THE IMPACT OF REFUSAL OF ACCOMMODATIONS BY HIGH SCHOOL STUDENTS WITH LEARNING DISABILITIES, EMOTIONAL DISTURBANCE, OR OTHER HEALTH IMPAIRMENT ON THEIR ATTENDANCE AND DISCIPLINE REFERRAL RATES

by

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Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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ABSTRACT

The inclusion of students with learning disabilities, emotional disturbances, and other health impairments in general education classrooms is mandated by the Individuals with Disabilities Education Act. For the majority of these students with disabilities, accommodations are necessary for them to achieve the same academic successes as their nondisabled peers. Therefore, an Individualized Education Plan (IEP) is put into place for students that mandates specific accommodations essential for each formally identified student for an equal chance to succeed academically. Unfortunately, there are instances when high school students with a learning disability (LD), emotional behavioral disabilities (ED), or other health impairment (OHI) choose to either limit their use of accommodations or choose not to use them at all. Students who do not use their accommodations may display academic and behavioral issues in the classroom, frequently resulting in office referrals or a drop in attendance. The purpose of this non-experimental correlational study was to examine the relationship between the number of absences, discipline referrals, and high school students identified as LD, ED, or OHI and their use of accommodations in a small school district. Archived student accommodation use, attendance, and discipline referral data were amassed for a random sample of 100 LD, ED, and OHI students using a Spearman's Rank-Order Correlation for data analysis. After data analysis, it was determined that there was evidence of a relationship between refusal of IEP accommodations and number of disciple referrals in high school students identified as emotionally disturbed. Since this sample size was relatively small, it would be helpful to conduct a study with a larger sample.

Keywords: attendance, emotional disturbance, inclusion classroom, individualized education program, learning disability, other health impairment, referrals.

Dedication

Ecclesiastes 3:1 “To everything there is a season, and a time to every purpose under the heaven” (KJV). This research is dedicated to my husband, Julius, my son, Julius, Jr., my daughter, Porchea, my five supportive, praying sisters, and to the rest of my extended family. In addition, I thank the Lord for loving and dedicated parents, Mr. Garfield Joyce (d. 2000) and Mrs. Savannah Joyce (d. 2008), who had a dream that one day all of their girls would have college degrees and we made you both proud. Finally, to my daughter Zubrina (d. 2017), although you are no longer with us on earth, we will always be thinking of you.

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Thank you Lord for such a blessing and the fortitude to achieve such a goal! Without you this would never have been possible. I also acknowledge my dissertation committee members for their encouragement and guidance. To Dr. Michelle Barthlow, my research consultant, dissertation Chair, and mentor, thank you for your kindness and sincere belief in what I was able to accomplish.

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List of Abbreviations

Attention deficit disorder (ADD)

Attention deficit hyperactivity disorder (ADHD)

Emotional disturbance (ED)

Free and appropriate public education (FAPE)

Individualized education program (IEP)

Individuals with Disabilities Education Act (IDEA)

Learning disability (LD)

Least restrictive environment (LRE)

Other health impairment (OHI)

Students with disabilities (SWD)

CHAPTER ONE: INTRODUCTION

Overview

This study investigated the impact of the use of accommodations by students with a learning disability, an emotional disturbance, or other health impairment on the number of their absences and discipline referrals. This chapter describes the background of the problem addressing the use of accommodations by students with a learning disability, an emotional disturbance, or other health impairment. Bandura's social cognitive theory and Vygotsky's zone of proximal development form the theoretical framework of the problem. A historical overview is detailed on how public education has changed to influence student learning in the inclusion classroom and the subsequent impact on society. The problem statement, purpose statement, significance statement, and research questions are also provided along with the definition of terms in this chapter.

Background

The learning that takes place in the life of a child can take many forms. Educators are tasked with delivering instruction so that students are able to absorb what is taught in order to be academically successful. The National Center for Education Statistics (2016) reported that in 2013, 95% of 6- to 21-year-old students with disabilities were served in the general education classroom. Despite the overall success of including students with disabilities in the same classrooms as their nondisabled peers, an achievement gap continues to exist (Gottfried, 2013; Schulte & Stevens, 2015; Schulte, Stevens, Elliott, Tindal, & Nese, 2016). It is imperative that educators be trained and informed of instructional strategies to support these students so that they are able to perform inside as well as outside of the academic setting.

The process for educating students with disabilities in the 21st century classroom continues to transform and evolve in order to meet each student's specific academic needs. The inclusion of students with disabilities in the general education classroom is important for the advancement of their continued education (Ball & Green, 2014; Berzin, 2010; De Boer, Minnaert, Pijl, & Post, 2011. Teachers must plan lessons and seek research-based strategies to ensure that academic needs of students with disabilities are met. Many of these students with disabilities have learning, emotional, and behavior disorders that impede them from being successful both academically and socially (Gable, Tonelson, Sheth, Wilson, & Park, 2012; McCray & McHatton, 2011). When students with emotional and behavior disturbances are able to control and manage their disruptive behaviors, they are able to be stay on task for longer periods of time (Mattison & Blader, 2013).

The delayed social development of students with disabilities in relation to their nondisabled peers is often exhibited by rejection, by being ignored, and by exhibiting a poor ability to maintain positive relationships with peers (Adera & Manning, 2014). Hence, nonacceptance by peers often affects disabled students' academic performance and achievement in the general education classroom (Lane et al., 2013; Pavri & Luftig, 2001). Students with disabilities often lack skills to initiate positive social relationships with their nondisabled peers. Frequently, these students may have difficulty interpreting social cues to maintain friendships (Kavle & Forness, 1996; Pavri & Luftig, 2001). Societal attitudes and treatments toward individuals with disabilities may connect with how each views themselves, both positively and negatively (WaMunyi, 2012). Educating students with and without disabilities continues to be challenging (Harrison, Bunford, Evans, & Owens, 2013; Pyle & Wexler, 2011). It is the task of

educators to make all students feel valued and welcomed in all classrooms settings, regardless of their disabled status (Berzin, 2010).

Historically, students with academic disabilities have been separated from their nondisabled peers through denial of admission to many public schools, placement in different classroom settings, or isolation by separate schools and institutions (Kleinert et al., 2015). Often in these settings, instruction was not designed to meet the needs of the individual student nor were there interventions in place for low performing students. Teachers were not adequately trained to teach and meet the needs of students with various learning differences (Ball & Green, 2014; Berzin, 2010; Gavish & Shimoni, 2011; McCray & McHatton, 2011). Fortunately, in 1975 after many years of continued advocacy of parents, state and local government, and other groups, the U.S. Congress enacted the Education for All Handicapped Children Act (EAHC). This act was reauthorized as the Individuals with Disabilities Education Act (IDEA; Test et al., 2004).

Both EAHC and IDEA made changes to the once segregated and non-inclusive public education for students with disabilities. IDEA mandates that students with disabilities have the same lawful rights to a public education as their nondisabled peers (Ball & Green, 2014; McCray & McHatton, 2011; Monsen, Ewing, & Kwoka, 2013; Spaulding & Pratt, 2015). Therefore, the students identified as having a disability are provided with a specific learning plan (Brown, 2012). This plan, known as the individualized education program (IEP) includes classroom and testing accommodations. Educators are mandated to provide the IEP accommodations such as separate settings, extended time, and read aloud for student success. These specific accommodations provide equity for students with disabilities. Accommodations do not give students with special needs unfair academic advantages in comparison to their nondisabled peers

(Harrison et al., 2013). Nearly 12% of students receive special education services in elementary school (Cox, Herner, Demczyk, & Nieberding, 2006; Yearta, Jones, & Griffin, 2014). Moreover, by ninth grade, most students with learning, emotional disturbances, and other health impairments are fully acclimated to the provisions of their accommodations. Still, these students have the option to accept or reject accommodations listed on their IEPs for success in the classroom assignments, informal and or formal assessments (Harrison et al., 2013).

It is important to note that there are numerous classifications of disabilities; however, the focus of this research was students diagnosed with a learning disability, an emotional disturbance, or other health impairment. Inclusive education is grounded in the theories of Vygotsky and Bandura. Vygotsky's zone of proximal development describes the difference between what a learner can do with and without help in addition to what a student can achieve given the appropriate accommodation, as well as the instructional techniques of scaffolding that take place in the learning process (Gindis, 1999). Bandura's social cognitive theory is composed of self-efficacy, self-observation, self-evaluation, and self-reaction. Bandura's (1993) self-efficacy component involves a person's motivation and belief to achieve a particular behavior. Both Vygotsky and Bandura's theories serve as a framework for inclusive education.

Problem Statement

The inclusion of students with special needs in the general education classroom with their peers is important for the advancement of their continued education (Ahlborn, 2010; Ball & Green, 2014; Berzin, 2010). Students diagnosed with learning disabilities (LD), emotional disturbances (ED), or other health impairments (OHI) often have many challenges that impede them in instructional and social environments. These students with learning or emotional disturbances have higher rates of absenteeism, disciplinary measures, and office referrals (Fried

et al., 2016; Kearney & Graczyk, 2014; Kent et al., 2011). They perform significantly below grade level academically, fail and repeat more classes, have lower grade point averages, and have higher dropout rates (Algozzine, Christian, Marr, McClanahan & White, 2008; Chen, Culhane, Metraux, Park, & Venable, 2015; Fried et al., 2016; Harrison et al., 2013; Kent et al., 2011; Lamport, Graves, & Ward, 2012; Ryan, Pierce, & Mooney, 2008). These students are often assigned to classrooms with teachers who are hesitant to teach students with special needs and believe that they are not qualified to have LD, ED, or OHI students in their classrooms (Ball & Green, 2014; Fried et al., 2016; McCray & McHatton, 2011). Presently, educators must continue to include effective research-based educational strategies in their teaching methods while students use their academic accommodations to increase overall success in the classroom.

Researchers have studied LD, ED, and OHI students, their successes and failures, IEPs, and accommodation uses: however, there is still work to be done (Ahlborn, 2010; Ball & Green, 2014; De Boer et al., 2011; Doren, Murray, & Gau, 2014; Fried et al., 2016; Harrison et al., 2013; Johnson, Reid, & Mason, 2011; Kent et al., 2011; Kleinert et al. 2015; Williams, Ernst, & Kaui, 2015). Lai and Berkeley (2012) reported that, "Research on accommodation effectiveness has steadily increased since the 1997 amendments to IDEA; yet, our search yielded a relatively small number of studies. In general, accommodations have generated a lack of conclusive findings related to effectiveness" (p. 166). Still further, there has been little research relating to students with disabilities and their continuous or varied use of their accommodation use, and academic success. Therefore, this study analyzed attendance and office referral data for high school students with learning disabilities, an emotional disturbance, or other health impairment in relation to the use of classroom and testing accommodations written on their respective IEPs. The problem is that the literature is lacking studies that investigate students' use of

accommodations and the effect on attendance, number of discipline referrals, and academic success.

Purpose Statement

The purpose of this quantitative, correlational study was to determine if there is a relationship between attendance rates, discipline referrals and the use of accommodations for students identified as having a learning disability, an emotional disturbance, or other health impairment. The predictor variable was the refusal of accommodations reported on the review of accommodations used during testing form supplied to all classroom teachers by the Exceptional Children's Department. The criterion variables were attendance rates and discipline referrals reported through the PowerSchool software system. The results of this study may assist school districts in assisting teachers, parents/guardians, and special education students in making informed decisions about the importance of students' regular use of their accommodations.

Significance of the Study

This study is significant to educators, parents, teachers, students, and researchers, in that it adds to the literature on the use of IEP accommodations and their impact on student attendance and behavior. IDEA mandates that students who are diagnosed with disabilities have the same public educational opportunities as their nondisabled peers. Yearta et al. (2014) reported that nearly 12% of public school students in the United States were receiving special education services. Pyle and Wexler (2011) reported that 75% of high school students graduated in four years, but the percentage dropped to less than 55% for students with disabilities. Furthermore, 40 % of students with learning disabilities and 65% of students with emotional disturbance dropped out of school. Therefore, there is continuing importance for teachers and students to

follow the goals and accommodations written on students' IEPs for the academic success of students with disabilities (Lo, 2014).

The review of the literature yielded very little research on the relationship between attendance rates, discipline referrals, the use or refusal of accommodations, and the academic success of students with learning or emotional disturbances. Researchers and educators have documented the academic and behavioral issues of students with learning, emotional disturbances, or other health impairments that continuously impede their learning process. These students may or may not be able to effectively manage their negative or off-task behaviors in the classroom. Regardless of these issues, students classified as having a LD, ED, or OHI students are expected to achieve academically despite their disability or negative behaviors (Achilles, Mclaughlin, & Croninger, 2007; Johnson et al., 2011; Lamport et al., 2012).

Although there is a great deal of research on how to educate students with disabilities in the inclusion classroom, most of the research focus is on behavior management and addressing general behavioral and academic needs (Johnson et al., 2011; Sucuoglu, Akalin, & Pinar-Sazak, 2010; Zablocki & Krezmien, 2012). However, there is very little research on accommodation use and the relationship between attendance rates and discipline referrals. This study provides special and general education teachers, administrators, parents, and students with knowledge of the importance between students using their IEP accommodations and the corresponding positive effects on attendance rates and discipline referrals. It is important to note that accommodations do not give LD, ED, or OHI students an unfair advantage academically in comparison to their nondisabled peers. Instead, accommodations allow students to better access the curriculum (Yearta et al., 2014).

Research Questions

This study was guided by the following research questions:

RQ1: Is there a significate relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their attendance rates?

RQ2: Is there a significant relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their number of discipline referrals?

RQ3: Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their attendance rates?

RQ4: Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their number of discipline referrals?

RQ5: Is there a significate relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their attendance rates?

RQ6: Is there a significant relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their number of discipline referrals?

Definitions

1. *Accommodations* - Individualized and stated on a student's Individualized Education Program (IEP) so that the student is able to regularly complete assignments and tests, with specific changes in timing, setting, and/ or formatting (Ketterlin-Geller, Alonzo, Braun-Monegan, & Tindal, 2007; Shriner & Destefano, 2003).
2. *Assessments* - Documentation of student learning, including teacher and state testing (Salvia, Ysseldyke, & Bolt, 2012).
3. *At-risk Students* - Students who have a greater chance than failure in relation to their peers. Bulger and Watson (2006) stated that students are at-risk,

> If they had one or more of the following characteristics: low socio-economic status, from a single parent family, an older sibling dropped out of school, the students themselves changed schools two or more times, had average grades of "C" or lower from sixth to eighth grade, repeated a grade. (p. 25)

4. *Attention Deficit Hyperactivity Disorder* – A brain disorder that affects the ability to maintain focus, attention, and impulsivity (Furman, 2005).
5. *Disability* - Physical, sensory, or cognitive impairment (Lo, 2014).
6. *Discipline Referral* - Written notice to the school administration that a student has violated classroom or school policy (Flannery, Fenning, McGrath, Kato, & Bohannon, 2013).
7. *Emotional Disturbance (ED)* – Attitude or behaviors that adversely affect social and academic performance (Coutinho, Conroy, Forness, & Kavale, 2000).
8. *Free and Appropriate Public Education (FAPE)* – Kaufman and Blewett (2012) defined FAPE as a "personalized instruction with sufficient support services to permit the handicapped child to benefit educationally from that instruction" (p. 6).
9. *Inclusion Classroom* – Classroom that includes students with disabilities and those without (Hart & Brehm, 2013).
10. *Individualized Education Program (IEP)* - Written statement of each child with a disability, including present level of performance, annual goals, and accommodations (Ketterlin-Geller et al., 2007; Shriner & Destefano, 2003).
11. *Intervention* - Specific educational program or placement to aid a student in better academic performance (Lo, 2014).

12. *Learning Disability (LD)* – Neurological processing disorder that affects the way the brain processes information (Coutinho et al., 2000).
13. *Least Restrictive Environment (LRE)* – McLeskey, Landers, Williamson, and Hoppey (2010) defined LRE as "educating students with disabilities in general education classrooms while allowing separate class services in certain instances when such a placement was deemed more effective or better met the student's needs" (p. 131).
14. *Office Discipline Referral (ODR)* – Formal written records that school districts use as written records of student behavioral issues (Flannery, Fenning, McGrath, Kato, & Bohanon, 2013).
15. *Other Health Impairment (OHI)* – Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (ii) Adversely affects a child's educational performance (IDEA 2004: Part 300 / A / 300.8 / c / 9).
16. *Referrals* – Request by a parent or school professional for evaluation for special education services (McLeskey et al., 2010).
17. *Resource Placement* – McLeskey et al. (2010) defined resource placement as "students with disabilities who are educated in a general education classroom for less than 40% of the school day" (p. 133).

18. *Special Education* - Specifically designed instruction to meet the needs of students with disabilities (McLeskey et. al., 2010).
19. *Social Skills Deficits* – Inability to interact or communicate with others without frustration (Kavale & Forness, 1996).
20. *Types of Accommodations* – Separate setting, read aloud, read aloud to self, extended time, peer tutoring (Hart & Brehm, 2013).

CHAPTER TWO: LITERATURE REVIEW

Overview

The inclusion of students with disabilities in the general education classroom continues to be a topic of national and local debate among educators and parents (Hosford & O'Sullivan, 2016; Obiakor, Harris, Mutua, Rotatori, & Algozzine, 2012). Students with disabilities who are included in the same classroom as their nondisabled peers often require specific supports, such as accommodations and modifications, to be successful academically. Little research has been conducted to determine the relationship between number of absences and discipline referrals and the use of accommodations for students identified with a learning disability, an emotional disturbance, or health impairment (Hoge, Liaupsin, Umbreit & Ferro, 2014; Pyle & Wexler, 2011). This chapter provides a theoretical framework and a review of literature that investigates learning disabilities, emotional disturbances, and other health impairments, with a focus on attentional deficit disorder/attention deficit hyperactivity disorder. In addition, this chapter focuses on accommodations, the positive and negative consequences from the general education classroom, and concludes with a summary.

Theoretical Framework

Students who are diagnosed with a learning disability, an emotional disturbance, or other health impairment, have challenges in the academic setting due to general education teachers being able to differentiate instruction to their various learning styles (Ahlborn, 2012; Ball & Green, 2014; De Boer et al., 2011; Doren et al., 2014; Fried et al., 2016; Johnson et al., 2011). Theorists Vygotsky and Bandura are two of the most influential researchers that guided this study. Gindis (1999) reported, "Special education was the main empirical domain from which Vygotsky obtained data to support his general theoretical conceptions" (p. 333). However,

Bandura believed lessons should be altered to accommodate the differences in how a child learns (Feldman, Kim, & Elliot, 2009). Mutually, each researcher provided years of research on the child, how he or she learns, and successes and failures, both personally and academically, thus providing a framework for educating students.

Zone of Proximal Development

Lev Vygotsky, psychologist, theorist, and researcher, made significant contributions in the field of education that continue to have positive effects in the 21st century. One such theory, the social development theory (Wang, 2009), stated that social interaction affects the learning process in children and comes before their development of cognition. The social development theory is divided into three major themes:

- Social interaction plays an essential role in the process of cognitive development. Vygotsky's main idea in this theme is social learning comes before any other development.
- The more knowledgeable other (MKO), defined as any individual, regardless of age, or even a computer, who has more knowledge or greater capability level in a particular assignment, task, or operation with respect to the learner. For example, a teacher has more subject knowledge than the student.
- In the zone of proximal development (ZPD), students are able to perform a task under the guidance of another individual with the ability to problem solve and learn from their cultures (Wang, 2009).

The third theme in Vygotsky's theory of social development, the ZPD, frames the current study. The zone of proximal development explains what learners are able to do on their own based on their development in relation to how those same learners are able to perform when they are

guided by a teacher or from one of their peers. Learners are able to achieve when they are provided the appropriate support, such as accommodations. Vygotsky further explained that there are two levels of development. In the first level, learners are able to solve problems without the help of another student or adult. In the second level, learners are only able to solve problems with the help of an adult or a more capable peer (Eun, 2017; Wang, 2009). The zone of proximal development is the greatest difference between the two levels. Special education was the main empirical domain that supported Vygotsky's theoretical conceptions (Gindis, 1999). Vygotsky believed that the development of exceptional children is determined by the social significance of their impairment and a societal willingness to provide remediation (Smagorinsky, 2013). Still further, Vygotsky discussed the importance of the inclusive treatment of diverse students and its importance for cognition (Smagorinsky, 2013).

Vygotsky's research centered on the learning, thinking, and development of children and on the importance of cultural, communities, and social interaction in the learning process (Wang, 2009). Consequently, teachers continue to educate students based on Vygotsky's theories that learning is continuous (Stoltz, Piske, De Freitas, D'Aroz, & Machado, 2015). Important to this study is the value Vygotsky placed on inclusion as a critical need for the overall improvement of the education of children with disabilities. Vygotsky's research on special education yielded many observations, such as his view that students with disabilities are similar to those without disabilities and they should be educated together instead of separately (Gindis, 1999; Wang, 2009). Furthermore, the zone of proximal development theme for students with disabilities is a "what they can do" theme versus a "what they are supposed to do" theme (Wang, 2009, p. 103).

Theory of Self-Efficacy

Albert Bandura is described as a researcher, psychologist, and theorist whose investigations in learning and behavior provide aid to educators. Bandura's social cognitive theory also emphasizes the important role that social experiences have in development. There are several approaches to Bandura's theory. At the center of his social cognitive theory is the theory of self-efficacy. This theory can be defined as one's learned beliefs, abilities, actions, and motivations to be successful (Bandura, 1993). Consequently, students who use the classroom and testing accommodations written on their Individualize Education Programs are able to fully access the curriculum, thus having an equal chance as their nondisabled peers in academic successes (Bolt, Decker, Lloyd, & Morlock, 2011). Students who use classroom and testing accommodations can have an effect on their specific attitudes and thoughts about test taking skills and their own abilities to be successful. Explicitly, this premise draws on the social cognitive theory, in which self-efficacy plays a definitive part in how one performs tasks academically (Bandura, 1993; Feldman et al., 2009). On the other hand, there are students who do not use their accommodations for various reasons such as stigmas of being identified as having a disability, being viewed negatively by their peers, and negative experiences with teachers and peers (Marshak, Van Wieran, Ferrel, Swiss, & Dugan, 2010). Hence, many students with disabilities have lower attendance and higher dropout rates (Hadley, 2006). Consequently, student self-efficacy is crucial in the process of learning.

Related Literature

It is important to know the differences in the various types of learning disabilities, emotional disturbances, and other health impairments. Enacted in 2004, the Individuals with Disabilities Improvement Act included the term "specific learning disability," which is a disorder

in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that is not commensurate with the individual's age that manifests itself in discrepancies in abilities to listen, think, speak, read, write, spell, or to perform mathematical calculations (McGill, Styck, Palomares, & Hass, 2016). Students who have specific learning disabilities are usually educated in the general education or inclusion classroom. These students are often below grade level readers, have difficulty paying attention, have problems processing information, and have poor academic performance.

Wery and Cullinan (2011) reported that IDEA defines an individual with an emotional disturbance as someone who exhibits inappropriate behaviors or emotions and has difficulties educationally because of an inability to learn that cannot be explained by any other intellectual, sensory or health factor. The students diagnosed with EDB may or may not exhibit the following behaviors: are easily distracted, have difficulty staying on or completing tasks, have low self-esteem and low academic performance, read below grade level, are disruptive, have difficulty conforming to class and or school rules, and may bully students. Others exhibit behaviors to seek negative or positive attention and are low achievers (Ball & Green, 2014; Harrison et al., 2013; Wery & Cullinan, 2011). Therefore, when students with emotional disturbances act out negatively, the teacher must consider the academics and safety of the other students, and may separate the student from the classroom. This separation allows the student the opportunity for cooling down or experiencing time away from the classroom to process the negative behaviors that took place. However, when a student's behavior is more severe or violates the school's code of conduct, the teacher must write a formal individual office referral.

Previously, students with EBD were primarily taught in self-contained classrooms (Forness et al., 2012; Ryan et al., 2008). EBD students were only with their nondisabled peers

for certain times during a school day. Amendments to IDEA mandated that students who had in the past been separated from their peers were to now be educated in inclusive classrooms with their nondisabled peers (Mooney, Denny, & Gunter, 2004). Even though EBD students have access to equal public education, they often have high rates of absenteeism, suspensions, retention, and dropout rates (Gage, 2013). For academic success to be achieved, students with EBD need organized, well-managed classrooms. Additionally, educators and students must have effective behavior management strategies so that learning can occur (Lamport et al., 2012; Obiakor et al., 2012).

Students diagnosed with OHI have limited strength or vitality, or have heightened alertness to environmental stimuli that adversely affects their educational performance. Students with OHI may have chronic or acute health problems, such as asthma, attention deficit disorder or hyperactivity, or a number of other diseases that adversely affect their ability to perform (Special Education Guide, 2018a). A student receiving services for OHI due to a diagnosis of ADHD may have lower grade point averages in comparison to their peers without ADHD and have higher dropout rates (Chen et al., 2015; DuPaul, Gormley, & Laracy, 2013; Fried et al., 2016).

Historical Overview of Special Education

The historical beginnings of special education have not been easy (Spaulding & Pratt, 2015). Mentally or physically disabled persons were usually segregated from society and were not able to attend public schools. Instead, those with disabilities were denied a public school education and were commonly institutionalized or stayed in homes (Spaulding & Pratt, 2015). Spaulding and Pratt offered three periods that relate to special education in the United States: The first, Early Reform, took place between 1800–1860 during a time in history when societal

attitudes toward people with disabilities led to their institutionalization. The second period, 1860–1950, Stagnation and Regression, involved some training and teaching of individuals with disabilities but they were still separated from their nondisabled peers. Finally, the third period, known as Contemporary Reform, which took place from 1950 to the current time, introduced change in societal beliefs of how people with disabilities should be treated and educated. Importantly, the Rehabilitation Act of 1973, Public Law (PL) 94-142, the Education for All Handicapped Children Act of 1975, and the Individuals with Disabilities Education Act have all been instrumental in changing how students with disabilities have been treated and educated.

Although there were many who advocated for the social and societal rights of those with disabilities, between 1840–1848 Dorothea Dix was one of the first pioneers for special education. Dix, an author, teacher, reformer and activist classified the term disability as "quantitative differences" instead of "qualitative differences" between people. Dix went on to reiterate that even though an individual's physical or cognitive functioning may be limited, each deserves dignity and respect, just as those without limits (Spaulding & Pratt, 2015). In addition, due to the efforts of Dix, in 1854 the Bill for the Benefit of the Indigent Insane or the Land-Grant Bill for Indigent Insane was passed in Congress but vetoed in 1854 by President Franklin Pierce (Brown, 1996; Michel, 1994). Regrettably, prior to 1975, there were no state laws that mandated schools to serve all students with disabilities. In fact, many schools at that time were still denying enrollment of students with varying forms of disabilities. For example, students with physical disabilities were most likely to be enrolled in a class for mental retardation, if admitted for enrollment in a public school. Not until Congress used an educational grant program in 1975 in Public Law 94–142, the Education for All Handicapped Children Act (EAHCA), did the EAHCA mandate that every student with a disability have access to a free, appropriate public

education with the provision for government funding to help defray the expenses that occurred with giving aid to students with disabilities (Spaulding & Pratt, 2015).

Up to this point, the education of students with disabilities has continued to evolve. Special education programs are purposefully arranged for students who have mental, physical, social, and or emotional delays that place them behind their peers. The term *delay* is widely categorized as a developmental delay, which specifies a facet of the child's overall development, physical and cognitive, and academic skills (Center for Parent Information & Resources, 2016). Oftentimes, students who are diagnosed with a disability have academic needs that cannot always be met in the general education classroom environment (Hosford & O'Sullivan, 2016; Lamport et al., 2012; Toste, Bloom, & Heath, 2012). As a result, special education programs and services are designed to meet their specific needs by adapting academic content, teaching methods, and instructional delivery that are appropriate for the individual student (Lamport et al., 2012; Lo, 2014; Spaulding & Pratt, 2015). Early identification, diagnosis, and placement is crucial for students with disabilities (Doren et al., 2014). Notably, special education services are available for students until they reach the age of 21.

Special Education Placement

IDEA established guidelines for the placement of students with disabilities into special education services (McLeskey et al., 2010; Pavri & Luftig, 2001; Spaulding & Pratt, 2015; Test et al., 2004; Wery & Cullinan, 2011). The prospective student must be adversely affected by one of the following 13 conditions: autism, deaf-blindness, deafness, emotional disturbance, hearing impairment, intellectual disability mild, intellectual disability moderate, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment. Martin, Martin, and Terman (1996)

listed 10 procedural safeguards for parents and children under IDEA. It is required by law that these procedures are followed before testing or placement of a student for recommendations or placement for special education. The first procedure that school systems must follow: "Notice of schools proposed actions and parents' rights." This procedure gives parents notice in writing before testing, initial placement, and change of placement occurs. This summary must be provided to parents in their native language. The second procedure is "Consent to evaluation." IDEA provides the guidelines for a student who is suspected of having a disability evaluation. However, parents have the right to refuse this evaluation and schools have the right to appeal their parental decision not to evaluate. The third procedure is "Appropriate evaluation." Testing and evaluation materials must be administered by qualified, trained personnel be free of racial or cultural discrimination, and also available in the child's native language. The fourth procedure is "Independent evaluation." If the parent disagrees with the results of the school's evaluator, the parent may choose another evaluator. The fee for this evaluation may be assessed to the individual school district. The fifth procedure is "Consent to placement." Parents must consent before a student is placed in special education. If parents refuse consent, it can be appealed to an impartial hearing. The sixth procedure is "Input in the Individualized Education Program (IEP)." The IEP is specific for the child for whom it is written. The IEP includes goals and services and the extent to which the student will receive special education services within the general or special education classroom. Parents must be given advance notice in writing to participate in the scheduled meeting, and also an interpreter for parents must be in attendance. The seventh procedure is "Appeal to impartial hearing officer." If parents or school districts are not able to agree on student placement or services, either may appeal. This impartial hearing officer issues a "binding decision." In addition, legal counsel can be involved in the hearing representing either

party. The eighth procedure is known as "The "stay put" provision." Placement in special education can only be changed by the IEP committee; otherwise, the student must remain until the hearing process is over. The ninth procedure is "Private right of action in federal court." Either parent or district that is aggrieved by the decision of the hearing officer has the right to make a civil action in federal court. The tenth procedure is "Attorney's fees." This final procedure states, "Courts may, at their discretion, award reasonable attorney's fees to parents who prevail in court" (pp. 32-33).

Once a student is placed to receive special education services, an IEP must be written. Rotter (2014) stated that the IEP has been called the "heart of providing a free appropriate public education" (p. 1). The IEP has been described as a roadmap for teachers and parents (Rotter, 2014). This legal written document serves as the guide for the educational placement, where the child should receive instruction, (i.e., general education, inclusion, or self-contained classroom – in the least restrictive environment); measurable academic and or behavioral goals, service time, and any accommodations/modifications needed for the student (Martin et al., 1996).

Accommodations

The literature provides numerous definitions of what an accommodation is and what it provides for a student with a disability. Byrnes (2008); Thompson, Morse, Sharpe, and Hall (2005); and Harrison et al. (2013) defined testing accommodations as changes in the assessment materials or the way the test is presented that enable students to participate in the testing process in the same manner as their nondisabled peers. Thompson, S. et al. (2005) stated that accommodations were the "practices and procedures in the areas of presentation, response, setting, and timing/ scheduling that provide equitable access during instruction and assessment for students with disabilities" (p. 307). Most importantly, these accommodations do not give

students with disabilities an unfair advantage to the classroom instruction, curriculum, or assessments. In other words, accommodations "level the playing field" for students with disabilities (Thompson, S. et al., 2005).

Hence, accommodations do not change what the student is taught or what he or she is expected to know. The use of accommodations, as mandated by the Individuals with Disabilities Education Improvement Act (IDEIA, 2004), has been characterized as *leveling the playing field* between students with disabilities and their nondisabled peers (Harrison et al., 2013; Lai & Berkeley, 2012). Importantly, students who are diagnosed with disabilities may need accommodations so that they are able to access the curriculum fully (Lo, 2014; Rotter, 2014). These educational accommodations are commonly used to provide access to instruction and remove barriers that can prevent students from demonstrating their true knowledge and skills (Harrison et al., 2013; Kleinert et al., 2015; Lai & Berkeley, 2012; Salvia et al., 2012). According to Harrison et al. (2013), IDEIA mandates that "All children with disabilities are included in all general state and district-wide assessment programs…with appropriate accommodations and alternate assessments, where necessary and as indicated in their respective individualized education programs" (p. 554). In addition, NCLB requires that students with disabilities participate in statewide assessments, with accommodations as needed (Harrison et al., 2013).

Consequently, once a student has been tested and diagnosed with a disability, the IEP team that consists of the school psychologist, general education teacher, special education teacher/case manager, parents, and the student meets to discuss the student's specific needs. The reauthorization of IDEA in 1997 mandated general education teachers as required members of all IEP teams for special education students enrolled in their present or future classes. It is

important that general educators are part of the team to provide input on the development of the IEP and the content knowledge of the student's academic needs in the classroom and provision of their accommodations (Rotter, 2014).

In addition, the IEP team must decide what instructional and testing accommodations, if needed, should be written on the IEP. This serves as a legal and binding agreement for local education agencies to follow, without hesitation (Marx et al., 2014; Rotter, 2014). The specific accommodation that the individual student will receive will be listed as a component on the IEP, as well as the method of how the accommodation will be administered (Marx et al., 2014). Accommodations come in various methods and the IEP team decides what, how often, and where these accommodations should be provided to the student (Rotter, 2014). The student's accommodations that are listed as components of the IEP do not alter or lessen the standards for classes, assignments, or assessments (Harrison et al., 2013; Marx et al., 2014 ; Rotter, 2014; Salvia et al., 2012). Accommodations enable students to access the general curriculum and exhibit their knowledge of the curriculum by making variations (accommodations), to the way students with disabilities are able to demonstrate their understanding of the content (Ball & Green, 2014; Rotter, 2014).

Various categories of accommodations are available for students, depending upon their individual disability. The following are accommodations that may be components of a student's IEP: presentation, response, setting, timing, scheduling, and organizational skills. Presentation accommodations allow students to listen to an audio version of the same text that their peers are reading, use other audio books to learn and read, allow for a designated reader of text and tests, allow for instructions to be given orally, and have recorded lessons. Response accommodations allow the student to respond orally, dictate to a scribe, have use of a dictionary, have access to a

word processer for typing notes, or allow for use of a voice recorder. Setting accommodations allow the student to be seated in an area of the classroom that has less distractions or a seat that is closest to the teacher, allow for testing in small groups of students, (usually 15 or less in the high school setting) that receive the same accommodations; and allow for removal to a room with specific lighting or acoustics (Cox, Herner, Demczyk, & Nieberding, 2006; Shriner, & Ganguly, 2007). Timing accommodations allow students to have extended time to take tests, quizzes, and standardized tests; take breaks as needed, and have additional time to process directions or other information. Scheduling accommodations allow students to have additional time to complete assignments and other projects, take tests over multiple timed test sessions that may be over several days, or take tests during specified times of the day. Organizational skills accommodations allow students to use some type of alarm for time management, use a highlighter to mark text, use a specific notebook with marked sections, use a planner, and/or participate in specialized study skills instruction (Cox et al., 2006; Shriner & Ganguly, 2007). All accommodations are listed on the IEP and should be used by students. It is imperative for LD, ED, and OHI students to be self-advocates for, and to know and understand their disability, know what accommodations are available for their use at any given time, and know how to request these accommodations from their classroom teachers when needed (Hart & Brehm, 2013; Lai & Berkeley 2012; Scanlon & Baker, 2012). However, it is the student's choice to accept or refuse any accommodation (Hart & Brehm, 2013; Lai & Berkeley 2012; Marshak et al., 2010).

Learning Disability, Emotional Disturbance, OHI

The following are definitions from Sec. 300 Sub-part A of IDEA for learning disability, emotional disturbance, and other health impairment:

> The term "specific learning disability" means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c) (4)(i) of this section (Sec. 300.8). The term Other Health Impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (ii) Adversely affects a child's educational performance. (Sec. 300.9)

In addition, the following are a few of the characteristics of a learning disability: difficulties in reading, writing, speaking, reasoning, or math (Berzin, 2010; Pavri & Luftig, 2001; Pyle &

Wexler, 2011). Specific characteristics of an emotional disturbance may include the following: low self-esteem, difficulty staying on task, anti-social behaviors, low academic performance, distractive behaviors, and impulsivity (Lamport et al., 2012). While students with OHI, specifically, ADHD, may exhibit the following: difficulties with time management, impulsivity, distractibility, and hyperactivity (Barbaresi, Katusic, Colligan, Weaver, & Jacobsen, 2007; Fried et al., 2016; Kent et al., 2011; Martin, 2012). It is important to note that students with LD, ED, or OHI may exhibit similar characteristics such as poor academic performance, especially in reading and writing; deficits in language, impulsivity, attention difficulties, and social deficits. However, not all students with LD, ED, or OHI have the aforementioned characteristics.

The behaviors of students with disabilities are based on a continuum of mild to severe (Bassett & Dunn, 2012). Those students who exhibit severe behaviors are those who are classified as ED. Currently, depression, schizophrenia, obsessive-compulsive, mental-DSM-5, anxiety, bipolar, and bipolar disorders, are included under this term (Special Education Guide, 2018b). Specific characteristics of an emotional disturbance may include the following: low self-esteem, difficulty staying on task, oppositional behaviors, low academic performance, distractive behaviors, and impulsivity (Lamport et al., 2012). Emotional and Behavioral Disorder (EBD), now under the umbrella of Emotional Disturbance, are students classified as having normal intelligence, but exhibit behaviors that impede the learning process (Bassett & Dunn, 2012). Students being served in special education under the classification of an Other Health Impairment for Attention Deficit Hyperactivity Disorder have a neuropsychological impairment that is characterized by inattentiveness, hyperactivity, and impulsiveness that prevails into adulthood (Tarver, Daley, & Sayal, 2014). Students eligible for special education under the classifications of LD, ED, and OHI may require additional supports in the classroom,

accommodations, in order to access the curriculum fully. Notably, students with disabilities do not always need the same accommodations (Lai & Berkeley 2012). Students with disabilities were once excluded, based on their disabilities, from the same general education classrooms. However, today, LD, ED, and OHI students are included in general education classrooms and report that they want to be treated the same as their nondisabled peers, with the same academic opportunities, same assignments, and same rules as their peers (Klingner & Vaughn, 1999).

Despite the fact that LD, ED, and OHI are three distinctive special education categories as described under IDEIA, students who receive services under these categories share numerous characteristics (Adera & Manning, 2014; Archambault, Kennedy, & Bende, 2013; Barrett, Katsiyannis, Zhang, & Zhang, 2013; Doren et al., 2014; Lamport et al., 2012; McGill et al., 2016). For example, studies have shown that students in all groups experience low academic achievement (DuPaul et al., 2013; Lamport et al., 2012; Mattison & Blader, 2013; Wei, Yu, & Shaver, 2014). Cognitive abilities among LD and ED students have no significant differences (Bassett & Dunn, 2012; Mattison & Blader, 2013; Watson & Gable, 2013). The leading difference between LD and ED students is that ED students tend to have more social and behavioral difficulties (Bassett & Dunn, 2012; Duchnowski et al., 2013; Hoge et al., 2014; Lamport et al., 2012; Watson & Gable, 2013).

Although students with LD, ED, or OHI share many features, some students who are eligible and meet the criteria under the ED category are instead served under the LD or OHI label (Chandler & Jones, 1983). Gold and Richards (2012) described labeling as the "assignment of a descriptor to an individual based on selected behavioral and/or physical characteristics" (p. 144). The category of how a student is labeled often has far reaching and long-lasting effects on the academic and future of the student (Gold & Richards, 2012). Chandler and Jones (1983)

stated, “Psychologist and evaluation teams seem to prefer the LD label to the ED label…LD is a term more acceptable to parents and to the students themselves” (p. 433). Jacobs, a school psychologist, reported that many of her parents do not want their students labeled as ED, but instead OHI. Jacobs stated that enlistment into the military is more difficult if a student is labeled as ED and parents are not willing to take chances on future employment with that label (personal communication, October 28, 2016). Comparatively, students labeled ED and OHI are more likely to have more office referrals and be suspended or expelled compared to their nondisabled peers (Barrett et al., 2013; Flannery et al., 2013; Gage, 2013; Hoge et al., 2014; Lamport et al., 2012; Swearer, Wang, Maag, Siebecker, & Frerichs, 2012). Overall, students who meet the criteria under LD, ED, or OHI also experience more difficulty matriculating in postsecondary institutions after high school graduation (Mattison & Blader, 2013).

Inclusion

The educational inclusion of students with disabilities may be defined as the placement of students who are diagnosed with disabilities into the same classroom setting as their nondisabled peers (Cameron, 2014; Göransson & Nilholm, 2014; Yearta et al., 2014). Whether students are learning disabled, visually impaired, orthopedically impaired, have emotional disturbances, or other health impaired, each is deserving of the equivalent education as their nondisabled peers. IDEA requires that students with disabilities be afforded a public education in the least restrictive environment (Klehm, 2014; Lo, 2014; Marx et al., 2014). Meaning educators in public or private schools, are required by law to teach students with special needs to the same extent as their nondisabled peers. Yearta (2014) stated, “In the United States, by the time a student with special needs reaches fifth grade, 12% of those students are receiving special education services in the inclusion classroom alongside their nondisabled peers with a general education teacher” (p. 375).

Providentially, inclusion classrooms are designed for students with disabilities so that they have the opportunity to be educated alongside their nondisabled peers with both a general education teacher and a special education teacher who serves in the role as co-teacher (Lo, 2014). Consequently, the special educator is able to modify instruction, provide modifications and/or accommodations as the IEP dictates for the students with disabilities (Lamport et al., 2012).

Studies have revealed that inclusion classrooms are beneficial for both disabled and nondisabled students (Erskine, 2014; Gable et al., 2012; Gage, 2013). It is vital that general educators are trained in how to differentiate instruction and have the ability to collaborate and plan lessons with their co-teacher/special educators. Lamport et al. (2012) revealed that general education teachers are hesitant to co-teach with special educators because they believe that with a co-teacher or other qualified adult in the same classroom, they are less in control. Each teacher and co-teacher must each share in the responsibilities of teaching both the disabled and nondisabled students.

For inclusion classrooms to be successful, general educators must be trained in effective classroom and teaching methods to yield positive academic outcomes. Lamport et al. (2012) stated:

> Although research has shown that inclusion methods benefit all students, teachers are still hesitant to volunteer to teach within this specific method. For inclusion to be successful, it is important to provide educators with training, planning time with their co-teacher, and adequate resources to meet the needs of students. It is when teachers are fully prepared that the inclusion model will yield positive results. (p. 65)

In addition, a number of studies (Erskine, 2014; Hosford & O'Sullivan, 2016; Kleinert et al., 2015; Lamport et al., 2012) have shown that many teachers are apathetic about including

students with special needs in the general education classroom. Many teachers do not believe that they are adequately trained to teach students with disabilities alongside students without disabilities. Thus, they often complain when these students are enrolled in their classrooms. The idea of inclusive education has been developed and implemented in various forms, which causes people to have a different understanding of what inclusive education means. This ambiguity often impedes children with special needs from learning together with their peers in general classrooms (Hosford & O'Sullivan, 2016; Obiakor et al., 2012).

Since NCLB and the reauthorization of IDEIA, more students are being taught in the general education classroom (Ball & Green, 2014; Klehm, 2014). The increased number of students with disabilities included in the general education classrooms can create challenges since many teachers do not have the skills necessary to support or teach students with disabilities (Ball & Green, 2014). Ball and Green found general education teachers' attitudes were slightly negative toward inclusive classrooms since they had limited training and experiences teaching students with disabilities. In accordance with the conclusion of these researchers, a relationship does exist between experience, training, and attitude concerning inclusion. Even though the teacher participants in Ball and Green's study supported inclusion, their perceptions of the level of inclusiveness were different according to disability category. For instance, students with learning disabilities were more acceptable, but students with emotional disturbances with various behavioral issues were not. Ball and Green concluded that the appropriate classroom placement for students with disabilities should be based on their classroom placement section of their IEP. For inclusive placement, students with disabilities who receive instruction 75% of their day with their nondisabled peers should be placed into a general educational or inclusive placement.

Several researchers have studied inclusive classrooms. Cameron (2014) concluded that frequent classroom distractions disrupted the learning experience for all students. The classroom teacher must have effective classroom management in his or her classroom, have rules established and consequences when those rules are not followed. Cameron found that that many of the teachers in the study had not set specific rules for their classrooms. Moreover, in classrooms where there were rules established, the teachers failed to institute consequences for noncompliance.

Monsen et al. (2013) found evidence of teacher attitudes having an effect on the behavior of students in inclusive classrooms. Their study revealed that teacher attitudes toward inclusive education and providing for special educational needs students had a major impact on how their classrooms were managed and the learning environment in those classrooms. The teachers who had positive attitudes about inclusion classrooms were more likely to have inviting classrooms where students felt supported and had a sense of belonging and value and had lower levels of disciplinary issues. On the other hand, teachers who had negative attitudes toward inclusion classrooms had less cohesiveness in the classroom, had students who reportedly did not feel valued or had a sense of belongingness, and there were high rates of disciplinary issues.

Rakap, Cig, and Parlak-Rakap (2015) studied preservice teachers' inclusion beliefs. The preservice teachers acknowledged that they did not consider themselves experienced in the methods of effectively teaching students with disabilities. Results revealed these teachers' deficiencies in teaching students with disabilities were based on limited preservice training and a lack of confidence. Consequently, Cameron (2014) concluded that numerous years of training and teaching experience in inclusion classrooms have an effect on teachers' attitudes. Results showed that an increase in teacher experience gave them more ownership for adapting

instructional methods to differentiate instruction. In addition, assistance from paraprofessionals in the classroom was found to be important for both individual and group learning.

Stoesz et al. (2014) assessed the training needs of teachers to manage the negative behaviors of students with disabilities in the inclusion classroom. In their study, the staff lacked the skills and knowledge needed to manage affectively negative behaviors from students with intellectual and developmental disabilities. The research focused primarily on effective training of skill performance when students displayed negative behaviors. Training teachers in behavior techniques for managing negative behaviors must be done so that students who are enrolled in inclusion classes are able to be successful (Yearta et al., 2014). In addition, educating, training, and cultural diversity should be considered when recruiting teachers to teach students with behavioral and emotional disorders (Paniagua, 2017).

Gavish and Shimoni (2011) conducted a quantitative study on elementary school teachers to determine their attitudes toward teaching students with disabilities. The researchers found in order for the teachers to manage their negative feelings about students with special needs in the inclusion classroom, they were engaging in a minimal amount of teaching. Instead, these teachers were shifting the teaching and disciplining responsibility to the special education teacher or the paraprofessional in the classroom.

Sweigart and Landrum (2014) found that in classes where special education teachers served as co-teachers or special education assistant teachers, the interactions with students with disabilities continued to be passed on as the sole responsibility of these professionals. The teachers acknowledged that they exhibited the minimal amount of academic and behavioral strategies when it came to addressing the students with disabilities in their classrooms. Instead, these teachers felt that the teaching and behavior management of students with disabilities was

totally the responsibility of the special education teacher. The researchers concluded that it is imperative that all teachers are trained in the methods of how best to teach students with disabilities, and teacher attitude, whether positive or negative, has an effect on how students with disabilities are treated in the classroom.

Klehm (2014) reported that teachers who had positive attitudes toward inclusive classrooms frequently used the students' accommodations, had higher expectations for students, and provided a welcoming learning environment. In contrast, teachers who had negative attitudes toward inclusive classrooms were less likely to use the students' accommodations, had lower expectations, and did not provide a positive learning environment.

The education of students with emotional disturbances (as with regular education students) changes from elementary to secondary schools. The transition into high school can be very demanding since students must adjust to the more content- based curriculum and an academic environment that is less supervised, which can be problematic given frequent negative behavioral issues (Archambault et al., 2013; Barrett et al., 2013; Gergen, 2015; Lane et al., 2013; Pierson & Howell, 2013; Zablocki & Krezmien, 2012). In their study, Buchanan, Nese, and Clark (2016) detailed the difficulties of ED students when making transitions from one school into another. Their research revealed three main themes that transitioning ED students had categories: (1) Students transitioning to another school and the issues with receiving the services needed once they have transitioned, (2) Parents have needs during student transition, in addition to the lack of communication that often occurs between school and home, and (3) Teacher transitioning and the importance of open and effective communication between the school, students, and parents. It is important to note that many of the ED students in this study were receiving support services from psychologists or counselors during their school day, if placed in

residential or day treatment schools. Once ED students transition to public high schools, they are in less structured environments with less supports and monitoring throughout the school day (Buchanan et al., 2016). The 36th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act stated the following:

> Forty-three percent of students with EBD are served in mainstream classrooms a minimum of 80% of the day, 18% are in mainstream classrooms 40%–79% of the day, about 21% are in mainstream classrooms less than 40% of the day, and 13% attend separate schools. (Buchanan et al., 2016)

In comparison to their nondisabled peers and other students diagnosed with disabilities, ED students have higher incidents of behavior problems and higher teacher-reported externalizing and internalizing behavior problems (Buchanan et al., 2016). The suspension rates as well as absenteeism rates are also greater for ED students (Archambault et al., 2013; Barrett et al., 2013; Buchanan et al., 2016; Chen et al., 2015).

> EBD always entails a behavior problem, but not every behavior problem indicates that a student should be identified as having EBD. Furthermore, there is no test or other criterion for EBD that is not open to challenge, simply because both measurement and clinical judgment are required. (Forness et al., 2012, p. 10)

Classroom and behavior management is necessary to make any classroom a successful learning environment (Ball & Green, 2014). Students with EBD act out in varying ways in the classroom (Forness et al., 2012). General education teachers who have students with emotional and behavioral disorders participating in their classrooms have reported they were not adequately trained or prepared to teach or manage EBD students. The teachers sought interventions and strategies to help reduce and support off-task and negative behaviors so the students could

achieve their academic and IEP goals, thus leading to more positive relationships within and outside of the classroom (Allday et al., 2012; McKenna, Muething, Flower, Bryant, & Bryant, 2014). Overall, teachers need to reduce the time that is spent on correcting off-task and negative behaviors so that they are able to maximize instructional time for all students (Erskine, 2014; Flannery et al., 2013; Forness et al., 2012). This is especially needed in the inclusion classroom, where the unique needs of students with disabilities must be met (McKenna et al., 2014).

In terms of behavioral difficulties in the classroom, students identified with OHI also exhibit similar behavior as their peers identified with serious emotional disabilities. The majority of students who receive services under the OHI category have a diagnosis of ADHD (Furman, 2005; Martin, 2012). ADHD is described as a chronic disorder that affects between an estimated 3-7% of school-aged children in the United States (Evans, Langberg, Egan, & Molitor, 2014; Fried et al., 2016). In fact, ADHD is named as one of the most predominant psychiatric disorders affecting children (American Psychiatric Association, 2017). Children who have been diagnosed with ADHD display significant patterns of attentiveness, impulsiveness, and or hyperactivity behaviors in comparison to their peers, thus leading to functional impairments (Evans et al., 2014). This pattern of difficulties must occur in at least two different settings (e.g., home and school), prior to age seven, and with resulting impairment that interferes with developmentally appropriate functioning in these settings.

During the 2015-2016 school year, the number of children and youth ages 3–21 receiving special education services was 6.7 million or about 13% of the total public school enrollment serviced under IDEA (National Center for Education Statistics, 2018). Among students receiving special education services, 34% had specific learning disabilities, 5% were listed with an emotional disturbance, and 13% with an OHI. All three groups continue to increase. The

report stated for the 2014–2015 school year that the number of students identified with an ED or OHI label had increased from the 4.7 million counted from 1991–2005 to 6.7 million. These statistics reveal the need for qualified, well-trained educators in the classroom. Gage (2013) stated that students with emotional and behavioral disorders also have high rates of absenteeism, suspensions, retention, and dropout rates. Another study included factors such as poor academic achievement, high rates of absenteeism, and grade retention as being dropout predictors for students with disabilities (Zablocki & Krezmien, 2012).

Teachers who have students enrolled in their classrooms have access to the students' IEPs. Teachers should read the IEP and take note of any accommodations/modifications that are listed for each student. Studies reveal that some teachers do not read or acknowledge the child's IEP. Thus, the child begins class without the teacher knowing how they should be taught, their goals and objectives, and what accommodations/modifications are necessary for their success (Rotter, 2014). On the other hand, when students reach high school, they have the right to refuse accommodations listed on their IEPs (Hughes, Cosgriff, Agran, & Washington, 2013; Rotter, 2014). There should always be a specific refusal form that the student signs for refusing their accommodation.

Attendance

Absenteeism, or truancy, defined as having unexcused absences from school, continues to increase (Chen et al., 2015). Research suggests that students who have high rates of absenteeism are more likely to drop out of school (Algozzine et al., 2008; Fried et al., 2016; Gage, 2013; Kearney & Graczyk, 2014; Mooney et al., 2004; Zablocki & Krezmien, 2013). Aud et al. (2012) reported that high rates of absenteeism are not only an issue with older students, but also with those as young as fourth grade. In any particular month, 7% of students in grade four, 6% of

students in grade eight, and 8% of students in grade 12 miss five or more days of school (Aud, 2012).

High rates of absenteeism are a serious issue among students identified with disabilities (Chen et al., 2015). Studies show students who receive special education services are at greater risk of being absent from school than their nondisabled peers (Fried et al., 2016; Kent et al., 2011; Lamport et al., 2012; Scanlon & Barnes-Holmes, 2013). While students with LD, ED, and OHI, continue to face social, academic, and behavioral challenges, chronic absenteeism interrupts their instructional time in the classroom and inhibits learning opportunities (Fried et al., 2016; Kent et al., 2011; Lamport et al., 2012; Predy, McIntosh, & Frank, 2014; Pyle & Wexler, 2011; Zablocki & Krezmien, 2012). Moreover, high school students with disabilities who have a significant number of tardies to school and class and high office referrals and absenteeism rates tend to have lower GPAs (Chen et al., 2015; Evans et al., 2014; Fried et al., 2016; Lane et al., 2013; Zablocki & Krezmien, 2012). Accordingly, chronic attendance issues seem to be a predictor that contributes to academic failure and school dropout in students diagnosed with LD, ED, and ADHD (Chen et al., 2015; Fried et al., 2016).

Discipline Referrals

Classroom teachers are tasked with countless responsibilities in the classroom setting and have many roles in the engagement of students. However, one of the most significant responsibilities is that of classroom manager. The teacher must have an effective classroom management style that creates a safe learning environment. Rules within the classroom should be discussed the first day of school and adhered to daily. If a teacher does not establish rules, the class will be difficult to manage and students may become disengaged. Hence, learning may be difficult to achieve (Van Uden, Ritzen, & Pieters, 2014). Effective classroom and behavior

management are both essential to make any classroom a successful learning environment. In addition, almost any classroom may have students enrolled who exhibit negative behaviors that warrant their removal from the classroom so that it can become a conducive learning environment (Gergen, 2015; Göransson, & Nilholm, 2014). For example, students may become argumentative with staff, refuse to work, or talk continuously without permission. Even when educational settings have negative student behaviors, parents depend on educators and school systems to not only eliminate negative behaviors but provide a positive, safe environment of knowledge (Lamport et al., 2013; Predy et al., 2014; Swearer et al., 2012).

Researchers affirm that inappropriate and other problematic behaviors such as noncompliance to classroom and or school rules, antisocial behaviors, bullying toward peers and school staff, and other aggressive behaviors continue to increase in students with disabilities, therefore leading to disciplinary office referrals (Archambault et al., 2013; Barrett et al., 2013; Flannery et al., 2013). Overall, the inclusion classroom tends to have more office disciplinary referrals in comparison to other classrooms based on its high enrollment of students with learning disabilities, emotional disturbances, and or other health impairments and their accompanying challenging behaviors (Doren et al., 2014; Martin, 2012; Waitoller & Artiles, 2013; Zablocki & Krezmien, 2012).

Oftentimes, students with disabilities may persistently engage in problematic and off-task behaviors that draw negative attention to themselves, causing their nondisabled peers to separate from them in the classroom and social setting (Doren et al., 2014). Students with learning disabilities exhibit more behavioral difficulties in the classroom than their nondisabled peers, but have fewer behavioral difficulties in comparison to students labeled ED. McKenna, Flower, Kyung Kim, Ciullo, and Haring (2015) stated, “The learning deficits of students with LD

are prevalent in the extant research, but behavioral needs appear to receive less attention" (p. 15). Although behaviors vary depending on the student, the most common behavioral difficulties of students who are labeled LD are attention difficulties, non-compliance, impulsivity, argumentative with teachers, incomplete assignments, difficulty listening, staying on task, and paying attention (Al-Yagon, 2016; Doren et al., 2014; McKenna et al., 2015). A student labeled with an emotional disturbance has the most disruptive behavior in the classroom setting. This student may experience non-compliance, aggression, coercive behaviors, or defiance; may become argumentative with staff and students, damage property, suffer from depression, experience mood swings, or have anxiety issues (Al-Yagon, 2016; Gage, Larson, Sugai, & Chafouleas, 2016; Kern et al., 2015; Mattison & Blader, 2013). Lastly, a student who is labeled as ADHD may display the following characteristics: frequently off-task, non-compliant, inability to sustain attention, unable to listen when directly spoken to, disruptive, failure to complete assignments, poor social interaction with peers, aggression, or impulsivity (Al-Yagon, 2016; Martin, 2012; Tarver et al., 2014). When a student displays negative behaviors in the classroom or violates classroom or school rules, a student is referred to the office for those consequences (Allday et al., 2012; Gage et al., 2016).

As stated previously, effective teaching and learning cannot take place in a poorly managed classroom (Allday et al., 2012). Educators need to be trained in effective strategies and behavior management techniques for students with behavioral disorders (Allday et al., 2012; Ball & Green, 2014; Butler & Monda-Amaya, 2016; McKenna et al., 2015). Since students with emotional and behavioral problems can create additional disruptions, frequently beyond their full control, teachers believe that they are not qualified to teach students with disabilities and need additional support and strategies in classroom management (Lamport et al., 2012; Monsen et

al., 2013). Gable et al. (2012) affirmed that general education teachers do not feel adequately trained to implement evidence-based practices in their classrooms.

Office discipline referrals (ODRs) are formal written records that school systems use as documentation of student behavioral issues (Brown, 2012; Flannery et al., 2013; Lane et al., 2013; McIntosh, Ty, & Miller, 2014). These written records are maintained for record keeping for school districts and state data and are used as a means of communication between school personnel and parents (Brown, 2012; Flannery et al., 2013). Flannery et al. (2013) found the most common office discipline referrals of students at the high school level were tardiness to class, defiance, disrespectful to staff, skipping class or student events, and absenteeism/truancy. Conversely, very little has been written about the use of office discipline referrals at the high school level and how these referrals might connect to students with disabilities, how the referrals can be evaluated and compared to other students, and the circumstances that contribute to behaviors that cause office referrals. However, IDEIA and IDEA outline the procedures that school systems must follow in disciplining students with disabilities (Brown, 2012; McIntosh et al., 2014). Students with disabilities can only be suspended up to 10 days per school year. The discipline statute states that if the student conduct code is a manifestation of the student's disability, there must be a change in placement for the student and appeals of decisions must be made by the determining school official. Moreover, the IEP team must be convened and paperwork signed for all decisions (Brown, 2012).

Research suggests that students with disabilities seem to be at greater risk for disciplinary actions than their nondisabled peers (Brown, 2012; Doren et al., 2014; Gage et al., 2016). Students may drop out of school for various reasons (e.g., low academic performance, lack of family support, bullying, and nonsupportive adults). Research suggests the following reasons

LD, ED, and OHI students tend to drop out of school: frequent office referrals, in-school and out-of- school suspensions, feeling they do not fit in, low reading skills, negative interactions with teachers, or disengagement from school (Doll, Eslami, & Walters, 2013; Doren et al., 2014; Feldman et al., 2009; Flannery et al., 2013; Fried et al., 2016). No matter what the reason, it is extremely unfortunate when students drop out of school or discontinue their education.

Summary

A review of literature revealed inclusion classrooms for students with disabilities is important for them both academically and socially. Academically and socially, each student is able to interact and learn with and among their peers. For instance, students with emotional disturbances and attention deficit hyperactivity disorder have behaviors that can impede the learning process. Educating students with disabilities continues to be challenging for teachers. Oftentimes teachers do not believe that they are well trained and informed of instructional strategies to support these students so that they are able to perform inside as well as outside of the academic setting. Therefore, teachers may be apathetic or indifferent toward teaching and accommodating students with disabilities. This may lead to strained relationships between the teacher and these students.

Consequently, students with LD, ED, or OHI who lack motivation or encouragement from their teachers may not utilize services such as accommodations in the classroom. Baker and Brown's (2016) focus group study of high school students and accommodation use found students were the most common obstacle when it came to accommodations and their feelings of embarrassment when leaving a classroom for accommodations. Although accommodations are based on the individual and the IEP team's decisions, students revealed that they knew very little about accommodations even though they attended the IEP team meeting (Baker & Brown, 2016).

Oftentimes when students fail to use their accommodations, it leads to poor academic performance and higher rates of absenteeism.

LD, OHI, and ED students have all exhibited high rates of absenteeism (Chen et al., 2015). In addition, because ED students exhibit more negative social and behavioral difficulties, they have more office discipline referrals (Bassett & Dunn, 2012; Lamport et al., 2012; Watson & Gable, 2013).

CHAPTER THREE: METHODS

Overview

Chapter Three begins with a statement of the study's design, rationale, and the study's research questions. Next is a description of the setting and participants, the researcher's role, and the data collection and analysis. A discussion of the trustworthiness, credibility, dependability, confirmability, and transferability of the study is also included. The chapter concludes with a discussion of the ethical considerations addressed during this study.

Design

A non-experimental correlational research design determined the relationship between high school students' refusal of special education accommodations and the number of their absences and discipline referrals. Correlational research is quantitative and involves study participants who are not assigned to treatment conditions (Thompson, Diamond, McWilliams, Synder, & Synder, 2005). Correlational design is most appropriate for this study because it is used to measure and describe a relationship between two or more variables without attempting to manipulate or control the variables (Gall, Gall, & Borg, 2007; Gravetter & Wallnau, 2008). Results from correlation do not denote causation (Bracey, 1998). Still further, while correlation does not denote causation, it may be related to an intrinsic relationship between these two variables. Thus, a correlational study is advantageous to determine and describe the relationship between variables (Becker et al., 2016). Participants in this study were high school students with disabilities who had a documented learning disability, emotional disturbance, or other health impairment.

Research Questions

This study was guided by the following research questions:

RQ1: Is there a significant relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their attendance rates?

RQ2: Is there a significant relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their number of discipline referrals?

RQ3: Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their attendance rates?

RQ4: Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their number of discipline referrals?

RQ5: Is there a significant relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their attendance rates?

RQ6: Is there a significant relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their number of discipline referrals?

Hypotheses

The following null hypotheses guided the analysis of the data:

$H_0$1: There is no significant predictive relationship between high school students' identified as learning disabled, refusal of IEP accommodations and their attendance rates.

$H_0$2: There is no significant predictive relationship between high school students' identified as learning disabled, refusal of IEP accommodations and their number of discipline referrals.

$H_0$3: There is no significant predictive relationship between high school students' identified as emotionally disturbed, refusal of IEP accommodations and their attendance rates.

$H_0$4: There is no significant predictive relationship between high school students' identified as emotionally disturbed, refusal of IEP accommodations and their number of discipline referrals.

$H_0$5: There is no significant predictive relationship between high school students' identified as other health impaired, refusal of IEP accommodations and their attendance rates.

$H_0$6: There is no significant predictive relationship between high school students' identified as other health impaired, refusal of IEP accommodations and their number of discipline referrals.

Participants and Setting

For this research study, the participants for the study were drawn from a convenience sample of LD, ED, and OHI students in a population of 4,000 high school students located in a southeastern state during the fall and spring semesters of the 2016–2017 school year. The participants in the convenience sample had all been diagnosed with a learning disability, an emotional disturbance, or other health impairment. All students had an individual education program with at least one accommodation listed.

Gravely County District Schools (a pseudonym) has four high schools that offer standard level, career and technical, advanced placement, international baccalaureate, and virtual public high school classes, as well as dual enrollment opportunities with the local community college. At the time of the study, the school district had a greater population of students with a family income below poverty level than in recent history. Overall, the entire rural district's family income levels ranged from $10,000 to $200,000 in the state's 30th largest county. Many students' parents and guardians were alumni of Gravely County District Schools. Since many large factories and businesses in the area have either closed or reduced their workforces, more

than 60% of students receive free and reduced lunches. School social workers throughout the county work closely with the local Salvation Army and Goodwill Industries to provide food and clothing to families in need.

One hundred participants were sampled from the 742 high school students with disabilities who received accommodations. This number of students exceeded the minimum sample size of 66 needed for a medium effect size, with a statistical power of .70 at the .05 alpha level (Gall et al., 2007). The general education and inclusion teachers have the responsibility to provide students with the accommodations listed on each student's individualized education program. The students randomly sampled were those who were enrolled in both general education and inclusion classrooms at the four high schools in Gravely County School District and were diagnosed with a learning disability, an emotional disturbance, or other health impairment with at least one accommodations.

The random sample of students was taken from students who took an end-of-course exam or a career technical education end-of-course exam for the 2016–2017 school year. During end-of-course testing, forms for a review of accommodation (ROA) used during testing are provided to the schools' testing coordinators by the Exceptional Children's Department case managers for any student who receives accommodations. Once a specific test is completed, the test administrator completes the ROA, stating whether the student accepted or refused his or her accommodation(s). These ROA forms are then given back to the school's testing coordinator and returned to the special education case managers. The data from the ROA forms were collected for each LD, ED, and OHI student in the sample. In addition, corresponding attendance and discipline data were collected from the Gravely County School District administrative office for each of these special education students.

Students are diagnosed as learning disabled or having an emotional disturbance by a qualified medical professional or the school psychologist. Many students with disabilities are diagnosed at birth (e.g., those with Downs Syndrome). Other students are referred once they begin school. This referral may come from parents who contact the teacher or school with the belief that something may be hindering their child developmentally or academically. Teachers may also refer students for special education testing when a student is not making progress, performs below grade level, or may not exhibit progress after teacher interventions. Consequently, the student is referred to the school psychologist for testing after permission is given in writing from the parent/guardian.

In the four high schools in Gravely County School District, students were randomly selected from both general education and inclusion classrooms. The inclusion classrooms have both a curriculum specific teacher and special education teacher or teacher assistant. The inclusion classrooms are designed so the students who receive special education services are able to benefit from two educators in the same classroom. The general education classroom has no special education teacher or an assistant, only the content specific teacher.

The random sample included 64 learning disabled, 14 emotional disturbances, and 22 other health impaired, both male and female students chosen from four high schools enrolled in general and inclusion classes. All grade levels were chosen instead of age of students because LD, ED, and OHI students may have been retained before transitioning into high school. A number of researchers have noted that students with learning disabilities, emotional disturbances, and other health impairments have higher rates of absenteeism, suspensions, retention, and dropout rates (Adera & Manning, 2014; Al-Yagon, 2016; Algozzine et al., 2008; Bassett & Dunn, 2012; Buchanan et al., 2016; Doll et al., 2013; Doren et al., 2014; Gable et al., 2012;

Kearney & Graczyk, 2014; Mooney et al., 2004). As part of their instructional duties, inclusion teachers, special education teachers, or special education assistants are responsible for administering accommodations for LD, ED, and OHI students.

Instrumentation

The researcher used archival data for this study. Attendance and discipline data are tracked through the North Carolina Department of Public Instruction software system, Home Base PowerSchool. PowerSchool (2017) is a statewide, web-based, fully integrated student information tracking system. PowerSchool enables educators, students, and parents to access real-time student data at any given time. Teachers are required to enter students as present, absent, or tardy in the first 10 minutes of class. This allows various departments, such as the cafeteria, attendance office, other teachers, and data managers to track student attendance. Archambault et al. (2013) defined attendance as, "Physical presence for a predetermined amount of time during which the school holds academic programming" (p. 2). The attendance office verifies PowerSchool attendance with their records. PowerSchool is a computer password-protected system to which all administrators and staff have access. The researcher obtained archived student attendance and discipline referral data after permission was granted from the Gravely County School District.

Office discipline referrals are described as the formal records used in school systems to document and track incidents of violations or classroom and or school policies. Discipline referrals include specific identifying information regarding the incident, such as the student(s) involved, the location of the incident, the date and time, a description of what occurred, and the administrator's actions. Teachers or staff members refer students in writing to the administration when adherence to school policy or class rules has been violated. Once referred by the teacher or

staff, the administration decides the appropriate consequence. Disciplinary action may occur in the form of in-school suspension (ISS) or depending on the severity, out-of-school suspension (OSS).

The researcher contacted the school district's data manager to access the archived attendance and office referrals data reports by student name and ID numbers in PowerSchool. In addition, office referral data on the LD, ED, and OHI students, (i.e., the number of days absent and the frequency of disciplinary actions) were provided by the school district's administrative office.

At the beginning of each school year, both general education and inclusion teachers are provided with a list of students who receive special education services and receive accommodations who are enrolled in their classrooms. Included with this list is a copy of the students' IEPs, a copy of a review of accommodations used during testing form that may be copied as needed, and a behavioral intervention plan, as applicable. All of this information must be kept in a confidential place and returned to the special education department for shredding at the end of each school year. Procedurally, each time a student refuses an accommodation, he or she and the teacher must sign refusal of accommodation form. In turn, the teacher gives the refusal of accommodation form to the perspective student's case manager. Subsequently, the case manager files this form with the student's confidential records. Each case manager is assigned 25 to 30 exceptional students to monitor their progress, develop their IEPs, and maintain all their confidential records. Additionally, all case managers have a locked office or filing cabinet where all data can be maintained in a secure location (U.S. Department of Education, 2018).

Procedures

Research approval was granted from the dissertation committee, school district cabinet committee, and the Liberty University Institutional Review Board (See Appendix A) in October 2017. The researcher met with the director of special education and assistant director of testing to discuss the most effective way to obtain archived data from the Department of Exceptional Children, PowerSchool, and the testing department. The researcher gathered attendance and discipline referral data of students with a LD, ED, or OHI designation. From the department chair of Exceptional Children at each of the four high schools, the researcher then requested a list of LD/ED/OHI student identification numbers, individual education program information with disability area, list of accommodations, and the standard review of accommodations used during testing form (See Appendix B) signed by teachers and students General education and inclusion teachers are required to submit specified refusal of accommodations on a weekly basis to the case managers. The researcher verified with the data manager the accuracy of the list of special education student identification numbers in PowerSchool to confirm students who had been determined LD/ED/OHI. No other identifiable information was needed. The researcher then organized and disaggregated refusal of accommodations forms collected by the case managers, attendance, and office referral data of the LD/ED/OHI students for the academic 2016–2017 school year.

The archived review of accommodations used during testing forms, attendance, and office referral data were organized by student ID numbers. The students were assigned a numeric code and SPSS® was used to analyze the data. The researcher did not anticipate any known risk or threats for the participants of this study. At all times, confidential procedures were maintained. The researcher had the only key to the locked file cabinet, which is located in an

office that also remained locked at all times. Only the EC case managers and school administrators have keys to this office. After three years, all data will be destroyed. Paper documents will be shredded, and any electronic files will be deleted.

Data Analysis

This quantitative correlational study used correlation procedures to examine the relationship between students' use of accommodations and the number of their absences and discipline referrals in a high school setting for the 2016–2017 academic school year. Data were screened for outliers using a box and whisker plot. Assumptions for Pearson product-moment are as follows: the level of measurement for the variables is measured on the ratio or interval, observations within each variable are independent, the distributions of the variables are normal, and the relationship between the two variables is linear. If assumptions of Pearson correlations are not met, the nonparametric statistic Spearman's rho, will be used. Spearman's rho is used to test for a monotonic relationship between variables instead of a linear relationship (Creswell, 2007). Nonparametric procedures such as Spearman's rho are used with samples that do not meet many of the assumptions of inferential statistics.

Correlations were calculated between number of days absent, discipline referrals, and number of accommodations refused. The researcher reported the number of participants (n), observed r, and significance level (p). The alpha level was set at $p < .05$. Descriptive statistics, means and standard deviations were reported for the number of absences, discipline referrals, and refusals of accommodations.

CHAPTER FOUR: FINDINGS

Overview

This chapter contains the results for the six research questions and their corresponding null hypotheses for the 100 participants in the four high schools in the Gravely County School District. A non-experimental correlational research design was used. The purpose of this study was to determine if there was a relationship between attendance rates, discipline referrals, and the use of accommodations for students identified as having a learning disability, an emotional disturbance, or other health impairment.

Research Questions

RQ1: Is there a significant relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their attendance rates?

RQ2: Is there a significant relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their number of discipline referrals?

RQ3: Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their attendance rates?

RQ4: Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their number of discipline referrals?

RQ5: Is there a significant relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their attendance rates?

RQ6: Is there a significant relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their number of discipline referrals?

Null Hypotheses

$H_0$1: There is no significant predictive relationship between high school students' identified as learning disabled, refusal of IEP accommodations and their attendance rates.

$H_0$2: There is no significant predictive relationship between high school students' identified as learning disabled, refusal of IEP accommodations and their number of discipline referrals.

$H_0$3: There is no significant predictive relationship between high school students' identified as emotionally disturbed, refusal of IEP accommodations and their attendance rates.

$H_0$4: There is no significant predictive relationship between high school students' identified as emotionally disturbed, refusal of IEP accommodations and their number of discipline referrals.

$H_0$5: There is no significant predictive relationship between high school students' identified as other health impaired, refusal of IEP accommodations and their attendance rates.

$H_0$6: There is no significant predictive relationship between high school students' identified as other health impaired, refusal of IEP accommodations and their number of discipline referrals.

Descriptive Statistics

Sixty-four students were identified as learning disabled, 14 as emotionally disturbed, and 22 other health impaired. The 14 students identified as emotionally disturbed recorded the most absences ($M = 27.64$), the most office referrals ($M = 5.29$), and the most refusals of accommodations ($M = 4.43$). Other health impaired students made the fewest refusal of accommodations ($M = 1.91$), while the students identified as learning disabled reported the fewest absences ($M = 10.36$).

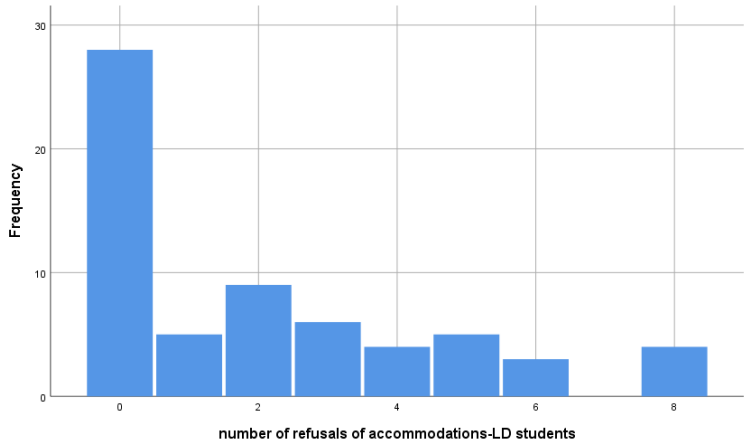
Table 1

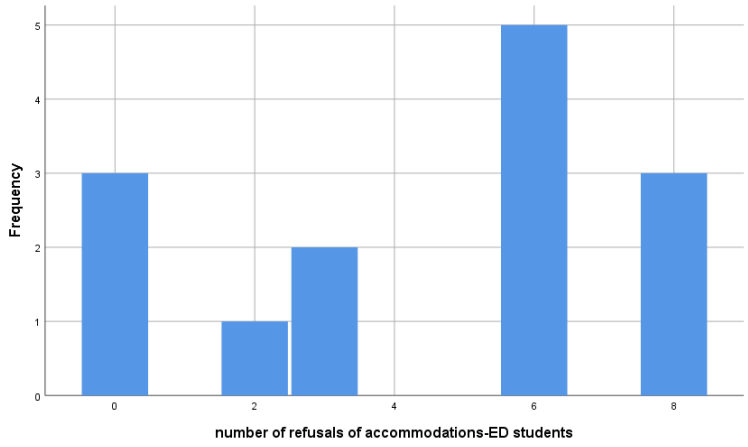
Description of the Sample

	Type of exceptionality					
	Learning disabled (n = 64)		Emotionally disturbed (n = 14)		Other health impaired (n = 22)	
Variable	*M*	*SD*	*M*	*SD*	*M*	*SD*
Absences	10.36	10.02	27.64	13.64	17.09	10.13
Office referrals	0.69	1.37	5.29	4.50	1.23	1.90
Number of refusals of accommodations	2.06	2.44	4.43	3.03	1.91	2.11

Results

The researcher initially proposed that the Pearson product-moment correlation be used to determine the relationships between students' number of refusal of IEP accommodations and the number of their absences and office referrals; however, normality testing, using the Kolmogorov-Smirnov test, indicated the data were not normally distributed in any of the three groups of exceptionalities. An examination of the histograms also found the data to be skewed (See Figures 1, 2, and 3). In light of the fact that the data did not meet the assumptions for Pearson correlation, the Spearman's rank-order correlation was conducted. Also known as Spearman's *rho* (r_s), this test can be used when the distributions of the data do not meet the assumptions of the Pearson product-moment correlation procedure. The Spearman rho values obtained to measure the relationships between the students' refusal of accommodations and the number of their absences and office referrals are presented by research question and type of exceptionality.





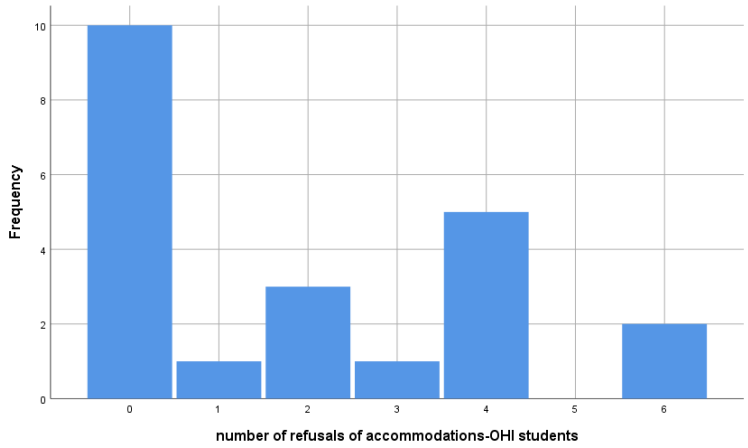


Figure 1. Histograms of number of refusals of accommodations by type of exceptionality.

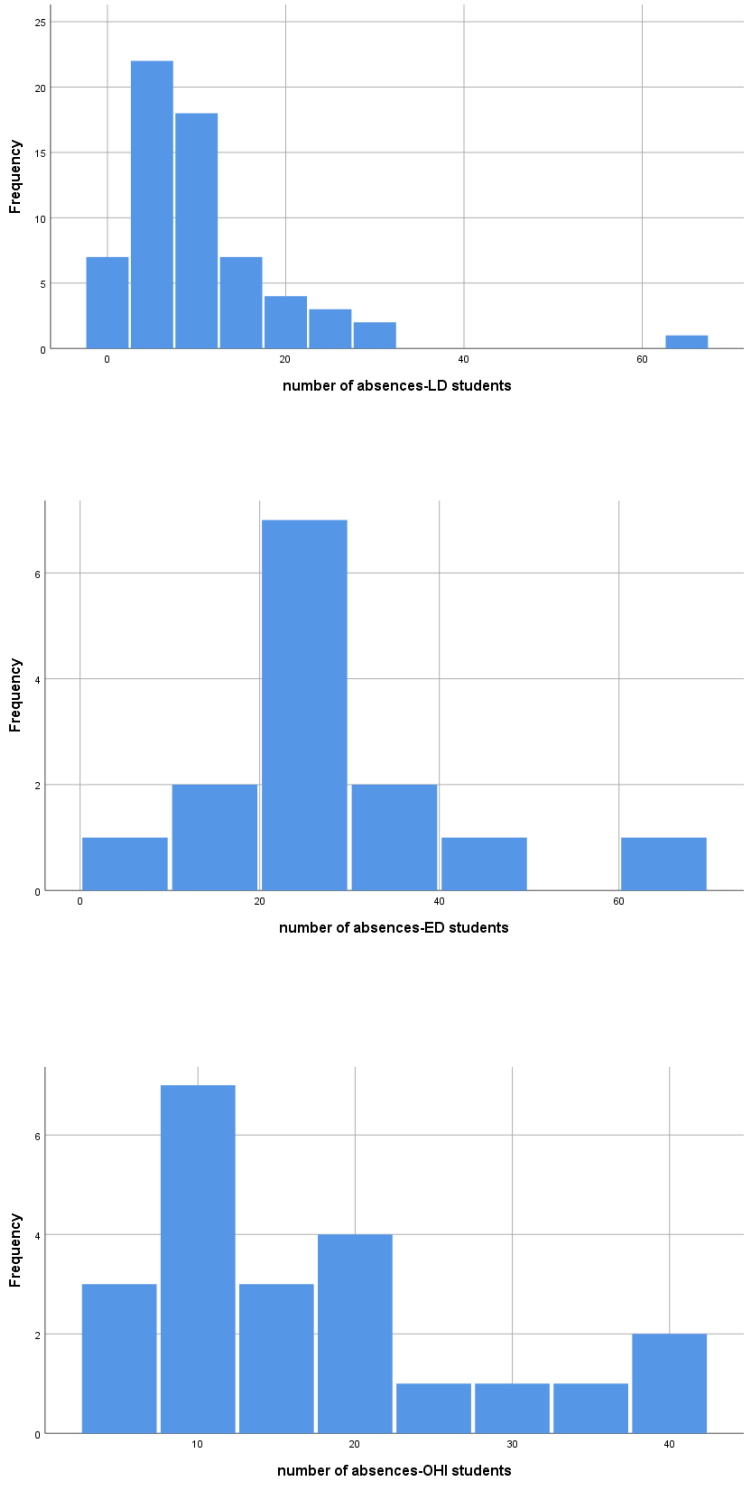


Figure 2. Histograms of number of absences by type of exceptionality.

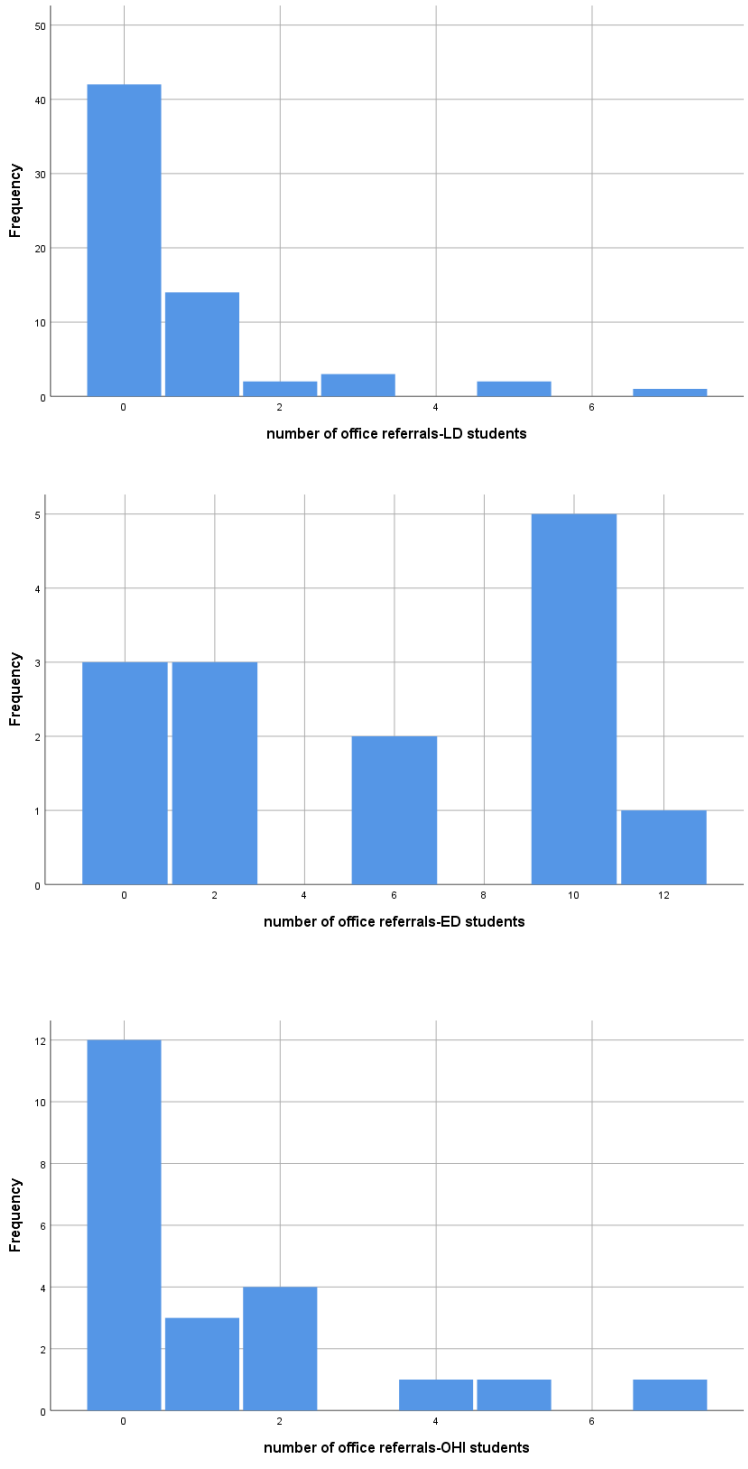


Figure 3. Histograms of number of office referrals by type of exceptionality.

Research Questions 1 and 2

RQ1**:** Is there a significant relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their attendance rates?

RQ2**:** Is there a significant relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their number of discipline referrals?

The null hypotheses for these research questions state that there is no relationship between the variables of interest. The Spearman rho values presented in Table 2 are low and not statistically significant. Therefore, the null hypotheses are not rejected. There is no relationship between refusal of IEP accommodations and the number of absences or the number of office referrals in high school students identified as learning disabled.

Table 2

Relationships Between Refusal of IEP Accommodations and Number of Absences and Discipline Referrals in Students Identified as Learned Disabled (n = 64)

	Number of refusals of accommodations	
Variable	r_s	*p*
Number of absences	.202	.084
Number of discipline referrals	.110	.507

Research Questions 3 and 4

RQ3**:** Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their attendance rates?

RQ4**:** Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their number of discipline referrals?

The null hypotheses for these research questions state that there is no relationship between the variables of interest. However, the relationship between emotionally disturbed students' refusal of IEP accommodations and the number of their discipline referrals is moderate and statistically significant (r_s= .540, p = .046). Therefore, the null hypothesis for Research Question 4 is rejected. There is evidence of a relationship between refusal of IEP accommodations and number of disciple referrals in high school students identified as emotionally disturbed (See Table 3).

The relationship between emotionally disturbed students' refusal of IEP accommodations and the number of their absences is moderate, but not statistically significant (r_s = .464, p = .094). Therefore, the null hypothesis is not rejected. There is no evidence of a relationship in this sample of students between refusal of IEP accommodations and number of absences in high school students identified as emotionally disturbed. The lack of significance of r_s may be due to the small sample size (n = 14).

Table 3

Relationships Between Refusal of IEP Accommodations and Number of Absences and Discipline Referrals in High Schools Identified as Emotionally Disturbed (n = 14)

	Number of refusals of accommodations	
Variable	r_s	p
Number of absences	.464	.094
Number of discipline referrals	.540	.046

Research Questions 5 and 6

RQ5**:** Is there a significant relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their attendance rates?

RQ6**:** Is there a significant relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their number of discipline referrals?

The null hypotheses for these research questions state that there is no relationship between the variables of interest. The Spearman rho values presented in Table 4 are low and not statistically significant. Therefore, the null hypotheses are not rejected. There is no relationship between refusal of IEP accommodations and number of absences or office referrals in high school students identified as other health impaired.

Table 4

Relationships Between Refusal of Accommodations and Number of Absences and Discipline Referrals in High School Students Identified as Other Health Impaired (n = 22)

	Number of refusals of accommodations	
Variable	r_s	*p*
Number of absences	-.158	.483
Number of discipline referrals	.330	.134

Summary

Among the 100 students randomly selected, 64 students were identified as learning disabled, 14 as emotionally disturbed, and 22 as other health impaired. Students identified as emotionally disturbed recorded the most absences, the most office referrals, and the most refusals of accommodations. Students identified as other health impaired made the fewest refusals of accommodations, while the students identified as learning disabled reported the fewest absences.

The distributions of the variables in the study were not normal; therefore, Spearman's rho was used to determine the strength of the relationship between the students' number of refusals

of accommodations, number of absences, and number of office referrals. One significant relationship was found among the six correlations conducted. The relationship between emotionally disturbed students' refusal of IEP accommodations and the number of their discipline referrals was moderate and statistically significant. There is evidence of a relationship between refusal of IEP accommodations and number of discipline referrals in high school students identified as emotionally disturbed. No other significant relationships were found among the variables of interest.

CHAPTER FIVE: CONCLUSIONS

Overview

Students with disabilities who are included in the same classroom as their nondisabled peers often require specific supports to be successful academically. Little research has been conducted to determine the relationship between number of absences and discipline referrals and the use of accommodations for students identified with a learning disability, an emotional disturbance, or other health impairment. The literature is lacking studies that investigate students' use of accommodations and its effect on number of absences and discipline referrals. Therefore, the purpose of this study was to determine if there was a relationship between number of absences, number of discipline referrals, and the use of accommodations for students identified as having a learning disability, an emotional disturbance, or other health impairment. This chapter contains a discussion of the results of the study, implications to be considered, and recommendations for future research.

Discussion

The purpose of this quantitative, correlational study was to determine if there was a relationship between attendance rates, discipline referrals and the use of accommodations for students identified as having a learning disability, an emotional disturbance, or other health impairment. Spearman's rho correlation analyses were conducted to assess the hypothesized relationship between the criterion variables of attendance rates and discipline referrals and the predictor variable of the refusal of accommodations. The target population for this study included 100 randomly chosen LD, ED, and OHI students from the four high schools in a rural school district located in a southeastern state. The participants in this study were determined using convenience sampling.

The following research questions guided this study:

Research Question 1: Is there a significant relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their attendance rates?

Research Question 2: Is there a significant relationship between high school students', identified as learning disabled, refusal of IEP accommodations and their number of discipline referrals?

Research Question 3: Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their attendance rates?

Research Question 4: Is there a significant relationship between high school students', identified as emotionally disturbed, refusal of IEP accommodations and their number of discipline referrals?

Research Question 5: Is there a significant relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their attendance rates?

Research Question 6: Is there a significant relationship between high school students', identified as other health impaired, refusal of IEP accommodations and their number of discipline referrals?

Archival data from randomly chosen LD, ED, and OHI students from the 2016–2017 school year were instrumental in answering the six research questions. These research questions centered on students' refusal of accommodations and how those refusals affected the number of their absences and office referrals. Although this study addressed and added to the gap in literature of students with disabilities and their refusal of IEP accommodations, the study could only reject the null hypothesis in favor of a relationship between the number of students

identified as emotionally disturbed, refusal of IEP accommodations, and the number of their discipline referrals.

Research has suggested that students who are diagnosed with disabilities such as learning, emotional, or other health impairments continue to have academic and behavioral challenges that impede and hinder the learning process in the classroom (Bassett & Dunn, 2012; Foster, Totteridge, & Morton, 2015; Tarver et al., 2014). Thus, students who are diagnosed with disabilities have an IEP that has specific accommodations that aid them in services inside and outside the classroom (Evans et al., 2014). As previously discussed, these educational accommodations are used by students with disabilities to offer access to instruction and to remove hindrances that may prevent them from representing their true knowledge and skills (Harrison et al., 2013; Kleinberg et al., 2015; Lai & Berkeley, 2012; Salvia et al., 2012). In addition, students with disabilities are included and educated in the same classrooms as their nondisabled peers. Vygotsky concluded inclusion was necessary for diverse students in their learning process (Smagorinsky, 2013).

Literature gives evidence that high absenteeism among students with disabilities remains problematic in many school systems (Chen et al., 2015). Moreover, Chen et al. stated that high absenteeism is a contributing factor in LD, ED, and OHI students dropping out of school. Research Questions 1, 3, and 5 were designed to determine if there was a significant relationship between refusal of IEP accommodations and attendance rates. Although the literature does reveal that LD, ED, and OHI students can all have high rates of absenteeism, Spearman's rho results indicated there was not a significant relationship between refusal of accommodations and attendance for students with learning disabilities, emotionally disabled, or other health impairments.

Discipline is a significant part of classroom management. When classrooms are not well managed, it is often difficult for learning to occur (Lamport et al., 2013; Predy et al., 2014; Swearer et al., 2012). Once a student's behavior warrants his/her removal from the classroom, the teacher must recommend the student for an office discipline referral (Gergen, 2015; Göransson, & Nilholm, 2014). Studies suggest that inclusion classrooms have higher disciplinary referrals based on the higher enrollment of LD, ED, or OHI students and their negative behaviors (Doren et al., 2014; Martin, 2012; Waitoller & Artiles, 2013; Zablocki & Krezmien, 2012).

Research Questions 2, 4, and 6 were designed to determine if there was a significant relationship between LD, ED, and OHI students' refusal of IEP accommodations and the number of their discipline referrals. The results indicated there was not a significant relationship between refusal of accommodations and number of discipline referrals for students with a learning disability or other health impairment. However, for students emotionally disturbed, there was evidence of a significant relationship between the number of refusals of accommodations listed in their IEP and the number of office referrals. This is consistent with research findings that suggest that students diagnosed with an emotional disturbance have the most disruptive behaviors in the classroom and have more discipline referrals (Al-Yagon, 2016; Gage et al., 2016; Kern et al., 2015; Mattison & Blader, 2013).

Implications

The inclusion of students with learning disabilities in classrooms alongside their nondisabled peers is grounded in both Vygotsky's zone of proximal development and Bandura's social cognitive theory. Students who are diagnosed with disabilities and have IEPs often have accommodations/modifications so that they are better able to access the curriculum (Yearta et al.,

2014). Thus, teachers who have students with a specific disability category assigned to their classrooms, known as inclusion teachers, must have knowledge of what and how to provide the specific accommodation. In addition, the inclusion teacher must have specific knowledge of special education law and how to provide specialized instruction so that students with disabilities are able to be successful in the classroom.

Accommodations are an important part of students' IEPs for students diagnosed with a disability; specifically in this study, LD, OHI, ED students. According to federal law, teachers must adhere to this mandate; however, as previously discussed, it is the student's choice to accept or refuse any accommodation (Hart & Brehm, 2013; Lai & Berkeley 2012; Marshak et al., 2010). This study is important since it sought to identify the relationship between the students' refusals of accommodations to attendance rates and discipline referrals.

Because there is a lack in research studies that investigate students' use of accommodations and the effect on attendance, number of discipline referrals, and academic success, this study further increased the body of knowledge. Furthermore, this study may inspire other researchers to question the importance of student use of their accommodations. Since accommodations are discussed in IEP meetings and written into students' IEPs, it is important that students receive and are willing to use their accommodations. This study will allow district IEP teams to make more informed decisions when assigning accommodations. Still further, this study will provide IEP case managers with literature to encourage students with accommodations to use them instead of refusing their IEP accommodations.

Limitations

The participants in this study were taken from a random sample of students in four high schools in one school district. Although teachers are mandated to allow students to use their

accommodations, a limitation of this study was teachers accurately and consistently reminding students that they can use their accommodations and to sign the refusal of accommodation form if they refuse. Special education case managers are required to provide each inclusion teacher with the identity of the student enrolled in his or her classroom who is identified with an IEP and what, if any, are their accommodations. It is from this point that the inclusion teacher must arrange with the student the procedure for their accommodation use during class and during testing. If the student refuses the accommodation, he or she must sign the standard refusal of accommodation form.

In addition, the small sample size for each group was small. For example, in this randomly chosen sample of 100 students, students with emotional disturbances were only represented by 14, and OHI by 22 students.

Recommendations for Future Research

Future research with students diagnosed with LD, ED, and OHI may focus on the following areas:

1. Repeat the same study using a larger sample size of LD, ED, and OHI students.
2. Design a study to determine if there are differences in end-of-course test scores in English II, Math I, and Biology for LD, ED, and OHI students who refuse accommodations and those who regularly use their accommodations.
3. Design a comparative study of negative behaviors and attendance of OHI and ED students in specific core classes such as English, math, history, or science.
4. Determine the beliefs of inclusion teacher who must provide accommodations for students with specific IEPs.

5. Conduct a similar study on the effect of refusal of accommodations at the middle school level for students diagnosed with LD, ED, and OHI.
6. Conduct a similar study and include a wider range of children with exceptionalities, including those with autism spectrum disorder.
7. Conduct a similar study that includes control variables, such as age, gender, and grade level, to determine the effect of refusal of IEP accommodations on number of absences and discipline referrals.

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APPENDICES

Appendix A: Review of Accommodations Form

Review of Accommodations Used During Testing

Student Name	
PowerSchool ID	
Case Manager	
Choose one of the following plans (according to order of accommodations documentation):	☐ IEP ☐ Section 504 Plan ☐ LEP Plan ☐ Transitory Impairment Documentation
Dates of Plan	Start Date:
	End Date:
Test	☐ EOC ☐ EOG ☐ BOG3 ☐ RTA3 ☐ CTE ☐ *NCEXTEND2* ☐ CCRA ☐ ACCESS for ELLs
Subject/Subtest	

Complete one form per test. Before testing, complete column 1. During/after testing, complete the remainder of the form. Completed forms should be kept in the student's IEP folder and/or Section 504/LEP/transitory impairment documentation to be accessible for future reference.

NOTE: While the list below includes all state-approved accommodations, some do not apply to students identified solely as LEP.

Testing accommodations should be consistent with the accommodations used routinely during classroom instruction and on similar classroom assessments.

☐ Regular Administration ☐ Other Administration

School	
Grade	
Test Date	
Test Administrator	

To Be Completed before Testing		To Be Completed during/after Testing	
	Required Accommodations Documented on Student's IEP/Section 504 Plan/LEP Plan/Transitory Impairment Documentation	Was this accommodation *provided* to the student during testing?	Describe the specific details of *how* this accommodation was provided to the student. Did the student use the accommodation? If yes, *how* did he/she use it?
☑	Example: Test Administrator Reads Test Aloud (In English) Specify: ☐ Read by Student Request ☑ Read Everything ☐ Other	Yes	*Test administrator read the entire test aloud. Student followed along while the test administrator read aloud.*
☐	Braille Edition		
☐	Large Print Edition		
☐	One Test Item Per Page Edition		
☐	Assistive Technology Devices Specify:		
☐	Braille Writer/Slate and Stylus (and Braille Paper)		
☐	Cranmer Abacus		
☐	Dictation to a Scribe		
☐	Interpreter/Transliterator Signs/Cues Test		
☐	Magnification Devices		
☐	Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (LEP only)		
☐	Student Marks Answers in Test Book		
☐	Student Reads Test Aloud to Self		
☐	Test Administrator Reads Test Aloud (In English) Specify: ☐ Read by Student Request ☐ Read Everything ☐ Other		
☐	Computer Reads Test Aloud - Student Controlled		
☐	Multiple Testing Sessions Specify:		
☐	Scheduled Extended Time Amount:		
☐	Testing in a Separate Room Specify:		
☐	Special NCDPI-Approved Accommodation(s) Specify:		

Printed name of person completing this portion of form: _____

Signature of person completing this portion of form: _____

Printed name of person completing this portion of form: _____

Signature of person completing this portion of form: _____

Comments/considerations for next IEP/504/LEP/TI team meeting:

This form is available in electronic format at http://www.ncpublicschools.org/accountability/policies/accom.

NCDPI Division of Accountability Services

January 2014
Stock No. 14309

Appendix B: IRB Application

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

October 5, 2017

Lucheia Graves
IRB Exemption 3004.100517: The Impact of Refusal of Accommodations by High School Students with Learning Disabilities, Emotional Disturbance, or Other Health Impairment on Their Attendance and Discipline Referral Rates

Dear Lucheia Graves,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(4), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

> A(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School