that at all!

## **IEP Meetings**

Two participants reported good communication with the overall IEP process. A more common theme was having pre-meetings and reviewing IEP material before and after student assessments. One teacher reported that the IEP process helped her to get to know the psychologists and the school social worker better and that she appreciated their help and advice with certain students.

Participant 5 felt that the school's IEP process was conducted well:

We get a copy of their IEP, we go to the meetings, we have an annual meeting every year that we go to with the parents, and all of the teachers who work with the student with come and the special education office has a coordinator who listens to everybody's reports and she takes notes and then the notes are then typed up and put into goals.

Participant 7 explained:

You do the various levels of RTI before you do the evaluation process. Once you have gotten through RTI and have gone through the various stages. The decision that more testing is warranted, so you can have a more complete look at the child, I would work closely with the teachers to administer the test to let them know what my concerns were – usually that would involve possibly the psychologist to look at learning potential and strengths. Certainly, the speech and language therapist is a phenomenal resource to me and educational specialist; the Learning Center teacher too, because she would be doing the testing. So I would speak to all them, give them a sense of my concerns.

Participant 2 seemed to feel that multiple meeting times a week with the IEP team is important:

We have two team meetings with the teachers in the team, and usually the social worker or a guidance counselor that will sit in on our meetings and basically we have to discuss

our special Ed students or ESL students or students that are being brought up to RTI, which is the special Ed process, so we have to meet twice a week and can discuss strategies that we are implementing into our classroom and discuss what is working and what is not working, and this is very helpful.

Further, participant 4 talked about the importance of collaboration:

So in some ways the collaboration and accommodations that exist with the children are good.

Finally, participant 3 talked about the fact that these meetings are useful:

IEP meetings are really helpful as far as a specific sit down.

Results from findings provide evidence that teachers do use supportive practices in their classroom setting, which exemplifies that students with an LD who are on an IEP are privy to supportive and positive strategies when learning. Key findings in this chapter include the teachers' willingness to incorporate practices that support all students, specifically students with an LD, in their classrooms. Contrary to a teachers' willingness is the inherent struggle to overcome the barriers and limitations when utilizing practices. To that end, findings provide data that compares well to literature findings from the literature review. The purpose of this study is to explore the environment that positively supports children with an LD in their classroom. Further description, implications for social work practice and limitations of the study will be discussed in the Chapter V.

## CHAPTER V

### Discussion and conclusion

The purpose of this qualitative study was to explore elementary school teachers' classroom environments, specifically, to develop an understanding of the practices used in their classroom that support students with a learning disability diagnosis who are on a IEP. The study elicited participants' enthusiasm and frustrations with the utilization of these practices. This study examined the barriers and limitations and personal and professional perspectives that either guided or restricted their ambitious attempts to provide a supported and positive classroom experience for all of their students. Further, this study revealed that there is a fine balance between utilizing practices of support for non-LD non-IEP students with the students who have an LD and are on an IEP. Study findings provide rich data for clinical social workers, school social workers and psychologists who work with individuals who have a learning disability. This study should broaden the horizon for therapists and interventionists in helping improve and develop stronger interventions and better collaborative models as part of their work with clients who have an LD diagnosis. This research sought to expand on current clinical techniques in order to improve child advocacy, independence, and school and family therapy models.

Understanding that the classroom environment is a place where children spend a majority of their day is valuable information necessary for clinical assessment, treatment planning, program planning and implementation of empowerment models. Salient findings include the following: all participants utilized supportive practices; there are barriers and limitations to using these practices that directly contradict the purpose of implementing supportive practices in the classroom; collaborative efforts in schools do provide support and strengthen the incorporation of supportive practices in the classroom. Following this discussion will be implications for social

work practice and research, the limitations and strengths to this study, and a summary will conclude this chapter.

The findings show that supportive classroom practices were being utilized by all participants. Some participants implemented more support than others, thereby spending more time and energy in finding successful tactics and solutions that create a more positive and supportive learning environment. It is clear from the findings that the majority of study participants worked carefully and tirelessly in implementing these practices. Practices such as differential learning, small group work, and teaching children life skills such as organization and time management were used or considered by all participants.

However, this study also revealed the barriers and limitations that participants encountered when they utilized these supportive practices, further limiting the teacher's ability to provide a consistent learning environment for students. These barriers directly contradicted the initial purpose of the supportive practices causing participants to feel frustrated. The most salient finding was the participants' desire to receive more support in the classroom in order to be more successful in implementation of these practices. All participants expressed this need and pointed out the lack of extra support in the classroom as problematic. A majority of participants expressed their need for more SPED services, co-teaching, and better planning. To this extent participants expressed a need for greater parent or guardian participation. Participants highlighted this as a challenge that is often difficult to manage on their own; however, all participants expressed the benefits of parent or guardian participation when integrated within supportive practice models. Also of importance was the finding that participants who utilized more supportive practices had also been working in a school that used collaborative models. A

team model was found to be beneficial piece to incorporating supportive practices which resulted in a decreased burden when practices faced barriers or limitations.

Collaborative and team models aligned well with the literature findings. Results from findings provide evidence from participants who worked in schools where there were more supports in place for the teachers; in this case the teacher was able to provide more support for students with an LD who are on an IEP in their classrooms. Findings from the literature review support the utilization of collaborative and team models increasing supportive and positive classroom environments for students with an LD. Abernath and Taylor (2009) Mishna and Muskat (2004) and Meltzer, Reddy, Pollica, Roditi, Sayer and Theokas (2004) report that supportive educators and a positive school experience contribute to a child's educational well-being and ultimately a child's positive self-concept. However, teachers are not always skilled in producing these positive results. In fact, teachers struggle delivering supportive practices in the classroom because of poor planning, time management, increased standards of teaching, increased demands on both the teacher and the students caused from accelerated curriculum, state testing and most often noted the lack of extra support in the classroom setting. These struggles are adversarial to the implementation of these practices and contradict the necessary supportive practices needed to increase any student's ability to learn in an inclusive classroom setting.

Common findings include SPED using a pull-out<sup>2</sup> model rather than the student receiving SPED services inside the classroom. Participants found that while SPED services were necessary and important for students with LD, that this process was distracting for the students on the IEP, and the teacher. Other findings in which participants worked in a school setting where SPED

---

<sup>2</sup> A pull- out model is a term used by participants when they explained special education services that were implemented outside of the classroom. Students would leave the inclusive setting to work one-on-one or in a small group setting with the SPED teacher in a room designated to this service.



used a pull-in<sup>3</sup> model. Participants whose school used this model felt that student roster size to be too large which was inconvenient often causing distractions in the classroom such as the high volume of noise during small group instruction, the space in the classroom itself was also seen as a barrier which created distractions for all parties as well. Whether participants worked in a school that used either a pull-out model or a pull-in model, all participants felt SPED for students with an IEP could be better organized if a collaborative or team model was in place or better structured. Some participants ate lunch with other teachers who taught the same grade, other participants met with the SPED teacher on a need to basis, yet a striking finding was that when schools did implement a collaborative or team model within their school structure participants felt the utilization of supportive practices to work better then when compared to schools who did not use a collaborative or team model. Participants felt there was more time for planning, creating, accommodating these services and that communication with other teachers, SPED, and school administration was more supportive and better organized than without. Research from

Mishna and Muskat (2004) believe that collaborative school-based intervention models have promoted “change in individual students and fostered improved understanding of learning disabilities by these students, their parents, teachers, and school-based social workers” (pp.145-146). Abernathy and Taylor, (2009); Bos, Nahmias and Urban(1999); Ripley, (2008); Meltzer, Reddy Pollica, Roditi, Sayer, and Theokas, (2004); and Newman,(2008) all write that a teacher’s ability to implement strategies and practices into the classroom provide for a more supportive classroom environment for all students especially students with an LD who are on an IEP. In particular, Ripley (2008) who writes:

---

<sup>3</sup> A pull-in model is a term used by participants who worked in schools where special education services were delivered to students inside the classroom. SPED teachers would come to the class during a specific time to work in small groups and sometimes one-on-one with students who had SPED services. Students typically do not miss core content learning with the pull-in model.

[c]ollaboration involves commitment by the teachers who will be working together, by their school administrators, by the school system, and by the community. It involves time, support, resources, monitoring, and, above all, persistence. However, the biggest issue is time—for planning, time for development, and time for evaluating. Planning should take place at the district and the building levels, as well as at the classroom level (p.2.)

There is much emphasis on teachers utilizing supportive practices in their classroom; however, successful implementation of collaborative or team models is something this study reveals as a work in progress for which further research is needed to compile solutions for successful implementation.

With regard to best practices, participants discussed the practices they utilize in their classroom; practices have been created, implemented and enhanced because not all practices are beneficial. The State Education Resource Center (SERC), write that “best practices” are what works in a particular situation or environment (Best practices in Education, 2012). What SERC research promotes is an integration of professional wisdom with the best available empirical evidence in making decisions about how to deliver instruction; however, this was not the case for participants in my study (Best practices in Education, 2012). The SERC writes that educators should utilize empirical data to create an environment that is specific and transparent for students and their parents. Participants in this study utilize daily logs, journals, behavior charts, email exchange and homework logs to stay in communication with students and their parents (Best practices in Education, 2012). Participants responded that they used what works and that most of the practices they utilized in the classroom have been suggested to them by other teachers, special education teachers, or by the school district. In fact, it was not empirical research,

evidence-based research, or professional development trainings that taught teachers best practices. Participants explained that they learned from their own classroom experience and from what other teachers used and had found successful: this is what determined the practices they used in their classroom. Participants reported having professional development trainings; however, trainings were not specific in training teachers about best practices or supportive practices. Participants were not trained specifically to teach students with an LD who are on an IEP in an inclusive setting; if any training was provided, participants said it was about common core curriculum, state testing, achievement and student assessments, or behavior intervention.

The majority of participants did encourage students to be more accountable and responsible students. Participants felt that there were limitations to teachers implementing practices successfully and consistently in their classroom –barriers such as scheduling a student’s writing, reading, math SPED services were problematic for participants teaching in a school with a pull-out model. The findings show that when participants did implement best practices more successfully it was because their school utilized a pull-in model for SPED services, which correlated with the research from the SERC and the US Department of Education.

Further findings reveal how participants perceive their students with an LD as hard working when they have more confidence and determination, which is a similar finding to Metzler (2004) whose research compares LD and non-LD students who are motivated and willing to work to LD and non-LD students who are unwilling and lacking in motivation. Findings show that certain participants view the IEP and special education services to be somewhat helpful but also somewhat of a “crutch” for students with an LD. Participants explained that the IEP services and special education services do not promote enough self-determination which becomes problematic in the classroom when there are no special education

teachers or teacher's assistants present. This was an interesting finding in that participants felt students became unmotivated and unconfident especially when learning new material without the encouragement, guidance or support from their special education teacher in the room.

Another finding that could hinder a student's positive academic self-perceptions was research according to Metzler et al. (2004) who stated that planning and scheduling special education services often times clashed with the positive support practices that were initiated to promote academic success and limited a student's ability to stay organized, on task and to feel included within the classroom environment. It is possible that the discrepancy in inclusion models within the school can cause students with an LD frustration and to feel excluded from the majority classroom environment. It is not clear if students feel this way throughout the whole day or just during transitions from classroom to special education services. These findings are of particular interest to my study because they highlight how the classroom environments is constructed; frustration and disorganization can lead one mirroring their chaotic social environment causing feelings of exclusion and sometimes ostracization.

This study did not research a student's personal reflection of their classroom environment, it is only an assumption that students with an LD feel socially and emotionally different compared to non-LD students. Because research does focus on the teachers lived experience, participants were asked to talk about their observations of students during this transitional period. Participants noted that students felt frustrated and overwhelmed. Participants highlighted their own frustrations as teachers when their students with an LD come into a lesson or activity without a specific agenda. This is often distracting for teachers and to the students and creates a disorganized, unsupportive environment for students at different times of the day. Participants did note that children with an LD who were motivated were often seen as

persevering; this perseverance in a student instills the ability to take initiative and ask questions or help with directions as an attempt to include themselves within the lesson to be part of the class. Participants did not blame the lack of motivation on the students per se, but more on the systemic barriers, poor collaboration, limitations in resources and support.

The findings show that most participants worked in schools that used a pull-in model and less than half of the participants worked in schools that used pull-out model or both. The striking difference was that participants reported that the pull-in model was less distracting, provided more organization for students and teachers, and created a more inclusive learning environment that enabled teachers to adequately structure the class when using supportive practices more so than the participants who worked in a school that used a pull-out model. Participants explained the necessity for a pull-in model because of the various distractions and limitations that a pull-out model creates; overall findings reveal that a collaborative and more conducive system to carry out both regular education and special education services is needed to promote supportive classroom practices for students with an LD who are on an IEP. The study findings complement much of the evidence-based literature and empirical research discussed in the literature review. Participants acknowledged the inconsistency in the quality of services that support students with an LD. Participants voiced concern about the lack of or limits to services when implementing practices to support students with an LD who are on an IEP.

This study's findings are similar to what McLeskey and Waldron (2010) write about current “[f]indings suggest that both inclusive and resource programs can be used to improve academic outcomes for elementary age students with an LD, if high-quality instruction, designed to meet individual student needs is delivered in these settings” (p. 49). McLeskey and Waldron (2010) write that “[c]hanges are needed to meet the needs of students with LD and improving

instruction in the general classroom... [t]hat the development of effective, inclusive schools requires that the entire school community engage in comprehensive, long-term school change activities” (pp .53-54). McLeskey and Waldron not only go into discussion about the need for high-quality instruction and design but the implementation of collaborative models such as general and special education teachers working together to promote school-wide change to address improving academic outcomes for all students across both general and special education settings (2010, p.54). McLeskey and Waldron (2010) also write that:

[u]niversal supports are provided in the general education classroom with the entire class and benefit all students... such as differentiated instruction, providing a wide range of reading materials in the classroom... targeted supports are used to benefit students who struggle with learning basic academic skills and may include support such as explicit instruction in small groups, peer tutoring, or extended opportunities for guided practice...[m]ore specialized supports such as explicit teaching of specific skills in small groups or one-to-one, and the use of evidence-based instructional materials and programs” are needed to provide high-quality instruction (pp. 53- 55).

McLeskey and Waldron (2010) conclude their study by reminding us that original idea of an inclusive setting for students with an LD seemed well-designed but “have not proven sufficiently malleable to offer the high-quality, intensive instruction needed by most elementary students with LD to achieve desired educational outcomes” (p.54). Whereas the research for this current study focuses on a teachers struggles in providing high-quality instruction and supportive practices to all students McLeskey and Waldron’s study focuses on the special education teachers struggle to provide high-quality instruction to students who have a LD diagnosis (2010, p.55). Similarly my study, McLeskey and Waldron’s study highlights the need for further

research to find approaches that combine supportive practices in inclusive programs and that further investigation for more effective models of multitier instruction be used in schools, however these practices and models must be proven as effective in their delivery, otherwise they will not provide adequate results (2010, p.55).

### **Implication for Social Work Practice and Policy**

Further research is needed in finding collaborative and team models that work well and efficiently within the school setting. Even though findings suggest that collaborative models support teachers with the implementation of supportive practices, study findings also reveal the many flaws that still exist because of improper planning, limited funding in public schools, and the lack of communication between school providers. Because most of the research findings reveal systemic problems, research into public education and elementary school education policy and regulations should be further investigated. It is clear that the implementation of IDEA 2004 and RTI conflict with the 2001 No Child Left Behind Act and Common Core Standards. In order for an inclusion program to work successfully in an elementary school setting, certain steps must be taken to strengthen the implementation of the services provided to children who receive an IEP. Steps also must be taken to support teachers in their classroom so that they may support their students with an LD who are on an IEP more effectively. McLeskey and Waldron (2010) noted that the special education teachers receive more support from the school with regard to planning and implementation of adequately designed school-based collaborative models. While this study uses qualitative research and explores teachers' perspectives, there is still need for qualitative research that explores the perspective of children who have LD who are on an IEP. It is important to understand how these children perceive their academic environment. This would be an interesting and important resource for the field of social work and elementary school

education in understanding how children with LD perceive their classroom environment. To that end, exploration on whether or not children with LD mirror the frustrations and feelings that their teachers have when barriers and limitations to supportive practices happen is also an implication for further research.

### **Limitations and Strengths of Study**

Major limitations to this study were recruiting participants and scheduling interviews with participants. I spent a tremendous amount of time emailing and calling participants to the point of desperation so that they could agree to the terms of the study. Participants wanted to participate because they felt that this study was of importance; however they expressed their limited time and energy to make the commitment. Another limitation to this study was the timing of the recruitment. The recruitment for this study was parallel to the time of the year when teachers are preparing students for state testing. I would suggest that future researchers be mindful when recruiting teachers, students, or parents or guardians for research participation prior to or after the months of January, February and March of the academic school year.

The strengths of this study were apparent in that after interviews were conducted participants were thankful and expressed gratitude for participating in this research. Teachers often feel alone in the classroom, their participation in this study provided them with an opportunity to exchange their observations and lived experiences as an elementary school classroom teacher. They also felt they had the opportunity to share concerns about their efforts towards an inclusive classroom setting. Because participants had the opportunity to speak about their experience they were able to share thoughts and views that they have never fully articulated with other professionals, for example many participants do not have a full understanding of what children with an LD need in terms of a positive learning environment, it would be interesting to



follow up with participants to see if their roles have changed, as many of them voiced ideas for better teaching for children with LD in their classrooms.

### **Conclusion**

The intention of this study was to have a better understanding from the lens of the teacher what the classroom environment is like for children with an LD. It was important to understand the types of supports and positive strength-based interventions that were being implemented in classroom settings that provide an adequate learning environment for these children. School social workers, clinical independent social workers and psychologists only get glimpses of what the classroom environment is like. Thus their bias often plays into what they perceive this environment to be, which could be different from what the environment actually is. It was due to my work with children over the past five years and my own struggles with learning in classroom environments that I felt compelled to do this research. Exploring and further understanding the children's learning environment is essential to professionals and the work they do with these individuals and their families. I am reminded by what Carolyn Taylor (2004) indicates in that clinicians must eliminate bias by better scrutinizing evidence-based research in the theoretical assessment of clients. Clinicians will then begin to not only see their client's problems but their strengths as well.

The most compelling finding from this research was that the teachers' effort to support LD students was present, but barriers and limitations to these supportive practices and school-wide planning diluted provision of an adequate and positive classroom environment for children with an LD who are on IEP. It is my hope that clinicians work towards the larger systemic barriers and limitations so that children and teachers are provided adequate means to engage in a positive and enriched classroom environments. At the micro level it is my hope that clinicians

can work with children and their families to initiate client advocacy and help to instill self-determinism and a better sense of self for the child and the child's family members.

## References

- Abernathy, T., Taylor, S. (2009). Teacher perceptions of students' understanding of their own disability. *Teacher Education and Special Education*, 32(2), 121-136.
- Anastasiou, D., Kauffman, M. J.. (2011). A social constructionist approach to disability: implications for special education. *Council for Exceptional Children*, 77(3), 367-384.
- Averill, H. O., Rinaldi, C. (2011). Multi-tier system of supports. *Essentials on Education Data and Research Analysis*, 91-94. Retrieved from [www.DistrictAdministration.com](http://www.DistrictAdministration.com).
- Borelli, J. L., Crowley, M. J., David, D. H., Sbarra, D. A., Anderson, G. M., & Mayes, L. C. (2010). Attachment and emotion in school-aged children. *Emotion*, 10(4), 475-485.
- Bradley, R., Danielson, L., & Doolittle, J. (2005). Response to Intervention. *Journal of Learning Disabilities*, 38(6), 485-486.
- Burns, M. S., Bodrova, E., and Leong, D., J. (2002) Vygotskian theory. *Encyclopedia of Education*. Ed. 7, 574-577. James W. Guthrie. New York.
- Davies, D. (2011). *Child development: A practitioner's guide*. New York: The Guildford Press.
- Doyle, M. (1997). Beyond life history as a student: preservice teachers' beliefs about teaching and learning. *College Student Journal*, 31. (4), 519-524.
- Elksnin, L. K., and Elksnin, N. (2000). Teaching parents to teach their children to be prosocial. Retrieved from [www.ldonline.org/article](http://www.ldonline.org/article)
- Federal Register. (2007). Improving the academic achievement of the disadvantaged; individuals with disabilities education act (idea)—assistance to states for the education of children with disabilities. *Federal Registration Rules and Regulations*, 72, (67), 17748-17778.
- Fuerst, D. R., and Rourke, B. P. (1995). Psychosocial functioning of children with learning disabilities at three age levels. *Child Neuropsychology*, 1(1), 38-55.
- Greenham, S. L. (1999). Learning disabilities and psychosocial adjustment: a critical review. *Child Neuropsychology*, 5(3), 171-196.
- Gredler M., E. (2002). Vygotsky, Lev (1896-1934). *Encyclopedia of Education*. Ed. 7, 2658-2660. James W. Guthrie. New York.
- Hamilton, B. S. (2011). How do elementary school children learn? *The Learning Project*, Retrieved from <http://www.parktutor.org/about/pages/learning-project.aspx>

- Heyman, W. B. (1990). The self-perception of a learning disability and its relationship to academic self-concept and self-esteem. *Journal of Learning Disabilities*, 23 (8), 472-475.
- Higgins, E. L., Raskind, M. H., Goldberg, R. J., & Herman, K. L. (2002). Stages of acceptance of a learning disability: The impact of labeling. *Learning Disability Quarterly*, 25, 3-18.
- Higgins, A., Rinaldi, C. (2011). Multi-tier system of supports. *Research Center Essentials on Education Data and Research Analysis*, 91-94.
- Kessenich, M., Morrison, F. J. (2002). Developmental theory. *Encyclopedia of Education*. Ed. 2, 561-577. James W. Guthrie. New York.
- Klotz, M., B. and Canter, A. (2007). Response to intervention (RTI): A primer for Parents. Retrieved from [www.ldonline.org/article/15857/](http://www.ldonline.org/article/15857/)
- LD Online. (2013). Learning Disabilities: An overview. Retrieved from [www.ldonline.org](http://www.ldonline.org)
- LD Online. (2013). Learning Disabilities: IDEA partnership. Retrieved from [www.ldonline.org](http://www.ldonline.org)
- LD Online. (2013). Learning Disabilities: IDEA regulations. Retrieved from [www.ldonline.org](http://www.ldonline.org)
- MacMaster, K., Donovan, L. A., & MacIntyre, P. D. (2002). The effects of being diagnosed with a learning disability on children's self-esteem. *Child Study Journal*, 32(2), 101.
- McLeskey, J., and Waldron, N. L. (2011). Educational programs for elementary students with learning disabilities: can they be both effective and inclusive? *Learning Disabilities Research and Practice*, 26(1), 48-57
- Meltzer, L., Reddy, R., Pollica, L., Roditi, B., Sayer, J., Theokas, C. (2004). Positive and negative self-perceptions: Is there a cyclical relationship between teachers' and student' preceptins of effort, strategy use, and academic performance? *Learning Disability Research and Practice*, 19 (1), 33-44.
- Meltzer, L., Katzir, T., Miller, L., Reddy, R., & Roditi, B. (2004). Academic Self-Perceptions, Effort, and Strategy Use in Students with Learning Disabilities: Changes Over Time. *Learning Disabilities Research & Practice*, 19(2), 99-108. doi:10.1111/j.1540-5826.2004.00093.x
- Mishna, F., Muskat, B. (2004). School-based group treatment for students with learning disabilities: A collaborative approach. *Children and School*, 23(3),135-150.
- Mishna, F. F., Muskat, B. B., and Wiener, J. J. (2010). "I'm not lazy; it's just that I learn differently": Development and implementation of a manualized school-based group for students with learning disabilities. *Social Work with Groups*, 33(2-3), 139-159.

- Newhall, P. W. (2008). Organizational skills for students with learning disabilities: The digital master filing system. Retrieved from [www.LdOnline.org](http://www.LdOnline.org)
- Landon, T. and Oggel, L. (2002). Lazy Kid or Executive Dysfunction? Retrieved from [www.LDOnline.org](http://www.LDOnline.org)
- Palombo, J. (1994). Incoherent self-narratives and disorders of the self in children with learning disabilities. *Smith College Studies in Social Work*, 64(2), 129-152.  
doi:10.1080/00377319409517405
- Ripley, S. (1997). Collaboration between general and special education teachers. Clearinghouse on Teaching and Teacher Education. Washington, DC.
- Rubin, A., & Babbie, E. (2013, 2011). Essential research methods for social work. Brook and Cole Cengage Learning. Belmont, CA.
- Sousa, D., A. (2007). How the special needs brain learns. Thousand Oaks, CA: Sage Publications Company.
- State Education Resource Center (SERC). (2012). Best practices in Education: What is best practice? Retrieved from <http://ctserc.org/s/>
- Taylor, C. (2004). Underpinning knowledge for child care practice: Reconsidering child development theory. *Child & Family Social Work*, 9(3), 225-235.
- Tournaki, N. (2003). The differential effects of teaching addition through strategy instruction versus drill and practice to students with and without learning disabilities. *Journal of Learning Disabilities*, 36(5), 449-458
- Tsatsanis, K. D., Fuerst, D. R., & Rourke, B. P. (1997). Psychosocial dimensions of learning disabilities: external validation and relationship with age and academic functioning. *Journal Of Learning Disabilities*, 30(5), 490-502.
- Vaughn, S., Linan-Thompson, S., and Hickman, P. (2003). Response to intervention as a means of identifying students with reading and learning disabilities. *Exceptional Children*, 69, 391– 409.
- Waid K., B. and Mcnerney, R., F. (2002). Teacher. Encyclopedia of Education. Ed. 7. James W. Guthrie. New York.
- Washburn, E. K., Joshi, R., & Binks-Cantrell, E. S. (2011). Teacher knowledge of basic language concepts and dyslexia. *Dyslexia*, 17(2), 165-183.
- Weishaar, P, M. (2010). What's new in...Twelve ways to incorporate strengths-based planning into the IEP process. *The Clearing House*, 83 (6), 207-210.

Whitmire, K., Spinello, E., and Clausen, R. (2002). Speech and language impairment, education of individuals with. *Encyclopedia of Education* Ed. 6. 2295-2297. James W. Guthrie. New York.

Wormeli, R. (2003). Differential Instruction: A modified concerto in four movements. Retrieved from: [www.ldonline.org/article](http://www.ldonline.org/article)

**Appendix A:**  
**HSR Approval Letter**



School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

February 6, 2013

Chelsea Dann

Dear Chelsea,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your study.

Sincerely,

A handwritten signature in cursive script that reads "Marsha Kline Pruett" followed by a flourish.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.  
Vice Chair, Human Subjects Review Committee

CC: Elaine Kersten, Research Advisor

**Appendix B:**  
**Informed Consent Form**

Dear Participant,

My name is Chelsea M. Dann and I am a graduate student at the Smith College School for Social Work (SSW). I am conducting research for my Master's thesis, which explores how teachers work with children who have a Learning Disability (LD) diagnosis. For the purpose of this study, I will ask about practices used by second, third, fourth and fifth grade teachers that support the learning experience of children who have an LD diagnosis. The implications for this research are that it will be beneficial to interventionist program development for both the school social workers and clinical social workers who work with individuals who have been diagnosed with an LD during their school experience. This research is being collected for use in a Master's thesis project and in future presentations and potentially for publication.

The criteria for being included in the study are: a classroom teacher with an education degree; work in a public elementary school that is located in the northeast regions of the United States; a classroom teacher for students in grades two, three, four, or five; either currently working or recently retired from this position; work with students who have a learning disability and who are on an Individual Education Program (IEP); place of work must follow the Individuals with Disabilities Education Act of 2004 (IDEA).

The benefits of participating in this research study include opportunities to share your successes in facilitating the education of children with a learning disability diagnosis. Participating in this study could provide for a fruitful conversation that could encourage you to further enhance your work with students who have a learning disability diagnosis. This is considered low risk participation, I have included a list of references and articles in case you want to follow up and learn more.

As part of your participation you will be asked to fill out a participant information sheet and participate in a thirty to forty-five minute interview. You will be asked to review and sign this letter of consent. The interview will be recorded and later transcribed into a confidential secure file. It is with my best intention to safeguard all identifying information and promise that this information will be held in confidence.

To ensure that your confidentiality is protected, I will use an identification code and use this code on all records and written transcripts. To ensure that the data collected stays confidential I will place the audio recorder, transcription, and other intake data in a secure location or in a password protected computer file. This signed letter of informed consent will be stored in a secure location separate from other materials for Federal Regulation. I ask that you not discuss the name of a student, or the name of any person who is related to the student, or the name of the school during the interview process. If a student's name is disclosed, it will be removed from the transcription process. The Smith School for Social Work has appointed a Research Advisor to



work with me on this process; she will have access to this data only after identifying information has been removed.

Participation is voluntary and you are allowed to refuse to answer any question. If you wish to withdraw from the study after you have participated you must contact me before April 15, 2013 in writing via email XXXXXXXXXXXX@gmail.com.

This deadline is necessary because my data collection must be finalized by this date. If you choose to withdraw, the information you provided during the individual interview will be deleted immediately. Your input would then not be used in my research. If you have any concerns about your rights or about the aspect of the study, I encourage you to call me at (XXX) XXX-XXXX or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

Sincerely,

Chelsea M. Dann  
MSW Candidate 2013

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICPATE IN THE STUDY.**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher's Signature \_\_\_\_\_ Date \_\_\_\_\_

Chelsea M. Dann  
(XXX) XXX-XXXX  
XXXXXXXXXXXX@gmail.com

**PLEASE HOLD ONTO A COPY FOR YOU PERSONAL RECORD  
Your participation is greatly appreciated. Thank you for your time.**

**Appendix C:**  
**Recruitment Email**

Dear Friends and Colleagues,

I am a graduate student at the Smith College School for Social Work. I am writing you today to ask you to participate in a thirty to forty-five minute interview. I will be asking you questions about the practices you use in your classroom to support students who have a learning disability diagnosis and an Individual Education Program (IEP).

My study will explore practices used by teachers to support children with a learning disability in their classroom. By participating in my study you will be helping me learn about these classroom practices. This research is a requirement for completion of my Master of Social Work degree at the Smith College School for Social Work.

Please contact me if you meet ALL of the following criteria:

- You are a classroom teacher with an education degree
- You work in a public elementary school that is located in the northeast regions of the United States
- You are a classroom teacher for students in grades two, three, four, or five
- You currently hold this position or have recently retired from this position
- You work with students who have a learning disability and who are on an Individual Education Program (IEP)
- Your place of work follows the Individuals with Disabilities Education Act of 2004 (IDEA).

If you meet the criteria for participation, I encourage you to take part in my study. If you are interested please contact me via email at [XXXXXXXXXXXXXXXX@gmail.com](mailto:XXXXXXXXXXXXXXXX@gmail.com) or Facebook message me at XXXXXXXXXXXXX. If you know teachers who work in a public elementary school in the northeast region of the United States who might fit participation criteria please forward them this email. Forwarding this email to other potential participants is most helpful. I thank you in advance for your assistance.

Participating in this research could give you an opportunity to share your best practices for teaching students with a learning disability. You will have an opportunity to reflect on your lived experience working with students who have a learning disability diagnosis in an elementary school setting. Once you become a participant all information that you provide will be confidential and safeguarded for your protection.

If you are interested and fit the recruitment criteria for this study please email or FB message me with your contact information so that I may continue the participant recruitment phase.

Email: [XXXXXXXXXXXXXXXX@gmail.com](mailto:XXXXXXXXXXXXXXXX@gmail.com) FaceBook: XXXXXXXX

**Please forward this letter to someone who might be interested in participating!**

Thank you for your time, support and interest in my research study!

Sincerely,

Chelsea M. Dann

MSW Candidate, Smith College School for Social Work

**Appendix D:**  
**Participant Information Sheet**

Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_

Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

Professional Title \_\_\_\_\_

Education History \_\_\_\_\_

Professional Experience \_\_\_\_\_

Circle One:    Urban Setting    Suburban Setting                      Rural Setting

Number of Years Employed at a Public Elementary  
School \_\_\_\_\_

Detail of Current Role(s) with Student's:

---

---

---

---

---

---

Further Information (Optional):

---

---

---

\*\*\*\*\*

**The information provided on this sheet is confidential. Securing you identification is a priority. This sheet will be used for the purposes of demographic data analysis and will be kept in a locked safe. When this material is no longer needed it will be destroyed. Thank you for your time and your participation.**

## Appendix E:

### Interview Questions

The interview will consist of four open-ended questions that are meant for an exploration of a teachers lived experience when working with students who have a learning disability.

Participants will be asked:

1) What are the practices you use in your classroom for children who have a learning disability diagnosis?

**Prompt:**

What has worked in creating a positive school environment for students with a learning disability?

2) Are there barriers or limitations to these practices?

**Prompt:**

What is it like working with these practices? To you find they work? Why or why not?

(3) Do you collaborate in implementing these practices and if so with whom and how?

**Prompt:**

If not do you find it would be beneficial and why? If so, can you give me a sense of what this is like? How is it for you to work with other educators, or consulting with the student's family? Overall, what is this process like for you?

(4) Do you have other comments about practices to support students with an LD?

**Prompt:**

This is an opportunity for you to give input on the subject. This is an open-ended question. This question is meant to engage for a more fruitful conversation before the interview ends.