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EFFECTS OF CLASSROOM SETTING ON  
SELF-ESTEEM IN LEARNING DISABLED STUDENTS

BY

DREMA GALE MOODY  
B.A., University of South Florida, 1980

THESIS

Submitted in partial fulfillment of the requirements  
for the Master of Science degree in Clinical Psychology  
in the Graduate Studies Program  
of the College of Arts and Sciences  
University of Central Florida  
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## ABSTRACT

This study investigates the self-esteem of learning disabled students required to attend learning disabilities classes. Subjects were 35 7th- through 9th-grade, male and female learning disabled (LD) students. Nineteen of the subjects attended at least one resource LD class while the other 16 subjects attended mainstream classes. These groups were matched on intelligence quotients (Wechsler Intelligence Scale for Children-Revised) and reading comprehension standard scores (Peabody Individual Achievement Test) so that no significant differences between the groups, on these measures, existed. The Tennessee Self-Concept Scale (Fitts, 1965) was administered to all subjects, along with the closing question, "Does attendance in learning disabilities classes affect how much you like yourself?". The results indicated that age, sex, and LD class attendance, do not affect the self-esteem scores of junior high learning disabled students (ANOVA,  $p > .05$ ). Thus, the hypothesis that LD class attendance affects the self-esteem of junior high school learning disabled students was negated. A majority of subjects also verbally support the notion that LD class attendance does not affect self-esteem. Further research is indicated with female learning disabled subjects because results were close to being significant.

This study is dedicated to my father, Eric Moody, my husband, Randall Walker, and my family who have been a constant source of nourishment for my self-esteem.

#### ACKNOWLEDGMENT

In appreciation of the Research Department, students, and teachers of Orange County, Florida, for their diligent cooperation in this project.

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## INTRODUCTION

Self-esteem is a complex concept to study due to vagueness and inconsistency in definition, development, measurement, terminology, and theoretical perspectives. The complexity of the terminology is evidenced in the many synonyms found in the literature.

A sample of related names might include such terms as self-love, self-confidence, self-respect, self-acceptance (or -rejection), self-satisfaction, self-evaluation, self-appraisal, self-worth, sense of adequacy or personal efficacy, sense of completeness, self-ideal, congruence, ego or ego strength (Wells and Marwell, 1976, p. 7).

Other synonyms include dominance feeling, self-sentiment, ego ideal, and most frequently used, self-concept. This entangled variety of vocabulary makes reasearch complicated and cumbersome (Robertson, 1978).

An assortment of definitions incorporate theorists' perspectives and subsequent biases. Factors addressed in self-concept and self-esteem definitions include cognitions, its interpersonal nature, memory, and psychological development from infancy. The hypothesis that the self-concept is active in memory was tested and results supported the notion that the self can be seen as a cognitive structure with both a memory component as well as the ability to evaluate incoming information (Rogers, T. B., 1977).

Corsini (1973) explains the viewpoint that self-concept develops from infancy as the individual learns to discriminate and "own" environmental experiences. As the child's awareness of his own being and functioning develops, he acquires a sense of self made up of the experience of his own being and functioning within his environment. This is referred to as his developing self-concept. Rogers sees this as a dynamic process strongly dependent on the individual's perception of his experiences, which is influenced by his need for positive self-regard, self-actualizing tendencies, and perceived conditions of worth.

More generally, Schilling and Weinstock (1975) define self-concept as a complex system of conscious beliefs which an individual holds about himself, reflecting his relationship with his environment. Mussen, Conger, and Kagan (1974) provide a general definition which allows for the subjective nature of self-esteem and yet recognizes that presently the only measure or estimate of it comes from measures of overt behavior. "self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself. It is a subjective experience which the individual conveys to others by verbal reports and overt expressive behavior" (p. 429).

Coinciding with this definition, Robertson (1978) describes self-esteem as an individual's evaluation of



himself with his verbal and overt behavior being the best estimate of that personal evaluation.

Burns (1979), on the other hand, sees self-concept as an organization of self-attitudes exemplified in the hierarchy of Figure 1. He explains that the self-concept combines:

(a) self-image -- what the person sees when he looks at himself; (b) affective intensity -- how strongly the person feels about these various facets; (c) self-evaluation -- whether the person has a favorable/unfavorable opinion of various facets of that image; (d) behavioral predisposition -- what the person is likely to do in response to his evaluation of himself (p. 58).

Self-esteem is the process in which the individual examines his performance, capacities, and attributes according to his personal standards and values, which have been internalized from society and significant others. These evaluations promote behavior consistent with the self-knowledge.

Research has attempted to define and dimensionalize the self-concept. In a theoretical approach similar to the debates on the meaning of intelligence, Soares and Soares (1977) attempted to determine whether the self-concept is a general factor which explains specific selves, whether it connotes a hierarchical structure described by Burns, or whether it is best described in a taxonomic system. They suggest the last approach with distinct self-perceptions emerging from a schema of minimal correlates, although classifications and definitions remain contradictory.

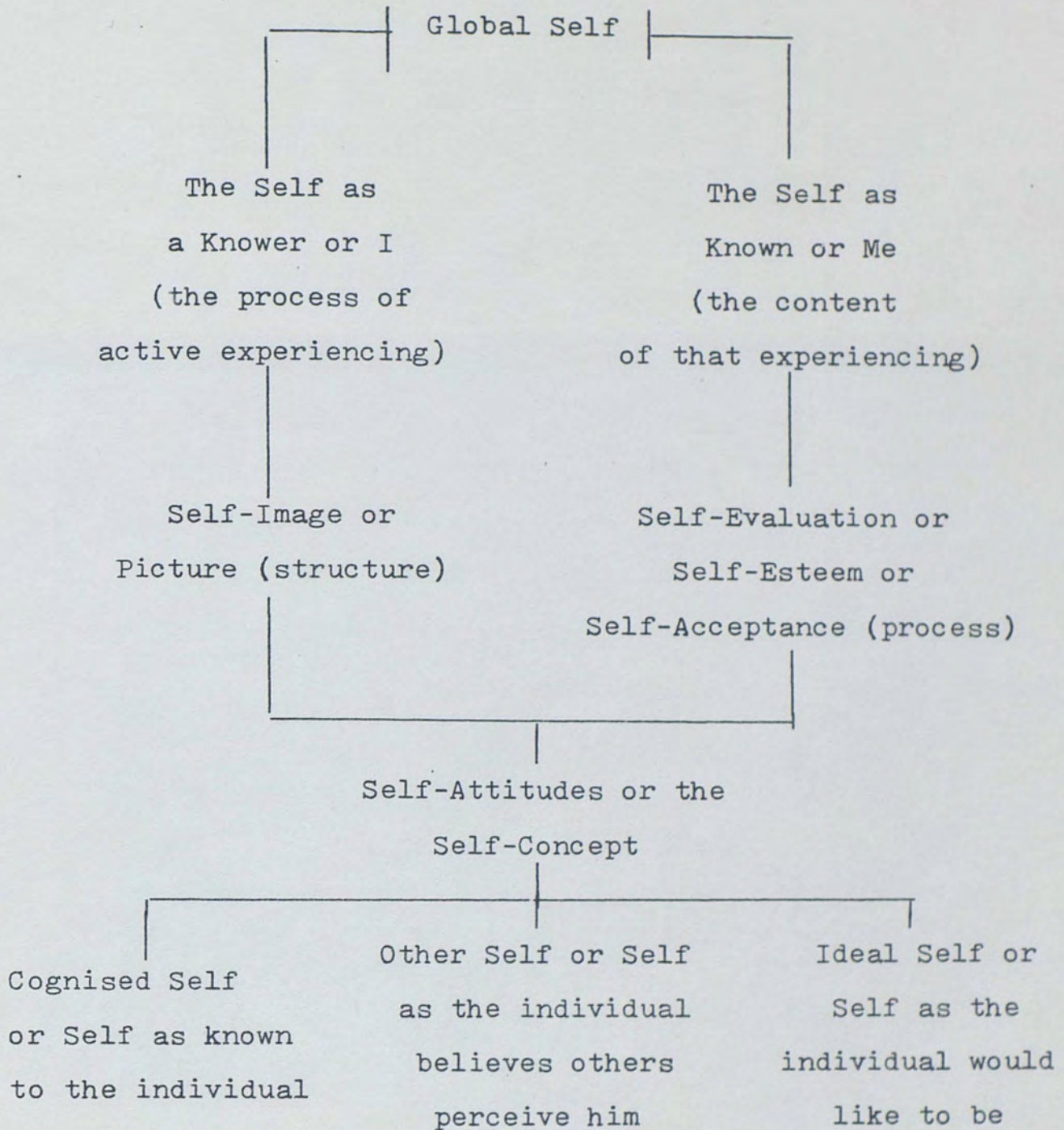


Figure 1. The hierarchical structure of the self adapted from Burns (1979).

Regardless of definitive boundaries, observable conditions and overt behaviors have been correlated with self-esteem. Coopersmith (1967) made a comprehensive attempt to study self-esteem from a correlational perspective. He measured the subjective self-esteem (Coopersmith Self-Esteem Inventory) and the behavioral self-esteem (independent behavioral observation) of 1,748 5th- and 6thgrade students. These correlations, as well as analysis of environmental antecedents, produced a composite view of individuals with high and low self-esteem as follows:

Persons with high self-esteem, reared under conditions of acceptance, clear definition of rules, and respect appear to be personally effective, poised, and competent individuals who are capable of independent and creative actions. Their prevailing level of anxiety appears to be low, and their ability to deal with anxiety appears to be better than that of other persons. They are socially skilled and are able to deal with external situations and demands in a direct and incisive manner. Their social relationships are generally good and being relatively unaffected or distracted by personal difficulties they gravitate to positions of influence and authority. Persons with medium self-esteem appear to be relatively similar, with a few major exceptions. They are relatively well accepted, possessed of good defenses and reared under conditions of considerable definition and respect; they also possess the strongest value orientation and are most likely to become dependent upon others. From the context of other evidence, it appears that they are uncertain of their performance relative to others. Persons with low self-esteem, reared under conditions of rejection, uncertainty, and disrespect, have come to believe they are powerless and without resource or recourse. They feel isolated, unlovable, incapable of expressing and defending themselves, and too weak to confront and overcome their deficiencies. Too immobilized to take action,

they tend to withdraw and become overtly passive and complain while suffering the pangs of anxiety and the symptoms that accompany its chronic occurrence (p. 249).

A summary of the behaviors and conditions involved in self-esteem, as determined by Coopersmith (1967) can be found in Appendix A.

Definitions and terminology stem from theorists' perceptual frames of reference. Consensus exists among the theoretical perspectives as to the relative value of the self-concept and its development through environmental interactions with others. Beyond these, the theoretical paths diverge.

For psychoanalytic theorists, adequate resolution of the psychosexual stages of development results in adequate self-esteem and identity formation. Robertson (1978) restates the opinions of Adler and Horny. Adler considers low self-esteem a result of a personality deficit, and Horny sees the parent/child relationship as antecedents to poor self-esteem. Changes in self-esteem can only come about through analytic interpretation to determine unresolved conflicts. This may involve working through resistances and defense mechanisms. Techniques are generally reported as effective with clinical adult populations, but there are little data on adolescents.

A fundamental thesis of the phenomenological approach is that behavior is not only influenced by past and current

experiences, but by the personal meanings each individual attaches to his or her perception of those experiences. Phenomenology is concerned with a person's perception of reality, not in reality itself. Perceptions from the external world are seen as the basic ingredients from which the self-concept is developed and maintained. Our views and attitudes, the most central and basic of which are those relating to our self as a person, are believed to translate the raw sensory input into idiosyncratic perceptions, thereby determining the kind and quality of experiences. The self-concept acts as a "selective screen", and its permeability is determined by individual developmental history and the nature of the environment relative to the person (Burns, 1979). Along the same lines, Norem-Hebeisen (1977) offers an intellectual view of development of self-concept, especially in adolescents. He asserts that self-concept must be viewed from the broader context of total organismic functioning. The human organism functions in ways which support its own survival, maintenance, and growth. As one aspect of the total organismic functioning, self-concept also may be thought of as being formed by processes which serve to support survival, maintenance, and growth. In the development of self-concept, perceptions are sought and assimilated which (1) support safety, exploration, and achievement of additional faculties; (2) are consistent with past data; (3) appear to be congruent with environmental input; and (4) minimize apparently fruitless, frustrating, or

disappointing interactions. In other words, they are selected to maximize the functioning of the individual within a complex matrix of external and internal variables. Given a sequence of interaction between an individual and his environment over time, self-concept will progress developmentally toward increasing complexity and adequacy. As an integral part of the total human system, there will be enhancement of organismic well-being, and increased cognitive complexity.

The value of this "selective screen", as previously discussed, is exemplified in Rogers' self theory which equates self-esteem with positive self-regard. This is learned through internalization or introjection of experiences of positive regard by others. Maladjustment is the result of attempting to preserve the existing self-concept from the threat of experiences which are inconsistent with it, leading to selective perception and distortion or denial of experience by incorrectly interpreting those experiences (Corsisi, 1973).

Cognitive factors also come into play. As Ellis (1961) claims, excessively high, unrealistic standards result in maladaptive behavior due to derogatory self-statements that are introjected. Crucial to the problem of self-esteem is the "irrational" notion that individuals associate success with worth. Ellis' central theme is rational thinking.

Ellis insists that to increase self-esteem one must increase rational thinking, emphasizing the value and worth of individuals regardless of their behavior.

On strict behavioral terms, one would tend to reject self-esteem because it is a construction of nonobservable cognitions. Behavior is seen as a direct function of the environment. Behaviorists' claim, as the client functions better, self-evaluations will better.

The relatively new social learning theory incorporates cognitive processes with behavior and includes the idea of the environment as a function of behavior. The critical element in self-esteem is seen as the self-evaluation process and its relationship to overt variables. Maladjustment is attributed to lack of self-reinforcement. The technique of altering verbal behaviors is successful as it monitors positive or negative self-statements, or cognitions which can act as reinforcers of overt behavior (Wells and Marwell, 1976).

From this brief review of a variety of theoretical positions on the nature of the self-concept, it is obvious that conceptions of the self-system are often considerably vague, occasionally mutually contradictory (especially with regard to terminology, and lacking any definitive or complete statement. Ideas rather than facts dominate the scene. However, whether self, self-concept, self-esteem, ego, or identity is the particular term favored by a theorist, it

is apparent that most theories are concerned with individual self-evaluation and the manner in which such appraisal motivates and directs behavior. Elements which consistently emerge from the theoretical approaches are noted by Burns (1979):

- (a) two basic aspects of a global self can be discriminated;
  - (i) I or self as knower/process/doer;
  - (ii) Me or self as known which can include a variety of subselves, e.g., physical, social, other ideal;
- (b) a person as an entity separate from others and existing over time is experienced;
- (c) both knowledge (self-image) and evaluation (self-esteem) appear as two basic elements of any self-concept;
- (d) self-knowledge and evaluation are learned through experience, essentially that of social interaction with significant others. (p. 29).

This leads to an examination of the variety of experiences that affect the development of self-concept. Research indicates that parent, teacher, and peer interaction has dynamic influence on the boundaries of the self-concept.

Feedback and expectations from significant others provide reinforcement, both positive and negative, for behavior and information about oneself. Research tends to have concentrated on the effects of teachers and parents, although peer acceptance and perceived social status contribute to one's self-appraisal. Montgomery (1982) identifies the most common concerns of parents of children with learning disabilities as those of social acceptance and the future of the child. She advocates that the parent should avoid indulging



in guilt feelings and focus on the child's strengths instead of weaknesses to build a feeling of self-worth through parental acceptance.

Expectations play an important role in the self-fulfilling prophecy, especially with school-aged children. Bryan and Pearl (1981) reviewed studies of the self-concept and the locus of control of learning disabled children, emphasizing that their negative academic self-concepts are often reinforced by low expectation of mothers and teachers. Parish (1978) demonstrated that teachers' beliefs about 216 middle school handicapped children (physical, learning disabled, and emotionally handicapped) were incorrect. They felt that these children would evaluate themselves more negatively, however, all groups evaluated themselves very positively on the Personal Attribute Inventory for Children. On the other hand, Andrews (1966), in reviewing the literature, concludes that below-average ability children have difficulty in gaining feelings of success. This has a debilitating affect on self-concept development. Researchers concur that teacher-characteristics such as acceptance, respectful treatment, structure, and provision of realistic tasks and expectations within the capabilities of the pupil, enhance self-esteem. A monumental longitudinal study by Brookover, Thomas, and Paterson (1964) using 1000 12-year-olds, concluded that self-concept as measured by the Self-Concept of Academic Ability Rating Scale is significantly

and positively correlated with the perceived evaluation that significant others hold of the student. However, this hypothesis was tested on data from interviews of only 110 students while the test was administered to 1000. Therefore, it does not reflect all achievement and ability levels. Four significant others, i.e., mother, father, teacher, and peer, were most frequently mentioned by the subjects. Product-moment correlation was made between the student's self-concept of ability in four school subjects and the image he perceives these four significant others to hold of his ability. These correlations ranged from .27 to .37. As the subjects approached the age of 17, their rating supported the idea that perceived evaluations are a necessary and sufficient condition for growth of high self-concept of ability. This is not to say that the experience of success does not operate to enhance self-concept, but only that it is not a necessary prior condition for self-concept enhancement. Changing the performance of individuals through change in self-concept would have great practical implication for the operation of educational programs. This study, once again, points to the tremendous influence of feedback and expectations of others. Dusek (1978) hypothesized that an examination of data from cross-sectional and longitudinal samples would clarify age and sex differences in the development of adolescent self-concept. Questionnaires, a self-concept scale, interest assessments, and instruments about the

sources of information used by adolescents were completed by 1,758 male and female elementary, middle, and high school students. A semantic differential self-concept measure, 10 bipolar adjectives were used. Other assessment instruments show a wide range of adolescent interests (14 were assessed). A data sheet about sources of information was also used. Factor analytic and canonical correlations were computed for several factors including social class, interests, and school achievement. Results indicated that cognitive functioning was a primary determinant of self-concept. Environmental encounters such as peer/family relationships, school, role-taking, and reactions of others affected self-concept. Coefficients of congruence varied according to the different factors considered. Longitudinal analysis of these varimax factors was done over a three-year period using three sets of data. The longitudinal sample analysis was done within and across years. These data demonstrated consistency in self-concept measures over time. The coefficient of congruence for like-factors between the studies ranged from .90 to .97.

These components in self-concept development (parent, teacher, peer interaction, expectations, feedback, even age, and sex differences) are interwoven and interdependent. They can be seen as a circular process of self-concept, behavior, and feedback as exemplified in Figure 2. It is difficult to ascertain which of the variables acts as the

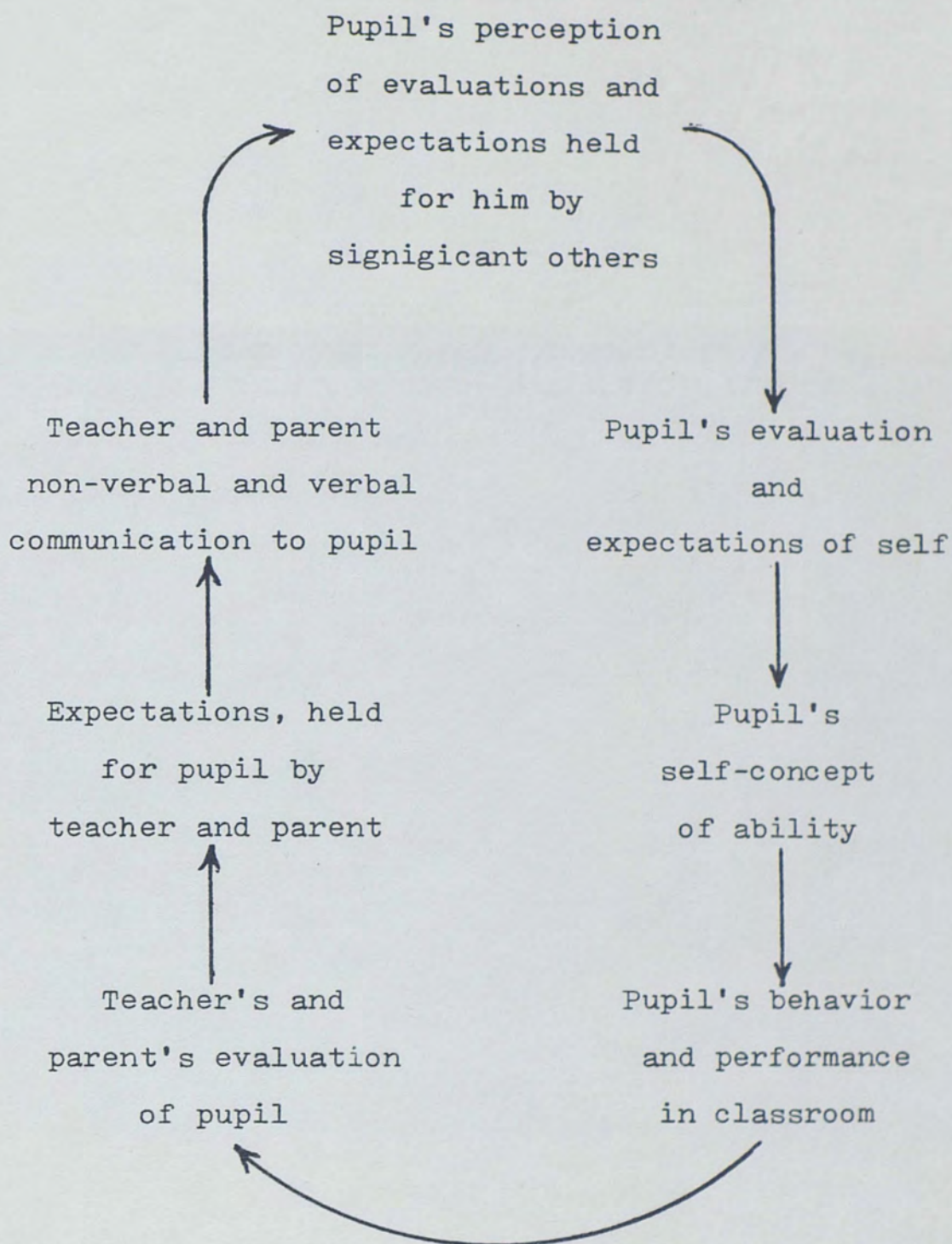


Figure 2. The Circular Process of Self-Concept, Behavior, and Feedback Adapted from Burns (1979).

primary instigator of the process, but it is clear that they reinforce one another.

Stringer (1971) summarizes the development of self-esteem in adolescence by emphasizing the shift from parents and significant others to the environment as a source of concrete evidence of competence and worthiness.

Self-esteem emerges out of the interpersonal matrix as the child absorbs into his beginning sense of self the love that others, particularly his parents, show toward him. But, it seems obvious that self-esteem cannot thrive indefinitely on just the approval of other people. Sooner or later it has to be supported by proof of one's own worth in turn, feeds into one's interpersonal relationships and enriches them (p. 119).

With this wealth of knowledge of the dynamics of self-concept, it is interesting to note a study by Smith (1979) as an attempt in the prediction of self-concept. The investigation explored the possibility of predicting self-concept among 147 learning disabled children (ages 7 to 13). The combinations of word knowledge performance (WRAT) and family socioeconomic status (interview) significantly predicted self-concept.

Along with predictions in self-concept come researchers' efforts in changing self-concepts. Based on theoretical perspectives, a variety of interventions have been attempted. As previously mentioned, expectation, significant others' feedback, and teacher characteristics are often considered modes of change (Guerin, 1978; Kelin, 1980; Murphy, 1981; Stanton, 1981). Group strategies are likewise abundant in

the literature, involving parents, teachers, and students. Therapeutic approaches include clinical group counseling (Blohm, 1978); group hypnotic and self-hypnotic training (Johnson, 1981); an intensive program for learning disabled children (ages 11-13 years) that focuses on the interrelationship between learning capacity and personality (West, 1978); and social skills training (Dittloff, 1978). Parental guidance is offered through structured group counseling-consultation (Feuquay, 1980) and parent effectiveness training (Giannotti, 1979). Systematic training for effective parenting involves an examination of child-rearing attitudes and expectations (Hammett, 1981). On the same lines, schools incorporate drama often incorporating the family setting, in developing positive self-images (Clopton and Davis, 1979).

Specific to learning disabled students, Amerikaner and Summerlin (1982) explain that these children often have concurrent emotional and interpersonal difficulties. Beyond their academic difficulties, a spiral can occur in which others' perceptions of the child's behaviors and the child's expecting and thus experiencing social failures. In this study, 46 1st- and 2nd-grade LD children were randomly assigned to one or three conditions: social skills, relaxation training, or no treatment control. Scores from the Primary Self-Concept Inventory and the Walker Problem Behavior Identification Checklist indicated that the social

skills group had more positive social self-concept scores than the other groups, while the relaxation training group was perceived by teachers as exhibiting less acting out and marginally less distractibility than the other groups.

Research emphasizes locus of control factors and cognitive restructuring (Tollefson, 1980; Molstre, 1978) as effective in changing self-concept. Peer tutoring (Price, 1982), covert positive reinforcement, and affective education (Kean, 1980), were frequently noted as positive sources of change for LD populations. Price and Dequine (1982) suggest that LD students (1st-grade to 8th graders) involved in a peer tutoring program encounter a reversal of roles, allowing healthy experiences with peers, becoming a "giver" rather than a "receiver", and gaining the status necessary to enhance their own learning. Marshall and Christie (1982) compared the relative effectiveness of three self-management procedures in enhancing self-esteem and found that it is possible to enhance reported self-esteem by self-management procedures and that cueing effects are as important as reinforcing effects. Bibliotherapy (Lindsey and Frith, 1981) which refers to therapeutic gains made by the study and personal application of information found in lists of self-improvement books, consistently reports significant short-term (4 to 6 months) gains. However, before one can attempt to change self-concept, an assessment of current self-concept

functioning must take place. Several assessment measures exist, but first some methodological considerations will be addressed.

Methodological considerations produce variation in measurement due to theoretical orientation and applied meaning of self-construct terms. Some researchers develop their own instruments resulting in poor checks for reliability and validity. These are often inadequately described and impossible to locate, foiling attempts at replication. There exists an amazing array of hypotheses, inadequate research designs, and instruments.

Research in the field of self-concept must operate without the advantage of external criteria. The self-concept must necessarily be inferred from the behavior of the subject, and for research purposes this is essentially what the subject has to say about himself based on his private, subjectively interpreted experiences. This weakness assumes the subject responds knowingly and willingly. That leaves psychologists basing knowledge about the individual's self-concept on the vagueness of introspection and/or of unknown bias in observation and interpretation of overt behaviors (Burns, 1979).

How closely self-concept and self-report approximate each other depends on such factors as:

- (a) the clarity of the individual's awareness;
- (b) the availability of adequate symbols for expression;
- (c) the willingness of the individual to cooperate;



- (d) social expectancy;
  - (e) the individual's feeling of personal adequacy;
  - (f) his feelings of freedom from threat
- (Combs and Soper, 1957).

Self-report techniques employed include: rating scales (the most frequently used), Q sorts, projective methods, unstructured essays, sentence completion, and interviews. Social desirability and acquiescence are recognized as pervasive sources of error in response sets. These can be minimized by phrasing items in positive and negative directions randomly and attempting to disguise meaning and relevance. These techniques result in temporal reliability (2 wks. to 2 yrs., according to various scales), where reported, consistently above .70. Concurrent validation of self-concept measures, where reported, is satisfactory against other measures of adjustment.

Referring to self-concept as a set of attitudes addresses two further important prominent factors in research. First, it draws attention to the fact that the self-concept is not a single element. Second, it allows the accepted and well-tried methods used to index attitudes to be applied to the measurement of self-concept.

The Tennessee Self-Concept Scale taps both factors in its measure of Self-Criticism and dispersal of self-concept into eight categories: identity, self-satisfaction, behavior, physical self, moral-ethical self, personal self, family self, and social scale.

Several other measures attempt to delineate the self-concept, but fall short in areas such as reliability, validity and standardization. Appendix C list a variety of self-concept measures and their difficulties. Except for the Tennessee Self-Concept Scale, all the scales need standardizing. Some self-concept scales measure specific components of self-concept, such as academic self-concepts, acceptance of self, body cathexis, self-concept of ability as a worker, and somatic apperception. They do not proport to measure a general self-concept factor.

The Tennessee Self-Concept Scale (Fitts, 1965) has a wealth of reliability and validity data available. Self-esteem is defined as the total Positive Subscale score which includes integration of measures of identity, self-satisfaction, behavior, physical self, moral-ethical self, personal self, family self, and social self. High scores designate persons who like themselves, feel they are of value and worth, and have confidence. Aside from providing an overall level of self-esteem on the Positive Subscale, it also provides a self-criticism score to tap test taking attitude, avariability score to measure consistency of self-esteem levels, and a distribution score to detect response patterns. Administration and scoring are somewhat complex processes, but accuracy and magnitude of the information gathered from this measure warrant its use for this study.

The inability to read and/or follow directions is not

accounted for in any of the scales. This is also a widely ignored factor in the literature. Considering the nature of the disabilities of the population under study, test administration will be more appropriately adapted through extensive instruction and test proctors to assist students requiring help.

The term "learning disability" was first used by Kirk (1983). He stated:

A learning disability refers to a retardation, disorder, or delayed development in one or more of the processes of speech, language, reading, spelling, writing, or arithmetic resulting from a possible cerebral dysfunction and/or emotional or behavioral disturbance and not from mental retardation, sensory deprivation, or cultural or instructional factors (p. 263).

He continued to explain that these disabilities refer to a discrepancy between the child's achievement and his apparent capacity to learn as indicated by aptitude tests, verbal understanding, and arithmetic computation.

In 1963, when the Association for Children with Learning Disabilities (ACLD) was formed, the term learning disability was adopted as a substitute term for such etiological labels as brain injured and perceptually handicapped. The following definition was presented to Congress in 1969 by the National Advisory Committee on Handicapped Children:

The term "children with specific learning disabilities" means those children who have a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read,

write, spell, or do mathematical calculation. Such disorders include such conditions as perceptual handicaps, brain injury minimal brain dysfunction, dyslexia, and developmental aphasia. Such terms do not include children who have learning problems which are primarily the result of disturbance, or environmental, cultural or economic disadvantage. (U.S. H.E.W., 1977, p. 1053)

This definition served as the basis of the 1969 Learning Disabilities Act and later (1975) was included in Public Law 94-142.

Public Law 94-142 requires that to the maximum extent appropriate, handicapped children should be educated with children who are not handicapped. When the nature of the severity of the handicap is such that education in regular classes with the use of supplementary aids cannot be achieved, special classes or separate schooling may occur. Orange County, Florida, specifies the least restrictive to the most restrictive environment as follows: regular classroom--no special services, itinerant teacher services, resource room services, transition services, self-contained classes, special schools, residential schools, homebound services, and hospitalization (Livesay, 1983).

Many attempts have been made to redefine the term. By the mid-1970's, professionals in the field of learning disabilities were still trying to find a definition that would be acceptable to a broad segment of those concerned. In 1975, the Division for Children with Learning Disabilities (DCLD) held an extensive Caucus on Learning

Disabilities to discuss a definition for learning disabilities among other related topics. Of the three groups attempting to provide a definition, one group offered an abbreviated definition similar to that being used by the Federal Government, one group wanted to postpone a definition, and the third group offered the following definition:

A specific learning disability is a serious impediment to cognitive functioning which (a) is manifested in such wide discrepancies among development and/or school achievement areas that special, remedial, and/or compensatory teaching is required; and (b) exists independently of, or in addition to mental retardation, sensory deficits, emotional disturbance, or lack of opportunity to learn (Hudson, 1975, p. 23).

No formulation of a definition was finalized at this conference.

In 1976, Congress asked the Office of Education to refine the definition then being used, but after a year of extensive hearings and committee meetings, no agreement on changes was reached (U.S. H.E.W., 1977). The definition used in Public Law 94-142 still stands as governmental policy.

In 1981, representatives of five professional associations formed the National Joint Committee for Learning Disabilities. This group, after much discussion, agreed on the following definition:

Learning Disabilities is a generic term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are

intrinsic to the individual and presumed to be due to central nervous system dysfunction. Even though a learning disability may occur concomitantly with other handicapping conditions (e.g., sensory impairment, mental retardation, social and emotional disturbances) or environmental influences (e.g., cultural differences, insufficient/inappropriate instruction, psychogenic factors), it is not the direct result of those conditions or influences (Hammill et al., 1981, p. 336).

Definitions are under constant refinement to distinguish learning disabilities from disorders caused clearly by environmental factors. The challenge remains to operationalize the concept of learning disabilities and to address aspects such as severity, innateness, and exclusivity. Clearly, learning disabilities are presented as cognitive, linguistic and academic handicapping conditions. These factors affect the socialization process of youngsters and the development of self-esteem.

Considerable research has been done to investigate the self-esteem of learning disabled students. Variables such as achievement, anxiety, attribution patterns, social interactions and type of classroom placement are compared with self-esteem. Tollefson (1982) compared the general self-esteem and attributions of 35 LD and 99 non-LD junior high school students. All subjects completed the Rosenberg Self-Esteem Scale and the Intellectual Achievement Responsibility Scale (IAR). LD students also completed a spelling task and gave reasons for their success or failure on the task. LD students gave internal responses to the general attribution measure, but not to the task-specific attribution

measure. LD adolescents have learned to say that effort is important to success in school. Consequently, they tell significant others that they will try. However, their attributions to the spelling task used in Tollefson's study indicate achievement outcomes. Therefore, they verbalize a desire to "do well in school", but fail to expend the effort necessary to succeed. The discrepancy between what the LD students report they want to do and their actual behavior leads teachers and parents to view them as poorly motivated. The descriptions of LD adolescents as poorly motivated can be understood within the framework of their attributions for achievement outcomes and the attitude of learned helplessness exhibited by LD students according to Tollefson. It was concluded that LD students may verbalize desire to do well in school, but fail to expend the effort necessary to complete work and, consequently, appear to be poorly motivated. Patten (1983) investigated the relationship of self-esteem to academic achievement by using the Coopersmith Self-Esteem Inventory and the Peabody Individual Achievement Test. He also compared anxiety scores on the Sarason General Anxiety Scale for Children. His subjects were 88 K-6 learning disabled students placed in regular classrooms with resource help. Each test was individually administered. Results pointed to the interrelatedness of self-esteem, academic achievement, and general anxiety in young LD students. Pearson product-moment coefficients of correlation

between all variables were determined for the total sample and for sex. Significant relationships ( $p < .01$ ) were found between (a) self-esteem and Mathematics ( $r = .25$  and  $.27$ ), Reading Recognition ( $r = .41$  and  $.65$ ), and General Information ( $r = .43$  and  $.49$ ), achievement scores for the total group and females respectively, (b) self-esteem and Reading Recognition and General Information achievement scores for males ( $r = .36$  and  $.48$ , respectively), (c) general anxiety and General Information achievement scores for the total group ( $r = -.29$ ) and for males ( $r = -.35$ ), and (d) general anxiety and self-esteem for the total group and males ( $r = -.39$  and  $-.46$ , respectively;  $p < .01$ ). Patten concludes that students with learning problems may have behavior or social-emotional problems (low self-esteem and high general anxiety), which are not always corrected in overcoming academic deficiencies. He recommends the integration of academic and emotional remediation programs in the education of LD students. Bryan (1982) conducted a series of studies using 89 LD and non-LD elementary and junior high school students. He examined group differences on a variety of self-report and behavioral measures (e.g., attributions, responses to success and failure, social desirability, and conformity). The pattern emerging from these studies suggested that LD children devalue their own performance, respond to academic challenges by disengaging themselves, and respond to interpersonal interactions with what appears



to be a deferential, submissive stance. His conclusions are based on subjective analysis and no quantitative findings were reported. He supports attribution retraining in the motivation of LD students. The possible benefits of cooperative goal structures and the modeling process are cited.

These many factors affect the self-esteem of LD students, but the obvious factor of physical attendance in LD classes is only briefly addressed in the literature. The student is labeled by attendance and segregated from the rest of the student population. It is posited that placement in LD classes evokes social prejudice and ridicule. Certainly, at sensitive ages, when self-concept development is so vitally dependent on socialization, required attendance in a learning disabilities class may have an influence on personality factors.

Research on the effects of labeling and placement (in educational terms) is generally limited to elementary school aged children, where the resource room service is utilized. Elementary LD students attend all regular classes, but are periodically scheduled for individual tutoring. Research indicates this elementary school resource placement has positive affects on self-esteem. Kaplowitz (1982) tested 34 3rd- to 6th-grade subjects on the Florida Key Elementary school Form and the Platt Affective Behavior Scale (PABS), which are observational self-concept assessment instruments. Subjects were assessed by classroom teachers. The major

hypothesis of this study being that mainstreamed learning disabled children reflect higher self-concepts in the resource room than in the regular classroom was demonstrated on both measures, at a confidence level of greater than 99.9%. Battle and Blowers (1982) attempted a longitudinal comparative study of the self-esteem of students in regular and special education classes at the elementary level. Their study examined changes over two years in self-esteem and perception of ability in 15 1st- to 7th-grade children. Measurement instruments included the Culture-Free Self-esteem Inventory for Children and Perception of Ability Scale. Findings indicated that 68 of the 75 LD and educable mentally retarded children in special education classes experienced greater gains in self-esteem and perception of ability scores than subjects in regular classes.

On the other hand, junior high school students, whose severity of disability warrants special education placement, attend some regular classes and some LD classes. Students whose disabilities are less severe are encouraged to attend all regular classes while their success is monitored by the LD teacher (full-time mainstreamed). Class placement decisions are based on parent request, student request, and/or a professional staff committee suggestion. Bryan (1982) reports that LD students' beliefs about themselves may be affected by mainstreaming and those beliefs may influence their social- and achievement-related behaviors.

Patten (1983) points out that the type of classroom program and the extent of individualization have been found to have an affect on the level of anxiety and subsequently self-esteem. Lawrence and Winschell (1973), reviewing the evidence on school placement for the slow learner and severely subnormal, concluded that segregated placement patterns are not ordinarily conducive to overall positive concepts of self and cannot be justified on that basis. Andrews (1966) concurs, suggesting that below-average ability children have difficulty in gaining feelings of success and this has a debilitating effect on self-concept development. The amount of time the LD student is involved in the regular class needs to be carefully considered in the analysis of self-esteem.

The amount of time a learning disabled student spends in a regular classroom setting is an important variable in the development of self-esteem. At the elementary level, discrete (resource) individual attention has a positive affect of self-esteem, as previously sited. At the junior high school level, more variables are involved, as attendance in LD classes becomes less discrete. The students begin to formulate beliefs about themselves, largely based on social feedback. These beliefs are affected by the amount of time spent in the regular classroom as well as the more obvious attendance in LD classes.

Since the focus of the research has been on the

self-esteem of elementary LD children, whose service differs greatly from junior high school, a serious gap exists in the information. The present study will address the hypothesis that LD junior high students attending LD classes have significantly different self-esteems than LD who do not attend LD classes; it is specifically hypothesized that students attending LD classes will exhibit lower self-esteem than mainstreamed LD students.

## METHOD

### Subjects

Subjects were 35 7th- through 9thgrade students identified as learning disabled (LD) by the school psychologist and staff according to the criteria established by the state of Florida and Orange County. An outline of the 1983 criteria can be found in Appendix C.

Nineteen of the LD subjects attended at least one resource LD class (LD-R), while the other 16 subjects attended mainstream classes (LD-M). Identification and selection of subjects were based on information obtained from cumulative records. Groups (LD-R or LD-M) were matched on the Wechsler Intelligence Scale for Children-Revised (WISC-R) full-scale intelligence quotient and the Peabody Individual Achievement Test (PIAT) reading comprehension standard score, so that no significant differences between the groups on these measures existed (see results for mean scores). Subjects were also selected on the basis of age and sex to arrive at maximum equality between cells. Since groups were matched on IQ and achievement level, these variables can be eliminated as factors effecting subjects' self-esteem scores. Subjects were randomly assigned a number code to assist in data analysis and maintain confidentiality.

## Procedures

Individual parental permission forms, included in Appendix D, were sent home. Subjects were asked to have a parent or guardian sign them. Subjects were also asked to sign them and bring the parental permission form back to school the next day. Provisions were made for subjects to take home second slips for lost or misplaced forms. Upon presentation, subjects were read the letter and told that it was asking for permission for their participation in an activity that would help the examiner meet graduate school requirements. All data gathered would be confidential and names would not be used.

Group administration of the Tennessee Self-Concept Scale (TSCS) was conducted by the examiner for all subjects. No more than four subjects at a time were examined. TSCS administration as described by the manual was followed with the additional instruction to students that they could receive help in reading any of the statements or filling in the answer form. The examiner roamed the classroom assisting students to follow instructions. The examiner was allowed to read any statement to the requesting student on the TSCS, so that reading difficulties were eliminated as a factor effecting self-concept scores. This is considered an important procedure in this experiment, due to the nature and diagnosed disabilities of LD students. It is vital that the inability to follow directions or read test materials is

accounted for in test administration. On an index card, the examiner recorded with a check (✓) the number of times a subject required assistance. This information was transferred to the answer sheet for later consideration in data analysis. Test data were scored according to the counseling form of the TSCS manual. The Total Positive score was used in comparison of self-esteem. Students obtaining extreme Self-Criticism scores ( $t \geq 77$ ,  $t \leq 37$ ) were excluded from data analysis as their positive scores would be invalid.

At the completion of testing, subjects were asked to respond, by writing at the top of their answer sheet "yes" or "no" to the question: "Does attendance in LD classes affect how much you like yourself?". This additional information determined a percentage of LD subjects who report LD class attendance influences self-esteem.

## RESULTS

An independent group's t-test was used in matching the mean PIAT reading comprehension standard score of the LD students attending LD classes (LD-R) with the mean PIAT reading comprehension standard score of LD students not attending LD classes (LD\_M). The LD-R group's mean score ( $\bar{M} = 86.8$ ) was not significantly different from the LD-M group's mean score ( $\bar{M} = 90.4$ ;  $t(33) = 1.7$ ,  $p > .05$ ).

An independent group's t-test was used in matching the mean WISC-R full-scale IQ score of LD-R students with the mean WISC-R full-scale IQ score of LD-M students. The LD-R group's mean score ( $\bar{M} = 93.5$ ) was not significantly different from LD-M group's mean score ( $\bar{M} = 91.6$ ;  $t(33) = -.57$ ,  $p > .05$ ).

A three-factor analysis of variance (ANOVA) was conducted for the three independent variables: age, sex, and class attendance. The dependent variable was the Total Positive Self-Esteem score on the Tennessee Self-Concept Scale. This was a 2 X 2 X 2 design as subjects were divided into two age groups: 12-6 to 14-5 and 14-6 to 16-5, two sexes: male and female, and two class attendance groups:



LD-M and LD-R. The ANOVA yielded no significant main effects or interactions. Table 1 shows a statistical summary of data.

A three-vector analysis of variance was conducted for the three independent variables: age, sex, and class attendance; the dependent variable was the Self-Criticism score on the Tennessee Self-Concept Scale. The same distribution of subjects was analyzed. This ANOVA yielded no significant main effects or interactions. Table 2 shows a statistical summary of the data.

In responst to the direct question, "Does attendance in LD classes affect how much you like yourself?", 62.5% of the total subjects responded negatively, while 37.5% responded positively. Sixty-nine percent of the LD-R students report class attendance does affect self-esteem. LD-M students reported 50% for each response as to the effect of class attendance on self-esteem.

The number of times students requested assistance ranged from 0 to 9 times for both class attendance groups and was not considered a factor. Thus, no data analyses were conducted.

TABLE 1

STATISTICAL SUMMARY OF ANALYSIS OF VARIANCE  
FOR SELF-ESTEEM

Source	F	SS	df
A: Class	2.11	2008.78	1
B: Age	.75	711.32	1
C: Sex	.27	256.59	1
AB: Class X Age	1.76	1678.42	1
AC: Class X Sex	4.20	3999.50	1
BC: Age X Sex	1.18	1124.96	1
ABC: Class X Age X Sex	.11	105.37	1

Critical Value for  $df(1,27)$   $F = 4.21$ ,  $p < .05$ .

TABLE 2

STATISTICAL SUMMARY OF ANALYSIS OF VARIANCE  
FOR SELF-CRITICISM

Variable	F	SS	df
A: Class	.08	2.58	1
B: Age	4.00	127.47	1
C: Sex	.11	3.36	1
AB: Class X Age	.01	.38	1
AC: Class X Sex	.12	3.92	1
BC: Age X Sex	1.08	34.30	1
ABC: Class X Age X Sex	.01	.34	1

Critical Value for  $df(1,27)$   $F = 4.21, p < .05.$

## DISCUSSION

The findings do not support the original hypothesis that LD class attendance affects the self-esteem of junior high school learning disabled students. Conversely, data support the hypothesis that age, sex, and LD class attendance, in any interaction, do not affect the self-esteem or self-criticism scores of junior high school learning disabled students. The results support Battle and Blowers (1982), whose longitudinal study of 15, 1st- through 7th-grade children, wherein students in special education classes maintained a positive self-esteem. A majority of subjects also verbally supported the notion that class attendance does not affect self-esteem, in this study. It is interesting to note that LD-R students strongly, perhaps defensively, denied the effects of classroom setting on self-esteem (69%), while LD-M students were less sure of the effects (50%).

It is likely that conditions which precede the development of adequate self-esteem are developed prior to adolescence. These conditions, according to Coopersmith (1967) include: having clearly defined limits, consistent enforcement of the limits, respectful treatment, and parental

concern. These conditions may be developed within the framework of experiencing a learning disability as most learning disabled students are identified in primary grades. The student then receives an explanation of learning disabilities and a personalized education, which may include affective training. As the self-esteem becomes more stable over the course of adolescence, it withstands more inconsistency from the environment as the individual relies more heavily on previously established self-standards and self-reinforcement.

The LD teachers within the system from which the subjects were drawn regularly enhance self-esteem. They include affective education and positive communication in their curriculum and teaching style. In addition, a majority of LD-R and LD-M subjects had a positive interaction with the examiner, prior to testing, which may have influenced the self-esteem scores and thus negating differences between groups.

It should be noted that the ANOVA for the interaction of class attendance and sex on self-esteem was within one one-hundredth of a ratio point of being statistically significant,  $F(1,27) = 4.20, p > .05$ . An independent group's t-test further supports this finding, yielding a significantly lower self-esteem in LD-R females, aged 12-6 to 14-5 ( $M = 312.7$ ), than in LD-M females, aged 14-6 to 16-5 ( $M = 838$ ),  $t = 5.3, p < .05$ .

It appears there may be significant differences between younger females attending LD classes and older females not attending LD classes. It is speculated that LD females' self-esteem increases with the interaction of age and mainstream class attendance. Younger learning disabled females attending LD classes may have lower self-esteem as they are facing the segregated, less discrete, resource placement for the first time, in junior high school. Maturity and independent responsibility for academic achievement seems to enhance self-esteem in females. However, the present study remains inconclusive on this point as an inadequate number of female subjects per cell existed. Only 26% of the subjects tested were female.

A further limitation of this study is the restriction in the range of TSCS self-esteem scores in matching reading comprehension and intelligence quotient variables. The total number of subjects was also reduced in matching groups on PIAT reading comprehension standard scores and WISC-R full-scale IQ scores. This attempt to match groups on reading comprehension and intelligence was necessary for statistical analysis of differences between groups. Since groups were matched on intelligence quotients, LD-R subjects were those attending resource rooms only one or two hours a day, making them more similar to mainstreamed subjects. Being unable to manipulate human subjects on the independent variable, LD class attendance requires that groups are

matched on as many variables as possible to accurately compare them. It is also essential that the learning disabilities inherent in this population are accounted for in self-esteem assessment. These procedures are considered vital to this study, however limiting.

Further research should incorporate the procedures of this study with groups matched on as many additional variables as possible (income, siblings, socioeconomic factors, demography, working parents, etc.). To further investigate the speculations regarding females, the present study should be replicated with narrowed age groups to determine specific age variations and LD class attendance in the female population. A longitudinal study, co-varying intelligence quotients for both male and female subjects could also provide more information. Statewide research is indicated to gain a larger number of subjects.

APPENDIX A

Summary of Results from Coopersmith's Study (1967)

Behaviors/conditions correlated with high self-esteem

More likely to resist conformity

More creative

More willing to make people angry

If mother employed for over 12 months, higher self-esteem

Stable mother

Achievement oriented parents

Parents believe mother should care for child

Mother accepts her role

Closer relationship with father

Rather leading decision-maker

Mother tells child what to do daily (sets up routine)

Child rates self as smarter than average

Child started walking early

Mother's estimate of child's effectiveness high

Mother's estimate of child's intelligence high

Higher level of affect

Report self as happy

Prefer occupation of professional

Higher self-ideals



Smaller differences between self-appraisals and ideals

First or only child

Consistent use of bottle or breastfed

Time spent generally with others

Siblings supportive

If mother has good relationship with his peers

Strong affection from mother

Degree of agreement with child's views and family's

Parents believe that a child is happier if parents show  
interest

Mother more available to child

Mother believes that child is happier with strict training

Parents believe that doing things with children make it  
easier for them to talk

Consistent rule-keeping

Child believed that most punishment deserved

Parents believed in effectiveness of punishment

Parents believed that permissiveness leads to loss of  
definition of values

Parents exerted high to moderate degree of control

Establishment of and reinforcement of rules

Parents believe that child has a right to his own point of  
view

Parents do not feel that they should have their way all the  
time

Parents believe that children should have some say in making family plans

Parents use discussion and reasoning to get the child's cooperation

Parents believe that child should be protected from jobs which might be too tiring or too hard

Behaviors/conditions correlated with low self-esteem

More likely to conform

More sensitive to criticism

More self-conscious

More concerned with inner problems

Lower social class

More likely to have unemployed mother

Accommodation-oriented parents

Mother needs more time to rest

Mother dissatisfied with father's job

Mother and father conflicting views

More anxious

More psychosomatic problems

More destructive behavior

Mothers believed that children would make up stories for attention

Parents used withdrawal of love as punishment

Parents used punishment more than reward

Mother more likely to administer punishment

Belief that child should not question thinking of the parent  
Parents decide child's bedtime

Behaviors/conditions shown to be unrelated to self-esteem

Religious beliefs

Physical attractiveness

Health

Aggressive behavior

Delinquency

Aspirations

Small versus large families

Behaviors/conditions shown to have a curvilinear relationship

Mother anxious about child sleeping outside the home

Parental protectiveness

Father's aspirations for son high

Mother's belief on child's right to privacy

APPENDIX B

Summary of Self-Concept Measures  
as Compared by

R. B. Burns (1979)

Self-Concept Measure	Validity	Reliability	Standardization	Flaws
Coopersmith Self-Esteem Inventory (1967)	Internally Consistent Alpha Coeff. .87 Correlation with intelligence .36	Test-Retest 5 years .70	None	Words devised by author, not research. Illusive "expert judges" agreed on which items were high and low self-concepts.
Combs, Soper, Courson Self-concept scale report (1963)	Not statistically significant		None	Statistics are poor.
Lipsitt Self-concept(1958)	Not statistically significant	Test-retest 2 wks. .73 - .91. Split Half .88	None	Highly criticised discrepancy index used in statistics.
Rosenberg Self-Esteem Scale (1965)	Construct Validity is claimed	Test-retest 2 wks. .85 Reproducibility Index .93	None	Respond set indicated. Tridimensional scale is suggested. Scoring is confusing.
Piers and Harris Children's Self-Concept Scale (1964)	Internal Consistency for 8,11,15, yr. olds. .78 Correlations Intelligence .32	Test-retest 2 and 4 months .77	None	No interpretable general general factor self-concept
Bledsoe Self-Concept Scale (1967)	Correlations: anxiety: -.30--.46 (CAT) .43 Cal. Test of Personality .38	Test-retest 2 wks. .66 - .81	None	Reliability is only moderate as to validity. Scale seems to index sex role descriptions.
Battle Canadian Self-Esteem Inventory (1976)	None Evidenced	Test-retest 2 days .81 - .89	None	Statistics - No validity.
Tennessee Self-Concept Scale (1955)	Significant differences at .001 level between groups representing "normal" and psychiatric groups Content validity is claimed Correlation with other personality measures: **	Test-retest 2 wks. .92 Total Positive Subscale	626 people aged 12-68 = # of each sex. Ranges of: socioeconomics, intelligence & ethnic groupings	Items were culled from a vague pool of unpublished sources (& MMPI). Detailed administration. Complex scoring.

\*\* MMPI Scales: .28 - .70; Edwards Personal Preference Scale: .16 - .65  
Personality changes under particular conditions.

## APPENDIX C

### Orange County District Procedures

1983-84

Each year, every school district in Florida submits a document to the Department of Education in Tallahassee which outlines the district's policies in exceptional education. State audits compare what a district is actually doing to what is outlined in the District Procedures. Therefore, it is very important that these policies be followed.

This section includes Orange County's District Procedures for Specific Learning Disabilities for the current school year.

Specific Learning Disabilities Program

Definition

Specific learning disability - a disorder in one (1) or more of the basic psychological processes involved in understanding or in using spoken or written language. Disorders may be manifested in listening, thinking, reading, talking, writing, spelling or arithmetic. Such disorders do not include learning problems which are due primarily to visual, hearing or motor handicaps, to mental retardation, to emotional disturbance, or to environmental deprivation.

I. Criteria for eligibility 6A-6.341 (2)(a); 6A-6.3018(2)

A student is eligible for special programs for specific learning disabilities if the student meets all of the following criteria as determined by the procedures in rules 6A-6.331 and 6A-.341, FAC:

- A. Evidence of a disorder in one (1) or more of the basic psychological processes. Basic psychological processes include visual, auditory, motor and language processes. 6A-6.3018(2)(a)
1. Documentation of a process disorder must include one (1) standardized instrument in addition to the instrument used to determine the student's level of intellectual functioning.
  2. Criteria for documentation of a process disorder may be found on page 10.
  3. Corroboration of a process disorder must be present in the form of one (1) or more of the following:
    - a. analysis of student work samples (work habits, error analysis, organizational skills).
    - b. documented, systematic observations of student's classroom performance.
    - c. additional norm or criterion referenced test data.
- B. Evidence of academic achievement which is significantly below the student's level of intellectual functioning. 6A-6.3018(2)(b)

1. For students below age seven (7), evidence must be presented that the student exhibits a significant discrepancy between levels of intellectual functioning and achievement on tasks required for listening, thinking, reading, talking, writing, spelling or arithmetic. The following will be used to document the discrepancy:
    - a. classroom observations
    - b. work samples
    - c. anecdotal records
    - d. readiness tests
    - e. district developed skills checklists or support systems
    - f. standardized individually administered achievement tests
  2. For students ages seven (7) through ten (10), evidence must be presented that the student exhibits a discrepancy of one (1) standard deviation or more between an intellectual standard score and academic standard score in reading, writing, arithmetic or spelling.
  3. For students ages eleven (11) and above, evidence must be presented that the student exhibits a discrepancy of one and one-half (1 1/2) standard deviations or more between an intellectual standard score and academic standard score in reading, writing, arithmetic or spelling.
  4. Supporting data must be collected to substantiate scored academic deficits. Diagnostic testing, either formal or informal, must be completed in deficit areas, and at least one sample of classwork must be collected which is supportive of the deficit.
- C. Evidence that learning problems are not due primarily to other handicapping conditions. 6A-6.3018 (2)(c)
1. For students with intellectual deficits, evidence that intellectual functioning is no more than two (2) standard deviations below the mean on an individual test of intellectual functioning, or evidence that a score more than two(2) standard deviations below the mean is not a reliable indicator of the student's intellectual potential. In the latter case, another measure of the student's intellectual potential must be obtained.



2. For students with visual processing deficits, evidence that visual acuity is at least 20/70 in the better eye with best possible correction or evidence that the student's inability to perform adequately on tasks which require visual processing is not due to poor visual acuity.
  3. For students with auditory processing or language deficits, evidence that loss of auditory acuity is not more than a 30 decibel loss in the better ear unaided or evidence that the student's inability to perform on tasks which require auditory processing or language is not due to poor auditory acuity.
  4. For students with a motor handicap, evidence that their inability to perform adequately on tasks which assess the basic psychological processes is not due to the motor handicap.
  5. For students with an emotional handicap, evidence that their inability to perform adequately on tasks which assess the basic psychological processes is not due to their emotional handicap.
- D. Documented evidence which indicates that general educational alternatives have been attempted and found to be ineffective in meeting the student's educational needs. 6A-6.3018 (2)(d)
1. This evidence shall be written, dated, and signed by the person responsible for implementation.
  2. Documentation shall show that a reasonable time was given to permit evaluation of the effectiveness of the selected strategies.

APPENDIX D

PARENTAL PERMISSION FORM

## Information:

A Master's Thesis Research Project investigating the self-esteem of learning disabled junior high school students is being conducted by Drema Moody Walker under the direct supervision of Burton Blau, Ph.D., Department of Psychology, University of Central Florida, Orlando. The project has the approval of the research committee, Human Subjects Research Review Committee, Orange County Board of Public Instruction Research Committee, and the administrators at your child's school. Information such as age, sex, and intelligence and achievement scores will be gathered from each subject's cumulative records. In addition, your child will be administered a standard self-esteem test. No names will be used in connection with this research, only code numbers for matching data. Test results will not become a part of your child's records. The completed Master's Thesis will be available at the U.C.F. Library.

## Consent:

I agree, and give my permission, for \_\_\_\_\_  
student name  
 to be a subject in the above described research. I understand individual feedback will not be available.

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Signature of Subject

\_\_\_\_\_  
 Date

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