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The experiences of parents with adolescents identified as having a specific learning disability

Linda J. Seals
Walden University

Walden University

COLLEGE OF EDUCATION

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Linda Seals

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David Clinefelter, Ph.D.

Walden University
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Abstract

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by

Linda J. Seals

MA, Georgia Southern University, 1995

BA, University of Maryland, 1992

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
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Abstract

Of the 6.6 million children in the United States who were deemed in 2008 to have a disability that required special instruction, over 39% were classified as specific learning disabled (SLD). This figure translates into a high number of people who are parenting a child identified as having a SLD. Bronfenbrenner's theory of the ecology of human development indicated the importance of interconnections between school, home, and community settings. Collaboration between teachers and families may be strengthened by utilizing knowledge gained from parents' lived experiences of parenting an adolescent identified as having a SLD. The primary research question guiding this phenomenological study involved understanding the experiences of parents with adolescents identified as having a SLD. Data from in-depth, semi-structured interviews with 12 parents were collected and analyzed by employing the Stevick-Colaizzi-Keen method. The analysis revealed that the recognition and the acceptance of a child's *otherness* permeated the parent experience of SLD while four other interconnected contexts emerged concerning parents' lived experiences with: (a) their identified child, (b) other family members, (c) teachers and staff, and (d) other members of an individual education planning team. The study found that parents adopted roles such as caretaker, cheerleader, legal analyst, and child advocate in order to obtain the educational services they deemed appropriate for their child. This study gave voice to parents of adolescents who struggle academically. The findings promote social change by informing and encouraging educators to support and promote collaboration with parents of adolescents identified as having a SLD, potentially enabling those students to receive better educational services.

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Chapter 1: Introduction to the Study

According the U.S. Department of Education Sciences National Center for Educational Statistics (IES) (2010), of the 6.6 million public school children in the U. S. who were deemed to have a disability that required special instruction in 2008, over 39% of these children were classified as specific learning disabled (SLD). According to the definition that appears in the Individuals with Disabilities Education Act of 2004 (IDEA), SLD is:

> A disorder in one or more of the basic psychological processes involved in understanding or in using language spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; or environmental, cultural, or economic disadvantage. (Section 602 [26], p. 13)

These data demonstrate that the SLD classification is the most prevalent category of all classifications that make up special education eligibility. These figures translate into a high number of caregivers who are parenting a child identified as having a SLD. Reid and Valle (2002), citing overidentification of ethnic minorities and those living in poverty as frequent targets for disability classification, suggested the SLD rate in the special education population is cause for concern and posited that the high numbers readily demonstrated the "proportions of [an] injustice" (p. 468). In contrast, Reid and

Valle (2002) found during that same year that “some groups in some geographical areas may have been underrepresented in the LD category” (p. 468). One might ask how this dichotomy is possible.

The classification of specific learning disabled (SLD) first appeared in United States’ legislation in 1969 as part of the Learning Disabilities Act. The statutory definition of learning disabilities (LD) in the 1969 act reappeared in the Education for All Handicapped Children Act of 1975, also known as Public Law 94-142, and the definition remained as such in the reauthorization of IDEA in 2004 (Fletcher, Lyon, Fuchs & Barnes, 2007). For the purpose of this study, the acronyms SLD and LD are synonymous. Both terms are widely and equally used in different states and school districts throughout the United States.

Before 1969, special education law did not include provisions or support for students believed to have mild learning disabilities. Since that time, the definition of what constitutes a SLD has become part of legislation, and the number of students these laws impact continues to grow. To complicate matters more, the definitions of SLD are not always readily agreed upon by teachers, parents, and medical support personnel. In fact, the *Diagnostic and Statistical Manual of Mental Disorders*, or *DSM-IV-TR* (2002) published by the American Psychiatric Association, includes a different interpretation of LD than the definition presented earlier in this chapter and than that definition currently used in most public schools. The details of the special education laws and the conflicting definitions of SLD and their consequences and conclusions are discussed in chapter 2.

With the confusion over the definitions of LD, how many children are eligible, and who is becoming eligible for special education services under this umbrella term, one cannot ignore the role of parents in this discussion. Who identifies these children as having a SLD and determines them eligible for services? Who is deemed qualified to test, intervene, and develop the educational plans? What are the criteria used to designate a child as having a SLD? The answers to these questions, according to IDEA, are parents, teachers, administrators and other support personnel such as those from medical facilities. This premise, on the surface, sounds both logical and plausible. All parties should be working together to provide the best possible support to assist a child who is struggling academically. However, Case (2001) stated that “the views of disabled children and their parents regarding services are seldom addressed, and little research has focused upon the needs and issues pertinent to disability services users” (p. 837). Case (2001) also added that “the parent-professional relationship with regards to disability service provision is one of disparity” (p. 841). Catheral and Iphofen (2006) concurred with Case (2001) when they found that “few researchers have sought the views of both parents on how they cope on a day-to-day basis” (p. 16) with raising a child with learning disabilities.

Embedded within IDEA is the expectation that parents are partners on the team that deems a child eligible for special education. The law also requires parent participation in the subsequent planning of the child’s individual education plan (IEP), should that child be found in need of special education services. This study discussed this important partnership requirement and its manifestation in the actual eligibility processes and subsequent delivery of special educational service throughout secondary schools in a rural school district in Hawaii from the perspective of the parents who use these services.

Statement of the Problem

The number of children in the U.S. designated as having a specific learning disability as of 2008 is 6.6 million according to the IES (2010). Therefore parents of 39% of all public school children experience the phenomenon of parenting a child who presents the special challenges associated with having the SLD designation. Currently, professionals in education may have the knowledge and expertise to assist these children academically in a school setting, but few have parented a child identified as having a SLD. There is a need, then, to explore, describe, and document the experiences of parents who have parented to adolescence a child with the designation of SLD in order to understand the needs of adolescents within the context of their overall environment, not just through their academic environment.

Over three million families in the United States parent sons or daughters who have been identified as having a SLD. There are many possible factors contributing to the growing population of students identified as having a SLD. Among these factors may be the overidentification of children because of the vague and conflicting definitions of what constitutes SLD or a lack of expertise and understanding between parent and teacher, which may prevent a relationship between them from flourishing and may impede a child’s educational opportunities. There is a need, then, for increased understanding about parents’ experience when raising a child designated as having a

SLD. This study contributed to the paucity of knowledge needed to address what parents of adolescent children with a SLD experience as they participate in identification and subsequent planning of the social and educational endeavors of their adolescent sons and daughters. Information gathered might assist in better collaboration between teachers and families and may help form stronger educational planning teams that could, in turn, further the child's educational opportunities.

Background of the Problem

According to IDEA (2008), parents are to be equal partners with educational professionals in developing individual educational plans for their children identified as having a SLD:

> Almost 30 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by strengthening the role and responsibility of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home. (p.118)

Dale (1996) made evident that learning of a child's disabling condition can be an emotional event. The acknowledgment that one's child has been identified as disabled now brings parents into situations where they must communicate with others; others who may or may not have their same beliefs and attitudes about academic disabilities. Dale explained that learning of a child's disabling condition is rarely an expected event:

> A disabling condition in the child unites the parent with the professional and their various beliefs. Views on the disability are likely to colour their reactions to each

> other (and to the child). These beliefs and attitudes will closely bound up with the way in which disability is viewed by the wider society (or the minority ethnic group to which the parent belongs). (p. 48)

Ferguson (2002) wrote that the task of a researcher, particularly one who studies families, is to “interpret the interpretations of families and it is this shared activity of ‘meaning-making’ that ties us to time and place” (p. 124). This need for parents and educators to collaborate to make informed choices for children who struggle academically makes listening to parents a valuable endeavor for today’s educators.

Kiernan (1999) further supported the importance of family participation when he wrote, “If society creates disability and disadvantage, then it is the families of people with disabilities who also suffer from the ‘oppression’ of disabled people. Consequently, it is reasonable to extend new paradigm research to informal carers (e.g. parents) who have responsibility and advocacy right for their learning disabled child” (p. 46). Disability is not merely experienced by the one who has been identified as having one but the disability permeates the person’s home, social, and academic environments. Inquiring particularly of parents with adolescents who are identified as having a SLD is extremely important, according to Lenz and Deshler (2004), who offered this view:

> Surrounded by controversy and suspicion over the nature of learning disabilities that plague those with learning disabilities at any age, adolescents with LD are further tormented by the turbulence of adolescence. Their experience does not engage the interest and attention of the majority of researchers in the field, who are interested in beginning language, literacy, numeracy, and social development.

> Similarly, they are not close enough to independence to be of significant interest to the growing number of employers, government agencies, and adult literacy service providers concerned with how adults with learning disabilities navigate the areas of work, family, and community. (p. 535)

Parenting adolescents who have been identified as having a SLD is a distinctive experience. Of particular interest is the lack of research done with parents as coresearchers of their child's LD and, in particular, those who parent adolescents identified as having a SLD. How one is identified as having a SLD will be described fully in the literature review in chapter 2.

Adolescent children with LD navigate the education system with added difficulties. They may encounter false perceptions of their abilities from their teachers, other students in their work group, and even their own parents. Lenz and Deshler (2004) understood this distinction and put forward the following premise:

> By adolescence, individuals with learning disabilities are unique because they develop layers of secondary characteristics that evolve due to persistent and often unaddressed primary learning disabilities at a time when they are forming a life identity. Repeated and unsuccessful attempts to teach an individual to read, lead to more than a persistent reading or learning disability. As adolescents with learning disabilities move to an environment where reading and other skills are assumed, they are more likely to be viewed as being lazy, lacking vocabulary and background knowledge, being poorly organized, and as either having difficulty interacting with others or choosing to associate with the wrong peer group.

> Simultaneously, they are developing belief systems and images of themselves as workers, students, and as members of families and communities. (p. 536)

If one accepts this premise, then it stands that knowing how parents experience this turbulent time with their adolescent identified with having a SLD may assist educators in providing sensitive, realistic, and appropriate educational planning and services to these children in collaboration with their parents.

Purpose of the Study

The purpose of this exploratory phenomenological study was to investigate, describe, and seek to understand the needs of families with adolescents identified as having a SLD in a rural Hawaii school district through the experienced viewpoint of their parents or caregivers. Learning about the life experiences of parents with an adolescent with a LD is rarely, if at all, addressed in the educational preparation of special education teachers. Sileo and Prater (1998) wrote that “future and current teachers must be taught to initiate appropriate strategies and interactions that engender confidence in parents and other family members and empower families to become influential partners in their children’s education” (p.513). This goal may be accomplished through listening to caregivers who parent adolescents identified as having a SLD.

Significance of the Study

Much of what has been written about SLD has been conducted with a focus on younger children or adults who are just entering the workforce (Lenz & Deschler, 2004). Dyson’s (1996) study revealed that most data collected about parenting children with SLD tended to spotlight parental stress and usually compared and contrasted the stress of parenting children having a SLD to parenting children not having a SLD. Dyson's (1996) study found that "parental difficulty was chiefly associated with the child's skill and behavior deficits and especially, with school experiences that were unsatisfactory to the parents" (p. 285). This discovery led Dyson to conclude that "the paucity of research warrants further study of the family" (p. 285). Few studies have given voice to parents of adolescents about their experiences, observations, and expectations of their child and school system providing academic services. The findings of this study may make a contribution to the body of literature on SLD by adding to the literature focusing on adolescents identified with having a SLD from their parents' viewpoints.

Despite efforts by many lawmakers to assist special education students by mandating parent participation, consent, and engagement, the culture of some IEP teams may still place barriers on the quality of that participation (Lyon, 1996). This study gave voice to parents utilizing the knowledge gained from their lived experiences of parenting an adolescent identified as having a SLD. Information gathered may lead to developing processes that provide greater understanding of parent participation in the eligibility and IEP decision-making process. This study is also significant in that it may encourage teachers and administrators to become more aware of cultural and linguistic processes or environments that might give confidence to parents to engage within the IEP team and enable them to feel more comfortable with taking an equal position at IEP meetings.

This study examined the experiences, issues, and concerns of caregivers who parent an adolescent identified as having a SLD. By documenting the experiences of these parents from their child's preidentificaton of having a SLD through the initial identification of the child’s SLD to the past and present remediation, interventions, and modification planning as well as to the parents’ interaction with educational professionals, educational planning team members may become more aware of how to serve this population of children in collaboration with their parents.

The phenomenological approach assisted in identifying themes in the parents’ perceptions which, in turn, were isolated to illuminate themes that the participants believed to have the greatest impact upon their participation in decision making for their adolescent identified as having a SLD. This process assisted in providing substantiated examples of parents’ experiences when they navigated the special education process. These documented self-perceptions may be used to create appropriate and informed social change within the special education collaborative planning process, thus helping academically struggling students to achieve their academic personal best.

Theoretical Framework

This qualitative phenomenological study examining the lived experiences of caregivers who parented adolescents who had been identified as having a SLD was based upon Bronfenbrenner’s ecology of human development. Bronfenbrenner (1979) developed a theory about child development that posited that interconnections are as:

> decisive for [human] development as events taking place within a given setting. A child’s ability to learn to read in the primary grades may depend no less on how he is taught than on the existence and nature of ties between school and the home. (p. 3)

In essence, Bronfenbrenner’s model of the ecology of human development recognized that children do not develop in isolation but do so inside and outside of the confines of their family, their school, their community, and their society at large. Recognizing that these environments are complex, ever fluid, and constantly changing, Bronfenbrenner (1979) maintained that the interaction that takes place within and among these diverse settings is essential to the development of the child. The word *nesting* appeared in Bronfenbrenner’s (1979) description of his ecological of human development theory. He asked the reader to think of nesting as layers building outward with the individual child at the center. He compared it to a set of Russian dolls, whereby one removes the outward top and bottom of the first doll and there nested within is another doll and still another, and another, and so on until the final doll appears: the child nested within the others. Bronfenbrenner (1979) divided his theory into four environmental systems: The first is the *microsystem*, the setting where the child lives. It includes the child’s family home, siblings, relatives, and playmates or the school or church the child may attend. It is the setting where the most direct interactions take place with the child. Surrounding the microsystem’s layer is the *mesosystem*. Within the mesosystem’s shell, the relationships between all those within the microsystem begin to emerge. Within the mesosystem relationships experienced in the home begin to comingle with the relationships experienced at school, or at church, or within the community. A good example might be that when a child has a negative experience at home, then the child may now carry that negative experience into his or her other environments such as to school or next door to his playmate, creating perhaps academic or behavioral problems there. In turn, when a child experiences an uncomfortable event in academia or a particularly painful experience with teachers or other classmates, this may influence the family and may cause turmoil in the home.

The two remaining outer systems include the *exosystem*, those experiences which the child cannot control, such as where their parents work, where they live, and what level of education their parents obtained. This exosystem is enveloped with another outwardly spiraled system called the *macrosystem* in which attitudes and ideological customs of one's government, religion, or ethnic background are shown to influence the child.

Ecology of Human Development and SLD

Sontag (1996) wrote that "few studies in special education have investigated multiple setting influences, such as the joint influence of home and school factors, on children's developmental and academic competence" (p. 320), adding that "family functioning and community context become critical issues for special educators when there is compelling evidence that sociocultural factors outside the classroom influence the developmental outcomes and academic achievement of children with disabilities" (p. 319). Many times when a child is suspected of having a SLD, one of the first actions taken is to arrange for a classroom observation by a knowledgeable professional. The expert observer will sit in the back of the classroom observing the child's on and off task behaviors, as well as the child's interaction with teachers, peers, and the academic content of the day. The observer may utilize a checklist of behaviors to document what the child is doing correctly, or incorrectly. This observatory information will now most likely be compiled and presented in a form or report format. A meeting with teachers, administrators and parents will most likely be initiated and the form or report will be shared with all interested parties.

Bronfenbrenner (1979) found that:

> Evidence exists of consistent difference in the behavior of children and adults observed in the laboratory and in the actual settings of life. These differences in turn illuminate the various meanings of these types of settings to the participants, as partly a function of their social background and experience. (p.5)

As such, it may more times than not be the case that professionals, educators, therapists, school counselors, and others involved with the assessment of the students may see a child in only one setting and not be aware or hypothesize that an academic deficit may have other causes and explanations other than identifying the child as having a SLD. Sontag (1996) supported using human ecology theory within the context of special education when she stated that "incorporation of Bronfenbrenner's ecological framework into special education research efforts has the ability to generate new knowledge and influence practice in a number of important ways" (p. 338).

Nature of the Study

This descriptive, qualitative, phenomenological study examined the lived experiences of 12 parents or primary caregivers who had custodial responsibilities for an adolescent (ages 10-17) who had been deemed qualified for special education services under the category of SLD. The objective of the study was to examine and describe the phenomenon of the experience of parenting an adolescent identified as having an SLD.

The study sought to answer the question: What are the experiences of parents with adolescents identified as having a specific learning disability? Van Manen (1990) stated that phenomenology "differs from almost every other science in that it attempts to gain insightful descriptions of the way we experience the world pre-reflectively, without taxonomizing, classifying, or abstracting it" (p. 9). Moustakas (1994) added that "the very appearance of something makes it a phenomenon and the challenge is to illuminate the phenomenon in terms of its members and meanings, and then arrive at an understanding of the essences of the experiences" (p. 49). The goal of phenomenology is to adequately describe an experience inasmuch as it demonstrates the importance or quality of the experience in a deeper way.

Due to the need to conduct multiple in-depth interviews with each participant, this study utilized a small sample size of 12 participants. The 12 participants were chosen using a criterion-based selection; that is, the sample was purposeful. The goal of utilizing a purposeful sample is to truly represent the typical experience of parents whose adolescent has the SLD designation. The goal is to achieve "representativeness or typicality of the settings, individuals, or activities selected" (Maxwell, 2005, p. 89).

The sample was composed of an ethnically diverse population reflective of the school district in which the participants live. The participants' socioeconomic backgrounds differed due to the socioeconomic makeup of the rural district in which the study was conducted. The adolescents included only those already designated by a public school system as in need of special education services because of having been identified as disabled under the category of SLD. Participation was voluntary, and anonymity was preserved. The phenomenological approach required that the descriptions of the experiences be expressed without the researcher forming preconceived notions about the experience. Van Manen (1990) wrote, “A good phenomenological description is collected by lived experience and recollects lived experience” (p. 27).

Data collected from all interviews were recorded, and the recordings and accompanying notes were locked in a safe in my home office.

Scope, Delimitations, and Limitations

Participants were 12 parents of adolescents eligible for special education services under the category of SLD. The study did not include other categories of disabilities such as blindness, deafness, mental retardation, emotional or behavioral disorders, autism, or those with multiple physical handicapping conditions. The 12 participants parented an adolescent whose age ranged from 10 to 17 years old and who was enrolled in a public, middle, or high school in a rural district in Hawaii at the time the interviews were conducted.

The study was also limited by its small geographical setting of one rural district in Hawaii. The study did not investigate parents’ experiences from other districts. As is characteristic of phenomenology, the results are not to be generalized but may be transferrable to investigating the experiences of parents from other districts or other states. The results of this study may provide significant information in the development of hypotheses and the interpretation of quantitative data concerning adolescents identified as having a SLD.

Assumptions

It was assumed that the use of the phenomenological research method was an appropriate means of managing and analyzing data within the literature and as reported by the sample population. This assumption was reasonable based upon the unique nature of the phenomenological research, as this process assisted me in isolating themes discovered with the experiences, thoughts, and feelings of the parents of adolescents identified as having a SLD. The phenomenological method of research has been time tested and frequently utilized in qualitative reporting and has proven to render data with validity. It was also assumed that SLD is a bona fide disability and, despite the controversy about how one becomes initially identified, made eligible, and how the interventions and services are dispersed, the phenomenon of having an adolescent identified as having a SLD is worthy of exploring to assist service providers in offering optimal educational opportunities for the identified adolescents and their families.

One potential bias I may have in conducting this study is that I am a special education teacher of adolescents. I have attended hundreds of IEP meetings and have participated in the eligibility and reevaluation process for hundreds of children. I sought to put to the peripheral any conclusions or theories that I may have accumulated during my time as a special educator and listen clearly and without judgment to parents' accounts of the phenomenon of the experience of parenting an adolescent identified as having a SLD.

Definitions of Terms

IDEA: Individuals with Disabilities Education Act of 1997:

Previously known as the Education for All Handicapped Children Act of 1990 expanded the notion that children with disabilities not only have the right to access to public education but also deserve the right to meaningful education

Individual Education Program:

> The term “individualized education program” or “IEP” means a written statement of each child with a disability that is developed, reviewed, and revised in accordance with [IDEA] law and that includes (a) a statement of the child’s present levels of academic performance, including how the child’s disability affects the child’s involvement and progress in the general education curriculum. (b) a statement of measurable annual goals, including academic and functional goals, designed to enable the child to be involved in and make progress in the general education curriculum and meet each of the child’s other educational needs that result from the disability. (c) A statement of the special education and related services and supplementary aids and services, based on peer reviewed research to the extent practicable. (p. 118, STAT. 2707)

Parent:

> (a) a natural, adoptive, or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent); (b) a guardian (but not the State if the child is a ward of the state); (c) an individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent, or other

relative) with whom the child lives, or an individual who is legally responsible for the child's welfare. (p.118, STAT. 2657)

PCESE: President's Commission on Excellence in Special Education:

In October, 2001, the creation of the President's Commission on Excellence in Special Education was mandated. Thirteen hearings were conducted across the United with the sole purpose of listening to the concerns and comments of all stakeholders such as parents, teachers, education officials, and the general public about special education. The findings are presented in the report titled: *A New Era: Revitalizing Special Education for Children and Their Families* published by the U.S. government in 2002.

Special Education:

Specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including: (a) instruction conducted in the classroom, in the home, in hospitals, and in institutions, and in other settings; and (b) instruction in physical education. (p. 188, STAT 2557, [29])

Specific Learning Disability:

(a) in general, 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, read, write, spell or do mathematical calculations. (b) Disorders included: such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. (c) Disorders

> not included: Such term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, or mental retardation, or emotional disturbances, or of environmental, cultural, or economic disadvantage. (p. 118, STAT 2658, [30]

Many states use the term Specific Learning Disability synonymously with the shorter term learning disability.

Summary

Chapter 1 described the process of exploring the experiences of 12 caregivers who parented adolescents who had been identified as having a SLD. This chapter introduced the challenges parents experienced along with their adolescent identified as having a SLD, in conjunction with federal law and local schools guidelines in assisting their child with navigating the special education system. Definitions of terms, underlying assumptions, limitations of the study, and research questions were also offered in this chapter. Chapter 1 presented the significance of conducting qualitative research to learn about how parents practice and experience the day to day parenting of an adolescent identified with having a SLD. Finally, the chapter underlined the appropriateness of utilizing the phenomenological approach for this qualitative research study.

Chapter 2 presents a review of the literature. It explains and chronologically presents the laws concerning SLD and explores the literature about parent involvement in the identification and academic planning for their child's academic needs. Chapter 3 presents the sample size and population of the study, the research method, data collection tools, and instrumentation that will be used. Additionally, validity, limitations, data analysis, and implications for social change are also discussed.

Chapter 4 presents the results of this study as obtained using the phenomenological analysis suggested by Moustakas (1994) as previously described in this chapter. In the final chapter 5, an exploration of the experiences of parents of adolescents identified as having a SLD is presented. A comparison is made of the findings of this study with the literature cited in chapters 1 and 2. Implications of the findings of this phenomenological study are discussed and their relevance to social change, future studies, and recommendations for action are put forth.

Chapter 2: Literature Review

The purpose of this phenomenological study was to explore, describe, and document the experiences of parents and caregivers who have in their charge adolescents identified as having a learning disability LD. The review of the literature presents an analysis of LD from historical and current perspectives. The review includes an exploration into literature that attempts to define and explain learning disabilities and how the definition of LD has changed over time. Special education law mandates parent participation in the planning of academic programs for children identified as having a LD; the analysis of the literature, however, revealed that there may not be as much parent participation and collaboration at the school level as provided for by law (Case, 2001; Dabokowski, 2004; Dale, 1996; Dyson, 1996; Reid & Valle, 2004). It is useful, then, to explore the experiences of parents with adolescents identified as having a SLD. The objective of this study was to listen to parents and caregivers of adolescents identified with having a SLD and to document how they negotiated the system of special education in the public school system in a rural district in Hawaii. Extracting information from parents' perspectives may provide teachers and administrators a foundation from which to improve educational planning for adolescents identified as having a LD and may also lead to greater understanding of the needs and expectations of those who care for this population of students.

Literature Search Strategies

Databases from the University of Hawaii and Walden University were used to gather literature for this study. Scholarly books, journal articles, and relevant research studies were found using the following sources: Internet, Google Scholar, EBSCO hosts, ProQuest, and ERIC databases. Additional sources were sought in May 2009 by requesting a Walden University librarian to assist in identifying sources I may have neglected or omitted. After the review, it is believed that these searches concerning parenting adolescents and specific learning disabilities are exhaustive. Key words used in these searches included learning disabilities, specific learning disabilities, special education, parents, adolescent, teacher parent collaboration, Individual Education Plan, and special education law.

Who Are the Learning Disabled?

Those with learning disabilities have always lived in every neighborhood, and in every community in the world (Winzer, 1993). Throughout history, many young adults with or without formal education could make a respectable living in the United States. In early times they might have been the cobblers, the blacksmiths, or the farmers and ranchers. Later, many may have made their living as mechanics, ironworkers, carpenters, or as employees in retail shops. More recently, a respectable wage could have been achieved in manufacturing jobs, such as the factory work in the automobile industry, or by participation in building infrastructure for our society. Meaningful employment and a good quality of life could still be achieved even if one struggled with reading comprehension or mathematical computation in the academic setting. Many with academic difficulties simply employed their hands, muscles, creativity, and even personalities to obtain meaningful work and overcome the difficulty they experienced when engaged in academic tasks, such as, reading comprehension, writing, spelling, or mathematical calculations. As Winzer (1993) wrote:

> Wherever pushing the plow is more important than pushing a pen, the subtle learning problems exhibited by these children [children identified with having a LD] are little cause for concern. And whenever the quests for universal schooling and mass literacy face these children with the complexities of learning the three *Rs* in traditional classrooms, they flounder and fail and soon come to the attention of educators and psychologists. (p. 356)

If born today, some of those same young people might be the most likely targeted candidates for SLD consideration by the public school system.

Today, the manufacturing base of America is diminishing, and it is quickly being replaced with service and consulting occupations requiring a great deal of literacy. Acquiring a college degree is becoming the norm expectation for many young Americans. Additionally, mastering technology in a variety of domains is now being thought of by employers as a necessity for success in the work place. As a result, more and more adolescents are now considered as deficient in the new age of advanced literacy and global competition, and more children are being identified as having a SLD. The IES (2010) substantiated this assertion in reporting that 39% of all public school students received special educational services because they had been identified as having a SLD. As SLD is the largest single category of those with special needs, it is important to understand how these children are identified, labeled, and educated.

Learning Disabilities: A Brief Background

Being identified with having a SLD is predominantly a legal issue. School personnel adhere to a set of guidelines written into a SLD definition stated within special education law, but this approach was not always the case. “Before the term ‘learning disabilities’ appeared in any law, the problems connected with the condition were noted in clinics, and private practices” (Kass & Maddux, 2005, p. 5). The current educational precepts and beliefs about children with disabilities did not develop rapidly; rather, change came in phases (Rothstein, 2000). Winzer (1993) classified these phases into three major eras. The first, called the foundation phase, occurred between the early 1800s and 1930. During this phase, a medical approach was the primary means for identifying those with a SLD: “Physicians investigated the etiology of specific learning disorders classifying and categorizing them into different types” (Winzer, 1993, p. 356).

Hinshelwood (1917), Orton (1925), Strauss (1947), Tredgold (1929), and others studied children who presented either the complete inability to read or had great difficulty with reading. Each researcher, using the medical approach, attempted to describe how reading problems manifested themselves and to learn more about what caused reading problems. Hinshelwood (1917) coined the phenomenon as *word blindness*. Hinshelwood (1917) believed that reading difficulties stemmed from a developmental abnormality of the memory centers located in the left hemisphere of the brain. Word blindness was a broad term used to describe children who were either completely unable to learn to read or experienced extreme difficulty when attempting the task. Tredgold (1929) defined word blindness as an inability to read the printed word. He noted that word blindness meant that an individual could see words on paper but was unable to read the words or experienced a great degree of difficulty in understanding those words; even after being taught the skills to do so.

When describing those who experienced word blindness, Tredgold (1929) described affected children as often suffering from emotional and social difficulties. They behaved impulsively. Many lacked interest in academics, demonstrated a general indifference, were emotionally unstable, lacked initiative, and had short attention spans; thus, demonstrating failure for sustained mental application.

Consequently, students displaying these behaviors were not a welcomed sight for many educators and so segregating them to separate classes, where they could not hinder the academic progression of other children, appeared to be a common way to deal with the challenges they presented. During this time, laws requiring compulsory school were also being established. Laws regarding child labor were changing and more and more children were required to spend more time at school. As Winzer (1993) recalled:

> Increasingly stringent labor laws governing the age of youngsters in the work force were enacted; under these laws and compulsory school attendance laws, under-age children were required to obtain work permits, and officialdom gained unprecedented control over young peoples' lives. As a consequence, child labor decreased dramatically between 1900 and 1930, and the balance between the time spent at work and time spent at school shifted. Work had been the vocation of most mid-nineteenth-century youth; school became their vocation in the early twentieth century. No longer could jurisdictions abrogate their responsibilities by sending recalcitrant and unruly older students into the work force. Students stayed in school later, and the schools were forced to accommodate them for longer periods. (p. 325)

From about 1930 to 1960, during what Winzer (1993) referred to as the transition phase, Winzer (1993) noted that psychologists and educators began to take a more active role in the diagnosis of those deemed academically slow. Orton, an American psychologist, disagreed with Tredgold and other medical professionals when he rejected the view that emotional maladjustment led to learning difficulties. Orton instead proposed that learning difficulties were a result of "bilateral symmetry of the brain when he suggested that the failure of one hemisphere of the brain to become dominant causes learning and reading disorders" (as cited in Winzer, 1993, p. 357).

Strauss (1947) initially sought to study the behaviors of children who were recognized with brain damage; although, later he reallocated his efforts and resources to studying those children, who outwardly appeared to be normal however, performed poorly in school. This expanded on the previous ideas of Hinshelwood and others such as Frostig, Kephart, and Barsch, all of whom believed that they had found a "similar pattern of neurologically based learning and behavior problems in children of average or above-average intelligence" (as cited in Winzer, 1993, p. 358).

Strauss, (1947) described the collected behaviors of these children as Strauss Syndrome. He outlined Strauss Syndrome as children who display these five primary components: (a) hyperactivity, (b) hyperemotionalism, (c) impulsivity, (d) distractibility, and (e) perseveration. According to Winzer (1993), "These five components have been expanded, subdivided, and made more specific over the years but still describe the core behavioral characteristics of children with learning disabilities [today]" (p. 358). Children who exhibited these subtle and often paradoxical difficulties with learning have been branded with many different labels; such as having minimal brain dysfunction*,* or a cerebral disorder, neurologically impairment, and dyslexia (Winzer, 1993).

Samuel Kirk, speaking at a convention in Chicago in 1963, was the first to use the term learning disabilities when he addressed parents at a meeting of the Fund for Perceptually Handicapped Children (Fletcher et al., 2007). Kirk (1963) was precise in presenting this term to his audience stating:

> Recently, I have used the term 'learning disabilities' to describe a group of children who have disorders in development in language, speech, reading, and associated communication skills needed for social interaction. In this group, I do not include children who have sensory handicaps, such as blindness and deafness, because we have methods of managing and training the deaf and the blind. I also exclude from this group children who have generalized mental retardation. (As cited in Fletcher et al., 2007, p. 16)

Kirk's identification and definition for LD were important for two reasons. First, they were specific in capturing the characteristics of a population that could now be labeled and addressed in an educational context rather than solely in a medical context. Second, middle class parents appeared to embrace the term to explain their own children's low academic achievement without the fear of stigmatization (Winzer, 1993). The definition was well received, so much so that in 1969, the National Advisory Bureau on the Handicapped and the U. S. Congress adopted the term learning disabilities (Winzer, 1993).

After this category was created, increasing attention was given to those thought to demonstrate the characteristics previously described. The number of children identified with SLD grew. Parent associations began to form, and the call to serve this population became louder. Winzer, (1993) noted that after the term was established, the field of special education exploded:

> The growth of interest in the area, the number of students identified and served as learning disabled, the growth of parental and professional organizations, and the contributions of allied disciplines has been little short of phenomenal. As it expanded, the field of learning disabilities brought changes and innovations to all of special education. Novel instructional approaches, new materials, and new types of tests and assessment measures all emerged. Then too, there evolved new ways of conceptualizing special education, especially as it applies to mildly handicapped students. (p. 359)

According to Winzer (1993), the third phase, dubbed the integration phase began in 1960 and continues still today. Included within this phase is the now common practice of developing remedial programs for those identified with SLD and the continued practice of creating diagnostic testing procedures that may further identify and label children who may be seen as not being on par academically with their same aged classmates. Fletcher, et al. (2007) reflected upon this time and acknowledged that the "diagnostic concept of LD gained significant momentum during the 1960s and 1970s" (p. 17) and supported Winzer's theory as to why a growing number of children were acquiring the label learning disabled.

Fletcher et al. (2007) concurred with Winzer (1993) when they both theorized that in these decades, labeling a child with LD was far less stigmatizing than accepting the more severe labels of traumatic brain injured or the category referred to as mild mental retardation. As parents struggled to find answers as to why their child was not as academically successful as same aged peers, many were satisfied to hear that their child had normal to above-average intelligence despite academic performances in the low range. During this third phase of integration, the United States government began to take notice and educational laws were written to include those children with disabilities and later these laws eventually sought inclusion for those with even mild disabilities such as SLD.

United States Special Education Law

Civil Rights

Free public education in the United States came to fruition in the late nineteenth century. This decision to provide free education was due in part to the realization that educational opportunities must be expanded to include all children even those from diverse economic, racial, and cultural backgrounds (Nieto, 2005). By the end of the century, America had free public education that included some students with disabilities. For example, those students with vision, hearing, physical disabilities, and those deemed mentally retarded could attend special schools that taught life skills to those with these disabilities (Winzer, 1993). Then between the years of 1900 and 1970 a slow but strong call began to emanate for equal education for all.

No louder public call was heard than that from African Americans and their supporters when in 1954 *Brown vs. the Board of Education* was decided. Rothstein (2000) interpreted the decision this way:

> The decision recognized that if black children were educated separately, even in facilities “equal” to those of white children, their treatment was inherently unequal because of the stigma attached to being educated separately and the deprivation of interaction with children of other backgrounds. (p. 12)

The court’s decision stated that segregation by race was unconstitutional. The decision gave to others, such as those with disabilities, an opening to seek their own opportunity for educational equality. The change remained slow as Winzer (1993) wrote “in the opening decades of the twentieth century the focus of special education changed from isolated institutional settings to segregated classrooms within the public schools” (p. 338).

Education for All Handicapped Children Act

Before 1975, education for those with disabilities appeared to be a privilege and not a right (Rothstein, 2000). No federal monies were expended toward educating those living with physical and mental disabilities. As the fight to racially integrate schools made strides forward, those with moderate to severe disabilities continued to be educated in separate facilities or at best, in separate classrooms away from the general population of children on school campuses throughout America.

Winzer (1993) observed:

> Children with mild handicapping conditions were served in the new settings, and as the century progressed, special education expanded to embrace more children, to redesignate others, to adopt new philosophies, and to implement more sophisticated diagnostic and instructional approaches. The special classes did not exist in a vacuum; around them developed clinics, and courts, a host of paraprofessionals, professional disciplines, and related services. (p. 338)

This is in direct contrast to the findings made by Rothstein (2000) which purported that special education did not embrace a number of children who were in need of educational assistance. While special education services may have been expanding for some, many were being left out.

Rothstein (2000) examined this same time period and wrote:

> By 1975 about three million children with disabilities were not receiving appropriate programming in public schools. In addition, about another one million were excluded totally from public education. So of more than eight million children with disabilities in the United States, more than half were receiving either inappropriate or no educational services. (p. 12)

The predominate reason given for the shortcomings of special education appeared to be lack of funding. Rothstein (2000) noted that the cost of funding education for those with special needs was an expensive endeavor, one that many states found burdensome and difficult to manage. However, assistance did come when in 1975 the *Education for All Handicapped Children Act, PL 94-142* (EAHCA) was enacted.

EAHCA was:

> A grant statue to provide for the support of special education to states that implement a plan to provide a free appropriate public education to all children with disabilities so that special education and related services will be available on an individualized basis; due process protection must be in place to ensure compliance. (Rothstein, 2000, p. 24)

In essence, the law stated that if a school accepted government funding, then the school would be mandated to offer equal educational opportunities for those with disabling conditions. Particularly noteworthy is that with the passing of EAHCA, for the first time, there began to be recognition within U.S. legislation of those with even mild disabilities.

Individuals with Disabilities Education Act

In the 1990s, the *Individuals with Disabilities Education Act* (IDEA) governed how schools provided special education services to their students. This act replaced EAHCA. All states, while not mandated to do so, subjugated themselves to providing special education services to those identified as disabled under this federal law. As did EAHCA, the new IDEA provided funding for schools in order to assist them in dispersing special education services for those who have been procedurally identified as requiring them. The law was revised in 1997 and again in 2004 when it became the *Individuals with Disabilities Education Improvement Act* (IDEIA). Changes were made in order to align IDEA with then, President George W. Bush's *No Child Left Behind* initiative.

Today, IDEIA gives funding to schools and sets forth procedures to be used to identify and serve children with special needs. These procedures include: (a) eligibility and identification, (b) individual educational planning, (c) least restricted environment placement, (d) discipline, and (e) procedural safeguards that set forth rights and responsibilities of all parties. Under IDEIA, a team of educational professionals and the identified child's parents are to come together at a minimum of once per year and plan for the educational needs and services of a child found eligible to receive special education services.

Identifying Specific Learning Disabilities

Mathers and Gregg (2006) reported that over the past three decades, researchers and practitioners have continuously struggled to come to consensus about what definitively warrants giving a child the SLD designation. Reid-Lyon, et al. (2001) wrote "despite its apparently high and rising incidence, SLD remains one of the least understood and most debated disabling conditions that affect school aged children" (p. 259).

Medical professionals, working in a clinical setting, still use the definition provided in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, DSM-IV-TR (2000) to advise parents about identifying the possible causes of their child's academic challenges. It defines SLD in this way:

> Learning disorders are diagnosed when the individuals' achievement on individually administered, standardized tests in reading, mathematics, or written expression is substantially below that expected for age, schooling,

> and level of intelligence. The learning problems significantly interfere with academic achievement or activities of daily living that require reading, mathematical, or writing skills. (p. 49)

This definition or classification of the disorder differs from that which appeared in IDEA, (2000). Administrators, special educators, and other eligibility team members, working within school settings, continue to use the following IDEA definition of LD to determine a student's LD eligibility.

> The term specific learning disability represents a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. This term includes such conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term does not include children who have learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; or environmental, cultural, or economic disadvantage. (Section 602[26], p.13)

Applying the two definitions toward warranting eligibility for a child who struggles academically can be confusing to all those involved in assigning a child the SLD label. Until 2004, students classified as having a SLD were identified as such by using a discrepancy model. According to Dombrowski, Kamphaus, and Reynolds (2004), a discrepancy was determined when a student was given an intelligence quotient

(IQ) test and this score was measured and compared to the student's actual performance score as obtained from a research based achievement test such as the Wechsler Intelligence Scale for Children-III (WISC-III) or the Wechsler Individual Achievement Test (WIAT). When a 15 or 22 point discrepancy between the two scores existed, in any area, or a 1 to 2 point standard deviation was established, depending on the individual state's guidelines, the child could then be categorized, labeled, or deemed to be eligible for special education services because of the existence of a SLD.

The DSM-IV-TR (2000) described the discrepancy method in this way:

> A variety of statistical approaches can be used to establish that a discrepancy is significant. *Substantially below* is usually defined as a discrepancy of more than 2 standard deviations between achievement and IQ. A smaller discrepancy between achievement and IQ (between 1 and 2 standard deviations) is sometimes used, especially in cases where an individual' performance on an IQ test may have been compromised by an associated disorder in cognitive processing, a comorbid mental disorder or general medical condition, or the individual's ethnic or cultural background. (p. 49)

As each state utilized flexible and ambiguous standards to determine eligibility for a SLD classification, Dombrowski, et al. (2004) suggested that new criteria be established. Dombrowski, et al. (2004) wrote that the discrepancy model was archaic and that modifications were needed in order for the LD classification to be more inclusive of students who do not meet the criteria for eligibility under the category of LD. In 1997, the National Joint Committee on Learning Disabilities (NJCLD), expressed its concern to the United States Office of Special Education Program (OSEP) stating that the SLD identification process was not accurate and did not identify children early enough (Bradley, Danielson, & Doolittle, 2007). Kavale, Holdnack, and Mostert (2006) posited that the use of the discrepancy model as the chief criterion for SLD eligibility, artificially caused the number of children labeled as having a SLD to rise at a rate that was "unparalleled and unwarranted, especially when viewed in relation to other high-incidence mild disabilities (i.e. those with mild mental retardation and emotionally disturbance)" (p. 113). Kavale, et al. (2006) also suggested that the disability category of mild mental retardation actually went down because of frequent SLD misclassification and misidentification. They hypothesized the overgeneralization was brought on by well-meaning teachers who wanted more struggling students to receive access to specialized academic assistance; academic assistance that could only be generated by assigning children the classification of SLD. Kavale, et al. (2006) stated that in less than 30 years, the LD population increased more than 150%, rendering the LD category more than 50% of the total population of students with disabilities who received services under the umbrella of special education.

Kavale, et al. (2006) summed up the conundrum like this:

> Although a number of alternative SLD definitions have been proposed, none has been universally accepted, meaning there is no single statement describing the SLD condition. The present SLD definition has always been too broad to be wrong and too vague to be complete. (p. 114)

The lack of specificity of the definition of SLD, coupled with the lack of consensus about which students have a SLD and which students merely exhibit low academic achievement or lack motivation paved the way for new ideas about classifying and assisting students who are not on grade level academically. According to the National Research Center on Learning Disabilities, (NRCLD) (2005), eventually new ideas did emerge. They were introduced in 2004 within the IDEIA. Although, the name was not specifically used in the law, the ideas put forth have today become known as Response to Intervention (RTI).

Response to Intervention

NRCLD (2005) cited several new provisions in IDEIA that were of particular importance when making SLD determinations: (a) local school districts were to no longer take into consideration a discrepancy in a child's intellectual abilities when considering SLD eligibility, (b) local school districts should now use research based instruction to respond to a child's academic failures before referring a child to special education for SLD, (c) local school districts would have flexibility when determining how to implement the selected research based instruction, and (d) special education funds could now be used to provide the instruction before determining whether the child had a SLD and which would warrant eligibility for special education services for such a disability.

The RTI models now being implemented within local school districts across America are vast and varied. "No one model has emerged as the model of choice, and the U. S. Department of Education does not recommend or endorse any one specific model" (Bradley, et al., 2007, p.9). RTI is a recognized academic service delivery system that is implemented in multi-tiered environments throughout some public schools in the United States today.

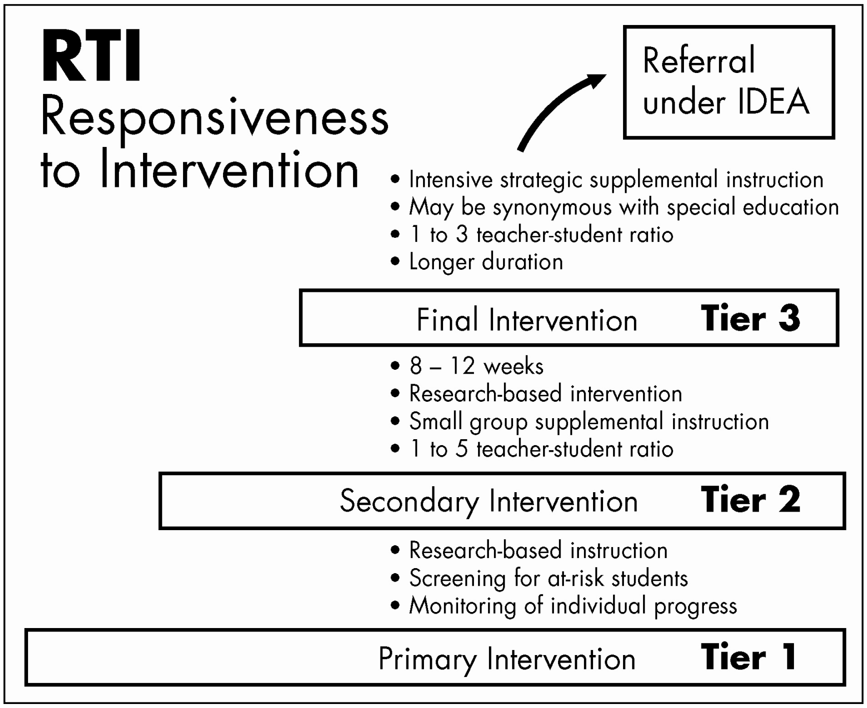

Figure 1. Response to Intervention: A Multi-Tiered Intervention Model.

Figure 1 illustrates a three tiered RTI model. In this model, a primary phase of intervention, Tier I, is established; the general education teacher provides instruction to all students. The teacher, who is mandated to adopt an evidenced based curriculum, is responsible for monitoring students and determining which students fail to make adequate progress while in Tier I. Having collected evidence of such failure to obtain adequate progress, these identified students may now be placed in Tier II.

Tier II is a smaller supplementary environment where students are taught utilizing a smaller teacher to student ratio and research based curriculum methods. At the end of Tier II's 8-12 week period, decisions are made. Those students now making adequate progress may be returned to Tier I for further monitoring and evaluation. Those students showing improvement but found not yet making adequate progress may be assigned a second installment into the Tier II environment. Those students making no progress will be assigned to the next level, Tier III.

Bradley et al. (2007) described Tier III as the most intensive of the levels. Tier III is longer in duration and has a teacher to student ratio as low as 1 to 3. Although it may be taught in the same manner as a special education class, no disability classification need yet be assigned to the students who receive services in this environment. NRCLD, (2005) recommended that only the most highly qualified teachers provide supplemental services at the Tier III level. It is debatable how many school systems have actually implemented this recommendation. Continual monitoring takes place within this environment and at the end of the 10-12 week cycle. Students who make adequate progress may exit and repeat Tier II to undergo further monitoring and evaluation. Those students failing to make adequate progress in Tier III can now be referred to the special education eligibility process. Evidence collected throughout the three intervention levels may be used in conjunction with individual testing described previously in this chapter to determine whether special education services will be provided to the student under the category of SLD. A child's eligibility team may find the student eligible for services under SLD even though no discrepancies were found in the student's intellectual ability.

Initially, supporters of RTI welcomed the new IDEIA changes and argued that now the spotlight, which had predominantly been on the process of special education, could now be cast upon the outcomes of research based interventions with students demonstrating academic deficits. Bradley et al. (2007) pointed out that one positive aspect of RTI would be that now a family would no longer need to wait for a child to fail or receive a label before specialized assistance could be provided to a child struggling academically.

Critics of RTI argued that the greatest challenge to implementing RTI is the large scale execution of the interventions and the limited experience of those called upon to oversee such interventions (Bradley et al., 2007). Some questioned the intense responsibility placed on the general education teacher who must implement the screening and initial intervention in Tier I, document the child's progress or lack thereof, while still teaching a rigorous and relevant curriculum to the majority of students within the classroom who perform on or above grade level. Bradley et al. (2007) wrote "the preparation of all educators to assist all students, including those with disabilities, in meaningfully accessing the general curriculum becomes a critical component of successful implementation [of RTI]" (p. 11).

Another criticism focused upon the flexibility states have to implement their own version of RTI. NRCLD (2005) and Kavale et al. (2007) stated that consideration must be made for how states and school districts implement RTI. Specifically, each focused on the training of general education teachers as they find their roles and responsibilities changing under RTI. Also, both were concerned that there was not enough scientific data to support how RTI could be applied to anything other than reading in primary and elementary schools. Lenz & Deshler (2004) wrote "Nearly all of the research on the RTI model has been done with early elementary students" (p. 541). Therefore, how RTI is implemented in secondary schools remains a great concern for those who must implement instruction within the RTI framework across the disciplines.

Nevertheless, Kavale et al. (2007) called RTI an appropriate first step and the NRCLD (2005) noted that the "Processes for specific learning disability identification have changed and will continue to do so over time" (p. 12). Whatever the process a school district uses to identify students as having a SLD, it is clear that more and more students are finding themselves eligible for special education services under such a designation.

According to the PCESE (2002) "Parent contact with the school's special education system begins with a referral and then eligibility determination" (p. 40). After a child has been identified as eligible for special education services under the category of SLD, an Individual Education Plan, (IEP) must be created. A group of stakeholders gather together and remaining faithful to the rule of law in IDEA begin to craft an academic plan to assist the child identified with having a SLD.

The Individual Education Planning Team (IEP)

A child identified with having a SLD is assigned a care coordinator; most likely this is a special educator who arranges the IEP meeting, puts the IEP into written form, facilitates the IEP meeting, and disseminates the final written IEP among the concerned parties. Usually, the care coordinator is the special educator who monitors and reports the child's progress over time. The IEP team consists of a general education teacher who is knowledgeable about grade level academic expectations and an administrator or designee who has the authority to allocate financial and personnel resources to the child's educational plan. Also present is a person who is knowledgeable about special education evaluation and testing results who can explain these data to the team at large. Integral members of the team are the child's parents or legal guardians, as parents have unique knowledge of their child's social and intellectual strengths and needs. The team may invite others to attend the IEP meeting such as legal advocates, therapists, or behavioral specialists, as warranted on a case by case basis. An IEP meeting is mandated within IDEA to take place at a minimum of once per year but can be convened more often at the request of any team member when the need arises.

The IEP should be written with input from all team members. The team should create the IEP with consideration for the child's disability and his or her present level of academic or functional performance. Previous assessments and evaluations are analyzed. Decisions are made concerning any related services or supplementary aids that may be required for the child to achieve grade level mastery. Goals and objectives pertaining to the child's areas of academic need are developed, ensuring that these goals and objectives are appropriate and measurable. The team will also decide issues of placement and discuss the intervals and duration of the instruction the child should receive.

Within IDEA, procedural safeguards are written to address conflicts that arise. These procedural safeguards are mandated by law to be provided and explained to the parent member at a minimum of once per year. The rights and responsibilities set forth within the procedural safeguard notice can be daunting. For example, the written copy of the procedural safeguards notice given to parents in Hawaii covers everything from the procedure to gain parental consent to evaluate a child, to how a child will be disciplined when behavior problems occur. Included within the safeguards are sections which lay out directions and instructions about how to file complaints, move to due process hearings, file appeals and the pamphlet describes conditions for placement into private schools at public expense.

According to the PCESE (2002), “Parents participating in the IEP process can find it an overwhelming experience and suggested that training be given to produce highly skilled facilitators to guide IEP meetings in such a way that gets parents and school staffs to win-win solutions for children” (p. 40). In order for parents to view themselves as full and equal members in developing an IEP that supports their child’s learning needs, parents must not only be aware of their rights, but must also fully comprehend those rights and be acutely prepared to act as equally important decision makers at the IEP table. Dabkowski (2004) concluded that the IEP meeting is the most important venue for parents to exercise their right to participate in the decision making about the education of their child with a disability.

How Parents May Experience Special Education

Built within IDEA is the mandate that parents be given equal status as collaborative decision makers of the IEP team that develops an educational plan for their child. This means that a parent has the right to participate, be informed, and obtain knowledge about the academic progress of their child. The law gives to the parent the right to dispute and to appeal practices when dissatisfied with team decisions. IDEA gives to parents the right to engage in the special education process with the professionals charged with delivering the specialized educational services to their child (Reid & Valle, 2004). However, Dabokowski (2004) found that "opportunities for parent participation in making decisions can vary considerably. Such participation may vary not only from one school district to another, but also from school to school, depending in part on the people who serve on the team" (p. 36).

Dabokowski's (2004) study revealed that the IEP team, when brought together for the purpose of developing an education plan for a child identified with a disability, develops its own team culture. Dabokowski (2004) defined team culture as the "attitudes and beliefs that are valued by a particular team" (p. 34). The study suggested that the team's culture was demonstrated by characteristics and activities displayed in the IEP meetings. These included such attributes as: (a) expressed beliefs about suggested instructional strategies and their effectiveness, (b) the procedure used to allow the members to share information, (c) conscious consideration of how often one party speaks and what is the focus of the messages being delivered, and (d) knowledge of how influential each member's point of view was in making the decision for the child. The team's culture is a major factor affecting how much and how often a parent participates in the decision making for their child.

Take for example what happens when a member suggests a specific instructional strategy for a child. Do other members ask questions about the strategy? Does the member reveal the intended outcome of that strategy? Do the other members just agree and move on to the next part of the plan or do alternative suggestions come to the discussion table? Are there discussions at all or is the parent member a mere recipient of information from the other members? The answer to each of these questions reveals much about an IEP team's culture. The team's culture is a major factor in building and implementing a strong IEP but it must also be acknowledged that each member brings to the table their own personal culture.

The cultural beliefs of each member may be suppressed or expressed depending upon the exhibited team's culture during an IEP meeting. An example would be a parent "indicating agreement with a team decision out of respect for professional educators rather than conviction" (Reid & Valle, 2004, p. 37). Another example might be the special education teacher who, in order to avoid conflict with her general education colleagues, or principal, agrees to move a struggling child to a more restrictive learning environment simply because the child exhibits behavior or academic challenges that create difficulties for other school personnel in the general education setting.

Reid and Valle (2004) found that personal culture is a factor in the equality of membership on an IEP team. They wrote that schools must concede that "parents experience the institution of special education differently, depending upon their cultural orientation" (p. 527-528). The personal cultural values a parent brings to an IEP meeting can determine the effectiveness of the finalized IEP. Take for example, a parent who comes from a culture that expects high academic achievement, only to learn from the teachers that something is academically amiss with their child. Consider the reaction of a parent who arrives from a small Pacific island where compulsory school is not the norm and children are raised to hone practical skills focused primarily for the survival and comfort of their family. What reactions can be expected from such parents during the creation of a child's IEP? Dale (1996) observed reactions of parents attending their children’s IEP meetings and documented a variety of reactions. The emotional responses ranged from being fiercely protective of their child, to embarrassment about the child’s academic performance. Some of the observed parents demonstrated a sense of uneasiness with their child, and many expressed inadequacy in their own ability to parent successfully. Others invoked no response except to sign the IEP documents upon request. Dale (1996) interpreted this last action as either wanting to be agreeable with the school staff or an attempt to quickly leave the IEP meeting, thus avoiding the situation at hand. Parents who exhibit such emotions may not always have the ability, at that moment, to be an equal participant in the IEP process.

The inability to participate as an equal participant, as mandated in IDEA, may not only be a cultural difference, but can also be one of misperception or an inability to comprehend the specialized jargon used when negotiating in the world of special education and its legal processes.

Reid and Valle (2004) found that:

> Parents may struggle to understand the legal and scientific language that circulates among professionals. Their own child, described by professionals as an amalgamation of test scores, discrepancies, deficits, and limitations sometimes become virtually unrecognizable to them. The parent’s knowledge of the child, in contrast, appears informal (i.e. less important) in its lack of scientific verification. Thus special education discourses that drive and sustain practice may effectively alienate parents from the collaborative process guaranteed by law. (p. 527)

The study conducted by Dale (1996), who observed IEP meetings as they happened, concluded that perhaps some blame for lack of parental participation may rest with educational professionals. Kass and Maddux (2005) went as far as to suggest that students who struggle academically and thus labeled SLD may be experiencing a *teaching disability* rather than a *learning disability*. Although they cautioned that this statement should not be generalized to all educators, but could have merit for some.

Reid and Valle (2002) purported that as a profession, special education relies largely on discursive practices and teachers' assumptions to label children as having a SLD. Assumptions and practices that measure, label, categorize and are so deeply connected with the world of psychometrics that perhaps parents are forced to enter the complex world of special education greatly disadvantaged. "It is paradoxical, indeed, that the discourse of special education; a system of practices in which parent-professional collaboration is legally mandated; operates simultaneously out of the scientific framework that by its very nature gives authority to professionals" (Reid & Valle, 2002, p. 475).

Dale (1996) put forth this viewpoint:

> The professional, as implied, holds a specialized body of knowledge and skills and has undertaken a period of training (often prolonged) to acquire them. This expertise distinguishes and distances the professional from the lay person and also from members of other professions. (p. 4)

Kalyanpur & Harry (2004) responding to Reid and Valle (2004) added the following to the argument that labeling children LD stems from discursive practices.

Culturally diverse families struggle with equity in special education because they do not fit the mold of family in western culture and are often perceived as lacking parenting skills. “They are not participants in the critical discourse, precisely because they are parents and not professionals” (p. 530). Kalyanpur and Harry (2004) made clear that the discussions about LD constructs are largely argued in colleges and universities and not among the educators, service providers, and parents who provide daily care for these children both inside and outside their home environments. Kalyanpur and Harry (2004) were adamant in support of Reid and Valle (2004) when they touted “collectivistic interpretations of the cause of LD, which are more likely to occur among nonmainstream families, may broaden the scope of blame from the individual to the family” (p. 531).

Do families shoulder responsibility for their child’s academic struggles? Russell (2003) observed “all parents develop expectations about their child’s education based on their own experience and information provided by the school concerned, the media, and informal networks of parents” (p. 145). A study conducted by Howie-Davies and McKenzie (2007) found that parents of children identified as having a LD received less information and support than parents of children identified with a more specific diagnosis of Down’s syndrome or Autism. Dyson (1996) conjectured that perhaps professionals just do not see the diagnosis of SLD as an equally important disability compared to other disabilities, stating “perhaps the most socially significant feature of a learning disability is its invisible and seemingly benign nature” (p. 280). Yet, Reid (2007) found that parents must play a crucial role in the assessment and intervention of their child’s academic needs in order to foster the child’s academic growth. Weatherly, Valle, and

Aponte (2004) wrote “a review of the learning disability literature points to the routine disqualification of parents’ voices by professionals as a major obstacle to authentic collaboration” (p. 470).

If authentic relationships and collaboration between parents and schools are needed to develop IEPs for children identified with having a SLD that not only engages students with learning disabilities but levels the playing field with non-disabled students, then special educators, administrators, and subsequently, the students might benefit from listening and learning about the child identified with a SLD from a viewpoint outside the classroom. Bronfenbrenner (1979) thought understanding human connections was a way to gain knowledge that may bring schools, community, and families together to foster productive humans throughout entire life spans. His theory of the ecology of human development may be particularly relevant when applied to those parents and teachers charged with caring and instructing students identified with having a SLD.

Ecology of Human Development and Special Education

Bronfenbrenner’s theory about child development posited that interconnections between settings such as school and home are just as crucial for a child’s development as events taking place within a single specified setting. A child’s ability to learn in an academic setting may be just as dependent upon the connections between the child’s school and parents as much as the curricular methods or parental strategies used to teach the child in either the academic or home setting (Bronfenbrenner, 1979, p. 3).

Bronfenbrenner (1979) used the word *nesting* when explaining his theory of the ecology of human development. He utilized the analogy of Russian dolls, where he described the smaller dolls as encapsulated within the larger dolls until the final doll, the child, emerges nested within the others. He thought of nesting as layers building outward with the developing human at the center. Bronfenbrenner (1979) divided his theory into four distinct environmental systems, each working alone, yet together, to cultivate the developing person at the center. He labeled the inner most layer the *microsystem.*

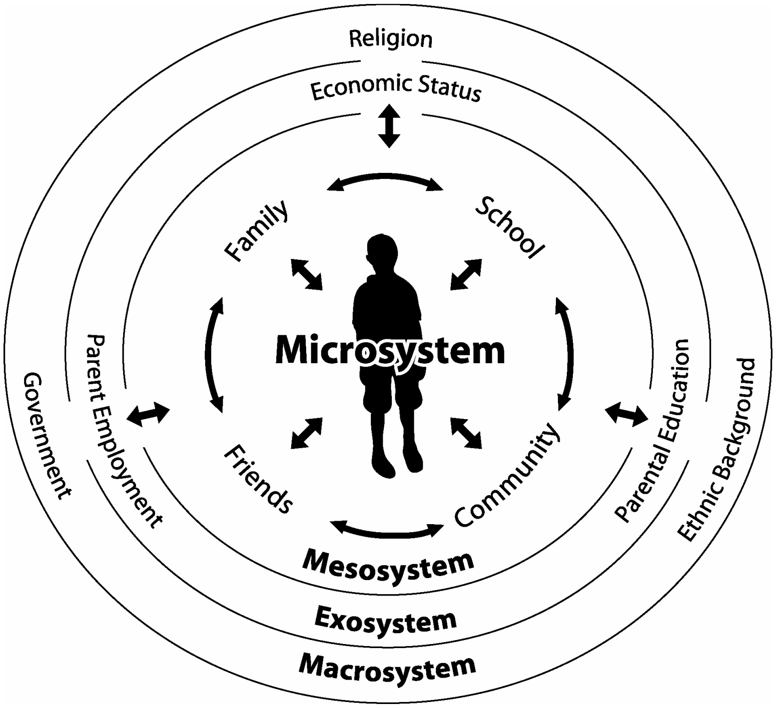

Figure 2. Nesting of the individual child as discussed in Bronfenbrenner's theory of Ecology of Human Development.

The microsystem was described by Bronfenbrenner as the setting where the child lives, plays and learns. It is the setting where the most direct interactions take place between the child and the child's direct single environment. Here, the child interacts with neighborhood friends, parents, and relatives; all the while, examining the cultural norms of that inner society, taking note of behaviors that are acceptable in this culture and those that are not. The child has the unique opportunity to observe and analyze how the important people in his or her life relate to both the child as a developing person and to one another. Bronfenbrenner (1979) defined the microsystem as "a pattern of activities, roles and inter-personal relations experienced by the developing person in a given setting with particular physical and material characteristics" (p. 22).

The next layer, moving outward from the microsystem is what Bronfenbrenner referred to as the *mesosystem*. It "requires looking beyond single settings to the relations between them" (Bronfenbrenner, 1979, p. 3). Within the mesosystem, the multiple relationships between those within the microsystem begin to interact and comingle amid one another. Bronfenbrenner (1979) explained that "a mesosytem comprises the interrelations among two or more settings in which the developing person actively participates; such as, for a child, the relations among home, school, and neighborhood peer group; for an adult, among family, work and social life" (p. 25).

Moving outward from the mesosystem to the next layer is what Bronfenbrenner (1979) called the *exosystem*, those experiences which the child does not control; for example, where their parents work, where they live, and what level of education their parents obtained previously to the child's birth. The developing person is not a direct participant in the exosystem yet is very much affected by what takes place there. In her study, utilizing Brofenbrenner's ecology of human development theory, Sontag (1996) noted that "problems outside of school – for example, poverty, malnutrition, drugs, and gangs – cannot be isolated from the learning environment of the classroom" (p. 319). Finally, leaving the exosystem and moving to the outer most layer, Bronfenbrenner described the system that surrounds all the other systems. This, he referred to as the *macrosystem*.

In the macrosystem, the attitudes and ideological customs of one's government, religion, or ethnic background are shown to influence the child. Bronfenbrenner (1979) described the macrosystem as referring to "consistencies, in the form and content of lower-order systems (micro, meso, and exo) that exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such consistencies" (p. 26). This means that the child nested in the center while not directly or actively participating in the macrosystem remains influenced by the laws of the developing person's government, the cultural values and beliefs of the child's ethnicity, or the ideologies of the religious faith predominately practiced, and is also influenced by the politics and social norms of the society in which the child resides.

Bronfenbrenner does a more than adequate job weaving together established behavioral and social learning theories with anthropology, especially in the area of analyzing bi-directional surroundings and their influences on human development. However, Bronfenbrenner may need to accept the criticism that the ecology of human development theory gives little focus to the biological and cognitive aspects of developing humans, as the theory lacks specifics about how nature contributes to the development of humans, and may lead one to perhaps place too much weight on the nurturing aspects of human development.

Nevertheless, Russell (2003) wrote that "cultural values will influence the beliefs on which expectations are based, and through the development and review of expectations, a person gains a greater understanding of their personal experiences" (p. 145). Therefore, it is reasonable to explore what parents of adolescents identified as having a SLD experience when engaging with their schools, teachers, and other service providers. Learning about these experiences may lead to better planning and implementation of IEPs for those students identified with having a SLD. "Incorporation of Bronfenbrenner's ecological framework into special education research efforts has the ability to generate new knowledge and influence practice in a number of important ways" (Sontag, 1996, p. 338). Russell (2003) found Bronfenbrenner's theory of ecology of human development an appropriate and useful theoretical framework from which to study the issues within special education and therefore it may be useful when studying the personal experiences of parents who have children identified with having a learning disability.

Bronfenbrenner's model of the ecology of human development recognized that children do not develop in isolation but do so inside and outside of the borders of their family, their school, their community, and their society at large. This is especially true of children identified with having a SLD. Many of whom can find themselves regulated to subsequent mini-settings within their schools; nested within the environments that their non-disabled peers navigate as a matter of routine course. Children identified with having a SLD may find themselves assigned to a variety of settings within a school such as: (a) segregated classes comprised of children with multiple types of disabilities, (b) pull-out classes, where the child is removed from their peers to learn individually designated academic skills, (c) inclusion classes, where a special educator works with a general educator to assist children with LD in full view of their peers, or (d) even within the initial identification process, the child may become part of a variety of RTI environments. If placed within the general education setting, in what is sometimes known as mainstreamed classes, those identified with SLD may be singled out for additional academic remediation during their elective courses and during after school programs which may prompt some to feel more isolated from their peers (Kass & Maddux, 2005). Placement of students into such a variety of settings does not happen without interaction between the four distinctive systems described by Bronfenbrenner. It is not merely a teacher or student decision but one that requires the participation of all parties within the child's ecology of human development. Bronfenbrenner's theory can be viewed as a snapshot of any IEP team meeting. The macrosystem is seen in the form of NCLB and IDEA laws that guide educators and support personnel. The exosystem is evident in the need for parental participation in the educational planning of their child identified with having a SLD. Parental education and employment opportunities influence the parents' ability to participate in their child's academic planning. The mesosystem is demonstrated through school to home communication as seen through collective creation of goals and objectives for the child and also through subsequent progress reports, telephone conferences, and IEP updates.

When explaining the mesosystem, Bronfenbrenner (1979) distinguished between the interrelations among children and the interrelations among adults, he wrote "for a child, the relations [are] among home, school, and neighborhood peer group; for an adult, among family, work and social life" (p. 25). However, these differences become blurred when one places the focus toward the adolescent. Adolescence is a time where the developing person may find oneself engaging and interacting among all the groups described by Bronfenbrenner. Adolescence is also the time when many parents begin to slowly pull back from their child's day to day life under the assumption that allowing an adolescent more independence is in keeping with a life's natural progression.

Why Explore the Experiences of Parents with Adolescents?

Historically, much of what has been written about SLD has been conducted with a focus on younger children. Adolescents have not gained much attention in the research arena. Lenz and Deshler (2004) indicated that perhaps this is because of: (a) the confusing nature of the origin and identification of SLD, (b) that adolescents do not interest the vast number of researchers, many of whom are interested in beginning literacy, numeracy, language, and social development, or (c) adolescents are simply not close enough to adulthood to interest the government and employment agencies who conduct research about adult literacy, work, family, and community. Lenz and Deshler (2004) alternatively proposed that adolescent students have not received a great deal of attention from researchers because "the prevailing assumption (or hope) was that if intervention took place at a young age, many of the manifestations of the learning disability would be minimized or avoided altogether in later years" (p. 536). The reality is that even if a child is identified with having a SLD early and receives quality interventions, the SLD will likely continue into adolescence and even into adulthood (Firth, 2008). In adolescence, the characteristics of SLD manifest themselves in a much different way than in younger children.

Lenz and Deshler (2004) observed that many adolescents identified with having a SLD build up secondary characteristics that were formed by unrelenting failure during their primary learning years. Their repeated attempts and failures in the academic setting lead them to form opinions about themselves as people. Then, when middle school approaches, an environment where such fundamental skills are assumed to be already present, they begin to be viewed with a skeptical eye. These failures and frustrations continue on to high school where many may be assigned such labels as lazy, disorganized, slow, and even dumb. This leads the adolescents to withdraw or seek out an accepting alternate peer group. Many parents and teachers have reported observing the adolescent identified with SLD as associating with the *wrong crowd*.

Lenz and Deschler (2004) found that for many, “social skills of adolescents with learning disabilities closely resemble adjudicated youth” (p. 543). Tompkins and Delongey (1995) reported that 43% of students in special education do not graduate from high school, have a significant higher chance of being arrested than their peers who are not disabled, only 13 % live independently after two years of leaving school, and less than half of all youth with learning disabilities are employed two years after leaving school. This is not surprising as Lenz & Deschler (2004) pointed out:

> A student with learning disabilities doesn’t effectively set goals, make plans, follow plans, monitor plans, monitor progress, reflect, and adjust plans in ways that lead to completion of tasks or resolution of problems commensurate with peers without learning disabilities. Therefore, students with learning disabilities are viewed as poor or inefficient information processors. (p. 542)

The struggle for an adolescent to learn how to efficiently process information can cause problems both at home and school, and as seen in the statistics above, problems for the community as well. Parenting any adolescent can be a challenging task, placed between adulthood and childhood, changing hormones, and social influences; it is not surprising that additional patience and boundary setting is required to deliver one's child to adulthood successfully. Few studies have given voice to parents of adolescents about their experiences, observations, and expectations of their child and the school system providing academic services. Even fewer studies have explored parenthood as experienced while raising an adolescent identified as having a SLD. Dyson (1996) stated that "the experiences of families of children with learning disabilities are not well understood because of sparse and equivocal information" (p. 280). Dyson's (1996) study revealed that mostly information related to parenting children with SLD tended to focus upon comparing and contrasting stress levels and coping skills of parents in an attempt to determine whether parents of children with a SLD experienced more stress and life disruption than those parenting children without disabilities. While conducting the study, Dyson (1996) found that "parental difficulty was chiefly associated with the child's skill and behavior deficits and especially, with school experiences that were unsatisfactory to the parents" (p. 285). This discovery led Dyson (1996) to conclude that "the paucity of research warrants further study of the family" (p.285).

Parents who care for adolescents identified with having a SLD were in a unique position to join as coresearchers of their own experiences. For the most part, these 12 parents have 7 or more years participating in the life of a child with the LD designation.

These parents focused upon their child's journey of successes and challenges as they negotiated and continued to negotiate the special education system together with educational professionals. Insight gained by listening to these parents may benefit the creation of theoretical models that help students achieve to their maximum potential. Ferguson (2002) supported this idea of using parental knowledge to inform educational instruction and methods:

> There is a greater need than ever to understand how the accounts that families themselves provide match [educational] theoretical models. Most of the research in this area understandably uses research constructs and measures specifically designed to fit the categories of the model being tested. However, there is a parallel need to collect less structured descriptions of family life to explore how well the model fits when families generate the terms and categories in their own narratives. (p. 127)

Sontag (1996) wrote that "few studies in special education have investigated multiple setting influences, such as the joint influence of home and school factors, on children's developmental and academic competence" (p. 320), adding that "family functioning and community context become critical issues for special educators when there is compelling evidence that sociocultural factors outside the classroom influence the developmental outcomes and academic achievement of children with disabilities" (p. 319).

This study demonstrated a relationship to the previous research by adding to the dearth of literature focusing on adolescents identified with having a SLD from the experienced perspective of their parents. Despite efforts by many lawmakers to assist special education students by mandating parent participation, consent, and engagement, the culture of some IEP teams remains a barrier on the quality of that participation (Lyon, 1996). This study gave voice to parents with whom teachers educate these adolescents who struggle academically. Information gathered may lead to developing processes that provide greater understanding of parent participation in the eligibility and IEP decision-making process.

This study examined the experiences, issues, and concerns of caregivers who parented an adolescent identified as having a SLD. By documenting the experiences of these parents from their child's preidentificaton of having a SLD, through the initial identification of the child's SLD, to the past and present remediation, interventions, and modification planning, as well as the parents' interaction with educational professionals, educational planning team members may become more aware of how to serve this population of children in collaboration with their parents.

The phenomenological approach assisted in identifying themes in the parents' perceptions, which in turn were isolated to illuminate themes that the participants believed to have the greatest impact upon their participation in decision making for their adolescent identified with having a SLD. This process assisted in providing substantiated examples of parents' experiences when they navigated the special education process. These documented self perceptions may be used to create appropriate and informed social change within the special education collaborative planning process, thus helping all academically struggling students to achieve their academic personal best.

Summary

This literature review chronologically presented the history that has framed the existence of the category of disability termed SLD. The varied disputable definitions of the term SLD that affects the identification of students and service delivery of instruction was also explored. The second section reviewed the literature about parent involvement in the identification and academic planning for their child’s unique academic needs. The chapter introduced the special challenges parents experience along with their adolescent identified with having a SLD in conjunction with federal law and local school guidelines in assisting their child with navigating the special education system. Chapter 3 presents the sample size and population of the study, the research method, data collection tools, and instrumentation that will be used. Additionally, validity, limitations, data analysis, and implications for social change will also be discussed.

Chapter 3: Methodology

The purpose of this qualitative phenomenological study was to investigate and describe the experiences of parents or caregivers with adolescents identified as having a SLD in a rural Hawaii school district. This study was based on the premise that our special education system is strengthened by listening to and collaborating with those who parent adolescents with a SLD designation. Few studies have given voice to parents of adolescents about their experiences, observations and expectations of their child identified with having a SLD. Therefore, the findings of this proposed study may make a significant contribution to the topic of SLD by adding to the scarcity of literature focusing on these adolescents from the experienced viewpoint of their parents.

The previous chapter presented a comprehensive review of the literature. This chapter presents the methodology that guided the study and it defends the chosen research design. Included in this chapter is the presentation of the research question, the discussion of the data collection methods, as well as the analysis procedures that were used. Also described within this chapter are the study's limitations, delimitations, and assumptions. The feasibility of the study is presented as well as the study's implications for social change.

The study utilized a phenomenological research design in order to help develop an insightful understanding of the lived experiences of 12 parents or caregivers who parent adolescents identified as having a SLD. The use of the phenomenological research methodology provided a structure from which to identify and register patterns in the perceived phenomenon among the purposeful sample population. The question that guided this phenomenological study is: What are the experiences of parents with adolescents identified as having a specific learning disability?

Research Method

This study utilized the qualitative research tradition with a phenomenological approach. Brantliner, Jimenez, Klingner, Pugach, and Richardson (2005) found that qualitative designs "do produce science-based evidence that can inform policy and practice in special education" (p. 195). According to Brantliner et al. (2005), qualitative research involves empiricism. Empiricism is the "knowledge derived from sense experience and/or careful observation" (p. 195). While quantitative research sets out to test hypotheses, qualitative research seeks to produce knowledge about perceptions, situations, and practices (Brantliner et al., 2005). "Qualitative researchers do not begin with a null hypothesis to retain or reject. They collect as many detailed specifics from the research setting as possible, then set about the process of looking for patterns of relationship among the specifics" (Hatch, 2002, p. 10).

Creswell (2004) compared and contrasted qualitative research with research done quantitatively by using the six-step research process: (a) identifying a research problem, (b) conducting literature reviews, (c) stating a purpose, (d) data collection, (e) analysis and interpretation of data, and (f) reporting and evaluating research. Creswell (1998) noted that when identifying a research problem, the qualitative researcher is interested in exploration and understanding, while the quantitative researcher seeks description and explanation. When conducting a literature review, both the qualitative and quantitative researcher seeks to find justification for conducting the research. The qualitative researcher has a purpose that is broad and includes the experiences of the participants in the study. The quantitative study's purpose requires narrow, measurable, observable, and specific data. Data collection for qualitative studies come from a small number of participants or settings, while quantitative studies collect data from a larger number of participants, numerically and with predetermined instruments. The qualitative researcher analyzes and interprets data using inductive reasoning. The goal of qualitative research is to find larger meaning. Quantitative data is analyzed and interpreted through deductive reasoning using statistical analysis, comparisons of groups, and relationships among variables. Finally, qualitative researchers analyze their findings in emerging and flexible ways; and the research is reflexive and biased. On the other hand, the quantitative study is analyzed as standard, fixed, objective, and unbiased (Creswell, 2003, p. 51).

The decision to utilize a qualitative approach to this study came from my interest in learning about the experiences of parents with a child identified as having a SLD. IDEA mandates parents' participation in the educational decision making of their child identified with a disability. It is known that parents participate in regularly scheduled IEP meetings, and these data can be quantified. However, what are unknown are the extent and the breadth of the experience of that participation. The goal of this study was not to make generalizations about the participants' experiences but to understand how the participants make sense of their everyday lives as parents of adolescents who have been identified with having a SLD.

Brantliner et al. (2005) cautioned that:

> Qualitative research is not done for the purposes of generalization but rather to

> produce evidence based on the exploration of specific contexts and particular individuals. It is expected that readers will see similarities to their situations and judge the relevance of the information produced to their own circumstances. (p. 203)

Hatch (2002) supported the idea that qualitative research should not attempt to generalize the participants experiences, but rather it should "explore human behaviors within the contexts of their natural occurrence" (p.7). Learning about parent experiences in the educational planning and social rearing of a child identified with having a SLD and how the phenomenon was experienced by the parent was in this study best documented by using qualitative methods rather than utilizing the quantitative tradition.

The quantitative tradition was considered and rejected, as this study sought to discover knowledge rather than test a preconceived theory. Soafaer (1999) wrote that " if we focus research only on what we already know how to quantify, indeed only on that which can ultimately be reliably quantified, we risk ignoring factors that are more significant in explaining important realities and relationships" (p. 1102). There is value in approaching a question qualitatively. Moustakas (1994) noted that qualitative research: (a) offers a rich portrayal of complex phenomena, (b) shines focus on the experience and subsequent interpretation of events by a diverse group of individuals, (c) gives a voice to those with underrepresented views, and (d) discovers unexpected or unique events. The intent of this study was to achieve the four outcomes above, and so the qualitative tradition was chosen.

Among the qualitative traditions considered in exploring the research question of this study was the grounded theory tradition. After interviewing the participants and the data are collected and analyzed, "the intent of a grounded theory study is to generate or discover a theory" (Creswell, 1994, p. 56). Generating a hypothesis from the knowledge gathered is a basic component of the grounded theory approach. The grounded theory tradition was rejected because the research question did not seek to investigate parents' experiences in order to generate a hypothesis or an assumption about parenting adolescents identified as having a SLD. However, the goal of phenomenology is to "determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it" (Creswell, 1994, p. 53). This goal was compatible with the intent of this study and therefore became the chosen method used to conduct this study.

Another factor in the decision to use phenomenology came from the intended audience. The audience for this study is anyone who may be interested in the advancement of children identified as having a SLD. The research required an in-depth explanation to discover the experiences of each participant and to discern how each participant makes sense of what he or she has experienced.

Van Manen (1990) stated that "phenomenology differs from almost every other science in that it attempts to gain insightful descriptions of the way we experience the world pre-reflectively, without taxonomizing, classifying, or abstracting it" (p. 9). Moustakas (1994) added that "the very appearance of something makes it a phenomenon and the challenge is to illuminate the phenomenon in terms of its members and meanings, and then arrive at an understanding of the essences of the experiences" (p.49). Van Manen agreed when he wrote "anything that presents itself to consciousness is potentially of interest to phenomenology, whether the object is real or imagined, empirically measurable or subjectively felt" (p. 9). The goal of phenomenology is to adequately describe an experience inasmuch as it demonstrates the importance or quality of the experience in a deeper way. Moustakas (1994) concurred with this assessment of the goal of phenomenology adding that "the aim [of phenomenology] is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it" (p. 13).

Van Manen pointed out that "phenomenology is not an empirical analytic science. It does not describe actual states of affairs; in other words, it is not a science of empirical facts, and scientific generalizations, asking who did what, when, how many, and where?" (p. 22). It is not used to solve problems but posits questions that are poised to extract the meaning and significance of the phenomenon being studied. This process is required because "Meaning questions can be better or more deeply understood, so that, on the basis of this understanding I may be able to act more thoughtfully and more tactfully in certain situations" (Van Manen, 1990, p. 23). This reasoning is applicable to exploring the experiences of parents as they engage with professional educators in the educational planning and social rearing of their child identified with having a SLD.

Sampling Strategy and Participant Selection

This study focused upon the lived experiences of parents or caregivers, representing 12 adolescents identified with having a SLD. Participation in the study was strictly voluntary. The sample was purposeful, and the 12 parent participants were chosen using criterion-based selection. The goal of utilizing a purposeful sample is to truly represent the typical experience of parents whose adolescent has the SLD designation, and to achieve “representativeness or typicality of the settings, individuals, or activities selected” (Maxwell, p. 89, 2005). Due to the need to conduct multiple in-depth interviews with each participant, this study utilized a small sample size of 12 participants as suggested by (Creswell, 2003; Moustakas, 2004; Van Manen, 1990).

Participants met the following criteria:

- Were parents or caregivers to an adolescent (ages10-18) attending either a middle or high school in the targeted rural school district in Hawaii,
- Were willing and able to accurately recount their experiences relating to their child’s eligibility for SLD and subsequent creation of their child’s IEP, and
- Were willing to give details about their personal interaction with their child and those responsible for their child’s academic service delivery.

Participants were parents whose adolescent identified as having a SLD attended one of the three high schools or four middle schools within the targeted school district. The rationale behind the requirement that participants have children who attend school in this district was my familiarity and access to these schools, their care coordinators, and their students’ parents. The research was facilitated by independent community council that assists parents with children with disabilities. A letter of consent was sent to the executive director of the organization to obtain official authorization to gain access to parents with adolescents identified with having a SLD.

Special education department chairpersons from each of the schools received parent invitations to participate in the study (see Appendix A). The special education department chairpersons were asked to disseminate the parent invitations to their special education teachers, who subsequently passed them to all parents of children identified as having a SLD to whom they serve as care coordinator. The outside community agency placed the flyer in their electronic newsletter. According to IDEA (2004):

> The term `parent' means (a) a natural, adoptive, or foster parent of a child (unless a foster parent is prohibited by State law from serving as a parent); (b) a guardian (but not the State if the child is a ward of the State); (c) an individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or (d) an individual who is legally responsible for the child's welfare. (p.118 STAT. 2657)(23)

Upon initial contact with parents, either in person, by telephone, or email, I discussed with prospective participants the nature and criteria of the study before confirming their acceptance into the study. The participants were selected on a first come first come basis, and when a participant chose to end their participation in the study, the next parent on the list was contacted.

The Researcher's Role

I sought to be the instrument of this study. In this study, I was the listener, the collector, and the analyst of data. I sought to make sense of the information collected and to tell the stories of the participants as they experienced the phenomenon of parenting an adolescent identified as having a SLD, being as true to their meaning and descriptions as possible. One potential bias I may have in conducting this study is that I am a special education teacher of adolescents. I have attended hundreds of IEP meetings and have participated in the eligibility and reevaluation process for hundreds of children. I sought to put to the peripheral any conclusions or theories that I may have accumulated during my time as a special educator and listen clearly and without judgment to parents' accounts of the phenomenon of the experience of parenting an adolescent identified as having a SLD.

Data Collection, Analysis and Interpretation

I collected data using the phenomenological model demonstrated by Moustakas (1994). The first step in collecting data was to establish epoch "as a way of creating an atmosphere and rapport for conducting the interview" (Moustakas, 1994, p. 181). Epoch, also referred to as bracketing, is the "setting aside of prejudgements and opening the research interview with an unbiased, receptive presence" (Moustakas 1994, p. 180). I did this by journaling before collecting data about what I believed I already knew about the experiences of parents with adolescents identified with having a SLD. In doing so, I became more acutely aware of my own personal judgments and experiences as a special educator to adolescents and attempted to, as objectively as possible set them to the peripheral during the data collection process. Epoch allows one to become receptive and therefore when meeting and engaging with the participants in this study, I will be more able, as Moustakas (1994) believed, to "hear whatever is being presented, without coloring the other's communication with my own habits of thinking, feeling, and seeing, removing the usual ways of labeling or judging, or comparing. I am ready to perceive and know a phenomenon from its appearance and presence" (p. 89).

Moustakas (1994) suggested the use of a modified model of the Stevick-Colaizzi-Keen method in collecting and analyzing data. These are the steps I followed when collecting and analyzing data for this study, as suggested by Moustakas (1994):

1. Engaged in Epoch and conducted open or semi-structured interviews.
2. Used verbatim transcripts and assigned all statements collected equal significance as they related to the description of the experience of parenting an adolescent identified as having a SLD (Also known as: Horizonalization).
3. Created a list of all non-repetitive, non-overlapping statements.
4. Categorized these non-repetitive, non-overlapping clusters into themes or meaning units.
5. Brought together these themes and meaning units into descriptions of "What was the experience?" defined as textual descriptions: These included verbatim examples.
6. Reflected on my own textual description of the experience and then built a structural description, defined as "How was the experience?"
7. Assembled a "textual-structural description of the meanings and essences of your experience" (Moustakas, 1994, p. 122).
8. Repeated for each participant.
9. Transcripts and notes were sent to each participant for member checking; ensuring no important experiences were left out or that any experience shared

was not incorrectly interpreted from the meaning of the participant. Conducted subsequent interviews and member checking as needed; then repeated the process.

10. Built a composite textual-structural description from data received from all the participants.

When analyzing the collected information, discrepant data emerged. Discrepant data are data that do not support or may challenge the emerging patterns within the study. When such data appeared that did not to fit the pattern of other data collected, I recorded, analyzed and reported the discrepant data in order to increase the creditability of the results reported. Seeking alternative explanations and considering what discrepant data tell the researcher about emerging conclusions can add greater validity to a qualitative study (Miles & Huberman, 1994).

Data collected from all interviews were recorded and the recordings and accompanying notes were locked in a safe in my home office and will be for five years and will not be used for any other purpose than to conduct this research study of the experiences of parents whose adolescent has been identified as having a SLD.

Ethical Treatment of Participants

After acceptance into the study, participants were asked to review and sign a consent form prior to completing the initial data form (see Appendix B) and participating in the recorded interviews. The study accepted only participants who signed the consent form. Participants who chose to no longer participate during the course of the study after it began were in no way penalized for their decision to leave the study. I guaranteed anonymity in that no individual responses will be identifiable to a specific participant. The participants were given pseudonyms that were known only to me and were not revealed to any third parties. I treated all participants in the study ethically by using the principle of beneficence. That is to say all participants were treated with a standard of respect and consideration that goes well beyond strict obligation.

Evidence of Quality

In this proposed study, data were collected through in-depth, open-ended, semi structured interviews (see Appendix C). Prior to this proposal, I conducted a pilot study in 2008. At that time, three special educators reviewed the interview questions and found them to be reliable and valid for obtaining information about parents' experiences concerning their adolescent identified as having a SLD. The interview questions were also tested for accuracy with two parents, who met the same criteria used in this study, and then the questions were modified by omitting and adding questions concerning information these parents felt relevant to their own experiences. Member checking, the repeated review of the data by both the participants and me was a reliable way of ensuring the lived experiences reported were as true to the meaning of the experience as the participants indicated. My use of thick descriptions allowed a reader to determine if the study could be transferred to other settings because of some shared characteristics (Creswell, 1993).

Scope, Delimitations, and Limitations

The study did not include all categories of disabilities, such as those who parented children with blindness, deafness, mental retardation, emotional or behavioral disorders, autism, or those with multiple physical handicapping conditions. While the use of the phenomenology tradition provides deep concentrated amounts of thick, rich data in a participant's own words on exactly the topic of interest, it is also only as useful as its link to the research question and the strictness with which the methods are applied. The study was limited also by its small geographical setting of one rural district in Hawaii. As such, the study did not investigate parents' experiences from other districts. As is characteristic of phenomenology, the results are not to be generalized but may be transferrable to investigating the experiences of parents from other districts or other states. The results of this study may provide significant information in the development of hypotheses and the interpretation of quantitative data concerning adolescents identified with having a SLD.

Assumptions

It was assumed that the use of the phenomenological research method was an appropriate means of managing and analyzing data as reported by the sample population. This assumption was reasonable based upon the unique nature of the phenomenological research, as this process assists me in isolating themes discovered with the experiences, thoughts, and feelings of the parents of adolescents identified with having a SLD. The phenomenological method of research has been time tested and frequently utilized in qualitative reporting and has proven to render successful data with validity.

It was also assumed that SLD is a bona fide disability and despite the controversy about how one becomes initially identified, made eligible, and how the interventions and services were dispersed, the phenomenon of having an adolescent identified with a SLD was worthy of exploring in hopes that it may assist services providers in offering optimal educational opportunities for the identified adolescents and their families; thus, adding value to their quality of life.

Implications for Social Change

The results of this study may assist educators, administrators, and other support personnel in supporting and promoting collaboration with parents of adolescents identified with having a SLD. Utilizing parents' unique knowledge of their child's abilities and limitations may assist in the creation of meaningful and successful educational planning; not only for those adolescents identified as having a SLD but also for any student who struggles academically. Utilizing knowledge gained by listening to parents who have adolescents identified as having learning disabilities may increase the likelihood of social change for all who assist in the educational planning of those who struggle academically during adolescence.

Summary

This chapter aimed to substantiate the use of the qualitative phenomenological methodology to study the question: What are the experiences of parents with adolescents identified as having a specific learning disability? The setting, a rural school district in Hawaii, provided 12 parents whose adolescent attended one of the high schools or middle schools within the targeted district. This study was based on the premise that the special education system is strengthened by listening to and collaborating with those who parent adolescents with a SLD designation. Included in this chapter was a discussion of the data collection methods, the analysis procedures, the study's limitations, delimitations, assumptions, and feasibility of the study as well as the study's implications for social change. Chapter 4 presents the results of this study as obtained using the phenomenological analysis suggested by Moustakas (1994) as previously described in this chapter.

Chapter 4: Results

Introduction

This chapter presents the process that was used to generate, gather, and record data collected in this phenomenological study. It presents the outcomes of the study's data analysis. This chapter begins with a discussion of the data collection process and is followed by a discussion of the quality of the evidence for the data collected. This chapter also explains the methods used to analyze the data and a description of the systems used for managing these data and the reflective processes. The final section presents the results of this study in a manner that addresses the research question: What are the experiences of parents of adolescents identified with having a specific learning disability?

Data Collection Process

This study utilized a phenomenological approach. The purpose of this phenomenological study was to listen to and then describe the experiences of parents with adolescents identified as having a SLD in a rural Hawaii school district. The question that guided this study was: What can be learned by viewing adolescents with a SLD from the experienced perspective of their parents? This study was based on the premise that the special education system might be strengthened by the utilization of the knowledge gained from interviewing parents and the composite description of their experiences.

Locating Coresearcher Participants

The community partner supporting this study gave permission to use their network of parent contacts from which to draw my participants. After obtaining permission to collect data for this study from Walden University's Institutional Review Board (Approval # 07-16-09-0254754), flyers were created and distributed in the target district. These flyers went to parents with adolescents ranging from ages 10-18 who had previously been identified as having a SLD. The flyers were also delivered to special education teachers who subsequently voluntarily passed them on to parents for whom they currently serve or had previously served as the care coordinator for an adolescent identified as having a SLD. The parent participants were selected using a purposive sampling technique. The following criteria were used to determine eligible participants:

- The adolescent cared for by these participants was enrolled or had been enrolled in one of the high schools or middle schools located within the targeted district and was receiving special education services because he or she had been identified with having a SLD.
- Participants were willing and able to accurately discuss their experiences with parenting an adolescent having already been found eligible for special education services because he or she was deemed to have a specific learning disability.
- Participants were willing to talk about their experiences with their children concerning home life, and school life (e.g., homework, participation in IEP meetings, communication with teachers, and feelings and thoughts about the child's disability).

The flyers were also posted and distributed among three high schools' and four middle schools' special education departments and office lobbies located in the targeted rural district. Parents who saw or received a flyer and wanted to participate in the study telephoned me using the information provided on the flyer. I documented all potential candidates' contact information in a journal. Subsequent contacts with participants were made by telephone and through e-mail. During the initial contact, I explained the purpose and significance of the study to all interested participants and I revealed how the interview process would proceed should they agree to participate. During the initial telephone conversation, the parameters of the study were explained to each parent, and when they agreed to participate, scheduled meeting times and places were agreed upon.

Results of the telephone conversations and e-mails were documented in a journal. Consent agreements, a demographic family information form, and invitation letters to participate were provided to all parents before the interview began. Any questions or concerns were addressed before the signing of consent letters. Interview times and locations were chosen at the discretion and availability of the participants. Interviews took place in school conference rooms, empty school classrooms, a local McDonald's restaurant, and, on three occasions, in the homes of participants. Although no money was given to parents for their participation, a $20 gift card from a local retailer was given to each participant as a token of my gratitude for their time and participation in this study.

Semi structured Interviews

Semi structured interview questions were developed (see Appendix C) to help facilitate data collection. The questions were divided into two areas of inquiry: first, the home and family experiences and second, the academic school experiences. Parents were informed that they could refuse to answer any question they felt too intrusive or personal by using the word *pass*. No participant declined to answer any question. All participants appeared eager to discuss their experiences of parenting their adolescent identified with having a SLD. Open-ended questions—those questions that cannot be answered with a "yes" or "no" reply and are used to encourage participants to share their opinions and experiences without feeling led by me to answer in a prescribed way—were used to begin the interview. The goal of using open ended questions is to invite detailed discussion. Two parents chose to share their experiences without the question and answer prompts. In those instances, I asked follow-up questions for clarification purposes. These clarifications included follow up response questions, such as:

- Give me an example. What do you mean? Will you explain that to me?
- Tell me more. Can you clarify what you mean? I want to understand, go on.
- So how did it feel when that happened? Can you recall that for me?

Utilization of these follow up questions was supported by Hatch (2002) when he wrote that "interviewers enter interview settings with questions in mind but generate questions during the interview in response to informants' responses" (p.23).

The 13 interviews lasted from 40 minutes to 3 hours. They began with the participant entering data on a demographic form (see Appendix B). This form was used to collect information such as parenting status (i.e., whether the participant parented as a single parent, as a joint married couple, co parented with step-parents, former spouses, or had a significant other who assisted them with parenting their adolescent). Parents also indicated how many children in their home have been identified with having a SLD. A pseudonym was given to each parent and to each corresponding adolescent about whom the experience was being discussed.

I was the sole interviewer of all 12 participants who completed the study. Thirteen interviews were conducted; however, Participant 5 was withdrawn from the study when it was disclosed that her child had been identified with a disability outside the category of SLD. All interviews were audio recorded and transcribed by me. My questions and the interviewees' responses were transcribed verbatim to capture the rich descriptions of the parents' experiences with their adolescent identified with having a SLD. It was my intent to gain a broad yet in-depth understanding of the parents' experiences utilizing semi-structured interview questions. After completing each interview and transcribing each verbatim, each transcript was sent to each participant for member checking (see Appendix E). Each participant was asked to reply by e-mail or telephone to make corrections or changes to their interviews. I offered to meet with participants for subsequent interviews, should the interviewees want to clarify any discrepancies. Ten of the participants accepted the transcripts as provided, and two participants made changes and clarifications and added further details through e-mail correspondence. One participant was withdrawn as not meeting the criteria of the study.

Validation of Analysis

I collected data using the phenomenological model demonstrated by Moustakas (1994). The first step in collecting data was to establish epoch "as a way of creating an atmosphere and rapport for conducting the interview" (Moustakas, 1994, p. 181). Epoch, also referred to as bracketing, is the "setting aside of prejudgements and opening the research interview with an unbiased, receptive presence" (Moustakas, 1994, p. 180). I accomplished this bracketing by journaling before collecting data about what I believed I already knew about the experiences of parents with adolescents identified with having a SLD. In doing so, I became more acutely aware of my own personal judgments and experiences as a special educator to adolescents identified as having a SLD and attempted, as objectively as possible, to set them to the peripheral during the data collection process. Engaging in epoch allowed me to become receptive. When meeting and engaging with the participants in this study, I was more able, as Moustakas (1994) wrote, to "hear whatever is being presented, without coloring the other's communication with my own habits of thinking, feeling, and seeing, removing the usual ways of labeling or judging, or comparing" (p. 89).

Moustakas (1994) suggested the use of a modified model of the Stevick-Colaizzi-Keen method in collecting and analyzing data. These are the steps I took to collect and analyze data for this study, as suggested by Moustakas (1994): After initially engaging in epoch and then conducting open and semi structured interviews, the verbatim transcripts were used to assign all statements collected equal significance as they related to the description of the experience of parenting an adolescent identified with having a SLD. This process is known as horizonalization.

A list of all non repetitive, non overlapping statements were then created and subsequently categorized into non repetitive, non overlapping clusters, themes or meaning units. I then brought together these themes and meaning units into descriptions of “What was the experience” defined as (textual descriptions)? Textual descriptions emerge as the substance of an experience is recalled by the participants. The goal is to describe the experience or give the experience life, not to merely label the experience. These include verbatim examples. I then reflected upon my own textual description of the experience and then built a structural description, defined as “How was the experience?” An assembled “textual-structural description of the meanings and essences of the experience” (Moustakas, 1994, p. 122) was then rendered. These steps were then repeated for each participant. After member checking with all participants, I then developed both a comprehensive textural description of the experience and created a comprehensive structural description of the experience from all interviews.

Evidence of Quality

The purpose of qualitative research is to offer an in-depth understanding of people’s experiences as they live or lived the experience in their personal circumstance and setting. Qualitative research is often distinguished by a need to explore a phenomenon from the perspectives of the participants who have experienced that phenomenon. In this study, that is to reveal the experience of parenting an adolescent identified as having a SLD. As the purpose of conducting research is to contribute to an existing body of knowledge, a researcher must make certain that the study’s findings can be viewed as credible, reliable, and trustworthy.

Steps Used to Gather Evidence of Quality

Transcripts and notes created and developed at each interview were sent to each participant for member checking. The participants were asked to read the transcripts and ensure no important experiences were left out or that any experience shared was not misinterpreted from the meaning or intent of the participant. Subsequent interviews and member checking were conducted when needed, and the steps of the process were then repeated. Finally, I built a composite textual-structural description from data received from all the participants.

Discrepant and Nonconforming Data

When analyzing the collected information discrepant data emerged; discrepant data are data that do not support or may challenge the emerging patterns within the study. When such data appeared that did not fit the pattern of other data collected, I recorded, analyzed, and reported the discrepant data in order to increase the creditability of the results reported.

Introduction to the Research Participants

This study included the experiences of 12 parents of adolescents identified with having a SLD. One coresearcher participant was a father of an adolescent identified with having a SLD, and the remaining 11 coresearcher participants were mothers. Although eleven of the participants were married or lived jointly with their significant other, no partner or spouse came to be interviewed jointly with the parent being interviewed. The lone exception was a guardian ad litum who came to support a foster mother who agreed to participate in the study. All interviewees' names and the references to their adolescents' names were replaced with pseudonyms to protect the anonymity of both the parent and their child.

Collectively, the participants parented eight male adolescents and four female adolescents identified with having a SLD. The children about whom the experiences were being documented ranged from ages 10 to 17. The parents were economically diverse with total annual family incomes ranging from $10,000 to over $80,000. The participants were educationally diverse, as one participant earned her high school diploma from an alternative educational program for teens in crisis and two participants had earned college degrees. The other participants had graduated from high school or had attended at least 1 year of college. The participants were also ethnically diverse. Three of the participants had been educated outside the United States and later came to live in Hawaii. Each parent participant verified that the adolescent they parented had been enrolled in schools located within the targeted district and had been receiving special education services because he or she had been identified with having a SLD.

Each participant willingly discussed their personal experiences with parenting an adolescent having already been found eligible for special education services because he or she was deemed to have a SLD. Each participant agreed to speak with me about their experiences with their child concerning home life, and school life such as homework, participation in IEP meetings, communication with teachers, and feelings and thoughts about their child’s disability. The following table illustrates the participants’ pseudonyms, their children’s’ pseudonyms, grade when the child was identified as having difficulty in academics, grade and age of the child at the time of the interview, the number of IEP meetings attended, identification of the child’s reading level, and parental education level, and followed by the family range of income.

Table 1

Profile of Parent Participants

Parent's given pseud.	Adolesc. given pseud.	Adolesc. gender	Adolesc. grade when identified as having academic difficulty	Adolesc. Age & grade at the time of interview	Adolesc. Reading level by grade and month at the time of the interview	Minimum # of IEPs attended	Parent's achieved Education Level	Range of Family income
P1 Abbey	Annie	Female	K	17/12th	7.2	15	Some College	$51000-60999
P2 Betty	Bobby	Male	3rd	10/6th	4.0	12	College Grad	$70000-70999
P3 Cindy	Carl	Male	1st	14//8th	5.0	12	College Grad	$80000- above
P4 Debby	Donny	Male	1st	11/6th	5.0	6	High School	$70000-70999
P5 Withd.	Withd.	Withd.	Withd.	Withd.	Withd.	Withd.	Withd.	Withd.
P6 Fran	Freda	Female	1st	16/10th	10	10	High School	$41000-50999
P7 Gale	Gary	Male	1st	13/8th	Unknown	5	High School	$31000-40999
P8 Heather	Holly	Female	K	11/6th	5.6	6	High School	$0-20999
P9 Isabelle	Ikaika	Male	1st	11/6th	3.0	1	High School	$21000-30999
P10 Jenny	Johnny	Male	5th	12/7th	5.0	2	Some College	$31000-40999
P11 Keola	Keoni	Male	1st	13/8th	2.0	10	High School	$80000-above
P12 Lauri	Larry	Male	5th	13/8th	2.5	8	High School	$31000-40999
P13 Mary	Mele	Female	Pre-School	13/7th	5.0	13	Some College	$51000-60999

The narrative introductions below are meant to briefly acquaint the reader to both the parent and the parent's experience with their adolescent identified with having an SLD.

Abbey and Annie

Participant 1 (P1) is Abbey. She spoke about her experiences with her daughter Annie. Abbey was interviewed after school in an empty classroom. Abbey is married and has two daughters. She works as an educational assistant in a school her daughter does not attend and she reported her annual family income at about $55,000. She revealed that her husband had been in special education classes during his middle and high school years. She stated that he was not happy about his daughter being in special education classes, believing those classes to be inferior to general education classes. Although he does not like the placement, he allows Abbey to solely make the educational decisions for their two daughters. Her eldest daughter Annie was 17 years old at the time of the interview and was a senior at one of the local high schools. Annie's reading level was at the second month of the seventh grade according to documents provided by the school to Annie's mom. Abbey indicated that she had attended 15 or more IEP meetings in the course of her daughter's academic life. Abbey said that Annie played basketball for a couple of years and also ran cross country track for the high school team. Abbey described her daughter as "pretty outgoing. She is called Miss Aloha. She is very friendly. She doesn't have problems with friends or getting to know people."

When asked about her own academic experiences as a child, Abbey replied, "Pretty good, yeah, I did all my homework. I don't know, school was interesting to me, it was good." She then described the time when she first became aware that something might be amiss academically with her daughter, Annie:

> Oh, long story, it started from kindergarten. Oh, I don't know. I don't know if it was the teacher or the child. I mean, I don't know. Yeah, they came and said to me that she could follow directions, simple directions she could, but not throughout the whole thing. If she got complex directions, she couldn't figure it

> out. Of course, I didn't believe them. I thought at first this is normal, she's a kid, that kind of stuff. Actually, she was 4 when she started kindergarten. Everything she did was wrong according to the teacher. So I was like getting, like well. It was kind of hard for me to hear that but I didn't really believe the teacher.

Betty and Bobby

Participant 2 (P2) is Betty. Here, she discusses her experience with her 10-year old sixth-grader, Bobby. This interview took place in an empty classroom on a middle school campus, on a Saturday morning. Betty lives in Hawaii as a military spouse and she parents three children; her eldest daughter, she described as typical functioning. She has a younger son in the second grade with speech language difficulties. She reported that she has attended a minimum of 12 IEP meetings. Betty has a college degree and reported her family income to be above $80,000 per year. She described her own school experience as positive, noting:

> I was a good student. I even called my mom to ask her. Am I only remembering what I am remembering? I was, for me, I was through middle school and high school. I was the class president. I was involved in school. I had good grades. I do not ever remember struggling in school. Now, on my husband's part, he did very well in school. He was probably gifted and he was never challenged. So he was easily bored in school. So we were both good students just in two different ways.

Betty described Bobby as a quiet boy.

> He is the one that internalized everything and kind of retreated in. We called it the Pterodactyl. He was always tucking his arms in and he retreated. Along with his learning disability, we found that he had a conductive hearing loss that was never diagnosed. He had a lot of things going on and so I think he didn't always get what was going on around him. He went inward. He is a great kid, very loving, very sensitive to those around him. Not somebody who is going to be the one to jump up and be the one who is going to answer everything. Not volunteer for anything. He is more than willing to do stuff but the teacher would need to not even give him a choice. Maybe just say "Hey Bobby, why don't you this?" and he would be more than happy to do it but he didn't have the confidence. I mean over the years of not being originally identified and trying and struggling with it all on his own, I think his self confidence completely waned.

Cindy and Carl

Participant 3 (P3) is Cindy. She discussed her experience with her 14 year old, 8th grader, Carl. Cindy arrived at my classroom on a Saturday morning with her 12 year old daughter. When asked if she thought it appropriate to discuss her son's SLD in the presence of her daughter, she explained that she had no qualms with allowing her daughter to hear our discussion and described her daughter as extremely intelligent and capable of comprehending what was going on and that she shares everything with her daughter. She gave permission to go ahead with the interview. Cindy reported her family income to be above $80,000 and stated that she has attended at least 12 IEP meetings for her son. She described her husband as very supportive and understanding about Carl's academic difficulties having had his own difficulties early on in school. Cindy is currently living in Hawaii as a military spouse and has two children. She spoke about her own school experience this way:

> School came very easy to me. (Daughter adds: "To me too," she smiles and says "I have her genes." pointing to her mother). It was like life is not fair comes into play. I never really had to study very hard. Things just came very easy to me. I am a mass communications/journalism major and I love English and writing and I love reading and so it was very foreign to me to look at my child and go what do you mean you don't want to read a book? What do you mean that you don't want to write? I was like oh, and to me those things are truly fun and I enjoy it and I find it very sad that he doesn't have the love for that because sitting down with a good book is just, he has the imagination, if you could just get him past some of those hurdles, I think he would enjoy those things so much more than what he can at this stage. I do see it progressing here and there.

Debbie and Donny

Debbie, participant 4, (P4) arrived at my classroom on a Saturday morning. She came to speak about her son, Donny, who is 11 years old and in the 6th grade. She reported having attended a minimum of six IEP meetings for Donny. She parents two children and is a clerk at a local elementary school. She reported her family income to be above $70,000. Her husband is a security guard and Debbie reports not being in sync with her husband about Donny's SLD. During the course of the interview, Donny telephoned his mother three times from their home. He wanted to know where his snacks were in the kitchen, asked repeatedly if he could play video games, and inquired into when she thought she might be coming home. Donny's reading level is approximately one year behind his current grade. Debbie described her own academic experience this way:

> I was a straight A student. I had no problems responsibility wise. I guess because my parents were really strict and education was everything to them; being that my mom was from Thailand and my dad was local here. So my mom grew up in poverty, so she knew the hard life growing up. So when she came to Hawaii, because my dad's from here, schooling was everything. If you didn't have a good grade, you would get it. I mean, literally you would get it. So, it had to be As and that's it, nothing less than that. So coming home from school, I got right on the homework. Did everything; never had to be told on what to do. When that was done, then going to the chores. So, there was a routine, and we did it every day, constantly. So, my parents didn't really have to remind me of anything. So, that's how I grew up. And then when I had Donny, things changed. I didn't know any other way of growing up and raising a child because I grew up that way. So, to see that my child can't do the same thing that I did, has to be told to take a bath, eat, homework, brush his teeth, brush his hair, change his clothes. Everything, he has to be told to do everything. I get frustrated because I see it that when I was young, I didn't have to be told to brush my teeth, brush my hair, eat, to the shower, do homework. We knew what we had to do, and then with Donny, it's different. It's really, really different and so I get on him and I get

> really, really frustrated. So, growing up was, because of my parents how they raised me, and I feel that they did a good job because I feel like I did okay. I don't do drugs. I didn’t get pregnant when I was young. I don't drink. I don't smoke. I don't do anything. The only bad thing I do is drink a Pepsi. That’s the only thing bad that I drink, other than that, nothing, with Donny, it’s different.

Withdrawn Participant

Participant 5 was withdrawn during the course of the study when it was revealed that her son had not been identified with having an SLD.

Fran and Freda

Participant 6, (P6), is Fran. She agreed to meet me at a local McDonald’s restaurant. Fran indicated that she has attended a minimum of 10 IEP meetings for her daughter. The interview was arranged by Fran’s 16 year old daughter, Freda. Freda is in the tenth grade and has been identified with having a SLD. Freda contacted me, arranged the meeting time, and drove her mother to the eatery to discuss their experiences with having a SLD together. Fran is married and reported the family income at about $50,000. Freda listened as her mother described her own academic experience:

> I was raised by my grandparents, and when my grandmother passed away, I went to live with my dad. My parents divorced when I was six months old. Me and my stepmom did not get along so I moved to Oahu. I was raised on the Big Island and I did not want to be here so I was very rebellious then; school was not my thing. But then I graduated through (an alternative high school for teens in crisis).

She described her daughter Freda, the only adolescent in the study reported as reading on grade level, like this:

> She is very vocal. She is a good student. She wants to learn. That is her positive. That helped her with her learning disability with reading and she wanted to excel and learn. She wants to go to college. Right now she is thinking about being a special education teacher and I am so proud of her. She wants to help kids because she knows what she went through and she knows how she got help in middle and high school and how it wasn't good at elementary. So she wants to give back and I think that is great. College is in her future.

Gale and Gary

Participant 7, (P7) is Gale. She is married and earns her living as a waitress at a local restaurant. She reported her family income to be at about $35,000 and has attended five IEP meetings for her son. She came to discuss her experiences with her 13 year old son, Gary. He is in the seventh grade. She was unsure of the reading level her son has achieved. She revealed that she had attended his IEP meeting last week. She described her son this way:

> He is extremely outgoing; helpful. He wants to help everybody. We used to joke that he is like everyone's best friend whether they like it or not. Gary was kind of talking military for a while but his plans change but he does have goals and it's not like he is planning to sit around and do nothing. He always wants to do something. I can see him doing really well at a senior center or something like that. He is so good with the elderly and the really young. He is so helpful. Like

> my mother in law she fell and hurt her hip and can barely walk and he is so patient with her. He helps her and he is just so helpful. He has always been like that. He is very helpful and sometimes overly helpful.

She described her own experiences in school as:

> Well, yeah. I had some problems in high school; some of the girls, no academic things. I actually got out my senior year. I had enough credits to leave. I didn't actually graduate but I had enough credits to get out of school and I went around California for a few months, came back for graduation and was in Missouri then. I just took off for three months and then came back but I loved school.

Heather and Holly

Heather, participant 8, (P8) is the only coresearcher participant in this study who self-identified as a single parent. She invited me to her home to discuss her daughter, Holly. Heather acknowledged she has attended a minimum of six IEP meetings for her daughter. When I arrived at the apartment complex, a sign was posted outside the door: "Absolutely, no drinking in this parking lot." There were several older model vehicles, most with leaves and debris atop the trunks and hoods of the cars. One vehicle had a bumper sticker that read "Lik'er and Pok'er Tonight." Outside the modest apartment were a man, a woman, and several children performing maintenance on a chopper style motorcycle. The motorcycle was in complete disarray. The repairs were being conducted within inches of the coresearcher's open living room window as the interview was being conducted.

Upon arrival, I noticed a girl sweeping the sidewalk; the apartment numbers were missing. The screens had holes and I was unsure as to who lived where, I knocked at the closest door. I was then greeted by the girl who had previously been sweeping the sidewalk. She introduced herself as Holly. She explained that she knows me as she attends the school where I teach. I do not know or teach the child, yet the child perceived a visual acquaintance.

I was ushered inside by Holly. Holly went into a back bedroom to find her mother. Within several minutes, Heather soon appeared. Once inside, the girl continued to sweep. Her mother pointed out how clean the house was and gave the credit to Holly. Holly confirmed that she absolutely loves cleaning the apartment. Holly is a sixth-grader at a local middle school and she stated her reading level as being on a 5.6 level. That means that she reads at the sixth month of the fifth grade according to the national standard presented on the Stanford Diagnostic Reading Test (SDRT). Holly brought me a book and a school assessment that confirmed her assertions. After consents were signed and explanations about the study disclosed, I asked Heather about her own educational experience. She said “Uhm yeah. It was fun. I did not have any problems. I just went to school.”

When asked about her daughter’s initial problems with academics, the coresearcher said:

> I guess from kindergarten. The teacher was having a hard time with her. It was like everyday a phone call from school. She would hit other kids. She was fighting. She, it was like she could not stay still for long periods of time. She

> was always getting into trouble. She was always going to the vice principal's office. She wanted to spit on the vice principal; bite the vice principal, naughty stuff. She was expelled from kindergarten. She could not do anything [academically]. She was so into beating up the other kids and not listening to the teacher and running out of the classroom to do something.

Isabelle and Ikaika

Isabelle, participant 9, (P9) invited me to her home to discuss her experiences with her foster son, Ikaika. Isabelle and Ikaika live on a street well known in the local community as the setting for high crime and drug use. Although the apartment is located in the heart of the small town, one can hear the incessant crowing of roosters throughout the interview. Upon arrival, I noticed that the front door of the apartment was missing. Instead of a door, the opening had a child safety gate blocking the entrance with a curtain hung over the doorway to create privacy when necessary. Many pairs of shoes were strewn about outside the front door.

After stepping over the child gate and entering the apartment, I met Isabelle, Ikaika, and Ikaika's Guardian Ad-litem, (GAL), Greta. Ikaika, insisted upon being part of the interview and sat closely to me in a living room love seat. Ikaika wore a plastic headband, the type typically worn by young girls. His fingernails and toenails were painted with bright purple polish. Both adults agreed that it was fine to continue the interview with Ikaika in the room. Ikaika is Isabelle's previous boyfriend's son. She indicated that she and her family have taken care of him off and on since he was five years old and she became his foster mother after his biological mother was arrested for drug use; thus, causing the courts to order Ikaika taken away. Although Isabelle no longer lives with Ikaika's father, a man she described as having been verbally and physically abusive towards Ikaika, she has chosen to raise Ikaika with her current boyfriend. Isabelle reported her annual family income at about $21,000. As she has just been given foster parent status, she reported attending only one IEP meeting for Ikaika. The court had assigned the GAL to Ikaika and as such, Greta wanted to participate and support Isabelle during the interview.

Isabelle indicated that she learned of Ikaika's disability at about age seven. "That is when my sister and them first found out that he was SLD; around second grade, but he didn't get tested until he was nine. In fact, his CPS (Child Protective Services) did that." Ikaika is 11 years old and in the sixth grade. He described himself as effeminate, [exact word he used] a drama queen, and stated that Isabelle is his real mom now.

Jenny and Johnny

Jenny, participant10, (P10) invited me to her home to discuss her experiences with her 12 year old son, Johnny. Jenny parents four children and is currently working towards her associate's degree in criminal justice. Jenny is a local islander with Samoan heritage and she recently married her current husband, a member of the armed forces stationed in Hawaii, and the two are raising her four children together. Jenny, throughout the interview referred to Johnny's biological father as "the sperm donor". I interpreted this to be not in the literal sense but rather the words were meant to show animosity toward her former husband. Jenny's yard was populated with neighborhood children. Johnny came to my car and politely suggested a better place to park; he led the way into his home. All the children greeted me in the yard with excitement. All remained outside in the yard for the duration of the interview. Jenny indicated that her husband had been on duty all night and was in the next room sleeping.

She described her own academic experience this way “I was a good student; average grade wise, yes, pretty much average. When I was going to school, I was playing sports so you had to have a 2.0 average. That kept me on track.” I asked Jenny “Do you know why Johnny has been identified with having a SLD? What is his area of need?” Jenny replied:

> That is a good question because when they told me that he was, I was like no, that can’t be because during the video games he is able to read every single paragraph and he knows what needs to be done in order for him to pass the game. So I was like no, I don’t think so and they said well, yes, he is and I was like he is able to pass all these video games by reading it and doing what they are asking him to do and they are like no, he is, so I don’t know what he is lacking in. You know as a special ed student, I just don’t know.

Keola and Keoni

Participant 11, (P11) is Keola. He is the sole father and male coresearcher volunteer participating in this study. Keola indicated that his son’s mother had died several years before. He had since remarried and now parents seven children together with his current wife. Although they have a blended family, he indicated that he makes all the academic decisions for Keoni, as that is his job since the death of his first wife. Keola works at the local state correctional facility as an inmate guard. He is a bulky muscular man and met me in the middle school conference room early in the morning after having just worked the night shift. He came dressed in a tank top and shorts. Every part of his skin, visible to me, with the exception of his face, was tattooed colorfully and intricately. He revealed that the prisoners had done all the ink work. He offered to explain the stories behind all of the tattoos after the interview. Keola smiled a lot and appeared to be happy to assist in the study.

Keola has two children identified with having a SLD; both are his biological sons. His son, Keoni, the focus of this interview is a 13 year old eighth grader who is described by his father as having "a hard time reading and writing". Keola explained that "He writes like a kindergartener." Keoni's reading level is at the second grade level according to his father. However, he adds:

> He is like 5' 11''. He is 225 lbs, size 18 shoes, he is a big guy. He is jolly. He is a good kid to be around; helpful. He is polite and he likes to be the center of attention. Yes, that is him. We put Keoni into wrestling and he tries so hard but he is young in the head and he is challenging like 18 or 19 year olds because of his weight. They beat him up on the mat but he tries. He enjoys it.

When asked about his own academic experiences in school, Keola responded "Oh I loved it. It was the best. You do not realize how good you have it until you get out and got to look for a job. I hardly ever missed school." Keola reported his family income to be over $80,000. Keola indicated that to the best of his knowledge, Keoni was identified with SLD at about age seven. When asked the question "How did you know there was a concern? I mean, when was he identified as having a LD?" Keola responded "The school explained it to me because he is perfectly normal at home." When pressed to remember the details about how he learned Keoni was having academic difficulty, Keola recalled:

> In about kindergarten or first grade and around second grade they said they started noticing that he was seeing everything backwards, like bs and ds. He would write them backwards and then he would get frustrated. They said that his numbers, the seven instead of being the right way, everything was backwards to him.

Keola was the only participant to bring up his son's behavior problems. He did so without prompting or inquisition. He stated that he thought that parents who do not tell me about these negative aspects of SLD are lying; as he is certain it is common place among adolescents in his son's age group. He described the kinds of behavior that one would associate with juvenile delinquency. He described the behavior of his 13 year old son in detail. The behaviors included stealing, property damage, sexual exploration, and drug use.

This is Keola's textural description of his son Keoni's recent behavior:

> He gets depressed fast about everything. Let's say wrestling. I gotta tell him. See, I think sports is such a good thing for kids with this disability. It gives him an outlet to get away from school because they worry so much that they even get worse in school. So he had no self-esteem and his body started changing. Then girls started going "Hi Keoni." I was like "Keoni, check it out that is one good looking girl" and he was like "yeah". "Look at you; you are tall and you handsome." He was like, "Yeah I am." So he tries harder. He is loud and he

> shows a lot of attention to girls too. That is like I said he is still childish in the head but he is the middle boy of six boys. He loves his older brothers because they are all into girls and girls come over to the house with their friends. He hangs around his older brothers and yet he can hang around his younger brothers and be like one little kid. He can hang around with the brothers that are in and out of high school and he fits right in both sides. If you talk to Keoni's grandparents they would say that oh he is a lovely child but they only see him on the weekends you know. He is big, he is my big boy and stuff like that but then if you ask dad, I have to push him constantly but once he gets it going and he enjoys it then its smooth sailing.

Laurie and Larry

Laurie, participant 12, (P12) met me after school in a middle school classroom. She brought her son Larry and introduced him to me. He subsequently left prior to the start of the interview to attend afterschool YMCA activities. Laurie had just come from home and she informed me that she was *splitting* from her husband at this very minute. Yet, despite her family troubles, she took the bus to come to participate in the study; stating she wanted to help other parents. She apologized that she had to reschedule last week's meeting. She was unsure as to how to correctly fill out the data collection form as she wanted to be accurate about her marital status. She indicated that she had been the sole income earner for her family for many years and that she earns approximately $31,000 to $41,000 yearly. She revealed that the marriage was ending due to financial difficulties. Her husband had not worked in some time and was not helping at home. I offered to cancel the meeting and offered her an opportunity to withdraw from participation. She stated that she had gone to a great deal of trouble to get here and she wanted to continue.

Laurie began by describing her own educational experience:

> In the Philippines, we start with the national language which is Tagalog but we start with English in third grade. That is when I started to learn English and I really enjoyed it. Math was not my strength. I do not know how it is that my son loves math.

Laurie parents Larry, a 13 year old boy, who currently attends eighth grade at one of the local middle schools. She reports attending a minimum of eight IEP meetings. She described the first time she learned that Larry may be in need of additional academic assistance. She recalls that Larry's teacher called:

> Can we please meet when you have a chance? We meet at the school with another. Well, I think it was a counselor in elementary school. The teacher voiced his concerns that his [Larry's] learning might be compromised if we don't do something about it because it is that he is smart but besides kind of lazy, he likes to do things very, very, quickly. He is more concerned about doing it fast instead of doing it right in most cases. So when he talked about it, they advised me that if I would give them the consent to have my son in a program where he is going to be learning in a smaller group because he gets so distracted so quickly. Because when we had the meeting, they asked me if I would like to go ahead with the suggestion and I said yes because I was kind of worried too that the other

> thing that I remember was that I used to ask him to recite his facts because I told him that when you go to middle school you need to master your facts because you are going to be going through lots of division and multiplication, and you cannot go to division without knowing your facts, multiplications. He was having a hard time. So that is when I said, that is when I remember that when Mr. (Teacher's Name) mentioned this way of doing things, so I said yeah, maybe it is a good thing that we are going to do this, so yeah, I agree and give my consent that we are going to go and have my son qualified as that. Get that class for him.

Mary and Mele

The final participant is Participant 13 (P13), Mary. Mary is the mother of Mele. Mele is a 13-year old girl who attends seventh grade at one of the local middle schools in the district. Mele has two other siblings. Mary is married and works as a waitress in Honolulu. She reports having attended at minimum of 13 IEP meetings for her child. Mary described her own educational experience:

> That was a long time ago. I truly loved school and it wasn't the school work. I was a C average and some Bs and I guess that I am just a people person so I loved school. I loved being at school and I loved being around everybody and studying. I did have lots of problems when I was younger, I mean with reading and I went to a special education classroom to help me with reading and I was there for six months. Then I was up to the reading standards and they got me out of that class but I loved school. This was in seventh grade. I know this because that school had the seventh through twelfth grade and still do, so I know it when it happened.

> I had just gotten there in seventh grade. I went and got out. I even remember the teacher's name.

Mary met me in a classroom at the middle school where Mele attends. Mele was present during the interview. Mary indicated that Mele is her best friend and that her husband is unhappy with Mele being in special education and this is a source of conflict within her marriage. Mary stated that she recognized early on that something was amiss about her child's academic development and sought to find answers right away, before her daughter started preschool. She took her daughter to several doctors who took the wait and see approach to the problems she was describing. She did find someone who helped her get Mele into preschool early. She had hoped this would give her daughter an advantage later on. She described the experience this way.

> At first, the doctor just said, "Just give her time and let's see what happens." Again, some children learn faster than others. Maybe she is just one of those, who does not want to learn right now and let's just see what happens and then it went a little further and I went back to the doctor and I was in constant contact with the doctor and she was my sickly child. I felt pretty guilty, even today I do because you always, you know.

Researcher: "What do you think you could have done?"

> I don't know. Maybe I could have continued college. I mean I always think that maybe I should not have worked as hard. Go extra hours at work or maybe I should have read to her more. You know like I always have that in the back of my mind because you see my mom was a single mom and she did her very best

and I thank God for her and thank God she is still alive and I don’t know, I just always thought that I did something wrong. Did I eat the wrong thing? I mean she was very active in my stomach and people used to tell me that they had never seen a woman so happy when they’re pregnant. All I have ever wanted to be in life is a mother. I am proud to be a mom and it feels so good to have them call you mom. You just always, I always am going to blame myself saying that I did something wrong. Maybe there was something I could have done and I will never know in life and I think as a mom you just want to make sure that you know if I did this, I can always second guess myself that you don’t want your child to ever be hurt. I felt guilty like okay what am I doing wrong? She goes to class and I am doing the same thing that the teachers are telling me they do and I mean I kept really close with the teachers. They would tell me what she would do in class and how they got her to do things and they gave me copies of her papers that they would give her. I just thought it was so neat that she could do this and I was just so proud of her but then you felt so guilty you know. What didn’t I do for her? What was I doing so wrong?

But I think after a while, it was well, it doesn’t matter what I did wrong. She is learning and she would come home and she would say okay mom, I can do this. Just to see her write one through five it was like oh, she got it. It took awhile but she got it. I did all of that and I was just and then you get so excited over the things.

As indicated in the introductions above, all coparticipant researchers experienced the phenomenon of parenting a child identified as having a SLD into adolescence. Verbatim textual descriptions of the phenomenon will now be presented.

Reduction of the Phenomenological Data

Horizontalization

The analysis of this study was based upon data presented by each of the coresearcher participants. Horizontalization was part of the phenomenological reduction process. It required a listing, both numerical and vertical, of each expression in the interview transcription. The aim was to seek those meaningful statements that were relevant to the experience. In this case, the goal was to isolate relevant statements that described the experiences of parenting an adolescent identified as having a SLD. Each statement was given equal importance. I ensured she was being completely receptive and faithful to the phenomena of the parents' experience by referring back to her journal where she performed epoch before each interview. The following table demonstrates a sample of such horizontalizational statements taken from a small excerpt from Betty's interview. This procedure was repeated for each of the 12 participants.

Betty described the experience of first learning about her son Bobby's academic problems when he was in first grade. When asked if she had noticed her son's academic problems before he began school, she answered:

Table 2

Sample of the Horizontalization Process

Example of Extracting Nonrepetitive Statements from an Interview

1. Nothing, no, for either of my boys, no, I would have never.
2. He, through the anxieties of not knowing fully what was going on, he developed lots of sensory issues; clothing, textures, and noises.
3. We noticed this early on in first grade, that he struggles with reading.
4. He was a phonetic speller. I asked the school is that normal? ... They were like yeah, that's normal… but he continued to struggle.
5. He said 'I am different from everyone else, and I know it, and I don't like it.'
6. He did not like writing.
7. If he did write, it was… very sloppy.
8. We went through the process of school and identifying everything in the way we should but I knew there still was something not right.
9. Actually, his teacher brought it to our attention.
10. We were able to get the official diagnosis that he was dyslexic, and also has dysgraphia, and an auditory processing disorder.
11. Finally learning about it was like a weight was lifted… I have something I now know what to do with and I can now move forward.
12. It is also hard to know that your child is not quote unquote people say, normal.
13. Just because you have a learning disability doesn't mean you are not an amazing person.

Note. Statements 1-13 are taken from the following transcription: "Nothing, no, for either of my boys, no, I would have never. They were not little kids to sit down. You know how some kids will sit with books and read and read and read. They were more into building *Legos* and constructing and doing stuff like that but there was nothing that I ever picked up on. But for Bobby, especially in the classroom, we initially started seeing him doing all the sensory stuff. He started to sit on his legs in his classroom and he would fidget and he would walk around, and he would, through the anxieties of not knowing fully what was going on, he developed lots of sensory issues; clothing, textures, and noises. He struggled and we noticed this early on in first grade, that he struggles with reading. He was a phonetic speller. I asked the school is that normal? And they were like yeah, that's normal and that is developmental but he continued to struggle and struggle and struggle and then in second grade, he was the one that expressed in the beginning of the year. He said 'I am different from everyone else, and I know it, and I don't like it.' But we didn't know what yet was going on because the school had done all their testing and they had not yet originally picked up any of that. For him, a lot of it was through that we knew that he hated to read. He did not like writing. If he did write, it was either very sloppy or it was always very phonetic. Phenomenal writer but getting those ideas on paper was very hard, for me, his teacher, and him. We noticed it in first grade. I just noticed that he was starting to struggle. He did not like a lot of stuff. We went through the process of school and identifying everything in the way we should but I knew there still was something not right. Actually, his teacher brought it to our attention. She was a young teacher, maybe only there for one year. She said that there was something wrong. In hindsight, too, the stuff we were noticing was a lot of, she was a good teacher, did not normally teach first grade. So she started to see stuff. It was in third grade still, we were like what is going on (articulated in a hushed tone)? He is struggling and struggling and he says he can't hear and they did all these hearing tests and then finally, for us, a huge blessing was Project Assist (a military family assistance center). So I went to Project Assist and said 'I have this child and this is what is going on' and she came back in less than three weeks and said that they knew he had a language delay, and we were able to get the official diagnosis that he was dyslexic and also has dysgraphia and an auditory processing disorder. That was a huge, a huge okay. It was that aha moment and this all makes sense now and we can now put everything together and start dealing with how we could then help Bobby. Finally learning about it was like a weight was lifted. Because you are like, okay, I have something I now know what to do with and I can now move forward. For us, especially for Bobby our oldest, we didn't know about the LD to begin with and that is where all the sensory stuff began. He was internalizing everything. So we did make a ton of changes at home. There is also, I am sure, not as much for us, but I know for a lot of families that there is probably a lot of denial. Because it is a huge (paused, then with intensity and feeling stated) It's a lot of work! It is also hard to know that your child is not quote unquote people say normal and when (my younger son) was diagnosed, one of my neighbors said 'Well, at least you have one normal child' and I said 'I have three very normal children, they all learn differently. Just because you have a learning disability doesn't mean you are not an amazing person' and in fact, so many people who do have them; they are brilliant and they just learn differently and it is just trying to figure out how to help them be the person that they are meant to be."

The table above is a sample of the horizontalization process used for all the interviews conducted. Afterwards, a structural description of the phenomenon was created from each of the interviews. For example, Betty had not suspected any academic problems before her son entered school. When a teacher brought the concern to Betty, she was more than willing to assist in helping her son academically but did not know how. Betty described the frustration in seeing her son struggle with low self esteem, physical discomfort, and academic failure due to an unknown cause. This frustration led Betty to seek assistance outside the school system and it was there she was given a name, a diagnosis, a definition of the problems her son encounters. Labeling the problem appeared to empower Betty and allowed her to learn about the disability and take action to relieve her child's discomfort and anxiety. In this instance, labeling an academic concern early helped the parent feel more in control in meeting her child's needs and relieved her and her son of some of the frustration previously felt prior to the initial SLD identification.

Delimiting

The process of delimiting takes place when all the statements from each interview are fully examined. It is at this juncture that judgments are executed which will render significant themes and meaning units of the experience. This process enables me to obtain the invariant constituents. The sample of the delimiting core horizons of Betty's experience are identified: (a) frustration because she did not know how to assist her son, (b) relief from receiving a long awaited diagnosis, (c) empowerment to take action to comfort her child.

Thematic Units and Essence of Parenting an Adolescent with a SLD

The delimited core horizons were then clustered into textural themes. From all interviews, five thematic units emerged:

1. The experience of the initial acknowledgment that your child has been targeted as in need of special education services because of having been identified as having a SLD.
2. The experience of the parent's relationship with the identified child. This encompassed three areas:
    - Homework
    - Explaining SLD to their child
    - The description of the parents' and the affected child's feelings and perceptions about the identification and knowledge of having a SLD.
3. The experience of maintaining the parent and child relationship with each other and interactions with others. This includes the relationship with siblings, the relationship with extended family and friends, and the relationship with the spouse or partner.
4. The experience of parents with routine interactions with teachers and staff.
5. The experience of parents as IEP team members?

Each clustered thematic unit was explored from the perspective of the parent who recalled their own experience with their child as he or she grew into adolescence: Verbatim examples of these clustered thematic units are presented below.

Individual Textural and Structural Descriptions of Parents' Experiences with Adolescents Identified as Having a SLD

Parents' Experiences with Their Child's Initial SLD Identification

Within this category, two types of experiences emerged: First, the experience when the initial observation of a possible learning disability was discovered by the parent and then the parent sought assistance to address it. Second, the experience when the teacher initially made the observation of a possible learning disability and the parent sought understanding and acceptance of the identification.

Table 3 demonstrates the experiences of the participants:

Table 3

Parents' Experiences with Initial SLD Discovery or Identification

Participants	**P1 Abbey**	**P2 Betty**	**P3 Cindy**	**P4 Debby**	**P6 Fran**	**P7 Gale**	**P8 Heather**	**P9 Isabelle**	**P10 Jenny**	**P11 Keola**	**P12 Lauri**	**P13 Mary**
Parent identified		x		x								x
Teacher identified	x		x		x	x	x	X	x	x	x	
Parent felt disbelief	x				x				x			
Experienced guilt, blame			x		x							x
Experienced feelings of relief		x					x				x	
Blamed themselves					x							x
Blamed teachers or school	x		x	x	x							
Expressed initial trust in the opinions of teachers	x	x	x	x	x	x	x	X	x	x	x	x

* P5 withdrawn

Three of the 12 participants felt guilty or blamed themselves for their child's SLD identification. Fran, like Mary and Cindy, initially felt guilty after learning from a teacher that her daughter was eligible for special services. Fran also revealed that she felt the school blamed her for her daughter's disability and, in turn, she blamed the teachers and the school:

> For me it was kind of like hurt. I felt hurt because I thought maybe it was my fault. What did I do wrong? I felt like maybe during my pregnancy I did something wrong. I didn't take care of myself well enough. Just all these things because when you hear, (begins a hushed tone) when you hear special ed or your child has a disability, you think to yourself, oh my God, it started in childbirth. It was like I was around someone who had the measles or just thinking that it was me. Then I thought about it and said to myself well, my other three children were never in special education. It is just one of those things you know and after when, we finally, well, as the years went on, I felt that it was just something that Freda couldn't grasp in school. I totally blamed the teachers… At the elementary school they found reasons why your child is here [in SPED] and it is your fault. It was very uncomfortable down there. It was like oh no, another meeting again, here we go again, listen to the blame. To me it was a blame game. You know like we are blaming the school, the teachers, and the teachers are blaming us and nobody really connected to get her help. I was shocked. I thought maybe she was just a slow learner. Well, like you know she will catch up and she never did… The teachers at the elementary school, that's it, they did not help, they tried and we went to meetings but it was not like she was progressing. They kept telling us that it is her, my child, she is not a quick learner, or they would tell us that it starts

> at home and you folks got to do what you folks got to do and I am like we are doing. We help her read. We help her with homework. I want to know what more can we do. Tell us. You guys are the teachers. You guys are the professionals. Help us. They would say we are doing all we can.

Abbey articulated how she felt when first approached by a teacher with the possibility that her child might be in need of special education services. Abbey, whose daughter is now 17 years old, was so affected by the perceived tone of voice the kindergarten teacher used 13 years ago, that today she could still not finish the sentences needed to express how it felt:

> Like something is wrong with your child. Yep, I felt like that but I think that it depends on how they approach you. Like the way they say it to you; if they say it like there's something wrong, umm, they don't say it like that, but it's just the tone and how they approach you with it. I had a bad experience with the kindergarten teacher. The way she said it well, it was so rude. It was like something is wrong with your child. I mean she would say it like she didn't like her. She didn't like my child. I mean it was; that's how bad it was. I thought she had something against my daughter. I mean the way she would and she was only her kindergarten teacher so that could have started a lot of my daughter's problems itself. I mean, my daughter had a very bad experience from the very beginning of school. I mean, she the teacher, could have started this.

Debbie described how her son Donny's disability migrated from the category of speech language impaired to developmentally delayed, and finally moved to the category of having a SLD. She described her initial reaction when she recognized the first signs of his disability before he was of school age.

> Early on, Donny had a speech problem. Donny could not talk. You could not understand one word of him. From day one, I noticed it because the year that Donny was born, he had four other cousins that were born also. So, that year there were five of them. My nieces and my nephew have kids. My husband and I started late, so Donny kind of fell in with the group of his second cousins. And so when they would come over, I noticed, they can really talk and they can speak clearly. Then, I realized he wasn't speaking that clear and he wasn't talking. He wasn't talking, so when I took him to the doctor for his physical, I brought it out to the doctor, and I said I'm noticing that he's not talking and he babbles; a lot of baby talk and this was about a year-and-a-half to two years. And so she said well no, just give him time. He'll eventually start to talk. So I said well, okay, you're the doctor. Well, his following year his physical came up, I brought it up again. She said well, maybe there is something there but let's just wait till he's three. So, all right, I said okay. Time went on, I noticed he still wasn't talking, and he had a cousin who was speaking in clear sentences. Donny was trying to say stuff, but I couldn't understand him. I would only understand few, and strangers would be like what's wrong with your kid? Why can't he talk? And I'm like I don't know. I understand a few things and everybody was mommy, mommy, mommy to him, whether they was aunties, uncles, mommy, mommy, mommy. That's all he could say. So when he became three, I took him to his physical. Then they

said okay, maybe. We'll send you to the speech therapist, and she can evaluate him. We went through the first session. She automatically says he needs speech and language because at this age he should be able to have said some words. He can't pronounce all the letters, none, and so I say okay, so what do I do? I had him tested and he was labeled speech impaired. But then they labeled him as developmentally delayed because he wasn't able to do a lot of things like stacking the blocks and lining them up or copying letters. He wasn't able to do that. And so they were saying they felt that it was his language that was blocking him because he wasn't, and I took notice of that my son wasn't engaging with me a lot when he was smaller. I would play with him, but he wouldn't. He wouldn't do a lot of the things that I wanted; like copying. He would just want to just sit there and fantasize with the television. So everything was on the box, on the TV, but when time to engage, he wouldn't. Puzzle-wise nothing, coloring nothing, playing with the blocks nothing, but if you say what's this and what's that, he knew what it was. I say to point to this. Where is the horse? Where's the tree? Where's the house? Where's the door? He could do it, but he couldn't tell me what it was.

So, with this SLD thing, with me finding out about it, it didn't impact on me. It did not matter. You know what I mean? I could care less what label you gave my child. You could tell me my child is autistic and it would not faze me because for me, having a disability, telling me my child has a disability, it doesn't bother me. What bothers me is the teaching part and how my son responds to

> school and what you're going to do to help my kid. So, I tell the teacher and I tell Donny too, do not use that SLD, the specific learning disability as something for you not to want to do your work. You can do the work because I know you can do the work. So having that label, it does not matter to me at all. It doesn't.

Debbie's reaction to labeling her child as SLD is in direct contrast with the relief Betty expressed when her son was assigned the SLD label. Betty wanted to learn how to assist her child and relieve his stress. Debbie indicated that she puts no stock in labels and does not find them empowering or comforting. Debbie is focused on the teacher's plan for her child and whether or not it will be effective for her son Donny's academic success. Donny becoming academically successful is of paramount importance to Debbie. This is understandable when one views the strict routines Debbie grew up with and her own mother's emphasis that mediocre marks in school were not acceptable and high expectations were the norm.

Jenny expressed disbelief when learning that her son had been targeted for SLD identification and still, three years after SLD identification, wondered if her son really has a learning disability. Jenny's son Johnny was not identified as having any academic difficulties until the beginning of the fifth grade. She related the initial experience this way:

> It was reading and not too much in his math but it was mainly reading. So when she called me, it was like can we have an appointment with you? We would like to meet with you; fourth grade as he was going into fifth. We got over there and it was like a conference room and there were one, two, three, I guess five teachers

> or a counselor and the vice principal and three teachers, I can't remember. They were telling me about his tests. They were like look, he scored very low and I was like that is weird because he like never. He's not like that. I don't see him as like that. Then they told me that he tends to sleep a lot and I was like if that was the reason why they think that he is special ed because I know he is not. He is very smart you know. He is a bright boy and they are like no, he is. I mean compared to the test that he is taking, he graded as a second grader. I believe and right there, that, just, I started crying you know. I was like no, this can't be, not my son, but that is how they explained to me. I know he took a reading comprehension test and that is where they were able to tell that he is you know in the second grade reading level from that exam. I was like okay, okay, and they were like okay we are going to work with him in his regular class and send him to another class so that he can have a one-on-one teacher and I was like okay, if that is going to help him. Then fifth grade came around and I went back and I asked them if he does well at this grade is he going to get out of special ed when he gets into middle school? They were like no, most likely it will carry over and the middle school will have their own tests and I was like oh, okay then we will see but that was it.

Researcher: "Pardon me, but you sound to me as if you still don't believe it. Am I wrong?"

Jenny: "Yes, I still don't believe it."

Researcher: "Did they tell you that you could say no?"

> Yes, but after looking at the test, I was like maybe they are right. They could be right. Maybe it is something that I don't know within the teacher system or how everything works. Maybe they do know something that I don't know so that is why I just went ahead and went with it. In fourth grade it just went down and I am like wow what happened and I wasn't sure if it was just the transition.

Researcher: "Transition? Family or school change?"

> They [her children] were staying with their side, the sperm donor side and they were staying with them until I was able to get my own place and get on my own, on my own feet and I was able to bring them back home and I guess it was them just trying to move here and trying to accept the fact that you know we are not together and I am on my own. I think that is where it started.

The above conversation demonstrated the trust and high regard Jenny had in the opinions and judgment of teachers. Jenny, as well as Betty, Cindy, Keola, and Abbey expressed that initially they felt that the teachers knew better what was in the best interest of their child than themselves. Jenny, who clearly does not believe that her child has a learning disability continues to trust the teachers' opinions and judgments; that is that her son is better off in special education classes than with the general population. She continues to substitute the teachers' judgments for her own, doubting her own motherly instincts.

Betty, Cindy, Abbey, and Jenny were all initially trusting of teachers' judgments; however, unlike Jenny, an incident, an event, a disagreement, or a parent discovery diluted that teacher trust for Betty, Cindy and Abbey. These three mothers eventually came to the realization that they were the advocate who knew what was best for their own child. Here is an example as recalled by Betty:

> So, I went to the first meeting and I had no idea. I was very trusting… I am very supportive of public schools and I did not fully know what I was getting into. I was like okay, I trusted everything. I went along. I always did the reviews. I still knew that there was stuff going on and I did not know exactly what to ask for. As our IEP process went on, I learned that I had to fight more. I had to be more; I had to dig more and more because there is stuff that when he was finally diagnosed with dyslexia. I had someone higher up who said to me. "I figured that, the entire time." I realized hey, that was two and a half years wasted, and you knew but it was one of those aha moments of okay, it is hard. I understand the school's side and a parent's side. You know schools to provide services is very expensive and it is a lot of work, but as a parent, I, all of the sudden realized that I am the one who has the best interest of my child, not that the schools don't, but I really have to be, I have to work very hard. When my husband came home, the whole process became much easier. There were two of us there, and some things I didn't think of, he would think of and we became the team that worked. We had a beautiful IEP for him, a great IEP. It wasn't always followed.
>
> That is where the struggles began. This whole process with my boys has taught me to be an advocate. I am one who does not like confrontation. I will run a million miles away and so for the first few years (whispers) "I kind of gave in." I didn't know what to get, what to ask for, and through a process of educating

myself more and more. It is very hard because it feels as if it is all political. I mean, it is very hard I think for families because first you have to know what you are asking for and if you are blessed to have a great team of people working with you and are willing to give you the best of what is available for your child in their best interest; that's great, but it does not always happen like that.

You know, your kids are given to you and it is your job to make sure that they get whatever they need. It is no different than any other typical functioning child. It is just making sure that everything, just because you have a beautiful IEP, and you had a successful meeting, in Bobby's case, it was two and half weeks into school and his teacher didn't even know he had an IEP. He had him taking notes. They had a group of four or five kids and he assigned Bobby, who has dysgraphia, to be the note taker. Bobby is very self conscious that he cannot spell and he has horrible handwriting. He came home and he was done that day. I was like oh, so I went in that day and this teacher did not know about my son. He was young, a new teacher, and had no idea that he was teaching a child with an IEP. There was tons of accommodations that were supposed to be being made in the classroom so if he had never seen it during the first three weeks of school? Once again, I relied on the system and that the system would work. I always have these little aha moments that say oh maybe it is not right that you have to be really on top of everything and always checking in to make sure that everything is being implemented and sometimes you get these awesome teachers because I am not saying that they are not great teachers, because there are some amazing teachers

> out there. There are some who just don’t completely understand the whole process.

Abbey spoke about her trust changing event:

> They wanted to put it under the carpet like yeah. I mean, I said I didn’t know that she was learning this, I mean what happened? I mean my understanding was that when you are in SPED, you learn the same things that other kids do but at a slower pace and at a lower level maybe but aren’t they supposed to teach as much as they can close to grade level? That’s not true you know.

Researcher: “What was it like for you?”

> Well, I thought they were supposed to teach her this but then, I have another daughter, and at the time she was in third grade. My girls are five years apart and come to find out the two girls were doing the same work. She was in elementary school and the other is in middle school and I was like, this is what you do? I started to compare them and I was really shocked. I was like what? I mean I didn’t realize that this was going on. I mean I really got involved at that point. I said to my child, I don’t want you in that class if that is what you are doing. I realize that it is hard for the teacher because sometimes you have to do so many different levels, but I was sure, yes sure, that she wasn’t at that low a level as the work she brought home. I know she was making all straight As and I was so happy and I was telling her that she was doing good and keep it up, but then I found out and thought that she had better being doing good, know what I mean, how could she not be doing good if her work was at that level.

Cindy explained her experience in another state:

> They told me that they figured it was just immaturity. It was a boy issue. He wasn't; he just hadn't matured and he would just get it but it just hadn't clicked quite yet. So being I guess a normal parent, I just assumed that everyone was going to do their job. I didn't know any different. I didn't know that I had to go stand up and fight for anything.

The above examples indicated that initially parents have a high degree of trust in teachers, the system, and in the eligibility process. They may have had doubts at times but appeared to consistently agree to the offered interventions or placement presented by the school's representative. This appeared to be a pattern among the 12 participants. The trust appeared to be diminished only after a negative event or disagreement occurred that caused the parents to reverse that trust and assert themselves as the primary advocate for their child.

Parents' Experiences with Their Identified Child

Parents spoke about their experiences with homework, their experience of explaining SLD to the identified child, and they recounted what their children tell them about having a SLD. Abbey described the early days of doing homework with her daughter Annie and what it looks like now in her senior year of high school.

> She had a hard time doing the homework especially. I would have a hard time getting her to do the homework. She would get so frustrated you know. I couldn't force her to do it. I would try, get frustrated, and then just give up myself. I mean it was just so hard. Like if I asked her to do it and she tried to do

> it, and she couldn’t do it, she would get really frustrated and start throwing a tantrum. I mean yeah, she would just go off. Slamming doors, and yeah, I mean really it was hard. She’d say, “I don’t know how to do it. I don’t want to do it. I just don’t know how to do it.” It was like just, okay with her. I noticed that you just cannot do too much; you have to take breaks in between. If not, she will just get so burned out that she will just refuse to do it. That’s what I found out with her; you just could not keep her doing it for hours until she finished it. You just couldn’t, no, you have to do it like for 20 minutes and then take a break then go back to it again, or she gets really frustrated. This went on for years. I mean literally; it went on for years.
>
> Later, her behavior changed. She is 12th grade now. It is good. But it took so many years. She doesn’t need my help for anything now. Every now and then, she will ask me a couple of questions here and there and when I answer it, she will just do it on her own, but that went on to all the way to tenth grade and in the tenth grade she then really started to get into her homework on her own. Like I, it was really hard, but she did it, many many years but she did it.

Betty described the breadth of her homework experience with her sixth grader:

> He would come home from school. He would be frustrated. He couldn’t read, he couldn’t write, and it became ugly, ugly, ugly, ugly. Ugly would be (Mom imitates a sporadic, heavy, loud, breathing.). He didn’t want to work. “I can’t do that. I don’t want to do it.” He would yell. He would cry and say he didn’t want to do it. He would cry, melt, and curl into a ball. Homework would be two hours

of pure [sighs]. Sometimes I would get totally frustrated and I fully admit it. I would be like okay, I am done. I have gone to school. I have a degree. Okay, you go to school without your homework done. So I was frustrated but I knew enough to know I needed to seek help. I found my neighbor who had an autistic child. She gave me some ideas and I also found an occupational therapist. I said this is what is going on, even though Bobby did not qualify, for OT, [Occupational Therapy] she was more than willing to help me with things and she gave me some great strategies. We used an exercise ball. We chewed more gum than I can tell you what to do and if I saw him becoming anxious, we would go for a walk or go jump on a trampoline. We would find some other things to do and then come back. So, over time, starting in second grade till now, we don't use the exercise ball as much anymore because he has figured out how to manage things himself. Now, he gets a snack and then goes out into the garage. We have kind of made it into a playroom, and he does his work in there. He is by himself and sometimes I will go in there and I will work with him if he needs me but he likes to be in there, where he has music playing, but that is his thing but he is by himself with no other distractions and he always has gum. If he is overwhelmed, then we take a break for a while. He is very good about coming back and doing it later. Sometimes we have found for him maybe sometimes at night he is able to do heavy language kind of stuff, like spelling words. He is better late at night with that. Before our youngest son; same type of routine, we come home from school, snack and do homework. Unless I can sense sometimes when they come

> home they have had a day where there has been lots of transitions and you can read them that they are already kind of at that done point, then we will do our snack and then do something else and then there might be a bigger break for them to just unwind and then we will go to the homework.

Debbie shed light on homework with her less independent child:

> I need to be with him. If not, it doesn't get done. I can even say okay, from here to half a page, I want you to go in your room. Go do your homework and then you come back out and I'll check it. So I have to break it down for him to do that, but if it's something that's really hard, then I have to sit by him, like a word problem; like they're doing this latest thing. I can't help him on that. Honestly, I don't remember doing it in school. So I tell him, "You know what son, I'm sorry. I can't help you with this because I don't know how to do it. You need to go back to school and tell your teacher that she needs to explain it to you; to tell you how to do it, and that's the thing." He goes to school and he doesn't ask for help. So he comes back the next day with the same assignment; tells me he doesn't know how to do it. So I say "Son, did you ask your teacher?" "Well, I forgot or she showed me, but I still don't know how to do it." That's his answer, and so, I say "Well, you need to go back because I cannot help you, son. I'll help you with the ones that I can, but the ones I can't, you know, I can't. Mommy doesn't remember doing it in school. I can help you with all the other stuff but not that." And so with him, he's really afraid to go up to the teacher and ask for help. If I don't threaten him with taking things away from him, he's not going to go. I can tell

> him and he’s not going to go, but if I tell him, you know what, if you don't go, I’m going to ground you; then he’ll go.

Other participants shared that their adolescents dealt with homework by hiding it, rushing it, or claiming that none was assigned. In these instances, the parents described the back and forth communication required to get the homework done. Isabelle explained:

> As soon as he comes home one of us will ask; whether that be me or his foster dad, if he doesn’t have, the first thing is that we will check his daily planner and then I go through his bag every week. If I see any homework stuck in there then I go okay what is this and what is that and we are pretty hard on him about homework. It is a constant struggle, a daily routine where we always got to check.

Keola described homework time with his 13 year old son Keoni:

> He has been coming home with no homework. He is like there is no homework or like okay so the only ones doing homework are the siblings? He tries to hide it. It’s like “I am done with my homework.” “Can I see it?” He is like “uh?” And I look at the homework and it is totally messed up. I mean he is just guessing. I asked how come you got that answer and he tells me I don’t know and how can it be; say that like 20 + 20 and you get 80? I don’t know what they are doing. Once the work is difficult he doesn’t want to learn, he says “I can’t do it. It is too hard.” But once he does it then it is “Oh, it’s easy,” and then the rest of the week goes along. Then the next week comes and they try something else and it’s all

> over again. Oh, it's too hard, I can't do it. You try asking him that you got homework? "No, I told you, I have no more homework. We got to do them in school."

Other coresearcher participants indicated that homework time did get better as their children matured. Cindy's description of the homework progression with her 14 year old son Carl was the best representation of this experience, explaining that:

> It used to be fourth and fifth grade, it was snack then homework. This year, I have given him a whole lot of leeway. He comes home and he is like mom, I am really tired, I only have this and this to do. Organization was never his strong suite but he is so much more on top of things. Now he knows what he has to do. Before you would have to get his planner out and it would be like I don't have a clue what I am suppose to do. Now he is like I only have English and I only have science and he will go and sit and watch television for a half hour, get a snack, and maybe hang out with his friends another 45 minutes outside playing around but then he will come in and kick out his homework. This year, I have been very lenient; trying to give him some freedom. I want him to understand that he needs to be responsible for it and I do not need to be the bad guy all the time, swatting that stick and saying get to it. I want him to take ownership and I have had him go to the past two IEP meetings with me because I think it is important. He comes home every day and he does his homework. Last year, I had to help him with everything. Mom, I can't start without you, and he goes well, "They explained this to me in class but I don't get it. They went too fast and I don't

> want to ask questions because you know kids just call me stupid and I don’t want to do that.”
>
> This year is a total turn around. I do think some of it is just maturity and I think that he is just a late bloomer and there are certain things that click at different times. It all seems to be flowing very well and so he comes home and he does his homework by himself. He has maybe an hour of homework a night which is a whole lot more feasible than the three hours before when he could not even start his homework without me. So from this standpoint, it is very interesting to hear him say “Oh I get this. I don’t need your help.” Last year, it was like “Oh, I don’t have a clue.”

Completing homework assignments with a child identified as having a SLD can become a daily stressor for parents. While all parents appeared to have a system for homework completion, the systems were not always effective and the challenge to assist the child with a SLD while simultaneously attending to other home responsibilities may sometimes be overwhelming. In the early school years, grades one through eight, homework was a major concern for each family. Each parent disclosed their occasional desire to just give up, give in, and stop the struggle. Those parent who had a child above the age of 14 asserted that with homework rituals and parental persistence, homework completion did improve over time.

The relationship with parents and their children identified with having a SLD can be complicated. Parents discussed what they believe SLD is and what it looks like in their child. Each weighed in on the amount of information one should give a child about their disability; when and if to tell a child about their SLD, and what to tell a child about their SLD. The answers were diverse among the participants. Here are sample statements about what the participants think SLD is and how their children feel about having been identified with having a SLD. Keola said: “No one has explained SLD to me. I sort of assume that it is self-explanatory, that’s it.” Jenny noted that “I don’t really know much about it [SLD]. I just know that he is SPED.”

Lauri stated her understanding of SLD is:

> To me, it means that every child is unique. It doesn’t really mean to me that he doesn’t, it is not like a disability to me but I guess to some it is. He doesn’t have the ability to comprehend things with a big group like he is supposed to. Usually there are 20 or more children in the class and he cannot handle this because of the distractions but it is not something that I see as a permanent, I don’t want to use the word defect because it is really not a defect. That would be cruel and it is not just because that is my child. I see it in a general sense that all children learn differently. It is like you know how like okay if you line up all five of your own children, this child might be good at this thing, this child is good at another, and maybe he is just like that. He is good at other things. He is not slow on everything.

Mary described what she perceived SLD to be based on her experience with her 13 year old daughter:

> Something you could tell a regular child once, and they will get it; with her it is a constant repetition. It is constantly telling her what to do and how to do it. It is

> like she will come back and she will say “Okay, what did you say?” I say, “Did you not hear me?” And she says “I heard you, but it is like it does not sink in.” It gets very frustrating. I mean in the long run she does pretty well if she sets her mind to it but you can see that there is, she doesn’t do it as fast, she won’t catch on as fast as I see other children. I know it is wrong that I shouldn’t compare her to my other children or other kids that I see but I do.

Researcher: “What does the disability look like to you? How do you know he has a SLD?”

Debbie replied:

> Oh my God, it looks to me like just plain lazy. That’s what I see, laziness. Simple, plain lazy and it drives me bonkers because I didn’t grow up being lazy, so it was like what’s wrong with you? Then I have to always remind myself, okay, I tell myself that he has a chemical imbalance. So maybe that’s why he’s like that because I don't know what specific learning disabilities [are], the whole thing. All I know it is, okay, he has a hard time focusing in class. I see it as just plain lazy, and so I for one, I lose patience with him. Now as he’s getting older, my patience with him is really really short. I don't have patience for him. So if he does something that I feel like’s inappropriate, I get on him already, and then I feel like he doesn’t think. He doesn’t think before he does stuff or just plain annoying. I don't know.

Betty explained SLD this way:

> We have explained to them that you know what; everyone is made differently and everyone has different challenges and you are going to have to work so much harder in order to maybe do things that come so much easier to other kids. But as long as you are willing to work, then you can do anything in this world. That is what we are trying to do. Well, we have explained to them what auditory processing disorder is. We have explained to them what dyslexia is and even before my youngest one was diagnosed with it. I was leaving his classroom that day and I noticed his handwriting was phonetic and I was like what is wrong and he said "Do you think that I am just like Bobby?" I said "Well, I think you might have the tendency." He was like "You know mommy, Bobby is alright and I will be okay too. It is okay to be just like him." So he knows that we have worked really hard to continue to help Bobby to be there. It is a family effort; it is not just me working with my child or my husband. It is all five of us working together. Even my daughter, who is the oldest, she knows, she helps, you know, works with the boys just the same. It also teaches them some understanding for other people. When they come across people in life who are struggling that they have a different compassion and empathy level. It is not always easy.

Cindy revealed what her son says about having been identified with an SLD:

> He says that life is not fair and he wishes that he had more of my genes than my husband's genes. He thinks that if he took more after me than my husband's side of the family he would not have these issues. He does, he will look at my daughter and he will say: "It is so easy for her to sit and write and she likes

> books." He is very communicative. He is very talkative and he does not bottle things up and knows exactly what he is feeling and he will tell you straight up. He is very critical of himself. He tries to be a perfectionist even though he knows that he is just not there. He really struggles. He really wants to do well. He tries very hard for the teachers; he does not want to disappoint anyone. He is very much a pleaser and I will try to do my best. I am sorry it is not good enough but I am trying. I guess maybe because I don't dwell on the fact that he has a SLD, it just is, maybe he doesn't either. Other than the fact that sometimes he is like "Oh, I sure wish that I didn't have to go to these classes anymore. I just wish it was easy for me. I wish I was like the other kids." Though at the same time, he came home the other day and said "You know, some of these kids; I have my reading disability and so I am in these SPED classes to help me with my stuff but you know what, I am getting As and these other kids are getting Ds and they are in the regular ed class" and that is when I have to go back and reanalyze this and tell him, "Well how much effort are those kids putting forth? Yeah, you can't gauge yourself on someone else. You can never compare yourself to the next person sitting across or beside or wherever. You can only gauge yourself on you. Figure out did you get better from a week ago, a month ago, a year ago?" I said that is how I look at it and that is how I try to portray it to him. You can't look at the kid living three doors down carrying and reading that big huge book. I can't do that, you are not in competition with him. You are in competition with yourself.

Debbie revealed that she would rather not tell her son anything about his SLD:

> No, I haven't really sat down and said “Okay Donny, you’re in special education because you have specific learning disability” because I feel like, Donny in a sense; he’s smart enough where he might be able to use that against; I have this, so I can't do that. He’s done that before. So, I don't tell Donny a lot of stuff. Even with illness, if there’s something that needs to be discussed, I make sure he’s not in that room. He will use it. He’s learned to use things to get out of doing stuff. So when I’m talking to my husband, I have to make sure he’s not in that room. So, let’s say I’m talking to you about this stuff. He’ll be sitting here like a sponge and absorbing all that, and he’ll go home and he’ll think about what has just been said, and he’ll do it. And then he’ll say “Oh, but mommy, I have this or mommy, that’s why I’m like that because of this and that.” He had bronchitis one year… Well, he’ll use that and say “Oh mom, I can't go to practice because I had bronchitis one time, and I don't want it to come back. I don't want to get it.” So, you see, he’ll use things to get out of going to football practice, basketball practice, any kind of practice out of him to do things. So like I said, when the doctor said he had bronchitis, I was like “Okay, I should have warned you. You can tell me stuff like this without [being] in front of him because he will use it just to get out of doing stuff.”

Fran thinks of herself as Freda’s biggest fan and supporter. She tells Freda this:

> I tell her to just do the best you can. That is all you can do. Don’t ever give up, stay positive. I tell her don’t let anyone tell you that you cannot do something,

> because you can. You are Freda and you can do what you want to do and you can learn what you want to learn; what you need to learn.

Gale thinks Gary should know about his disability:

> Oh yes, he knows. I tell him that there is nothing wrong with him and that he is extremely intelligent. He just has a little trouble reading. He is okay with it, as far as I can tell. I mean he is a 13 year old boy. It is kind of hard to tell these days. His siblings try to help him out because they are older now. When they were younger it was like "C'mon, you can't read that? What is the matter with you?"

While interviewing Isabelle, her son Ikaika interrupted our conversation and answered for her.

Researcher: "Do you talk to him about the LD? Do you tell him that he has this and what it is?"

Ikaika: "I already know all that, you know."

Researcher: "Do you want to tell me what you know?"

Ikaika: "I'm mental."

Isabelle and GAL: "Oh no, that's not so." (Said in unison)

Ikaika: "I just hear a lot of stuff."

Researcher: "What do you hear?"

Ikaika: "That I can't listen."

Researcher: "Is it true you can't listen?"

Ikaika: "I can listen but I just do my own thing."

Researcher: “Do you know why?”

Ikaika: “No, maybe I want attention.”

Isabelle: “We are all open including Auntie (GAL) and his CPS worker. We are all open with him about his disability.”

Jenny disclosed that it is her son that is spreading the word throughout the community about his disability:

> He is always talking about it. He is like “Oh yeah, I’m special.” Then we are like “Of course you are special” and I am like hello and he is like “Yeah, I am Special ed” and we are like “Oh boy.” It does not faze him at all. I did talk to him one day and it just made me laugh. He wanted to do something and I forgot what he wanted to do but I tell him okay if you want to do that then I want you to get yourself out of Special ed because you do not belong there and he was like “Okay mom, don’t worry. Right now, I walked out the door but it is a long hallway for me to get out.” So I am like wow, and my husband started laughing and I am like what is so funny and he was like telling Johnny, “That is a good one son. That is a good one. You just stepped out the door and now you got to take the long walk down the hallway.”

Keola disclosed how Keoni reacted when given a chance at a change of placement:

> Yes, he knows that he is not in the class with the other kids. Actually, he likes it because it is more one-on-one individual, because when he goes into groups, they tried Keoni going back into one bigger class but he was disruptive because he is not focused where they are at, you know what I mean? They tried to throw him in

> and they went on without him so he was disruptive and was always laughing trying to be the center of attention. That takes away from what he is doing, and he tells me "Dad, I don't know what I am doing." Because he is in a special education class and if they try to bring him back into the regular class he don't know what they are doing you know what I mean? Even if I just came in to the school and went into the class, I would be totally lost too. I would make, I don't know, I don't know what I would do but I know Keoni, he would disrupt the class by making jokes and laughing and yeah.

Lauri recalled her son's reaction upon learning he was moving to a special class:

> At first he did not like the idea because he thought that I was, he said that it was, it was, what is the word? Not care, because I told him that "No that I am doing this because I love you, I care about you, I want you to learn. If I didn't care, then I would just let go. I love and because I love you I want you to learn in a different way than others, as most of the children are learning in a big group but you can't so you have to be separated so that you can learn." I guess to some degree this is a disability. It was more like he was sad about it because he just considered himself as a dummy. "I am a dumb child" he said and I said "You are not." So he said that "You think that I am dumb and that is why you are sending me to that class." I said "No, because the teachers tell me that you have the potential to learn but it is just that you are impatient. Your listening ability is too short." It is not, I guess impatient is mostly the word. That is why he wants quick, everything quick. Now he appreciates that I sent him to that class because now he tells me

> that he loves math and that is his highest grade, it is math. So when I talk to his teacher who just went over his progress report, we discussed that he needs to get out of the program; just the math but not the reading. He is going to stay in the reading class, which is fine with me because he still needs that. He was averaging going like at high school level. It was ninth grade and something. So they said that if he really wants it, he can do the math. We are going to move him soon that is why I went to the last meeting last week to get my consent to move him. He is very happy about that and now he doesn't really look at it like he used to, like he is dumb.

Parents' perceptions of the definition of SLD are varied. They range from being a temporary rite of passage that can be corrected to being described as a chemical imbalance within the child. Parents indicated they thought SLD was genetic or an exhibition of laziness and inattention to school work. Parents appeared to struggle to find a balance when explaining their decision to assign the SLD label to their child. Parents indicated that when they told their child of their decision, it often resulted in making their child feel inadequate, cast off, or labeled as lazy, dumb, or irresponsible. Learning that a school placement must be changed due to a perceived learning deficit greatly affected the children's self esteem. It was the parent who often became the bearer of this news. It was also the parent who needed to buffer against the negative feelings of the child and they each attempted to assist the child in accepting the fact that needing additional academic assistance does not define who he or she is as a person. The skills needed to help find this acceptance was varied among the parents interviewed.

Parents' Experiences with SLD and its Affect on Relationships

Parent participants discussed how the SLD identification affected relationships within their nuclear family and also among extended family members and friends. Jenny, Abbey, and Mary found their children's SLD designation and their subsequent placement into a special education classroom, a point of contention among their friends, families, and even their marriages.

Jenny described her experience like this:

> I was hoping that it [special education] would be good for Johnny but I do know that like the sperm donor, like his side of the family. Most of them were all in Special Ed classes and they used it all the way until graduation day and that is one thing that I didn't want. I do not want my kids to be like that.

Researcher: "What do you mean? Use it as an excuse?"

> Yes. They were like in Special ed, all the way from elementary to graduation day and I know that he is not like that. I don't want him to be like that; thinking that he can take the easy route to graduate. On my side, I don't know anybody. There is nobody, not even one. He is really shocking to me.

Researcher: "Do his brothers and sisters know about his LD?"

Jenny: "Yes."

Researcher: "Does he get teased or is that something that they talk about with one another?"

> I wouldn't say teased because he will bring it up first. He is the one that is always talking about that he is special. He is like "Yeah, I am Special ed." He is always

> saying that. He doesn't try to hide it. Even when we go to the park and in front of my family and friends, even church members, he is like "Yeah, I am special, Special ed", and I am like "Oh my goodness" and everyone looks at me and I am like "Yeah, he is telling the truth." They are like oh wow, my son is Special ed or my niece and you know they all come out with it.

Researcher: "So you know a lot of people who have children identified as having a SLD?"

> Yes, and it comes from him breaking the ice. They are like, just like me and I am like interested but I do not think Johnny is Special ed because I know that he is a smart boy and you know he loves to think and learn and try to figure out the answers and I don't know why he is in it and he is like "Yeah, yeah, I just like it because it's easy."

Keola said that sharing with his neighbors and friends about Keoni's SLD was not an option for him; stating: "That is none of their business right?" He also felt consulting a doctor would be inappropriate stating that: "To me, the doctor is here to fix his body not his brain." He then added that he does however; discuss the matter with his own parents.

> I talk to the grandma and they say "Keep trying. Stick with him." You know parents. They go "You were just like that and you reached a certain age and you snapped out of it." I know that I snapped out of it before middle school.

Keola described the juvenile delinquent behaviors exhibited by his son early on in elementary school and how it has carried on to Keoni's eighth grade year. He explained that his son's behaviors affected his relationships with his neighbors, school personnel, and law enforcement, an agency he has close ties to:

> Well, from elementary to middle school he has itchy fingers; that is what I call it. Like he will see your pen and he will distract you and he will say "Oh that is a nice pen" and he will end up with em. He is that type of kid. Like someone brings in their backpack and say they got one iPod; when they are not looking, he will go take it. Yeah, he ended up with my neighbors' cell phone; the neighbor's son iPod or PSP. I asked him "Where did you get all that"…? "My friend's one, I borrowed them." "Oh no, no, no, give me that phone" and you look and it has all grown up phone numbers and you press the phone and it is like oh my God, the next thing you know they are calling the phone and I answer and I tell them that "Keoni took your phone and I will deal with him." They are like "Can you have Keoni bring it back?" I would like scold him because he stole the phone. Yeah. He has no remorse. Like I will scold him and he will get all hurt and get cracks and but going back to them he will just say, "Hey, I am sorry I took your phone." "Why did you take it?" "I don't know. I just wanted to have it." That is his answer.

Researcher: "So you don't think that he feels guilty at all? So he just goes through the motions of the apology?"

> Yeah, in elementary school, the IEP teacher that he had pissed him off and he went out with spray paint and walked by her car and spray painted it and came back the other way and spray painted it again. Yeah and they called the cops and

everything and I had to get the car detailed and oh you know Keoni come here and I gave him dirty lickins for doing that. “What happened?” “I just never like how she was talkin to me.” “So you do that to her car?” “Yeah” he said and I said “Why?” And he said “Because I knew where her car was.” He did it right in front of the other kids and the principal and the bus drivers and everything he had “I don’t give a crap” that is how he feels. You mess with me; I mess with you that is how he does his things. He deals with me after. He was arrested you know. He got arrested for having weed on him.

Researcher: “In what grade?”

Just 4 months ago, in eighth grade. It was such a small amount and they asked him “Keoni, do you have weed on you?” and he said “Oh yeah,” that’s how goofy he is. He went in this school here and said “Yeah, here it is and I got it from that girl over there.”

They arrested him and the girl. They checked the girl and I guess she had weed too but I go “Why did you take it?” And he goes “I didn’t know what it was until afterwards.” They are looking for weed “Keoni, do you got it?” It was a small amount and I had to pick him up at the police station and we had to go to counseling and everything. I asked him what were you doing with the weed and he goes “I don’t know. I just had it.”

Researcher: “So in your mind, you didn’t think that Keoni wanted to use it? Or did you believe that he just didn’t understand?”

> He just likes being the center of attention. Like you know, “You got weed?” “Yeah, I got weed.” I asked him if he did it and he said “Yeah, I tried it.” The counselor asked him if he smoked. He said “I tried it.” I guess that is part of growing up. I guess everyone tries it but it can depend on the individual. I go “Did you like it?” And he goes “It was alright but I don’t have money to buy it.” (Hilarious laughing) I limit their money yeah. You know growing up we had five dollars a week for doing chores. You try that with the kids and they say keep your money. Five dollars! Give me twenty. He washes the car and he thinks it is twenty dollars worth. I go okay, here is five bucks and he is like “You can’t even go eat McDonalds’ with this. The meals are like seven dollars, dad.” I am like wow and he can eat, you have no idea, the amount he can eat… He is always hungry. So I tell him if you bring that hunger to school and sports then you will be good.

Researcher: “Do you think his disability leads to some of those bad choices you were talking about?”

> Could be, could be but I think that that is just peer pressure from growing up because even his brothers and sisters that were good in school, same thing, they tend to experiment. I never did. So I don’t expect them to do it but I know we are on the record but I give them cracks. Keoni had his share of lickins for doing stupid stuff.

Researcher: “How does he respond to those cracks, those lickins? Does it work? As he gets older what are you going to do? By the way, you are so kind to share these details with me.”

Keola: “You think so, why? How come?”

Researcher: “Sometimes it is hard for parents to reveal the negative side of their child to others.”

Keola: “Well, you have to tell the bad with the good then maybe someone can figure out why they go bad and if the other parents don’t tell you both sides then they are just lying.”

Researcher: “Anything else you want to add?”

> Um, he is girl crazy now. He has one cell phone and he had like 50 girl numbers and I was like oh my God; we are going to have to change phones. Oh my God, all these girls and you can take picture now and he has all the girls with the sexy moves they are doing. I show my wife and she is like “That bitch, what is she doing and she is holding her teeth together,” and I tell her that they are only in intermediate school and when she calls that is what shows up.

Researcher: “Have you had the talk? Do you worry?”

Keola: “Last night I got up to use the bathroom about 2:30 in the morning and he is on the phone with a girl and she is supposedly in high school and he is in middle school but he is so big. So I am going to go through that with him.”

Researcher: “Do you think you may be a grandfather sooner than expected?”

> I am a grandfather already but I tell him that he had better wear a glove. He told me that he has had sex already; he said that he had sex in the seventh grade and it was on the school campus. I was like oh my God, who with? I like slap that girl. He is just moving on and his learning ability is just staying back, that is what it seems like to me (quietly, softly, reflectively; he continues). So if he does not get a construction job, I don't know (shakes head). He can be an apprentice and learn but other than that, well, he can maybe [work at] the carwash that is where everyone else seems to work when they don't have an education right? Even McDonalds' he needs to know his math. I tell him why don't you go and work McDonalds' when you get a certain age? That's bunk; that is the word he used. He said that "Everyone gonna see me and only cheap pay." I say why? You expect to get paid better then you better start hitting the books.

Keola demonstrated his concern for Keoni's behaviors and his future. He acknowledges his son's academic shortcomings but he has hope that his boy can maybe use his muscles to earn a living later on or he will recognize the importance of education. He also acknowledges that Keoni's future may include criminal behavior or result in premature fatherhood with no skills to sustain neither his own life nor that of his potential offspring.

Isabelle spoke of her extended family and the help and advice they give her, her boyfriend, and Ikaika:

> Well, they give Ikaika a lot of advice. He is more sort of; I don't want to say, oh my God, I feel so poor thing for him. It is more so if he does not listen to us then

> my family really gets involved. They get down hard on him because they want him to understand that you cannot use your learning disability towards anything that you do wrong; because you are normal. You can talk, you can walk, and you can read, and write. You can see, you can eat, and you can feel and touch and all that, so you are normal. You see though that he thinks because of his work; I cannot read this or I cannot read that. It doesn't matter. Because there is always help behind of it if he needs it and that is part of it. He does not want to ask for help. Yeah, Ikaika and I have so many people to support us, my family, his CPS worker, the school, and the vice principal, counselors, they are all very helpful.

Lauri spoke about Larry's siblings teasing him:

> It started out like it was a joke and teasing and I talked to the brother privately and told him that well, what if it was the other way around? I think the teasing; it hurt me more than it did my younger son. I mean my boys are not perfect but they are my boys, my children. The teasing then stopped.

Although invited, no couples came to be interviewed together. Seven of the 11 mothers described their husbands as very supportive of their child with SLD. Only one participant identified herself as a single mom. Three moms experienced contention or disagreements with their spouses because of the child's SLD designation. The sole father participant, a widower, who had remarried and blended his family with his current wife's family, felt the job of tending to his son's schooling was his alone but he felt his current wife supported his decisions concerning Keoni.

Betty spoke of being married to a soldier and its impact on Bobby, her husband, and herself:

> When we originally found out what was going on, he [her husband] was deployed. So he felt bad because, like I said for Bobby, he internalized all of it so it came out more in sensory stuff to begin with so he was having rages and he was frustrated beyond; so [my husband], he felt bad because I was here having to deal with this battle here all on my own; before we could figure out what it was. So through all of his deployments it has been almost a three year time span that I have parented on my own. I have gone through all of those learning processes while he was gone. So for him, when he originally came back, it took some patience and teamwork to help him to get on the right track. So if he would have been here through the whole thing then it might not have been; you know you have work through all of that. I know what areas to push because kids with learning disabilities; especially when they are not being addressed completely in school; they come home wiped out, frustrated, not willing to do things, so then it kind of overflows into your family life. So there were things that I kind of knew to overstep whereas two years ago, or three years ago, I might not have chosen to do that. So it has just kind of been that balancing act. We work together as a team. Where I have my weaknesses, my husband is awesome, he can research and do things and where his strengths are; we work as a balanced team. I am the stay at home mom so I tend to have probably more to do with it just because I am the one that is there most of the time but he is willing to back me up. He is

> willing to go to IEP meetings and he is willing to learn also. It affects his children. It is not always easy.

Cindy described her husband's involvement with their son's education:

> He was very much involved when he wasn't deployed in helping as much as he could and showing Carl things that he had issues with. Some of the ones were when Carl would read [my husband] told him about highlighting certain words. [He would suggest] following along with an index card, or making sure that when you pick up a book that you kind of thumb through it first instead of picking up the easiest book or the hardest book. And one kind of needs to look to gauge. My husband's thinking was just to write, write, and write it; to get it stuck into your head but motor skills wise, my son just couldn't. It just wore him out and he just got more frustrated than anything. So my husband would work on those things. My husband would read to him when he would come home whenever he could. Even now, he is still Carl's biggest cheering section and tells him that he knows what he is going through and that was me completely at your age. He said "I got it and I did that, and ask your mother about the first paper she ever read of mine." So he is very involved as much as he can be with the army life with the kids and education and making sure that our kids know that education is important…My husband's side of the family; my son's cousins all have dyslexia or some type of reading disability. Yeah, it seems to be on the male side; his sister's two kids have the same issues. Both are dyslexic and have been diagnosed with reading

> disabilities. Carl doesn't have dyslexia but it all seems to hang out in the males of his family.

Four coresearcher participants described negative experiences with their husbands when making decisions for their child identified with having a SLD. Here are three examples: First, Abbey whose husband had been in special education classes as a child recalled:

> We don't agree on anything. He doesn't think that it's SLD and he didn't want her in any SPED classes because his experience was like that. He was in SPED classes too and he said that he never learned anything. He said that in SPED classes that they don't do anything and they just let you do whatever you want all day. I told him that I don't think so, not any more, that maybe in your day, but not now. He thinks that they are never going to learn if they are in there; stuck in that environment because he had that experience. He still cannot spell or anything and he blames the teachers, the system, and the schools. I said that maybe, maybe, in our time, they just threw them somewhere; maybe keep them away from the rest of the kids, but today, I think they learn. He still doesn't like it.

Researcher: "So the two of you haven't quite resolved the issue?"

Abbey: "No, not at all."

Researcher: "Is it a source of argument between you?"

Abbey: "Before it used to be but not anymore. He does not really take care of that part. I do it."

Debbie wanted more help from her husband:

> You know that's the thing. My husband and I, our relationship is different from a lot of marriages. I do a lot of the disciplining. I do all the homework with the children. He doesn't do any homework with the kids. So when it comes to Donny, I voiced that you need to help me out here and all that, and his helping is "Donny, do your work." That kind of says it. Or "Donny, you better listen to your mommy" or things like that and then he is back to his video game. So, he is a kind of kid himself. So that is why I tell people that I don't have one son, I have two sons cause I got to deal with my husband. So with Donny's disability having this, it doesn't impact on our relationship but Donny being the way he is, it does. Being that how Donny is, I feel like as he is getting older, he is getting a lot more annoying and because of that, it is affecting [my husband] and our relationship. Since then, we argue a lot because of Donny. I am the kind of person, I don't like idle threat. If you say it, then you make sure you follow through it. My husband, he will tell Donny you can't have this and he turns around and gives it to him.

Mary, Mele's mother reported herself as having been placed in special education classes for a reading problem while in seventh grade. She recalled that she was there for about six months and then was rescinded as she had met her goals and was returned to the general school population. Mary, who brought her daughter who has been identified with having a SLD to the interview, described her experience with her husband.

> I guess I have never been ashamed of special education but I guess that my husband coming from his family; I married Filipino and she (referring to her daughter sitting next to her) knows this, so I can say this. (Looks at her child) I

think that he is a little ashamed of it right? (Turns to daughter for confirmation, daughter nods in the affirmative) We talk; we talk a lot without daddy around. His thing is that you should be ashamed and I say to him why? I tell him what if it is something that you did wrong? What if when I wasn't home, maybe you dropped her and you did not tell me. You know you always think and even till today and she is in the seventh grade and we are actually doing this and we are putting her into a regular education class and we started that in January; social studies and his feeling is that you should not be in special education already, you should be out by now and seventh grade is too long to be in there and you are just using that as a crutch and so I guess in the back of my mind, I had to hear this all these years and I tell him that instead of saying negatives, you should be positive. You should be telling her that you are so proud of her and what she has done. I mean she has been on the honor roll. Your son or my son has never been on the honor roll and he says that is because she has easy classes and I said "When was the last time you were on the honor roll?" That shuts him up right? I mean you have to and I guess because I have heard that from him and it isn't that he doesn't love his child or any of the kids. I guess he was just brought up differently. I think more because of that I second guess myself as a mom because the way I feel about my mom is what I want them to feel about me and I know that my mom has done everything she could possibly do to love me and I do the same thing for them and I cannot see myself without them and it just goes into your mind, okay, what did I do wrong? It all goes back to I don't know why but I guess it is just

> being a mom that you blame yourself for whatever happens in their life if that maybe you should have done more of this or more of that. No matter what happens in life, I will always blame myself but I am trying to get to the point where, (long sigh) it will always be back there, I don't know. He is a very strict person. He has gotten a little more lenient with the last child and he doesn't do as much grumbling with her because he doesn't want to listen to me, I guess. Because I tell him you know, eh if you do not want to try and understand what she is going through, you don't want to go to the IEP meetings to see where she is at. I don't understand it. I think he has only gone to one or two all these years. I told him that he needs to. You need to see how they are teaching her and that can be how you teach her at home. You don't teach her how you know, or what you were taught in school. You need to teach her what they are doing in class, their way. For you to teach her your way, that just confuses her. Our days were completely different than now days. So I told him if you don't know what you are doing, then don't do it. Just do other things but don't teach her your way of doing math because you are just confusing her. You can do that to the younger one because that is how they are teaching her, how to use your hands and everything but for Mele they have a completely different way of doing things and teaching her. It's hard.

Having a child with a SLD can bring on feelings of shame or frustration. Parents who received emotional support from a spouse, family member, or school personnel did not describe feelings of shame, blame, or guilt. Those who indicated contention or lack of emotional support from their spouse, family, or school personnel did describe incidences of feeling ashamed by their child's SLD designation. They also reported feeling blamed for their child's perceived academic shortcomings and reported feelings of guilt and helplessness.

Parents' Experiences with Teachers and Staff

Participants spoke of their children's teachers. Each explained both positive and negative experiences within the realm of their teacher parent interactions. Here is a sample of their experiences with teacher parent encounters.

Betty described the teachers she thought helped Bobby the most:

> He has a phenomenal teacher who was like okay, what can I do? I am not trained as a special education teacher or how to educate him as a dyslexic child but how can I? What can I [do]? No matter what I came up with to give to her, she was like okay. She contacted friends on the mainland who specialize in special education, have degrees in that and she tells me this is what I am working with. They were also for Bobby, very language heavy tests. She came in a half hour before school. He goes in starts his test for the day. He goes in and she would let him start the test and then she would hand the same test back out when everyone else was taking it. Most of the kids in his class didn't even know what was going on. She was making things available for him. We also used an FM system, so it was an FM system that is wired to a hearing aid. All the people who are working with Bobby, they had a meeting before we even started school, the computer teacher, the gym teacher, the math teacher, his general ed teacher, the principal;

> we all sat together. He also has a band teacher... He contacted me and asked how can we all make this work? They are all very aware of what is going on with Bobby and they try to still help him. He is doing well. He is thriving.
>
> The best one would be in his third grade [teacher]. She was a very knowledgeable special education teacher who thought outside the box. She was very aware of different methodologies to help kids. She was very approachable, so if I had things going on, I could always go to her and then she was willing to listen, willing to help and yet having a very strong background in that, she was also willing to guide. So, having her, she was very knowledgeable about my child and she was a strong advocate and even being a teacher and my care coordinator, she also really helped me in the process before the meetings.

Betty acknowledged that sometimes, in her opinion, she met teachers who may have been a bit out of their element.

> She was overwhelmed. She didn't grasp the whole thing. She was very nice as a person but I don't think she had Bobby's best interest in mind. I had found with both of my boys that even though they have learning disabilities, they are not behavioral problems. So sometimes they don't always get what they need. If they were behavioral issues, I think a lot of other stuff would have been addressed. They also, when they test, they test average and there is nothing wrong with being average. I am average. But when you do all of their testing and you realize what they are capable of and what they are producing and there is this huge spread; okay where is that problem? You know, because they tested average

> for a lot of stuff, they were let to go by. I guess it is those are the kids that fall through the cracks. They get by on what they are doing, but yet they can do so much more or as things become harder, then that is where you begin to see oh we don't necessarily have all the skills we need in place to be successful. For Bobby, that was probably a lot of his; he didn't have all of his coping techniques and so he struggled and struggled and struggled to figure out what they were and how and now I think he has them in place.

Cindy recalled her most positive and negative encounters with teachers:

> I haven't had as near as many issues here [Targeted District], these teachers are great. They understand the whole scope. They have an incredible grasp of things from what I can see just from my son's homework that comes home. It does a lot to help bring this process to him, to let him be more understanding, more visual, more fun, if it can possibly be that for school and a teenager to get him.

Researcher: "Can you describe the best care coordinator you have worked with; without using names of course?"

> He, not that any of them have been bad; I will preface that. The ones here, I don't know why other than their enthusiasm, their passion for helping these kids just spills out. Like I said, I was very nervous when I came here. I found out this guy was a first year teacher and I was like "Oh my gosh." but in talking with him and when he laid out my son's IEP last year. He was so on the money and he assessed my son so well and he was like oh, I want to do this with Carl and this with Carl and this year he has implemented a writing workshop, he is doing this afterschool

for some of the kids that are not so low, but they just don't get it, both sped and regular ed. He wants to help these kids get better with their writing skills because they are getting closer to high school and this is going to become more and more important for them. He just has; it's contagious. My son is going to be my son. He is probably going to ugh, why do we have to do this but whatever overall, he has just been very good at playing to Carl's strengths and he knows what his weaknesses are and he tries to give him coping skills in hopes of addressing and overcoming them. I think it has been great. It was exactly what my son needed. I have been blessed from the time I finished home schooling in that everyone who has come into contact with him has been the right person for the right time. It was just what he needed. You know if he had gotten the resource teacher he had in Korea here, it would not have meshed. It was just the right person at the right time.

Researcher: "Let me ask you the opposite. Have you had any negative experiences?"

It was the first. I do not want to call them the worst but I was very disappointed. They seemed just as uneducated as me. To be perfectly honest, every question I posed, they didn't give me an adequate answer. Whenever I said okay, but there must be something more or why is this, or I really felt like they stroked my feathers and brushed mom off. It was like they didn't want me to be involved and they didn't want me to ask questions. They didn't want to have to answer to anyone or be accountable for anything. I understand that that is a very hard

> position to be in. Good Lord, I mean I pulled my son out of school and I was accountable for those three years. That sent panic up my shivers too.

Fran described her encounters with both elementary teachers and middle school teachers in the targeted district as:

> A lot of people say negative things about the middle school Freda went to but their special education department was awesome with her. I thought oh, this adolescent age, it is going to be, oh my gosh, but with Freda it worked out perfectly, she excelled and they helped her so much. By the time she went up to the high school she was ready to fly. She [the teacher] cared, you can just tell… and that is so good, because you hate to go into that room and you can just feel like I am just here you know and I am just here doing my job. Let's get this over with.

Researcher: "Has that happened to you?"

> Yes, in elementary school, yes, but since middle school all the IEP teachers she has had have been great. They just go through the motions you know, that is how we felt in elementary school she did not learn, she did not learn and at times it would get so depressing because it was like okay what is going on? Where is the help? We sent her to Sylvan and we want to know what we are getting out of this. Then once middle school came around, things just took off and they were so nice to us. My daughter blossomed.

Debbie recalled her most positive and negative encounters with Donny's teachers:

She really knew how to help him and used a strategy and implemented it. Even though what was on paper, she went above and beyond to help my child. And what she had on his IEP, as a parent, I saw that. I was like oh, my gosh, my child, you’re going to have my kid do that and he’s only kindergarten. He’s only going to be in first grade, and I feel like oh, he can't do it. But she proved me wrong, and she said no. He’s at that level. I feel that he can do it, and I said okay. If you feel that he can do it, then I agree. It’s okay if mommy has anxiety, but it’s because I felt like because coming from preschool, you know preschool was hard. Okay, if you feel that he can do it, then I agree with you. She proved me wrong. She proved me wrong. She truly proved me wrong because she did get him at that level. Even though when he exited her at second grade level, he was doing excellent. I was so proud of Donny. I was proud of my kid. I was sharing with everybody. That’s how proud I was. The ladies at work can tell you numerous of times what I shared with them of what my kid can do. I was such a proud mom. I’m not saying that I’m not proud of him now. I am proud of him, but I can say I’m not as happy as I used to be, but back then, I just felt like she really met his needs. Even though it wasn’t on the IEP, she went above and beyond to make sure that he would get it.

The worst care coordinator was when he was in the third grade because teacher and I did not see eye-to-eye. Teacher did not see eye-to-eye with my son. So, it was just her own way of thinking, and her own way was and I as a parent, I took it as a disadvantage, and I even mentioned it to her that just because my son

> looks normal, he walks and he talks fine, it does not mean everything is fine. You need to bring the work level down to his level and help him. I said what you're doing to him; you're burning him out. He cannot do it that way.

Gale described what she wants to see in Gary's care coordinator. She compares and contrasts the teacher she works with now to a previous teacher:

> Actually, I have only just met her recently but to me it appears that they only have the best interest of my child at heart then I am pretty much fine with the recommendations. If I get the sense of this is what I want and what I think and you know not this would be better for your child, this is what I want to do then I get a little but so far they have been really really good. I just recently met this last person. She [the previous IEP teacher] was younger and just really like we can do this and everything and gun ho and new to the system and yes, I can do this. I am a new teacher. She was very energetic and very positive and very helpful with suggestions about what I could do at home. She was a pleasant person all around and definitely a can do kind of attitude.

Researcher: "Without using names, describe the worst care coordinator you have been with, if there is such a person, if not, let's go on?"

> She just kind of seemed like she did not want to be there. It was like let's hurry up and get this over with you know. She had that kind of attitude. She rushed through everything. It was like here just another one, let's get this over with and kind of like it was just another number and let's get rid of this number and get it

> out of here and get it through the system. It was just like I don't know, she wasn't happy doing what she was doing.

Lauri recalled her last meeting with Larry's teacher:

> You can just really see the expression on a person's face when they are sincere with what they are suggesting to help your child. You know that you are not just a number, number 1, number 2, number 3 and they made me feel that I am not just a number and that my child is a person and that they are trying their best for him in order that he can get the best that he is supposed to as far as education. I haven't really had a bad care coordinator. I am really satisfied with the service my son has gotten.

Lastly, Keola said this in response to a question about his relationship with his son Keoni's care coordinator: "I don't um, it's a guy, I guess. I don't know. They call me up and it is either a man or a woman calls me up and he [Keoni] is doing this in class and you need to talk to him."

Teachers and care coordinators who create trust by encouraging frequent and open communication with parents about their child's progress and behavior received the most favorable description from parents. Parents felt mistrust only when they perceived the care coordinator or teacher as someone who did not take a personal interest in their child. Parents who perceived the care coordinator as a person who did not enjoy their job, rushed to push their child's file through the system, thought of their family as a number, or were not individually knowledgeable about their child' progress and needs described a negative perception of such a care coordinator. Parents indicated that they wanted to know that the teacher truly perceived their child as an individual with unique needs and abilities. They showed a preference for an energetic, positive, pleasant, and accessible persona. Neither teaching experience nor certification status appeared to be a priority for the participants. Parents did value a teachers' ability to provide a differentiated classroom environment and wanted teachers who would listen to parents concerns and ideas. They also praised teachers who served as guides for them; especially those who suggested learning strategies they could use at home. While parents may have had initial doubts when a teacher self described as new or as being a first year teacher, they also reported these self described new teachers as often the ones who gave both themselves and their children a memorable positive experience.

Parents' Experiences as an IEP Team Member

According to IDEA, a parent is considered to be an equal member of the IEP team. The coresearcher participants were handed the targeted school district's parental rights and responsibility pamphlet and I inquired about their knowledge of the document. Participants were also asked to describe the IEP meetings they have attended. The following examples are indicative of the participants' knowledge of their rights and responsibilities and their experiences as parents as members of IEP teams. Table 4 below summarizes their basic experiences:

Table 4

Parents' Experiences as an IEP Member

Participants	P1 Abbey	P2 Betty	P3 Cindy	P4 Debby	P6 Fran	P7 Gale	P8 Heather	P9 Isabelle	P10 Jenny	P11 Keola	P12 Lauri	P13 Mary
Initially read and understood parental rights and responsibility pamphlet		x	x	x		x						x
Initially did not read parental rights and responsibility pamphlet or did not fully understand it	x				x		x	x	x	x	x	
Employed the services of an advocate		x										
Changed from fully trusting parent to self advocate for their child	x	x	x	x								
Felt unsure and overwhelmed by the IEP process	x	x	x	x	x				x			x
Felt they knew what to do if they disagreed with other IEP team members	x	x	x								x	x
Had participated in forming the goals and objectives in the IEP		x	x	x							x	x
Knew and described specific details about their IEP teams' roles and objectives		x										

* P5 withdrawn

Parents participating in this study have collectively reported attending over 100 IEP meetings, the majority in the targeted district where the study was conducted.

Abbey described learning about her parent rights and responsibilities:

> I did [read it]. I never used to before but now I do because it can help you. But most parents I know, truthfully, we don't read it. I figured the school and teachers know what they are doing and so I didn't. But when I kind of had an experience like never mind what school, but I didn't really know what they were teaching my child until I got really involved. I wasn't happy about it and that's when I started reading it.

Debbie demonstrated that offering the pamphlet yearly does not directly ensure that the parent knows his or her rights and responsibilities. “I read it once in preschool and I never went back because I feel like it was the same thing. But don’t ask me to remember anything about it because I don’t.”

> Gale acknowledged that: “I have [read it]; there is a lot of writing. If I had a problem, I would definitely go into it and look for what covers what I am dealing with. It would be like looking to see if I have this option or whatever. It is clear if you are looking for something in particular.”

Heather: “Oh yes, Oh yes. I probably have about 20 or 30 of them.”

Researcher: “Have you read them?”

Heather: “To be honest, no.”

Isabelle: “I haven’t read it. No, I don’t think so. Do I get this?” (Looks at GAL)

Jenny: “Not the whole thing.”

Keola: “I got that. Yep, I got that.”

Researcher: “Have you read it?”

Keola: “No, but they say this is for you.”

Researcher: “Skimmed it maybe?”

Keola: “No, No. As a matter of fact his paperwork is still slid into it.”

Researcher: “Have you read this pamphlet?”

Lauri: “Part of it yes, not exactly everything no but I have looked at it. I skimmed through it.”

Researcher: “Do you believe that if you had a disagreement with the members of the IEP team that you would know what to do?”

Lauri: “Not exactly.”

Researcher: “Have you read it?”

Mary: “Many times and given it back for recycling.”

Researcher: “So do you feel that if you had a disagreement with other members of the IEP team you would know where and how to voice your concerns?”

Mary: “Yes, I think that I have been really lucky because if ever. I mean, I have had a good rapport with all of the teachers.”

Betty was the only participant coresearcher to employ the services of an advocate at her IEP meeting. She described the experience here:

> I contacted the Learning Disabilities Association (LDA), I contacted (A Parent Advocacy Agency)… they have advocates who will go to meetings with you. But it took a lot of work on my part and my husband’s part. We spent countless hours researching and trying to figure out okay, what is available and some of the things we felt should have been available were because of funding or whatever was not available. You then have to find that balance; we did. We had someone from (The Parent Advocacy Agency) come with us to our last IEP meeting.

Researcher: “Was that different from attending alone? Was it a good thing you did this?”

> Yes, it was a good thing because for the most part, she sat quietly and it helped us. It was the presence. She was knowledgeable and used to be a special education

> teacher also. She did interject a couple of times. I have no problems calling for the Learning Disability Association to come and work with us just to make sure.

Cindy had expressed she experienced an awakening and described how she changed from trusting parent to fighter mom in order to get more services for her son. She explained it this way: [Note: Cindy described an event that took place outside the targeted district. However, this event shaped how Cindy would deal with all subsequent IEP meetings]:

> I mean I was like, you know; what are you guys going to do to rectify this problem? So you are going to retain him but what good does that do? How are you going to fix it? Something needs to be done. Obviously, he didn't get it now, so what makes you think he is going to get it next year just because he is a year older? No one could give me answers. I basically demanded that he be tested. I mean I did my own research and found out that you know state law; I can request he be tested and I can have all these things done. I mean I really had to fight to get them to do it. The school did not want to do it. They tested him and found out that he did have a reading disability which is what his SLD is. Their solution was after they went through all these tests that didn't tell me anything. I mean put it into layman's terms. What does this Schwarzmann, or whatever the name of the test is? I can't even think of the name of the test. I asked well, what does that mean? Okay, so he scores way below in his reading comprehension and his reading. What does that mean? How do you fix that? No one could give me a black and white answer. I found this very unnerving. This is your job and you

can't tell me what you are going to do to help my son be successful? I mean I get it. He is probably not going to be like Tom up here (Raises her hand level above her head) but you need to at least get him to progress to his level. The school's solution was to get an older lady to come in and to read 10 minutes, one time a week with my son and he was reading a kindergarten level book and he was in the first grade. That was all that they were going to do; to give him based on this testing that they had done.

So now coming here to Hawaii and I was very leery, especially because I had heard that here the state has to adopt the IEP. The state of Hawaii has to approve it and see whether or not they still qualify. So I came in here probably armed to the teeth. I had talked with the military family assistance director and done all sorts of things to ensure that I knew exactly what my rights here in Hawaii were. Because it seems as if every place is just a little bit different. You know, I didn't have any issues. They accepted his IEP in full. They had done pretty much everything I had asked and accommodated him in the ways that he needed and in fact they revamped from what they did last year to this year.

I just had an IEP meeting last week for my son. Hey, they were very professional. Everything was laid out, strengths and weaknesses, all the teachers were present; which I really like. I think that one of the worst things I have seen is when many of the kids have issues and their parents are not very involved or are scared to be involved and it is like they don't know their rights or they are afraid that they are not smart enough to figure it out. They tend to have an "Oh

> well, it will work out, I mean I made it through, my kid will get there somehow," and unfortunately, from what I have experienced, you really have to be part of the system.

Cindy's comments below are an example of what it is like to be a parent IEP team member. She expressed what goes on in her mind as a parent as she attempts to negotiate the best possible services for her son.

> I mean it is not okay to say the teacher failed my kid, the parent failed the kid, or the kid failed. It is a three way thing. You have to have the teacher, the parent and the kid all on board to make this triangle in order to get it all to work. Because I cannot expect you as the teacher of my son to keep him squared away even when he is at home. My son is a teenager, he is not willingly going to keep himself squared away that much either. His mind is elsewhere and not necessarily school all the time, but if you do not have a good working relationship, I think it is going to be hard for your kid to be successful. When I say successful, I mean at his own ability level and not you all need to be up here (motions with hands at tip of head) with you know straight A Steve. I mean you need to be challenged and you need to do what you can do based on your ability and you need to still be progressing regardless of whether you started here (hands at waistline, level palm) you know, that doesn't mean you are done because you hit your benchmark or you hit whatever. You need to continue but at a pace and in a way that is accessible. They have managed to do that with my son. Those teachers have done a great job. His teacher, I was very nervous when I met his advisor; as he

told me it was his first year teaching and I was like oh, okay. It did scare me as I wasn't really sure how I would or what face I had to put on when I came in. I mean my first deal was: Is the state of Hawaii going to accept this IEP? Then my second fear was then if you do, what are you actually going to get me, to help him? What can I demand here? Because I was told middle school is different; we can't do this or that, we have students in the classroom and so we can't pull him out for tests if he needs extra help and so it was like, well, instead of extra help, we can give him extra time. Well, I mean he was successful and it worked for him last year but my scope is not just getting him successful to pass year to year, my thing is that he needs to have the coping skills and he needs to be able to continue to progress but with less help from me. Now I will help my son till the cows come home, but I do not necessarily want him as a sophomore or junior in high school going "Hey mom, I can't start my homework, can you help me." That is not my goal. My goal is: if he needs help, sure I am there, but what I really want is for him to be able to do it on his own and not rely on me. Cut those apron strings more and more each year and they have managed to do that. They have managed to address his concerns and mine, as they are more my concerns than his.

They really have everything in tow for him. He still feels the stigma, I mean of being in sped class and I think that every kid does because you know that it is not the norm. Overall, I can definitely see the improvement. I can see a change in his disposition and he has been coming home and not asking for help on his homework, so I know he understands things and he is not going at a too fast of a pace for him. Fortunately, they [teachers] have been very communicative and upfront and I have come out and said give me the good, the bad, the ugly. Please don't sugar coat it for me. Don't tell me that my child is just doing great. I have heard that and it didn't get me anywhere. I mean I really want to know if he is stepping out of tow, if he is not getting something, if he is not trying, if I need to kick him in the pants and tell him he needs to quit day dreaming or whatever the circumstance is. I really need to know because I don't think kids at this age understand the importance of it all. Sometimes they lack that drive to continue on if they don't have that support or that cheering section. I think sometimes the parents and the teachers both have a really big role to play in that too as far as getting the kid motivated to continue even when he is struggling and it is hard. Otherwise, it is like well you know, I will just slide along. I will pass. It will be okay. My big fear is that I don't want my kid to just pass, just continue to move up. That is not my goal. I want him to understand what it is he is supposed to learn through the process. Now it might not be what the other seventh graders are getting.

I had been through enough issues in the mainland at that first meeting. I was completely blown away and just so emotional over my baby. Floods of emotions, and all sorts of things and still going in, kind of blinded, because I did not really know what I can demand. I met with everyone. But what can you do? I didn't know. I didn't have a clue. I didn't know what to ask. I didn't know how things functioned. It is just overwhelming when you sit here and think hey, I want the best for my kid but I do not know what the best is. Then you are relying on these other counterparts that you feel are educated and have seen this before and they should know what to do, not really give you, or not really give you what you think is enough, if that makes sense.

Now, obviously I know much more now. I am less naïve and much more forceful in what are you going to do for him. I know he struggles with this and has problems with that and I know we need to address this. I don’t think that a lot of people know that they can have their kids tested if there are issues. I know there is the process but most people don’t even know that there is a process. They don’t even know how to attempt to start it for their kid. Once you get that process, you are tired.

I was very tired of fighting with getting the testing done and starting the process and then trying to get them to tell me what they can do for him. What they suggested, I guess I didn’t find acceptable but on the other hand, it was my fault too because I didn’t know what to demand at that point as you are so new to the whole IEP process you don’t really know and I kind of felt that way when I came here to Hawaii. I really didn’t know here, what I could ask for. I need you to do this and I need you to do that, and you have to kind of feel out the whole system because it is a whole new gamut of rules. Not really, rules and regulations, those pretty much stay the same like honoring the IEP but every state tweaks things differently either because they don’t have the personnel, or the room, space, or a resource teacher where he could just walk out and take tests with like in Korea. It was kind of well, then, we all have to communicate a whole lot because I can't be coming here to see you every day and figure out what is going on and worry about his tests.

I think a lot of parents, when they go in, at least I was, are very scared, we are very intimidated, very emotional about the whole thing. I felt very guilty for my son. You take the weight of the world on. I felt guilty because I felt bad. My motto is I can't take credit for my kids' successes and I can't take credit for their failures. They are who they are and they are going to make the decisions that they make and their personality is their personality; the good, bad, and the whatever. It is what it is. When I went in at that point for the first IEP meeting, I felt guilty for my son. I felt so bad. I wished that I hadn't, that he hadn't, or didn't have those issues. It is very emotional from a lot of different ways. I didn't know what to ask but I didn't really get the feeling that anyone there was approachable either. It was just kind of like they just wanted to stroke my feathers; didn't really want to tell me anything. I mean, okay, you tested him, and the psychologist ran through all these numbers. What a waste of time. I sat there and I thought what am I supposed to get from that. I guess I was over analyzing everything, absolutely everything as I was like, hey, I don't get it. I mean I felt even more stupid than I did before I went in; in knowing what I should ask or how to help my son. It didn't make sense to me and they did not really explain it in any way that made sense to me except to say that oh, this is just a test and we have to give it to him and you know it is just kind of a baseline so that we can gauge. Okay, I'm thinking but to gauge what and why? So I guess at that point in time, I was really caught up in the why. Why is this going on? After that experience, I am now more so; you just need to be blunt with me. Be black and white with me. Say, your son has this issue and here is how we are going to try to fix it. This is what we are going to do to help and I did not get that and I wish I had. At that time, if someone had said we know he has this problem and these tests just kind of show that he has short term memory issues or whatever, instead of going through reading me all these numbers that did not make sense to me anyway. Just say this is what I recommend. I think he needs this instead of I don't know, making me feel like they were talking over my head so I wouldn't know what to ask for. I guess that is the best way I know to put it into words.

What Parents Want From Teachers

Coresearchers in this study described what they want from teachers. Fran said:

Care, just be sincere. Don't look at it as it is just a job. I got a degree in it and now I have to do it. I am here doing my job, earning my money. Mean it because we can feel it. We know the difference. We know. We really do. We all know that even in general education classes you can tell whether the teachers care or they are just there because it is their job.

Gayle wanted to ensure that teachers remember:

They are our children and they are not just another cog in the machine. Our children are individuals and we parents are individuals. Just try to be happy in

> what you are doing. It makes such a difference when you know the teacher likes what she does.

Abbey wanted compassion:

> To me they should invite more positive teachers because some of them don't invite those with good things to say. Then the parents have to hear stuff they don't want to hear or already know. It is like demeaning for a parent to hear all the bad because they already have to go through it every day of their life…For my part; I am over there feeling that because I am at home already trying to do that every night. I know what it is like to get my child to do work. I don't know about all parents, but the teachers have to be more compassionate. If they think you don't know the law, then they try to talk down to you. I feel sometimes talked down to.

Betty suggested communication feedback and guidance: "I know that I have always enjoyed having feedback and knowing how he [Bobby] is doing. I like knowing that that the teacher is trying something different and lets me know about it."

The above excerpts were representative of textural descriptions of parenting an adolescent identified with having a SLD as conveyed by the l2 participant coresearchers. Structural descriptions were rendered and were embedded. Descriptions were clustered into these five categories:

- The parental experience of initial SLD discovery and identification
- The parental experience with their identified child
- The parental experience of SLD and its affect on relationships

- The parental experience of interactions with teachers and staff
- The parental experience as an IEP team member

Although IDEA mandates that parents become partners of the IEP team, parent IEP team members often become mere receptacles for professional information about a very personal issue; their own child's shortcomings. In order to be an equal and true member of an IEP team, a parent must first become a professional parent. This means that the parent must blend into an amalgamation of professional researcher of SLD, a professional coach to the affected child, and a professional collaborator with cooperating teachers. The parent must have courage and persistence, and become an excellent communicator. The parent must do so no matter her own personal feelings or character, economic status, or ethnic background. She must become skillful in law, diplomacy, and persuasion; for her child's future depends upon it.

Composite Textual and Structural Experience of Parents with Adolescents Identified with Having a SLD

Eleven of the 12 participants in this study were mothers. As this study included only one male participant, I acknowledge that in the composite textural and structural experience described below, the paternal point of view is lacking due to not having collected enough data about fathers who parent adolescents identified with having a SLD.

Parents' experiences with raising an adolescent identified with having an SLD begins with a hint or some small intuition that says: "Something may not be right with my child." The parent, usually the mother, takes a slight notice of her child's behavioral or developmental skill set. Something is amiss. She attempts to shrug it off, telling herself that it is probably nothing. However, little by little, she begins to compare her child's abilities to the previous achievements and milestones of her older children, to the children of her relatives, or to her neighbor's children. The coresearchers interviewed for this study reported that this experience, although not exclusively, usually occurred between the ages of two to five years old.

Next, she may seek medical consultation; most likely from her child's pediatrician or her own family physician. She may be told: "Wait, let's see what happens," as both the parent and doctor do not want to rush to judgment about a child so young. She may then seek consultation from her own mother, or sister, or a friend; hoping that someone confirms that: "It is not so bad." "You are probably wrong." "Your child looks and acts normal." "Oh, my kid was like that, he grew out of it."

In the instances where mothers missed the subtle hints displayed by their child, they needed only to wait for their child to enter elementary school. There, the mother is soon alerted, by a truly well meaning teacher to their child's shortcomings, a teacher who has done his or her own child comparison, a comparison of the targeted child to the other children in the classroom.

It is at this initial stage of inquiry that parents described feeling guilty, hurt, frustration, or feeling blamed for their child's academic problems. These academic problems, I identify as a child's *otherness*. Otherness, I describe, for the purposes of this study as the realization or the basic awareness that the child you parent is not ordinary, usual, or has been identified as not the same as most children within a peer group. This otherness brings upon parental apprehension that takes considerable time and introspection to come to terms with. Time and exploration is needed to accept the understanding that one's child is somehow different. Some parents do not believe the teacher's assertions about the otherness in their child, as it does not always manifest itself in the home. The mother consults her spouse or significant other. Some spouses are supportive, choosing to work together to confront the child's otherness; however, allowing the mother to lead the way. Other spouses disagree with teachers and their own spouse concluding that the otherness does not exist at all. Is it a SLD? Or isn't it? This is the perpetual question; a question that gets continually debated within the mind of the mother, in conversations with her spouse, and in her interactions with her child's teachers. The discussion is endless and often times fruitless as the answer is: No one really knows definitively that it is a SLD, but this mother, she knows, often times substantiated by the teacher, that something is amiss and she must do something to address her child's otherness. She must prepare her child for a future.

The mother may now assume the role of educational consumer, a role she never previously envisioned. The mother may not be prepared to assume the position but there she is, at the school, negotiating across a table with educational professionals who appear somewhat certain that they have identified the otherness and now need only mom's consent to make things better for the child; to diminish the otherness in the child.

She is given a pamphlet listing parental rights and responsibilities that is meant to ensure her equal footing with the professionals who sit across the table so together they might address her child's otherness. The pamphlet has lots of words and even more acronyms. The mother decides that it is okay not to read the rights and responsibility information or ask for clarification as the teachers across the table do not seem that concerned about it and besides, the teachers are nice and they smile politely and assure the mother that her child is of paramount importance to everyone at the table. The mother listens to the professionals who want to help her child. She listens carefully to acronyms and numbers that describe her child in ways she never thought of before. The teacher is the professional. Surely, he or she will know the right thing to do for the struggling child. The teacher will address the child's otherness.

The meeting went well. A document was prepared that appeared to be the correct plan of action to address the otherness. Life continues with housework, shopping, jobs, siblings, spouses, friends and family, bill paying, and of course, school. She thinks maybe the otherness is not so bad.

A year goes by since the first meeting and it is time again to meet with the educational professionals. The child still struggles but mom doesn't worry too much as she knows that she and the school have made an agreement and even though the child is still a bit behind in reading or math compared to peers, the paperwork says he or she is making progress, but the mother remains concerned. She is reminded that the otherness remains within her child. Every year, she will be reminded that the otherness remains.

The mother leaves the meeting, and begins to think to herself "Why didn't I ask this question or why didn't I bring up that point?" She tries to recall what that test name was or what was that acronym? "Did they say what that meant?" She reminds herself that she may want to be a bit more proactive next time and will now make a conscience effort to know what it is that her child is learning in school. She is fully aware that grades are lacking and homework has become a nightly drama of crying, kicking, screaming, complaining, and door slamming. She grows tired of being the bad guy, the enforcer. She feels like giving up. Many mothers would and do but not this mother. She needs answers and she is noticing that as her child grows older, the stress and frustration her child feels is growing as well. Building her child's self esteem is becoming a daily routine of affirmations. She tells her child: "You are smart, you can do it, and you just need to focus. I love you. We need to get this done. Don't be afraid to ask the teacher questions. It is just a reading problem; you are good at other things. You are the same as everyone else but you have to try harder than they do, that's all. Get with it." If most things go well at this stage, mothers whose expectations for their child are being met go with the flow but for mothers with higher expectations, additional questions, or concerns, then another change comes.

This mother now changes from educational consumer to that of child advocate. She now seeks to learn what is the best that can be offered to her child? Where is the best that can be offered to her child, and she begins to contemplate how can she get that best for her child. She is a woman who is most likely not used to fighting, or standing up to authority. She most likely has followed the rules in all walks of her life. Yet, she has come to the realization that no one will or can advocate for her child as well as she can. She may seek out support groups, other parents' perspectives, and outside agencies to further her quest. She attends more meetings, does her own research. She becomes more and more knowledgeable about special education law, differentiation, methods, and curriculum.

The next meeting with school professionals will be at her bequest. She makes a stand and decides to fight. That is to say, she asks, no, she demands, that the other IEP members help her diminish her child's otherness.

The meeting need not be adversarial. This mother has done her research and may have requested a professional advocate to come along to meet her IEP team members, her own professional to oversee the discussion, just in case she is wrong. This in itself may render positive collaboration with teachers and school administrators. New documents are created, both parties, at least on paper, agreeing to assist both the child and the parent through their life long journey of diminishing the otherness. This pattern repeats itself, at a minimum of once per year, sometimes more, each time, each meeting, reminding the mother of her child's otherness; the otherness that has been labeled SLD.

This chapter presented the process that was used to generate, gather, and record, data collected in this phenomenological study. Additionally, it presented the outcomes of the study's data analysis. This chapter began with a discussion of the data collection process and was followed by a discussion of the quality of the evidence for the data collected. This chapter also explained the methods used to analyze the data and a description of the systems used for managing these data and the reflective processes. The final section presented the results of this study. Textural descriptions were offered from the participants' verbatim interviews which demonstrated what participants experienced while parenting adolescents identified as having a SLD. The textual description were accompanied by the structural descriptions of how these participants experienced the phenomenon of parenting an adolescent identified with having a SLD. These textural and structural descriptions were analyzed and a resulting composite textural structural description of the experience was rendered which addressed the research question: What are the experiences of parents of adolescents identified as having a specific learning disability, (SLD)?

Chapter 5: Summary, Conclusion, and Recommendations

In this final chapter, an exploration of the experiences of parents of adolescents identified as having a SLD will be presented. A comparison will be made of the findings of this study with the literature cited earlier. Implications of the findings of this phenomenological study will be discussed and their relevance to social change, future studies, and recommendations for action will be put forth.

Summary

The purpose of this study was to understand the experiences of parents with adolescents who have been identified as having a SLD. The study utilized a qualitative approach. As it was my intent to listen to those who parent adolescents identified as having a SLD and to later make use of these data to form strong teacher parent partnerships, I collected and analyzed interview data from 12 participants: 11 mothers and one father. Collectively the participants parented eight male and four female adolescents each who had been identified as having a SLD. Each parent voluntarily agreed to accurately recount their life experiences with their adolescent identified as having a SLD. The participants gave details about their personal interactions with their child, with other family members, with teachers, and with other IEP members.

Data gathered from these interviews were analyzed using a phenomenological approach. I clustered statements into meaning units and reduced those into thematic depictions of the essential constituents of the experience. Together these depictions formed textural and structural descriptions of these parents’ experiences. Lastly, I shaped a composite textural-structural description of their experiences with their adolescents who had been identified as having a SLD.

Through this research, I discovered that the recognition or the confrontation of a child's developmental *otherness* begins the journey into the realm of SLD. For eight of the 12 participant, this otherness brought upon parental apprehension that took considerable time and introspection to come to terms with. At this initial stage of SLD discovery, some parents described feelings of doubt, guilt, blame, and rejection; however, other participants viewed the acceptance of the SLD designation as a relief that enabled them to carve out a roadmap for their child's academic future. Doubt about the assessment of the child's academic abilities by teachers and other professionals often led to the gradual, often debated, and struggling acceptance of their child's otherness. This otherness was revisited at a minimum of once per year and continued throughout the child's years in the public school system. Areas of success in the child's life were sought out and savored as they became important beacons that pointed to future possibilities for the child. The SLD journey of the child and parent is a difficult one to negotiate. It can present families with unique challenges that may create feelings of uncertainty, helplessness, and frustration—emotions that surface and resurface again and again.

Interpretation of Findings

In this study, the data indicated that parents experiences with their child's SLD can be partitioned into five contexts which interact with one another constantly and continually. The first context to be negotiated is the parental experience of initial SLD discovery and identification. That is to say, that each participant came to some sort of individual acknowledgement of their child, then to an acceptance about their child's otherness. After this acceptance manifested itself, the otherness permeated into four other contexts. Those were (a) the parental experiences with their identified child, (b) the SLD and its affect on family relationships, (c) interactions with teachers and staff, and lastly, (d) the parental experience as an IEP team member. Figure 3 below demonstrates how participants experienced their child's SLD.

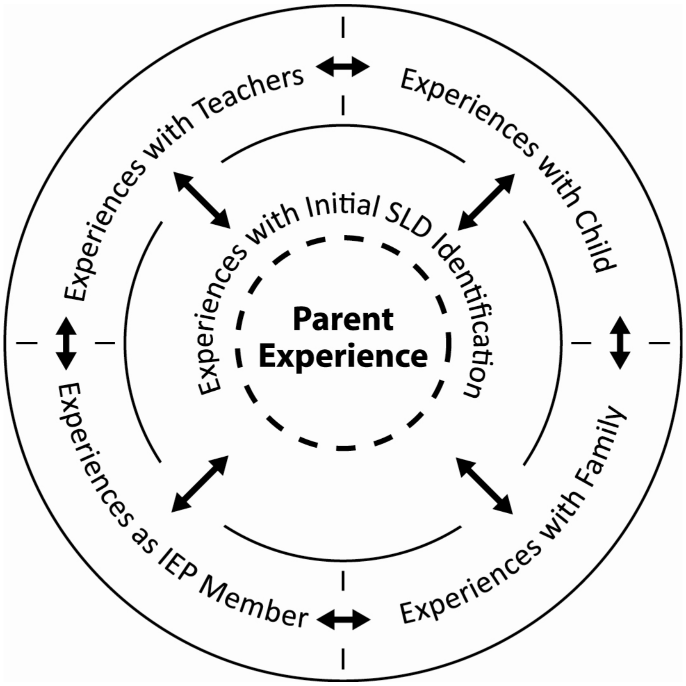

Figure 3. The five interrelated contexts of the SLD parenting experience.

Upon self-recognition of the otherness or through teacher notification of the otherness, the parent sought to mitigate the otherness of the SLD within their child. For some, that moment prompted an assortment of reactions and emotions: crying, denial that the otherness exists, guilt, fear, and frustration because no one could definitely tell the parent how to correct the otherness. For some parents, labeling the otherness gave them a starting point from which to begin to shape their child's academic future. Each of the 12 parents indicated that initially, they had placed a great deal of credence in the opinions and judgments of their child's teachers. This substantiation was particularly apparent in instances where the parent did not believe the child had a SLD but nonetheless consented and agreed to the designation and subsequent service plan and did so again and again in successive years after initial eligibility for services was determined. After the parent passed through the initial experience of accepting the otherness, the otherness required attention in other areas.

The next realm of the experience came in how participants related to their child identified as having a SLD. Parents reported that they were the ones who decided whether to explain SLD to their child. The parental account of SLD was particularly confounding as parents had a myriad of explanations about what they thought having a SLD meant. These explanations included: being unique, lacking in organizational skills, self-explanatory, in need of repetitive instruction, nonpermanent, inability to work in groups, genetic, inattentive, a chemical imbalance, lazy, and the belief that one can grow out of it, if one just tries hard enough. Three parents did not feel the need to explain SLD to their child at all, fearing that the child would use the information to manipulatively alleviate themselves from burdensome responsibilities. Parents described extreme frustration with motivating their children identified as having a SLD to complete homework, and they expressed feeling the urge to give up on diminishing the otherness and just let destiny dictate the future.

Accepting the otherness of a child while continuing to mentor, guide, and support a child identified as having a SLD is difficult in itself, but the otherness extends to the family as a whole. Participants described supportive spouses who assisted their child in negotiating the SLD conundrum and also described nonsupportive spouses who became an additional burden or hurdle to negotiate or overcome. Those who felt supported by spouses or other family members took a collaborative approach to assisting the child in becoming academically successful. Those who had paired with a nonbelieving or nonsuppotive spouse or family member experienced more frustration than those who had a support system in place. Contentious discussions about the joint rearing of their child identified as having a SLD were at the core of a variety of family arguments or discussions.

Parents who experienced a teacher described as “willing to guide me,” as having given “my kid more than the IEP required,” as having “listened to my point of view and was open with information,” or as having “prepared me for meetings, and knew my child as an individual” were considered to be the most influential in their child’s successes. On the other hand, teachers were deemed as impediments to the success of their child when the parent perceived the teacher: to be “unwilling to be accountable,” “wanted what was easiest for themselves instead of what was best for their child,” “stalled my inquiries,” “appeared to just go through the motions,” seemed as if she didn’t like her job,” or “treated my child and me like a number.”

Even before the otherness was labeled as SLD, parents attended and joined a team of professionals who assisted them in the pursuit of diminishing the child’s otherness.

After eligibility for services was agreed upon, the parents then became an IEP team member. The participants in this study, who collectively reported attending a minimum of 100 IEP meetings, described the experience in their own words. Parents revealed that the parental rights and responsibilities information required by law to be presented to parents and intended to give them equal standing at critical decision meetings was not fully understood by most parents in this study. In fact, most parents stated that they would only read it if there was a disagreement or an unpleasant event that needed addressing. This finding reiterated the deep initial trust parents have in teachers and school staff.

The following is a negative composite of the participants descriptions of what it was like to sit in an IEP meeting across from administrators, counselors, and teachers as the parent of the child identified as having a SLD. “It was unnerving.” “I didn’t know what to ask for.” “I didn’t know what I could demand.” “I was blinded.” “I wanted the best for my child but did not know what that is, how can we fix this?” “All those numbers and tests, I didn’t understand.” “I was tired of fighting. What is the process?” “Hurt, blamed, they are the professionals, what are they going to do to help my child?” “Stupid, I felt stupid.”

The following is a positive composite of the parents descriptions of what it was like to sit in IEP meetings across from administrators, counselors, and teachers as the parent of the child identified as having a SLD. “The teacher had everything lined up. He knew my child’s strengths and had a plan to address them as well as his weaknesses.” “She thought out of the box. She gave me feedback.” “She told me what I can do at home to support my child." "She felt like part of my family. She was, you know, part of the family; she spent seven hours a day for three years with my child. She was definitely part of the family." "She was energetic." "She differentiated her teaching for my son." "He talked with other teachers and got fresh ideas to help my daughter." "She invited all the teachers not just the ones with negative things to say." "The team seemed squared away. I like that."

Substantiation and Differentiation of Previous Research

This study was based on the theoretical framework of Bronfenbrenner's ecology of human development discussed in chapters 1 and 2 of this study which purports that "interconnections between settings such as school and home are just as crucial for a child's development as events taking place in a single specified setting" (Bronfenbrenner, 1979, p. 3). Bronfenbrenner (1979) maintained that understanding human connections is a way to gain knowledge that may bring schools, community, and families together to foster productive humans throughout entire life spans. Russell (2003) and Sontag (1996) both found Bronfenbrenner's theory of ecology of human development an appropriate and useful theoretical framework from which to study the issues within special education.

I concur with Russell's and Sontag's assertions, as I found that Bronfenbrenner's model assisted me in crafting inquiries and creating environments that allowed my coresearchers to describe their experiences within a multitude of settings, along with revealing their descriptive relationships with the numerous people connected to their child. My knowledge of Bronfenbrenner's theory allowed me to give confidence to parents to portray how their experiences interacted with the different areas of their lives in part and as a whole.

Dyson (1996) collected data about parents' experiences through observations of IEP meetings. My findings resulted from first person parental accounts from in-depth interviews. My findings were not limited to parents' experiences in IEP meetings but expanded beyond the borders of meetings and classroom behaviors and progress reports into their home routines, and interactions with their spouse and other family members. Although the two methods differed, the descriptions given by my coresearchers confirmed Dyson's (1996) findings about parents' experiences in IEP meetings as obtained by observing parents engagement within the IEP setting. See his findings in chapter 2 of this study.

An extensive review of the literature of parenting adolescents identified as having a SLD rendered no phenomenological studies concerning adolescents with SLD nor any that addressed parents of adolescents identified as having a SLD.

Lenz and Deshler (2004) offered the reason might be that:

> Their [adolescents'] experience does not engage the interest and attention of the majority of researchers in the field, who are interested in beginning language, literacy, numeracy, and social development. Similarly, they are not close enough to independence to be of significant interest to the growing number of employers, government agencies, and adult literacy service providers concerned with how adults with learning disabilities navigate the areas of work, family, and community. (p. 535)

This study attempted to fill that gap and bring focus to adolescents identified as having a SLD from the experienced viewpoints of parents. I do not want to suggest that the challenges parents encounter with their adolescents identified as having a SLD is a problem for teachers to solve. I do, however, want to convey what I have learned from listening to these parents.

Parents in this study revealed that they initially placed a great amount of trust in teachers, and this trust continued until a negative event or misunderstanding arose. After such an occurrence, the parent became the catalyst that drove the decision making or at least they attempted to be that advocate for their child. Parents wanted to know that the teacher was familiar with their child's strengths and needs and was not being treated as a cog in the machine. Many expressed their desire to assist the teacher and the child but found it difficult to ascertain what they should be doing, could be doing, or how to become a partner in the school's process of educating those identified with having SLD. Parents in this study revealed that sometimes it was enough just to sense a teacher's positivity and their desire to help their child. This empathetic familiarity became a great comfort to parents when academic endeavors were not progressing as previously hoped for. Parents looked to teachers to guide them, to help them choose what is legally and educationally right and appropriate for their child. When parents did not get these needs fulfilled, negative interaction ensued between the parent and school personnel.

This study was able to originate substantive material that allowed parents as coresearchers to provide statements which could be added as scientific evidence to the body of knowledge that is rendered in the pursuit of providing the best possible educational services to children identified as having a SLD. The narratives rendered by Cindy, Betty, Abbey, Gayle, Isabelle, Keola, Debbie, Mary and the others portrayed the multifaceted lives of the parents with adolescents identified as having a SLD; a disability or designation that at first glance appears to be invisible or only a mild debilitating concern for both a parent and their adolescent. The nuanced descriptions rendered by these participant parents allowed one to empathize with the phenomenon and its human participants. Through first person accounts, one is able to recognize that the parent has a multitude of roles besides loving caretaker; she is cheerleader, homework tutor and task master, wife, confidante, educational consumer, legal analyst, child advocate, and chief negotiator. This deep understanding would not have been possible through quantitative methods. The aim of this study was not to categorize certain variables of behavior but to give hope to those who experience the phenomenon and assistance to those who seek to serve those who experience the phenomenon of parenting an adolescent identified as having a SLD.

As seen in Figure 3, parents experience their child's SLD in five contexts. This study found that while the contexts are distinct, they are interconnected and are never experienced alone. Table 5 below is a snapshot of the findings of this study and demonstrates how parents of adolescents experience the phenomenon of parenting a child identified as having a SLD.

Table 5

How Parents of Adolescents Experience SLD

Experiences with Initial SLD Discovery or Identification	**Parent Roles**
▪ Initial identification of “otherness” by parent or teacher ▪ Feelings of relief or feelings of doubt, guilt, blame, rejection	Educational Consumer
Feeling of relief: Parent sought outside assistance, searched for diagnosis, consulted medical professionals, family, friends, and neighbors with same age children → **SLD label began journey to diminish otherness**	Legal analyst Child advocate Negotiator
Feeling of doubt: Parent felt blame and denial, guilt about their role, shame, blamed teacher, debated identification with school personnel, disregarded own judgment in favor of opinions of professionals **→ Acceptance of SLD label led to allowing educational professionals to try to diminish otherness**	Researcher
Experiences with Child	
▪ Parent developed personal definition of what it means to have an SLD: Unique, lacking in organizational skills, in need of repetitive instruction, nonpermanent, genetic, inattentive, chemical imbalance, lazy. ▪ Parent explained the segregation/school program change to child and decided whether to reveal the otherness to child. ▪ Homework problems arose: Parent became frustrated; child hid or denied having homework. Child threw tantrums had meltdowns. With homework rituals and parental persistence improvements occurred as child matures. ▪ Self-esteem issues arose: Child wanted to give up, possible delinquent behavior	Cheerleader, Tutor Task Master, Confidante
Experiences with Spouse and Family	
▪ Mother received support from spouse or family members: Sought to rectify the problem ▪ Mother did not receive support from spouse or family members: Guilt, blame, frustration, hopelessness, felt that she could not correct problem. Relied on opinions of professionals.	Advocate Wife, Educator
Experiences with Teachers	
▪ **Positive experiences with teacher/care coordinator:** Frequent open communication about progress and behaviors of child. Perceived as energetic, positive, pleasant, and accessible. Teacher served as guide, suggested learning strategies to use at home	Educational Consumer
▪ **Negative experiences with teacher/care coordinator:** Teacher/care coordinator was perceived as not taking a personal interest in child. Did not enjoy job, rushed to push child’ file through system, treated me like a number.	Legal analyst Advocate Negotiator
Experiences as an IEP Team Member	
▪ Parental rights and responsibilities pamphlet was not fully understood. Most parents only read it if disagreement occurred: Parents trust teachers and school staff.	Educational Consumer
▪ **Positive IEP Experiences:** Teacher knew child’s strengths and weaknesses and thought out of the box, gave feedback, advice on what to do at home, felt like part of the family, energetic, differentiated teaching, all teachers not just negative teachers were invited, team seemed squared away ▪ **Negative IEP Experiences:** Unnerved, didn’t know what to ask for or demand, blinded, wanted best for child but did not know what that was. Didn’t understand tests, tired of fighting, felt hurt, blamed, stupid	Legal analyst Advocate Negotiator

Implications for Social Change

Information gathered from this study may assist in better collaboration between teachers and families and may assist to form stronger educational planning teams that will in turn, further a child's educational opportunities. This study gave voice to parents with whom teachers educate these adolescents who struggle academically. The findings of this study may lead to developing processes that provide greater understanding of parent participation in the eligibility and IEP decision-making process. This study may encourage teachers and administrators to become more aware of cultural and linguistic processes or environments that might give confidence to parents to engage within the team and therefore, enable parents to become more comfortable with taking an equal position at the planning table. This extraction of information from parents' perspectives provides teachers and administrators a foundation from which to build and improve educational planning for adolescents identified as having a SLD and may also lead to greater understanding of the needs and expectations of those who care for this population of students. The study promotes social change by assisting educators, administrators, and other support personnel to exert positive efforts toward embracing, supporting, and promoting the greatest possible collaboration with parents of adolescents identified with having a SLD.

Recommendations for Action

Listening to parents of adolescents identified as having a SLD encouraged me to consider what actions I, as a teacher to adolescents, could take to assist parents like these participants in negotiating how we collaboratively approach their child's disability in school, home, and community settings. It was clear that there are several major milestones in the lives of these parents and their children where additional assistance from teachers might be helpful and warranted.

The first such setting is in the initial identification phase of the SLD. Teachers with concerns for a student may want their first contact with parents to be one that requires the teacher to be the receptor of information rather than the deliverer of the news that someone’s child is academically deficient. Perhaps an inquiry call or meeting is in order that’s sole intention is to learn about the child, the home setting, the participants in the child’s life, and to define the expectation the parent has of themselves, the teacher, and the child. This may require multiple contacts to arrive at a viable definition of what are the parents’ needs, wants, and desires for their child and what is the parent’s commitment level in assisting the identified child. These concerns should be particularly addressed in the periods of critical transitions. Parents described these critical transitions to be particularly important. These are when their child is entering elementary school, moving from elementary school to middle school, and transitioning from middle school to high school. No participant could comment on the high school to career transition as no parent in this study had yet experienced that transition.

These findings and recommendations will be disseminated to the superintendent of the targeted school district where the study was conducted. The community partner will also receive the study to share with their parent members. Hopefully, through collaborative professional development opportunities teachers in the targeted district will be able to hear the voices of the parents they serve.

Recommendations for Future Study

The study is limited by its small geographical setting of one rural district in Hawaii. Therefore, the study does not investigate parents' experiences from other districts within the state or other districts throughout the United States. Volunteer participation presented another limitation to this study because the process of self-selection implies that participants may have a greater interest in this topic than the general population of parents. As is characteristic of a phenomenological study, the results are not to be generalized, but may in the future be transferrable to investigating the experiences of parents from other districts or other states. The results of this study may provide significant information in the development of hypotheses and the interpretation of quantitative data concerning adolescents identified as having a SLD.

Beyond these limitations, a noticeable gap in this study is the absence of the paternal point of view. Although I attempted to gather as many male coresearchers as female, only one male participant volunteered to be interviewed. Most of the women spoke of their male partners as being supportive but none accompanied them to be interviewed. This is a recurring theme in the study of parents and disability according to Catheral and Iphofen (2006) and Case (2001) as they found that "few researchers have sought the view of both parents on how they cope on a day-to-day basis with raising a child with learning disabilities" (p. 16). I sought the male viewpoint but was unsuccessful in gathering their first hand data about this topic. The sole male participant volunteering for this study was a widower who had a perspective on his son and SLD that was categorically different from the descriptions of his female counterparts. He recounted incidences that supported a previous study by Lenz and Deshler (2004) which purported that “social skills of adolescents with learning disabilities closely resemble adjudicated youth” (p. 543). I am unsure as to why the male participant was the sole participant to disclose this type of delinquent behavior. It is not prudent to hypothesize as to whether it is a parental gender difference that created the disclosure without further inquiry. Therefore, there is a need to collect more empirical data from fathers of adolescents identified as having a SLD. Future studies should seek to reveal the views of fathers who have children who have been identified with having a SLD.

Second, there is also a need to further assist military families who have an identified child in need of special education services, in identifying and utilizing consistent policies concerning the allocation of special education services to their dependents. The frequent changes in their permanent duty stations, the distant proximity to extended family members, and frequent or prolonged deployments of the sponsor may indicate that these families need some national attention in so far as having consistent laws and policies that assist them with multiple transitions not usually encountered by those families who are not currently serving their country.

Reflections on Researchers Experience

To say that I have been changed by participating in this study would be an understatement. I was excited to do a phenomenological study as I had always thought of myself as a good listener. I was wrong. Perhaps tainted from conducting and attending hundreds of eligibility and IEP meetings in my career as an educator, empathy was not what I expected to gain upon completing this study. Upon reflection of my own experience of being *the* professional across the table, I now recall that I did a lot of the talking. Before conducting this study, I had always prided myself on being knowledgeable, straight talking, and forthcoming with my colleagues, my students, and their parents. In other words, I did my homework. I knew intricate details about my students' abilities and behaviors and I kept meticulous notes about their progress and the lack thereof; substantiated by test scores and work samples. I obtained the highest certifications offered; believing that this would instill confidence in the parents who entrusted me with their children. I believed that teachers, students, and parents would respect me if I could provide competent and effective services to children with learning disabilities. What I now know is that while all my hard work is appreciated, what may matter just as much is that I can listen to the parents of my students. Before this study, I previously began eligibility and IEP meetings with "Let me tell you about your child." At the next meeting I attend, I will begin with "Could you please just tell me a bit about your child? What does this disability look like to you? What concerns do you have today?" While conducting this study, I found that just asking these parent participants about their lives and their children opened a flood gate of information I know I would have constructively used to further their child's academic and social progress had their child been assigned to my classroom. One anecdotal observation I made while conducting this study is that while teachers may perceive themselves as informing parents of their child's, needs and current status, many times, parents see it as a person criticizing their child, their baby, no matter the age and it is difficult for the parent to accept large doses of negative information about their own child. Teachers should be aware of this possibility and seek to find and express positive characteristics and successful moments for the child in order to balance the information and make information exchanges more palatable for parents. This study was intensely gratifying to conduct and left me with a feeling that I can now be a better teacher and service provider to both my students and their parents.

Closing Remarks

I shall end this study with the following thoughts for consideration. As teachers, we differentiate for our students in the classroom based on their academic capabilities, coping skills, and personal ambitions. I propose that we must also do the same for the parents of the students we teach. First, by establishing rapport with parents before concerns and academic deficiencies emerge. This can generate positive social equity, understanding, and cooperation towards shared goals that are to be accomplished. No two parent's experience SLD in the same way, even though their children have the same broad identification that is SLD. Teachers should seek to ascertain the amount of communication the parent requires or expects, the level of commitment the parent has in their child's academic pursuits, and their desire or need for professional guidance to address their child's otherness. Teachers should recognize, respect, and remember that parents are their equal partners and have a rightful place at the decision table and must have maximum input into the resolutions that affect their child's future.

To understand educating an adolescent identified as having a SLD is to recognize that each member is running a different kind of race albeit on the same track. For the identified child who is struggling year after year to keep up with peers, this journey of otherness manifests itself as a recurring nine month sprint. For the teacher charged with identifying needs, assisting families and implementing services, the journey becomes a relay; from teacher to teacher, from school to school, each attempting to perform a seamless hand off of responsibilities through collaboration and communication. However, for the parent with an adolescent identified as having an SLD, living with this SLD, this otherness, is a long exhaustive marathon.

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Appendix A: Notice of the Intent to Conduct a Phenomenological Study

I am Linda Seals, a doctoral candidate at Walden University, and teacher in the [Targeted] District on the island of Oahu. I am seeking parents or caregivers to adolescents ages (10-18), who have been identified with having a specific learning disability, (SLD) and attend any middle or high school in the [targeted] district area, as volunteers to participate in a phenomenological research study. This study seeks to understand the experiences of parents or caretakers who have been through the process of having a child found eligible for special education services because of having a specific learning disability.

This study will consist of a survey, and two to three oral interviews, lasting a minimum of 30 minutes. The interview will be recorded for accuracy in transcribing responses and will **NOT** be used for any other purpose. I guarantee your identity will be anonymous. Participants will be identified only by a number. There is no monetary compensation for your participation, however **transportation and $20.00 gift card will be provided to all participants**. This study will be conducted at the school of the participant's choice, at a time that is mutually agreed upon by both participant and researcher.

This study seeks to understand the experiences of parents of adolescents identified with having a SLD. This study will ask questions of a personal nature, therefore, your **participation is strictly voluntary** and if you initially decide to participate and change your mind, you may do so without any ill will or consequences. Your input will provide valuable information to educators who are interested in better serving adolescents having the SLD designation.

Criteria for Participation

1. The adolescent I parent or care for is enrolled and attends one of the high schools or middle schools located within the [targeted] district and is receiving special education services because he or she has been identified with having a specific learning disability, (SLD).
2. I am willing and able to accurately discuss my experiences with parenting an adolescent having already been found eligible for special education services because he or she was deemed to have a learning disability.

I am willing to talk about my experience with my child concerning home life, and school life. Examples: homework, participation in IEP meetings, communication with teachers, feelings and thoughts about your child's disability.

Appendix B: Initial Data Form

First Name ________________________________ First Initial of Last Name____

Participant #_____ (researcher's use only)

Pseudonym Given: **________________________________ (researcher's use only)**

My Parenting Status is:

Married and jointly raising our child with SLD in the same household_____
Single Parent of a child with SLD____
Co-parent with my child's step parent______
Co-parent with a Significant other, same household ____
Grandparent_____
Foster Parent_____
Other__ Please Specify____

Total Number of Children you parent _________
Total Number of Children you parent, who have been identified with SLD_____

My child identified with SLD is female _____
My child identified with SLD is male _____
My child identified with SLD age is _____
My child identified with SLD attends _____ grade

Participant's Contact Numbers or E-mail: (1) ______________________________

(2) _____________________________ (3) __________________________________

Mailing Address:
____

*(To be used **only** for participant member checking of facts and to provide the participant, upon request, the complete study results.)*

Appendix C: Sample Questions Asked During the Interview Process

Conducted by Linda Seals

My intent is to conduct an unstructured interview. However, if information is not naturally given, in the case of a shy participant or one that has difficulty describing the experience, the following semi-structured interview questions may be asked and used as prompts to gather the data about their experiences. Participants will be informed that they may decline to answer any question they feel offensive or too personal.

Available Interview questions:

Academic and Procedural Issues:

1. What have the professionals at school told you about *child's first name*'s LD or LD in general?
2. Do you know what the school is doing for your child and can you speak a bit about the process of the initial eligibility, or reevaluation?
3. Describe the relationship you have with your child's current teacher? Care Coordinator, IEP team members?
4. Show procedural rights and safeguards: Have you seen this pamphlet? Do you know its purpose? Have you read it? Skimmed it? Not read it? If you have read it how well do you think you understand it? Have you ever had to assert your rights contained within? Which ones?
5. Can you explain for me please what you think the purpose of an IEP meeting is? How many IEP meetings do you think you have attended? Who was there and

why were they there? Talk a bit about your child's IEP meetings? Describe the experience for me?

6. Without using names, tell me about your child's best care coordinator? What made him or her "the best?" Explain.
7. Without using names, tell me about your child's worst care coordinator? What made him or her "the worst?" Explain.
8. What is your role in the IEP process? Do you know where to go when you disagree with IEP decision? Is there a more effective way to get the rights and responsibility message out to parents?
9. What is your child's reading level?
10. How many classes does he have that are taught by a special educator? Which classes are these? Why not the others?
11. What about the annual IEPs can you speak to me about his progress, goals and objectives? Are they being met? Do they change? Do you see a difference? What do you see as the teacher's role in the IEP process? The administrator? What is expected of you?
12. How many times a year, on average do you meet with teachers concerning your child's disability?
13. Do you feel that you are equipped to help your child academically? Describe what your child needs help in doing and what assistance you provide. What assistance does he or she get at school?

Home and Family Issues:

14. Tell me a bit about your own experience as a student? What sort of student were you, in terms of grades and behavior?
15. Is there anyone in your family that has been identified with having a SLD? Explain who and how do you know?
16. Did you have any particular difficulties in any subjects in school? If so, which ones? In which subjects were you particularly successful?
17. How about your child? Answering to #3
18. Tell me about your child. What is he or she like? Just talk a bit about personality; likes and dislikes anything you would like a teacher to know about *child's first name*?
19. Can you describe your child's learning disability to me? How does it show itself?
20. How did you first become aware that *child's first name* had learning difficulties?
21. When did you first become aware that he or she had learning difficulties? Can you tell me where you were and how it came to be?
22. Were there any signs of learning problems before he or she started school? or if recognized at school, let's talk about when you became aware of a learning problem, who made you aware, and how you were made aware that there maybe an issue with LD?

23. How did you feel when you learned about your child’s LD? Talk a bit about what that was like? Did you change anything at home or have any discussions with other family members? If so can you tell me about that?
24. Tell me about your child’s disability? When someone tells you that your child is LD? What does that mean to you? Do you know specifically what makes your child eligible for special education?
25. Does he or she (the child) know he or she has been determined to have LD?
26. Let’s talk about you and *child’s first name*. What do you tell him or her about the LD?
27. Do his or her siblings know about the LD?
28. How does that impact, if any, their relationship with one another?
29. (If not and only child ask) Do you see any behavioral differences between your child with SLD and your child or children without SLD?
30. Have you spoken with others (friends or neighbors) about *your child’s LD*? Why or why not? Tell me about those conversations.
31. Do you know anyone who has (family, friends, or neighbors) a child with LD?
32. Have you spoken with a doctor about *child’s first name* LD?
33. If you feel comfortable, would you share what the doctor told you? Or why haven’t you spoken to your child’s doctor? **You do not need to answer this question if you do not want to do so.**

34. Do people outside your nuclear family know about the LD? What about Grandparents, neighbors, friends? Do you ever talk to them about your child having LD? What kind of feedback do you get?
35. Describe a typical morning before school begins. What is your routine with *child's first name?*
36. Describe the after school activities?
37. Tell me about homework time, When does it occur, where does it occur? How long does it last? Describe the typical experience.
38. Where do you go if you need help with *child's first name's* homework or behavior*? Who do you contact? How often? Is it useful?*
39. Are there any financial issues related to having a child with LD? If so, what are they and how is it managed?
40. Are there special things you must do at home to help *child's first name* socially, or academically to navigate school and the community in a successful way? Can you talk about some of those things?
41. How if at all does having a child with LD change your everyday life?
42. How do you see *child's first name* after high school? Has your family discussed the future independence of *child's first name?*

Appendix D: Flyer to Participate

Seeking Parents or Caregivers of Adolescents who have been identified with having a Specific Learning Disability (SLD).

☑ Are you a parent or caregivers to an adolescent age (10-18), who has been identified with having a Specific Learning Disability (SLD)?

☑ The adolescent is attending a public middle or high school in Hawaii?

☑ I am willing to talk about my experience with my child concerning home life and school life. Examples: Homework, participation in IEP meetings, communication with teachers, feelings and thoughts about your child's disability.

I am looking for volunteers to participate in a research study. This study seeks to understand the experiences of parents or caretakers who have been through the process of having a child found eligible for special education services because of having a specific learning disability.

Interviews will be recorded and I guarantee your identity will remain anonymous.

Transportation will be provided, when needed. All participants will receive a $20.00 gift card from Longs, Foodland, or Walmart.

If you would like to volunteer to participate in this study please contact:

Appendix E: Member Checking Letter

xxxxxxxxxxx

Dear Mrs. XXXXXXX,

Thank you for meeting with me in an extended interview and sharing your experiences as a parent of an adolescent identified with and having a SLD. I appreciate your willingness to share your unique and personal thoughts, feelings, events, and situations.

I have attached a transcript of your interview. Would you please review the entire document? Be sure to ask yourself if this interview has fully captured your experience having a child identified with having a SLD. After reviewing the transcript of the interview, you may realize that an important experience was neglected. Please feel free to add comments in the left column of the transcript that would further elaborate your experience(s), or if you prefer we can arrange to meet again and record your additions or corrections. Please do not edit for grammatical corrections. The way you told your story is what is critical.

When you have reviewed the verbatim transcript and have had an opportunity to make changes and additions, please e-mail the corrected transcript back to me at xxxxxxxx If I do not hear from you after 5 days, I will assume you are satisfied with the transcript.

I have greatly valued your participation in this research study and your willingness to share your experiences. If you have questions or concerns, do not hesitate to contact me by e-mail or phone at xxxxxxx. I hope your experience contributing to this study was a pleasant one.

With warm regards,

Linda Seals

Curriculum Vitae

Linda J. Seals

LICENSURES AND CERTIFICATIONS

National Board Certified Teacher
Early Childhood through Young Adulthood/Exceptional Needs Specialist (Mild to moderate)

Certified in the State of Hawai‘i:

- **Special Education —** Mild to moderate Pre-K to 12th grade
- General Education **Reading Specialist —** Middle Level Certified 5th thru 12th grade
- General Education **English/Language Arts Teacher —** Middle Level Certified 6th /7th /8th and 9th grade
- General Education **Business Education Teacher —** Secondary Certified 7th -12th grade

Certified in State of Louisiana, Lifetime Appointment

ACADEMIC PREPARATION

Doctorate of Philosophy, Special Education August 2010
Walden University, Minneapolis, MN
Dissertation: The experiences of parents with adolescents identified as having a specific learning disability?
Advisor: Dr. Lorraine Cleeton

Masters of Education, Education, 1995
Georgia Southern University, Statesboro, GA

Bachelor of Arts, Business Management, 1992
University of Maryland, Heidelberg, Germany

EXPERIENCES AND PROFESSIONAL AREAS OF INTEREST

- Continued mentoring as a workshop facilitator to promising National Board Certified Teacher Candidates in Hawaii for the Hawaii State Standards Board.
- Continued mentorship to entry level teachers, newly assigned to Hawai‘i Department of Education as classroom teachers in special education and general education.

- Currently serve as a member of the Western Association Accrediting Commission for School's Visiting Accreditation Team.
- Currently serve as a member of the XXX School Community Council, working with parents, teachers and students to make decisions concerning budgeting, personnel, and administrative implementation of the school's financial and academic plan.
- Presenter at Gear-Up 2004, Showcase of Hawaii School's Promising Practices.
- Three years with the Hawaii Department of Education as a state service tester, inspecting records of students with special needs and interviewing team members to determine and assess adequate implementation of random individual education plans and services, ensuring compliance to IDEA.
- Excellent computer skills, both PC and Apple platform using a variety of the most current business, grading, assessment, and teaching software.

TEACHING EXPERIENCE

Public School Teacher

Teacher, English/ Language Arts

July 2006 - present

Teacher, Special Education (Mild to Moderate)

July 2000 - July 2006

- Resource teacher to students with mild to moderate disabilities in general education inclusive classrooms school wide.
- Served as consultant and team collaborator to general education teachers teaching students identified under IDEA.
- Taught students with moderate retardation and Autism, life skills and basic functional literacy skills.
- Taught students with mild learning disabilities in a pull out setting in language arts, social studies, and reading.
- Taught students with emotional disturbances, conduct disorders, and those diagnosed with oppositional defiant disorder in an alternative classroom setting.

General Education Teacher, Computer Literacy

September 1996 - July 2000

Program Instructor

Economic Opportunity Authority

August 1995 - May 1996

- Taught life and functional job skills, such as self-esteem building, communication and behavior in the workplace to third generation women receiving public assistance who were directly affected by that state's welfare to work law.
- Recommended and evaluated computer equipment for use within the department.
- Taught parenting classes

Staff Sergeant

United States Army, Various Locations

July 1979 - May 1994

- Honorably discharged with numerous accommodations for achievement during service, and multiple medals for good conduct.