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Despite the international movement to include students with Moderate Intellectual Disabilities (MOID) in general education classrooms with their typical peers, these students still receive their education in segregated classrooms in Saudi Arabia (SA). This study aims to investigate the teachers' perceptions of the educational experiences of female students with MOID in self-contained classrooms in SA. I conducted this study using qualitative methodology depending on two data sources: interviews and documentation. A third data collection method, conducting observations, was not possible to implement due to the pandemic of COVID-19, which closed the schools during the year of data collection. I used semi-structured interviews with seven special education teachers in SA.

Four main themes emerged from the teachers' perceptions and the documentation review about their experiences being teachers of female students with MOID in self-contained classrooms in SA. The four themes that emerged were: (a) ineffective self-contained classrooms, (b) unclear expectations of students with MOID, (c) inadequate school and education system infrastructure, and (d) lack of understanding of effective inclusive education for students with MOID. Moreover, in the discussion I described four significant issues related to these themes: the absence of inclusive education, inconsistencies in the curriculum taught to female students with MOID, lack of effective leadership in the educational system, and an ineffective system for identification, diagnosis, and reevaluation. Finally, I discussed the implications of the study and outlined recommendations for future research.

THE PERCEPTION OF SPECIAL EDUCATION TEACHERS OF THE EDUCATIONAL EXPERIENCES OF FEMALE STUDENTS WITH MODERATE INTELLECTUAL DISABILITIES IN SELF-CONTAINED CLASSROOMS IN SAUDI ARABIA

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DEDICATION

I humbly dedicate this dissertation to my parents, Odah and Fatimah, to my Aunt Haya, to my husband, Mohammed, to my kids, Rashed and Qamar, to my sisters, Kholod, Ohuod, and Bayan, and to my brothers, Khaled and Abdulaziz.

APPROVAL PAGE

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CHAPTER I: INTRODUCTION

Students go to general education schools to get their education in Saudi Arabia (SA). Students with disabilities have a variety of educational placements based on the type and severity of their disabilities. However, students with intellectual disabilities (ID) have limited options for educational placements in SA. To date, there is a lack of literature in SA that has discussed the in-depth educational experiences of students with ID who are placed in self-contained classrooms.

Statements of the Problem

The total population in SA is 34 million, and 7.1% are individuals who have been identified as having disabilities (Saudi Arabia General Authority for Statistics, 2017). In SA, disability is generally viewed through the medical model lens, wherein professionals attempt to care for a child's physical needs without concern for equal access in society and education (Alharbi & Madhesh, 2018). Regardless of whether a student has a disability or is instructed in general education settings, students are currently separated by gender in SA (Alquraini, 2014). Each gender has its own schools, principals, administrators, teachers, and students. Recently, the Ministry of Education started to include male students in early elementary grades (i.e., kindergarten through third grade) in female schools.

In the United States of America (USA), inclusion for students with disabilities in the education system started 47 years ago (Public Law 94-142, 1975). According to this law, in the USA, a multidisciplinary team decides the best educational placement for a student, with special education placement options ranging from the least to the most restrictive environment. These placement options include instruction in (a) general education classrooms, (b) special education

classrooms (e.g., resource room or self-contained classroom), (c) special education school, (d) home instruction, residential programs, or hospitals (Epler & Ross, 2015).

In 1990, the Ministry of Education in SA began providing the option of mainstream programs (i.e., special education programs in resource rooms, in self-contained classrooms, or with teacher-consultancy in general education schools) for students with specific disabilities (Al-Mousa, 2010). These disabilities include hard of hearing, mild to moderate ID, visual impairment, learning disabilities, autism, gifted and talented, and physical disabilities. Students with other disabilities are not provided services in these programs.

In contrast to the USA, in SA, the determination of a disability and the educational placement for a student with a disability is decided solely on the IQ score and solely by a psychologist (Al-Ajmi, 2006; Alnahdi, 2014). Specifically, in order to get qualified for special education programs for students with ID:

- IQ score should not exceed 75.
- Low intellectual functioning is aligned with limitations in two adaptive skills.
- The severity of ID should not prevent the student from benefiting from the educational program.
- Having an additional disability should not prevent the student from benefiting from the educational program (Ministry of Education, 2016).

In addition, no clear guidelines from the Ministry of Education exist related to educational placements for students with ID.

For students with ID, this combination of policies and issues in implementation results in only for students with mild ID being placed in mainstream programs. For students with moderate ID (MOID), placement is occurring in either mainstream special education programs or

residential facilities (Aldabas, 2015; Alnahdi, 2014). In contrast, the only educational placement for students with severe ID is residential facilities, which recently have been required to provide two hours of special education services per day across the regular school year. Unfortunately, unlike the USA, the Ministry of Education does not offer any educational programs within a student's home or a hospital.

The most frequently used educational placement provided for students with MOID in SA is self-contained classrooms (Aldabas, 2015; Alnahdi, 2014). Self-contained classrooms are for students with disabilities only located in general education schools (no more than ten students in the classroom) working under the administration of the Ministry of Education. These types of disabilities include blind, hard of hearing, ID, multiple disabilities, and autism (Al-Mousa, 2010). Students with other types of disabilities (e.g., learning disabilities and physical disabilities) are usually included in general education classrooms with special education services provided throughout the day (Al-Mousa, 2010). In selected public schools, students with mild to moderate disabilities are educated in special education classrooms (Aldabas, 2015). There are three levels of special education in SA, including (1) primary level, provided in elementary schools, which consist of six grades first grade to sixth grade (until the age of 18); (2) intermediate level, provided in middle schools which consist of three grades seventh to ninth (until the age of 21); and (3) secondary level, provided in high schools which consist of three grades 10th to 12th grade (until the age of 24).

Overall, no research has been done to evaluate the services among this placement, measure the satisfaction of the participants, or understand the situation of the individual experience in our system (Alruwaili, 2016). Therefore, this research is important because it evaluates the educational services provided in the most used special education placement

available for students with MOID (i.e., a self-contained classroom in a mainstream program) and provides service delivery recommendations designed to lead to improved students' outcomes.

Significance of the Study

This study will make a contribution to the field. It will provide information about the services currently being provided in the most used educational placement for students with MOID in SA, as well as about the students' outcomes. It is anticipated, therefore, that this study will have a "heuristic significance" and hopefully inspire other researchers to conduct further research related to special education services for students with MOID in SA (Tracy, 2010, p.846). Potentially, the findings of this study will lead to an initial plan to improve educational and related services offered to students with MOID in SA. In addition, the results of this study might assist educators and other related services providers to compare and contrast the quality and effectiveness of services in this educational placement with their experiences.

Purpose of the Study

The purpose of this study is to begin to understand the educational experiences of students with MOID in the most used type of educational placements in SA. This understanding would include: (a) the setting in which they receive educational and related services; (b) the types of educational and related services they receive, including frequency, length, and location of those services; (c) the provider(s) of those services; (d) the type of curriculum, skills, and outcomes desired from those services; (e) the outcomes already achieved through these services (e.g., academic, social, behavioral, interpersonal, and functional skill acquisition and use); and (f) the quality of the services. To meet this purpose, I conducted a qualitative study of the teachers' perception of the educational experiences of female students with MOID in SA.

Qualitative data were collected mainly via interviews. The researcher conducted interviews with the special education teachers in self-contained classrooms. The overall purpose of this study is to offer an in-depth summary and analysis of the educational experiences, as well as the skills (e.g., academic, social, behavioral, interpersonal, and functional skills) acquired and used by female students with MOID receiving services in the most used educational placement in SA. I investigated the problem by the following research questions:

Main Research Question

What are the perceptions of the special education teachers about the past and current experiences of, and the impact of those experiences on, female students with MOID between 15-20 years of age currently placed in a self-contained special education classroom in a general education school in SA?

- Sub-question 1: What are the perceptions of the special education teachers about their targeted female students with MOID between 15-20 years of age?
- Sub-question 2: What are the perceptions of the special education teachers about the experiences of their targeted female students with MOID between 15-20 years of age prior to their current educational placement?
- Sub-question 3: What are the perceptions of the special education teachers about the content, context, and instruction being received by their targeted female students in their current educational placements?
- Sub-question 4: What are the perceptions of the special education teachers about the impact of services to date, and the impact anticipated from their targeted students' past and current services in relation to the students' acquisition and use of academic, social, behavioral, interpersonal, and functional skills?
- Sub-question 5: What are the perceptions of the special education teachers about the quality of services provided for their targeted female students (e.g., what is

missing; what can be improved; what has been or will be most beneficial), and the realized and anticipated impact of those services (e.g., short- and long-term outcomes)?

Summary

The purpose of this study is to understand the teachers' perception of the educational experiences of students with MOID who have been receiving educational services in self-contained classrooms provided in SA. In the following chapter, I described the educational system in SA and USA related to students with ID, issues related to special education in SA, and the rationale for this study.

Definitions

Intellectual Disability

According to the American Association on Intellectual and Developmental Disabilities it refers to a disability "characterized by significant limitations in both intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates during the developmental period, which is defined operationally as before the individual attains age 22." (p.1)

Self-contained Classroom

This term refers to self-contained classrooms for students with disabilities only located in general education schools (no more than ten students in the classroom) working under the administration of the Ministry of Education in SA. These types of disabilities include blind, hard of hearing, ID, multiple disabilities, and autism.

CHAPTER II: LITERATURE REVIEW

The purpose of this chapter is to provide a detailed discussion of the literature on the education of students with intellectual disabilities (ID). The chapter is organized to provide information on: (a) education in Saudi Arabia (SA), (b) special education in SA: law and legislations, (c) special education in the United States (US): law and legislations, (d) inclusive education, (e) intellectual disabilities (f) curriculum for students with moderate intellectual disabilities, (g) intellectual disabilities in SA, (h) research on intellectual disabilities in SA, (i) issues in special education in SA, (j) school context in SA, (k) summary of the literature review, and (l) rationale for the study.

Education in Saudi Arabia

There are two types of schools in SA: public schools and private schools. While both types of schools follow the same curriculum, there are differences between them. First, service in public schools "is provided by the government, free of charge, to all Saudis and children of Arabic-speaking residents who want it, from kindergarten up to and including secondary school" (Al Rawaf & Simmons, 1991, p. 287). Private schools do not receive government funding, thus require tuition. Second, private schools follow the same policies as public schools, but they have an option to add extra-curricular activities to their schedules. In both types of schools, students are separated by gender. Each gender has their own schools, principals, administrators, teachers, and students.

There are four levels of education in SA, including (1) nursery and kindergarten (ages 3-6); (2) primary level, provided in elementary schools which consist of six grades (ages 6-12); (3) intermediate level, provided in middle schools which consist of three grades (ages 13-15); and (4) secondary level, provided in high schools which consist of three grades (ages 16-18) See

table 1. After students graduate from high school, they have the option of attending universities, college, or vocational training. There are 29 public universities, 14 private universities, 20 private colleges, and 65 vocational colleges (Ministry of Education, 2019).

Table 1. School Years Name

Saudi System			**American System**	
School Phase	**What is it called?**	**Age**	**School Phase**	**What is it called?**
Early Childhood	Pre-school	**3-5**	Elementary School	Pre-school
Early Childhood	Kindergarten	**5-6**	Elementary School	Kindergarten
Elementary School	1st Grade	**6-7**	Elementary School	1st Grade
Elementary School	2nd Grade	**7-8**	Elementary School	2nd Grade
Elementary School	3rd Grade	**8-9**	Elementary School	3rd Grade
Elementary School	4th Grade	**9-10**	Elementary School	4th Grade
Elementary School	5th Grade	**10-11**	Elementary School	5th Grade
Elementary School	6th Grade	**11-12**	Middle School	6th Grade
Middle School	1st Grade Middle School	**12-13**	Middle School	7th Grade
Middle School	2nd Grade Middle School	**13-14**	Middle School	8th Grade
Middle School	3rd Grade Middle School	**14-15**	High School	9th Grade
High School	1st Grade High School	**15-16**	High School	10th Grade
High School	2nd Grade High School	**16-17**	High School	11th Grade
High School	3rd Grade High School	**17-18**	High School	12th Grade

In both types of schools, teachers are either general or special education teachers, with differences between the sets of teachers. General education teachers have a diploma (i.e., a two-year program after high school) or at least an undergraduate degree and teach the Ministry of Education's standard curriculum in public school. These teachers may have specialized in one subject during their study (e.g., Arabic, Mathematics, Science, Religion). Special education

teachers have a diploma in special education, or at least an undergraduate degree. These teachers have specialized in services for students within a disability category (e.g., intellectual disabilities, deaf or hard of hearing, autism, and learning disabilities).

Special Education in Saudi Arabia: Laws and Legislation

One in every 30 persons has a disability in SA, which equals about half a million people (Bindawas & Vennu, 2018). Special education began in the 1960s when the first school for students with visual impairments opened in SA (Alnahdi, 2014). In the 1970s, the first institute for students with ID was opened (Aldabas, 2015; Alnahdi, 2014). However, in 2008, there were 1,244 students in institutions and 2,307 were in classrooms in general schools. In the late 1990s, the Ministry of Education integrated students with disabilities in general education schools. According to the Alnahdi, the recent statistics showed that there are twice as many programs for males as for females, and that might be based on the author's assumption that the government offers a new service or services proved to be effective to males first.

Major Special Education Laws and Legislations

In SA, there are three main laws that grant rights for individuals with disabilities and to regulate the services and responsibilities for these individuals. Laws include the Disability Code, Regulations of Special Education Programs and Institutes, and Regulations Guidebook of Special Education.

Disability Code

The Disability Code passed by the government in 2000 (Bureau of Expert at the Council of Ministries, 2000; King Salman Center for Disability Research, 2000). This law was passed "to guarantee that people with disabilities have access to free and appropriate medical, psychological, social, educational, and rehabilitation services through public agencies"

(Alquraini, 2011, p.140). There are 16 articles that aim to regulate the rights and services for individuals with disabilities. Article topic includes term definitions, services provided (e.g., health, prevention, education, training, and rehabilitation), and the regulations of services and responsibilities of different ministries in SA.

Regulations of Special Education Programs and Institutes

The Ministry of Education in SA in 2001 passed the Regulations of Special Education Programs and Institutes (RSEPI) (Ministry of Education, 2001). This document provides the first regulations that outline the rights for students with disabilities who need special education services (Alquraini, 2011). There are 11 chapters that aim to explain the regulations of education for students with disabilities. This Chapters' topics include: (1) terms definitions, (2) goals of special education, (3) foundations of special education, (4) disabilities categories, (5) transitions services, (6) administration regulations and responsibilities of the workers, (7) responsibilities of other departments and institutions, (8) diagnosis and evaluation, (9) individualized educational plans, (10) educational assessments, and (11) general roles of RSEPI. Disability categories include deafness, blindness, intellectual disabilities, learning disabilities, giftedness, autism, behavioral and emotional disorders, multiple disabilities, physical disabilities, and language and communication disabilities.

Regulations Guidebook of Special Education

The Ministry of Education in 2016 updated RSEPI of the Regulations Guidebook of Special Education (RGSE) (Ministry of Education, 2016). RGSE's aim is the same as RSEPI, which is to regulate the special education services for students with disabilities. Topics of RGSE include the same topics mentioned in RSEPI; the only difference between these documents is RGSE adding the early intervention topic. Disability categories include deafness, blindness,

intellectual disabilities, learning disabilities, multiple disabilities, autism, behavioral and emotional disorders, physical disabilities, language and communication disabilities, attention deficit hyperactivity disorder, and deaf-blindness.

In spite of these laws, the decision for placements for students with disabilities in SA is based solely on their IQ score. The placements are supposed to range from the least to most restrictive environments. However, the general education classroom is only a choice for a few disabilities' categories including learning disabilities, emotional behavioral disorder, mild intellectual disabilities, physical disabilities, language and communication disabilities, and attention deficit hyperactivity disorder. Therefore, students with moderate to severe ID have only three options: special education classrooms/schools, residential institutions, or their homes (Alnahdi, 2014).

In the United States, however, students with ID have opportunities for a broader range of placement. Therefore, I will discuss special education in the United States in regard to including students with disabilities in general education schools.

Special Education in the United States: Laws and Legislation

The first federal law ensuring the education of students with disabilities was signed in 1975, the Education for All Handicapped Children Act (EAHCA) (Public Law 94-142). This law was reauthorized and amended several times. The most popular reauthorization of the EAHCA is the Individuals with Disabilities Education Act (IDEA) of 2004. IDEA has four parts; (a) general provision, (b) assistance for the education of all children with disabilities, (c) infants and toddler with disabilities, and (d) national activities to improve the education of children with disabilities. This paper focuses on the educational experience of individuals with ID, therefore I will focus on Part B of IDEA. Part B "includes provisions related to formula grants that assist states in

providing a free appropriate public education in the least restrictive environment for children with disabilities ages three through 21" (U.S. Department of Education, 2004). There are several major principles for IDEA, which are zero rejection, identification and evaluation, free and appropriate public education (FAPE), least restrictive environment (LRE), procedural safeguards, and technology and related services (IDEA, 2004). The principles of IDEA highlight the importance of FAPE for all students with disabilities in the least restrictive environment.

In the USA, as a result of IDEA, the multidisciplinary team decides the best placement for a student with disabilities. The placements flow of students in special education from the least to the most restrictive environment are (1) instruction in general education classrooms, (2) special education classrooms (e.g., resource room or self-contained classroom), (3) special education school, and (4) home instruction, residential programs, or hospitals (Epler & Ross, 2015). Overall, researchers believe that the LRE for most students including those with ID is in the general education environment (Browder et al., 2014). Often the term used to describe this educational placement is inclusion.

Inclusive Education

One of the evidence-based practices for placements for students with MOID is inclusive education (Browder et al., 2014). In this section, I will discuss the definition of inclusion, benefits of inclusion for students with disabilities, and benefits of inclusion for typical peers.

Definition of Inclusion

There are different definitions of inclusion. For this paper I will focus on the definition by Ryndak et al. (1999). They mentioned seven components of a working definition of school inclusion for students with moderate to severe disabilities from experts' perspective. The seven components are:

- Placement in natural typical settings, which means placing students with disabilities in-age-appropriate general education classes.
- Students with and without disabilities are together for different types of instruction and learning activities.
- Supports and modifications within general education classes are provided for students with and without disabilities to meet appropriate learner outcomes
- All students share a sense of belongingness and equal membership in the inclusive classes; and the acceptance and being valued for students with disabilities by adults and their typical peers.
- Education team works collaboratively to plan, implement, and evaluate instruction in inclusive classes for each student.
- Inclusion of all students is a systemic philosophy or belief system
- Meshing general and special education should merge in one unified system. (p.108-109)

Knowing and understanding these components is essential for educators in special education to assure a real inclusion experience for students with disabilities.

Benefits of Inclusion for Students with Disabilities

Research has consistently confirmed the positive outcomes of inclusion for students with MOID (Jorgensen et al., 2007; Kurth et al., 2015; Ryndak, et al., 2013). Students with MOID who are included improve socially, developmentally, and academically (Sailor & McCart, 2014). Below I will discuss several studies that discuss the importance of inclusion for students with disabilities.

Francis et al. (2016) confirmed the positive outcomes for inclusion of students with disabilities. According to Francis et al., parents contributed positive outcomes in academic,

social, and behavior to inclusion. Gains included “enhanced reading skills, improved self-monitoring skills, more friends, greater self-awareness, and increased self-confidence.” (Francis et al., 2016, p.290). They also showed that students’ behavior improved. Another study has shown that even older students show improvements when included in general education classrooms.

A case study by Ryndak et al. (1999) demonstrated the positive outcome of inclusive education for a young woman with moderate to severe disability. The authors conducted a 7-year case study about a young woman, who had been receiving special education services in a self-contained classroom for ten years, and her performance was below grade level work, and she showed inappropriate behaviors. After that, she started to receive services in a seventh-grade general education classroom with nondisabled peers. The result from this case study showed improvement in her literacy development and decrease of inappropriate behavior. This study also suggested that even late exposure to general curriculum and literacy activities in a general education classroom has a positive impact on the individual with moderate to severe disabilities.

Another study showed that even students with severe disabilities would benefit from inclusion with appropriate support. Kurth et al. (2015) conducted a study that involved eighteen students with severe disabilities in inclusive school. The study showed that the students engaged in large group instruction, and the support method that they needed was provided in the inclusive classroom. This finding supports the fact that a segregated classroom is not the only way to support students with severe disabilities. Students with disabilities reported better outcomes and that they liked being included in general education. Results showed students’ work improved and that students could receive the support they needed in the classroom.

Benefits for all Students

Inclusion is beneficial for students with and without disabilities although many people still believe that this will affect students without disabilities negatively (Kochhar-Bryant et al., 1996). Studies show the academic performance and social behaviors of these students are not affected by inclusion. Below I will discuss several studies that discuss the importance of inclusion for students with and without disabilities.

A qualitative study showed that both students with and without disabilities enjoyed and prefer inclusive education. Shogren et al. (2015) conducted a study that examined the experience for students with disabilities and without disabilities in inclusive schools. The participants of the study were 86 students, 33 with disabilities and 53 without disabilities. The results of the study indicated that all the students felt that they have a highly positive school culture, and that the principals and teachers were supporting and interacting with them. The students mentioned the safety in the school and how their school posted signs made by students showing the school philosophy of inclusion. Many students without disabilities reported the positivity/effectiveness of having a student with disabilities in their classrooms. For example, one student said,

> I like it more if there are people that are above me so I can learn different things from them and if there are people below me that means that they can learn from me. I like learning from other people, and I like teaching other people what they haven't learned yet. (p.250)

Another student described how the school provided opportunities to interact with students with disabilities. For example, a girl in the recess and no one played with her until the teacher asked two students to play with her, so they played with her and the two students had fun and

learned more about their friend. Students with disabilities appreciated being in inclusive school and preferred to be educated with their peers.

Further, Salend and Duhaney (1999) did a literature review on the impact of inclusion on students with and without disabilities and they found effectiveness of inclusion related to academic and social behaviors. For students with disabilities, the placement in an inclusive education setting improved the educational outcomes including "improved standardized test scores, reading performance, mastery of IEP goals, grades, on-task behavior, motivation to learn, and greater success in making the transition to adult- hood" (p.118). Besides improvements in educational outcomes, students showed improvements in social skills and in social interaction with their peers without disabilities. The academic performance of students without disabilities was not affected by being placed in an inclusive classroom. The authors measured "the amount of allocated and engaged instructional time, the rate of interruptions to planned activities, and the students' achievement test scores and report card grades" and found that there are no differences between the students without disabilities who were placed in inclusive or typical classrooms (Salend & Duhaney, 1999, p.120). Social outcomes for students without disabilities were also positive. These students demonstrated positive views of being in an inclusive environment, became more sensitive to the needs of other people, had more friendships with students with disabilities, and were better able to deal with disability in their own lives.

Overall, students with and without disabilities reported better conditions in inclusive classrooms and those they liked being included. Inclusion of students with ID in general education will help to improve the academic, social and behavioral outcomes of students with ID. Besides benefiting from inclusion for students with ID, their peers without disabilities proved to benefit from inclusion too. There are still some educators who believe that segregated

classrooms are more effective for students with moderate to severe disabilities (Ayres et al., 2011). Below I will explain more information about students with intellectual disabilities in regard to special education in SA.

Intellectual Disabilities

According to IDEA in the USA, "Intellectual disability means significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance" (IDEA, 2006, as defined in §300.8). In addition to the IDEA definition, there are two other important definitions of ID. First, the American Association on Intellectual and Developmental Disabilities (AAIDD) defines ID as a disability,

> characterized by significant limitations in both intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates during the developmental period, which is defined operationally as before the individual attains age 22. (Schalock et al., 2021, p.1)

According to AAIDD, ID is characterized by (a) significant limitation in intellectual functioning, (b) significant limitation in adaptive behavior, and (c) existence before the age of 22 years. A second important definition of ID is that used by the Diagnostic and Statistical Manual Fifth Edition (DSM-5) as an individual having "deficits in intellectual functioning and deficits in adaptive functioning" (American Psychiatric Association, 2013). A range of deficits in intellectual functioning is characterized by Intelligence Quotient (IQ), and scores within the following levels: (a) Mild ID (IQ range 69-50), (b) Moderate ID (49-36), (c) Severe ID (35-20), and (d) Profound ID (below 20). Adaptive functioning skills are those needed to perform daily

living tasks, such as communication, social skills, school/work tasks, bathing, dressing, and eating. Individuals with ID typically demonstrate difficulties with adaptive functioning skills. This type of disability generally manifests during early childhood (American Psychiatric Association, 2013).

The terminology used to identify individuals with ID includes *mental retardation*, *feeblemindedness*, and *mental handicap*, but there was a discussion in the field to change to "intellectual disability" which is seen as a more professional term and is less offensive to individuals with ID (Schalock et al., 2007). Then, it became official, and the name changed from "mental retardation" to "intellectual disabilities" (Rosa's Law, 2010).

Classification of Intellectual Disabilities

In the United States of America, there are two classification systems used to identify individuals with ID, each based on the intensity of support needed by the individual, or the individual's adaptive functioning. AAIDD uses the first system based on the intensity of support needed; that is, is support needed in an intermittent, limited, extensive, or pervasive manner. Second, the DSM-5 specifies that the severity of ID is based on an individual's adaptive functioning, rather than IQ scores, and is noted as being either mild, moderate, severe, or profound (American Psychiatric Association, 2013).

Curriculum for Students with Moderate Intellectual Disabilities

In the United States, there is a debate about what teachers should teach students with moderate to severe intellectual disabilities. Ryndak et al. (2013) assert that, according to research for students with moderate to severe intellectual disabilities, there are two curricula being taught to them: the general education curriculum and an alternate curriculum. The general education curriculum is defined as "the same curriculum as for nondisabled children" (IDEA, 2004).

According to Spooner et al. (2016) access to the general education curriculum for students with moderate to severe intellectual disabilities "increases expectations for achievement; results in the development of academic skills, social relationships, and skills from other domains (e.g., home living, vocational); and promotes opportunities for students to engage in curriculum activities with their nondisabled peers in inclusive settings." (p.280)

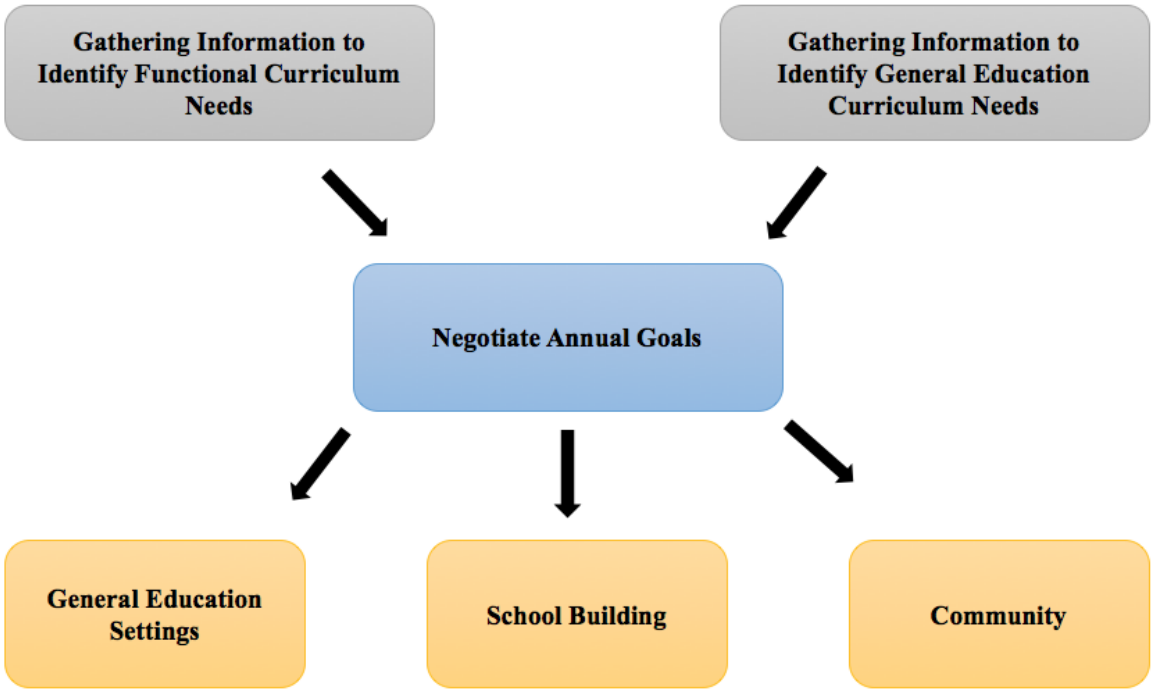
In contrast, an alternate curriculum is "content needed for participation in life during and after exiting school, and content considered foundational across life in and out of school" (Ryndak et al., 2013, p.35). Early literature discusses alternate curriculum as comprising functional skills. Some researchers argue that teaching these students only functional skills will increase their independence in life (Ayres et al., 2011). However, Courtade et al. (2012) counter that argument by stating that teaching them the general education curriculum provides a full educational opportunity, as the academic potential of these students is unknown. Therefore, it is not accurate to say that students with moderate to severe intellectual disabilities can learn functional skills only. Students should have the opportunities to discover new knowledge, and teachers need to have high expectations of them. In fact, Hunt et al. (2012) asserted that Ayres et al. and Courtade et al. made important points, and educators need to take advantage of the benefits from both types of curricula. To accomplish this, Hunt et al.

> proposed an educational planning process that attempts to blend ecological frameworks for curriculum design and state core curricula in a way that takes into account the traditional values of the field of severe disabilities including individualization, self-determination, inclusion, and a focus on improving students' quality of life. (p.147-148)

The ecological approach allows teachers to design curriculum content based on both the general education curriculum content and each student's needs. According to Ryndak and Alper

(2003) “the ecological approach to curriculum is unique in that it emphasizes the stimulus features of specific settings in which people are expected to function and the importance of conducting training on those settings” (p.79). This ecological approach uses several inventories after observing a student in natural settings, including a student inventory, family inventory, peer inventory, community inventory, and general education setting inventory. Westling et al. (2015) state that “the ecological inventory is conducted to determine the types of activities an individual with severe disabilities might learn to perform in the setting” (p.110). Ryndak and Alper clarified the aim of these inventories in figure 1.

Figure 1. Ecological Framework to Identify the Curriculum



Note. Adapted from (Ryndak and Alper ,2003, p.92)

When planning the curriculum for students with moderate to severe intellectual disabilities, teachers always should include the family in that process. Educators should integrate person-centered planning to identify curriculum content (Browder, 2001; Orelove et al., 2004;

Snell & Brown, 2011; Wehmeyer et al., 2002). When defining person-centered planning, Browder stated: “Rather than matching the person to the services that already exist, services are developed based on the person’s priorities and unique situation” (p.25). This approach assists educators in planning content based on the students’ needs, meaningful choices, and community support (Wehmeyer et al., 2002).

In brief, to answer the question on what to teach students with moderate to severe intellectual disabilities, the evidence-based supports content that includes grade-level academic content, functional skill content, job and community living content, self-determination, and social and communication skills (Browder et al., 2014). In fact, deciding what to teach these students is complex. No one curriculum will fit all of each student’s needs. Therefore, teachers need to include the family's perspective, the student’s needs, and the general education curriculum being taught to the student’s grade-level peers who do not have disabilities. In addition, teachers should think about the long-term goals and try to determine the content that will most benefit the student when exiting school services and engaging in employment and community adult life.

Intellectual Disabilities in Saudi Arabia

In general, the Disability Law in SA defines disability as individuals suffering from complete or partial failure in a stable way in the physical capabilities, sensory, mental or communicative, education or psychological to the point that it minimizes the person’s capability of meeting the standard requirements” (Alharbi & Madhesh, 2018, p. 951). The Ministry of Education in SA defines ID as “significant decrease in overall mental performance in the growth

phase, accompanied by a clear deficit in two or more areas of behavior and adaptation (e.g., self-care, home living, social skills, self-regulation" (p.11).

The definition used by the Ministry of Education in SA differs slightly from the two classification systems in the United States. In SA, according to the Ministry of Education, students with intellectual disabilities are identified at three levels when using the Wechsler Preschool and Primary Scale of Intelligence (WPPSI) test. Specifically, a student is identified as having: (a) an IQ ranging from 55-75, determined to be a mild disability, indicating the student is able to be educated; (b) an IQ ranging from 40-54, determined to be a moderate disability, indicating that the student is able to be trained; (c) an IQ less than 40, determined to be a severe disability, indicating the student is a custodial and need care (Ministry of Education in Saudi Arabia, 2019a). Table 2 summarizes the three classification systems, DSM-5, AAIDD, and the Ministry of Education in SA.

Table 2. Classifications of Intellectual Disability Severity

Severity Categories	DSM-5 (Specifiers based on adaptive functioning)	AAIDD (Specifiers based on level of support)	Ministry of Education in Saudi Arabia (Specifiers based on IQ score)
Mild	Can live independently with minimum levels of support.	Intermittent support needed during transitions or periods of uncertainty.	IQ WPPSI[A]=55-75, or SB[b]=52-7355-75
Moderate	Independent living may be achieved with moderate levels of support, such as those available in-group homes.	Limited support needed in daily situations.	IQ WPPSI= 40-54, or SB=36-51
Severe	Requires daily assistance with self-care activities and safety supervision.	Extensive support needed for daily activities.	IQ WPPSI=less than 40, or SB=less than 36

Profound	Requires 24-hour care.	Pervasive support needed for every aspect of daily routines.

[a]WPPSI= Wechsler Preschool and Primary Scale of Intelligence

[b]SB= Stanford-Binet Intelligence Scale

Adapted from National Academies of Sciences, Engineering, and Medicine (2015).

Research on Intellectual Disabilities in Saudi Arabia

There is a lack of research related to ID in SA (Alqahtani et al., 2021; Altamimi et al., 2015; Hadidi & Al Khateeb, 2015). Because there are so few studies that have been conducted on this topic, I explore in depth the few available studies that have been conducted, rather than identifying themes across those studies. I divide this section into two topics. First, I will discuss the research on special education services. Second, I will explore the research on perceptions of services.

Research on Special Education Services

The literature related to the research on special education services can be divided into two topics. First, I will discuss the state of special education services of ID in SA. Second, I will look at research on the evaluation of services related to students with ID in SA.

Alnahdi (2014) examined special education programs for students with ID in SA. He used a descriptive non-experimental mixed method research design. For data collection, Alnahdi used observations on 25 programs, eight interviews with special education teachers, and documentation. He offered his results in four areas: assessment and diagnosis, partial inclusion, individualized educational plan, and curricular issues. Finally, the author mentioned several recommendations to improve the services for students with ID in SA. In a different study, Alruwaili (2016) described issues related to special education services for students with ID in SA. According to Alruwaili, there are three issues: the services of ID programs, ID curriculum,

and specialized teachers. In addition, he offered several recommendations to overcome these obstacles. Recommendations include clear policies and laws, program improvements, and increasing the use of assistive technology and parents' involvements. Finally, Al-otaibi et al. (2015) conducted a study to identify the role of the residential facility to empower individuals with disabilities in Najran, a southern city in SA. A questionnaire was developed to measure the educational, vocational, economic and social empowerment programs for the residents. The participants were 34 workers, and the results indicated that the facility lacked educational, vocational, economic, and social opportunities for the residents with disabilities.

Second, there is very little research evaluating ID services in SA. I could only find two studies, and they were rather different - focusing on very different aspects of ID services. Hawsawi and Alarifi (2015) evaluated the individual educational programs for people with ID according to the standards of the Council of Exceptional Children (CEC). The researchers evaluated 17 individual educational programs by using a descriptive analytical method. Results indicated that these programs had properly used four standards of CEC. However, these programs used four standards of CEC incorrectly, and they didn't attend to twelve other standards (Hawsawi & Alarifi, 2015). Alternatively, Alkahtani and Al-Qahtani (2017) evaluated the positive impact of citizenship education in students with ID. The participants were 36 students from disability centers (mental age ranging from six to 12 years). The authors used a qualitative close-ended questionnaire to evaluate the citizenship knowledge of the participants and the results indicated the average level of citizenship knowledge among the students with ID.

Research on Perceptions of Services

In this section I look at the limited research on stakeholders' perceptions of services for students with ID. Researchers explored the perspectives of three different groups: workers,

parents, and typical peers. While the research showed that most stakeholders' perspectives of services were positive, there were conflicting results in studies of teachers' and parents' perceptions.

First, two studies examined the workers' perspectives related to ID. Al-Ajmi (2006) conducted a study to examine the perception of the administration and the special education teachers in SA related to the use and the effectiveness of Functional Behavior Assessment (FBA) for students with intellectual disabilities. The researcher used a survey and 394 teachers responded. They also conducted four focus groups with 24 participants (each group had six members). In general, the results reported the positive overall perception of the participants, and female participants had more positive perception than the male participants of the services provided to students with ID.

On the other hand, there is a study that captures the negative attitudes related to a different aspect of students with ID that is inclusion. Alquraini, (2012) surveyed 303 Saudi teachers to examine their perspective on inclusive education for students with severe ID. Participants were 175 general education teachers and 128 special education teachers. The results indicated that teachers had slightly negative perspectives toward including students with severe ID and the factors related to that were current teaching position, previous teaching experience, and teachers' gender. Surprisingly, general education teachers had more positive perspectives than the special education teachers, and Alquraini mentioned that those general education teachers have mainstream schools, where they might interact with students with mild ID in non-curricular activities (Alquraini, 2012). Further, Alkhattabi et al. (2020) examined teachers' attitudes toward including students with ID in general education classrooms. 179 completed the survey, 139 were general education teachers, and 43 were special education teachers. The results

indicated that 81% of the general education teachers were not willing to teach students with ID, and 77.9% reported not being prepared. Overall, both general and special education teachers indicated strong preference for students with ID to receive services in segregated placements.

In a different study of perceptions, Al-hebaish and Al-amri (2012) examined the perception of the 27 workers toward the reality of educating and rehabilitating at residential facilities in the western region in SA. The results indicated that these facilities do provide some learning opportunities for students with ID, their parents help to support their child in these facilities, and there are opportunities for students with ID to play roles in the community. However, they note the absence of technology use for students with ID in either education or rehabilitation.

Second, three research teams studied parents' perspectives on the services for students with ID. Alajami and Alaseef (2013) examined the perspectives of parents with typical children toward integration of children with ID with their children in regular schools. The researchers surveyed 485 parents, and 68% were males and 32% were females. The results indicated negative parents' attitudes with regard to the psychological and educational dimensions of integration; they worried that inclusion would result in their children feeling insecure and unstable, and acquiring the poor behavior by their own children. However, parents had positive attitudes regarding the social dimension and felt that it would be beneficial for students with ID to form friendships and increase the social interaction between them and their children.

In a different type of study, Aldosari and Pufpaff (2014) surveyed 102 fathers and 102 mothers of male children with ID to compare their perceived stress related to their child. Results illustrated the high level of perceived stress in the mothers more than fathers related to the parent-child relationship, parent's characteristics, and child's characteristics.

Another study of perceptions focused on both teachers' and parents' perspectives on the education of students with ID. Alshamri (2019) conducted a survey to evaluate the education of students with ID in SA. The participants were 95 in total, 47 were teachers and 48 were parents. Results showed that teachers use different strategies in their classrooms (e.g., hands on, play-based, task analysis, or group learning), and most of the parents were not directly involved at home with their child's education and they rely mostly on formal education. When asked about the effectiveness of teaching important social and practical skills, both teachers and parents were not confident in answering that question (Alshamri, 2019).

Finally, one study only examined typical peers' perspectives of students with ID. Alnahdi (2019) surveyed 357 Saudi elementary male students to examine their attitudes toward their peers with disabilities. In general, these students had positive attitudes toward their peers with disabilities. Specifically, students who came from school that had self-contained classrooms for students with intellectual disabilities had a more positive attitude than the others (Alnahdi, 2019).

Overall, there is very limited research on issues related to ID in SA. The few studies that have been conducted are exploratory and inconclusive. Generally, parents, teachers, and educational workers seem to believe that services for students with ID are important, but they are currently not a priority and thus it is difficult to assess whether they are working well. What is clear is that the current levels of services are inadequate to the needs of this population.

Issues in Special Education in Saudi Arabia

After carefully reviewing the literature in SA, there are four main themes of the issues on the current practice of teaching students with ID- laws and regulations, research, placements, and other related issues.

Laws and Regulations

There are laws in SA that protect the rights of individuals with disabilities related to health, social, and educational needs (Bureau of Expert at the Council of Ministries, 2000). For educational purposes, the Ministry of Education in SA has two important policy documents in special education programs RSEPI, (2001) and RGSE, (2016). These documents ensure the rights to a free and appropriate education for students with disabilities (Alquraini, 2013). However, there are three main issues related to the policy documents, procedural safeguards, implementation and inclusive education.

First, the current special education policy in SA does not consider any procedural safeguards (Alquraini, 2013). In the USA, IDEA protects the rights of parents and their children with disabilities relating to different aspects (e.g., independent educational evaluation, access to the records, and child placements) by applying Procedural Safeguards (U.S. Department of Education, 2004). The lack of procedural safeguards in SA is a major problem in the system, because if the parents do not have the right to disagree with a service, their child might get inadequate special education services.

Second, the aim of these documents is having guidelines to regulate the special education services for students with disabilities. “Although the guidelines are well stipulated in the policy, it is apparent that the government of Saudi Arabia has failed in its implementation process.” (Alharbi & Madhesh, 2018, p. 953). Further, “the lack of the effective implementation has created in a gap between the framework of these laws and the provision of services, resulting in a lack of special education services for some students with disabilities” (Alquraini, 2011, p. 151). Second, besides implementation issues, Saudis’ schools do not yet have inclusive education for all students. In fact, there are no clear or detailed guidelines from the Ministry of Education

about each subject in the special education programs (Alruwaili, 2016), especially related to inclusive education. In Saudis' schools, Alharbi and Madhesh (2018) mentioned that the RGSE (2016),

> Stipulates clear guidelines on how to cater for students and individuals with disabilities. The 2016 version has clearly specified tasks that teachers need to follow. However, the aim appears to be "integration" into regular or mainstream schools, rather than inclusive education. (p. 954)

Research

In general, there is a lack of research related to the field of special education in Arab countries, and the research-practice gap is a major problem (Hadidi & Al Khateeb, 2015). Additionally, there is a major issue related to the types of methodology. Two research syntheses appear in the extant literature related to special education services in SA. The first synthesis reviewed only international literature about special education in SA that was written in English (Altamimi et al., 2015). This search yielded 116 publications from 1970 to 2014. These researchers found that there were three publications using qualitative research methodologies to study students with autism, students with hearing impairments, and students who were using assistive technology. In addition, the researchers found one publication that used a case study methodology to investigate services for students identified as being talented and gifted (Altamimi et al., 2015). The second synthesis extended the literature by analyzing 499 publications that were written in either Arabic or English between 1984 and 2016 (Alqahtani et al., 2021). The results of this review found that only 2.4% of the publications used a qualitative method. Specifically, only two publications used a case study methodology to investigate issues related to students identified as having attention deficit hyperactivity disorder and deaf

(Alqahtani et al., 2021). The results aligned with Altamimi et al. (2015) that the majority of the publications used quantitative designs and researchers should take action to use different methodology in their research.

Placements

In the United States, students are supposed to receive their education in the least restrictive environment. This protects the rights of students with disabilities to get their education an inclusive environment as much as possible (U.S. Department of Education, 2004). Unfortunately, the Ministry of Education indicated that "schools should educate students with disabilities in SA in the general education setting without providing a general guide that might be considered by the schools in its implementation" (Alquraini, 2013, p. 607). Therefore, in SA, there is no actual inclusion in public schools, and students with intellectual disabilities usually spend their school day in self-contained classrooms (Alnahdi, 2014). Students with mild to moderate ID begin their education in special education classrooms within public schools (Aldabas, 2015; Alquraini, 2011). However, students with moderate to severe ID have three options: special education schools, residential institutions, or their homes (Alnahdi, 2014; Alquraini, 2011).

Alruwaili (2018) conducted a literature review of the obstacles of facing implementation of inclusion of students with disabilities in mainstream secondary schools. Alruwaili found three barriers to implementation of inclusion in SA. First, social barriers that include teachers' negative attitudes toward inclusion, lack of parental involvement, poor relationship among students with disabilities and their typical peers. Second, physical barriers include poor organization of classrooms and schools, inadequate classroom size, and lack of adequate

teachers' assistants. Third, academic barriers include inappropriate curriculum, teachers' competence, lack of support, and lack of proper assessments.

There are still issues on the view of inclusion, and also lack of knowledge on how to define and apply inclusion. Therefore, more research needed to provide clear ideas and effective examples on how to provide inclusion for students with ID. Finally, educators in SA should consider the experience of other countries and try to apply effective inclusion in the Saudi school system.

Other Related Issues

Assessment

There are two main issues in SA related to the determination of the eligibility of special education services. First, the assessment process usually starts when the child goes to school, which is late for a child to benefit from early intervention provided by preschools (Alquraini, 2014). Second, there is a lack of multidisciplinary teams to provide reliable and valid assessments (Al-Ajmi, 2006; Alnahdi, 2014; Alruwaili, 2016; Alquraini, 2013, 2014; Altheyab & Alquraini, 2018). Therefore, the diagnosis of a disability is confirmed by an IQ test done by a psychologist in a hospital or a special education department in the Ministry of Education (Al-Ajmi, 2006; Alnahdi 2014; Altheyab & Alquraini, 2018). These IQ tests have several issues. First, these tests are not suitable for the Saudi students' context since they were translated from English to Arabic for Egyptian or Jordanian students. Second, the other issues include the diagnosis of ID depends on the IQ test, the lack of using adaptive behavior assessments, insufficient time for diagnosis, and the failure to assess and diagnose the cases with the whole team (Altheyab & Alquraini, 2018). Alquraini, Altheyab and Alquraini asserted that these issues

may result in inappropriate diagnosis or misdiagnosis for many individuals with disabilities in SA.

Curriculum

In the special education programs, all students with ID have to learn from formal curriculum textbooks that teachers need to use every day. Most of the elementary curriculum focuses on academics, while the middle and high school curriculum focuses on vocational skills more than the academic skills; and there is a lack of transitional services for these students (Alnahdi, 2014; Alshuayl, 2021). Recently, they changed the formal curriculum textbooks to standards (Ministry of Education, 2017). The mandated standards of students with ID are different than the mandated curriculum for general education students. There is confusion whether teachers need to teach their students based on their IEPs or the mandated curriculum (Alruwaili, 2016). Students in self-contained classrooms are divided into two levels of their abilities and teachers will assign each student to one of the two IEPs due to the time limit (Alnahdi, 2014). However, the teachers in the special education programs for students with ID should develop an IEP for each student.

Teacher's preparation programs

In SA, there are at least 24 special education departments in Saudi's universities (Alquraini, 2014). These departments provide special education programs based on the disability categories (e.g., intellectual disabilities, autism, learning disabilities, or hearing impairments). According to Alnahdi (2014), "A majority of teachers in special education programs hold a bachelor's degree in special education. Teachers who majored in other areas, particularly teachers with physical education and art specialties, can also work in special education programs" (p.88). Many of the teachers in special education programs graduated with their

undergraduate degree in special education. On the other hand, some teachers did not have a major in special education; they either completed a one-year certificate program or teach without certification (Alnahdi, 2014). Therefore, teachers are not always qualified to work with different disabilities in a general education classroom. Therefore, universities should change the aim of categorical programs to general with adding courses on effective strategies to teach all students in inclusive classrooms (Hadidi & Al Khateeb, 2015).

Overall, these issues correlate and affect each other. Generally, we lack clear policies, research, inadequate placements, proper assessment, equal curriculum, and highly qualified teachers. Research has proven that the existing services need a lot of improvements. Therefore, there is a need for research to evaluate the special education programs that we have and to set the stage to understand what level of services we provide in the education system.

School Context in Saudi Arabia

School Schedule and Subjects

The school days in SA are from Sunday to Thursday to accommodate for religious practices. Each school day for middle school has winter and summer arrival and dismissal times to accommodate for time changes and daylight. Each day consists of morning assembly, seven classes, lunchtime, and extracurricular time (See the Table 3). Each class is 45 minutes in length, and classes are based on subjects provided in schools.

The subjects taught in Middle schools include Islamic studies, Arabic, Mathematics, Science, Computer, Family Studies, Vocational Studies, Art, and Physical Education (PE). Two of these, Arabic and Mathematics, are considered main subjects, while the others are considered additional subjects.

Table 3. School Day Schedule for Middle Schools

Activity	Time			
	Summer		Winter	
	From	To	From	To
Morning assembly	6:45	7:00	7:15	7:30
1st class	7:00	7:45	7:30	8:15
2nd class	7:45	8:30	8:15	9:00
3rd class	8:30	9:15	9:00	9:45
lunchtime	9:15	9:35	9:45	10:05
4th class	9:35	10:20	10:05	10:50
5th class	10:20	11:05	10:50	11:35
6th class	11:05	11:50	11:35	12:20
7th class	11:50	12:35	12:20	1:05
Extracurricular time	12:35	1:35	1:05	2:05

Individualized Educational Programs

According to the Regulations Guidebook of Special Education (RGSE), a student's IEP is described as:

> An essential document written between the parties of the educational process (student- school team-family), individual and organization in the student's program for all educational services and support services required by the needs of each student with disabilities - based on diagnosis and measurement results - and prepared by the school team in the educational institution. (Ministry of Education, 2016, p.27)

The Saudi IEP team members, according to the RGSE, should include: a principal, special education teacher, general education teacher, counselor, parents, professionals (e.g., psychologist, speech pathologist, physical therapist), and the student, as much as possible. Furthermore, the RGSE mentions that the process to evaluate progress on a student's IEP includes:

- Documenting and reporting the student's progress toward achieving each long-term goal through continuous evaluation.
- Evaluating the student's progress towards achieving short-term goals regularly.
- An evaluation to determine the IEPs effectiveness in meeting the student's needs.
- Reviewing the IEP annually or semi-annually and modifying it if the student's desired progress was not achieved when his needs changed or more progress than expected was made (p.30-31).

Language Used in Schools in Saudi Arabia

Arabic is the official language in SA and comprises multiple versions. Modern Standard Arabic (MSA) is the most widely used version of Arabic in academia, formal writing, media, print, legislation, and formal speeches. However, MSA has different types of spoken dialects within SA. Al-Twairesh et al. (2018) mentioned, "The main four variants within Saudi Arabia are: Najdi (the middle part of Saudi Arabia), Hijazi (the western part of Saudi Arabia), Gulf Arabic (the eastern part of Saudi Arabia) and southern dialects (the southern part of Saudi Arabia)" (p.74). This variation is based on each dialect's phonological and morphological features (Holes, 2009).

The curriculum of education in SA uses MSA. Teachers are evaluated based on their use of MSA during their instruction. However, students use their spoken dialect based on their

family's origin. Therefore, there is a conflict between using the MSA in schools and the spoken dialect at home.

Summary of the Literature Review

In sum, the research showed the effectiveness of inclusive education for academic performance and social behavior for students with and without disabilities. I described the law, research, and placements related to students with MOID in SA. A review of the literature showed that students with MOID in SA are still placed in segregated placements, removing them from their typical peers. In order to improve educational experiences for students with MOID in SA, it would be helpful to have a better understanding of their current educational experiences. This understanding could provide a baseline describing educational services, curriculum content, and outcomes for students with MOID progressing through the current educational services. Qualitative studies of teachers' perception of students with MOID could assist us to better understand the experiences of these students, and how those experiences align with, or are different from, current research-based practices.

Rationale for the Study

We need to understand the situation of the individual experience in our system, and then we can find ways for improvement (Alruwaili, 2016). In general, there is limited usage of qualitative research methodology in SA. Additionally, a closer investigation of the extant research revealed the lack of perspective on the services received by students with MOID. According to a recent study, "study research should be conducted on the special education field in Saudi Arabia in order to measure how the special education services are provided, their effectiveness, and the advantages or disadvantages" (Aldabas, 2015, p.1166).

There is no literature in SA describing the teachers' perception of the educational experiences for MOID students, quality of services in those placements, the impact on student performance/achievement or students' lives, and/or the impact on families; families' and students' perceptions/feelings about the services, placements, or impact of this placement on students with MOID.

Comparing between qualitative and quantitative in conducting the study, while qualitative will give prediction, description, or hypothesis testing of the topic, qualitative research is revealing more understanding, description of the phenomena, and discovery of new facts that can be revealed by quantitative research (Stake, 1995). Qualitative research gave me the opportunity to focus on small non-random participants, while quantitative will focus on prominent random participants.

This study took an in-depth look at the services provided for students with MOID in SA. Using qualitative methodology allowed the researcher to describe the phenomenon as described by the special education teachers (Creswell, 2014). I examined the perceptions of the special education teachers about the students' experiences and outcomes. I conducted interviews and collected documents about targeted students to examine what educational experiences they have had and currently are having, specifics about the instruction and curriculum for the targeted student, the current and projected outcomes of those experiences, as well as the quality of the current services provided for the targeted students. For this study, I addressed the following research questions:

Main Research Question

What are the perceptions of the special education teachers about the past and current experiences of, and the impact of those experiences on, female students with MOID between 15-

20 years of age currently placed in a self-contained special education classroom in a general education school in SA?

- Sub-question 1: What are the perceptions of the special education teachers about their targeted female students with MOID between 15-20 years of age?
- Sub-question 2: What are the perceptions of the special education teachers about the experiences of their targeted female students with MOID between 15-20 years of age prior to their current educational placement?
- Sub-question 3: What are the perceptions of the special education teachers about the content, context, and instruction being received by their targeted female students in their current educational placements?
- Sub-question 4: What are the perceptions of the special education teachers about the impact of services to date, and the impact anticipated from their targeted student's past and current services in relation to the students' acquisition and use of academic, social, behavioral, interpersonal, and functional skills?
- Sub-question 5: What are the perceptions of the special education teachers about the quality of services provided for their targeted female students (e.g., what is missing; what can be improved; what has been or will be most beneficial), and the realized and anticipated impact of those services (e.g., short- and long-term outcomes)?

CHAPTER III: METHODOLOGY

This chapter described the procedures I followed when conducting the study. This chapter covered the research methods describing in detail the following aspects: (a) research purpose and questions; (b) research design; (c) setting; (d) participant selection; (e) data collection and organization; (e) data security; (f) data analysis; (g) data quality; and (h) limitations of the study.

Research Purpose and Questions

The purpose of this study is to understand the educational experiences from teachers' perception of students with MOID who have been receiving educational services in a self-contained classroom in a general education school. For that reason, I addressed the following research questions:

Main research question: What are the perceptions of the special education teachers about the past and current experiences of, and the impact of those experiences on, female students with MOID between 15-20 years of age currently placed in a self-contained special education classroom in a general education school in SA?

- Sub-question 1: What are the perceptions of the special education teachers about their targeted female students with MOID between 15-20 years of age?
- Sub-question 2: What are the perceptions of the special education teachers about the experiences of their targeted female students with MOID between 15-20 years of age prior to their current educational placement?
- Sub-question 3: What are the perceptions of the special education teachers about the content, context, and instruction being received by their targeted female students in their current educational placements?

- Sub-question 4: What are the perceptions of the special education teachers about the impact of services to date, and the impact anticipated from their targeted student's past and current services in relation to the students' acquisition and use of academic, social, behavioral, interpersonal, and functional skills?
- Sub-question 5: What are the perceptions of the special education teachers about the quality of services provided for their targeted female students (e.g., what is missing; what can be improved; what has been or will be most beneficial), and the realized and anticipated impact of those services (e.g., short- and long-term outcomes)?

Research Design

In this study, I investigated the perception of special education teachers of the educational experiences of female students with MOID in self-contained classrooms provided in SA, and the impact of those services, by conducting a qualitative study (Patton, 2002). When describing an interpretivist paradigm, Denzin (2016) mentions the "importance of interpretation and understanding as key features of social life" (p.12). Consistent with this paradigm, I wanted to understand the experience of female students with MOID in SA from teachers' perspectives (Wagner et al., 2012). To initiate my anticipated long journey to reach this understanding, I used qualitative methodology to get a deeper understanding of the perceptions of special education teachers about the services provided in self-contained classrooms for female students with MOID from age 15-20 in SA, and the impact of those services.

Setting

This study researched the experiences, current educational services, and the impact of those services on female students with MOID who currently are receiving services in self-contained classrooms provided in SA. Specifically, I collected data on teachers' perception on the

educational experiences of their students with MOID in self-contained classrooms at a general education middle school.

I conducted this study in Makkah which is the third largest urban city with a population of more than one million in the western region of SA. This large urban city is within driving distance from my home. The self-contained classroom is located in a general education middle school in the city. These middle schools in SA serve only females in grades seven through nine, ages 13 to 15, for students without disabilities; and ages 13-21 for students with disabilities. In SA, self-contained classrooms serve only students with disabilities, are located in general education schools, and serve no more than ten students. These self-contained classrooms work under the administration of the Ministry of Education.

Participant Selection

First, I obtained the permission to conduct this study first from the Institutional Review Board (IRB) at the University of North Carolina at Greensboro. Then, I got the permission from the Ministry of Education in SA to allow me to recruit participants for my study.

To understand the experience of students in self-contained classrooms, I used purposeful sampling. Purposeful sampling involves "selecting participants who have experienced the central phenomenon or key concept being explored in the study" (Creswell & Clark, 2018, p.176). I used specific inclusion criteria to select teachers to participate in the current study (Creswell & Clark, 2018). All teacher participants were female and (a) teaching female students between 15-20 years old who are identified as having MOID (IQ ranged 49-36), (b) teaching in self-contained classrooms in a general education school, and (c) teaching in at least their second year as an educator of students with MOID. Moreover, I acquired the informed consent of each

teacher to participate in the study consistent with procedures approved by the IRB at the University of North Carolina at Greensboro and the Ministry of Education in SA.

I visited the Special Education Department at the Ministry of Education to meet with the regional supervisors that cover the schools in Makkah (i.e., either face-to-face or virtual due to the COVID-19 pandemic), one at a time, to obtain a list of the middle school teachers who teach in self-contained classrooms that serve at least one student with MOID. The supervisors are workers in the Ministry of Education in SA and one of their tasks is to supervise special education teachers at their assigned schools. During these meetings with each supervisor, I first described my research area and the purpose of my current study, and then expressed my interest in identifying potential teacher participants from among their supervisees. If that supervisor identifies potential participants, I requested individual meetings (i.e., either face-to-face or virtual due to the COVID-19 pandemic) with each teacher who is providing instruction for at least one student with MOID in a self-contained classroom in the school. If the supervisor had not agreed to identify potential participants from their supervisees, I would have contacted another supervisor in the Ministry of Education in SA. This was not an issue, however, since the supervisor identified potential participants for me to contact. If I had not gotten a sufficient number of teacher participants, I would have repeated the same process mentioned above.

During meetings with the teachers, I explained my research and the criteria for selecting participants to make sure of their eligibility. When a teacher agreed to participate in the study, I sent the consent form to her. Consent forms included information about the purpose of the study, the benefits and risks of participation, who conducted the research and the contact information, the confidentiality of participation, and permission to include the teacher as a participant in the study.

If I had not been able to recruit six to eight teacher participants from a self-contained classroom in this urban city that met the criteria for the study, I would have gone to a neighboring city in the same region. I would have visited the Special Education Department at the Ministry of Education in that city to obtain a list of supervisors who supervise teachers at schools that include self-contained classrooms and have students with MOID. Then, I would have begun the same procedures mentioned above for identifying special education teachers to participate in this study.

Data Collection and Organization

For this study, I planned to use three data sources: interviews, observation, and documents (Roulston, 2010). Due to the pandemic of COVID-19, the schools in SA were closed during the data collection period of this study. Therefore, I had to eliminate observation from my data collection methods. In Table 4, I provide information about how the data sources align with the main research question and four sub-questions. I called or texted each teacher, depending on their stated preference, to check their availability to conduct interviews and I offered each teacher the option to meet virtually, at their school, or at a location away from their school, based on their convenience.

Table 4. Data Sources Alignment with Research Questions

Data Collection Methods	RQ1 The perceptions of the teachers	Sub Q1 perception on the students	Sub Q2 Prior experiences	Sub Q3 Current services	Sub Q4 Impact of services	Sub Q5 the quality of the services
Interviews	✓	✓	✓	✓	✓	✓
Documentation			✓	✓	✓	
Observation	N/A	N/A	N/A	N/A	N/A	N/A

During my meeting with each teacher, I described my research and answered any questions they had about the research. In addition, I asked questions to gather the demographic information for each teacher, as well as general information about their educational background and experiences. My intent was to become familiar with their professional background and share my own professional background to establish a rapport prior to the formal interview to gather the remainder of the content in the interview protocol. I then scheduled time to conduct the formal interviews with the teacher. Finally, following each formal interview I asked each teacher for information about the curriculum they were using with the targeted student, copies of several of their lesson plans, notes about the student and their progress, records related to the targeted student's eligibility for special education services, the student's IEP, the student's progress from previous years, and schoolwork samples.

Interviews

In this section, I describe the procedures for collecting data through interviews. First, I describe the process for conducting interviews. Next, I explain the steps of transcribing the interviews' content.

Conducting Interviews

I conducted individual face-to-face or virtual interviews with each teacher participant. Interviews in qualitative research are a process "in which an interviewer generates talk with an interviewee or interviewees for the purpose of eliciting spoken, rather than written data to examine the research problems" (Roulston, 2010, p. 10). Each interview was audio-recorded with a handheld recording device designed to easily capture each teacher's voice during a face-to-face meeting, or online software during a virtual meeting. I used a semi-structured interview

protocol (Appendix A) as a guide and asked additional questions and/or follow-up probes, as determined during the conversation with each participant (Roulston, 2010). The interview questions had been reviewed and approved by my advisor who is an expert in the field of MOID. I then translated the questions to Arabic and piloted the questions with two teachers, who were not participants in the study, to ensure the clarity and accuracy of the translated questions. If the teachers experienced difficulty understanding the questions, I would have edited the questions. If the questions were clear and accurate to the teachers, I would have proceeded with the formal interviews of teacher participants. This was not an issue, however, since the teachers did not have any difficulty understanding the questions and the content of the questions was clear for the teachers.

The interviews' length was 40-80 minutes. During the interviews, I recapped the demographic information provided earlier by each teacher participant and then continued with the interview protocol (Appendix A). I asked each teacher for information about (a) their classroom and school, (b) the targeted student's characteristics, (c) their collaboration with other service providers and/or family members/guardians, (d) the instruction provided and curriculum content addressed in their classroom, (e) specifics about the instruction and curriculum for the targeted student, (f) perceptions of the impact of services to date on the targeted student, and (g) the quality of the current services provided for the targeted student.

Transcribing Interview Content

I then transcribed the audio-recording of each interview in Arabic and conducted a member check of the transcript content with each teacher participant. To do so I met with each teacher, shared a copy of the transcript of their own interview, and asked each participant to provide feedback about the accuracy of the transcriptions. Their feedback could include edits,

clarifications, additions, or deletions related to any of the content of their transcription. No feedback was received that required edits to the transcript.

Documents

In this section I describe the steps of collecting the documents. First, I describe the process for collecting documents. Then, I explain how I developed student narratives from these documents.

Collecting Documents

Documents can provide valuable information that a researcher could not get from observations or interviews (Patton, 2002). Therefore, from each teacher participant, I collected information about the curriculum (e.g., published descriptions, lists of content) they are using with the targeted student, copies of several of their lesson plans, notes about the student and their progress, records related to the targeted student's eligibility for special education services, the student's IEP, the student's progress from previous years, and current schoolwork samples. These documents provided background and historical details related to the targeted students' disability, educational experiences, and growth/progress over time.

Developing Student Narratives

Upon collecting all the documents, I wrote a narrative description summarizing this information for each targeted student in Arabic and then translated that to English. Then, I asked a peer who is a native Arabic speaker and is proficient in English to check the clarity and accuracy of the translation. I then verified this information with the information provided by the teachers' during the interviews and analyzed the content to develop a deeper understanding of how the teacher participants perceive female students with MOID ages 15-20 years old, their educational services, the impact of those services, and the quality of those services.

Data Security

All the identifiable information (e.g., names) in transcripts and documents was redacted. In addition, participants were identified by a code, rather than by name, and the connection between codes and names were locked securely in a locked location with all the data to which only I have access.

To ensure the confidentiality of the participants, I used pseudonyms on all data collected materials. I kept the redacted interview transcripts, as well as the original audio-recordings of interviews in the university Box file storage system, which is a secure server. Additionally, I kept copies of all documents' copies in a locked cabinet in my office. My advisor who assisted in the dissertation process and I are the only people who have access to this data.

Data Analysis

Since this study was conducted in SA where the official language is Arabic, the participants spoke Arabic. One of the strengths of the methodology of qualitative research in cross-language studies is that the researchers speak the language of the participants (Squires, 2009). Therefore, I conducted interviews and gathered documents using the teacher participants' native language (i.e., Arabic), and then coded the transcripts in English, translated quotes from Arabic to English, and summarized documents in English later.

I began data analysis by independently analyzing the content of each participant's transcript. For each teacher, I began to code the Arabic version of the transcripts in English with open coding to get a better understanding of the content and how different sections of the transcript might relate to each other. If I needed additional information to address the research questions more completely, I would go back to the transcripts, or conduct a second interview if needed.

Once all data sources were open coded, I grouped the codes that address similar topics or issues, as well as identified codes that are outliers to those topics or issues. I then reread the transcripts in relation to topics, issues and outliers, while considering if the codes and group of codes accurately capture the meanings emerging from the transcripts. I then edited the codes, groups of codes, topics, issues, and outliers to capture the emerging meanings more closely. I repeated this process until I had a finalized list of codes and how they are grouped, which I used for more focused coding; that is, I used the codes and how they are grouped in relation to the research questions.

At this stage, to check for intercoder agreement I asked two research colleagues who also fluently speak, read, and write in both Arabic and English, to independently code the transcription (Creswell, 2014). I then met individually with each of these colleagues to check the agreement between their codes and my codes, looked for similarities and differences in sections that were coded, and then discussed the transcript sections where there were discrepancies in coding. These sections and their codes were discussed until a consensus was formed about the most relevant and accurate code that applies for that section. The percentage of agreement in the codes across coders should be at least 80% (Saldaña, 2013). For this study, the percentage of agreement in codes was 92%.

I used focused coding which is the process of searching for the most important or frequent codes to develop, use and group codes and themes related to the research questions (Roulston, 2010; Saldaña, 2013). The goal of focused coding is "to develop categories without distracted attention at this time to their properties and dimensions" (Saldaña, 2013, p.213).

After the focused coding I did a thematic analysis. Thematic analysis is the "summary and analysis of qualitative data through the use of extended phrases and/or sentences rather than

shorter codes" (Saldaña, 2013, p.273). This step allowed me to search for themes emerging from the codes of my data. By the end of the thematic analysis, I had a set of themes and sub-themes related to teachers' perceptions. Meanwhile, I referred to student narratives as I analyzed the content of each teacher participants' interview transcript to help me understand/interpret what the teachers were saying. Finally, I went back to the research questions and wrote a summary finding for the research question and each of the sub-questions.

Data Quality

There are different strategies to increase the quality of a qualitative study and accuracy of the findings which also known as trustworthiness (Creswell & Clark, 2018; Lincoln, & Guba, 1985; Merriam & Tisdell, 2016; Shenton, 2004; Yin, 2003). For this study, I used strategies to increase the quality of my study in relation to (a) dependability, (b) confirmability, (c) credibility, and (d) transferability.

Dependability

I used two methods to ensure the dependability of my data analysis and conclusion. First, I used peer debriefing to verify the codes and themes that emerge from the data (Houghton et al., 2013). The peer was a fellow doctoral student who is fluent in Arabic and English in order to read and code the transcripts for intercoder agreement, verified the use of codes, and verified the analysis of coded information. Second, I met with my doctoral supervisory committee members regularly as external auditors to discuss data collection, data analysis, and data summaries.

Confirmability

Confirmability relates to the extent to which findings of a study are coming from the participants' perspectives, instead of the researcher's perspectives (Shenton, 2004). For this study, I addressed confirmability first by including a subjective statement that describes my

potential bias (Patton, 2002). The subjective statement includes my background, experience, training, and all personal and professional information related to this study.

The subjective nature of my research is important; therefore, I need to describe myself, my beliefs, and my relationship to the participants and research topic to increase the quality of my study (Houghton et al., 2013; Roulston, 2010; Wagner et al., 2012; Watt, 2007). Using the subjective statement in this study a knowledge of the effect of investigator bias (Shenton, 2004). Throughout the study, I considered these subjectivities, especially as analysis decisions were made, and readers of this work have my subjective statements as they make their own interpretation of the study. The following is a subject statement I wrote describing my biases and myself.

> I am a Muslim woman from the Middle East (SA), with a husband and two children. I come from a large family (e.g., my parents have 15 grandchildren, and I have more than 50 cousins). I have a cousin with cerebral palsy who was my same age. I studied in public schools in my hometown, and I graduated from the university in the same city. I started graduate school in 2012 in the United States and since then, my perspective about students with disabilities has changed. My undergraduate work was in Kindergarten (in SA), the Master's was in Early Childhood Intervention (Kent, OH), and I am completing my Ph.D. in Special Education in Greensboro, NC. Because of my education and experiences listed above, I believe that students with MOID should get their education with their typical peers in general education classrooms.

Because values and beliefs have a big impact on researchers, this belief could bias my findings in this study.

Credibility

For this study, I used four main strategies to maximize the credibility of the findings: rigorous methods, triangulation, prolonged engagement, and member checking (Lincoln & Guba, 1985; Patton, 2002). First, rigor is addressed in the design of the study which includes interviews with seven special education teachers and documents they shared about their students' educational experiences to support their different perspectives (Patton, 2002). The higher the number of participant teachers, the more rigorous the study. Second, triangulation, using multiple sources of data, increases the quality and gives more credibility for the findings (Lincoln & Guba, 1985; Roulston, 2010; Tracy, 2010). For triangulation, I used multiple data collection methods (i.e., interview and document collection) to examine content related to some of the phenomena addressed in the research questions (e.g., student performance levels). I wanted to do observation as a third data source but could not do that due to the pandemic and school closure. Third, prolonged engagement is a technique that calls for spending sufficient time with participants to understand their culture and perceptions, ensure that the data are accurate, and build trust with the participants (Lincoln & Guba, 1985). To address this, I was able to do five out of seven interviews in-person. Having 40-80 minutes in-person interviews during a pandemic is considered a long time in these circumstances. Moreover, after completing the interviews and reviewing the documents provided by the participant teachers, I had opportunities for prolonged engagement (interaction) with the participant teachers to address questions that arise during the data analysis phase of the study. Fourth, I used member checking where I went back to the teachers I had interviewed to get feedback about the accuracy of their transcript. All seven

teachers agreed that their transcript accurately reflected their thoughts. In addition, I provided information about the preliminary findings to all seven teachers. Three of the seven teachers responded that they agreed with the preliminary findings. This strategy ensured that my biases or misunderstanding did not affect my conclusion (Merriam & Tisdell, 2016).

Transferability

Transferability refers to the extent to which the findings from a study can be generalized, with attempts to apply the findings to other situations and contexts. I address transferability by providing a thick description of the context and research method, enabling the reader to decide whether or not the findings are transferable to another context (Houghton et al., 2013). The aim of this study was not to generalize findings outside of the current context, but I do believe that some of the themes are relevant to other settings within SA.

Limitations of the Study

The purpose of this study is to get special education teachers' perceptions on the educational experiences of female students ages 15-20 years old with MOID in SA, specifically female teachers in one city in SA. These limitations to one set of participating female teachers from one geographic area made it difficult to generalize the findings to other sets of teachers and other geographic areas (Stake, 2000). This study provided an in-depth understanding of the participating teachers' perceptions of educational experiences of female students ages 15-20 years old with MOID in SA and comparing them to each other helped begin to address issues related to transferability. This criterion happens when the reader can start to evaluate the degree to which any conclusion can be transferable to other individuals, but not be generalizable (Lincoln & Guba, 1985).

Another limitation is the credibility of the findings related to data quality to ensure that the participants agreed with the findings. I shared the findings of the study with the teachers, and only three of the seven teachers responded to my request to verify the findings. The remaining teachers did not respond to my request by text or telephone calls.

Qualitative research is subjective and because I have studied in the US, I might have biases based on my experience in the US that are not applicable to education in SA. Special education teachers in SA might be less likely to be open with me, as they might view me as different than them. Because I spent significant time with the teachers, I hoped that they were open and willing to share their perceptions with me.

Summary

This chapter presented the methodology used for this study. Specifically, this chapter described the research purpose and questions, research design, setting, participant selection, data collection and organization, data security, data analysis, data quality, and limitations of the study. The findings are discussed in the following chapter.

CHAPTER IV: FINDINGS

The purpose of this study is to understand the perceptions of the special education teachers about the past and current experiences of, and the impact of those experiences on, female students with MOID between 15-20 years of age currently placed in a self-contained special education classroom in a general education school in SA? Specifically, this study addressed five sub-questions:

- Sub-question 1: What are the perceptions of the special education teachers about their targeted female students with MOID between 15-20 years of age?
- Sub-question 2: What are the perceptions of the special education teachers about the experiences of their targeted female students with MOID between 15-20 years of age prior to their current educational placement?
- Sub-question 3: What are the perceptions of the special education teachers about the content, context, and instruction being received by their targeted female students in their current educational placements?
- Sub-question 4: What are the perceptions of the special education teachers about the impact of services to date, and the impact anticipated from their targeted student's past and current services in relation to the students' acquisition and use of academic, social, behavioral, interpersonal, and functional skills?
- Sub-question 5: What are the perceptions of the special education teachers about the quality of services provided for their targeted female students (e.g., what is missing; what can be improved; what has been or will be most beneficial), and the realized and anticipated impact of those services (e.g., short- and long-term outcomes)?

To address these questions, I conducted interviews with seven special education teachers from three different schools in Makkah, SA. During the interviews, the teachers each used one of their female students as a reference point for describing student experiences. When requesting documents related to the targeted students' abilities, educational records, IEPs lesson plans, and progress, only some of the teachers provided some of the documents; that is, four of the seven teachers provided a few of the documents, and three of the seven teachers provided no documents.

In the following sections, I provide information on the participants, documentation across dyads of participants, school context from transcripts, themes related to teachers' perceptions, a conclusion, and a summary. When provided, I discuss information from the student's documents in the section on participant dyads.

Participant Dyads

Dyad #1: Teacher Mariam

She is a 32 years old special education teacher with seven years' experience of teaching (see Table 5). In general, Saudi teachers want to work in the city where they reside, but it frequently is not easy to get a position in cities as vacancies rarely occur. Because of this, teachers usually accept a position in a rural area until they can obtain a position in their city for 1-10 years. Mariam taught her first year in a rural school, followed by six years in an urban school. She graduated with a major in Special Education focused on intellectual disabilities. Mariam mentioned that she chose that major because it was a new major in her university at that time. As she began her first teaching position, she explained how she had been scared because it was her first experience being solely responsible for students with ID. Once she was in her position, however, she became used to the responsibilities of being a teacher. Mariam mentioned

that she learns new things every day. For instance, each year, the teacher mentioned that she has new students, and everyone is different, therefore, she gained a lot of experience through interacting with them. Mariam confirmed that there was a huge difference in her performance between her first year and now.

Dyad #1: Mariam's student, Aya

Mariam has five students in her classroom. One of those students, Aya, Mariam has known her for three years and has started to teach her in middle school. Aya is a good student who loves her school and tries to do her best when it comes to schoolwork. She is shy and quiet most of the time but will talk if somebody starts a conversation with her. Aya likes to speak to her teacher Mariam more than any other teacher but does not tell her everything. For instance, Aya is incontinent, but will not tell anyone if she has an accident. She is, however, more open with her family. For instance, she was absent from school for a few days; when asked about her absence, her parents explained that another student had hit her in the school, and Aya did not want to return to school and be bullied.

According to Mariam, Aya struggled with pronouncing words and with subjects (e.g., Quran and Arabic) that require memorization; she can write, which is a strength for her; and enjoys art, which is her favorite subject. Aya does not have friends among the general education students, and, according to Mariam, she doesn't like to be around them because it is difficult for her to form relationships.

Aya's parents are really caring and ask a lot about their daughter. They assist Aya with her schoolwork. Also, Aya's parents travel with her outside the country for therapeutic services (e.g., physical therapy) and look for any way to help her improve. Aya helps her mom at home

and looks like a typical girl. Aya's parents' goals for her is that she will be able to write and read independently.

When Mariam was asked how she saw Aya's progress in five years, she indicated that she hoped Aya would make progress in her performance. When asked how she saw Aya in ten years, Mariam stated "We usually don't have high expectations for our students, but there will be improvement in her performance." When asked to project what Aya will be like as a grown-up woman, Mariam stated that "She is a naive 16 years old and still thinks as a child, she would ask for a teddy bear." Information from the documents for this student can be found in Table 6.

Dyad #2: Teacher Fatima

She is a 30 year old special education teacher with seven years of experience of teaching. Fatima mentioned that when she started her undergraduate. The special education department required a high GPA because it was in its first year. She chose to pursue a major in Special Education with a focus on intellectual disabilities because she has a cousin who has a mild ID and she used to spend time with and take care of him. Her first position was in a rural school for one year. After that, she moved to different places; first she moved to the city and taught in the Autism Center, then in an elementary school for students with ID, and currently in a middle school for students with ID.

When describing her first year of teaching in an elementary rural school, Fatima said,

> I was lost there. My supervisor's major was physics, so everything else was on me. There were huge individual differences between students, and I had two middle school students with ID since we were in a rural area. I would say that they were more slow learners than ID, but the elementary students had ID, for sure. I worked hard to move the middle school

students to a general education school and by the end of the year, I succeeded at that. I had to speak to many people and work hard to put these students where they belonged, and I was so happy that I did that. When describing her experience in teaching from that first year until now she stated:

In my first year, I worked in a rural school away from home. I was terrified as this was a new experience and I felt that I did not understand things; and I tried to do what I learned. I did not have a qualified supervisor. I tried to improve by learning by myself. Thank Allah I am satisfied with myself. When I moved to an urban elementary school, it changed me. Middle school is calmer; students don't have a lot of behavioral problems. What is hard here is that you work on behavioral modification, you work as a psychologist, and you do all the work. I was pregnant during that time, and I was overwhelmed there.

After one year I moved to the Autism Center, and I worked with two teachers. I was responsible for two students, and their performance was excellent. I promised myself that I would move them to a typical school, and they were moved by the end of the year. That is why I am telling you that I am proud of myself. Now, I know my students and what teaching aids I should use with each of them. There are huge individual differences between my students, but I know what to do.

Dyad #2: Fatima's student, Lina

Teacher Fatima knew Lina from the last school year. Lina does not like to be absent, and she gets sad if her family comes early to pick her up. Lina is a quiet student, but she is sociable in her group and is cooperative. She likes to hang out with her group all the time. She communicates well with her teacher, and on vacation she communicates with the teacher via audio messages on her phone. Fatima mentioned that there is a bullying student in the classroom. Lina is afraid of that student and avoids her. She likes to hang around with a friend in the same classroom who has similar grades as her; they are always around each other.

Lina's educational skills were described as being "middle to low level" (e.g., her performance level in language is less than in math); in mathematics there are some aspects of math that are easier for her to understand than other aspects. For example, Fatima mentioned that Lina is "weak in writing and struggles with math, for example, she can count until 40 then misses out. She will interact based on the teacher and the teaching aids used. She will fall asleep if you don't have interactive lessons." She loves PE classes; she was shy at the beginning of the year in the first two weeks, but after that she got used to it. Lina's parents will ask about her but have never helped her with assignments. Her mom will tell Lina to do assignments by herself. Her dad is much older than her mom and does not assist with Lina's assignments. Because of this, the teacher offered to help Lina with her assignments.

When Fatima was asked how she sees Lina's progress in five years, she said "To be honest, I cannot decide. Our girl's future is unknown. High school…. then what after that? I cannot tell where she will be in five or ten years from now." When asked to project what Lina will be like as a grown-up woman, Fatima stated that

> She understands well, and she feeds herself and takes care of her personal hygiene. She is cooperative with her friends. From an educational perspective, I cannot decide. Her family knows that she has an ID, but they don't know the future. They don't know the details or what she will get in school. When I have time and try to explain to her parents their daughter's progress, they will agree on everything.

In essence, Lina's parents do not have a vision of their own for her future and accept whatever the teacher tells them to expect. Information from the documents for this student can be found in Table 6.

Dyad #3: Teacher Sara

She is 45 years old and has more than 20 years' experience teaching as a special education teacher. She graduated with a major in Kindergarten and a Master's in Special Education. Sara entered the field of special education because she liked the teaching profession. She started her career as a supervisor at a center for children with Intellectual Disabilities and Autism, where she remained for two years. Following this experience, Sara got a special education teacher position in a school for students with ID.

Sara stated that she liked being a special education teacher because she thought she had the ability to provide instruction in a manner that resulted in students learning the content. In her current school, Sara described being the main teacher responsible for providing instruction for third year middle school students with ID. The content on which she provided instruction for these students included the main subjects (e.g., Arabic, math). In addition, she provided instruction for students in the first and second year of middle school on additional subjects (e.g., computer, family studies, PE, art). By providing instruction for these younger students, she was

able to learn about the students and their instructional needs prior to becoming their main teacher during their third year of middle school.

Dyad #3: Sara's Student, Yara

Yara is a third-year middle school student with Down Syndrome. She is a sociable student with parents who care deeply about her and take good care of her. Her support system includes her family, teachers, and friends. Yara's mother consistently communicates with the school and comes to meet with her teacher at school every two weeks or so. Through her communication, Yara's mother always asks about her daughter's progress in school, signs any notes Sara sends to the home, and sends the school supplies when they are requested.

According to Sara, Yara did not have any inappropriate behaviors, took good care of her personal hygiene, and organized her belongings in the classroom. Sara described Yara as being a little bit shy when the teacher praises her. Sara described one of her strengths as coloring, indicating that Yara had "beautiful coloring skills." She also described Yara as liking to offer help and share her supplies (e.g., crayons) with her friends, using tangible items during instructions, and enjoying group games.

In contrast Sara described Yara as struggling with reading, writing, addition, subtraction, and memorization of texts. She did not have writing skills, so the teacher described helping her by providing worksheets with dot-to-dots words for Yara to complete and giving her partial physical prompts during instruction that required writing. For example, when she is asked to write on the board, Yara is slow to get up and move to the board and has difficulty with writing on the board. In response, the teacher described assisting her by moving her desk to the side of the classroom so it would be easy for her to stand up and write on the board and providing partial physical assistance with hand-over-hand support for writing on the board.

Sara described Yara as loving to eat and being overweight. To address issues with weight and overeating, Sara asked the cafeteria workers to not give Yara foods with carbohydrates (e.g., sandwiches, pizza) during lunch. In response, Yara was described as asking her friends to buy her those food items with money she brings from home every day.

When Sara was asked how she saw Yara's potential progress in the next five years, she indicated that there will be improvement, especially in relation to her eating behavior and academic skills. When asked how she saw Yara in ten years, Sara stated

> In Makkah you will not find services; after high school there is nothing. I always ask myself where will our students go after high school? We do not have clubs or special education clubs. There are really few students with ID who get a job, unless they are lucky and get one. Therefore, students either stay home or find a job. [Students with] intellectual disabilities rarely get jobs; most of the jobs go to deaf and blind students.

When asked to project what Yara will be like as a grown-up woman, Sara said that Yara is an excellent student and hopefully her parents continue to support her so she will accomplish something in the future.

Dyad #4: Teacher Maha

She is a 31-year-old special education teacher with nine years of teaching experience. Maha graduated with a major in Special Education and a focus on intellectual disabilities. Her first position was at a rural school where she taught for two years. After that, Maha moved to her current urban school where she has taught for seven years. Maha mentioned that she chose that major because she wanted to learn something new and beyond the subjects typically taught in school (e.g., religion, Arabic, mathematics, science) and to learn more about disability. She

thought that this major would be difficult to study, but she found out that it was easy because most of the students in the schools have mild to moderate ID. In rare cases, Maha mentioned, a school has a student with a severe ID. Maha stated that there are self-contained schools for students with severe ID, but her city (i.e., Makkah) has none. Moreover, Maha perceives that teachers sometimes struggle to deal with a student with ID, but that such students would have other diagnoses beside ID (e.g., autism).

When asked about her preparedness when she started her position, Maha said:

> I was really terrified, especially by students with Down syndrome. My first experience was at a rural school, and I had a student with Down syndrome who bit me on my first day. I remember that I screamed and was thinking that was hard. I screamed because she hurt me, and I did not expect that at that moment. Her mom was an old woman sitting in a room with the janitors. I used to come and take her from her mom and the student did not like that. The student lived in a village and usually visited different houses during the day; and suddenly someone forced her to sit in the classroom and write. She definitely did not like that, so she bit me. She used to take off her shoes and socks and walk barefoot in the inside area. I heard that her dad used to beat her at home. I have been told he was an old man. It was the hardest thing that I had to deal with. I had another teacher with me in the school and she told me that she had worked before with girls like this student, so she offered to take her and told me to teach her fourth grade students instead. I was relieved because these fourth-grade

students are familiar with the school routine, unlike that student. She needed a lot of behavior modification.

From that experience, Maha decided to teach older students in middle or high school. She did not want to teach students with ID when they begin their elementary years because it was difficult to teach them the school rules and routine, and she believed that she could not do it. Maha stated "there are some people who could do that, but not me, because I know myself and I admit that I know what I am capable of doing."

Dyad #4: Maha's Student, Iman

Iman is a ninth-grade student who Maha had known for the last two years. Maha mentioned that Iman is dependent on her parents for everything. For example, Iman would not do homework if her parents did not help her. However, her parents have never shared any goals they might have for their daughter with the school.

Iman is a sociable student; she likes lunchtime because she enjoys hanging around with her typical peers. Maha described Iman's strength as drawing, coloring, and doing the lesson activities. In contrast, Maha described H as struggling with writing, counting, and participating in the classroom. For example, if a teacher has a soft voice, Iman will fall asleep and the teacher would need to ask her to wash her face, come back, and participate in the class activity. Moreover, Iman's friends complained about her hitting and being verbally aggressive at times. Maha indicated, however, that this would happen only behind her back, like when she was writing on the board or when she went to another classroom to get something. For instance, one time when Maha left the classroom Iman fought with another girl. Because of these incidents, Maha decided that she cannot leave Iman alone with other students.

When Maha was asked how she sees Iman's progress in the next five years, she mentioned that Iman could be a good office worker, because Maha had heard that some students with ID get office jobs when they graduate from high school. When asked to project what Iman will be like as a grown-up woman, Maha stated that "I don't know [laughing]. I can't imagine her." Information from the documents for this student can be found in Table 6.

Dyad #5: Teacher Salma

She is a 28-year-old special education teacher with six years of teaching experience. She graduated with a major in Special Education with a focus on intellectual disabilities. Salma mentioned that she chose to pursue this major because there was an incident that happened in high school. According to Salma:

> There was a celebration of the international day for people with disabilities in our school. The school allowed a few of the high school students [without disabilities] to attend this celebration and it was inside of our school. I was thrilled to see what students with Down syndrome look like. I was impressed to see the art made by the students with Down syndrome and were offered for sale. Before that, I did not know what Down syndrome is and the characteristics of individuals with Down syndrome. I thought that all disabilities have the same features, therefore, I was curious to learn more about special education.

Salma was worried because she taught in high school and there were only students with mild disabilities which made her feel that she did not get a good experience in that classroom. Moreover, she got her first position in a rural elementary school a year after she graduated. At that school, she had a student who was 14 years old who was accepted into first grade, although

she had never been to school, never had any early intervention services, and did not have any diagnosis or tests. Her parents claimed that they did not know anything about school. The teacher helped the parents and guided them through the process (i.e., where to go for tests and a diagnosis) and her parents took her to a nearby urban city for these. Salma described how it was hard for her to act as a multidisciplinary team. Because she was solely responsible for teaching students with ID, providing information to and supporting the parents, and working on behavior modification for each student.

Dyad #5: Salma's Student, Dana

Dana is a ninth-grade student, and her teacher Salma has known her for two years. Dana's big support system is her parents and the school. Her mom really cares about her, takes her to sessions with a speech/language pathologist, and is always there when they have parent conferences. Dana's performance in school is good; she copies words when she writes but cannot write words from her own memory. She can count to 10 and do simple additions until 5. She is excellent in religious subjects, and likes science, art, and songs/chants in the Arabic subject.

Salma mentioned how Dana always needs help and lacks confidence; she hesitates a lot to answer questions during the class and Salma always encourages her to try. Dana cries if anyone tells her that she does not look nice. She is afraid of other people and says that others might hit her or would not like her. She is an attention-seeking student and sometimes screams suddenly to draw attention to herself. Moreover, Dana does not like to take lunch with her typical peers. She has negative thoughts about her typical peers; she always complains about them hitting, pushing, or laughing at her.

When Salma was asked where she sees Dana in five years, she said "I can see her working on a simple job, not a cashier or accountant, but I would say a stocker." However,

Salma did not respond when she was asked how she saw Dana in ten years. When asked to project what Dana will be like as a grown-up woman Salma stated that "I hope she will be a mom and responsible for her own family."

Dyad #6: Teacher Elham

She is a 36-year-old special education teacher with 10 years of teaching experience. Elham mentioned that she chose to be a teacher because her grandparents, parents, and uncles are all in the education profession. She had an associate degree in Special Education with a focus on intellectual disabilities, which, at that time, was a new major in her hometown. When Elham was asked about her first experience in teaching, she said,

> The previous teachers in my school did not have a special education major, and they learned through their experience. When I started teaching at that school, I gained a lot from their experience, and I shared knowledge about special education with them. It is really impressive to see the knowledge and expertise work together to teach these students.

Dyad #6: Elham's student, Hala

Hala is a ninth-grade student, and Elham has known her for two years. Her performance in school was good. One of her strengths is that she understands the goal of the lesson quickly and she likes math. Her family helps her with homework assignments.

When Elham was asked where she saw Hala in five years, she said "I think she will have a bright future." However, Elham did not respond when she was asked how she saw Hala in ten years. When asked to project what Hala will be like as a grown-up woman, Elham stated that "Her condition is typical and she is able to take care of herself, unlike the students with Down syndrome. I will be worried more about them."

Dyad #7: Teacher Nuha

She is a 37-year-old special education teacher with 11 years of teaching experience. She graduated from the math department and got an associate degree in special education with a focus on intellectual disabilities. When Nuha was asked about her preparedness when she started her position, she said "I felt teaching was the closest to me. I felt I was prepared well for teaching since I have two younger brothers with Down syndrome. I used to deal with them and never had any issues." She taught students with ID in elementary school for four years, then worked one year at the autism center, and then she moved to her current middle school. Currently, she also is pursuing her master's in special education.

Dyad #7: Nuha's Student, Sahar

Sahar is a ninth-grade student with Down syndrome. Her teacher Nuha has known her since elementary school where she worked. When Sahar met her teacher in middle school, she recognized her from elementary school. When Nuha had known Sahar in elementary school, she was quiet and liked to participate in classes; in middle school Nuha mentioned that Sahar started to get stubborn. Sahar's parents collaborate with the school, believe in her, and treat her as they treat her typically developing siblings.

Sahar is a hard-working student, participates really well in class, and likes drawing and coloring. On the other hand, she has an emotional problem; she is emotionally attached to another teacher in the school and, if that teacher is absent, Sahar has a bad day. She struggles academically with reading and writing; she only copies writing because she cannot write independently. One day her mom communicated with Nuha about helping Sahar to clean her room. Nuha discussed this with Sahar in class and the next day her mom called and thanked Nuha for having done that.

When Nuha was asked where she saw Sahar in five years, she said “I hope she will find a place to work because she likes to help.” However, When Nuha was asked how she saw Sahar in ten years she responded, “Maybe she will be more stubborn.” When asked to project what Sahar will be like as a grown-up woman, Nuha stated that “I think she will be like her mom and aunts because she imitates them a lot.” Information from the documents for this student can be found in Table 6.

Table 5. Summary of Teachers Participants Characteristics

Dyad	Teacher	Age	Education	Years of Teaching experience
1	Mariam	32	Bachelor in Special Education	7
2	Fatima	30	Bachelor in Special Education	7
3	Sara	45	Master’s in Special Education	+20
4	Maha	31	Bachelor in Special Education	9
5	Salma	28	Bachelor in Special Education	6
6	Elham	36	Associate degree in Special Education	10
7	Nuha	37	Bachelor in Math and Associate degree in Special Education	11

Table 6. Summary of Students Participants Characteristics

Dyad	Student	Age	Grade	Information from Documents
1	Aya	16	9th Grade	<u>Psychological exam</u> Birthday: 4/24/2004 Exam day: 9/7/2011 (7 years old) IQ 55 Mild Intellectual Disability (no mention about test used) <u>Family information form</u> Dad: undergraduate degree; working as teacher Mom: housewife

				Siblings: five sisters and six brothers; she is the fourth child Individualized educational plan 2017: Grade 6; last elementary year Annual Certificate of Grade Completion Grade 6: last year of Elementary First Year of Middle School Second Year of Middle School
2	Lina	17	8th Grade	Psychological exam Birthday: 9/15/2003 Exam day: 6/3/2013 (10 years old) IQ 60 Mild Intellectual Disability (Stanford Achievement Test) Annual Certificate of Grade Completion Grade 6: last year of Elementary First Year of Middle School
3	Yara	NA	9th Grade	No Documents
4	Iman	18	9th Grade	Psychological exam Birthday: 9/26/2002 Exam day: 9/2/2012 (10 years old) IQ 49 Moderate Intellectual Disability (Stanford Achievement Test) Family information form Dad: undergraduate degree; retired Mom: housewife Siblings: three sisters and one brother; she is the fifth child Annual Certificate of Grade Completion Grade 6: last year of Elementary First Year of Middle School
5	Dana	NA	9th Grade	No Documents
6	Hala	NA	8th Grade	No Documents
7	Sahar	17	9th Grade	Psychological exam Birthday: 5/11/2003 Exam day: 5/15/2011 (8 years old) Down Syndrome; IQ 65 Mild Intellectual Disability (Stanford Achievement Test) Family information form Dad: high school; works as a police officer

	Mom: associate degree; works as administrator Siblings: three sisters and one brother; she is the fifth child
Individualized educational plan	
	2019: Grade 8; third middle school
Annual Certificate of Grade Completion	
	Grade 6: last year of Elementary First Year of Middle School Second Year of Middle School

Documentation Across Dyads of Participants

Initially, I requested student documents from each teacher. Three teachers indicated that their students had transitioned to high school, therefore those students' official records had been moved to their new schools. Three teachers sent me directly to the school counselor to review their students' documents in the official records. The remaining teacher first provided access to their student's current IEP, and then sent me to the school counselor to review the student's official records.

I then went to the identified school counselors to review the official records of each student. The files for all four students included three documents, including (a) their psychological exam form, (b) a family information form, and (c) annual certificates documenting the student's completion of each grade. It is possible, therefore, that these documents are required to be part of each student's file in middle school. In relation to IEPs, however, only one file included an IEP. This resulted in documents being reviewed for four of the seven students (see Table 6).

The first IEP provided by the school counselor was for the 9th grade student in Dyad #1 (i.e., Aya). This IEP, however, was from when she was in 6th grade, which was her last grade in elementary school. No IEP was provided for her years in 7th, 8th, or 9th grade. The second IEP was provided the original signed document by the teacher for Student Sahar in Dyad #7. This

IEP was for Student Sahar's current 9th grade. The school counselor of Sahar, however, provided the documentation that did not include her IEP. Because this original IEP came directly from the student's teacher and was not available from the school counselor, it is unclear why the location of students' documents was different for Sahar; that is, why only Nuha had the student's original IEP, instead of the school counselor having the original IEP in the student's official record.

Upon reviewing the other forms documents, two things need to be noted. First, one of the students was diagnosed with MOID, while the remaining three students were diagnosed with Mild ID. It is important to note that there were no significant differences in teachers' beliefs and expectations between the teacher who accurately identified the student with MOID and the teachers who inaccurately identified students with Mild ID as eligible for this study. That is, all four teachers had low expectations of their students, believing that their students could not learn. It is not clear why the teachers of these three students decided to talk about these students as having MOID, instead of Mild ID. One explanation might refer to the reevaluation process that the teachers described, which is discussed later in the findings. Second, Sahar's IEP included interesting information related to the team members who signed her IEP. These members included special education teachers, a school counselor, a supervisor from the Ministry of Education, and the school principal. During the interview process, the teacher mentioned that only the teachers had a special education background; that is, the remaining members had no background in special education. In addition, while there were signature lines for an occupational therapist, a speech pathologist and the parent, none of these lines included signatures. Finally, there was no evidence to indicate whether parents were required to engage in discussion about the IEP content and sign the final document.

School Contexts from Transcripts

Teachers described the school context in relation to two different aspects. First, when explaining the school context on a daily basis, six of the seven teachers agreed that they provide only educational services at their school; that is, the school does not provide additional services such as speech therapy, physical therapy, or medical services. Teachers described the beginning of the day at school as starting with morning assembly, where all students in middle school stand in lines based on their grade level. Sara described the daily schedule in this way:

> First thing in the morning is the morning assembly where we have lines of our students [based on their grades] and they listen to school podcasts, then we do some exercises. General education students are lining up at the same time as the students with ID, but in different lines. We have three grades in Middle school: 7th grade, 8th grade, and 9th grade in middle school. Every day, the first class is a PE class. We don't have a specialized PE teacher, so the PE classes for students with MOID are divided between the special education teachers. We do the exercise in the outside court/area or the inside area with basic tools like balls, rings, and ropes. Every day, students have six classes and a total of 30 classes per week. The advanced teacher (graduate degree) is required to teach 16 classes a week and a practicing teacher (undergraduate degree) is required to teach 18 classes a week.

Special education students have the same arrival and dismissal as the general education students. Students with disabilities meet their typical peers during lunchtime and extracurricular activities. Fatima stated, “Our students meet with their typical peers at lunchtime which happens

every day, and extracurricular activity time which happens four times a week." Sara commented that "We have spatial inclusion because some people assume it is inclusion in the classrooms." However, students are not included in the classrooms. The ratio of students with disabilities to general education students within each school varies based on the severity of the students' ID. However, one of the teachers stated that this year their school has only students with mild ID. The teachers mentioned that inside the school buildings the classrooms for students with ID are always on the first floor, and their school buildings do not have elevators. Sara stated, "Our students get the first floor for their classrooms and the general education students get the second and third floors." Thus, the students with ID do not get access to the general education classrooms, teachers, or students during instructional times.

Second, when describing the school context throughout the year one teacher mentioned that they have five special education teachers, each teaching specific subjects to the students, with the subjects changing every year. In general, teachers teach different subjects for different grades each year. Because of that, teachers have a chance to meet all the students in middle school. Mariam stated,

> Sometimes I will start with a group of the students at the beginning of middle school (i.e., grade seven) and move up with them (i.e., grades eight and nine) until they graduate. And sometimes I do not change grades and move up with the students.

For the teachers' assignment to subjects, Fatima stated,

> We have two main subjects; that is Mathematics and Arabic [which is reading and writing] which we must have on the IEP for each student. We also have additional subjects, for example, art, computer, and religious

subjects. In general, teachers need to take one main subject and then fill her schedule with the additional subjects.

Therefore, each student will meet with five to six teachers each academic year.

Themes Related to Teachers' Perceptions

This section explores themes and sub themes of the special education teachers about the educational experience of students with MOID in self-contained classrooms in SA. The six major themes with sub themes that emerged from the data are:

1. Ineffective self-contained classrooms
    a. Teachers are overwhelmed by their teaching responsibilities
    b. No consistency in content taught across self-contained classrooms
    c. Limited instruction and teaching strategies used in self-contained classrooms
    d. Lack of data collection on students' performance
2. Unclear expectations of students with MOID
    a. Teachers' perceptions of parents' expectations inconsistent and formed with limited information
    b. Teachers' low expectations for their students regardless of severity of ID
3. Inadequate school and education system infrastructure
    a. Different dialect used to communicate among teachers, students, families
    b. Lack of collaboration with other special education teachers
    c. Administration issues of accepting new students
4. Lack of understanding of effective inclusive education for students with MOID

a. Inconsistency of defining Inclusion

b. Lack of alignment of teacher preparation, practices in schools, and policies with inclusive education practices

Theme One: Ineffective Self-Contained Classrooms

The first theme that emerged from the data related to describing the self-contained classrooms from teachers' perspective. Teachers explained some of their responsibilities and what instruction looked like in their classroom. In this theme, four sub-themes emerged, including: teachers are overwhelmed by their teaching responsibilities, no consistency in content taught across self-contained classrooms, limited instruction and teaching strategies used in self-contained classrooms, and lack of data collection on students' performance

Teachers are Overwhelmed by Their Teaching Responsibilities

The teachers shared three different aspects related to teaching and the teachers' responsibilities: funding, student performance, and instructional support. First, related to funding, the teachers felt overwhelmed by their responsibilities because the school provided no funding for materials and no support for developing instructional materials. Because of this, they had to buy materials using their personal funds and make time to develop materials. For example, Mariam stated "It's hard. We need help with the teaching aids. In each unit I need to make all the materials and pay for them out of my pocket." Similarly, Sara stated "We provide everything in school. [Each] teacher is responsible for providing teaching aids, devices, pens and all the supplies needed for teaching. The school provides a projector, and tools for PE." Nuha said that she provides "...small boards, papers, board markers, colored pencils, and pencils in my classroom." When describing the lack of support for the preparation of teaching aids, Fatima said,

> Preparing the teaching aids takes time. Imagine having three groups and each group has their own teaching aid; it is hard. We don't get help with preparing the teaching aids. We don't even have a storage [area] to put these teaching aids in when we finish. I left it before in my school and it got ruined.

Second, teachers talked about students' performance and their responsibility to evaluate new students prior to providing instruction due to the lack of detailed evaluations or progress reports from earlier academic years. Fatima mentioned that

> At the beginning of the year, I write my notes on the students. I take time to know them well. We don't have official meetings with other special education teachers to discuss our students' notes, but we share our notes informally.

Another teacher agreed with that; Salma said

> At the beginning of the year, I evaluate the students to measure their [performance] level and I go over the basic skills to see if they achieved them or not. After that, I have seven lessons on my agenda and each lesson will take two weeks, so the total is 14 weeks. These lessons have three levels of goals: one level of goals for all the students with mild ID; a second level of goals for all the students with moderate ID; and a third level of individualized goals for all the students with more severe ID.

Third, teachers are working alone in the classroom and there is no instructional support, regardless of the number of students in the class. Fatima described her struggle during instruction, saying:

> If we had an assistant in the classroom, it would be better. For example, I had a student who ran off in the middle of the class. Sometimes when I teach one-on-one, I need someone to supervise the other [students]. The teacher assistant is really good, but we don't have it in schools. I need someone to help me, for example with that student. When I work with one group, I cannot work with another group at the same time, and it would be distracting to move between them.

In summary, teachers agreed that essential tools and resources needed to complete the position responsibilities (e.g., material development and funding, student progress documentation system, and adequate personnel) are not provided in the school. They agreed that this takes a lot of their time and adds responsibilities to their job requirements.

No Consistency in Content Taught Across Self-Contained Classrooms

The participants of this study shared information about their confusion and frustration related to the curriculum. Teachers explained two types of curricula used in their classrooms. According to Mariam, in Saudi's schools there is a mandated curriculum for students with ID in elementary school. The curriculum consists of a workbook for each subject area per semester that is completed annually by each student. In comparison, middle and high school teachers follow standards, goals, and objectives per subject area provided in the guidebook required by the Ministry of Education. Fatima and Elham agreed with Mariam comments about the use of the guidebook as their main curriculum for their instruction.

In contrast, two teachers mentioned that for their middle school students they use the general education curriculum used for second- and third-grade students in regular elementary schools. For example, Salma said "For the language subject I like to use the general curriculum

for second to third elementary grade. It depends on the students' performance level. We don't have a specific curriculum for our students." Nuha agreed with that and said, "We use the general education curriculum for third-grade elementary students."

In summary, there is a lack of consensus on what constitutes an appropriate curriculum or appropriate instructional content for students with MOID. Because of this, each teacher uses their own judgment and chooses what will teach her students with MOID.

Limited Instruction and Teaching Strategies Used in Self-Contained Classrooms

The teachers described their instruction and teaching strategies in relation to three aspects: their use of students' IEPs, types of instruction they provided, and teaching strategies they used. First, one of the special education teachers explained the use of the students' IEPs in their classrooms. The Ministry of Education requires an IEP that includes goals for each main subject per student with ID. Sara stated that

> For each IEP we spend two weeks, and sometimes you need to extend that based on the students' progress. The IEP is for math and Arabic only, not all the subjects. So, we have IEPs for math and Arabic. The Ministry of Education requires an IEP for all the subjects, but it is hard and time consuming, and the students' files will be packed [if we included other subjects on the IEP]. Some of the subjects we teach once a week, so it is hard to have an IEP for each subject. For example, one of the IEP goals in Arabic is for the student to read and write. These are the long-term goals for all the three middle school years. I cannot change it, but we have short term goals that I can modify according to the lesson. I try to modify the goals according to the lesson and the students' performance. We need to

> extend or modify the goals until the students achieve them. For example, if a student achieves writing words, we move up to writing sentences then sections.

Two other teachers strongly agreed with these comments and mentioned that they also have IEPs in only two subjects. Therefore, teachers believe that IEPs should address only math and Arabic languages, which are considered the "main" subjects with instruction daily, compared with other subjects that have instruction once or twice a week.

Second, in self-contained classrooms, teachers provide group instruction for all their students, as well as one-on-one instruction for individual students. One-on-one instruction, however, was designed to be provided only for students who are struggling or behind. Sara said, "I do group teaching in my classes, and I give one-on-one instruction for the struggling students." Salma said "Most of the time I use group teaching. I use one-to-one to the student who is really behind." Teachers described, however, that one-on-one instruction did not happen if there were too many students in their classroom (e.g., 10 students and one teacher). Maha stated "I cannot teach one-to-one, as my advisor told me to do, because I have 10 students in my classroom." Third, teachers described different strategies they use in their instruction by using tangible teaching aids, cues, and PowerPoint presentations. Mariam said, "Teachers use projectors, iPad apps, and educational sensory games when teaching students. Also, I give cues until the student reaches the answer." Elham said "I use PowerPoint Presentations and tangible aids in my lessons. And I use my personal iPad or laptop during the lessons." Finally, Nuha said "I use tangible teaching aids, PowerPoint presentations, teaching strategies such as active learning, and worksheets."

In summary, it is not clear why teachers use only these specific types of instruction or strategies. It is possible that teachers use them because these are a part of their evaluation or because they believe these to lead to the most effective instruction for their students with MOID.

Lack of Data Collection on Students' Performance

The special education teachers discussed the sources they used, and the frequency of their use of data collection on their students' performance. First, teachers mentioned that they collect data on students' achievement of lesson goals either daily or weekly. These data indicate whether the student has or has not achieved the goal. Four teachers mentioned that they collect data daily, while two teachers mentioned collecting data both daily and weekly. The last teacher stated that she collected data weekly. Nuha stated, "Most of the time I mark Thursday [which is the last day before the weekend in SA, which is Friday and Saturday] to check if the student achieves the goals for the week or not."

Second, the teachers explained that the sources of student performance data they used were limited to the notes they made following their instruction and their students' worksheets. Maha said "If the student did not finish the worksheet during class, the student will work on that worksheet again the day after." Nuha supported that statement, saying "I collect their data based on their performance either during their participation in instruction or their answers on the worksheets."

In summary, it is unclear what instruction actually happens in these self-contained classrooms beyond assisting a student with the completion of a worksheet; thus, data are described as being collected only in relation to "achievement or non-achievement" of instructional/lesson goals on worksheets.

Theme Two: Unclear Expectations of Students with MOID

The second theme that emerged from the data related to the teachers' perceptions about expectations of students with MOID. Teachers described their perceptions in relation to two sub-themes: teachers' perceptions of parents' expectations inconsistent and formed with limited information, and teachers' low expectations for their students regardless of severity of ID.

Teachers' Perceptions of the Parents' Expectations Inconsistent and Formed with Limited Information

Related to this sub-theme, teachers explained how parents differ in their expectations of their children and their educational services in three different ways. First, the teachers described how some parents have high expectations of their children, expecting that the school, teachers, and educational services will get rid of their daughters' disability. Mariam stated,

> Parents think that we will solve all the psychological and behavior problems of their kids. They assume that their daughter will be similar to a typical student since she attended school. We always tell the parents that we provide education [services] only, because sometimes parents will complain about medical issues. I feel that parents have high expectations from schools.

Another teacher, Nuha, supported that, saying "Parent expectations are high. They want their child to write, read and count; these skills are essential for parents."

Second, other parents have no knowledge at all about their daughters' disability, learning needs, or educational services. Mariam stated, "One of my students used to tell me that her parents do not let her go outside her room, they are afraid something bad will happen." Another

teacher agreed on parents' lack of knowledge about their daughters' educational services. Fatima stated,

> Unfortunately, parents do not know what an IEP is, and they don't ask anything. Parents do not receive information or knowledge [about their daughters' disabilities or educational services]. Some parents will ask, 'Why is my daughter like that?' or 'I want my child to go to a typical school.' [They have] different opinions, but most of the parents are not hopeless...but they do not have high expectations of their daughters.

Third, one teacher described how parents in rural areas are different from parents in urban areas; they are ashamed of their daughter and her disability. Salma stated:

> Parents in rural schools were ashamed of their children with disabilities and they hid that from other people in their area. Parents did not have the knowledge that their children can attend school and can live like typical people do. I was surprised to see that there are some people who still think like that. Some parents in rural areas are ashamed of their child with disabilities and think people will gossip about their child.

In summary, parents do not have sufficient and accurate knowledge about either disabilities or their children's educational needs and rights. In addition, most parents depend 100% on the special education teacher, while having very little, if any, communication with the teacher. Finally, teachers perceived that parents' expectations of their children were dependent on their teachers and educational services; that the teachers would fix, cure, and eliminate their children's disabilities. The teachers described how they perceived parents as believing that the quality of each student's educational services depends on the quality of their child's teacher, the

parents' ability to counter the shame they felt for having a child with a disability, and the reaction of the parents' immediate society to their child.

Teachers' Low Expectations of their Students Regardless of Severity of ID

Related to this sub-theme, teachers explained their expectations of their students in three aspects. Before we talk about these expectations, it is important to note that we have three sets of teachers in this topic: (a) Set 1 comprised one teacher with the student whose documentation supported MOID (i.e., Maha), (b) Set 2 comprised three teachers with students whose documentation supported Mild ID, instead of Moderate (i.e., Mariam, Fatima, and Nuha), and (c) Set three comprised three teachers who did not have documentation for their students (i.e., Sara, Salma, and Elham).

In relation to the first aspect of expectations, the teacher in Set 1 reported that she believed her student with MOID was capable of doing things. For instance, she stated:

> I see them as typical students, and I treat them based on that. They can do things and they want to learn, just as general education students [want to learn]. They know that they are different from their typical peers, because their typical siblings have books [related to the mandated curriculum], while our students don't have those books.

However, I believe Maha was talking about students with ID in general because she mentioned that students with severe ID should be placed in self-contained schools and her expectation changed as she talked specifically about her student with MOID in the second point below. Similarly, one teacher in Set 3, Elham, stated: "They can do anything. I like that some of our students get married and live normally, but students with Down syndrome are exceptional. There are some students with Down syndrome who can do things and participate in school activities."

On a related issue, another teacher in Set 2 mentioned the importance of students having good supervision. Fatima stated, “I see students with ID as being capable of learning and living their lives when they are in the right place; when they are supervised by qualified persons who know their abilities and understand their efforts.” Another teacher in Set 3 added the benefit of teaching the students vocational skills and taking responsibility for their own actions and lives. Salma said,

> We need to work on our students’ skills so they can be productive in the community. For example, if you go to a supermarket and you see an adult with disabilities as the cashier, this will change your perspective. They need to work and be responsible for their budget.

In relation to the second aspect of expectations, when teachers were asked about their projections for their students in the future, one teacher in each set (i.e., Maha in Set 1, Nuha in Set 2, and Salma in Set 3) hoped that their students would get a basic job in the future. In contrast, one teacher in Set 2 (i.e., Fatima) and one teacher in Set 3 (i.e., Sara) mentioned that these were hard questions because there are no programs for students with MOID after high school. The remaining two teachers (i.e., Mariam in Set 2 and Elham in Set 3) used general comments, such as hoping that their students will have a bright future and hoping the students will demonstrate some progress. In general, the teachers did not have high expectations of their students, whether they had mild or MOID.

Finally, in relation to the third aspect of expectations, teachers believed that their students’ parents should treat their children equally to their typical children and advocate for them. Mariam in Set 2 stated, “Parents should treat their children equally regardless of their ability. Some parents are overprotective and do not let their daughter do chores at home or go

outside to events. Parents should treat them normally and go outside with them." Another teacher, Salma in Set 3, mentioned that parents need to advocate for their children who might experience bullying. She stated, "Parents should protect their children from bullies. We had a student whose cousins bullied her. Her parents should try to advocate for her."

These perceptions must be considered with caution, however. Because some of the students' documents reflected IQ scores consistent with the definition of Mild ID, instead of MOID, it is unclear whether the teachers' comments about student expectations were in relation to students with Mild ID or MOID. After careful review of the three sets of teachers mentioned above, it appears that, overall, some of the teachers were speaking about students with Mild ID, however, instead of MOID. This might account for why teachers described these expectations for their students. It is unclear whether the teachers would have described such expectations for their students whose documents included an IQ score consistent with a diagnosis of MOID.

Theme Three: Inadequate School and Education System Infrastructure

The third theme that emerged from the data relates to issues the teachers' faced in their school environment, as well as overall issues within the education system. In this theme, three sub-themes emerged, including: different dialect used to communicate among teachers, students, families, lack of collaboration with other special education teachers, and administration issues of accepting new students.

Different Dialect Used to Communicate Among Teachers, Students, and Families

Related to this sub-theme, teachers discussed the language used during instruction in the classrooms. As pointed out in Chapter Two, Modern Standard Arabic (MSA) is the most widely used version of Arabic used in academia, formal writing, media, and formal speeches; however, MSA has different types of spoken dialects within SA. It is important therefore, to note that the

Ministry of Education has mandated the use of MSA during instruction. As stated by Mariam, "The Ministry of Education requires teachers to teach using Formal Arabic." In fact, as indicated by Elham, "We have to use formal Arabic because we get evaluated based on that." Therefore, the participating teachers were divided based on differing perspectives about the language used in instruction for students with MOID, one teacher supported the use of MSA during instruction, while the remaining teachers opposed the use of MSA during their instruction.

For those supporting the use of MSA, a teacher said they liked using MSA for two reasons. First, the mandated curriculum and assignments use MSA. As Sara explained,

> Even if I explain in informal Arabic, the assignments are using MSA, so how would the student understand the question? Students need to get used to MSA because signs on the streets use MSA, too. One of the lessons has a student reading a restaurant menu which is written in MSA. That is why our students need to master MSA.

Second, the same teacher reported that communication between teachers and students can be an issue due to their use of different dialects of MSA that have formed based on geographical location. For example, Sara said,

> I use MSA when I instruct. I ask the question in formal Arabic; if the students do not understand, then I repeat the question using the spoken dialect. It is hard for me to explain instructions in informal terms since I have an urban dialect from Hijaz. I have students from different regions in the south, north and east. [Those regions have] different dialects, so you need to unify the language [to avoid the need to use multiple dialects]. There is difficulty, [however], with MSA's vocabulary, especially for

> asking questions. At the beginning the students might not get the meaning, however, if you continue to use the formal Arabic it will be excellent, especially if the elementary school teachers used formal Arabic all the time.

Most of the teachers opposed the use of MSA. Instead, these teachers believed they should use their spoken dialect because it is an accessible language and much easier for most people in their city to understand. As Salma explained, "There are some words in MSA that are hard to understand." Similarly, Maha said "In my personal opinion, I prefer not to use MSA because it is hard for our students to understand. However, we have to get used to using MSA in our teaching." In addition, another teacher mentioned that parents use informal Arabic at home. For example, Mariam said, "Sometimes the students hear MSA first in school, because their parents do not use it at home. Therefore, I have to use the spoken dialect to explain things to my students." Additionally, one teacher explained how using spoken dialect makes it much easier to communicate with students who have ID. For example, Nuha stated, "Sometimes my students do not understand MSA. I believe teachers should use the spoken dialect because students with ID understand and respond more to that." Finally, surprisingly, one teacher mentioned language issues experienced with immigrant students from other countries who are in the schools. Fatima said,

> Not all the students will understand the MSA. We have foreign students. For example, I was struggling with one of my students in the first week of the school year, and I thought the student was stubborn and did not listen to me. Then, after reviewing her file, I discovered that she does not understand Arabic. She lives with her mom and her mom does not speak

> Arabic at all. We learned this from her sister who speaks Arabic but does not live with them.

Therefore, this teacher supported the use of spoken dialect because it is easier for this student.

In summary, Teachers are struggling because the expectations of the Ministry of Education and their supervisors is that they use MSA, but their actual need to communicate with students with ID and their families requires them to use the spoken dialect. They find the spoken dialect to be more effective and accessible with the students and their families.

Lack of Collaboration with Other Special Education Teachers

Related to this sub-theme, most of the special education teachers mentioned that they have good collaboration and teamwork with other teachers in their school. For instance, Elham said, “We have really good collaboration in our school. We have meetings to discuss students’ cases.” Similarly, Fatima stated that she has a good relationship with other teachers. Additionally, Mariam said,

> Thank Allah there is collaboration with other special education teachers. We have to [collaborate], because it is a group’s work, not an individual’s work. We need the whole group to work together. For example, if we notice something in a student, we decide together how to react so all of us act the same way.

However, it is not clear how deeply collaboration and teamwork are happening. One teacher mentioned that they do not collaborate on content because they all teach different subjects; instead, they talk about teaching materials. For example, Fatima stated, “The goals of each subject are different; that is why we don't discuss the subject’s goals. Sometimes I talk with other math teachers and discuss ideas and teaching aids.”

The teachers mentioned informal and formal discussion about their students in general. As Nuha said, “Thank Allah we are a team here. Sometimes we have informal discussions about our students, but we can have formal meetings in the school administration to discuss a student case if needed.” Fatima agreed with that, especially when working on behavioral goals, stating,

> I work with my colleagues on behavioral goals informally. For example, we share notes when we meet in the office and if a teacher tries a strategy in response to challenging behaviors and it works, she will tell me so I can try it with a specific student.

Salma supported this thought, saying “We had a great team working together, especially regarding the discipline of students. For example, if a student did something wrong, she would eat her lunch alone in the classroom.” This team collaboration, however, was not discussed as being systematic, regularly scheduled, or focused on specific issues, such as behavioral or instructional interventions, or curriculum content. In contrast, one teacher mentioned having a team consisting of special education teachers, general education teachers, and administrators. Sara said, “We have a beautiful group here. We are one team that includes special education teachers, general education teachers and administrators.” This comment was inconsistent, however, with comments from the other special education teachers from the same school because she mentioned general education teachers. Her comments were consistent with the other teachers, however, because Sara could not provide in-depth examples of collaboration beyond statements of “informal discussions about students.”

In summary, teachers’ quotes support the idea that they neither discussed any individual student’s needs in-depth, reached a deep understanding of any one student’s needs, nor collaboratively co-planned and co-implemented instruction to meet their students’ needs,

because each teacher is responsible for different subjects. The surface level collaboration reflected a lack of deep discussions related to students' needs, students' progress, curriculum, instruction, and support among teachers.

Administration Issues of Accepting Students

Related to this sub-theme, special education teachers shared some perceptions about six administration issues that arise when accepting new students. These issues included: placement decisions, communication with parents, identification of students with disabilities, lack of monitoring of students' progress, student evaluation system, and teacher evaluation and credibility.

First, one teacher shared concerns about the administration placing students with autism spectrum disorder in a program for students with ID. Mariam said,

> We had a student with autism in one of the self-contained classrooms of students with ID. Why do they accept her here? Her father called and asked why his daughter did not improve? Teachers told him that their classrooms and major is ID; then the father was asking the teacher why no one had told him about that? Makkah has only one center for students with autism. Why did the school accept my daughter, [instead of the school for students with autism]?

It was unclear why the administration had made the decision to place the student with autism in this school for students with ID; it was unclear what protocol was followed; it was unclear how this happened and who made the decision.

Second, as demonstrated in the previous example, another issue that emerged was the lack of communication and collaboration with parents about placement decisions and the

decision-making processes. It appears that this father did not have basic knowledge about either the placement decision made for his daughter, or the process used to make that decision. Fatima supported the perception of a lack of communication and collaboration with parents when she said, “The worrisome thing is the relationship between us and the parents.”

Third, one teacher mentioned the lack of a systematic process for identifying students with developmental delays or disabilities. For example, Salma said,

> My first year of teaching was in a rural school. We had a student in first grade who is 14 years old. She was identified as having Down syndrome and attention deficit/hyperactivity disorder. There was never any assessment of her, and she had not been in early intervention services. When we asked the parents why they brought her to the school so many years later, they said that they did not know about any services before. The parents care about their daughter, so they travelled to an urban city to obtain a full assessment on their child. I had to do the work of a full team, in order to get the full assessment completed.

Fourth, there was no evidence in the teachers’ comments related to monitoring student progress effectively, either during or across school years. For example, Nuha discussed a student who started middle school in the ID program who had spent her previous years in the general education elementary school. She explained,

> I have a student now in first-grade middle school [seventh grade]. She got her [earlier] education in a general education classroom in elementary school. They moved her to a special education in middle school. Where was the early intervention [for her]? She spent at least eight years in early

> and elementary education, and no one noticed her lack of progress? This is unfair to the student. Where were her teachers? Where were her parents? Teachers should have noticed her performance and did something to assist her. We just received a letter that told us her new placement was in our school without any details. I am really upset about this student. There might be other reasons behind her delay; it might be the environment, or she did not get enough support.

Fifth, the teachers described the student evaluation system as being insufficient for documenting student progress. There are four levels of grading students' achievement according to the evaluation system by the Ministry of Education: excellent, advanced, skilled, and failed. For example, Salma said,

> When I was teaching in elementary school, I had a student with severe disabilities in fourth grade. I evaluated the student based on Noor [i.e., the evaluation system provided by the Ministry of Education] and I scored her skill development as 'failed' in the skills chart. I was placed under questioning by the Ministry of Education for why I did that. I scored her this way because the student studied in first, second and third grade, and all her teachers scored her skill development as 'achieved' on the Noor assessment. Her mom came to me in shock, asking why I was the only teacher that scored her like that. It appeared to the mom that it was my fault. It is so hard to work from the beginning each year and do the assessments and evaluations for each student.

Sixth, the previous example led to identifying an issue about teacher evaluation and credibility. The teachers described an expectation that all students will receive marks of ‘excellent’ or ‘achieved,’ but no verification or documentation of these accomplishments is required for student progress. Additionally, teachers are formally investigated if they report a student’s lack of achievement. In fact, two teachers confirmed that you could not score a student as having ‘failed’ to develop a skill. For example, Nuha said, “You cannot grade a student in a subject area as having failed. We can only use ‘advanced’ and ‘excellent’ when grading the students.” Teachers report a score of ‘excellent’ with the idea that the student has not developed the skill but has a chance of developing the skill later. Another teacher supported that, Mariam said, “We don’t score a student ‘failed’, instead we do treatment plans for that student.” Treatment plans mean that the teacher needs to write a plan for the student to help her achieve the required skill.

Overall, it was difficult for teachers to explain these issues, but the teachers suggested that they might arise because people across the education system seem to be working independently and with unclear guidelines. The teachers’ comments also indicated that there is no coordination across the systems and individuals responsible for diagnosis, the decision about placement, service delivery, and monitoring the effectiveness of those services. In general, teachers described a lack of communication, monitoring, and accountability from the Ministry of Education.

Theme Four: Lack of Understanding of Effective Inclusive Education for Students with MOID

The fourth theme that emerged from the data was the perceptions of the special education teachers about the services currently provided for students with MOID in their schools. This

theme included two sub-themes, including: inconsistency of defining Inclusion, and lack of alignment of teacher preparation, practices in schools, and policies with inclusive education practices.

Inconsistency of Defining Inclusion

In this sub-theme, the teachers explained the reality of services in their self-contained classrooms and schools, giving a full description of those services. The teachers described the opportunities provided for students to be included in their school, the students' access to the general education curriculum, and the benefits and disadvantages of the services provided for their students.

First, as mentioned in Chapter Two, the teachers' self-contained classrooms were located (i.e., included) within general education schools; thus, the Ministry of Education called them "inclusive schools." All the teachers described their schools as providing opportunities for only spatial/social inclusion. For instance, Sara said, "There is no inclusion in general education classrooms; there is just spatial inclusion" (i.e., her self-contained classroom for students with MOID is in the same general education schools as classrooms for general education students). However, her students were not engaged in the same classrooms, instruction, or activities as the general education students. In fact, there was no actual inclusion of students with MOID in the general education classrooms. All the teachers confirmed, however, that inclusion occurred only during lunchtime, morning assembly, and extracurricular activities, as well as sometimes during art class. As noted by Nuha when she said, "Our students meet with their typical peers in the morning assembly and at lunchtime. Sometimes they meet in extracurricular activities." Fatima supported that practice, saying, "Students with ID meet general education students in art class and lunchtime only."

Second, teachers mentioned that when their students with MOID are in the same physical classroom as the general education students during instruction, the students with MOID do not get instruction on the same content as their typical peers. In some schools, it is the art teacher's choice whether or not to include students with ID in her classrooms with their typical peers, therefore, whether students with MOID have access to their typical peers depends on the art teacher. As Salma stated,

> In our school students with MOID are included with their typical peers in art class. I don't think the general education curriculum for art is appropriate for our students because it is hard for their level. I think our students do coloring in art classes most of the time. Therefore, it is not full inclusion; it is only social inclusion.

This teacher was concerned about the appropriateness of the curriculum of art class for students with MOID and thinks including them in the art class is a waste of time. In the same way, another teacher was against inclusion in art class because of how inclusion in art class was being implemented in relation to the number of students attending the class. Fatima said, “Even if we say that we will include them in the classrooms, it is wrong to include 10 students with MOID with 30-40 general education students.”

Third, teachers mentioned one benefit of inclusion and two disadvantages of inclusion as it was implemented in their schools. The benefit they discussed was that the community was starting to learn about students with MOID and how to interact with them. Nuha is in a school that has students with ID included in extracurricular activities, but not in general education classrooms. She said,

> I like inclusion because the community starts to learn about students with intellectual disabilities and how to interact with them. When general education students start their first year in middle school, they get scared and afraid of our students with MOID. Our school includes both groups of students in extracurricular activities. After two months the general education students start to know our students [with MOID] more and sometimes can help our students. We need inclusion in art, home economics, and PE classes.

Another teacher, Sara, stated, “General education students love our students, and they give them presents sometimes.”

By contrast, two disadvantages of inclusion emerged. The first disadvantage is that the students in self-contained classrooms in inclusive schools do not receive all the benefits available to students in similar classrooms in self-contained schools. As Salma stated,

> I am against inclusion for students with ID because they don't get all the benefits [of self-contained schools] here. I prefer centers or self-contained schools where there is a whole team working together. Our students do not get their rights here; we don't have assessments, materials, toys; there is something missing.

A second disadvantage described by the teachers is the lack of preparation for school administrators, general education teachers, and general education students about the characteristics and needs of students with MOID in their schools and/or classrooms. For example, Fatima said,

> Do you call what we have now "inclusion"? No, it is spatial inclusion only. I tried to truly include my students in the extracurricular activities with general education students and there was a collaboration between the two sets of students. I brought several students only from general education and I tried to explain to them what ID is. However, there was an administrative complaint about the students moving between floors [since general education students are on the second floor, and we are on the first]. When I saw the complaint and it looked like it was my fault, I backed away from inclusion.

Besides this issue, the teacher also described the lack of preparation for general education students. Fatima stated,

> I don't believe that we have an inclusion school. You will hear the general education students when they go to lunch together with our students and say, *"Why is she walking like that? Should someone hold her? Look at the way she walks? She is crazy!"* It is painful to hear such comments. General education students need to learn about ID. Even the general education teachers; some of them feel sorry so they bring candies and treat them differently. This results in our students choosing to not attend to us during instruction because we don't give them candies.

In summary, the Ministry of Education and teachers are calling these "inclusive schools," which is inaccurate. While there are differentiated sets of services (e.g., teachers, supervisors, curriculum, instruction) for students with ID in these schools (i.e., one for general education

students and one for special education students), there also is a lack of discussion, collaboration, and implementation of instruction between special and general education teachers.

Lack of Alignment of Teacher Preparation, Practices in Schools, and Policies with Inclusive Education Practices

This sub-theme emerged as the special education teachers discussed issues they perceived in relation to the quality of the services being provided. Six issues were discussed related to this sub-theme.

First, the teachers discussed their lack of expertise in their university teacher preparation programs, resulting in their need for professional development in specific areas. For example, Fatima said,

> The problem is behavior modification. When I studied as an undergraduate, I never had experience developing any behavior modification plans. We studied them orally and theoretically but had no actual practice. The school has a counselor, and she is responsible for behavior modification, but there is nothing written that I can follow as a teacher. I had to figure out what to do by myself. Now we start to inform the principal about behavior problems, and she communicates with the counselor, but still, I do not receive any official paper telling me what to do. I lack experience in behavior modification. I feel the counselor knows more than I know, but I try my best.

Second, the teachers discussed the lack of collaboration and teamwork for developing and implementing IEPs; they described a need for a multidisciplinary team. For example, Fatima said,

> We don't have a meeting at the beginning of the year with the school counselor. When we create the IEP, shouldn't we have the multidisciplinary team together? We don't have that in school, everything is on the teacher. No one will help me to do that. I do it by myself in the main subjects that I teach.

Another teacher agreed with that. Nuha said, “We need a multidisciplinary team in our school. We don't have multidisciplinary teams, though, so everything is the teacher’s responsibility. We only have one school counselor for the whole school, which includes both general and special education students.”

Third, all the teachers agreed that their schools currently do not, but need to, provide essential personnel and services, such as teacher assistants, psychologists, speech pathologists, and physical therapists. Sara said,

> We need a speech pathologist in each school. There are clinics through the hospitals, but these only take students with the most severe physical needs. This year they opened a supportive services clinic under the Ministry of Education, but this is new, and we still don't know the referral process or any other information.

Fourth, the teachers described the schools not having basic resources, such as PE classrooms, supply rooms, computer labs, instructional materials, and electronic resources (e.g., computers, printers) for special education teachers. It is unclear, though, whether the general education teachers had access to these resources. For example, Nuha said,

> Currently, we do not get any support [or supplies] from the school. All that we do in school is [because of] our own effort. The school provides

> nothing. We need schools to provide help with all types of materials for use during instruction and as teaching aids. We pay for everything out of our own pockets. We don't have a printer in our school, although teachers are responsible for providing worksheets for our students.

In addition, Sara said,

> Our students take all their subjects in one classroom the whole year. I am glad that our principal created a garden outside the building, however, we have hot weather almost all year. The students also need a location for classes in PE and art. Moving our students from one classroom to another is good for them.

Fifth, the teachers discussed not getting descriptive recent records of their students and their disability when the students start middle school, therefore their understanding of their students' needs is limited until they have direct experience with each student. For example, Maha said,

> Most of the students' records are old. Students need to have a folder that will move with them all the time. Most of the time I take general info about my students and their IQ level from their available record, and I assess them when I start teaching them.

Moreover, Salma stated,

> One of the issues I am facing in school is that the student is in middle school [i.e., 15 years old] and the last IQ assessment for this student was when she was seven years old. Why? IQ assessments should be done at least every two years. There should be a difference between these

> assessments. Parents who can afford to pay for that go to private clinics to do assessments. Parents with low income could not afford that, and this is not fair.

Sixth, the teachers complained about long vacations for students (e.g., students get four months between school years) and how difficult it is for the teachers because students with ID forget what they learned in the previous year. As stated by Sara,

> Long vacations affect our students. When the students take the summer break for four months, they will come again next year and forget everything they learned in the previous year. This is one of the characteristics of students with ID which is forgetfulness. Therefore, we have to start over each year.

Overall, while only Elham commented, "We have good quality services. As long as the curricula are available, they are high quality services," the remaining teachers, including some in the same school as Elham, indicated they are not satisfied with the services they currently provide. There is no checking or monitoring of the effectiveness of the current services. The teachers complained about having neither specialists (e.g., psychologists, therapists, teaching assistants) within the schools to help them meet their students' needs nor the resources (e.g., curriculum materials, instructional materials, technology) required to provide effective instruction.

Research Questions and Findings

In this section, I provided information that goes beyond the themes that emerged from the interviews and documentation. Specifically, I provided answers related to the research questions that drove this study.

Main Research Question

What are the perceptions of the special education teachers about the past and current experiences of, and the impact of those experiences on, female students with MOID between 15-20 years of age currently placed in a self-contained special education classroom in a general education school in SA?

It was not possible to directly answer the main research question directly because of the teachers' lack of information about their students. There was not sufficient data to answer these questions. A possible explanation for this limitation is that the data for this study was collected in the middle of the COVID-19 pandemic and at the beginning of a school year. It is possible, therefore, that the teachers did not have sufficient information about their students because they were teaching online during the previous year.

It is essential for the field to understand what services are provided for students with MOID and what challenges are faced by special education teachers daily in their schools. I found many issues throughout the analysis of the interview transcripts and the review of documentation, which make the teachers busy with job requirements other than teaching their students. Teachers explained issues related to students' information, educational services, curriculum content, educational context, and the quality of these services. Below, I used the teachers' information to provide some answers related to the five sub-questions. Moreover, I elaborated more in the next chapter discussing these critical issues and providing recommendations.

Sub-Question One

What are the perceptions of the special education teachers about their targeted female students with MOID between 15-20 years of age?

The teachers lacked knowledge about their students with MOID. This lack of knowledge resulted in the provision of instruction and behavioral modification strategies that might not have matched their students' learning needs. Because of this, the teachers were concerned about the quality of their students' current services.

Sub-Question Two

What are the perceptions of the special education teachers about the experiences of their targeted female students with MOID between 15-20 years of age prior to their current educational placement?

Teachers did not have enough information about the previous educational experiences of their students because of the lack of recent descriptive records of their students and their disabilities before starting middle school. Therefore, teachers were not able to provide adequate information about their students with MOID required to directly answer this sub-question. In addition, the previous year the teachers provided only online instruction for their students because of the COVID-19 pandemic. This necessity resulted in the teachers having limited or no face-to-face interactions with their students.

Sub-Question Three

What are the perceptions of the special education teachers about the content, context, and instruction being received by their targeted female students in their current educational placements?

The teachers had issues related to the content, context, and instruction provided for their students. For content, teachers used their own judgment and chose what they wanted to teach their students with MOID. This reflected inconsistency in the curriculum used in their classrooms. For context, the teachers agreed that their schools provided spatial inclusion where

their students with MOID had access to their typical peers during lunchtime, extracurricular activities and, in some schools, art class. This resulted in students with MOID not having access to the general education students, curriculum, and experiences. For instruction, teachers described specific instruction and teaching strategies (e.g., using one goal on an IEP for two subjects) that they used in their classrooms. Some of the practices they describe lead to questioning the quality of instruction that students with MOID received in these classrooms.

In discussing these three elements of services, teachers were satisfied with the curriculum they used and the instruction they provided for their students with MOID. They raised concerns only about the educational context in which their students received instruction. Most of them were concerned about the lack of opportunities for their students to interact with and learn along with typical peers.

Sub-Question Four

What are the perceptions of the special education teachers about the impact of services to date, and the impact anticipated from their targeted students' past and current services in relation to the students' acquisition and use of academic, social, behavioral, interpersonal, and functional skills?

It is unclear what the teachers' perceptions were related to their students. Careful reviewing of the transcripts indicated that most of the teachers did not have high expectations of their students. When speaking of their projections for their students in the future, three teachers hoped that their students would get a basic job in the future; two teachers mentioned that these are hard questions because there are no programs for students with MOID after high school; and the remaining two teachers used general comments, such as hoping that their students will have bright future and hoping the students will demonstrate some progress.

Sub-Question Five

What are the perceptions of the special education teachers about the quality of services provided for their targeted female students (e.g., what is missing; what can be improved; what has been or will be most beneficial), and the realized and anticipated impact of those services (e.g., short- and long-term outcomes)?

Teachers were not satisfied with the current services provided for their students with MOID. Teachers described having several issues in their school. First, the schools had infrastructure issues resulting in the absence of essential personnel and services, such as teacher assistants, psychologists, speech pathologists, and physical therapists. Second, teachers described the lack of collaboration and teamwork to develop and implement the IEP. Third, the schools did not provide the essential resources (e.g., supply room, computer lab, instructional materials); rather, teachers were buying resources using their personal budgets. Fourth, teachers expressed their need for professional development in specific areas (e.g., behavior modification) due to the lack of expertise in their university teacher preparation programs. Finally, teachers mentioned the absence of educational programs for their students with MOID when they finish high school. Overall, when discussing quality of services, the teachers focused mostly on infrastructure issues within their schools and needs related to personnel, funding, and resources. Surprisingly, most of the teachers did not describe the outcomes of educational services for their students on either a short-term basis (e.g., skill acquisition) or long-term basis (e.g., adult life).

Summary

This chapter presented the findings by describing the main themes and sub-themes that emerged from the data for this study. During the analysis of this study, four themes emerged: (a) ineffective self-contained classrooms, (b) unclear expectations of students with MOID, (c)

inadequate school and education system infrastructure, and (d) lack of understanding of effective inclusive education for students with MOID. Each of these themes comprised subthemes and, through those sub-themes, the teachers shared their perceptions and teaching experiences with students with ID in their self-contained classrooms. The discussions of these findings are discussed in the following chapter.

CHAPTER V: DISCUSSION

The purpose of this qualitative study was to explore the perception of special education teachers about teaching students with ID in self-contained classrooms. To do so I posed the following main research question and five sub-questions.

Main research question: What are the perceptions of the special education teachers about the past and current experiences of, and the impact of those experiences on, female students with MOID between 15-20 years of age currently placed in a self-contained special education classroom in a general education school in SA?

- Sub-question 1: What are the perceptions of the special education teachers about their targeted female students with MOID between 15-20 years of age?
- Sub-question 2: What are the perceptions of the special education teachers about the experiences of their targeted female students with MOID between 15-20 years of age prior to their current educational placement?
- Sub-question 3: What are the perceptions of the special education teachers about the content, context, and instruction being received by their targeted female students in their current educational placements?
- Sub-question 4: What are the perceptions of the special education teachers about the impact of services to date, and the impact anticipated from their targeted students' past and current services in relation to the students' acquisition and use of academic, social, behavioral, interpersonal, and functional skills?
- Sub-question 5: What are the perceptions of the special education teachers about the quality of services provided for their targeted female students (e.g., what is

missing; what can be improved; what has been or will be most beneficial), and the realized and anticipated impact of those services (e.g., short- and long-term outcomes)?

In Chapter Four, I discussed the themes that emerged from the teachers' interviews and documents and aligned information from those themes with the five sub-questions. In this chapter, I discuss four issues that emerged from the teachers' perceptions about their experiences being a teacher of female students with MOID in self-contained classrooms in SA. These issues, implications of this study, and recommendations for future research are discussed below.

Discussions of Findings

Based on the findings delineated in Chapter Four above, there are four major issues that emerged from the teachers' perceptions about their experiences being a teacher of female students with MOID in self-contained classrooms in SA. These issues warrant further review and in-depth discussion. These issues include: (a) the absence of inclusive education; (b) inconsistencies in the curriculum; (c) lack of effective leadership in the educational system; and (d) an ineffective system for identification, diagnosis, and reevaluation.

The Absence of Inclusive Education

The most interesting finding of this study is the absence of inclusive education in these schools. Teachers explained that there is no access to the general education curriculum, contexts, and peers for students with MOID, even though they are in the same building. Moreover, the Ministry of Education calls these "inclusive schools," in spite of the differentiated sets of placements and services (e.g., teachers, supervisors, curriculum, instruction) for the students with MOID in self-contained classrooms and general education students. In addition, the self-contained classrooms for students with MOID are only on the first floor of the school, while all

general education classrooms are usually on the second and third floors. It is not clear if keeping students with MOID on the first floor is due to some of the students with MOID having physical limitations that negate their ability to use stairs, or if it is a way to separate special education students from general education students within the school building. This issue is consistent with the finding by Alnahdi (2014) who asserted that this separation in practice emphasizes segregation between general and special education teachers.

In addition to the findings discussed above, it is important to note the following. First, since around 1990, the law was passed so that students with MOID were expected to attend self-contained classes on general education schools. Commensurate with the law, school administrators treat students with MOID as they treat the typical students, in relation to access to the school building, instructional time, availability of special education teachers, and school year duration.

Teachers also described how students with MOID were starting to be partially included with their typical peers, although all the teachers confirmed that inclusion occurred during lunchtime, morning assembly, and extracurricular activities, and sometimes during art class. This inclusion is a huge step forward for students with MOID, as they are moving from self-contained schools to self-contained classrooms within general education schools.

Finally, the teachers described how the general education students and teachers have started to learn more about students with MOID, even though they have had minimal interactions with the students. This interaction between students with MOID and their typical peers has helped their typical peers and will help society know more about this population in the long run.

On the other hand, there are three components of services that warrant a discussion about how attending to these components might address the lack of inclusion in these schools. The first

component is the philosophical foundation upon which services are built, and the infrastructures developed to provide services through the education system. According to the teachers, there is a lack of personnel (e.g., teachers, teaching assistants, supervisors) with expertise in inclusive education who are available for the development and implementation of services for students with MOID, as well as a lack of interdisciplinary professionals (e.g., psychologist, speech pathologist, physical therapist, and school nurse) to support teachers in the schools. This is consistent with other studies which confirmed the lack of teachers' assistants and multidisciplinary teams in SA's schools (Alnahdi, 2014; Alruwaili, 2018). The lack of interdisciplinary personnel has resulted in a lack of collaborative teaming possible to meet the needs of students with MOID. Westling et al. (2015) discuss the importance of collaborative teaming and define collaboration as "the process by which people with different areas of expertise work together to identify needs and problems and then find ways to meet the needs and solve the problems" (p.48). As mentioned by the teachers, there were no related services provided in their schools, as well as no evidence of collaboration among related services personnel, teachers, and families for IEP development or instruction. This finding confirms that collaboration is a missing component of services, which is a huge and critical issue with the existing infrastructure in the education system in SA. This infrastructure means that special education teachers alone are responsible for identifying each student's needs, setting the goals and objectives for each student's learning, developing an individualized educational program (IEP) for each student, and evaluating the outcomes achieved by each student (Westling et al). In fact, this finding aligns with another study that confirmed that special education teachers in SA are fully responsible for the IEP, receiving no assistance or support from other professionals in the school (Al-Kahtani, 2015). Consistent with findings by Aljohani (2019), this means that

special education teachers in SA face higher workloads and greater responsibilities than counterparts in other countries, which might limit the teachers' choices related to instructional practices and decrease their effectiveness.

In addition to the lack of support from other professionals, teachers stated there are no paraprofessionals in their schools who are available to assist and support special education teachers in their classrooms. This finding is consistent with those of Rotatori et al. (2014) who also found there was a lack of "paraprofessionals who can be supportive of both teachers and students in different ways" (p.522).

Moreover, teachers described an absence of collaboration between the special education teachers and general education teachers in their schools, despite financial incentives for general education teachers to serve students with MOID. For example, if a general education teacher (e.g., art teacher) decides to include students with MOID in their classroom, that teacher would receive an additional 30% in their salary (Alnahdi, 2014). However, this financial incentive is not accompanied by assistance provided for that general education teacher in their classroom, from either a special education teacher or the school administration. This means that the general education teacher would be responsible for 35-40 general education students and 6-10 students with MOID in the same classroom, with no additional support. Because of this lack of support and their own lack of experience or expertise to provide instruction for students with MOID, many general education teachers refuse to include students with MOID in their general education classroom. There is, therefore, a definite need for clear guidelines from the Ministry of Education that "students with intellectual disability are the responsibility of all teachers in the school and that general education teachers must help make the school environment a supportive place for inclusion" (Alnahdi, 2014, p.90).

The second component is a lack of information provided about disabilities and the needs of students with MOID for the general education students, general education teachers, and administrators. Teachers described how students were separated in their schools, with special education students served only on the first level and general education students served on the second and third levels. Moreover, teachers described how general education students did not know anything about the characteristics of students with disabilities, and how they wondered about the way that some of the students walked and behaved, as well as the support they needed (Abed & Shackelford, 2021). This finding is consistent with Aldabas's (2015) findings which stated that

> no general teacher preparation programs in SA offer any courses that address special education. As a result, Saudi teachers in public schools are often unprepared for inclusive education and how to address the needs of students with diverse characteristics (p.1164).

The third component is the teachers' negative attitudes toward having self-contained special education classrooms in a general education school, instead of maintaining students with MOID in self-contained schools. The teachers described the services provided in the self-contained schools, and how those services and the budget that supports them do not follow a student when they enter a self-contained classroom in a general education school; that is, there are services provided in self-contained schools that are not provided in self-contained classrooms in general education schools. That means that when a student is moved from a self-contained school to a self-contained classroom in a general education school, that student loses the benefits from services such as physical therapy, occupational therapy, instructional materials, instructional assistance, and other resources. The teachers explained how their schools did not give them a

budget or resources at the beginning of the year, therefore the teachers independently were required to purchase all of the instructional materials and other resources (e.g., computer, printer, copies of worksheets) that will be used in their classrooms. The classrooms simply are not readied for teaching any student, including students with MOID; there are no supplies or support provided for special education teachers inside their own classrooms. This lack of support has led to one teacher standing against the movement of students with MOID to self-contained classrooms in general education schools; she felt that this change in placement takes away the students' rights to services, as compared to the services they had remained in self-contained schools.

In general, the schools in SA should consider having inclusive education for students with MOID; that is, where the students get equal access to the general education classrooms, general education same-aged peers, general education curriculum, and general education teachers, with special education supports and services provided within those classrooms (Alkhattabi et al., 2020). The schools should ensure the availability of and collaboration among students, special education teachers, general education teachers, related services professionals, paraprofessionals, and families to provide an appropriate education for students with MOID in SA (Westling et al., 2015). In addition, the Ministry of Education should ensure that each school has a sufficient budget and the needed resources to effectively serve students with MOID placed in special education classrooms in general education schools in SA. As I previously discussed the benefit of inclusion in Chapter Two, it is important for SA's schools to consider this practice and to start to include students with MOID in general education classrooms.

It also is important to remember that students with mild ID are still getting instruction in self-contained classrooms at these schools. Alanazi (2020) suggested

> The Ministry of Education of Saudi Arabia [should] promote and create awareness about the importance and effectiveness of implementing the inclusive education practices in schools. The education ministry can implement inclusive education in public schools by hiring teachers who are skilled, experienced, and knowledgeable about inclusive education. (p.18)

The United States, the United Kingdom, and countries in the EU are examples of an international movement to develop and maintain inclusive education services so that all students get effective instruction in general education classrooms regardless of their disabilities. According to Westling et al. (2015),

> Over the past three decades, however, professionals, researchers, parents, and other advocates have striven to design and implement educational service delivery models in which all students are included from the outset and considered core members of the class, without the presumption that some students do not belong or must be labeled to receive the supports they need (p.204).

Alharbi and Madhesh (2018) describe SA's response to this international movement in the following way:

> The Saudi government has established inclusive education policy from an international perspective. However, its people continue to lag behind in development and this particularly applies to inclusive education…. the lack of proper guidelines, implementation plans, and resources appear to be hindering development in the inclusive process (p.953).

Therefore, it is important for decision makers in the SA Ministry of Education to understand that placing students with MOID in general education schools by itself is not enough. Inclusive education can be implemented effectively by following the research on inclusive education practices (Jackson et al., 2000). Finally, Asiri (2020) suggested several recommendations for a plan to adopt inclusive education in SA, which includes: (a) diagnose the resistance of inclusive education, (b) provide training programs based on the knowledge of the teachers, (c) provide support through school and district administrators, and (d) follow up assessments to ensure the effectiveness of the plan.

Inconsistencies in the Curriculum

The findings of this study confirmed that there are inconsistencies in the curriculum being taught and there is a lack of clarity about what curriculum should be used in schools for students with MOID. Most of the teachers mentioned that they use the guidebook for special education required by the Ministry of Education as their main curriculum; on the other hand, however, two teachers mentioned that they use the general education curriculum used for second- and third-grade students in regular elementary schools. Therefore, it is not clear what leads teachers to decide what curriculum they are required to use in their classrooms. There are three issues related to curriculum that warrant further discussion. These include teacher preparation programs, the existing differentiation between special and general education curricula, and the attitudes of special education teachers.

First, teacher preparation programs in SA separate preservice teacher candidates into two sets of future teachers; that is, special education teachers and general education teachers. These programs do not only offer different courses, plans of study, and field-based experiences for the two sets of future teachers, but they also prepare these sets of teachers to teach different

curricula. Moreover, there are additional issues related to each of the teacher preparation programs. For instance, general education teacher preparation programs do not include any courses related to inclusive education (Aldabas, 2020). Similarly, Almughyiri (2021) describes programs that prepare special education teachers in SA as being "...focused on theoretical experiences rather than practical experiences," and "not [having] sufficient experiences and learning related to evidence-based practices and educational strategies." (p. 73)

Second, as required by the SA Ministry of Education there are two different sets of content mandated to be addressed during instruction for special and general education students, including a curriculum for general education students and guidelines for students with disabilities. It is important to note that Almalki (2018) found that when providing instruction for students with ID using the special education guidelines, SA special education teachers taught functional content more than academic content. In addition, Alshuayl (2021) found that special education teachers provided instruction to students with MOID in high schools on basic academic skills (e.g., counting numbers 1-10, writing first names and alphabet letters). This means that "10th-grade and first-grade students were being taught the same content" (p.147). Alshuayl also found that special education teachers repeated instruction for students with MOID on the same content each year.

Third, low expectations of students with MOID are being held by special and general education teachers and these low expectations influence the content on which they provide instruction. For example, a teacher felt that the general curriculum content for art was not appropriate and difficult for students with MOID to learn. In general, special education teachers lack the belief that students with ID can learn the general education curriculum and have low expectations of these students. These findings support previous research where "teachers' beliefs

that students with ID should remain in segregated classrooms and schools, suggesting that the learning ability of students with ID is still stigmatized" (Alkhattabi et al., 2020, p.64).

Thus, universities and schools need to change in at least three ways. First, universities should include more inclusive education courses for all preservice teachers across all subject areas (Aldabas, 2020; Alkhattabi et al., 2020). In addition, teacher preparation programs must prepare all teachers to teach in inclusive schools and equip teachers with the instructional strategies and collaboration skills that will benefit all students, not only students with disabilities (Taub et al., 2017). Second, the Ministry of Education should mandate the use of the same curriculum for students with or without disabilities, while also requiring the use of modifications and accommodations for students with disabilities. For example, in the USA the same content standards are mandated for all students, but alternate *achievement* standards related to those *content* standards may be used with 1% of the students with disabilities. According to Kearns et al. (2020) when describing the content for students with disabilities "the content of their instruction should be the same grade level content standards as for their peers. While the content may be the same for all students, the achievement level may differ." Students with MOID should be provided with grade-level content with appropriate modification and accommodations based on each student's needs (Sabia et al., 2020). Besides the same grade level content, it is also important to link the curriculum content to the activities in which a student engages following the ecological framework (see figure 1, p.26). Finally, it is important for all the teachers to presume the competence of their students and understand the Least Dangerous Assumption (LDA) (Biklen, 2020; Biklen & Burke, 2006; Jorgensen, 2005). Presuming competence means "that educators must assume students can and will change and, that through engagement with the world, will demonstrate complexities of thought and action that could not necessarily be

anticipated" (Biklen & Burke, p. 168). Jorgensen (2005) states that the LDA is based on three ideas:

> (a) All people have different talents and skills. (b) Intelligence is not a one-dimensional construct, nor can it (or its absence) be measured accurately and reliably enough to base students' educational programs and future goals on test results. (c) Children learn best when they feel valued, when people hold high expectations for them, and when they are taught and supported well. (p. 6)

Understanding these two concepts (i.e., presuming competence and LDA) will assist teachers to raise their expectations of their students with ID. Therefore, it is important that special education teachers presume that their students can learn the general education curriculum, and provide instruction, accordingly. Because their mindset and their perceptions about the intelligence and capabilities of their students with ID affect what and how they teach, teachers need to learn more about how their expectations impact students' lives (Biklen & Burke, 2006; Jorgensen, 2005).

Lack of Effective Leadership in the Educational System

The findings of this study indicate a lack of effective leadership from the Ministry of Education in SA. These findings suggest two sets of issues of leadership related to (a) teachers' responsibilities, and (b) the educational system structure, each warranting deeper discussion.

First, there is a lack of clarity from the leadership related to a definition of teachers' responsibilities. Teachers in this study were overwhelmed by their responsibilities in their schools. They had not received adequate support for purchasing supplies, developing instructional materials, providing instruction, and having other classroom resources (e.g., a PE classroom or a computer lab). They also did not have access to other professionals with expertise

to evaluate the students when needed. These teachers lacked consensus regarding their roles, aspects of educational services required for students with MOID, and expectations related to supplying instructional materials and providing effective instruction. These teachers need leaders from the Ministry of Education to clearly define the responsibilities of teachers so there is a consistent set of expectations across schools in the country.

Additionally, teachers in SA must provide instruction using the Modern Standards Arabic (MSA). However, these teachers needed to use the spoken dialect, which is more accessible for students with MOID. Students with MOID have difficulties learning new things and maintaining that knowledge; therefore, it is difficult for them to learn a new dialect which conflicts with the dialect used in their homes with their families (Alper & Ryndak, 1992). The requirement to use MSA, coupled with the need to use each student's spoken dialect, results in a teacher evaluation system that is not fair, even though it is consistent with the evaluation process for general education teachers. One possible implication of this is that if teachers use MSA in their instruction, while knowing that their students use a different spoken dialect in their homes, their students' learning might be negatively affected and the time they waste might be increased, instead of effectively using time for valuable learning of new content. These teachers need leaders from the Ministry of Education to consider such issues for teachers of students with MOID and develop a teacher evaluation system that is consistent with the instructional issues the teachers face in schools across the country.

Second, there are four issues of leadership related to the educational system structure and meeting the learning needs of students with MOID. First, the education system does not provide support for when students transition between schools, and it seems that each school level (i.e., elementary, middle, and high school) functions separately from the other school levels. In this

study, when the students started middle school, teachers described the lack of information and documentation about the students' progress in the files from their previous schools. More effective leadership could lead to better documentation of student progress for each student, leading to better use of time in school for effective instruction. Second, the leadership does not monitor the quality of services or the effectiveness of the current services. For example, there is no follow-up with the students when they moved across schools, and no evaluation of the quality or effectiveness of services provided in these schools. More effective leadership for program and instruction effectiveness could lead to better short- and long-term outcomes for students. Third, there is no communication and collaboration with students' parents during the process for determining their children's placement in various educational settings. This lack of communication continues with teachers providing no evidence of the education system including parents in the development of their children's IEPs, which is a finding that is consistent with earlier research (Al-Kahtani, 2015). These findings support the need for leadership to systemically increase the involvement of parents in the IEP process. Finally, there is no established services to support students with MOID as they transition from school to adult life (i.e., postsecondary education, employment). In fact, Alshuayl, (2021) found that in SA "...students with moderate ID were not provided opportunities to access postsecondary education, employment, and independent living options and services"(p.151). Leadership needs to ensure that services are provided to support students as they transition from school to adult life.

These two sets of issues are related to the effectiveness of leadership of the Ministry of Education in SA. The lack of clarity, specific rules, and detailed guidelines from the Ministry of Education has led to either a lack of evidence-based services, or inconsistent implementation of evidence-based services, for students with MOID. Accordingly, the Ministry of Education has

much work to do to support schools throughout the education system. Starting from the need for special education guidelines that clearly outline an effective implementation plan for the SA school system. These guidelines should specify that:

- Schools need to provide the essential personnel, supplies, and resources for teachers (e.g., teachers' assistants, instructional materials, PE classrooms, supply room, computer lab, or printers) to be effective. The Ministry of Education needs to begin employing paraprofessionals to support teachers inside the classrooms and during instruction (Alnahdi, 2014; Alruwaili, 2018).
- Teachers should not be responsible for students' evaluations; instead, student evaluations should be a responsibility of an interdisciplinary team within each school that includes professionals who know how to evaluate and assess students with ID using various assessment tools (AAIDD, 2021; IDEA, Sec.300.304).
- The special education teachers "work under a variety of complex conditions, with a very heterogeneous population, and support student progress toward a very individualized set of goals" (Johnson & Semmelroth, 2014, p.71). Because of this, the evaluation of special education teachers should be different from the evaluation of general education teachers, especially in relation to the language used in the classroom.
- Each student's file should be required to include all the forms needed by teachers to understand the student, their needs, and instructional strategies that have been effective for the student. These forms should include, but not be limited to: grade certifications, previous and current standardized test results, demographic data on students, current and previous IEPs, special education records, disciplinary records, medical and health

records, documentation of attendance, and school(s) attended (Family Educational Rights and Privacy Acts, 1974).

- There is a need for evaluation to assess the quality of services provided for students with MOID and the effectiveness of those services. There are specific evaluation methods in special education that include different types of evaluation that the Ministry of Education could use, such as impact evaluation, performance evaluation, and process evaluation (Mertens & McLaughlin, 2004).
- The Ministry of Education should implement a policy that requires the inclusion of parents in the decision-making processes related to the placement of their children in schools and classrooms, improvement of communication between schools and the students' families, and creation of a collaboration space for use by parents and their children's teachers to support their children's education (Alruwaili, 2018).
- Since the Ministry of Education is responsible for providing educational programs, they need to offer additional programs for students with MOID after high school that meet their needs for transition to adult life, as well as during adult life (Alshuayl, 2021).

An Ineffective System for Identification, Diagnosis and Reevaluation

The findings of this study confirmed that there are ineffective systems for identification, diagnosis, and reevaluation of students with disabilities in the educational system in SA. After the discussion of each of these three elements of educational services, I first discuss all the findings from this current study and then provide recommendations for improving services related to each element.

First, there is an ineffective system for identifying children who are at risk of having a disability in SA. One of the issues that emerged from this study is a lack of a process to identify

students with developmental delays in SA. This issue explains why the student (mentioned in Chapter Four), who was in first grade in a rural elementary school, was 14 years old but had not been identified until her parents registered her for elementary school when she was 14 years old. Prior to that time, her parents were unaware of educational services for their daughter. According to Alquraini (2011),

> the assessment process for children does not begin early enough to successfully determine disabilities. This process usually starts when the child goes to school, so the schools and other agencies cannot provide early intervention for children with disabilities and their families. (p.144)

Finding and identifying students who are at risk of having a disability is essential in society and, unfortunately, a system to do so does not exist in SA. As stated by Aldabas (2015),

> The government of Saudi Arabia should establish policies that require provision of early identification and intervention in special education. Special education services, including early identification and intervention, should be provided for all individuals beginning at birth in order to develop an effective plan for each child who may have a disability. (p.1162)

Even if we identify the child with a disability earlier, there is at least one region of SA in which no early intervention services are provided with government funds; that is, they are provided with only private funds (Alzahrani, 2020). Most families in SA depend on free or funded services by the government. In order to improve the services in SA, Alquraini (2011) suggested that there is a need “to start the assessment process at an early stage for at-risk

students at birth or in preschools to help these students and their families utilize early interventions" (p.144).

Second, findings from this study indicate there are some infrastructure issues related to the process for diagnosing students with ID in SA. The documentation provided for students in this study included the results for at least one psychological exam. However, for one student the results were seven years out-of-date; for another student the results were eight years out of data; and for the remaining two students the results were nine years out-of-date. In addition, for three of the four students, their psychological exam results indicated the students had mild ID, while their teachers described these students as having MOID. This discrepancy between documented diagnosis and the teachers' descriptions of these three students raised concerns about why the teachers chose these students as having MOID and, therefore, were eligible for the study. According to the Ministry of Education, the diagnosis of ID in SA is based on the student's IQ scores (Alquraini, 2011). As mentioned in Chapter Two, students with intellectual disabilities are identified at three levels (i.e., mild, moderate, and severe) when using the Wechsler Preschool and Primary Scale of Intelligence (WPPSI) test (Ministry of Education in Saudi Arabia, 2019a). The Regulations Guidebook of Special Education (2016) mentioned the regulation guidelines for assessment and diagnosis, which includes, but is not limited to:

> (1) using different sources to collect information (e.g., family, teacher, students); (2) the multidisciplinary team should conduct the process and this team includes, special education teacher, general education teacher, school counselor, professional such as speech pathologist or physical therapy, nurse and parent if they are available; (3) using different tests and these tests must be administered by qualified professionals; (4) consent

> form must be provided to the guardians/parents to start the process for diagnosis and assessment; (5) if needed, the student should be placed under observation for a whole semester to verify the validity of the diagnosis; and (6) students must be re-evaluated after the initial diagnosis not less than six months and not exceeding 18 months to ensure the accuracy of the diagnosis (p.13).

These guidelines, however, are not enforced. For example, the student mentioned earlier in Chapter Four spent her elementary years in a general education classroom. When she started middle school, the Ministry of Education assigned her to a self-contained classroom. The teacher in middle school said that they received a placement letter from the Ministry of Education for the student without any details on the rationale for that decision. This left the teachers feeling that their opinion is not essential in the decision-making process, as we; as questioning the process of evaluation in elementary schools.

According to the American Association on Intellectual and Developmental Disabilities (AAIDD, 2021), the diagnosis of ID requires that the individual has: significant limitation in intellectual functioning, significant limitation in adaptive behavior, and This disability originates before the individual attains age 22. It is essential to bear in mind that the diagnosis process in SA has several issues of concern. These issues include: (a) the diagnosis of ID depends on the IQ test, (b) the lack of using adaptive behavior assessments, (c) insufficient time for diagnosis, (d) the validity of the assessments for Saudi students, and (e) the failure to assess and diagnose the cases with the whole team (e.g., the psychological exam that is in some cases done in the first visit to the psychologist will stay in the student's records throughout their school years) (Alnahdi, 2014; Altheyab & Alquraini, 2018). These are huge implications for the lives of

students, as well as society as a whole, when misdiagnoses occur. According to IDEA, to determine if the child has a disability during the evaluation process an evaluation team must "Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent" (IDEA, Sec.300.304). Besides, the AAIDD (2021) mentioned that the diagnosis team usually includes psychologists, physicians, special education teachers, and social workers, who diagnose a case based on a thorough review of social history, medical history, and educational history. Thus, the effective diagnosis of a child's disabilities should be a thorough process, including using different assessment tools and being conducted by a multidisciplinary team that includes the child's parents (Alnahdi, 2014; Alquraini, 2013).

Third, findings from this study suggest there are issues related to the reevaluation process for students with MOID to determine progress on their IEPs during the years the students are in school. The Regulations Guidebook of Special Education mentions that there should be a regular evaluation of the student's progress in their IEP goals at the end of each semester, as well as an annual review of the student's IEP. The teachers in this study, however, did not have access to their students' previous IEPs and their students' psychological exams were out-of-date; this resulted in the teachers not having current information about their students. With this lack of information, the teachers felt they needed to reevaluate their students during the first weeks of the school year, completing observations and a basic skill checklist. This resulted in a lack of instruction occurring during those weeks.

The teachers in this study relied solely on the student's performance at that time to determine the students' acquired skills and, thus, what to teach the student. Because teachers are not qualified to do reevaluations, the Ministry of Education should require student reevaluations

to be conducted by a professional who specializes in ID and assessment. Thus, there should be a general reevaluation to determine students' eligibility for special education which is not specific to the determining progress on their IEP goals. For example, in the United States reevaluation "use[s] a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent" (IDEA, Sec.300.304); and include reviewing the existing evaluation data, information from the parents, current assessments, and observation by teachers and related service providers (IDEA, Sec.300.305). Moreover, according to IDEA, reevaluation should be conducted "at least once every three years, unless the parent and the local educational agency agree that a reevaluation is unnecessary" (IDEA, Sec.1414). Therefore, the Ministry of Education in SA should reevaluate each student every three years, or at least when they move to a new school so teachers will have a current evaluation and data/ record.

Implications of the Study

The results of this study have several implications for teachers, parents, and decisions-makers in the Ministry of Education in SA. First, teachers of students with MOID need to change their mindset so that they have high expectations of their students, presume the competence of their students, and understand the Least Dangerous Assumption. This change in mindset would assist in changing teachers' perceptions and beliefs about their students' abilities. Said another way, teachers need to assume that their students can learn and provide them with equal access to the general education curriculum, consistent with general education students of their same age. Moreover, teachers need more professional development related to behavior modification, instructional strategies, IEP development, and evidence-based inclusive education practices. Furthermore, the teacher preparation programs should evaluate their programs and improve the

outcomes of their student teachers in relation to providing instruction that reflects evidence-based inclusive education practices. The universities in SA should mandate courses related to inclusive education for all preservice teachers. Some of the inclusive education courses should teach strategies that benefit all students in SA, not only students with disabilities.

Second, parents have a vital role in their children's education since they know the most about their children. They need to be more involved and included in their children's education, including the development and monitoring of their children’s IEPs. It is essential to raise the awareness of the significance of parental involvement for all teachers and school administrators. Additionally, it is essential to increase the parents' awareness of their children's rights, and to advocate for their children. Parents should have a collaborative relationship with teachers regarding their children's education and be more involved in the teaching of their children. Parents need to have training courses related to their children's rights, IEP development and monitoring, and evidence-based inclusive educational practices.

Third, decision-makers in the Ministry of Education in SA have many responsibilities to students with MOID and their families. Many of the challenges mentioned in this study are under the responsibilities of the Ministry of Education because they have the power to improve current services. Although the Ministry of Education has developed some guidelines, it is crucial that they monitor how schools are implementing those guidelines and determine whether the guidelines are sufficient to result in positive outcomes for students with disabilities. First, the Ministry of Education should provide assistance and support in classrooms for special education teachers by ensuring the addition of teacher assistants or paraprofessionals. Second, the Ministry of Education should provide high-quality professional development for in-service teachers, which equips the teachers with evidence-based practices and effective teaching strategies. Third,

the Ministry of Education should prepare the general education students, teachers, and administrators as inclusive education practices are implemented. Fourth, the Ministry of Education should mandate that the general education curriculum be taught to all students, regardless of their disabilities, with accommodations and modifications for each student as needed. Fifth, decision-makers in the SA Ministry of Education should establish a policy for early identification systems and collaborate with the Ministry of Health to identify young children who are at risk of having a disability as early as possible in order to provide them early intervention services.

Recommendations for Future Research

There are some challenges and barriers to inclusive education for students with MOID in SA, therefore it is essential to address these challenges and barriers so students with MOID will receive effective instruction along with their typical peers in general education classrooms. This study used qualitative methods to investigate teachers' perceptions of the education of their students with MOID; it also used qualitative methods to review the content of documentation in the students' files. While this study begins to describe teachers' perceptions of services, there is a need for more research to understand several other aspects of educational services for students with MOID. Some of these aspects might include instruction that occurs in classrooms and other settings, the curriculum content on which the students receive instruction, the outcomes of the students' services, and processes used to develop and implement the students' services. The field, therefore, would need to begin to answer research questions related to "why" things are happening to schools. To study this and many other aspects of special education services, it would be necessary to use qualitative methodologies. Unfortunately, however, the field of special education in SA has just begun to use qualitative methods to understand what is

happening in school practice and there are many existing school/administrations issues that could be studied in order to improve the services provided.

First, the initial proposal for this study included observation of students with MOID in self-contained classrooms. However, due to the pandemic of COVID-19 and school closure in SA, I had to eliminate observations. Therefore, more research is needed to better understand what type of instruction these students actually are receiving and what is provided in self-contained classrooms, as well as other types of educational placements.

Second, this study focused on teachers' perceptions; therefore, further research should consider the perceptions of others (e.g., parents, other school personnel, and students'). Such research would assist the field in understanding what services are actually being provided for students with MOID and what needs to occur to improve those services and student outcomes.

Third, another area of future research is the content of the curriculum provided for students with MOID in self-contained classrooms and other types of educational placements in SA and their outcomes. The content provided should be compared with the content provided for students who do not have disabilities and should be studied in relation to the students' long-term outcomes.

Fourth, further research is needed to examine what general and special education preservice teachers get in their program preparations and if these programs provide any courses related to inclusive education. Teachers cannot be expected to provide services that reflect evidence-based inclusive education practices unless they are provided instruction on how to do so. If teachers are not taught these practices in their teacher preparation programs, then it becomes the responsibility of the Ministry of Education to provide ongoing professional

development for currently employed teachers so they can provide services that reflect evidence-based practices for all students.

Fifth, future studies should be conducted on the effectiveness of using the standard or spoken dialect for students with MOID in self-contained classrooms and other types of educational placements. If students with MOID are using one dialect in their homes and they receive instruction using another dialect at school, this would impact their acquisition of both dialects and content because of issues inherent to their disabilities (i.e., generalization, amount learned).

Finally, this study was conducted on female teachers due to cultural barriers. Future research, therefore, should include male teachers who teach male students with MOID in self-contained classrooms and other educational placement options in SA. It would be helpful to compare the experiences of male teachers with those of female teachers to establish whether there is a difference between the services provided for male and female students with MOID in SA.

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APPENDIX A: TEACHERS' INTERVIEW QUESTIONS

Demographic and Background Information

- Tell me about your job?
- What led you to become who you are?
- What is your education level? subject/major?
- How long have you been teaching/working with students with disabilities?
- How prepared did you feel to teach this student?
- What type of training have you had in meeting the needs of students' special needs?
- How do you see students with ID participating in the family/school/community? Would you like this to be different? If so, what should be the role of students with ID in the family/school/community?

Services, Classroom and Targeted Student's Characteristics

- What type of services do you provide for this student?
- Walk me through a typical day in your classroom?
- What is the biggest challenge in having students with intellectual disabilities?
- How long have you known this student?
- When did you start teaching her?
- Describe this student for me:

■ How does the student communicate with you (e.g., tell you what she likes to do)?

■ How does the student ask for help?

- Can you give an example how she struggles academically; or does well academically?
- Can you give an example how she struggles behaviorally; does well behaviorally?

- Can you give an example how she struggles socially; or does well socially?
- From the time you began teaching her, until now, please describe your experiences.
- What are the strengths you notice about her? Can you give me an example?
- What challenges do you experience when working with her? Can you elaborate more?
- What is the student's strongest subject/content area?
- What is the student's weakest subject/content area?
- Why do you think she struggles in that area?
- What language do you speak in class? (formal or informal Arabic) Why?
- What did the students learn from the beginning of the year?
- How do you see this student in five, ten, and as a grown-up woman? Would you like this to be different?
- How do you see this student participating in the family/school/community? Would you like this to be different? If so, what should be the role of students with MOID in the family/school/community?

Past and Current Experiences of the Student

- ***Curriculum***

- What type of curriculum content do you teach in your classroom?
- Does the student have an Individual Educational Program (IEP)? Describe it?
- Can you tell me how you design your lesson plans?
- Can you explain more about the other type of content the student gets?
- Which content does she enjoy the most? Why do you think that?

- When doing an activity, does she need support? If so, what type of support does she need? Please give me some examples.
- How is the student's performance in academic, behavioral, and social skills? (e.g., math, reading, writing, daily tasks, self-care….etc.) .
- How do her parents support the student's education?
- What are your primary concerns with her learning?

○ ***Context (interaction and collaboration with others)***

- On a typical day, who does the student interact with?
- When does the student interact with typical peers (i.e., at the school or residential facility)? For how long?
- How does she interact with her peers? Teachers? Other children or adults?
- Describe your relationship with the student's parents.
- Describe your collaboration with the student's parents?
- How did the parents communicate the goals of their children to you?
- Describe your relationship with other service providers.
- Describe your collaboration with other service providers in relation to meeting this student's needs?
- Describe the support the student receives and the people who provide that support (e.g., family or friends).
- Describe situations in class during which the student has the opportunity to make choices. Overall, what type of choices does the student get to make during activities in class? (e.g., choosing what to do? Whom to work with?)
- Is there anything else you want to share about this student?

○ ***Instruction***

■ How many teachers are teaching the student? Which of these is a teacher?

■ Can you describe what instruction looks like for this student?

(e.g., topics, materials, language (formal or informal), use of technology, cue/prompts, 1:1 or group, data collection (progress, type of support the students needed, time), and resources and support)

● Describe how that instruction was planned?

■ What is the impact of services to date; anticipated impact of current and future services? (e.g., academic, social, behavioral, interpersonal, and functional skills)

Services and Perception of Quality

○ What do you think of the quality of services you have?

○ Which service do you like the most? Which services are most beneficial for your students?

○ What extra services would you love your students to have?

○ How satisfied are you with each of the services?

○ What improvements need to be made?

○ What is your perception of the families' expectations/goals?

APPENDIX B: ADULT CONSENT FORM

Project Title: (The Perception of Special Education Teachers of the Educational Experiences of Female Students with Moderate Intellectual Disabilities in Saudi Arabia)

Principal Investigator and Faculty Advisor: Shoroq Alkhattabi, and Diane Ryndak (advisor).

Participant's Name:

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or the University of North Carolina at Greensboro.

Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

What is the study about?

This is a research project. Your participation is voluntary. The purpose of this research is to understand the perception of the special education teachers of students with Moderate Intellectual Disabilities (MOID). Teachers will explain how these students have been taught, what type of services they have received, who provided the services (how long, and where), what type of instruction they received in these settings, and the outcomes of these services. This study involves research on the participants by using different data collection tools (e.g., interviews and documentation).

Why are you asking me?

I am asking you because you are a special education teacher.

What will you ask me to do if I agree to be in the study?

For this study, I will need to do interviews. The purpose of the interviews is to know more about the student, her day at school, and the education she receives. Interviews approximately will take 3 hours of participant's participation, and any follow-up interviews if needed. In addition, I will ask you to send me copies of your lesson plans, activities, and curriculum content related to your students' educational experiences to support the findings.

Is there any audio/video recording?

I am planning to use audio recording during interviews so I can ensure accuracy of data analysis. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although the researcher will try to limit access to the recording as described below.

What are the risks to me?

There is not, other than the time you spend on this project there are no known or foreseeable risks involved with this study.

If you have questions, want more information or have suggestions, please contact Shoroq Alkhattabi at 336-338-9498, Or soalkhat@uncg.edu and Dr. Ryndak who may be reached at dlryndak@uncg.edu anytime during the study.

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

Are there any benefits to society as a result of me taking part in this research?

Society may benefit from this research to understand the experience of students with Moderate Intellectual Disabilities and what needs improvement.

Are there any benefits to *me* for taking part in this research study?

There are no direct benefits to participants in this study.

Will I get paid for being in the study? Will it cost me anything?

There are no costs to you, or payments made for participating in this study.

How will you keep my information confidential?

I will do everything possible to make sure that your information is kept confidential. All information obtained in this study is strictly confidential unless disclosure is required by law. I will not ask for any identifying information. For your protection, I will use pseudonyms, coding schemes, and storage security. I will keep all electronic files at UNCG Box with a secure sign in, and it will be accessible to the researcher and her advisor. All data will be labeled with a

pseudonym, and a master list will be kept separate from the other data in a locked cabinet as well. Your name or your student's name will not be used when the data is disseminated.

Will my de-identified data be used in future studies?

Your de-identified data will be kept indefinitely and may be used for future research without your additional consent.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By participating in the study-related activities, you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, in this study described to you by Shoroq Alkhattabi

APPENDIX C: LIST OF ACRONYMS AND ABBREVIATIONS

AAIDD	American Association on Intellectual and Developmental Disabilities
CEC	Council of Exceptional Children
DSM-5	Diagnostic and Statistical Manual Fifth Edition
FAPE	Free and Appropriate Public Education
IDEA	Individuals with Disabilities Education Act
ID	Intellectual Disabilities
LRI	Least Restrictive Environment
MOID	Moderate Intellectual Disabilities
RGSE	Regulations Guidebook of Special Education
RSEPI	Regulations of Special Education Programs and Institutes
SA	Saudi Arabia
SB	Stanford-Binet Intelligence Scale
USA	United States of America
WPPSI	Wechsler Preschool and Primary Scale of Intelligence