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Inclusive Education: Related Services Providers' Perceptions of their Roles and Responsibilities

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Walden University
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Abstract

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MA, Norfolk State University, 2003

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Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

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Abstract

Studies that expressly define the roles of related service providers in inclusive schools are limited. The purpose of this phenomenological study was to examine the lived experiences of related service providers, specifically occupational therapists, physical therapists, and speech and language pathologists, who practice in an inclusive education setting. An objective was to examine their attitudes and beliefs toward inclusion. This study used role theory as the theoretical framework. Tenets of role theory were used to explain how related service providers have come to understand their roles and responsibilities in the inclusion setting. Purposeful and snowball sampling yielded 10 participants who participated in semi-structured interviews. Data were analyzed using a multistep, phenomenological analysis method. The participants' descriptions of their involvement in inclusion revealed 7 themes: Expert/consultant, evaluator, direct service provider, mainstreaming, methods of collaboration, member of a multidisciplinary team, and documentation. Findings suggest a strong correlation between the perceived roles of the participants and the generic roles reported in the literature. Three themes emerged from their descriptions of their attitudes toward inclusion: general definition of inclusion, social/behavioral effects on inclusion, and barriers to inclusive education. The participants' views on the behavioral and social impact of inclusive education were mixed. Findings inform stakeholders about the day to day experiences of related service providers in an inclusion setting. This study represents a steppingstone toward increasing awareness of school-based professionals' contributions to the educational experience of special education students.

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Dedication

I dedicate this dissertation to my family and friends. Thank you all for believing in me, especially during those moments, I did not believe in myself.

Philippians 4:13

I can do all things through Christ who strengthens me

Acknowledgment

First and foremost, I would like to give all praise and glory to God for giving me the strength and patience to complete my doctoral study. To my loving husband and best friend, thank you for holding me accountable and believing in me. To my parents, who I love deeply, I hope I've made you both proud. I am incredibly grateful for my four sisters, who motivated me to press my way and stay the course. I extend my gratitude to my nieces and nephews, for they have undeniably influenced my determination to finish what I started. To my only born son Mason, thank you for giving me purpose. You inspire me to be the best version of myself. All of you have expressed profound belief in my ability to succeed, and for that, I am forever grateful.

Obtaining a Ph.D. has been like no other experience. It was the unwavering support and the grace of God that made this possible. My close friends and many others that I have not mentioned have offered me endless support and encouragement throughout this process, and for that, I am incredibly appreciative. I want to express my most heartfelt appreciation to my dissertation committee members Dr. Tyler-Balkcom, Dr. Hertenstein, and Dr. Cabiria, for their constructive criticism and guidance. Each of you has significantly contributed to my professional growth.

I realize now that it takes a great support system to complete a doctoral program, and I was fortunate to have one every step of the way. I am incredibly grateful to have finally finished this doctoral study. Praise God! It is complete!

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Chapter 1: Introduction to the Study

Overview of Inclusive Education

Children who receive special education now have access to the general education curriculum. Congress, in 1975, passed The Education for All Handicap Individuals Act (EHA), which guaranteed students with disabilities access to free and public education (Hyatt & Filler, 2011; Marx et al., 2014; Murawski & Lochner, 2011; Zirkel, 2013). Over the years, federal legislation has been amended, reinforcing the integration of special education students in the general education classroom, also known as the Least Restrictive Environment (LRE). Subsequently, coteaching emerged as the most practical way to educate diverse students in a single learning environment (Cook & Friend, 1995; Strieker, Gillis, & Zong, 2013). Across the United States, cotaught inclusive classrooms were formed but with very little knowledge of how its implementation would influence student outcomes. Interests in the efficacy of inclusive education with coteaching arose, resulting in researchers examining its influence on student outcomes to include academic, behavioral, and social functioning. In response to new succeeding federal legislation, specifically, The No Child Left Behind Act of 2001 and 2004 reauthorized IDEA, which requires all students to participate in state-mandated testing, grew an even heightened interest in how inclusive education would aid in all students mastering state-identified standards (Magiera et al., 2006).

For inclusive education to work, a collaborative effort between educators, administrators, and other essential personnel is necessary. In compliance with the EHA, which has since then become known as the Individuals with Disabilities Education Act

(IDEA), children with disabilities, whenever possible, are taught in the general education classroom alongside their nondisabled peers. Federal legislation mandates that all children with disabilities receive a quality education, which includes education-related services (e.g., physical therapy, speech therapy, occupational therapy, etc.) (Giangreco, 2000). Traditionally, education-related services were provided in isolated settings with inclusive education; it was believed that related services could also be provided in the LRE (Giangreco, 2000). There has been some uncertainty about what related services are and how to implement them in an inclusive setting (Neal, Bigby, & Nicholson, 2004; Osborne, 1984; Giangreco, 2000). While the literature is replete with both descriptions and perceptions of the roles of educators and administrators in inclusive settings, this is not the case for related services providers (Reeder, 2011; Wilson, Kim, & Michaels, 2013).

Background of the Study

Educating students with special education needs within the (LRE is an original mandate of The Education for All Handicap Individuals Act of 1975 (Hyatt & Filler, 2011; Marx et al., 2014; Murawski & Swanson, 2001; Zirkel, 2013). By the late 1980s, a variation of collaborative teaching was discussed as an avenue to educate special education students in the general education setting (Cook & Friend, 1995a; Strieker et al., 2013). The literature reports that the idea of coteaching developed from the belief that special education and related services could be provided in the general education classroom through collaboration (Friend et al. 2010). Hence, cooperative teaching, recognized as a general and special education teacher educating diverse learners in a

single learning environment, has been a function of special education for many years (Friend, Cook, Hurley-Chamberlain, & Shamberger, 2010). Since then, IDEA released legislation, precisely the 1997 reauthorization, placing more emphasis on allowing disabled students to receive education within the general education classroom (Hyatt & Filler, 2011; Marx et al., 2014). Services provided outside of the general education setting required documented justification in each students' individualized education plan (IEP; Conderman, 2011). Two fundamental dynamics have more recently caused a wave of educational systems to restructure their academic environments to include inclusion classrooms. The No Child Left Behind Act (NCLB) of 2001 and 2004 reauthorized IDEA collectively contain legislation that requires all children with special education need to partake in state-mandated testing and mandates their exposure to the general education curriculum in a general education setting (Magiera et al., 2006). Amendments also emphasized the need for all school personnel, including related services providers (e.g., occupational therapists, speech pathologists, physical therapists, etc.), to collaboratively work toward the shared goal of improving student outcomes.

According to Friend et al. (2010), the implementation of inclusive education was mostly in response to federal legislation mandating that students in need of special education services receive academic instruction and related services within the LRE to the greatest extent possible. How to incorporate related services into the general education classroom was especially unclear, as those services had become conveniently confined to resource rooms or separate locations (Friend et al., 2010). Without precise knowledge of the exact impact its implementation would have on students' progress, the

practice of inclusion launched. There was a belief however that inclusive classrooms would address the behavioral and social needs of children with special education needs as it would foster more frequent interaction between students with and without disabilities (Idol, 2006; Magiera et al., 2006; Rea, McLaughlin, & Walther-Thomas, 2002). Interest in the academic impact of inclusive schooling has heightened over the past decade, particularly because children with special education needs are expected to master state-defined standards. Presumably, requiring all students' participation in state-mandated testing would increase the extent to which special education students have access to the general education curriculum, ultimately improving learning outcomes.

Furthermore, the NCLB act of 2001 has further challenged school systems to improve learning outcomes of their students receiving special education services, as their performance on state-mandated assessments counts when calculating adequate yearly progress (AYP), a requirement to receive accreditation (Martin, 2012; Segool, Carlson, Goforth, von der Embse, & Barterian, 2013; Yell, Katsiyannis, Collins, & Losinski, 2012). In conjunction with inclusive education, “coteaching seems to be a vehicle through which legislative expectations can be met while students with disabilities at the same time can receive the specially designed instruction and other supports to which they are entitled” (Friend et al., 2010, p 10). Thus, many schools have resorted to the provision of special education and related services in the general education setting.

Full inclusion was intended to merge general and special education instruction, exposing both populations to the same curriculum to ultimately close the academic gap. This movement toward fully inclusive cotaught classrooms has not been without debate,

as it is a complex and challenging educational reform that has been misunderstood, opposed by teachers, and unsupported by school administrators (Sindelar, Shearer, Yendol-Hoppey, & Liebert, 2006). However, "many professionals in education contend that providing support services for students with learning disabilities (LD) in their general education classrooms is preferable to assisting in resource rooms" (Klingner, Vaughn, Schumm, Cohen, & Forgan, 1998, p. 148). The controversy behind this educational reform led to researchers examining the academic impact of inclusion models, pull out models, and coteaching (Lindsay, 2007; Murawski & Swanson, 2001; Rea et al., 2002; Ruijs, Peetsma, & van der Veen, 2010; Tremblay, 2013). Findings have been inconsistent, and the debate over which service delivery method is most appropriate continues.

One argument for full inclusion is that students have increased exposure to relevant academic instruction (Klingner et al., 1998). Also, arguably, students who are pulled out are missing key content covered while they are not present. According to Friend et al. (2010), the collaboration between educators, administrators, and related service providers has been an ideal practice in special education for decades; however, services such as related services were conveniently confined to isolated settings. The problem with that is absence from the general education classroom impinges on disabled students' exposure to the general education curriculum (Roden, Borgemenke, & Holt, 2013). Now, each student is held accountable for meeting the same standards of academic achievement, making it imperative that students with and without disabilities are exposed to the same curriculum to the greatest extent possible. Roden et al. (2013) conducted a

study examining the impact of increased access to the general education curriculum (more than 80% of the school day) on the achievement level of special education students with IEP goals for reading and math. Results suggested that students in Grades 3-11 had improvements in their academic performance based on their state-mandated test scores. Aligning with the intent of full inclusion, more access to the general education curriculum resulted in improved academic performance of special education students. Still, while some schools have implemented fully inclusive classrooms, other schools continue to use an approach like that of the pull-out model specifically for the provision of related services.

Related services include audiology, speech pathology, physical and occupational therapy, psychological services, counseling services, social work services, recreation, and medical services (Aron & Loprest, 2012; Neal et al., 2004). Related services are supplemental services provided to increase the benefits of special education (Neal et al., 2004; Osborne, 1984). Students who receive related services spend most of their school day in a general education classroom but are pulled out by related services personnel to receive these supports. Traditionally, specialists (i.e., speech pathologists, school psychologists, counselors, occupational, and physical therapists) have provided support to special education teachers. These supportive services are historically offered in isolated settings (Friend et al., 2010). The transition to full inclusion developed the impression that special education and related services could all be provided within the general education classroom (Friend et al., 2010). Researchers have examined the provision of related services: speech services (Prelock, 2000), school counseling (Clark & Breman,

2009), occupational therapy (Silverman & Millspaugh, 2006), and physical therapy (Murata & Tan, 2009) in the academic setting. Still, the question of how related services fit into the inclusion classroom arises.

Problem Statement

The movement toward inclusive education and high-stakes testing with greater accountability for students with special needs has challenged academic personnel, including educators, administrators, and related services providers to step out of their traditional roles (Sonday et al., 2012; Teasley & Cruz, 2014; Watson and Bellon-Harn, 2013). The intent of inclusive education is that all school personnel work together (Teasley & Cruz, 2014). Amendments to NCLB act and IDEA make it clear that both teaching and nonteaching school personnel, such as related services providers, are responsible for improving academic outcomes (Laverdure & Rose, 2012; Magiera et al., 2006). Greater emphasis is placed on staffing classrooms with highly qualified teachers to improve the quality of instruction (Brownell, Sindelar, Kiely, & Danielson, 2010; Nichols, Dowdy, & Nichols, 2010), and on related services providers collaborating with educators to support students with disabilities (Hargreaves, Nakhooda, Mottay, & Subramoney, 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Sonday et al., 2012; & Pampoulou, 2016). While the roles of educators seem somewhat understood in the provision of inclusive education, there still lies an uncertainty of the roles and responsibilities of related services providers in inclusion settings (Reeder, 2011; Wilson et al., 2013).

Researchers have investigated the collaborative relationships between related services providers and educators to explore factors hindering and or influencing collaboration in the inclusion setting (Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; & Pampoulou, 2016; Sonday et al., 2012). Role ambiguity of related services providers repeatedly arises as a hindrance to successful collaboration between school professionals and educators (Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Sonday et al., 2012). Still, literature expressly defining the roles of related service providers is scarce (Reeder, 2011; Wilson et al., 2013).

Individuals within the school community have limited understanding of the role of related services providers in the inclusion setting (Leigers, Myers, Schneck, 2016), and parents lack knowledge of the particular roles of school and educational professionals (McConnellogue, 2011). Related services providers are integral members of the school community. Collaboratively working with educators, related services providers provide students the supportive services needed to benefit from special education services and act as a resource to educators, school personnel, parents, and students. Any uncertainty regarding their roles is worthy of clarification, as the establishment of definitive roles is the foundation of a successful collaborative relationship (Bose & Hinojosa, 2008). Researchers have recommended that related services providers take a more active position in raising awareness of their roles (Hargreaves et al. , 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Reeder, 2011; Sonday et al., 2012) such as through direct observation and interviewing (Mcleod & Baker, 2014). Thus, the time is ripe to bring

forward first-hand accounts of related services providers in inclusion schools, specifically identifying their perceptions of their roles and responsibilities.

Purpose of this Study

The purpose of this phenomenological study was to examine the lived experiences of related services providers, specifically occupational therapists, physical therapists, and speech and language pathologists, who are currently practicing in an inclusive education setting. Understanding the lived experiences of related services providers in an inclusive setting lays a foundation toward alleviating role ambiguity as a hindrance to successful collaboration between related services providers and educators (Hargreaves et al. , 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Reeder, 2011; Sonday et al., 2012). An implication of the study would be increased awareness of the roles and responsibilities of related services providers (Hargreaves et al., 2012; Reeder, 2011; Sonday et al., 2012; Wilson et al., 2013) within their collaborative relationships. I intended to bring forth the voices of related services professionals for an understanding of how they provide support to teachers, staff, students, and parents.

Research Question

The overall research question guiding this study was *How do related services providers perceive their roles and responsibilities in the process of inclusive education?* An objective of this study is to examine their attitudes and beliefs toward inclusion.

Theoretical Framework

This study is based on the theoretical framework of role theory. Role theory emphasizes individuals and their behaviors and seeks to explain variables that explain

those behaviors. According to Biddle (2013), role theory deals with patterns of behaviors representative of persons within certain environments. Behaviors, also referred to as roles, are associated with social status, which is generally recognized as pertaining to a group of individuals (Biddle, 2013; Bettini, Park, Benedict, Kimberling, & Leite, 2016). Role theory is a science applicable to studies of groups, communities, organizations, and classrooms and thus can be applied in education and other settings in which professionals provide a service (Biddle, 1986, 2013; Bettini et al., 2016). Thus, a role is commonly recognized as an identity, expectations, and responsibilities specific to social status or position. "role theory presumes that expectations are the major generators of roles, that expectations are learned through experience, and that persons are aware of the expectations they hold" (Biddle, 1986, p. 69). Role theory can explain the formation of perceived roles and responsibilities of related services providers in an inclusion setting, as this theory of role development places emphasis on influential forces that shape individual beliefs, behavior, and expectations of self and others.

Nature of Study

A qualitative design, specifically a phenomenological approach, seemed fitting for this study. I used Husserl's descriptive (transcendental) phenomenological approach to describe the lived experiences of related services providers in an inclusion setting. Husserl's approach emphasizes the value of personal experience in understanding what drives human behavior (Lopez & Willis, 2004). Miller and Salkind (2002) discussed how qualitative research designs are useful in obtaining genuine in-depth information about an experience. A quantitative design was not considered for this study, as the goal was not to

predict nor explain findings but to explore and discover information about an issue (see Creswell, 2003; Miller & Salkind, 2002). Quantitative research is useful in testing hypotheses and looking at cause and effect. Researchers employ a quantitative approach to identify statistical relationships between variables through the manipulation of those variables in controlled settings (Creswell, 2003; Miller & Salkind, 2002). A researcher uses a qualitative approach when in pursuit of a deeper understanding of an issue to understand human behavior (Creswell, 2003; Miller & Salkind, 2002). I intended to explore the behavior (e.g., roles and responsibilities) of related services providers within their natural environment (e.g., inclusion classroom), ultimately describing the role of related services providers from their point of view. Thus, a qualitative approach is well suited for this research.

Qualitative research uses a variety of approaches to explore the human experience. Grounded theory is a qualitative approach used to develop a theory(Creswell, 2003; Strauss & Corbin, 1990). According to Creswell (2003), the purpose of grounded theory is to generate or discover theory in the process of research. Ethnography is another qualitative approach used to describe behavioral patterns driven by cultural groups (Strauss & Corbin, 1990). Ethnographic researchers are interested in the meaning of behavior (Creswell, 2003). Phenomenology, another qualitative approach, is also concerned with meaning but through the lived experiences of individuals (Creswell, 2003; Strauss & Corbin, 1990). Like ethnographic research, phenomenological studies use theory to interpret behavior (Creswell, 2003; Giorgi, 2006; Strauss & Corbin, 1990).

Through phenomenology, the researcher can deeply understand a phenomenon through the eyes of individuals who live within a situation.

A qualitative phenomenological approach was chosen for this study, as the purpose of this research was to explore the lived experiences of related services providers within an inclusion setting. I sought to describe the experiences of the related services providers practicing within an inclusion setting to understand the real meaning of their experiences from their perspective. Grounded theory was dismissed as an option, as I was not looking to generate a theory about the roles and responsibilities of related services providers. Ethnography was unsuitable for this research because related services providers are not considered a homogenized cultural group.

In qualitative research, although subjective, the researcher serves as the principal instrument of data collection. Interviewing served as the principal method of information gathering for this study. The decision to employ interviewing as the primary method of collecting data stemmed from a lack of clarity of the role of the related service provider in the inclusion classroom. One advantage of the interview is it allows the interviewer to collect insightful information relevant to the informant's characteristics, thoughts, beliefs, and experiences (Miller & Salkind, 2002). Therefore, the choice to interview related service providers is justifiable as the purpose of this study is to increase awareness of how they perceive their role in inclusive education.

Definition of Terms

Adequate Yearly Progress (AYP) – Refers to a system of accountability that requires states and schools to provide numerical data indicative of improved student outcomes (Clark & Breman, 2009).

Children with Disabilities – Children, who because of their impairments (e.g. mentally retarded, visually handicapped, speech impaired, hard of hearing, deaf, seriously emotionally disturbed, other health impaired, orthopedically impaired, multihandicapped, deaf-blind, specific learning disabilities), need special education service and related service (Zigmond, 1995).

Cooperative Teaching (Coteaching) - A general and special education teacher educating diverse learners in a single learning environment (Friend et al., 2010).

Full Inclusion – Refers to the provision of all academic services to include academic instruction and related services in the general education classroom (Idol, 2006).

Free Appropriate Public Education (FAPE) – Refers to a standard set by federal law that grants individuals with disabilities the right to an education that corresponds to their needs (Silverman & Millspaugh, 2006; Yell, 1995).

General Education Classroom – Historically referred to as the setting in which students without special education needs receive academic instruction and now also respected as the LRE (see least restrictive environment) (Cook & Friend, 1995).

General Educator – An individual that teachers in a general education classroom that historically included students without special education needs (Cook & Friend, 1995).

Inclusion Classroom – A classroom setting, consisting of both a general and special educator, in which both students with and without disabilities are taught (Magiera et al., 2006; Mastropieri et al., 2005).

Individual Disabilities Education Act (IDEA) – Federal legislation that ensures all students with disabilities receive a free and appropriate public education (FAPE) (Goldstein & Behuniak, 2012; Yell, 1995).

Individualized Education Plan (IEP) – Refers to a written educational program provided to all students who meet the criteria for special education services that outlines an individual's needs, a the particular plan of action to meet the identified needs, and strategies for progress monitoring (Conderman, 2011; Magiera et al., 2006).

Least Restrictive Environment – A federal law that mandates all schools, to the greatest extent appropriate, to expose students with disabilities to the general education curriculum (Palley, 2006; Yell, 1995).

Mainstreaming – Refers to the practice of placing children with special education needs in the classroom alongside their nondisabled peers (Idol, 2006; Lindsay, 2007).

No Child Left Behind Act (NCLB) – Federal legislation formerly known as Elementary and Secondary Education Act (ESEA) but more recently known for its emphasis on mastery of state identified standards and improve academic progress of all students, with and without special education needs (Shirvani, 2009).

Related Services – Refer to developmental, corrective services designed to assist disabled children in benefiting fully from special education (Neal et al., 2004; Osborne, 1984).

Resource Classroom – Refers to a separate classroom in the school where students with special education needs receive individualized instruction to meet their needs outlined in their IEP (Idol, 2006; Klingner et al., 1998; Magiera et al., 2006).

Self-Contained Classroom – Refers to a class specially designed for students with special education needs, particularly children with severe disabilities (Idol, 2006).

Special Education – Refers to academic services designed specifically to meet the needs of educationally and or developmentally delayed students who would most likely struggle without individualized instruction and accommodations (Zigmond, 1995).

Special Educator – An individual who teaches students with mild, moderate, and or severe disabilities (Zigmond, 1995).

State Mandated Testing – Refers to the process by which educational systems administer state-approved standardized tests designed to measure students' mastery of core subject material (Magiera et al., 2006).

Assumptions, Limitations, Scope, and Delimitations

There are several assumptions regarding the usefulness of findings. There is an assumption that related services providers were openly expressive about their experiences working with students, educators, and families in an inclusive school setting. It was also assumed that all participants' reports of their day to day activities were an accurate indication of their roles and responsibilities. There is an assumption that interviewing was the most effective measure to collect meaningful information about the participants' experiences (see Creswell, 2003). There is also an assumption that the selected related services providers are providing school-based therapy within the LRE according to

federal legislation (see Hyatt & Filler, 2011; Marx et al., 2014; Murawski & Swanson, 2001; Zirkel, 2013). I assumed that related services providers were truthful and detailed in their answers to interview questions. Also, it is expected that the related services providers' interview responses would yield meaningful data to gain a deeper understanding of their experiences providing school-based therapy in an inclusion setting.

This study had potential limitations related to data collection, setting, generalizability, and sample size. It is possible that responses from participants would not be generalizable and therefore fail to be useful or helpful in a way that adds to the literature. Interview responses may not have yielded meaningful information about the lived experiences of related services providers (see Creswell, 2003). Using interviewing for data collection can potentially cause participants to respond in a bias or skewed manner (Creswell, 2003; Strauss & Corbin, 1990). Also, the study took place in one school system, and therefore findings may not be generalizable to other school systems. There is also a potential for bias or error in my analysis of data using a qualitative approach, with the researcher as the primary data collector (see Creswell, 2003; Strauss & Corbin, 1990). Creswell (2003) noted that there is a human component to interviewing, increasing the risk of selective observation or inaccurate analysis of information. I employed strategies such as member checking and the use of detailed descriptions to control bias. I made every effort to reduce bias during the process of interviewing and data analysis.

The scope of this study is narrowed concerning participants and settings. The data for this study included interview responses of related services providers, specifically

speech pathologists, physical therapists, and occupational therapists in a single school district. Other related services providers (e.g., school counselors, school psychologists, etc.) and other school districts were not of interest. I used purposive sampling to ensure the selection of participants who meet the predetermined criteria (see Miller & Salkind, 2002). I only selected related service providers who met the criteria, which is based on their discipline, to participate in this research.

A delimitation of this study is that data was limited to select related services providers within a single school district. The types of related services providers chosen for this study was limited to speech pathologists, physical therapists, and occupational therapists. Also, my concern is limited to the participants' perceptions of their roles and responsibilities, providing school-based therapy in an inclusion setting. Many other issues may be of interest, including their level of competency, student outcomes in response to school-based therapy, and interprofessional collaboration; however, those are not concerns for this research.

Significance of Study

Recent legislation has caused a shift in the provision of educational instruction to include children with special education needs in general education settings. There has been a trend towards the use of inclusion classrooms consisting of cooperation between general and special education teachers to narrow the achievement gap between diverse learners. This method of service delivery has raised questions regarding its effectiveness, resulting in a host of researchers examining its benefits. Mutually quantitative and qualitative research has been conducted to address the efficacy of this model. However,

inconclusive findings have raised questions and contributed to the ongoing debate as to whether inclusive education is effective.

Many students with disabilities also receive related services, which are supportive services to help them benefit from special education. How related services are provided in inclusion classrooms is not documented clearly (Klingner et al., 1998; Rea et al., 2002). However, related services are traditionally provided in a separate location (Friend et al., 2010). With a heightened emphasis on inclusive education, related service providers are challenged to intervene in a way that does not obstruct the education of students with special education needs. Being a related service provider suggests one has expertise in a specialty area but does not guarantee that he or she is competent to provide school-based services within an inclusive setting (Giangreco, 2000). Thus, knowing the extent to which related services providers understand their roles and responsibilities is critical to the literature (Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Reeder, 2011; Sonday et al., 2012;) such as through direct observation and interviewing (Mcleod & Baker, 2014).

Findings from my study may yield information relevant to parents, educators, related service providers, and administrative personnel to indicate overlapping roles that educators and related service providers share. Due to the significance of related services in special education, the idea is to provide these services using the most efficient and practical approach. The intentions of related services are not in question, but in some cases, what is intended to help can have adverse effects (Giangreco, 2000). Based on the

inclusive education model, school personnel should make a collaborative effort to provide students with the necessary supports that would produce favorable outcomes.

The implications of social change are global. The results of the study may facilitate the establishment of a shared framework between professionals toward new ways of thinking and believing in the provision of quality education. Findings may influence educational systems and decision makers around the world to seek and employ effective strategies, restructuring their approach as needed. Findings may also aid in establishing common goals between professionals, escaping the view of related services providers as being only experts in a specialty, and valuing the contributions of all individuals accountable for the implementation and delivery of inclusive schooling.

Another social change perhaps, is increased partnership between teachers and related service providers to deliver a range of services. The intent of inclusive education is that all school personnel work together to meet the needs of diverse students (Teasley & Cruz, 2014). An exploration of the roles of related services providers from their perspective may potentially expose overlapping roles that educators and related services providers share. The literature indicates that individuals within the school community are not fully aware of the role of related services providers in the inclusion setting (Leigers, Myers, Schneck, 2016). Increasing awareness of the roles of related services providers, toward the establishment of share partnership, may potentially reduce or prevent any gaps or overlaps in services.

Summary

Inclusive education, providing education to children with special education needs within the LRE, was launched without a clear premise. That is, education systems have increasingly included special education students in the general education classroom based on the federal government's assumption that doing so would narrow the achievement gap between disabled students and their nondisabled peers (Hyatt & Filler, 2011; Marx et al., 2014). Now that children, with and without disabilities, are required to partake in state-mandated testing, and schools are expected to make AYP, educational systems are including disabled students to the greatest extent possible (Martin, 2012; Segool, et al., 2013; Yell et al., 2012).

Federal legislation mandates that children with special needs should receive all services in the general education classroom, including related services. Many educational systems compliantly moved toward inclusion but not without uncertainty. In fact, inclusive education has been met with resistance from parents, educators, and administrators (Sindelar et al., 2006). Apart from educating students within the LRE being a federal mandate, the implementation of inclusion classrooms with coteaching has been identified by some administrators as the most plausible way to comply with federal legislation. The collaboration between general and special education teachers in aspects of academic instruction and classroom organization is perceived as the key to make inclusion work.

Educators are not exclusively responsible for educating children with disabilities. School specialists or related services providers also have a vital role, as the LRE mandate

also emphasizes the provision of related services in the general education classroom (Hyatt & Filler, 2011; Marx et al., 2014; Palley, 2006). In addition to investigating the behavioral, social, and academic influence of inclusive education, researchers have examined educators' perceptions of inclusion to account for inconsistent findings (Boyle et al., 2013; Fuchs, 2010). Positive attitudes of teachers seem to correlate positively with the successful implementation of inclusive education.

Collectively, educators and related services providers have special skills to meet the diverse needs of all students within the general education classroom. According to Leader-Janssen et al. (2012), collaboration among professionals is a critical component of inclusive education. Researchers have investigated the collaborative relationships between related services providers and educators (Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Pampoulou, 2016; Sonday et al., 2012). Lack of role clarity of related services providers repeatedly arises as a hindrance to successful collaboration between school professionals and educators (Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Sonday et al., 2012). Any uncertainty regarding their roles is worthy of clarification, as the establishment of definitive roles is the foundation of a successful collaborative relationship (35). Role theory, as the theoretical framework, helped me to explain the formation of perceived roles and responsibilities of related services providers in an inclusion setting, as role theory is concerned with role development and factors that influence behavior and internalization of roles (Bettini et al., 2016; Biddle, 2013). Role theory emphasizes

individuals and their behaviors and seeks to explain variables that explain those behaviors.

Chapter 2 is a review of the literature on special education, its history, changing legislation, and factors contributing to the evolution of special education. There is a section on the movement toward inclusion and coteaching followed by a section on research, which provides a brief overview of social, behavioral, and academic outcomes of inclusive education. A section on special education related services identifies several types of related services in the school setting, and it briefly discusses the ideal roles of related services providers. There is also a section on the standards movement to emphasize the significance of state-mandated testing in inclusive education.

Chapter 2: Review of the Literature

Introduction

Special education has evolved to meet the needs of diverse students and changing legislation. The process by which students are identified for special education services, the disability classifications, and the method of delivery by which special education students receive academic instruction have all been changed to accommodate the needs of diverse students and comply with federal legislation. Newly authorized federal law has reemphasized the need to educate disabled students along with their nondisabled peers within the LRE. In the academic setting, the LRE is universally perceived as the general education classroom. School systems have shifted toward the trend of inclusive education, an educational process that exposes both special education and general education students to the same academic curriculum (Hyatt & Filler, 2011; Marx et al., 2014).

The practice of fully including all pupils has presented challenges to many including educators and related service providers (Friend et al., 2010). Related service providers are educational specialists who rehabilitate deficits in areas of functioning that impede learning. Full inclusion refers to the act of providing students with all services within the academic classroom to the greatest extent possible, which is intended to maximize all students' exposure to the general education curriculum. With all students now being held accountable for the mastery of state-identified academic standards, full exposure is even more critical. The intent of changing legislation has been to improve the

quality of education. Now, quality education is manifested in student performance on state assessments (Martin, 2012; McLaughlin & Rhim, 2007).

Literature Search Strategy

Inclusion with coteaching is a method of meeting the diverse needs of learners in the general education classroom and narrowing the academic gap between disabled and nondisabled students (Hyatt & Filler, 2011; Marx et al., 2014). This section will provide a thorough review of the literature related to inclusive education with coteaching. I used search terms such as *inclusion*, *inclusive education*, *collaborative teaching*, and *special education* for information on the evolution of inclusion, implementation, and outcomes. Very limited research was found on related services using these search terms, and using the search terms *related services* with *special education* yielded limited information as well. As a result, I used terms such as *speech therapy*, *physical therapy*, and *occupational therapy* with *special education* in search of specific related services in the academic setting. I used Thoreau Multi-Database, as it enables a search across multiple library databases. I reviewed, analyzed, and organized relevant findings into the following sections: History of Education, LRE, Movement toward Inclusion with Coteaching, Research on Inclusion and Coteaching, Standards Movement, and Special Education Related Services. The search of the literature yielded information from periodicals, prior research studies, and professional journals, which was reported to contribute to an understanding of inclusive education.

Theoretical Framework

This study is based on the theoretical framework of role theory. It was in the 1930s when studies of roles surfaced; however, the idea of a role emerged centuries ago (Biddle, 1986; Walker & Shore, 2015). The term role has its roots in acting and originally pertained to the scripts an actor memorized for a production (Biddle, 1986; Walker & Shore, 2015). The concept of a role would eventually emerge as also applying to real life situations, contributing to the emergence of role theory.

Role theory is concerned with the study of behavior, specifically how behaviors are produced, predicted, learned, and explained (Bettini, et al., 2016; Biddle, 2013). Role theory provides an understanding of role development and factors that influence behavior and internalization of roles (Bettini, et al., 2016; Biddle, 2013). Biddle (2013) purported that individuals develop an understanding of their roles and responsibilities through the following: (a) sharing of expectations, which refer to those beliefs expressed by others and internalized by the individual; (b) context or setting in which the role is performed; (c) function or effect of the role in society; (d) social interaction, which implies that one's actions or choices are socially driven, and (e), social position, which references a group of persons who share a common identity.

In summation, concepts of role theory are useful in explaining how roles have been shaped and internalized by individuals. It proposes that human behavior is influenced by predetermined expectations of individuals and groups of people. Roles correspond to behaviors that have been guided by societal influences.

Sharing of Expectations

The concept of shared expectations implies that individuals who share a social position perform in ways that correspond to predetermined norms (Biddle, 2013). Individuals' willingness to comply with expectations is influenced by (a) compliance with written standards, (b) avoidance of sanctioning, and (c) personal belief systems (Biddle, 2013). In the case of related services providers, particularly the speech and language pathologist, physical therapist, and occupational therapist, each performs by their respective discipline's code of conduct (e.g., American Speech-Language-Hearing Association, American Physical Therapy Association, and American Occupational Therapy Association). Role theorists purport that ethical standards guide professionals to act in a certain way and therefore lay the foundation of role enactment Bettini, et al., 2016. Violations of ethical standards may result in sanctions, particularly discharge from employment or loss of license (Bose & Hinojosa, 2008). Also, the related services professional's performance may be unrelated to shared expectations or a code of ethical conduct but rather indicative of personal work ethics.

Context of Setting

Most role behaviors are contextually bound. That is, a role (e.g., related services provider) is a position or social status within a social structure (e.g., school). According to Michalec and Hafferty (2015), a role, in the context of a setting, is a set of expectations established by what one should do. Role theorists claim that one's conduct is characteristic of individuals within a setting (Biddle, 2013; Richards, 2015). In the case of a related services provider, the professional practices his or her respective discipline

within the context of a school building. The role of the related services provider is to help students benefit from special education services (Giangreco, 2000). The notion that behaviors are a function of one's setting suggests that the related services provider performs in compliance with the expectations that match the IDEA definition of related services.

Function of Role in Society

Another explanation for role development concerns the function of roles in society. The functionalist approach to role theory views one's role as a product of societal expectations (Richards, 2015). Rights, privileges, duties, and obligations about a social position cooperatively shape behavioral expectations (Lynch, 2007). At one end of the spectrum, role expectations identify the anticipated behavior (Richards, 2015). For example, the role related services provider, aligns with predetermined behaviors prescribed by society. In that roles generate behaviors, the related services provider already knows the behavioral expectations and is, therefore, able to function optimally within that role. Further, behavioral expectations emerge through interaction with other roles such as in the case of related services provider and student. At the other end of the continuum, the professional enacts the behavior he or she chooses from a bank of expected behaviors predetermined by society (Lynch, 2007). From this perspective, related services providers are likely to continue in their roles because they approve of the effect they have on student outcomes.

Social Interaction

Some role theorists view roles as adaptable in that they are neither fixed nor arranged. Roles are not determined by social norms as much as they are by continually changing social processes (Biddle, 2013). Individuals interact with others to define which behaviors are representative of a role. Lynch (2007) stated it is unwise to identify roles as being specific to a position. Through interaction, one comes to accept a role as being specific to that person as an individual. Lynch asserted that role players learn what to expect from others through walking in the experiences of others, seeing the world as others see it. The related services provider learns behavioral expectations by practicing the roles he or she sees performed by colleagues (role playing) and by internalizing expectations modeled by others (role making) (see Lynch, 2007; Richards, 2015). The concept of social interaction suggests that through contact with others, roles are learned, internalized, and eventually performed. It is through social interaction that individuals influence each other, which results in the accumulation of new roles.

Social Position

Role theory is useful in explaining how individuals are expected to act based on their status (social position) within an organization or system (e.g., school). Role theory purports that individuals within a social position behave in ways characteristic of the position (Biddle, 2013; Richards, 2015). “In general, a social position is an identity that designates a commonly recognized set of persons” (Biddle, 2013, p. 5). An identity predetermines characteristic ways of behaving. The terms speech and language pathologist, occupational therapist, and the physical therapist all reference an identity or

set of persons within an organization. Each represents a social position, and each performs in a distinctive way. From this perspective, the related service provider understands his or her role to be specific to his or her discipline. Hence, awareness of roles as a function of one's social position discredits societal influences and personal beliefs as influential factors to role development.

Role Theory in Education Research

Various disciplines have used role theory in research to understand human characteristics. In role theory, characteristics pertain to patterns of behaviors or roles. Traditionally, employers applied role theory to address rule compliance and employee behavior (Biddle, 1986). More recently, role theory has a position in education and other helping professions to explain role formation and identification (Biddle, 2013). The following paragraph includes research that used role theory as a theoretical framework.

In 2004, Agresta conducted a study to examine the perceived roles of school counselors, school social workers, and school psychologists. The roles of these school professionals had grown increasingly similar, and research was needed to examine the differences and similarities of each group. Agresta used role theory as a guiding framework on the basis that lack of role clarity could result in competition among professional groups. Then, in 2015, Moss conducted a study using concepts of role theory, particularly role conflict and role ambiguity, to examine burnout in special and general education co-teachers. The purpose of the study was to examine role conflict and role ambiguity as predictors of burnout in special and general education coteachers. Also, Richards (2015) used tenets of role theory to explore how the roles of physical education

teachers are socially constructed in the school environment. Richards used the internationalist strand of role theory, which views social roles as varying and flexible. Lastly, Bettini (2016) used role theory as a conceptual framework to examine the interaction of personal (e.g., experience, certification status, self-efficacy), social (administrative support), and situational factors (classroom characteristics) that influence the quality of special education teacher's instruction. Bettini used role theory to develop an understanding of how the interactions of factors simultaneously influence role enactment. Furthermore, the application of role theory has extended beyond examining employee behavior and has been applied in educational settings as well. It's focus on human behavior makes it applicable in multiple settings. In an exploration of how related service providers perceive their roles and responsibilities in an inclusive setting, role theory would likely yield plausible explanations.

Role theory offers several justifications of role development. Role theorists assert that behaviors are characteristic of persons associated with groups of people, shaped by expectations, imbedded within social systems, and learned through social interaction (Bettini, 2016; Biddle, 1986, 2013). I used the tenets of role theory to explore the roles and responsibilities of related services providers. With the understanding that several underlying propositions are useful in establishing role definitions, the purpose of this research was not to take a stance on any one proposition but to be able to explain, through the lens of role theory, how related services providers have developed their understanding of their roles.

Methodologies Related to the Research

A review of the literature indicates researchers have used both qualitative and quantitative methods to examine aspects of special education related services (see Cahill & Egan, 2017; Glover, McCormack, & Smith-Tamaray, 2015; Hargreaves, et al., 2012; Pampoulou, 2016; Sonday, 2012). Many studies examine the collaborative relationships between related services providers and other academic team members. From these research studies emerged various themes about the practice of school-based speech pathology, occupational therapy, and physical therapy. One common theme is related to the lack of role clarity of related service providers.

The purpose of my research was to bring forth the voices of related services providers through an exploration of their roles and responsibilities in an inclusion setting. It was my intent to help others experience school-based therapy through the personal experiences of related services providers. This study required a qualitative approach, which is often used to examine complex, detailed information about a phenomenon (see Giorgi, 2006). A phenomenological design was used for this research, as this design would bring forth in-depth information of each participants' encounters (Lopez & Willis, 2004). The data collection process included methods to bring forth information about one's individual experience. The use of interviewing is the root of phenomenological research. For example, Pampoulou (2016) conducted a study exploring the experiences of speech-language pathologists and educators using a phenomenological approach. Semistructured interviews were used to gather information about their experiences working with each other in a mainstream primary school. The researchers aimed to

explore factors that influenced collaboration between teachers and speech language pathologists. The data analysis yielded several factors that promote successful collaboration: support from an authority figure, support from experts, understanding, and knowledge of professional roles, and allocated time for meetings. The findings indicate that having a shared understanding of the role of the related services provider contributed to the success of collaborative efforts. Hence, increased awareness of related service providers' roles and responsibilities will potentially increase collaborative partnerships within the context of school. The purpose of my research was to describe the contributions of school-based professionals from their point of view, as to reduce role ambiguity.

Hargreaves et al. (2012) explored collaboration between teachers and occupational (OT) therapists in a mainstream school. The researchers used purposive sampling to select a total of 10 teachers and occupational therapists. Two focus group interviews and two individual interviews were used for data collection. Five primary themes emerged from the study: methods of collaboration, benefits of collaboration, attitudes, obstacles in the collaborative relationship, and methods of overcoming obstacles. Data revealed that collaboration between teachers and occupational therapists is key to coexist in an inclusive education setting. However, having limited knowledge about the role of the occupational therapist in an inclusion setting presented as a major barrier to the collaborative relationship between OT and classroom teachers. Researchers recommended that OTs take a more active approach in increasing awareness about their roles in mainstream settings. It was also suggested that similar research be on a wider

scale as doing so would contribute to greater awareness of the roles and responsibilities of both OTs and teachers in the collaborative relationship. In pursuit of deeper understanding, qualitative inquiry is warranted to describe and assign meaning to the experiences of related services providers. Meaning is essential in qualitative research (Creswell, 2003). A deeper meaning is likely to contribute to greater awareness.

In another phenomenological study, Sonday et al. (2012) investigated the roles of school-based OTs within a full-service school and their perceived challenges transitioning to an inclusive education setting. A phenomenological approach was used, as the researchers aimed to explore the experiences of the occupational therapists, teachers, and parents with involvement in the school. Researchers used a multimethod strategy to collect data, specifically focus groups and semistructured interviews. Two major themes that emerged from the transcriptions were diverse and evolving attitudes toward inclusive education and unclear existing roles of the occupational therapist. One major limitation of this study was that there was only one occupational therapist participant working at the full-service school at the time of the study. It was suggested that having more than one OT participant would yield varying viewpoints toward a greater understanding of the experiences of OT in an inclusion setting. The researchers purported that this study lays the foundation for further exploration of the attitudes and perceived roles of school-based occupational therapists. The results of this study add to the legitimacy of my study, as it identifies a lack of role clarity as a hindrance to successful collaboration in an inclusion setting. My study was unique in that it seeks to explore the perceived roles of multiple related services providers (e.g., speech

pathologist, occupational therapist, and physical therapist) practicing in an inclusion classroom. Inquiries into the personal experiences of related services providers are likely to reveal complex information, requiring narrative explanations. Questions about perceived roles require narrative exploration to develop a complete understanding.

Quantitative and mixed-methods approaches were considered for this study, as this approach has also been used in the study of related services providers. For example, Glover, et al. (2015) used a mixed-methods approach to explore the views of both speech and language therapists and teachers regarding current practices, service delivery models, and perceptions of student needs. Researchers developed two online questionnaires, which contained both closed and open-ended questions. One contained questions specifically for teachers and the other for speech and language therapists. Researchers also used a focus group to discuss topics related to the themes and issues that emerged from the questionnaires. From the analysis of the questionnaires and focus group transcripts, several themes emerged. One theme that supports the need for the proposed study is the need for knowledge and training under which the researchers addressed the need for more pronounced roles of the related services provider.

Cahill and Egan (2017) also used a mixed-methods approach to explore the roles of occupational therapists in school-based mental health. Researchers used a 20-question likert questionnaire, which contained questions focused on the participants' perception of their roles, specifically in school-based mental health services. Qualitative data was collected via 45-minute long semistructured interviews. Researchers also used participants' responses extracted from CourseSites online discussions. From the

qualitative data emerged 2 themes: occupational therapists could do more, and occupational-based groups could help, and from these, the researchers concluded that more research is needed to understand the scope of school-based occupational therapy fully. It was my intention to provide descriptive reports of occupational therapists' roles and responsibilities in the academic setting as to alleviate uncertainty about their contributions in inclusive education.

In 2014, Cahill, McGuire, Krumdick, and Lee conducted a study examining the roles of occupational therapists in Response to Intervention (RtI) Initiative. The researchers mailed a 15-item questionnaire (14 closed-ended questions and one open-ended questions) to a sample of 1,000 school-based occupational therapists. McGuire, the second author of this research study, developed the questionnaire. Questions were designed to gather information specific to the experiences of occupational therapists collaborating with the educational team members and working directly with students. A great percentage of participants' responses suggested that school personnel, in general, lacked a solid understanding of school-based occupational therapy. A feature of quantitative research results revealed information about parts of an issue. A qualitative approach would aim to create a picture of the whole issue (see Creswell, 2003). While quantitative research has its strong points, in the current research, the goal was to describe the related service providers' roles and responsibilities, which would best be achieved using a qualitative method.

A qualitative research design, specifically a phenomenological approach, was chosen to explore the perceived roles of related services providers in an inclusion setting.

Other qualitative approaches such as ethnography and grounded theory were dismissed, as neither were appropriate in this case. Ethnography is useful in describing behavioral patterns, and grounded theory is used to construct a theory (Strauss & Corbin, 1990). The purpose of this research was to explore the lived experiences of related services providers within an inclusion setting. A hypothesis was not developed for this study, and therefore both a quantitative and mixed-methods approach have also been dismissed. A phenomenological approach was ideal as allowed the discovery of information from the direct experience of participants.

History of Special Education

Traditionally, children with special education needs were excluded from public schools (Aron & Loprest, 2012). Even with compulsory education that required all children under a certain age to attend a public educational institution, children with special needs were not included. In fact, decisions to exclude children with disabilities were upheld in the courts until the mid-1900s. In the 1958 case, the Department of Public Welfare v. Haas, the Illinois Supreme Court ruled in favor of the state, declaring that the compulsory education statute did not apply to students with disabilities (Yell, Rogers, & Lodge Rodgers, 1998). This decision was based on the assumption that disabled children would not benefit from regular school education (Yell et al., 1998). The perceived notion that children with special needs would not benefit from quality education stemmed from the premise that they were not teachable and would not make good use of the academic curriculum. Public education was originally intended to be a matter of the state, as noted in the tenth amendment of the United States Constitution (Yell et al., 1998). State

governments were assigned the responsibility of governing education because state level officials were more appropriate to respond on behalf of the needs of the people. States were at liberty to make decisions regarding education, resulting in differing approaches. The need for federal involvement was evident in that laws differed significantly between states resulting in unbalanced attempts to educate children with special needs. While some states acted for the educational liberties of students with disabilities, other states continued to exclude them or provided limited instruction.

Early federal involvement in education began in 1958 with the Expansion of Teaching in the Education of Mentally Retarded Children Act, which allowed Congress to fund programs preparing educators to teach children who were performing significantly below grade level (mental retardation now known as intellectual disability) (Aron & Loprest, 2012). An increase in federal funding for public education was as a result of the National Defense Education Act of 1958 (Yell et al., 1998). The Elementary and Secondary Act of 1965 gave funding for select groups of students, which included students with disabilities (Yell et al., 1998; Yettick, Baker, Wickersham, & Hupfeld, 2014). Lack of funds was an issue for many states in the provision of quality education. By the end of 1960 and early 1970s, most states instituted regulations mandating schools to teach children with disabilities. However, states like North Carolina were still resistant, as it was made a crime for parents to force their disabled children to attend school in 1969 (Yell et al., 1998). Congress passed Section 504 of the Rehabilitation Act in 1973 as a means to protect persons with disabilities from discrimination. Amended in 1974, Section 504 required federally funded school systems to provide quality education to all

students with disabilities by affording them access to modifications and accommodations as needed (Dobson, 2013; Zirkel, 2013). In the academic setting, accommodations refer to strategies that alter the classroom environment in a way intended to increase a student's chances of aligning academically with a nondisabled student (Aron & Loprest, 2012). The 504 plan outlines interventions (e.g., preferential seating, modified work, fewer test items, extended time for test taking, etc.) not typically provided to students (Aron & Loprest, 2012). The implementation of the 504 plan afforded students additional support in the academic setting.

Congress, under President Gerald Ford's administration, passed the Education for All Handicapped Children Act (EAHCA) of 1975 and changed views on educating children with disabilities (Keogh, 2007). It is suggested that this change was majorly inspired by the civil rights movement, a time when there were concerns regarding racial equality in our society (Keogh, 2007; Skiba et al., 2008). The Civil Rights movement of the 1950s and 1960s aimed to afford minority individuals, particularly African Americans, women, and persons with disabilities, with equal opportunities (e.g., voter rights, desegregation, quality education). The case of Brown v. Board of Education in 1954 is a historic milestone of the Civil Rights Movement, as it contributed to equal treatment for minorities. The court ruled that segregating students was unconstitutional as it was a violation of equal protection and equal educational opportunities. This ruling had a significant impact on educational law and approaches to educating students with disabilities, as equal opportunity for minorities was parallel with equal opportunity for students with disabilities (Yell et al., 1998). Additional court cases such as Pennsylvania

Association for Retarded Citizens (PARC) v. Commonwealth of Pennsylvania (1972), Mills v. Board of Education (1972), and Brown v. Board of Education of Topeka Kansas (1954) addressed inequality in the academic setting (see Hamilton-Jones & Moore, 2013; Redfield & Kraft, 2012; Yell et al., 1998). Overall, court involvement created educational opportunities for those who were initially overlooked.

The EAHCA of 1975 granted federal funding and laid the groundwork for states to appropriately educate students with disabilities (Yell, 1995). Only those states who complied with the federal mandates outlined in the EAHCA were eligible for financial support. All students, despite any disabling conditions, were assured access to public education. Students with disabilities were granted access to a free and appropriate education within the LRE in compliance with stipulations in the EAHCA of 1975 (Yell, 1995). Further, all identified students were required to have an Individualized Education Plan (IEP), containing the student's goals and objectives, the educational setting, the duration of the academic year, and the strategies for progress monitoring (Conderman, 2011). The passage of The EAHCA of 1975 also prompted universities and colleges to make changes in their training programs for educators and specialists (e.g., speech pathologists, occupation and physical therapists, counselors, and school psychologists (Keogh, 2007; Leader-Janssen, Swain, Delkamiller, & Ritzman, 2012).

Subsequent legislation aimed to broaden yet simplify the EAHCA. In 1990, what was The EAHCA of 1975 was changed to The Individuals with Disabilities Education Act (IDEA), and an amendment was added, changing the term handicapped student to a student with a disability (Hyatt & Filler, 2011; Marx et al., 2014; Palley, 2006). In 1997,

under President Clinton's administration, the IDEA was again amended and reauthorized. The goal was to improve the academic performance of students, preferring that children with special education needs receive education within the LRE (Hyatt & Filler, 2011; Marx et al., 2014; Palley, 2006). The LRE refers to the general education classroom (Hyatt & Filler, 2011; Marx et al., 2014), a setting for all students to receive an appropriate education intended to meet all instructional needs. It is the setting that provides disabled students access to the both the general education and special education curriculum, thereby narrowing the achievement gap between them and their nondisabled peers. The 1997 reauthorized IDEA focused on eliciting involvement from parents of children with disabilities to identify the special education needs of children. Originally, parents were often excluded. Now, parents are respected sources of information, and information provided by the parents is included to not only determine if a child meets criteria for special education services but also to help develop a student's IEP. The focus of the reauthorization was also on improving collaboration between general and special educators and the collaboration between teachers and other related service providers (e.g., speech pathologists, school psychologists, occupation, and physical therapists). The process of developing an IEP changed, including the requirement to objectively measure and report a student's progress toward the identified objectives and goals. Students with disabilities were then required to participate in the same state-mandated testing as their nondisabled students (see Aron & Loprest, 2012; Goldstein & Behuniak, 2012; Yell et al., 2012). However, the 1997 reauthorized IDEA required states to make available a comparable assessment for disabled students who were not able to partake in the general

assessment (Aron & Loprest, 2012b; Goldstein & Behuniak, 2012; Yell et al., 2012). Schools were mandated to expose special education students to the same academic instruction as their nondisabled peers in order to meet state and district learning standards.

The No Child Left Behind Act (NCLB) of 2001 was enacted by Congress to promote mastery of state identified standards and improve academic progress of all students, with and without special education needs (Martin, 2012; McLaughlin & Rhim, 2007; Watson, Johanson, & Dankiw, 2014; Yell et al., 2012). It has significantly influenced the way special education is both implemented and evaluated in public schools. NCLB places emphasis on several components: testing, public accountability, performance standards, and performance-based consequences (Haretos, 2005). Annually states are required to test all third through eighth-grade students in the core areas of math and reading using state and district standardized tests (Martin, 2012). These tests measure mastery of academic content identified as what students should have learned at the end of each grade level. Students are tested again in upper-grade levels on mastery of content in areas such as biology, history, and algebra. These are SOL End of Course (EOC) assessments. State-mandated testing is an objective way of measuring achievement and determining the school district's progress in narrowing achievement gaps between groups of students. States are required to make public all testing results to indicate adequate yearly progress (AYP) (see Levine & Levine, 2013; Martin, 2012; Segool et al., 2013; Yell et al., 2012). AYP is a system of accountability which requires states and schools to provide numerical data indicative of improved student outcomes (Clark & Breman,

2009). Each state is required to set annual objectives for improving academic achievement, and states that meet the goals make AYP. Further, The NCLB also places emphasis on its definition and identification of a highly qualified teacher (HQT) (see Brownell, Sindelar, Kiely, & Danielson, 2010; Nichols, Dowdy, & Nichols, 2010). A teacher who has obtained a Bachelor's degree holds a special education teaching license, and has received direct instruction in a particular core content area meets the criteria of an HQT (Blackford, Olmstead, & Stegman, 2012; Quigney, 2008). The employment of highly qualified teachers was intended to improve the quality of instruction and the delivery of education toward the ultimate goal of increasing academic achievement and making AYP.

In 2004, under President Bush's administration, the IDEA was again amended and reauthorized. The 2004 reauthorized IDEA closely aligns with NCLB in regards to the definition of an HQT (Martin, 2012). Also, congruent with NCLB, is the requirement for all students, regardless of these disability, to partake in state-mandated assessments, while providing alternate assessments for those students who are not able to partake in the state's standard assessment (Goldstein & Behuniak, 2012; Martin, 2012; Watson et al., 2014). Virginia schools use Standards of Learning (SOL). However, for students with special needs, alternative and alternate assessments include Virginia Modified Achievement Standards Test (VMAST), Virginia Substitute Evaluation Program (VSEP), Virginia Alternate Assessment Program (VAAP), and Virginia Grade Level Alternative (VGLA). Traditionally, only students who presented with a significant difference between their academic achievement and intellectual ability were considered for special

education services under the classification of a specific learning disability (SLD). New provisions under the 2004 reauthorized IDEA would now consider special education for students who failed to respond to research-based interventions, a process formally known as Response to Intervention (RTI) (Aron & Loprest, 2012). Provisions in the IDEA of 2004 clearly indicate a preference for special education students to be alongside their nondisabled peers in the general education classroom or LRE (LRE), an original mandate of federal legislation implemented in 1975 (Bailey & Zirkel, 2015; Marx et al., 2014; McLeskey & Waldron, 2011).

Least Restrictive Environment

The Individuals with Disabilities Education Act of 1990 (IDEA), which was revised in 2004 and renamed Individuals with Disabilities Education Improvement Act (IDEIA) of 2004, ensures that students with disabilities receive special education and related services (Bailey & Zirkel, 2015; McLeskey & Waldron, 2011). Key elements of this act address the setting and type of education. To sufficiently meet the needs of students with disabilities, Federal legislation ensures that children with special needs have access to a free, appropriate public education (FAPE) in the LRE (Marx et al., 2014). That is, educational services should be unique, addressing both the academic and functional needs of a student with the goal of maximizing the student's highest academic potential within the most natural setting.

Special education reform has challenged educators to restructure their schools with an unclear blueprint of how to confidently educate special education students. The issue of where to educate students with special education needs surpassed the mystery of

how to deliver academic instruction. What was clear was federal legislation required that all students with disabilities receive their education in the general education classroom or the LRE. The concept of the LRE grew out of early court decisions of education cases [e.g., Brown v. Board of Education of Topeka Kansas (1954), Wyatt v. Stickney (1972), and Mattie T vs. Holladay (1991)], all of which dealt with appropriate placement in the academic setting (Hyatt & Filler, 2011) . In response to court case rulings, academic institutions have designed their educational programs to uphold the principle of LRE.

Schools are responsible for ensuring that students identified with special academic needs are provided specially designed instruction and other relevant services detailed in the Individual Education Plan (IEP). A team of individuals, commonly referred to as the IEP team, develops the IEP and ensures the IEP is carried out as designed (Hyatt & Filler, 2011). The IEP outlines educational goals with corresponding objectives particular to the student's needs. "Briefly, LRE requires that children with disabilities be educated in the regular education environment to the maximum extent appropriate unless their educational needs cannot be met in that setting, even with the use of supplementary aids and services" (Hyatt & Filler, 2011, p. 1031). "The lack of a definition in federal legislation or by the U.S. Supreme Court leaves room for interpretation of what constitutes the LRE for each student" (Marx et al., 2014, p. 45), thereby leaving it up to educational personnel to made decisions regarding the LRE. In most cases, the LRE has been understood as the general education classroom (Hyatt & Filler, 2011; Marx et al., 2014). Whether or not one's placement within the general education classroom is appropriate is based on individual academic and social needs.

Movement toward Inclusion and Coteaching

Inclusion is grounded in the principle of the LRE (Murawski & Swanson, 2001). The movement toward inclusive education was motivated by the rising concern that students were not thriving academically (Friend et al., 2010). Identified as the most feasible way to grant students a free and appropriate education (FAPE) in the most restrictive setting, inclusion has become the design for meeting the academic needs of diverse learners in the general education setting (see Friend et al., 2010). Inclusive education is favored by critics of pull-out or resource education services based on the premise that removing disabled students from the general education classroom has failed to produce higher levels of achievement (Yell, 1995; Zigmond, 1995). Opponents of full inclusion, however, argue that inclusion classrooms do not guarantee students a free and appropriate education (Kaughman, 1993). Hence, there are differing views toward the impact of inclusive education.

Also mandated is the continuum of services, which references disabled student's access to a range of services and alternative placements to meet their needs (Hyatt & Filler, 2011; Marx et al., 2014). With the push toward inclusive education as a preferred method of service delivery, have school systems eradicated other options of the continuum as being equally important? Many have questioned if inclusion is the most appropriate alternative given the availability of other options (see Zigmond, 1995). From least restrictive to most restrictive, the following are alternative placements of the continuum: institutions, special education, home-bound instruction, special schools, hospitals, and regular education classrooms (Yell, 1995). As a student acquires skills in

response to individualized educational services, he or she can move along the continuum to the appropriate restrictive setting. Based on the principle of inclusive education, full access to the general education classroom is the preferred option. The historical practices of special education conflict with the overall purpose of educating students within the LRE.

Nevertheless, academic institutions around the country have adjusted their educational programs to include students with disabilities without research-based evidence of its effectiveness (Friend et al., 2010). The concept of the inclusion model was predicted to promote interaction between disabled students and their nondisabled peers thereby addressing behavioral and social needs (Dessemontet et al., 2012; Roden et al., 2013; Ryndak et al., 2014)(Cook & Friend, 1995; Idol, 2006; Rea, et al., 2002). However, at the onset of implementation, knowledge of the impact of inclusive education as a model of service delivery on academic progress was limited and, in fact, was considered extraneous (Stainback & Stainback, 1992). Manset and Semmel (1997) argued that inclusion was morally and ethically imperative, and thus research on its effectiveness was not required. Stainback and Stainback (1992) believed the movement toward inclusion was not a matter of science but a matter of equal opportunity. Inclusive schooling was believed to be the makings of a better educational experience for all students (Kleinert et al., 2015; Manset & Semmel, 1997; Stainback & Stainback, 1992). In a broad sense, inclusion promotes the integration and participation of all students regardless of their diverse characteristics and needs.

The manner in which special education students are integrated into general education classrooms may vary depending on the school setting (Friend et al., 2010). Full inclusion and mainstreaming, also known as partial inclusion, are two variations of inclusion documented in the literature (Giangreco, 2007; Lindeman & Magiera, 2014). In fully inclusive classrooms, "All children are educated together – they are all included regardless of the differentiation or remediation needed. Typically modifications are made in the general education classroom with no or limited pullout services" (Lindeman & Magiera, 2014, p. 42). In academic settings that employ mainstreaming, students are afforded maximum exposure to the general education classroom but are pulled out in the event special help is needed (Alquraini & Gut, 2012; Lindeman & Magiera, 2014). Educating students with disabilities outside of the general education classroom conflicts with the objective of inclusion (see Obiakor, 2011), still, there are a large number of students, particularly students with severe disabilities, who are continually educated in segregated settings (see Kurth et al., 2014; Ryndak et al., 2014). Hence, evidence suggests education systems have not fully shifted toward inclusive education.

In addition to the debate on including students with disabilities in the general education classroom, arose discussions on the most practical strategy to implement inclusion. By the 1990s, coteaching had gained respect as one of the most popular means (Friend et al., 2015; Nichols & Sheffield, 2014). Defined as "Two or more educators working collaboratively to deliver instruction to a heterogeneous group of students in a shared instructional space" (Conderman, 2011, p. 24), coteaching had become widely employed by school systems as an avenue for teachers to work closely together. Still, it

was not until over two decades later did school systems begin to implement coteaching appropriately as a method of instructional delivery (Walsh, 2012). For coteaching to work, inclusion classrooms would need to be equipped with two teachers who collaboratively provide instruction to both special education and general education students, employing instructional strategies to meet the individual needs of all students (Roden et al., 2013; Tremblay, 2013). That is, both teachers must be fully invested in the learning experience of each student. Coteaching would not be successful merely pairing two teachers in a classroom, but rather, educators would need to employ strategies specific to coteaching (see Friend et al., 2010; Murawski & Lochner, 2011; Nichols & Sheffield, 2014). According to Murawski and Lochner (2011), coteaching requires three components: coinstructing, coplanning, and coassessing. Friend et al. (2010) identified six variations of coteaching approaches: station teaching, alternative teaching, parallel teaching, team teaching, one teaches one observes, and one teaches one assist. These six approaches are noted throughout the literature as being credible instructional variations of coteaching (Friend, 2015; Friend et al., 2010; Whittaker, 2012). Still, the successful implementation of coteaching takes considerable effort, planning, and positive communication on behalf of all educators involved (King-Sears et al., 2014). Hence, coteaching, at its best, requires a level of preparation for success.

With the proper supports in place, inclusive education classrooms are potentially beneficial (see Friend, 2015; Hamilton-Jones & Vail, 2014; Lakhan, 2013; Obiakor et al., 2012; Solis et al., 2012). Educating students with special education needs in the general education setting has both academic and social benefits (see Dessemontet et al., 2012;

Lakhan, 2013; Obiakor et al., 2012; Roden et al., 2013). There is no denying the potential benefits of inclusion with coteaching; however, research has been warranted to make accurate inferences regarding the value of coteaching as a model of service delivery.

Research on Inclusion with Coteaching

Nearly 40 years ago, new legislation was passed guaranteeing students with disabilities access to the general education curriculum, and over 20 years have passed since inclusion was presented as a means to integrate students with special needs in the general education classroom. Since the beginning of its inception, researchers have examined the efficacy of inclusion with coteaching. Critics of coteaching argue research has been to inconclusive or too scarce to make an accurate statement regarding its effectiveness (Aron & Loprest, 2012; Murawski, 2006; Murawski & Swanson, 2001; Solis, Vaughn, Swanson, & Mcculley, 2012; Weiss & Lloyd, 2002). In 2001, Murawski and Swanson synthesized data-based articles pertaining to co-taught inclusion to examine the efficacy of coteaching between special and general educators. Researchers performed a comprehensive search of the literature between the years 1989 and 1999 using terms including but not limited to coteaching, mainstreaming, inclusion, and pull in. Of the 89 articles gathered, only six of them contained adequate data to be included in the meta-analysis. The individual studies varied, suggesting coteaching as a service delivery was only moderately successful. Over ten years later, Solis et al. (2012) performed a synthesis of peer-reviewed quantitative and qualitative research conducted between 1990 and 2010. Articles included in the study were retrieved through searches of PsychINFO and ERIC databases using key terms coteaching, mainstreaming, and inclusion, to name a few.

Using the terms above and others that are similar, researchers discovered a scarcity of existing research, as they only retrieved 146 articles, and of them, only 17 articles contained information related to student outcomes.

On the contrary, there is existing research that documents the effectiveness of coteaching with inclusion (see Conderman, 2011; Dessemontet, Bless, & Morin, 2012; Nichols & Sheffield, 2014; Roden, Borgemenke, & Holt, 2013; Ryndak et al., 2014; Tremblay, 2013; Walsh, 2012). For example, A meta-analysis, consisting of a review of qualitative research studies from 1990 to 2006, was conducted to examine the effectiveness of coteaching (Scruggs, Mastropieri, & McDuffie, 2007). In researching the benefits of coteaching, students reportedly availed academically and behaviorally. Five years later, A study was conducted examining the social and academic outcomes of disabled students in more integrated settings compared to their peers in less integrated settings (Oh-Young & Filler, 2015). For the purpose of this study, A meta-analysis was conducted using 24 studies on inclusion with coteaching from 1980 to 2013. Students in more integrated settings significantly outperformed their peers in less integrate settings on both social and academic outcome measures.

School systems around the country have shifted to inclusive education with a coteaching model, which is requiring the active participation of all educational personnel for successful implementation. A search of the literature revealed differing models of inclusion, which may account for the varying outcomes. Still, inclusive education has been accepted as the most practical approach to improving the academic outcomes of both nondisabled students and their peers with disabilities. Continued research is needed

for educators to continually accept coteaching as the most viable method to make inclusion work (Obiakor, Harris, Mutua, Rotatori, & Algozzine, 2012). While academic outcomes may refer to skills, knowledge, and abilities necessary for a good educational experience, the need to master state identified standards seems to be the most superior of them all.

Standards-Based Reform

The *A Nation at Risk* publication in 1983 marked the beginning of the focus on standardization and accountability in the educational system (Au, 2013; Mehta, 2013; Watson et al., 2014). This document, issued by the National Commission on Excellence, emphasized the failures of American educational systems to prepare students for success in the trade and industrial world at the individual, state, and national levels. It was also then believed that schools should be held accountable for academic success, and supportive test measures should measure learning outcomes. The report made a great contribution to education reform through its findings and recommendations to improve the quality of instruction. While some responded unfavorably to the release of this report, precisely individuals within the educational sector, *A Nation at Risk* is perceived as one of the most critical documents in education reform (Au, 2013; Blackford et al., 2012; Mehta, 2013; Watson et al., 2014). Following the Nation at Risk report, “Standards-based reform spread through the states beginning in the early 1990s, was encouraged by the governmental passage of Goals 2000 and the Improving America’s Schools Act in 1994 and became a federal requirement under No Child Left Behind” (Mehta, 2013, p. 310).

Since the 1980s, differing educational reforms have flourished; however, it is the accountability movement that has been the focus of educational reform guiding principles. The implementation of standards-driven frameworks thrives based on two key assumptions (McLaughlin & Rhim, 2007). One assumption was that establishing state identified standards and expectations of students would improve the quality of education. Another assumption was that holding schools and school systems responsible for mastery of standards would improve the overall academic achievement of all students (see Aron & Loprest, 2012a; Martin, 2012; McLaughlin & Rhim, 2007). The standards movement was intended to narrow the achievement gap between disabled students and their peers. It has also placed emphasis on the quality of education by setting standards and holding students and educators responsible for mastery of these standards (Martin, 2012; Watson et al., 2014). Hence, the goal was to increase the academic performance for all students.

Holding educators, including related service providers and students accountable for meeting state standards, has required the development of measures to assess mastery of standards (Martin, 2012; Watson et al., 2014). States have instituted the use of large-scale assessments to evaluate the degree to which educators have delivered quality instruction and learned by the students. Although many states had already launched an accountability policy before the enactment of the NCLB Act of 2001 (Martin, 2012), the standards-based reform had now become universal and more pressingly a law. Still, variability exists in states' reform efforts. One major variation is the practice of measuring student outcomes. The focus of measurement may be on level versus growth in reference to academic proficiency or skill (Schulte et al., 2001). States that place

emphasis on academic progression require schools to exhibit expected progress their students have made in a specified amount of time while states that place emphasis on growth are particularly concerned with student's academic progress in response to changes in curriculum or instruction.

Early in the era of standards-driven reform, special education and general education were different programs. In reference to accountability, any children identified with special education needs were excluded, as they did not participate in state assessments, and their scores were omitted from score reports (McLaughlin & Rhim, 2007). It was the 1997 reauthorized IDEA that led to required participation of special education students in state-mandated testing. Schools and school systems are also expected to provide accommodations or alternative assessments as needed (Aron & Loprest, 2012; Goldstein & Behuniak, 2012; Yell et al., 2012). Still, at this time, special educators maintained control over the curriculum of special education as well as decided whether or not and how special education students participated in state-wide testing. However, in the era of NCLB, disabled students could no longer be excluded, resulting in a shift from a focus on the development of functional skills to special education students being taught grade-level content (Goldstein & Behuniak, 2012; Segool et al., 2013; Yell et al., 2012). Both special education and general education students were held to the same standards.

Part of NCLB's vision was for all children to reach 100% proficiency, also known as Adequate Yearly Progress (AYP), in the core subject areas reading and mathematics by 2014 (Etscheidt, 2012; Levine & Levine, 2012; Martin, 2012). Failure to meet these

requirements would result in predetermined consequences (Levine & Levine, 2013; Martin, 2012; Segool et al., 2013; Yell et al., 2012). If a school does not meet requirements after two consecutive years, the development of an improvement plan is required, and parents have the public school choice. The public school choice is the choice to move to another public school within the same division. In this case, preference is given to the lowest achieving students. After three years of failure, the school is responsible for the provision of educational resources to improve performance and again the public school choice is available. These schools fall under year two school improvement status. After a fourth consecutive year of failure, the NCLB act outlines rigid actions that the school is up against, and if a school fails after five consecutive years, the states have a right to make changes to the overall governance of its schools. Further, the choice to move to another public school is void in the event the school makes AYP for two straight years in the subject area that needed improvement. This information is on the Virginia Department of Education website at www.doe.virginia.gov/. Thus, the challenge for school districts to meet AYP is undeniably pressing in an attempt to avoid the consequences mentioned above.

Special Education Related Services

Stipulations of the Education for All Handicapped Children Act of 1975 required schools to provide related services to address any needs that may present as barriers to student learning (Blosser & Kaiser, 2013; Palfrey, Singer, Raphael, & Walker, 1990; Prelock; Prelock & Deppe, 2015;). Related services are those developmental, corrective services designed to assist disabled children in benefiting fully from education (Bigby, &

Nicholson, 2004; Blosser & Kaiser, 2013; Case-Smith & Holland, 2009; Holt, Kuperstein, & Effgen, 2015; Neal; Osborne, 1984). These services include speech pathology and audiology, psychological services, physical and occupational therapy, recreation, counseling services, social work services, and medical services (Aron & Loprest, 2012; Case-Smith & Holland, 2009; Neal et al., 2004; Palfrey et al., 1990). Related services were intended to add to the academic success of students in need of additional support.

The 2004 reauthorized IDEA and the NCLB Act of 2001 has posed many challenges for related service providers in particular. Basically, the delivery of related services in the general education classroom is delayed as it relates to affording children a Free and Appropriate Education (FAPE) in the LRE (Laverdure & Rose, 2012; Powell, 2018; Silverman & Millspaugh, 2006). It's the implementation of these laws that has been difficult. Although they are both geared toward improving academic performance, it seems NCLB was written for regular educators while IDEA applies to special educators. The problem is neither law clearly clarifies the role of the related service provider. There are, however, general roles for related services providers that include formulating a shared agenda with students, parents, and educators; sharing knowledge with parents and teachers; ensuring supportive services are educationally relevant and necessary; and conducting assessments for determination of eligibility (Giangreco, 2000). Related service providers engage a variety of functions that are believed to overlap the duties of educators.

Historically, methods of delivering related services have varied between push-in, pull-out, and consultative models of service delivery. Pulling students out of class has been the traditional way of providing direct services intended to support and supplement diverse needs (Laverdure & Rose, 2012; Thomason & Wilmarth, 2015). With the new demands on teachers to improve student outcomes, teachers disallow students to leave their classrooms because missed instruction results in decreased exposure to academic content (Aron & Loprest, 2012). Teachers are more for students leaving the class during non-instruction time, which may be the preferred time of the day for a slow learner. Using the consultative method, the special education teacher, and the related services provider serve as consultants to the teacher primarily responsible for instruction (Leader-Janssen et al., 2012). This model allows for collaboration between a variety of professionals, enabling an exchange of knowledge and reciprocal learning of information. The push-in model more closely aligns with inclusive education in that special education services are provided within the general education classroom (Marston, 1996; Thomason & Wilmarth, 2015). This model is similar to the consultative method in that it endorses collaboration between professionals; however, the push-in model promotes the presence of the general educator, the special educator, and the related services provider in the same classroom.

School Counseling

Traditionally the role of the school counselor has been to deliver supportive services to students within the general education classroom. These services include attending to students' personal, social, educational, and career development through

direct counseling and consultation with parents, educators, and other stakeholders invested in the well-being of students (Hall, 2015; Owens, Thomas, & Strong, 2011; Pica-Smith & Poynton, 2014; Young, Gonzales, Owen, & Heltzer, 2014). In the provision of direct counseling services, the role of the counselor is to assist in the development of appropriate social skills and emotional reactivity (Owens et al., 2011; Pica-Smith & Poynton, 2014; Young et al., 2014) . With consultative services, school counselors can provide resources, special knowledge, support, and encouragement to both teachers and students to address the varied needs of students (see Tarver-Behring et al., 1998). Students receiving special education services are also eligible for school counseling services that parallel with those made available to children without special education needs. In fact, it is suggested students with disabilities may require a more intensive level of school counseling services given the additional needs (e.g., anger, poor self-esteem, low motivation, etc.) these students may have that often accompany their learning needs (Tarver-Behring et al., 1998). Conversely, social and behavioral issues may negatively influence students' academic performance (see Clark & Breman, 2009), thereby supporting the need for counseling services.

Historically school counselors have been involved in the process of identification of needs as well as part of the IEP team, and counseling services via small-group and individual sessions have traditionally been provided in another setting, consistent with the pull-out model (Clark & Breman, 2009; Tarver-Behring et al., 1998). The legislative mandate for the inclusion of special education students in the general education classroom has required school counselors to diversify their approach to the provision of

counseling services. Collaboration and consultation with counselors and general and special education services are necessary to execute full inclusion in the general education classroom successfully.

Physical and Occupational Therapy

Federal legislation caused widespread changes in the provision of physical and occupational therapy services in academic settings. The need for educationally relevant services increased in importance, as now practitioners are held accountable for student achievement (see Laverdure & Rose, 2012; Thomason & Wilmart, 2015; Villeneuve & Shulha, 2012). Services are considered educationally relevant when a therapist can articulate how a student's limitations in fine and/or gross motor skills hinder him or her from benefiting from education (Holt et al., 2015; Wilmarth & Thomason, 2015).). New legislation created opportunities for practitioners to meet the needs of diverse students with student-centered interventions (Laverdure & Rose, 2012). Only students who meet the standards for related services, as outlined in the Individuals with Disabilities Education Improvement Act (IDEA) receive physical therapy (PT) and occupational therapy (OT) as a related service (Reeder, Arnold, Jeffries, & McEwen, 2011; McConlogue & Quinn, 2009). Students who do not meet eligibility for special education but have significant physical limitations may be eligible to receive OT and PT services under Section 504 of the Rehabilitation Act of 1973 (Reeder et al., 2011). Limited gross and fine motor skills must have a profound impact on the student's ability to perform manual tasks essential to function within the academic setting to qualify for OT and PT

services (Wilmarth & Thomason, 2015). Thus, the student must meet predetermined criteria to be considered for OT and PT services.

The provision of school-based OT and PT services is based on the educational model whereby interventions are governed by the education legislation and shaped by the student's IEP (McConlogue & Quinn, 2009; Villeneuve & Shulha, 2012). Students in need of OT and PT services are identified by working collaboratively with family and members of the multidisciplinary team (Villeneuve, 2009). School-based physical and occupational therapists screen, evaluate, plan, and intervene, utilizing methods and strategies intended to increase the student's participation and functionality in the academic setting (Bose & Hinojosa, 2008; Laverdure & Rose, 2012; Neal et al., 2004; Reeder et al., 2011; Silverman & Millspaugh, 2006). Thus, OT and PT services are intended to address areas of deficits that would hinder the student from being successful in the academic setting.

OT and PT services are designed to promote skill development essential to a student's ability to learn across all settings.

> Depending on the individual need, these skills may include improving gross- and fine-motor skills, orientation and mobility, sensorimotor processing, and coordination/balance; adapting to the physical environment; organizing and using materials appropriately; developing time-management skills; improving social/peer interaction; and acquiring dressing or feeding skills appropriate to the school environment (Neal et al., 2004 p. 218-219).

Physical therapists offer direct services focused on gross motor skills development, strength, posture, endurance, and mobility while occupational therapists focus more on fine motor skills needed to perform functions such as writing, grasping objects and fastening objects (Laverdure & Rose, 2012; Reeder et al., 2011). Occupational therapists also provide services to improve sensorimotor integration, which refers to the process of receiving, processing, and using sensory information within the environment (Bose & Hinojosa, 2008; Royeen & Marsh, 1988). The focus of OT and PT services is to ensure a student can assess the academic curriculum and less on remediating impairments in gross and fine motor skills (Laverdure & Rose, 2012). Hence, OT and PT services aids in a student learning skills to adapt and overcome obstacles related to their gross and fine motor weaknesses.

The provision of direct services is only part of the role of a school-based OT and PT. Another significant role of school-based physical and occupational practitioners is to establish collaborative partnerships with students, school personnel, and families to help students actively participate within the context of school (Laverdure & Rose, 2012; Reeder et al., 2011; Villeneuve, 2009; Villeneuve & Shulha, 2012). The literature consistently identifies collaboration as the key to the successful delivery of special education services in inclusive schools (Bosa & Hinojosa, 2008; Reeder et al., 2011; Thomason & Wilmarth, 2015). Collaborative interactions are identified as best practice for school-based therapy, as it promotes the sharing of expertise between educators and therapists (Villeneuve & Shulha, 2012). Hence, the roles of physical and occupational

therapists extend beyond providing direct services and includes the provision of indirect services as well.

Traditionally OT and PT services were focused on early intervention and helping students function in the academic setting. Over the years, interventions and methods used by occupational and physical therapists have evolved to comply with the movement towards inclusive education and revised legislation. Historically interventions were implemented in a separate setting outside of the classroom (Royeen & Marsh, 1988; Silverman & Millspaugh, 2006); however, now interventions are now essential to the total academic curriculum (Neal et al., 2004). Also, the focus is not only on helping students fulfill their role as students, but it's also on preparing them for college, employment, and community integration. According to (Laverdure & Rose, 2012), revised legislation allowed for greater numbers of children to meet eligibility for related services, as it places more emphasis on preparing students for their transition to employment and independent living. Transition services include job coaching, self-advocacy skills, functional skills, and life skills (Laverdure & Rose, 2012). In some school districts, school-based occupational and physical therapists are the passageway to healthcare for students who are in need of OT and PT services but are underprivileged and do not have access to healthcare. Hence, broadening eligibility has afforded more students access to related services while simultaneously preparing them for post-education activities.

The method by which occupational and physical therapy services are provided varies from direct services to a collaborative approach, to a consultative approach, which

involves the elicitation of other school team members to teach skills and monitor progression (Thomason & Wilmart, 2015). The collaborative approach mostly aligns with the concept of inclusive education whereby therapists work closely with the teacher within the classroom setting. Both occupational and physical therapists have developed ideal practices in response to federal legislation; however, there is little evidence that therapists implement these practices (McConlogue & Quinn, 2009). As reported by Villeneuve (2009), descriptive reports of actual practices of OT and PT services in an inclusion setting are limited. McConlogue and Quinn (2009) added that research suggests there is a discrepancy between best practice and actual practice. What is known, however, is that occupational and physical therapists are federally mandated to provide educationally relevant services in accordance with the student's IEP (see McConlogue & Quinn, 2009; Reeder et al., 2011; Thomason & Wilmarth, 2015). In essence, it is the IEP that drives the services provided.

Visual and Hearing Impairment

With the movement toward inclusive education, students with visual and hearing impairments are afforded opportunities to receive education within the same environment as their peers without disabilities (Ingraham & Daugherty, 1995). The academic needs of children with visual and hearing impairments will differ, depending on the development and age of the student as well as the severity of the disability. Therefore, the services provided will differ. Specialists or related service providers of the hearing and visually impaired have been challenged to alter the nature of their approach in an attempt to offer services within the general education classroom.

Terms used to describe students in the educational setting with vision impairments include low vision and blindness (Ajuwon, Sarraj, Griffin-Shirley, Lechtenberger, & Li Zhou, 2015; Lartec & Espique, 2012; McMahon, 2014). Students with low vision can use their sight to a certain degree to perform tasks; however, students with blindness have total loss of vision (de Freitas Alves, Monteiro, Rabello, Gasparetto, & de Carvalho, 2009). In the 1800s, the United States established three residential schools, which would become known as specialized schools for the visually impaired (McMahon, 2014). In the 1950s, it became a common practice to educate students with impaired vision alongside their peers. With the movement toward inclusive education, more students with visual impairment are being included. Integrating students with impaired vision in the general education classroom provides them with opportunities to connect with their sighted peers, which is proposed to lead to improved social skills (Ajuwon et al., 2015). Vision impairment is a rare incident disability, and consequentially information on the active inclusion of this population of students is scarce (Roe, Rogers, Donaldson, Gordon, & Meager, 2014). We do know, however, that the use of assistive information technology (e.g., screen enlarger systems, Braille writers, and voices synthesizers) is necessary to included students with hearing deficits.

Students with hearing impairment, another rare incident disability (Cloninger & Giangreco, 1995), were also primarily educated in specialized school settings or self-contained classrooms until the passing of new legislation (Luckner & Muir, 2001). There has been an increase in the use of audiological technology (e.g., hearing technology, alerting devices, and communication supports) to meet the needs of the hearing impaired

and the number of specialists (e.g., teachers of the deaf and interpreters) employed by school systems (Borders, Barnett, & Bauer, 2010). There is a scarcity of information that describes the integration of deaf or hard-of-hearing students in general education (Giangreco, Edelman, Nelson, Young, & Kiefer-O'Donnell, 1999). However, there is documentation reporting the successful inclusion of hearing impaired students (e.g., Borders et al., 2010; Luckner & Muir, 2001). The role of the specialist in the inclusion classroom is to work directly with students, educators, and parents (Foster & Cue, 2009). He or she is also responsible for assessment, planning, coordinating, and providing technical support (Foster & Cue, 2009). Speech-Language Pathologists and specialists have become the key educators of the students with hearing impairments (Borders et al., 2010; Foster & Cue, 2009), and classroom teachers focus more on consultation and collaboration with specialists (Foster & Cue, 2009). Further, the use of an educational interpreter is essential in the care of hearing impaired students (Schick, Williams, & Kupermintz, 2006). The chief role of the interpreter is to facilitate language between deaf students and their peers and teachers.

Speech and Language Pathology

Speech-language pathology (SLP) in the academic setting evolved in the early 1900s. Services were initially provided to correct stuttering and eventually emerged to include treatment of students who present with deficits in articulation, voice, language, communication, fluency, swallowing, and other related speech disorders (Giangreco, Prelock, & Turnbull, 2010). The role of SLP in the academic setting is to screen, evaluate, make a diagnosis, and provide intervention based on identified needs (ASHA,

2010; Ehren, 2000; Giangreco et al., 2010; Greenwell, Heggarty, & Woolard, 1998; Powell, 2018). The goal is to reduce or prevent communication deficits that may have a negative impact on academic progression. The disorder must have a large enough influence on a student's ability to learn to qualify for speech and language services.

Pulling students from the classroom for speech related therapy was the initial mode of service delivery. In 1997, when special education law introduced inclusion, the method by which SLPs provided services remained the same, as federal legislation was not specific as to how inclusive education applied to related services (Hoffman, Ireland, Hall-Mills, & Flynn, 2013; Powell, 2018). In fact, it is noted that SLPs minimally prepared for the shift toward inclusive education and had difficulty making adjustments (Ehren, 2000). “The recent focus on new models of service delivery has created role confusion and questions of accountability for many speech-language pathologists” (Prelock, 2000, p. 213). That is, there is some uncertainty about the contributions of SLPs in inclusion classrooms.

Further, the role of the speech pathologist has changed. One critical role of the SLP is to contribute to the educational curriculum and be more active in literacy instruction (ASHA, 2010; Powell, 2018). Traditionally the duties of SLPs differed from educators (ASHA 2010; Ukrainetz & Fresquez, 2003). The target areas of the SLP were delays in speech, language, and communication, and educators targeted development of academic skills (Ukrainetz & Fresquez, 2003). The nature of speech-language services has shifted from intervention to instruction, as communication skills can be viewed as prerequisites for reading, writing, and other academic skills (Greenwell et al., 1998;

Powell, 2018). The duties of teachers and SLPs have merged, resulting in a shared responsibility for academic achievement (Prelock & Deppe, 2015; Ukrainetz & Fresquez, 2003). In a study conducted by Obiakor et al. (2012), SLPs believed that speech and language services had shifted to be more focused on reading and writing than on traditional therapy.

Academics involve language, and well-developed language is key to intellectual communication (Hoffman et al., 2013; Ukrainetz & Fresquez, 2003). Not only have speech and language providers had to move to inclusionary practices, but their focus on communication skills has shifted, as now language and its link to learning have taken precedence (Powell, 2018). There is more focus on instruction in that language impaired students are now mandated to partake in state-mandated assessments (Powell, 2018). Now, SLPs have an increased responsibility to help with student achievement, and the sharing of this responsibility would likely increase the effectiveness of service delivery (Blosser & Kaiser, 2013; Ukrainetz & Fresquez, 2003). Unfortunately, the role overlap has resulted in role ambiguity and role confusion (Ukrainetz & Fresquez, 2003), which supports the need for qualitative research on the roles and responsibilities of SLPs in the academic setting

Collaboration has been identified as the key to support the expanded roles of SLPs in the educational setting (see ASHA, 2010; Futernick, 2007; Prelock & Deppe, 2015; and Prelock, 2000). ASHA defined collaboration as an avenue to partner with educators and contribute to the educational curriculum. According to the Bureau of Labor Statistics (2010), one key role of the SLP is to collaborate with parents and school

personnel to develop specific interventions that target the needs of students. Role expansion has left SLPs feeling burdened by the workload related to increased responsibilities (Powell, 2018; Ukrainetz & Fresquez, 2003). With larger caseloads and increased paperwork, school-based speech and language pathologists have less time to collaborate with classroom teachers and contribute to literacy instruction (Powell, 2018).

Speech pathologists, like other related services providers, are being challenged to provide services in the classrooms of their students. Different from other related service providers, SLPs have a responsibility also to focus on academic progress that will yield mastery of state standards (Ehren, 2000; Powell, 2018). With the change in the practice of speech and language services, it is important to increase awareness of the role of SLPs, both the unique and overlapping duties they perform in the educational setting.

Summary

The general education classroom, as the LRE, is the ideal setting to educate children with disabilities. With general and special educators working collaboratively in the classroom, children with special education needs are exposed to the general education curriculum while also receiving related services to accommodate their distinct learning needs. Changing federal legislation over the years has sought to improve the quality of students' learning experience. The standards movement, in particular, was intended to narrow the achievement gap between disabled and nondisabled peers. All students and educators, including related services providers, are held accountable for mastery of these standards.

While there has been a debate on the efficacy of inclusion, resulting in researchers examining the social, behavioral, and academic outcomes of inclusion, educating all students within the LRE or general education classroom is a federal mandate. What becomes of importance is the need to examine specific factors that may be contributing to the inconsistent findings of inclusion toward the discovery of strategies to enhance the success of inclusive education.

The inclusion classroom consists of a general and special educator. The general educator covers information from the general education curriculum while the special educator provides instruction and supportive services unique to the student's individualized educational needs. In essence, the roles of teachers seem to be clear. The question of how related services providers fit into the collaborative relationship is of interest, as their roles do not appear to be as clear. It seems much more research has emphasized the roles of educators in the inclusion classroom while the functions of related services providers remain generic. What is clear is that related services are expected to help special education students benefit from specially designed instruction. Researchers have examined the significance of relevant services in the general education classroom (Clark & Breman, 2009; Ehren, 2000; Murata & Tan, 2009; Prelock, 2000; Silverman & Millspaugh, 2006). What is of interest are the perceived roles of related services providers and their attitudes toward inclusive education.

Chapter 3 will describe the qualitative design proposed for this study. It includes a section on the rationale for a qualitative study, a description of the research setting, participants, and it identifies interviewing as the chosen method of data collection.

Chapter 3 also includes sections on Rapport, Confidentiality, and Informed Consent, Role of the Researcher, Data Analysis, and Issues of Trustworthiness.

Chapter 3: Method and Procedures

Introduction

Varying outcomes on the efficacy of inclusion have triggered researchers to explore specific dynamics that may account for inconsistent findings. Attitudes toward inclusion have been identified as influential factors, which have prompted researchers to examine the viewpoints of parents, educators, and students (Boyle, Topping, & Jindal-Snape, 2013; Fuchs, 2010). Positive perceptions of administrators and educators, in particular, seem to correlate positively with the effective inclusion of students in the general education classroom (Boyle et al., 2013; Fuchs, 2010). Because related services providers have also been challenged to diversify their approach to providing services in integrated classrooms, their perceptions of inclusion are also of interest.

The aim of this study was to explore the lived experiences of related services providers for an understanding of what inclusive schooling means to them. This chapter includes a description of the research design and the researcher's rationale behind the selection of the design. A description of the participants and the sampling technique used to select them is also discussed. This chapter also includes a description of my role in this study, the data collection method, the data analysis plan, and issues of trustworthiness.

Research Design and Rationale

A thorough search of the literature on related services providers and inclusion resulted in more questions than answers. While few studies examine specific school-based specialties (e.g., speech and language, occupational therapy, and physical therapy) performed by related services providers, their roles and responsibilities as it relates to

inclusive education remain unclear (see Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Sonday et al., 2012). Moreover, there is a plethora of information on the functions and duties of teachers and administrators in the process of inclusion, which helped form the research question: How do related services providers perceive their roles and responsibilities in inclusive education? An objective of this study was to examine related services providers' attitudes and beliefs toward inclusion. To describe rather than explain the lived experiences of related services providers, a descriptive (transcendental) phenomenological approach was applied. Phenomenology deals with the study of personal experience from the individual's point of view (Chan, Fung, & Chien, 2013; Lopez & Willis, 2004; Miller & Salkind, 2002). A descriptive phenomenological approach to inquiry is based on the assumptions of Husserl. Husserl placed emphasis on the value of personal experience in understanding what drives human behavior (Lopez & Willis, 2004). Based on Husserlian phenomenology, human actions are influenced by perceived experiences, yet many people do not engage in critical reflection of their experiences (Lopez & Willis, 2004). Conscious awareness of experience aids in understanding human motivation, which influences human actions. Through the scientific study of individuals lived experiences, researchers can describe individual experiences and their meanings as it relates to a phenomenon.

Interviewing served as the principal method of information gathering for this study. The decision to employ interviewing as the primary method of collecting data stemmed from the ambiguity and scarcity of documented research on the role of the related service provider in the inclusion classroom. One advantage of the interview is it

allows the interviewer to collect insightful information relevant to the informant's personal characteristics, thoughts, beliefs, and experiences (Miller & Salkind, 2002). Conversation, as permitted through interviewing, is a common way to learn about phenomena. Therefore, the choice to interview related service providers is justifiable for the purpose of this study was to understand how they perceive their role in inclusive education.

A qualitative, rather than a quantitative approach best met the needs of this study. In qualitative research, the focus is on discovering deeper meaning (Creswell, 2003). Miller and Salkind (2002) discussed how qualitative research designs are useful in obtaining genuine in-depth information about experience. Researchers used qualitative methods when an issue needs to be understood on a complex level (Creswell, 2003). A quantitative design is used to predict or explain relationships between variables through the manipulation of those variables in a controlled environment (Creswell, 2003; Miller & Salkind, 2002). I was interested in exploring the behavior (e.g., roles and responsibilities) of related services providers within their natural environment (e.g., inclusion classroom) for the purpose of describing their role from their point of view. Consistent with a qualitative approach, the goal was to produce descriptive information that answers questions about an issue or phenomenon. According to Mcleod and Baker (2014), the best way to understand what the related services provider is doing is to employ methods such as directive observation and interviewing, which is consistent with the qualitative approach.

Qualitative research uses a variety of approaches including phenomenology, ethnography, and grounded theory. A research design of phenomenology was selected for this study to describe the essence of the lived experiences of related services providers. Other qualitative approaches such as ethnography and grounded theory were dismissed, as neither were appropriate in this case. Ethnography is useful in describing behavioral patterns and grounded theory is used to construct a theory (Strauss & Corbin, 1990). My goal was to capture the day to day encounters of related service providers; therefore, I opted to use phenomenology and ruled out the use of other qualitative approaches.

Phenomenological methods are particularly useful in bringing to life the experiences and perceptions of individuals from their perspectives (Miller & Salkind, 2002). Phenomenology is a powerful way of gaining insight into people's motivations and actions (Miller & Salkind, 2002). With a phenomenological approach, research essentially starts from a standpoint free from assumptions and bias and allows the researcher to describe the subjective experience of participants (Miller & Salkind, 2002; Strauss & Corbin, 1990). A core concept of this qualitative design is *epoche*, which refers to deliberate bracketing or putting aside one's beliefs or what one already knows about a phenomenon (Creswell, 2003). I aimed not to influence the participants' understanding of the phenomenon but rather explore the meaning of the lived experiences of individuals.

Role of the Researcher

I conducted each interview, acting as the principal instrument of data collection. I audio-recorded, transcribed, organized, and analyzed all data. To manage all data, an electronic Microsoft Word document was created for each interview, and each file was

given a different name. The results of an analysis greatly depend on a researcher's interpretation of meanings. Thus, my readiness to collect in-depth information was crucial to the research process. Further, because I served as the sole instrument to collect data, there was a heightened potential for researcher bias. It was my responsibility to describe and reflect on personal experiences and beliefs concerning inclusive education then bracket any preconceived ideas or knowledge related to the phenomenon. According to Miller and Salkind (2002), reflecting on personal experiences is a procedure critical to phenomenology, although not all researchers use it. I used reflective bracketing to identify experiences, personal beliefs, and information to understand the phenomenon through the lens of the participants. Two methods of bracketing were used in this study: memoing and reflexive journaling (Tufford & Newman, 2012). Memoing is the process of recording information specific to the researcher’s observations, feelings, and thoughts throughout data collection and analysis (Tufford & Newman, 2012).Using memoing, I took notes, which were recorded and saved on an electronic Word document. Reflexive journaling, also in electronic form, was done before collecting data. It captured my personal bias prior to data collection.

Methodology

Setting

The setting of interest was a K-12 public school system in an urban city where there was a total student population of 14,927 including regular enrollment and special school placements and approximately 1,200 teachers. There were 13 elementary schools, which consisted of grades K-6. There were three middle schools, composed of Grades 7

and 8, and three high schools. The school district had on staff 14 full-time and five contracted speech pathologists, one full-time and four contracted occupational therapists, and two physical therapists on staff. The school district was of interest in that it implements inclusive education with coteaching, and it uses a combined approach (pull out and push in) for related services.

Participants

The research called for the participation of individuals who fit the description of a related service professional as defined by the Board of Education. I used purposive sampling to ensure the selection of participants who met the predetermined criteria (see Miller & Salkind, 2002). I invited all 26 related services providers, both contracted and staffed by the school district, to participate in the study. Creswell (1998) recommended 5 to 25 participants for phenomenological studies. While the number of invitees exceeded the maximum number of participants suggested for phenomenological research, I suspected that some invitees would decline the invitation. It was my goal to elicit the participation of at least 13 school-based professions, which represented half the population of related services providers in the school district

Rapport, Confidentiality, and Informed Consent

I submitted a research application to the director of research who, after review, forwarded the application to the assistant superintendent for a final decision. As of July 20, 2017, the site granted me conditional approval to complete the research study. If the conditional approval was withdrawn by the school system of choice, I planned to seek approval from a neighboring school district with a similar structure. Upon approval of my

proposal, I emailed an invitational letter to the purposely selected group of related services providers. The invitational letter specified the purpose of the study and included a description of the desired participants. The letter also provided information about reimbursement, confidentiality, and the significance of the research. In the invitational letter, I included contact information, including an email address and phone number should the potential participants have any questions. Email addresses were obtained from the Office of Research and Evaluation. It is important to note that I completed an internship within this school system several years ago under the supervision of a school psychologist. Neither school psychologists nor school social workers were invited to participate in this study, as I worked closely with them. My interactions with the prospective participants were limited to occasional eligibility meetings at which time all related services providers and educators met to discuss a student's eligibility for special education services. There had been no contact between me and related services providers within this school district, and whether they have maintained employment with this school system was unknown. My previous association with this school system was predicted to contribute to the secure establishment of rapport, thereby increasing the likelihood of open, honest, and relevant disclosure of relevant information. Still, potential participants were informed that the study was voluntary and that they could decline the invitation to participate. They were also made aware that they could opt-out of the study at any time without penalties if they decided to take part in the research.

Informed consent forms, reporting the purpose of the study and risks associated, were reviewed with each participant. I also explained the limits of confidentiality and any

other relevant details with each individual. Their signatures on the consent forms were required before the interview session. I made up fictitious names to reserve the identity of the participants and withheld any other information that would reveal the participants' identity.

Data Collection

Participants participated in a semistructured interview with open-ended questions. I, collaboratively with other professionals, formulated an interview protocol to answer the research question: How do related services providers perceive their roles and responsibilities in the process of inclusive education? An objective of this study was to examine related services providers' attitudes and beliefs toward inclusion. Information from the literature regarding related services providers, their disciplines in school-based settings, and inclusive education aided in the development of the research questions. The final interview protocol (see Appendix A) was reviewed by a group of professionals with skills and expertise in inclusive education and special education related services to confirm the appropriateness and relevance of the interview questions.

As noted by Miller and Salkind (2002), an open-ended interview permits self-expression and a wealth of details. An open conversation also permits clarification of questions and allows the researcher to probe for clarification of responses. I conducted interviews with each respondent at an agreed upon location. Interviews were tape-recorded, transcribed word for word, and then analyzed using Moustakas' (1994) procedures for conducting a phenomenological study. I also kept notes of the respondents' nonverbal behaviors and other relevant observations.

Data Analysis

I employed Moustakas' (1994) phenomenological method of data analysis, specifically the modification of Van Kaam's method of analysis. The aim of the study was to gather data that would aid in describing the textural and structural experiences of each participant. I used tenets of role theory to explore the roles and responsibilities of related services providers. Through the lens of role theory, I attempted to describe how related services providers have developed their understanding of their roles.

Moustakas' (1994) suggested a multistep approach to data analysis in phenomenological research. The process of analyzing the interview data first involved describing and summarizing the record of each interview. All interviews were transcribed from the audio files and checked for accuracy, and each interview transcript was securely saved in a Microsoft Word document. Pseudonyms were used in place of the actual names to prevent the identification of participants. Using the complete transcription of each interview, I:

1. looked for common and repetitive statements, combining them into a small number of themes that described the meanings of the participants' experiences – a process called horizontalization.
2. employed the process of reduction and elimination to delete irrelevant statements and reduce the data to only that which contributes to the understanding of the participant's experience and can be labeled or abstracted. I eliminated any overlapping, repetitive, and ambiguous expressions that did

not meet the mentioned requirements. Those that remained were referred to as invariant constituents.

3. clustered and created thematic labels of the invariant constituents. I organized data into core themes that represented the essence of each participants' experiences. Core themes represent direct quotes from the interview data.
4. validated core themes by comparing them to the interview transcript and determining if the core themes were 1) explicitly expressed in the participants' transcripts, 2) comparable if not directly stated, and 3) pertinent if neither explicit nor comparable. Any irrelevant themes will be deleted.
5. synthesized and constructed themes into a description of textural experiences of participants using supportive examples.
6. synthesized and constructed themes into a description of structural experiences representative of the individual textural description and imaginative variation.
7. constructed a combined report of both the structural and textural depictions of the meanings to reveal a general theme.

Lastly, I wrote a detailed analysis of the essence of the experiences for all participants from the perspective of role theory to capture the common experiences of the related services providers. I made a conscious effort to remain objective during data analysis procedures, focusing on how data fit into role theory assumptions. Maintaining objectivity reduced the impact my knowledge of role theory would have on the interpretation of data. Instead, tenets of role theory used as a vehicle to explain how

related services providers, from their experience, have come to understand their roles and responsibilities in the inclusion setting.

Issues of Trustworthiness

The purpose of this research was to explore the lived experiences of related services providers for an understanding of what inclusive schooling means to them. Through scrutiny and understanding of the data, it was my goal to understand and describe the data, bringing to light the practice and delivery of related services in an inclusive setting from the first person point of view. In qualitative research, the legitimacy of findings is of greater importance than reliability and generalizability (Creswell, 2003). Critics of qualitative research question the trustworthiness of qualitative research in that it is difficult to address issues of validity and reliability the same as one would in naturalistic work (Shento, 2004). Nonetheless, according to Shento (2004), there are four constructs proposed by author Guba, useful in establishing trustworthiness in qualitative research: a) credibility, b) transferability, c) dependability, and d) confirmability.

Credibility

Credibility refers to the trustworthiness of a study's findings. In this study, credibility was determined by the extent to which the method of data collection, the data itself, the analysis of data, and the findings of the research were authentic. Creswell (2003) suggested the use of various strategies to check the precision of results, which include member checking, the use of detailed descriptions, clarification of researcher's bias, presentation of " negative or discrepancy information" (p. 196), and unlimited

exposure to the circumstances under exploration. Tape recording and note-taking were implemented to obtain accurate and thorough information about the situation, environment, and any other information that represented a clear representation of the actual interviewing experience.

Member Checking. Member checking refers to checking data for accuracy either during the interview or at the end (Creswell, 2003). I used member checking, which involved employing follow-up interviews to check the accuracy of conclusions. The emphasis was on ensuring that responses were accurate reflections of the participants' perspectives.

Reflexivity (Rich Descriptions). Reflexivity refers to the tracking of personal thoughts and feelings over the course of the study. The use of a reflective journal, a process known as bracketing, helps researchers track thoughts or feelings that could potentially influence the interpretation of data (see Creswell, 2003). I used a daily log to track thoughts and personal reflections.

Clarification of Bias. A self-reflection of the researcher's biases adds to the integrity of findings (Creswell, 2003). The identification of biases presents as an honest account of the researcher's preconceived notions about a phenomenon. The integrity of this approach adds to the authenticity of the findings.

Negative or Discrepant Information. Negative or discrepant information refers to findings that contradict themes (Creswell, 2003). It is noted that discussing contrary information adds to the accuracy of findings in that different viewpoints do not always

interconnect. The presentation of conflicting information enables others to form their own conclusions about the results.

Prolonged Exposure to the Stimuli. According to Creswell (2003), spending an extended amount of time in the participants' environment contributes to more understanding of the phenomenon. Prolonged exposure to the lived experiences of the participants enables the researcher to express detail about the setting and the people within the setting. The researcher is then able to include this information in the reflective journal.

Triangulation. Triangulation refers to the gathering of data from multiple sources and is used to enhance internal validity (Creswell, 2003). Triangulation involves comparing and cross-verification of data collected from multiple interviews with different perspectives about a phenomenon (Creswell, 2003; Strauss & Corbin, 1990). Through triangulation of data, I looked for patterns or contradictions in participants' responses.

Transferability

Transferability refers to the act of generalizing or applying a study's results to other settings, situations, or groups of people (Shento, 2004). However, Shento (2004) notes that it is difficult to demonstrate generalizability in qualitative research in that the findings are specific to a particular setting. However, it is the researcher's role to enhance transferability. I enhanced transferability by providing sufficient contextual information about the study (Shento, 2004). That is, a detailed description of the setting and participants was provided to the reader. I also provided the reader with a rich, thick description of the phenomenon under inquiry to increase his or her understanding of the

phenomenon (Shento, 2004). Specific to this study, I thoroughly documented related services providers' perceptions of their roles, responsibilities, and attitudes in inclusive education. Still, ultimately, it is the reader, at his or her discretion, who transfers the results to a different context.

Dependability

Dependability refers to the degree to which a study can be duplicated and yield similar results (Shento, 2004). To be expected in qualitative research, the uniqueness of this study presents a barrier to replicating its exact measures and methodology in other settings. However, to address dependability in qualitative research, Shento (2004) states that the processes used to conduct the study should be reported in great detail to enable duplication of the procedures and methodology. Therefore, I thoroughly described the research design and its implementation. The procedures used to collect and analyze data were well documented. I also documented obstacles encountered and limitations of the study.

Confirmability

Confirmability refers to the degree to which the results of the study can be upheld by others (Creswell, 2003). Critics of qualitative research voice concern about the use of instruments that greatly depend on human interpretation in that it is difficult to ensure real objectivity (Creswell, 20030. There are a number of strategies that can be employed that would, to the greatest extent possible, ensure that findings are directly related to the participants’ responses rather than researcher bias. I used reflective journaling, memoing,

and bracketing to track thoughts and personal reflections throughout the study. I also used member checking to confirm transcriptions and analysis of data.

Summary

I applied a qualitative methodology to gather data and describe the participants' experiences providing school-based therapy in an inclusion setting. A phenomenological approach was considered most appropriate in that I was interested in exploring the roles and responsibilities of related services providers from their point of view. Interviewing was selected as the most effective way to gather rich, in-depth information about the perceptions, attitudes, and opinions of related services providers (see Miller & Salkind, 2002). I served as the primary instrument of data collection.

The role of the researcher was discussed in this section, which included information on how the researcher informed participants of the study, gained informed consent and protected the identities of selected participants. I used purposive sampling to select specific groups of related services providers as participants, who were identified in this section. This section also included a description of how the researcher analyzed the data gathered. I used Moustakas' procedures for conducting a phenomenological study (1994). Issues of trustworthiness were also discussed. Chapter 4 will include a description of the results.

Chapter 4: Results

Introduction

The purpose of this phenomenological study was to examine the lived experiences of related services providers, specifically occupational therapists, physical therapists, and speech and language pathologists, who were currently practicing in an inclusive education setting. This research was founded on the premise that role uncertainty impedes successful collaboration between related services providers and educators (see Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Reeder, 2011; Sonday et al., 2012). The expectation of inclusive education is that all school personnel work together (Teasley & Cruz, 2014). Therefore, I sought to increase awareness of the roles and responsibilities of related services providers (Hargreaves et al., 2012; Reeder, 2011; Sonday et al., 2012; Wilson et al., 2013) within their collaborative relationships and within their professional relationships with students and parents. It was my intent to bring forth their voices for an understanding of how they provide support to teachers, staff, students, and parents. The overall research question guiding this study was: How do related services providers perceive their roles and responsibilities in the process of inclusive education? An objective of this study was to examine their attitudes and beliefs toward inclusion.

A total of 10 related service providers were interviewed because of their current position as a school-based professional practicing within a school district that implements inclusive education. Interviewing served as the principal method of data collection, as it allowed me to gather insightful information relevant to the participants' personal

characteristics, thoughts, beliefs, and experiences (see Miller & Salkind, 2002). The process used to analyze data involved a merger of Moustakas' (1994) phenomenological method of data analysis, specifically the modification of Van Kamm's method of analysis and tenets of role theory. Moustakas suggested a multistep approach to data analysis in phenomenological research: (a) looking for common and repetitive statements, (b) reducing and eliminating, (c) organizing/categorizing data, (d) validating findings, synthesizing, and reporting.

This chapter includes brief descriptions of each participant. It includes an overview of the setting, a description of data collection, analysis procedures, and the results of the study. The results also include a presentation of themes, which will be divided into two parts, that emerged in the process of data analysis. Part 1 includes themes that emerged regarding the participants' roles and responsibilities as a related service provider in an inclusion setting. Part 2 highlights themes that emerged regarding the participants' attitudes towards inclusive education. In addition, included are textual and structural descriptions of findings. I will present evidence of trustworthiness, and finally, a summary of the findings is presented.

Setting

All interviews were completed face to face in a neutral setting and at a time that was convenient for the participant. Participants were currently practicing as a speech and language pathologist, an occupational therapist, or a physical therapist in an inclusive education setting and in a public school district. I interviewed 10 participants – eight speech and language pathologists, one occupational therapist, and one physical therapist.

Participants

All 10 participants gave consent by email via the words ‘I consent' before participating in the interview. The invitation letter, which also served as the consent form, clearly indicated the purpose of the study, the participants of interest, and the expectations of their participation. Interviews were predicted to last 30 to 60 minutes; however, interviews were as short as 11 minutes and lasted up to 31 minutes. Demographic data (See Table 1) is presented below.

Table 1

Related Service Providers Demographics

Participant Identifiers	Gender	Profession	Years of Practice
Tasha	Female	Speech and Language Pathologist	18 years
Nicki	Female	Speech and Language Pathologist	27 years
Kate	Female	Speech and Language Pathologist	23 years
Karen	Female	Speech and Language Pathologist	1 year
Cristie	Female	Speech and Language Pathologist	12 years
Adele	Female	Speech and Language Pathologist	20 years
Sarah	Female	Speech and Language Pathologist	11 years
Virginia	Female	Speech and Language Pathologist	4 years
Kim	Female	Physical Therapist	12 years
Tressa	Female	Occupational Therapist	35 years

Of the 10 participants, eight were actively practicing as an SLP. There was one OT and PT. The participants' years of experience ranged from second year practicing in a school-based setting to 35 years. All participants were female. Each participant was assigned a pseudonym to protect her identity. The following section provides a brief description of each participant.

Participant Profiles

Participant # 1: Tasha works as a speech and language pathologist in a public school system. This is her 18th year of service in a school-based setting. She did not disclose experience working in other settings. Tasha is one of many speech and language pathologists employed at her school district. She provides services to grades K through 12. Tasha works with children who receive ‘speech only' services and children who receive speech as a related service.

Participant # 2: Nicki has worked in one single public school district for the last 27 years, where she services children in grades prekindergarten through 12th grade. She is one of many speech and language pathologists of her school district with the responsibility of providing speech therapy services. Currently, she serves as the department head of the speech and language department. Nicki shared speech and language pathologists' training is geared toward hospitals and clinics. She stated, "we adapt ourselves to the schools because our training is not set for school". She further reported speech and language pathologists are trained to work with children who have disabilities, which qualifies them to work in a school setting.

Participant # 3: Kate reported a 23-year history of working as a school-based speech and language pathologist. She reported an 11-year history providing speech therapy in the medical field, working in the home setting, nursing homes, and rehabilitation centers. She began her career in 1984 working in the school setting, but in 1996, she left the school setting to work with adults in medical settings. Kate reported she returned to the school setting in 2006. She services children in grades K-12.

Participant # 4: Karen is completing her second year as a school-based speech and language pathologist. She began her career in the school system, covering for a speech and language pathologist on maternity leave. This is her first year, "starting from scratch," as she stated during her first year, many of her current responsibilities had already been done. She began her career in the medical field. She noted the criteria to receive services in the school setting differs significantly from a medical standpoint. She reported she is still learning as a school-based professional, but she enjoys working in the school setting, as services are free for all those that qualify.

Participant # 5: Kim has worked as a school-based physical therapist for 12 years. She has a medical background, working in hospitals and rehabilitation settings where the focus is on splinting and range of motion. She shared she experienced some difficulty transitioning to a school-based setting where the focus is on helping eligible students access the curriculum physically. She reported that over the years, she has become much more knowledgeable and comfortable practicing her discipline from an educational standpoint. Kim shares the responsibility of working with physically disabled children with other physical therapists in her school district.

Participant # 6: Cristie is a speech and language pathologist working in a public school district that services children in grades prekindergarten through 12th grade. She began her career in a school setting in 1999, following graduation. Cristie is part of a team of speech and language pathologists who share the responsibility of providing therapy to children who meet the criteria for speech services. Cristie works with children who receive speech-only services and children who receive speech as a related service.

Participant # 7: Adele has worked as a school-based speech and language pathologist for most, if not all her career. Working over 20 years in a school setting, Adele shared she has worked in both public and private school settings. She reported she has experience working with preschoolers through middle school-aged children. She reported she and a colleague developed a toddler program. She has worked as a classroom teacher, engaging in coteaching. She was once the president of the county's speech and language association. She also has experience in teletherapy. Adele appeared comfortable during the interview, as she discussed the different roles she has fulfilled over the course of her career.

Participant # 8: Tressa is an occupational therapist who has provided direct services for over 35 years and has fulfilled the role of department head for occupational and physical therapy for 25 of those years. Tressa reported having multiple roles in the school setting, as she not only supervises the department of occupational and physical therapy, she also chairs eligibility meetings. Tressa works in a public school district that services children in grades preschool through 12th grade. Tressa has experience in inclusion settings as a parent and as a related service provider.

Participant # 9: Sarah is a speech and language pathologist. She provides services to children in grades prekindergarten to 12th grade. Sarah has practiced speech and language pathology for 11 ½ years in a school-based setting. She is one of many speech and language pathologists in a single school district. Sarah did not report a history of working in other settings. Sarah works with children who receive speech-only services and children who receive speech as a related service.

Participant # 10: This is Virginia's fourth year working as a school-based speech pathologist. She currently serves the K-12 population in a small county in Virginia. Virginia was offered employment soon after her graduation. She shared she took the place of a contracted speech and language pathologist from whom she learned a lot and respected for the quality service provided to the identified students. Virginia was fluent in her descriptions of her roles and responsibilities. She seemed comfortable sharing the pros and cons she has encountered working as a school-based speech and language pathologist.

Data Collection

I began sending invitations via email in February 2018 to 36 related services providers who had been purposefully selected to participate in the study. Initially, all possible participants were recruited from a single school district. I received email addresses from the office of research of the school district in which the potential participants were currently practicing their discipline. Initially, I did not receive any responses from potential participants. I reached out to the school district's office of research, inquiring about the validity of the email addresses that were provided. The office of research, who expressed great interest in the results of the study, offered to send an email to their itinerant staff, asking for their participation in the research. It was later learned that the email from this my Walden University email account was intercepted as spam, apparently because of the email's subject heading, and moved to the potential participants' spam folder. I sent another round of invitations to the same individuals and received only two responses. Both were in leadership roles in the school district. I did not

complete the first interviews until March 2018. The office of research, again interested in the results, inquired about the status of the responses and offered to send another email to their itinerant staff. As a result, I was able to recruit four additional participants.

I encountered challenges in recruiting participants. While a few responded and expressed their lack of interest or unavailability to participate in this research, others offered no reply. One of the existing participants, during a follow-up interview, informed she would ask providers in her department to reconsider participating in this research. She also offered to reach out to her colleagues and ask for their participation. As a result, snowball recruiting was employed. I was able to recruit two additional participants from the school district of interest. Seven related service providers were contacted using snowball recruiting. Of the seven, four of them gave verbal consent; however, only two of them followed through with completing the interview.

I conducted all 10 interviews face to face. Each interview, which lasted between 11 and 31 minutes, was recorded, and each recording was uploaded and saved to my personal laptop in a folder labeled recordings. I transcribed each interview. To manage all data an electronic Microsoft Word document was created for each interview and each file was assigned a different name. After the interviews were transcribed, I contacted all participants to schedule follow up interviews to check the accuracy of conclusions. As it was difficult to recruit the participants of this study, it was just as difficult to schedule the follow-up interviews for member checking. Data was collected over the course of 1 year. I completed the last interview on February 1, 2019

Data Analysis Strategies

Moustakas' (1994) phenomenological method of data analysis was used for this research, specifically the modification of Van Kaam's method, which is a multistep process to data analysis. I transcribed each recorded interview. A Microsoft Office word document was created for each interview, and each file was saved under a different name. This process also included listening to the recorded audio while reading the transcription simultaneously to ensure accuracy. In the following sections, I will thoroughly describe each step of data analysis.

Horizontalization

First, I looked for common, repetitive statements, a process called horizontalization, among the participants' descriptions of their personal experiences in an inclusive education setting. I read and reread the transcripts, looking for a commonality among words, and made a note of them (Table 2). Then Using Microsoft Word, I combined the transcript files into one large document and engaged in a word search of the words that were repeated throughout the transcripts.

Table 2

Repeated Words

Word	Word Count	Word	Word Count
Test	58	Mainstream	4
Collaborate	13	Consult	8
Meeting	27	Paperwork	13
Team	49	Screen	17
Pull-Out	16	Identify	6
Inclusion	33	Behavior	19
Social	25		

Reduction and Elimination

Irrelevant, ambiguous statements were then discarded, as they were not related to the phenomenon under study. Remaining descriptions, which contributed to the understanding of the participants' personal experience, were organized into core themes that represent the essence of each participants' experiences. The remaining statements, called invariant constituents, were determined to be directly related to the phenomenon.

Clustering and Thematizing

I manually highlighted responses from each transcribed interview using Microsoft Office's highlighting feature of Microsoft Word. This helped me to narrow down the invariant continents, which were then clustered into themes (Table 3) that represented each participant's experiences. I reviewed the themes that emerged as a result of organizing invariant constituents, checking for accuracy. I then validated the core themes by comparing them to the original interview script to make sure the core themes were explicitly expressed or comparable. Irrelevant themes were eliminated.

Table 3

Themes and Subthemes

Research Question: Roles and Responsibilities		
Theme 1	Expert/Consultant	
Theme 2	Evaluator	
Theme 3	Direct Service Provider	
Theme 4	Methods of Collaboration	
	Subtheme 1	Collaboration with Educators
	Subtheme 2	Collaboration with Professionals
	Subtheme 3	Collaboration with Parents
Theme 5	Mainstreaming	
Theme 6	Member of Multidisciplinary Team	

Theme 7	Documentation
Objective: Attitudes Towards Inclusive Education	
Theme 1	General Definition of Inclusion
Theme 2	Effect of Inclusion – Behavioral and Social
Theme 3	Barriers to Inclusive Education

Textual and Structural Descriptions

I then constructed themes into descriptions of both textural and structural experiences of each participant. This process required extensive review of common, repeated words and phrases that emerged from the data. The invariant constituents contributed to emerging themes that represent the lived experience of each participant. Textual and structural descriptions, which include verbatim statements of participants, are presented in the following section.

Thematic Analysis

This section includes a presentation of themes that emerged from the participant's responses and is divided into two parts. Part one includes themes that emerged regarding the participants' roles and responsibilities as a related service provider in an inclusion setting. Part two presents themes that emerged regarding the participants' attitudes towards inclusive education.

Part 1: Roles and Responsibilities

I was interested in exploring the perceived roles and responsibilities of related services providers, specifically speech and language pathologists, occupational therapists, and physical therapists, in an inclusive education setting. Seven interview questions were

specially designed to prompt each participant to reflect on their day to day contribution to the school in which they practiced:

Question 1: How do you describe your role in the special education process?

Prompt 1: Describe your role in identifying students in need of your services.

Prompt 2: Describe your role in determining eligibility for services.

Question 2: Describe your role working directly with special education students

Question 3: Describe your role working collaboratively with educators

Question 4: Describe your role in communicating with parents

Question 5: Describe your role in collaborating with other professionals on behalf of the special education student (New)

Question 6: How has your position changed from when you first began providing services in a school-based setting?

Question 7: Describe your role in the development of each student's Individualized Education Plan.

Prompt 1: What is in place to determine the quantity of services (e.g., number of days, number of hours) provided to each student?

Prompt 2: What is in place to monitor if services are being provided as indicated on the student's IEP?

Several themes emerged from the participants' personal experiences providing their respective discipline in an inclusive education setting. The participants' descriptions of their involvement in inclusion revealed several themes: Expert, Screen, Evaluate/Assess, Provide, mainstreaming, methods of collaboration, Collaborate/Consult, Team, documentation. I will present each theme and supporting quotes from participants.

Theme 1: Expert/Consultant

The participants shared a common understanding of their role as an expert in the academic setting. In the process of identifying students in need of services, each participant made statements suggesting that they are sought by others (e.g., teachers, parents, administrators, etc.) as someone who has special knowledge and skills in an area of study. For example, Nicki said, "After the kindergartner years, it's usually a teacher or a parent or maybe one of the school psychologists when they're doing some testing, they may see that the child needs to be referred for a speech evaluation." Similarly, Kim said, "It could be a teacher who says, I think this child needs to be looked at"; and Tasha said, "Usually a parent or teacher will refer the student to me.

Being a related service provider suggests one has expertise in a specialty area (Giangreco, 2000). The participants' reflections on how students are identified for services gives the impression that related service providers may view themselves as experts. Giangreco, on the other hand, feels a generic role of a related service provider is to establish a shared framework with school personnel, as to avoid the expert trap. The participants' responses suggest otherwise. Kate said, "Normally, I just wait for teacher referral. I don't go seeking kids. I just wait for the teacher to refer students". Tasha said, "Usually, a parent or teacher will refer the student to me." Tressa described the process of identifying students for services as being as informal as a teacher thinking about a student, which would prompt the need to have a more formal meeting. She explained:

> Umm, like a teacher, might come and say to a therapist I'm thinking about this child, and simply because they say I'm thinking about this child, we need to hold a

> meeting, and then when we hold the meeting, then the team decides whether there is enough data.

Kim, Karen, and Virginia were a little more detailed in their responses, as they shared specific examples of when a teacher would seek their expertise regarding a student's abilities. Kim stated, "It could be a teacher who says, "I think this child needs to be looked at." Kim, who is a school-based physical therapist, shared a student who is observed tripping and falling a lot may be referred to her. She explained:

> As far as identifying, that can be anything from very informal having a teacher say – ya know I've got Jimmy and he seems to be tripping a lot and falling, do you think he needs to be referred? We may or may not see the child.

Virginia and Karen are both school-based speech and language pathologists. Virginia explained:

> The articulation one is pretty much, teacher say, hey, I don't understand this kid, or hey, you know this kid seems to be having issues with spelling, and I don't know if it's speech-related because they have some articulation issues even if they're not very severe.

Karen explained:

> The teacher will just refer you for a student because they notice like they're having trouble answering questions or they're having trouble following directions and stuff like that. Kindergartners it's a specific process, but for all of the other grades, the teacher just comes to you, and they tell you their concerns with the student.

Sarah, who is a speech and language pathologist, reported that referrals for speech service might originate in meetings that were called for other reasons unrelated to the child's speech and language ability. She discussed that she might not have been originally invited, but her involvement is requested in the event speech concerns arise. She stated,

> They're in first grade or second ya know or higher that's when teachers will either say something to me or when we're in child study, even though I may not initially be invited, I have been called in on meetings because I guess during the conversation, the school psychologist and the mom and the speech becomes an issue and they'll put me in the meeting so umm that's basically how the identification process works.

Theme 2: Evaluator

The participants in this study shared a common perception of their role as an evaluator of students. Most of the participants verbalized variations of the words "screen" or "test" at some point when describing their role in identifying students in need of services or made statements suggesting they completed a more informal assessment of students' abilities. Nicki, who is a speech and language pathologist, said, she is responsible for screening all kindergarten students, and the students who fail the screening are either rescreened. Only kindergarteners are screened for services, according to Nicki. She stated, "we're only allowed to screen kindergarteners." Kim stated, “If a child is identified as having something that may or may not need physical therapy, we are doing an evaluation or at the very least, an observation to see if that child may qualify.” Similarly, Sarah stated:

> We have a kindergarten screening. We're not able to screen each child individually; however, the teacher and I get together like early November. We sit down and discuss the kids that they believe are in need of an actual screener than I bring them in individually, so um some are made, are found, fell the kindergarten screening, then we take those to child study but for kids who aren't kindergarten.

Cristie said "my role would be to ya know just see, well, is there a possible speech delay here and from there decide whether or not I'm gonna do the testing"; Karen said, "Ok so we do a screening process for the kindergarteners, and that happens every October", and Virginia said "We do kindergarten screenings within the first 60 days".

Screenings, a more informal evaluation of abilities, are only given to kindergarten students. Related services providers also share a common perception of their role and responsibility to administer formal testing. In the process of determining if a student is eligible for services, Kim reported her role is to "Evaluate, go to the eligibility, present our findings to the team and then determine whether or not the child meets the criteria for physical therapy." Tasha said, "I do the testing…". Virginia explained,

> So once it becomes clear that the student is not really able to pick up the sound with just a little bit of instruction um and its ya know becoming obvious that I would need to see this kid more frequently that's when I'm like yeah I suggest that we go and we do [referring to testing]…so we would sign for testing and then I do the testing.

Sarah said,

> Once it's determined that we are gonna go ahead and test the child, then, of course, I bring the child in, and I have to assess the child either through…I typically try to find out what the issue is because especially for language testing because language testing is very comprehensive and very long and if the child was only an articulation issue, I don't want to administer a language test if the teacher feels like oh no it's not their receptive language.

Cristie said,

> My role would be to ya know just see well, is there a possible speech delay here and from there decide whether or not I'm gonna do the testing umm so from there ya know we obviously will do testing, and there are results either way with that, and it goes to an edibility team.

Nicki said,

> In the school system, It's all pretty umm standard. You have to have a severe deficit in expressive language or receptive language or articulation to qualify for services, and that's determined by a certain score on the test. It's usually like 65 or 70 or below, and that determines whether or not they're eligible.

She also explained, “We'll test them, and then we go through the eligibility process seeing if they are eligible or not, and if they are, then we go into the writing of the IEP, and then we start seeing them."

Kate said,

> After the testing is completed, we have an eligibility meeting. And that's when you provide your testing information. It's before like an eligibility committee, and

> then we, the teacher is there, the parent and myself, and then we just go over our test results.

Theme 3: Direct Service Provider

I asked each participant to describe their role working directly with special education students. Nicki, the department head of speech and language services, shared that they are expected to follow written guidelines governed by the state of Virginia. Most of the participants shared a common understanding that their role working directly with the students changes depending on the student's needs, but the ultimate goal is to address any presenting areas of weakness. Adele, also a speech and language pathologist, named different roles she may fulfill depending on the situation. She explained,

> I can either be a case manager, I can be a direct services provider, I can be indirect where I just have to monitor somebody or check in with somebody or consultative or on the team and somebody might not be…I've been on behavior plan teams so that student might not be on my caseload, but I help write behavior plans.

Kate, the speech and language pathologist, was brief in her response, stating, "It's just administering therapy" to all students. Virginia shared that she provides traditional speech therapy, which is pull-out therapy for the majority of her students. She explained,

> Umm, so basically they have the minutes that are written in their IEP. It's nothing…I'm not doing anything fancy. Um, a lot of it is articulation therapy… I drive [not comprehendible] probably 20 miles a week between schools umm so I don't really have a lot of time to go crazy with the planning or anything or use a

> lot of super-duper stuff uhh ya know all the easy to get stuff and um basically I try to not mix groups too much. I do kind of put artic kids together and language kids together as much as I can on grade level. I try to mix grade levels either, but umm, I don't know if that answers your question.

Nicki, Virginia, and Cristie both mentioned that the IEP is what drives the services they provide. Cristie shared, "Um, so I guess I provide speech based on the needs of that child and um again specific to his or her needs um per that IEP." Nicki, the department head of speech and language services, added that once the IEP is ready, their goal is to make sure they're "teaching valuable lessons to the kids so that they can work through objectives that we've written to reach the goals."

Sarah said her role is to help her students attain functional communication skills, which includes being able to express themselves, ask, and answer questions. She explained,

> My role is mainly to remediate students. Identify communication disorders so that they are able to function in the educational setting. Not looking for perfection or anything but working toward getting this child functional. If its…Especially if it's a child who is or um if we know is not gonna ever be per se a typical communicator because they've got other cognitive issues, getting them functionally to the point where they can functionally communicate and then with students who are typically developing pretty much same thing…uh just working to get them to be able to function, make their needs and wants known, being able to express themselves, answer questions, ask questions in the educational setting.

Karen, directly working with the higher functioning students, feels her role as a speech and language therapist varies depending on the needs of the student; however, in any case, she acknowledges her role in working together with educators. She shared,

> So, with the autistic students, I see umm I am in charge of helping them with the devices, explaining the devices to the teachers umm or any low tech communication that they have like a communicate book or something. For the other students that I see that are in the general education classroom, I just collaborate with the teachers to make sure that what I'm doing in therapy is correlating to whatever they're doing in the classroom.

Kim is a school-based physical therapist. She described her role in situations in which she is a direct or an indirect service provider. She explained,

> We work, all of us…the therapists…as a direct consult or monitor with the children. I have everything from quarterly kids that I may come in and do education for transfer training. So, if we have a child who's in a wheelchair that needs to be at a changing table daily, we go in and provide the education to the staff on how to do that with their body mechanics. And, we'll go in quarterly and make sure that's okay, or if a child has a piece of equipment that needs to be monitored gate trainer that they're using during the day or whatever. We'll set that program up at the beginning of the year and then come in quarterly. If we've got a child who is kind of doing ok but we're watching, and sometimes this is our preschoolers that we've had weekly as a direct service moving into kindergarten and we just want to make sure that they're gonna do okay in PE, we put them on a

> monthly monitor. So, we go in monthly, talk to the teacher. We may go observe PE class. Observe the child on the playground. We want to make sure that that's going ok and offer suggestions to the teacher if they need it. And, then we have weekly direct kids, and those are the kids that…OTs sometimes see the child in the classroom – we almost always pull out. So, we go and get the child. We very rarely have a treatment space so we're often in the hallway or out on the playground if the weather permits and working directly so we may be working on ball skills or balance or coordination with the child one on one.

As a direct service provider, school-based practitioners work directly with the student. The participants shared the common perception that they use their own discretion to determine the frequency of services. The responses of each provider suggest that determining how services are delivered is a subjective, situational process. The following are participants' responses:

> That is actually determined by me based on the severity of the disorder. I may reduce how much time they can receive services because they're close to the end, and I just want to make sure they transition well before they are fully released. (Tasha)

> Well, that's usually determined after umm…after I have the evaluation results because depending on how severe the student is, that's usually what determines their minutes. So like for a child that just has articulation problems, um you might potentially see them just for 30 minutes a week depending on how many errors that have and how severe it is. For someone that is very low functioning that has

like language difficulty, you can set it for two times a week for 60 minutes. That's the most that I've experienced…two times a week for 60 minutes. I do try to tailor it based on wherever they are with the language or articulation disorder. (Karen)

Honestly – the severity of the student and the amount of time you're assigned to the school. You cannot honestly give a student 30 minutes or 20 minutes if you're only assigned to the school twice. So ya know, you can have a severe, artic, or language student, and you give him the max amount that you're there. Right, wrong, or indifferent, I mean that's…you do what you can do because how would you…if you're only there three days a week, how would you give them that fourth day of service? And all of the speech pathologists I've ever worked with, they do their professional opinion I mean they would only give one day a week if they really thought…Ok, I can work with the student one day a week, but most of them provided the max that they were there. So severity and how many days a week you're there. (Adele)

I go based on their severity, the progress, of course, and of course, we have the data collection. The progress the student is making as well as the severity of the disorder for me determines the quantity of services. Very rarely do I have a child…like a child who's newly identified who doesn't have 60 minutes weekly. Those younger ones as they climb up into the upper grades, fifth, sixth, it tends to reduce because the child is improving, or some of them are getting to the point where they're plateauing in, and they're where they are going to be not to say that

they can't make any more progress, but I think a lot of times people don't take into account the child's disability (Sarah)

Yeah, um, we're definitely one of those places that is still in the mindset of rarely more than 60 minutes a week, so if its uh a very severe articulation, there will be three 20s. If it's mild, one 20 or its usually three 20s or one 20. They're not very many that are like two 20s, and then language is pretty much always 30-minute blocks, and its either one or two. Some of my…the kids in the self-contained classroom, I do one pull out, but it's just written…it's just minutes per month. But as far as determining, I mean, it really, the kids with apraxia are the ones I give precedence to because they need that repeated motor trial work to kind of make progress sand maintain progress but other kids that are doing pretty well with maintaining week to week, I don't worry as much about seeing them more than once a week. It depends on the kid [laughter]. There's not really any protocol though there's not like a…hey! severe this is how many ya know…totally up to my judgment. (Virginia)

It's based on the need. If it's …really it's based on the need. That's how we umm quantify the number of days and the number of minutes per session. so really the answer would be it depends on the need and the severity of the…well, it's not like oh well she's a cute looking girl let me work with her more than ya know…its not subjective in that sense but its also not…ya know we…I don't want to say limited, but we have… the state will allow us I think it's like 60 or 65 students so we at

> liberty to provide one on one therapy five days a week, an hour a day. Ya know, it's just not physically possible. (Cristie)
>
> What we normally do, what we're supposed to do is we're supposed to give them the hours that they need to be successful but in the real world, we normally give two times a week for 30 minutes when they're little, but now the SOLs have gotten into play in the 3rd grade, and the teachers and the parents get antsy about us pulling them out of classes. Even though we try to pull them out during times where they're not really missing any core subjects, that's a whole nightmare too when is the scheduling. You can work in an elementary and middle or an elementary and a high school, and sometimes you have to just schedule these kids when you can, and they do miss some of their core subjects because you can't help it. How are you gonna see the kids if you're moving around the system and that's a huge problem…scheduling. Like now in the 3rd grade, a lot of the speech pathologists are putting them down for just one time because everybody is complaining so much. But elementary school is where they need it the most. (Nicki)

Theme 4: Methods of Collaboration

A review of the literature identifies collaboration as being a key component of inclusive education. According to Friend et al. (2010), the collaboration between educators, administrators, and related services providers did not originate with the movement toward inclusive education but rather has been a part of special education for many years prior. Researchers have investigated the collaborative relationships between

related services providers and educators (Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Pampoulou, 2016; Sonday et al., 2012). The participants share a common perception that collaboration is a component of their roles and responsibilities in an inclusion setting.

Collaboration with educators. The educator and the related service provider each possess special skills to meet the diverse needs of all students. A general responsibility of related service providers is to share information with educators, as to cooperatively help students meet their academic goals (Foster & Cue, 2009; Giangreco et al., 2010). Related service providers and educators are believed to have overlapping roles in the academic setting. SLPs, in particular, may align their interventions with classroom instruction. Tasha shared that she incorporates the vocabulary that students are using in the classroom in her interventions:

> One of the things that I like to do is go ahead and utilize the vocabulary that the students are already working with that week and make that either if we're working on – if it's a language student – if we're working on using the words in sentences or defining the words. Also, with the articulation students, I like using the words that they're using in the classroom for articulation purposes as well.

Karen responded similarly:

> So, like I said, I try to incorporate whatever it is they're doing in the classroom, so like spelling words or any specific vocabulary they're working on because for the school system, it has to be educational relevant to whatever it is that they're doing so. Some teachers are able to collaborate with than others just because of

> scheduling, but um everyone has been really um cooperative working with me, so that's been good.

Adele explained that she writes IEP goals to correlate with the academic curriculum:

> Teachers – what they're seeing in the classroom. What I'm seeing. I try to write goals relative to what the classroom teacher is seeing in the room so that the goals that I'm writing, communication wise, will be applicable into the classroom. For example, vocabulary. If they're struggling in math, there is a lot of math vocabulary. So, try to incorporate that in there.

Each participant was asked to discuss her role in collaborating with educators. Each participant provided a response to suggest collaboration occurs; however, there are variations in the method of collaboration, the setting in which collaboration occurs, and the frequency of collaboration between them. Nicki's response, for example, suggests she collaborates with educators more so in team meetings: "Well, we always do like in child study meetings where we have the whole team there." Cristie, a speech and language pathologist, shared she collaborates with educators in team meetings, child study meetings as well. She also checks in with teachers to inquire about a student's progress in the classroom based on the premise that it takes a "village" to help students reach their goals:

> A student who receives speech in that teacher's class, I would touch base with them um periodically just to find out hey how is Sally Sue doing? Is she? Are you hearing ya know better Rs? Or is she using pronouns more? Ya know just kind of touching base with them. I feel like that's ongoing. I just feel like that's an

> ongoing thing umm, but ya know specific in meetings umm ya know with the teachers involved, I think it really helps. I mean, it's a team effort. It takes a village so umm it doesn't…the service doesn't just stop with me in the therapy setting, but when they go back to that classroom um and then even from that classroom generalizing to the home, ya know so.

Sarah, a speech and language pathologist, reported she collaborates more with educators when the students receive speech as a secondary service. In this case, she offers the teacher tips to help students with their presenting needs and discusses with the teacher, the impact of the communication disorder on the student's overall functioning:

> Of course…well…I don't really…well hmmm…I tend to collaborate with the educators when speech is not the primary disability. Um and then uh, the special education teacher, and I will discuss the child's communication disorder the impact…they may ask me for some tips or how to work on this particular issue that they've got going on.

Virginia reported her school district uses a 3 to 1 model, which calls for three weeks of direct intervention and one week of indirect services. During that one week of indirect services, Virginia reported she collaborates with educators:

> So that's one place where the 3 to 1 model really does come in helpful [that didn't make sense with laughter]. It's very helpful because it gives us sort of some dedicated time to work with the teachers, to explain what we're doing, in our private uh, in our pull-out sessions and talk about what that can look like for them. And it's not…it's a little more dedicated than just like after school or in the

> hall. Ya know, if you're one of these teachers that has like a relationship…if you have a relationship with a teacher and you can just text them and be like hey, try this with unnamed child because you don't do that, so it's nice to have that week built in where the intention is to really work with them. No, no, I don't have an off week umm, but that's the time where I really try to reach out to the teachers and see what I can do to help.

Virginia also offers tips and level-appropriate materials:

> I collaborate during the indirect week also with the special ed teachers um a lot with those language kids because ya know I see that they're seeing what I'm seeing and ya know I try to give them tips on how to ya know give more appropriate age level materials so that when the students are doing reading assignments.

For students with speech concerns as their primary concern, Sarah uses a collaborative approach like Cristie, as she checks on the students in their classrooms to monitor if the student is applying learned skills in their classroom conversations; however, this is limited:

> I don't really work a whole lot collaboratively with kids who are just speech only other than just checking in here and there…how's things going in the class…how's the communication going…I'm seeing it better in the therapy room ya know they're doing well in therapy. How are they doing in the classroom because a lot of times kids will do one thing in the therapy setting and then they

> get in the class and then it's like there is no carryover, so I do discuss with the teachers just to find out how things are going as far as carryover is concerned.

Kate, a speech and language pathologist, reported she mostly provide strategies to kindergarten teachers, and then she reports back later to evaluate the effectiveness of those strategies:

> I don't do that – If they have a concern or a question or whatever I'll just try to answer and I know before we can test students, we do have to provide strategies for them to try in the classroom for like a period of time for maybe four to six weeks. And I really do that mainly with the kindergartners because that's who is referring and I give them some strategies they have to try them for I think four weeks maybe and then we report back and then if their strategies aren't working, then we proceed with testing.

Tressa, the department head of occupational and physical therapy, reported her team works with educators to develop the student's individualized education plan. She reported her staff collaborates with those teachers who are receptive to support. Kim, a physical therapist, reported, "we're always talking to the teachers and support staff in and out of schools." She provided specific examples of how collaborating with educators may look:

> We do a lot of training for transfers and for equipment usage because, as you know, 30 minutes a week is not effective if it's not something that's in the child's everyday program. So, we'll set up a program so that child is getting in every day or twice a day if they can tolerate it and teach the staff how to do that. So, we collaborate that way. We may collaborate with ideas particularly with kids,

> examples that come to mind are preschoolers who are having trouble maybe with getting on and off the toilet because it's so high and they may have a balance issue, providing a step stool or something like that. All the way to children who may have safety issues in the classroom. So, it can go everything from being pretty hands-off to being very involved.

Collaboration with parents. I asked each participant to describe her role in communicating with parents. Giangreco et al. (2010) purport that related service providers are to establish a shared agenda with parents in addition to keeping parents informed. Each participant shared her experience in communicating with parents:

> That can be tough in the schools because you don't usually get to see the parents so open house when that came, I…the parents that I did see I talk to them a little bit about what I would be doing with their child in speech. Um, there's a few parents that I communicate with email, by email. Not weekly, maybe every couple of weeks just to give updates. It's usually for the parents that are really, really involved. I know that everyone is busy, so I do make it by email and by um phone calls. (Karen)

> That is a little more challenging, specifically with these demographics. You do have some parents who are…they're proactive. They are very interested. They want to know, but that is very few, very seldom. Umm, most of my students, I will have to say, the parents um...I don't get a lot of feedback. If I could get a return phone call, not always the case, but um, I'm trying to think how I can…it's just not a lot of involvement. I think overall, there's just not a lot of involvement

unless there is a…unless it gets to be…unless there are specific cases where you do have parents who are just the total opposite. So, you have them. Ya know you have some that are very absent, and then some who are ya know every week, they wanna [laughter], which is fine too. (Cristie)

It's hard. Our role is to keep our parents informed and so a lot of times we send notices home when we are gonna have an IEP meeting or we need to talk to them about any concerns that we have with kids about putting them into a program and keeping them informed all the way along the testing, eligibility process and the IEP process. We usually make phone calls. We send notices home. We have progress reports that we send home along with the teachers'. And then we cannot get a hold of them, we use the school social worker, and now all the schools have a liaison…parent liaison and so now they're starting to use them, and they've been real helpful too (Nicki)

I have a pretty good rapport with my parents. In the beginning of the year, I get as many parents to give me their contact information, including the email also letting me know which way they prefer to be contacted. And, a lot of parents come through here, so if I see them, I always make it a point to talk to them as well. (Tasha)

We have to send out progress reports so many times. I don't know specific dates. And then I also will have…I go to a speech website, and they have monthly calendars of different activities that you can work on with your kids, so I try to I send that monthly with the progress report. (Kate)

It's very important to have good communication and rapport with parents, so you have to keep them informed whether it's at their comfort level, so if they want a phone call, an email, a note, whichever mode they are most comfortable with. I had a parent. They wanted an email. I think it was every day I had to send a little blurb or some have communication notebooks you have to write in, and it is taxing. It is a lot when you think of your documentation, but sometimes you have …you have to keep that line of communication. You want them on your team. You don't want them as your adversary. So you try to do…It's not that it's hard, it's just…because I love my relationship with parents and families. I don't want it to sound negative. Whatever mode they're comfortable with. It sure would be nice if everyone liked the same thing. Newsletter…whatever they like. So just keeping them informed. (Adele)

I answer anytime I get a phone call. All of the meetings that I deal with I'm talking to parents. When the staff have trouble talking to parents, I'm there to help them talk to parents. I may not be talking directly with the parent, but I'm letting them like vent their frustration with a parent, and then it's like you've gotta talk to the parent. Right now, I have a parent. (Tressa)

I communicate with parents monthly via progress report. So, they get a progress report monthly, and also during umm preparation for the IEPs that are coming up. I do make the phone calls to them to talk to them and ask them how they perceive their child's communication and how they feel about how things are going along. Other than the progress note, I do send homework from time to time with kids. I

> send little practice…do little instructions on it for the parents and ask them to send it back to let me know that it was done, but I don't get it but anyway. (Sarah)
>
> Our communication with parents in a more average situation is probably limited to meetings and progress reports and report cards. I think that we do communicate a lot or get releases of information so we can talk to people like a wheelchair clinic and things like that. That happens a lot with our kids that are in wheelchairs. They may be missing a part to the wheelchair. It's not fitting them appropriately. Now the bus driver doesn't want to pick them up because it's a safety issue. From that point, we may be accessing the parent to talk about getting that fixed. But I would say mostly its related to IEP meetings and our written communication on progress reports and report cards. (Kim)
>
> So, parents are interesting um I am available to them in a lot of different ways. Many of the teachers use something like dojo here. So, I made my own dojo class. Parents can communicate with me that way. A lot of them don't. Umm, and then I'm available by email, and they can also call me at the school, which is hard because I'm not here every day. I'm at other schools too, and then I use the remind app. Literally, I've given them tons of options, and mainly, they only reach out in response to me reaching out. Ya know I'll say talk about scheduling meetings or give them some suggestions. (Virginia)

Collaboration with other professionals. For inclusive education to work, a collaborative effort between school-based specialists is necessary. According to Leader-Janssen et al. (2012), collaboration among professionals is a critical component of

inclusive education. Each participant was asked to discuss her role in working collaboratively with other professionals on behalf of the student. Tasha, a speech and language pathologist, reported it is beneficial to work simultaneously with the occupational therapist specifically in autism classrooms:

> Sometimes it works well to work with an OT at the same time. We have autism classes, so sometimes, while the OT is working with the student, it might benefit me to work with the student as well on their speech.

Nicki, also a speech and language therapist, views establishing good rapport with colleagues as being a function of her role as a school-based professional. She finds opportunities to work closely with other professionals during meetings. She reported her findings often correlate with those of the school psychologist:

> We sit on the teams, and when we're sitting there, we listen to see if they're saying anything that would draw the speech into. Do they need my input? A lot of times they do and a lot of times they don't. It's also interesting too that when I went into eligibility, that a lot of my test scores were matching the school psychologist's test scores. The school psych really sees a lot of what we see, but we go a little deeper into what the language is than they do. We have to establish a really good rapport with everybody that we work with. Sometimes it's hard because some people are not open to it, but you have to be.

Sarah, similar to Nicki, shared she will discuss test scores with the school psychologist, as their findings regarding to a student's ability to communicate are often comparable. It

is understood that their testing instruments, although different, yield similar findings. However, her collaboration with occupational and physical therapists is limited:

> I don't really have a whole lot of discussion with PT and OT about anything umm school psychologists…they don't necessarily come to me, but I sometimes will seek…we'll discuss something regarding a child with a school psychologist. Our testing is…some of the things are somewhat the same, but then they're not the same so oftentimes, when we get ready to take a child through eligibility and the testing is completed, I will discuss with the school psychologist about what she found as far as the communication is concerned, the receptive, the child's receptive language, expressive language but umm that happens from time to time. I can't think of anything else beyond that. It may be more, but it's not coming to me right now.

Adele shared she collaborates with occupational and physical therapists as a member of the team. She views her role as an advocate for the students, and in that role, she promotes continuity of care:

> So, on the team…so OT, PT, we discuss um how the student is communicating. What they're seeing during therapy. What I'm seeing. Um outside speech therapy for example or OT or something, collaborate with those professionals and make sure we're at least working on the same goals or the same things because I see no benefit in I'm working on A, they're working on B. Um so to keep a relationship and rapport there. Um and I see my role a lot of times as advocate, ya know for

> the students um and make sure that we're all working together. So, check in and make sure that ya know, we're all on the same page.

Virginia, a speech and language pathologist, stated the occupational therapist in her school district is her "best friend"; however, collaboration with the physical therapist is limited. She explained:

> Well, my OT is like my best friend in the world [laughter]. Mainly its more to do with our occupational, no, our AAC users. The kids that are using different methods of communication because there is such an interplay with access um for fine motor skills and for attention and um sensory input. We have a couple complex communicators that really need that interdisciplinary um collaboration in order for us to really get anywhere. We have a good relationship. Um, the physical therapist and I know each other. We're friendly. We haven't had to collaborate a whole lot.

Karen also seeks opportunities to collaborate with the occupational therapists when time and opportunity is presented. However, in her experience, collaboration with other professionals is limited. She shared:

> Um really in this school, the only collaborating I'm able to do with the other professionals like the other sped professions have been occupational therapists. So, we collaborate on our schedules. We talk about the students um. Not very often, maybe every other couple of weeks because there are times I don't see the occupational therapists, but we do try to collaborate, especially before an IEP

> meeting just so we can kind of update each other on what's going on with the student.

Cristie reported she and the other school-based professionals have mutual students, which creates opportunities for collaboration between them. She identifies collaboration as being something that is "good" and necessary because speech is "everywhere." She explained:

> That's ongoing especially. We have a lot of mutual students. There's collaboration like ya know, OT may say Ms. Cristie did you hear Sally she said that sound? Ya know I heard her do that ya know when I was…when we were practicing walking up the stairs. A lot of times, there is overlap. We don't, I don't actually co-treat, but there is a lot of I say just say kind of sidebar collaboration and of course, in the formal meetings. Ya know when we've got IEP meetings, there is collaboration with them. I think it helps to um. I think it's always good ya know because speech, it's not just in a speech setting, a therapy setting, it crosses over I mean everywhere on the playground, in the cafeteria, on the playground, while they're doing other therapies. They're communicating, so speech is everywhere.

Kate, a speech and language pathologist, takes a more indirective approach, as she reported she waits for other professionals to seek her. Kim, a physical therapist, is one that seeks speech therapists when appropriate. She identifies collaboration as being "constant and ongoing." She explained:

> That is constant and ongoing. We are always talking to…I do co-treatment with speech therapists, occupational therapists for children that that's appropriate for.

> Whether they know your name or not, we're talking to the administrators, making sure that things are going the way they're supposed to go. There is…it's a constant but mostly kind of informal intersection with just about everybody on the team. And then more formal if we have a child that we have say concerns that they're really dirty or they don't, ya know, appear to be fed, or we're worried about something. Something is just not right with this kid with them. We'll do a social worker consult. So, we've got people we can access if we have concerns outside of the professional realm.

Tressa is the department head for physical and occupational therapy. She shared there is formal and informal collaboration on school-based professionals. She shared:

> Umm, we work with speech paths. We work with all of the other related Ok…we work with the adaptive PE people. We work with um. My PTs and my OTs work together. We work with the speech paths. We may not directly work with them during a session, but we kind of are on the side during informal assessments or informal conversations about what is going on with that child in the school.

Theme 5: Mainstreaming

Inclusive education refers to the act of exposing special education and general education students to the same academic curriculum within the general education classroom to the greatest extent possible. Full inclusion and mainstreaming, also known as partial inclusion, are two variations of inclusion documented in the literature (Giangreco, 2007; Lindeman & Magiera, 2014). The participants share a common perception that mainstreaming is the most used method of inclusion by which they

practice their respective discipline. For example, Sarah said, I've seen a lot of pull out, and I know that pull out does have its place. I just think it kind of happens a little bit more than what I would expect for inclusive education, so um yeah. Similarly, Kim said, "we almost always pull out."

Adele could recall a time she engaged in more coteaching and used the push-in model, which is a model that more closely aligns with the movement toward inclusive education. She explained how she eventually reverted to providing services more in alignment with the pull-out model. She explained:

> When I first started, umm I did more coteaching where I would go in the classroom and teach with the teacher, and then that went away a little bit, and then let's see…um some teachers are more open to it than others then it seems I went to more pull-out. A lot more pull out.

Virginia shared she has observed full inclusion occurring in her school-building, specifically involving the special education and general education teachers. She, on the other hand, reported she primarily uses the pull-out method as opposed to the push-in model, which she described as the delivery of speech services in the classroom. She explained:

> Soo, not a whole lot [in reference to inclusion]. Like I know that these kids do a lot of inclusion with their sped teachers and their sped staff. I don't do very much push in, which is I guess what that sort of means like going into the classroom as a speech therapist.

Tressa and Cristie responded similarly, sharing they mostly use the pull-out model to deliver services to their inclusion students. Both explained that they remove the students on their caseloads from their general education classroom and provide services in another location. Tasha shared:

> I do mostly a pull out method where I go pick up the student and bring them to my room because I have a large caseload, I'm really not able to see the kids individually so most of the time I have to put them in groups, so I usually have to see the students in groups.

Cristie reported,

> My inclusion kids who receive speech as a related service, I just go to their classroom, pull them out for speech, umm as part of the IEP maybe once or twice a week umm and we work on their umm specific speech goals.

Most of the participants reported using the pull-out method most of the time when providing services to students included in the general education classroom. Some participants responses indicate they do provide services in the classrooms but not the general education classrooms. For example, Virginia stated, "I do mostly pull out therapy except for my uh multiple disabilities classrooms where I will go in once a week and do like a group setting, but that's not really inclusion because it's still a self-contained classroom. Kate also indicated she goes into self-contained classrooms but mostly uses pull-out for students in the general education classroom. She stated,

> I just pull the kids from their special ed classes, and I have a self-contained class here. I have elementary, and this school, and I have a self-contained class here at

> the high school, so I go in their room, but for the most part, everyone comes to me. It's like a pull-out.

Tressa explained,

> We work in the classroom like for your autistic classrooms, we work in the classrooms, but then sometimes my therapist will again pull out, but they're flexible. It's not like its one model over the other unless the principal and the teachers they'll say I don't want you in the classroom because we're disrupting the instruction for the SOLs. So those are the ones we primarily pull out.

Theme 6: Member of Multidisciplinary Team

Of the ten participants, 9 of them referenced themselves as being part of a team. The word "team" is uttered 49 times between the 9 participants. Giangreco et al. (2010) recognize establishing a shared framework as a generic role of related services providers. He further describes a shared framework as being a team of professionals who, through common beliefs, values, and assumptions, make decisions through active negotiation and participation. The teams referenced by the participants present at the Special Education Team (SET) meetings, eligibility meetings, and IEP meetings.

Nicki said, "if there are any accommodations that I feel would be helpful for them, I do um talk to the other team members. Adele said, "I'm just part of the team. Part of the team to…where we sit down and decide what's needed for the student." Kate explained:

> After the testing is completed, we have an eligibility meeting. And that's when you provide your testing information. It's before like an eligibility committee, and

then we, the teacher is there, the parent and myself, and then we just go over our test results. The committee will decide as a team if the student is eligible for speech – if they meet our criteria."

The following are direct quotes of participants that include the word "team":

As far as eligibility, If we've had a child that gets an evaluation, we bring our evaluation findings to the eligibility team. We sit at the table. We present our findings. The child has to obviously show a deficit, and as a team, we decide whether or not physical therapy as a related service is appropriate. (Kim)

Well, it's an entire team process, but I'm usually chairing the meeting. I'm like the LEA for the related services IEP eligibility meetings. She also said, "Umm like a teacher might come and say to a therapist I'm thinking about this child and simply because they say I'm thinking about this child we need to hold a meeting and then when we hold the meeting then the team decides whether there is enough data. (Tressa)

Yeah, I suggest that we go and we do…so we would sign for testing, and then I do the testing, and then when the eligibility comes, it's the parent, our special ed director, and the teacher and me…its pretty much the team…" (Virginia)

Well, we always do like in child study meetings, where we have the whole team there. We have the school psychologist, and the school social worker, and the teachers and the LEA…and every school has one. She also said, "We sit on the teams, and when we're sitting there, we listen to see if there are saying anything that would draw the speech into…do they need my input? (Nicki)

> Um, my role here at the preschool level, I sit on the sped team, and we as a team collectively help to identify umm at-risk students." She also said, "Um my role here at the preschool level I sit on the sped team and we as a team collectively help to identify um at-risk students." AND "I mean it's a team effort." (Cristie)
>
> We meet as a team for an eligibility committee, and then based on my results, the team determines as a group looking at the qualifications for the criteria for being considered speech and language impaired. (Tasha)

The literature identifies related service providers as being part of the team. Giangreco et al. (2010) emphasize the importance of teamwork, as it fosters team decisions, sharing of resources, and shared goals for students. The participants in different ways, identify themselves as being part of a multidisciplinary team when making decisions on behalf of the students.

Theme 7: Documentation

The related service providers share a common understanding of their role and responsibility in completing documentation. Each participant, in some way, is directly involved in creating a student's Individualized Education Plan. According to Kim, related service providers play a great role in the IEP process. She uttered, "We're fairly heavily involved in IEPs, getting IEPs done." According to the literature, the IEP is the framework of the eligible student's academic curriculum (Conderman, 2011). In her second year as a school-based speech and language pathologist, Karen stated she is learning the IEP process but understands that it is an important component of her role.

It is the responsibility of the related service provider to develop the goals related to the respective discipline. Nicki shared that the IEP is written after the individual is found eligible for services. She explained, "We go through the eligibility process seeing if they are eligible or not, and if they are, then we go into the writing of the IEP, and then we start seeing them." Kim described the writing of the IEP as a process of looking at the student's strengths and weaknesses. She explained:

> Developing the IEP is mostly a process of just looking at what were the child's strengths and weaknesses and particularly what are the weaknesses. In this evaluation, what does the child struggle with? Then going into those areas and setting goals to specifically address that.

Cristie stated, the IEP is specially designed for each student, as it is based on test results, and the goals are developed to address any weaknesses revealed through testing. Nicki supported Cristie's claim stating, "we'll look at what skills that they missed on the testing and then we'll start pulling some of those skills off the testing to put in the IEP." The goals of the IEP are written to last the duration of one year. Kim stated, "So we set the overarching goals and then we have benchmarks underneath that for the one-year period of the IEP.

The provider's level of involvement in writing the goals and objectives on the IEP largely depends on the student. Kate, the speech and language pathologist, explained:

> So, if it's a speech only student, then I have to do the whole IEP, and again if it's a language student, I just write a language IEP. If its an articulation, I do a fluency or whatever the case is for speech only. If it's a related service student, I don't

> have to fill out the whole entire IEP. I just do the present level of performance and my goals.

When discussing her role in the IEP process, Adele shared:

> The IEP comes up, and if I'm the case manager, I write it up. If its speech and language, then I write up my proposed goals. If I'm secondary, but I could have the role of the team of – I don't know what they might call it – whoever writes the IEP, then I'm getting everybody's information and then putting it.

It is the related service provider's responsibility to provide the level of support necessary to master the goals as outlined in the IEP. Virginia stated she makes sure she writes "pretty straight forward" attainable goals, making the goals within the student's reach. According to Nicki, "Our goal really is to meet those goals and objectives on the IEP, and it all comes down to designing an appropriate IEP to meet our goals." The service provided is based on the IEP, and it is the related service provider's responsibility to follow the IEP in the provision of services. Nicki stated, "we all have lesson plans, and the lesson plans are written from the IEP."

In addition to developing the IEP, it is the responsibility of the related service provider to monitor the student's progress toward goal mastery and make the necessary modifications to the IEP annually as warranted. Kim explained:

> If it looks like a child is progressing rapidly toward that, we may have a revision and set new goals. If we come to the annual IEP, one year later, and that child has not met the goals, we may have to step back and make them something that is

> more manageable so set our benchmarks a little fit lower for that child to be able to reach and achieve those goals.

The related service provider is tasked with tracking the student's progress, which should be considered when changes to the IEP are made. Nicki shared:

> Then when we rewrite an IEP, the IEP is coming around for a new one, we take the information we've gathered for the year, we rewrite the results into the present level of performance IEP, and we put new goals and objectives

Nicki, among others, complained that the paperwork has significantly increased over the years. She feels the paperwork has become more important than the provision of services. She explained:

> It's gotten worse. When I first came to work in Portsmouth, our IEP was like four pages long, and now they can be everywhere from like 12 to 15 pages long just for speech. The paperwork has gone to be ridiculous to where we can't even do it. We cannot do our job effectively as we want to because of all the paperwork, all the timeline, all the special ed law, its all in the law. It has become that the paperwork is more important than us sitting down and being able to be effective. It's really sad. It's not just here. It's all over the whole United States. Federal Government has gotten in.

Tasha, an SLP, shared similar concerns about the paperwork required. She stated, "The amount of paperwork in ratio to the amount of time I have to see students has increased tremendously on the work side. I have way more paperwork to do now than

when I first started". Kate reported, "But it seems like the paperwork has increased. Similarly, Adele explained:

> I think things have just gotten a little harder with the special ed laws, and the paperwork has made it harder for us to do our jobs with kids. I think that's made it harder. It's taken a lot of umm…we feel pressure to…with the laws and IEPs and all this type of stuff that we don't feel that we have enough time to do our best with kids. Is it about the paperwork and the laws or kids?

Nicki shared that they are responsible for billing Medicaid, which has been added to their responsibilities in recent years. Medicaid billing has been recently added as an additional task for speech and language pathologists (Havens, 2018). Sarah stated, "We have this new system that we…its really…was designed for Medicaid; that's what we use it for…billing. But even if the child isn't Medicaid, we have to put all the students in". Kate reported, "… We're doing Medicaid billing, and you know It just seems like it's more paperwork". Tasha shared, "I have to fill out Medicaid data for each student every time I see them." In reference to billing Medicaid billing, Nicki added:

> And, we bill Medicaid. We did not use to bill Medicaid when we first started. But, so Medicaid…We've gone from not doing it at all. To do it on handwritten forms, To learning a computer program, and this year we have a brand new program. So we've gone from billing just the Medicaid kids to now billing all the kids if they're Medicaid or not.

Additional paperwork required of the related service provider includes progress reports and report cards, which informs parents of the student's performance.

Part 2: Attitudes toward Inclusion

I explored the attitudes of related services providers, specifically speech and language pathologists, occupational therapists, and physical therapists, toward inclusive education. Three interview questions were specially designed to prompt each participant to share their personal views on inclusive education:

Question 1: What does inclusive education mean to you?

Question 2: What is it in your personal or professional experience that has influenced your attitudes toward inclusive education?

Question 3: What is being done in your school building that makes inclusion work?

Several themes emerged in response to the three questions above: general definition of inclusion, social/behavioral effects on inclusion, and barriers to inclusive education.

Theme 1: General definition of inclusion

Inclusive education is educating ALL students, special education students and general education students, in a single learning environment, exposing ALL to the same academic curriculum (Cook & Friend, 1995; Dessemontet et al., 2012; Idol, 2006; Rea, et al., 2002; Roden et al., 2013; Ryndak et al., 2014). Many have adopted this meaning of inclusion, including the participants of this study. Cristie said, “well, literally just what it sounds like. It is including that child despite their umm disability classification. It includes them not just academically, but socially they are among their peers”. Tressa said, “It means that the special ed services are provided within the content of the classroom with the regular education teacher.” The following are additional responses of the participants when asked about inclusion:

Inclusive education means that the students are getting their – FAPA – (laughed) – in the best way possible by being in a mainstreamed classroom setting without having to be put in a self-contained setting so working at the level that they are able to with the same information that all students are receiving in the classroom (Tasha)

I guess for me, I guess ideally the way it comes to me…comes to mind… what I'm thinking it should be or what it should be, or what I had thought that it should be based on things I've read, is that you have a special education teacher in the classroom, and you have a general education, and they collaborate teaching lessons or they're times when the special education teacher is sitting in the classroom with their students that they work with, and they're going along with the lesson that the general education teacher is presenting, and he or she is there as a support to help the children answer questions, but that's not what I'm seeing. (Sarah)

Providing services in mixed groups so not just children who are in the general education classroom but in the special education classroom as well. Like having mixed groups so that the children who are lower level or lower functioning can see that language modeled by children who are in general education. (Karen)

I guess its ya know how the kids ya know are given the chance to interact with ya know regular ed um students not just singled out ya know in a special ed class. They do get a chance to mingle with other students. (Kate)

> I guess basically what it means is that every child regardless of what their abilities are needs to be given the best we have and everything that we have he or she has access to in order to achieve their education. (Kim)

Inclusion is understood as the integration and participation of all students regardless of their diverse characteristics and needs. The movement toward inclusive education was believed to be the makings of a better educational experience for all students, both academically and socially (Kleinert et al., 2015; Manset & Semmel, 1997; Stainback & Stainback, 1992).

Theme 2: Effects of Inclusive Education - Behavioral and Social

Participants shared their views on the behavioral and social effects of inclusive education. The inclusion model was foreseen to promote interaction between disabled students and their nondisabled peers, thereby addressing behavioral and social needs (Dessemontet et al., 2012; Roden et al., 2013; Ryndak et al., 2014). Some participants shared a common perception that inclusion classrooms promote the learning of social skills that would equip them with life skills. Tressa believes that including special education students with their typically developing peers exposes them to a setting that mimics the community. She said,

> All children have to learn to live within their community. And, that's what it means to me is that all children have exposure to their community so that they can learn appropriate behaviors. They don't have to learn academic behaviors, but they have to learn appropriate behaviors.

Several participants shared a common perception that inclusive education promotes social acceptance. In response to the question, "What does inclusive education mean to you?" Adele responded:

> Social acceptance and then a benefit so that the student, both students, have the opportunity to accept one another and grow, and grow and learn at their own ability. So, your general ed student is going to grow academically at their own ability, but they're also going to grow in empathy and compassion, and your special ed student is going to grow and learn some skills and learn at their ability. They're gonna pick up some academic skills, there's no doubt, but they're also gonna pick up some social things, good and bad, unfortunately, because that's just the truth of it and then hopefully build a bridge of acceptance there.

Virginia mentioned that the special education students in the general education classroom might not master academics per state standards; however, she feels inclusive education fosters peer acceptance that may not occur otherwise. She explained:

> They may not pass an SOL, but they may learn something socially and adaptively in the classroom that they wouldn't in their self-contained classroom so I'm very thankful I don't have to make that decision. Socially I think it's very important. I think it's extremely important for all kids to be with their peers as much as possible. They genuinely care for these kids who maybe won't ever be taking the SOLs with them…are not probably gonna graduate when they're 18 but these kids really care about them and are friendly towards them in a way I don't know if other counties really get that because these kids are often like sort of separated out

> into more intensive programs and that said, I think it's really good [laughter]. It builds a lot of tolerance and acceptance that might not happen otherwise.

Cristie believes inclusive education promotes togetherness and gives special education students opportunities to engage in other school-related activities with their nondisabled peers. She said,

> It includes them not just academically, but socially they are among their peers. I personally like it because if I had ya know a child who was of need…no one wants to be excluded despite any limitations umm ya know. They get to be a part of the PE class, the music class, all the other resources, the field trips".

As already mentioned, there was a belief however, that inclusive classrooms would address the behavioral and social needs of children with special education needs (Idol, 2006; Magiera et al., 2006; Rea, McLaughlin, & Walther-Thomas, 2002). While some participants shared their views on the social benefits of inclusive education, there were others with opposing views. Virginia explained:

> That is something I really think about a lot for these kids because I see them in a room with a bunch of different kids who have disabilities and its hard not to think they affect each other ya know and that they might be picking up things and behaviors may be that they wouldn't have if they were in the classroom full time. Um, at the same time though when they're in the general ed classroom, they…I look at the other students, the typical students, and I see that they sometimes have trouble focusing themselves because of behaviors that might be happening from the kid who's being included at the time.

In reference to behaviors exhibited in the general education setting, Sarah said, “It’s just so much going on in the classroom. So many behaviors going on in the class”. Nicki responded similarly, saying, “There’s a lot of behavior issues in the classrooms.” Adele also shared her concerns about behaviors occurring in inclusion classrooms. She explained:

> I think it’s a scary unknown thing, and we all need to have acceptance, and I think the kids do gain, both sets of kids; however, if there is too much of a behavior problem, I do think we have to be concerned with our general ed kids that it doesn’t impede on their learning environment as well, but we have to be respectful of that.

Nicki also feels that inappropriate behaviors exhibited by special education students have a negative impact on the general education students. She said, “I think that a lot of times that kids are very disruptive in the classroom and they’re functioning so much lower than the other kids and our kids have so many needs. It’s all distracting”. Further, Kim believes problematic behaviors in the classroom have a negative impact on the well-being of general educators. She explained:

> I think where we have a hard time with this is children behaviors. People, I don’t think consciously, but may take that personally. So, teachers get frustrated, and that’s the kid that doesn’t get the best that we have to offer.

Kim believes general education teachers are not educationally prepared or equipped to manage the children with behavioral concerns. She said:

> I think the biggest thing that makes or breaks inclusion is teacher attitude. I think in our not to take into individual schools, but in our system, the thing that makes or breaks inclusion is not providing the teachers with the tools they need, the education that they need, particularly for behavioral kids. They are just not given the education and support on how to deal with the child who has behavior, especially a child who may or may not have physical behavior like hitting or biting at you or hitting and biting at others. They're not taught to set the classroom up, minimize those kinds of interactions, and not taught how to intervene in a way that's effective, so behavior modification.

Theme 3: Barriers to Inclusive Education

Federal legislation mandates that special education students be exposed to the same academic instruction as their nondisabled peers to meet state and district learning standards. One argument for full inclusion is that students have increased exposure to relevant academic instruction (Klingner et al., 1998). Opponents of full inclusion, however, argue that inclusion classrooms do not guarantee students a free and appropriate education (Kaughman, 1993). Some participants shared a common perception that special education students are not actually learning in inclusion classrooms. Virginia, who perceives inclusion as socially beneficial, said, "it's mainly those low kids that I worry about them spending too much time in the classroom and not learning, but I mean who can say which skill is more important. Similarly, Adele explained:

> I remember there was a down syndrome student that I had on my caseload, and she would sit in a classroom in her 4th-grade classroom, and she would color

> because cognitively, obviously, she was not able to keep up with the curriculum. So she loved it in there, and her mom wanted her in there, but we struggled cause she was just coloring. We weren't teaching her any school work, so at some point, we needed to pull her out to teach her some skills, but mom wanted her full-time in that classroom. She wasn't…we struggled because we…what she was learning, in our opinion was, sit quiet, don't make noise, color but not really any life skills or so there was…and that was…that was a struggle, but that was that year.

Virginia voiced concerns that the special education students in the general education classrooms may not master their academic goals, as some appear as if they are not learning. She recognizes the social benefits of inclusion classrooms; however, she posed the question of which is more important, socialization, or academic achievement. She explained:

> Um, the thing that's hard is ya know sometimes I see these lower…really low kids in the classroom during math time or whatever, and they're not actually learning. They're just in the classroom. They're just a body in the classroom, and as good as it is for them to be with their peers, I really worry that they're not gonna make the progress that they would if they were in their self-contained classroom. So I think its gotta be a very…there's a very... there's a fine balance there of figuring out how much time and how important is the social aspect versus the actual learning aspect?

Nicki argued that there is no one model that fits all. She feels in some instances, it would be more beneficial for education students to receive their academics in a self-

contained classroom and then return to the general education classroom for socialization. She believes some kids benefit more from pull-out, as they need the one to one support. She stated:

> They put really low functioning kids, ID kids an all, and I'm thinking what are they really learning? Every time I walk in there, they are like playing on the computer, not really doing nothing. Those kids, if the low functioning kids could just go out into the self-contained classroom and get their academics the way it used to be and, then they go back into the regular classroom. I think that would be great. And then the learning disabled kids, some of those kids would do great in the inclusion classroom with the support, but some of those kids need to be pulled out of there and worked on one on one and get what they need because all these kids are so different. It's hard to have one model fit all of these kids and any kid that falls outside of the model that's been set up; you've lost them. Most of the time, it's the slow learners or the kids that are coming from these backgrounds I described. Those are the kids we're losing, the slow learners and the kids from deprived backgrounds.

The participants here share a common perception that kids are not learning. The movement toward inclusive education was motivated by the rising concern that students were not thriving academically (Friend et al., 2010). Other participants are alike in their belief that inclusion is not as beneficial as proposed. For example, Sarah said, "I don't think it works"; however, she did explain a situation where she feels it works "fairly well," similar to Nicki's attitude toward inclusive education. She said, "I don't think it

works…well…it's very…one of the two classes, it doesn't work very well. One it does work fairly well, but the one that doesn't work well, the children are 2, 2 ½. Similarly, Nicki said, "I think it's a waste. I think that some of these kids would do much better if they're in self-contained classes. Sometimes they're putting kids that have no business being in a regular education classroom inclusion".

Sarah reported the implementation of inclusion in her school district conflicts with what she has read and understands about inclusion. She went on to discuss her understanding of inclusion, particularly how it should be implemented. She reported,

> I guess for me, I guess ideally the way it comes to me…comes to mind what I'm thinking it should be or what it should be or what I had thought that it should be based on things I've read is that you have a special education teacher in the classroom, and you have a general education, and they collaborate teaching lessons or they're times when the special education teacher is sitting in the classroom with their students that they work with and they're going along with the lesson that the general education teacher is presenting and he or she is there as a support to help the children answer questions, but that's not what I'm seeing.

Nicki further explained:

> The way that inclusion is supposed to work is that you have sped teacher in the classroom the whole time with a teacher asst, so there is always three adults in the classroom, but we never see that. We do see a teacher asst and the reg education teacher in the classroom, but as far as the special support, I really think its weak.

Perceptively, the collaboration between general and special education teachers in aspects of academic instruction and classroom organization is the key to making inclusion work. According to Leader-Janssen et al. (2012), collaboration among professionals is a critical component of inclusive education. Some participants shared this same understanding. Nicki explained:

> The only time that I've ever seen it really work well is when you actually have teachers, special ed teacher, and teacher assistant, and they have bought into the program, and they want to make it work. They want to make it work. And the kids that are really the behavior problems are dealt with more effectively.

Several of the participants included in their responses what they feel makes inclusion work. For example, Karen said, "collaboration with the teachers. Yeah." Similarly, Tasha shared:

> If the teachers, if the general education teacher is able to collaborate and cooperate well together, then it'll work. If they do planning together, then it'll work, and I've seen that, and I've seen where that wasn't occurring, and they were treating the special education teacher as like maybe more so as a teaching assistant or something to that effect. So, I've seen both situations, but I've seen where all of the planning went along with the special education teacher and the general education teacher for all of the disciplines, and I've seen where it works smoothly and well for the students. And, I happen to know for specifically one teacher who totally believes in collaborating that her students have graduated and are in college as a result.

Cristie concurs, saying:

> I guess it's really a collaborative effort and understanding of all really from the administrator on down to the teacher and everyone in between that process. Umm, if we're not on the same page, I mean…I don't want to say its common sense but if the administrator is not on board for what it is we're doing and what we're providing and our role to help the needs of that child umm not just in therapy, but ya know when they're in that inclusion setting, then it won't work.

Tressa feels the special and regular education teachers have not figured out how to interact. She stated, "Now how the regular education teacher and the special education teacher interact is a huge question mark. I'm not quite sure they have figured that out." Many have questioned if inclusion is the most appropriate alternative given the availability of other options (Zigmond, 1995). The literature proposes that inclusion classrooms would need to be equipped with two teachers who collaboratively provide instruction to both special education and their nondisabled peers (Roden et al., 2013; Tremblay, 2013). That is, both teachers must fully invest in the learning experience of each student.

I explored the day to day experiences of the participants in the pursuit of descriptive information about their involvement in inclusion settings. I was also interested in exploring the attitudes toward inclusive education and, therefore, through interviewing, prompted each participant to share their personal views of inclusive education. The thematic analysis revealed multiple themes regarding the perceived roles and responsibilities of related service providers in an inclusion setting and their general

attitudes toward inclusive education. This concludes this section, which provided descriptive information on each theme using supporting quotes and information that represent the participants' personal experiences. The following sections will provide information on the strategies used to ensure the accuracy of the findings.

Issues of Trustworthiness

In qualitative research, the researcher is challenged with the task of producing authentic findings (Creswell, 2003). Critics of qualitative research question the researcher's ability to address issues of validity and reliability. To uphold the accuracy of the findings, I employed four constructs: a) credibility, b) transferability, c) confirmability, and d) dependability. The four concepts are useful in establishing trustworthiness in qualitative research (Shento, 2004).

Credibility

In qualitative research, the researcher establishes credibility or internal validity through the implementation of various methods that are considered to increase the precision of results. For this study, several methods were employed, including member checking, clarification of bias, reflective journaling, and triangulation. I attempted to employ member checking to enhance internal validity; however, it was difficult to arrange follow-up interviews with participants. Some participants were non-responsive. Others were willing; however, given the time of the school year, it was difficult to coordinate schedules.

Throughout the study, I tracked personal thoughts and feelings that could potentially influence the interpretation of data. Known as reflective journaling, I

attempted to make an honest account of any opinions or judgments that arose during the collection of data. To add to the integrity of findings, I engaged in the act of self-reflection to increase awareness of biases and preconceived notions about the phenomenon. Creswell (2003) purports that clarifying biases adds to the authenticity of the findings.

The process of triangulation is a way to enhance internal validity (Creswell, 2003). I compared and cross-verified the responses of each participant to look for patterns or contradictions. To do this, I read each transcript multiple times and was able to identify commonly used words among the participants. Using Microsoft Word, I combined the transcript files and engaged in a word search of the repeated words throughout the transcripts.

Transferability

It is the researcher's responsibility to implement strategies that will increase the transferability of research findings (Shento, 2004). That is, the researcher should design and carry out the study in a way that another researcher could conduct the study in a similar context (Shento, 2004). In this study, I addressed transferability through the provision of detailed, thick descriptions of the phenomenon under study, which contributed to an increase in understanding of the phenomenon. Purposeful sampling was used to ensure participants met the criteria of a school-based related service provider. Each participant was actively practicing in an academic setting. In the process of data analysis, I thoroughly documented related service providers' perceptions of the roles, responsibilities, and attitudes in inclusive education. Shento purports that it is difficult to

establish generalizability in qualitative research and that it is ultimately the reader who transfers the results to a different context. In Chapter 2, I provided a detailed description of current literature to promote awareness of special education, inclusive education, and related services. In chapter 3, I provided detailed information about the research process, which may increase the chances of this study being duplicated and yielding similar results.

Confirmability

Confirmability in qualitative research is addressed by the implementation of strategies to ensure the findings are a direct reflection of the participants' responses and not that of the researcher's (Creswell, 2003). A confirmable study refers to research that yields findings that are rich and dependable (Creswell, 2003). To address confirmability, I tracked personal thoughts and feelings that could potentially influence the interpretation of data, which were documented and referenced throughout the research process. I attempted to make an honest account of any opinions or judgments that arose during the collection of data. Member checking was proposed to address confirmability; however, conflicting schedules and lack of response presented as significant barriers to completing this task.

Dependability

To establish dependability, Shenton (2004) suggests that the researcher should describe in detail the process used to conduct the study. Dependability refers to the degree to which a study is replicable (Shenton, 2004). This study is unique, but I established dependability by describing the procedures and methodology in great detail. I

thoroughly described the research design and its implementation in Chapter 3. Also included in Chapter 3, is the step by step process used to analyze the data. I reported detailed, thick descriptions of the participants' responses as it relates to research questions. Direct quotes were reported to provide evidence of themes that emerged during data analysis. Themes that emerged were the result of comparing and cross verifying the responses of each participant in addition to using Microsoft Word to search and find repeating words. During this process, I looked for patterns and contradictions to validate the consistency of the findings.

Summary

This chapter presented the results of a phenomenological study and the procedures used to arrive at those findings. I conducted 10 face to face interviews with participants selected through purposeful and snowball sampling. All participants met the criteria of a school-based related service provider, specifically a speech and language pathologist, occupational therapist, or physical therapist. I used a multistep data analysis procedure from which multiple themes arose related to related service providers' perceptions of their roles and responsibilities and their attitudes towards inclusive education.

Seven themes emerged and answered questions regarding related service providers' perceived roles and responsibilities in an inclusion setting. The main findings support that related service providers perceive themselves as experts/consultants in the inclusion setting. They are responsible for testing and report writing. The results of testing are presented in a group setting comprised of a team of educators, parents, and administrators; Related service providers view themselves as being part of this

multidisciplinary team. Perceptibly, related service providers are direct service providers. They work directly with students using a mainstreaming model or pull-out. They also collaborate with educators, parents, and other professionals as part of their roles and responsibilities.

Three themes emerged and answered the question related to related service providers' attitudes towards inclusion. Each participant described her general definition of inclusive education based on personal and professional experiences. Findings support inclusion is perceived as having an impact on students, both socially and behaviorally. Barriers to inclusive education also emerged as a result of thematic analysis. Concerns arose about whether students are learning, inclusion not being carried out as designed, and lack of collaboration, which research indicates is necessary for successful implementation of inclusion. In Chapter 5, I explained the related service provider's formation of their perceived roles and responsibilities using selected tenets of role theory. Chapter 5 also presents inferences, recommendations, and conclusions.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

The purpose of this study was to bring forth the voices of related service providers and their contributions in an inclusive education setting. More specifically, I was interested in exploring their perceived roles, explicitly the speech and language pathologists, occupational therapists, and physical therapists. Secondly, the goal of this research was to produce descriptive information that answers questions about related service providers' attitudes toward inclusive education. A research design of phenomenology was chosen for this research to describe the lived experiences of the participants. Phenomenology is a powerful way of gaining insight into people's motivations and actions (Miller & Salkind, 2002). It created an avenue for me to delve into the perceptions, perspectives, and understandings of each participant as it relates to their experience working in an inclusion setting.

The first chapter of this research project contained descriptive information on the problem, nature, and purpose of this study. Also, research terminology was presented to inform the reader and increase understanding of concepts used in education. Chapter 2 offered a review of the literature, which included information about the history of special education, the movement toward inclusive education, and related services provided in the academic setting. Chapter 2 was intended to build the argument from which this research is founded. Chapter 3 provided a detail description of the research design and methodology. Its purpose was to present a comprehensive blueprint of all the steps and scientific methods that would be used to conduct the study and address issues of

trustworthiness. Chapter 4, the preceding chapter, is a follow up to Chapter 3. It presented the findings of this research and is an enactment of the methodology proposed to complete this research project.

The overall research question guiding this study was *How do related services providers perceive their roles and responsibilities in the process of inclusive education?* An objective of this study was to examine the participants' attitudes and beliefs toward inclusion. A total of 10 school-based professionals participated in this study. Purposeful and snowball sampling was used to recruit participants. Interviewing was used as the primary method of data collection. Of the 10 participants, 8 of them were speech and language pathologists. The other 2 were an occupational therapist and a physical therapist. In a neutral setting, all interviews were completed face to face at a time convenient for the participant. I used Moustaka's (1994) multistep phenomenological method of data analysis, which included clustering and thematizing interview data. Themes were presented in 2 parts to correspond with the main research question that guided this study and related objective. Chapter 5 concluded this research project with an interpretation of the findings using selected tenets of role theory. Also included are limitations, recommendations, and implications of this study.

Key Findings

Students, parents, educators, administrators, and other professionals may find the results of this study useful, as it describes the perceived roles and responsibilities of related service providers. Findings are likely to influence educational systems to make informed decisions regarding the implementation of inclusion in various school districts.

The findings increase awareness and may potentially reduce or prevent gaps or overlapping services. Further, the results may provide validation of duties of related service providers themselves when reading that their perceived roles correspond with their compeers. In this chapter I present key findings in two sections representing the guiding research question and related objective: Roles and responsibilities of related service providers and attitudes towards inclusive education

Part 1: Roles and Responsibilities of Related Service Providers

Seven themes emerged from this research project: Expert/consultant, evaluator, direct service provider, methods of collaboration with subthemes (collaboration with educators, collaboration with professionals, and collaboration with parents), mainstreaming, member of a multidisciplinary team, and documentation. Many of these themes correlated with what Giangreco et al. (2010) identified as generic roles of related service providers. The following sections will address each theme that emerged from data analysis.

Expert/Consultant

Examining the collaboration between SLPs and educators, Greenstock and Wright (2011) found that SLps acted as experts and trainers when working alongside educators. The related service providers of this study responded similarly. Their role as an expert/consultant consists of providing ongoing support to parents, educators, and administrators when a student has a suspected delay in speech, physical, or occupational functioning. Participants indicated that teachers rely on their expertise to determine if further investigation is warranted. Pampoulou (2016) purported that educators' lack of

training to support students with disabilities causes a level of reluctance to work with disabled students. Thereby related service providers are sought for their expertise in a given area (see Pampoulou, 2016). Ukrainetz (2003) found there is a perception that SLPs are specialists, particularly in the areas of speaking and listening, which is a unique and essential aspect of SLP service delivery. Participants in the current study implied they do not seek students with disabilities, but instead, they respond when a student has a perceived delay. Boasa and Hinojosa (2008) conducted a study examining the experiences of occupational therapists in early childhood classrooms. The theme *attachment to the expert status* emerged as a result of the participants' frequent mention of themselves as the expert in their relationship with educators.

Evaluator

The participants' role as an evaluator derived from the frequent use of words *screen* and *test* when discussing the actions taken to govern eligibility for services. The literature indicated that the role of speech and language professionals in the academic setting is to screen and evaluate before making appropriate recommendations (Ehren, 2000; Giangreco et al., 2010; Greenwell, Heggarty, & Woolard, 1998). Similarly, school-based physical and occupational therapists screen and evaluate, among other responsibilities (Neal et al., 2004; Reeder et al., 2011; Silverman & Millspaugh, 2006). Based on participants' responses, kindergarten screenings are automatic and involve the related service providers informally assessing a student's functioning. The participants reportedly engage the students in a more formal evaluation when they administer standardized testing developed to assess specific areas of functioning. Further, the

participants' perceived role as an evaluator supported the literature (Ehren, 2000; Giangreco et al., 2010; Greenwell, Heggarty, & Woolard, 1998; Neal et al., 2004; Reeder et al., 2011; Silverman & Millspaugh, 2006). Add summary to fully conclude the section.

Direct Service Provider

All participants shared a common understanding that their role is to work directly with students, remediating, or teaching skills to address deficits found as a result of testing. Occupational and physical therapists use methods and strategies intended to increase the student's participation and functionality in the academic setting (see Neal et al., 2004; Reeder et al., 2011; Silverman & Millspaugh, 2006). Similarly, the role of SLPs in the academic setting is to help students meet academic standards (see Ehren, 2000; Giangreco et al., 2010; Greenwell, Heggarty, & Woolard, 1998).

The participants shared a common understanding that their role working directly with students may change depending on the student's needs. The student's IEP drives the treatment, and the related service providers intervene to help the student master goals and objectives in the IEP (Conderman, 2011). Findings indicated that direct service might also involve teaching students to use devices that will help them better access the academic curriculum.

Methods of Collaboration

The results of the current study indicated that the participants' role consists of collaborating with educators, parents, and other professionals. Participants reported the use of both informal and formal methods of collaboration in an inclusion setting. Similarly, in a study conducted by Hargreaves et al. (2012), methods of collaboration

emerged as a primary theme with subthemes, informal and formal methods, when examining occupational therapists' collaboration with teachers.

Findings of the current research suggested that speech and language pathologists mainly use collaboration to align their interventions with classroom instruction. Leader-Janssen et al. (2012) proposed that speech and language pathologists could support educators by designing interventions around the academic curriculum. In a study conducted by Ukrainetz (2003), participants described SLP service delivery as like that of the resource and reading teachers, which further supports the need for collaboration between them. When collaborating with educators, findings of the current study indicated that speech and language pathologists try to align their interventions with the academic curriculum to achieve shared goals. Lack of shared goals emerged as a hindrance to effective collaboration in a study examining the collaboration between educators and speech and language therapists and is believed to affect the quality of services (Pampolou, 2016). Findings of the current study indicated speech and language pathologists incorporate classroom instruction to support the educator in teaching the student new skills. Supportively, the nature of speech-language services has shifted from intervention to teaching, as communication skills can be viewed as prerequisites for reading, writing, and other academic skills (Greenwell et al., 1998). Tasha explained:

> One of the things that I like to do is go ahead and utilize the vocabulary that the students are already working with that week and make that either if we're working on – if it's a language student – if we're working on using the words in

> sentences or defining the words. Also, with the articulation students, I like using the words that they're using in the classroom for articulation purposes as well.

For occupational and physical therapists, findings of the current study indicated that collaboration with educators might involve checking in on a student's performance in the classroom and discussing ideas. Having access to the teacher was identified as a benefit of collaboration on student progress in a study examining the collaboration between educators and occupational therapists (Hargreaves et al., 2012). The interaction with the teacher allows the occupational therapist to discuss progress and amend interventions accordingly (Hargreaves et al., 2012). Kim, a physical therapist, reported:

> We may collaborate with ideas particularly with kids, examples that come to mind are preschoolers who are having trouble maybe with getting on and off the toilet because it's so high and they may have a balance issue, providing a step stool or something like that. All the way to children who may have safety issues in the classroom.

The results of the current study suggest that occupational and physical therapists offer suggestions to educators that may help students better function in the classroom setting.

The related service providers of the current study shared the perception that their role in interacting with parents involves keeping them informed about their child's progress. Parents are members of the multidisciplinary team and, therefore, should be included in decision making (Sileo & Prater, 2012). Participants of the current study reported parents are informed about their child's progress via periodic progress reports, which is customary practice in special education (Hargreaves et al., 2012). Other reported

ways of communicating with parents included email, telephone calls, and through face to face conversations during annual IEP meetings. However, there was no mention of how the parent contributes to the special education process. Leader-Janssen et al. (2012), however, argued that communication between parents and team members should extend beyond meetings, as parent involvement is vital to the success of the student. The results of the current study suggest that related service providers adhere to the responsibility of keeping parents informed; however, the interaction between them appears to be limited. In essence, communication between parents and related service providers is linear.

Participants shared their personal experience collaborating with other professionals, also known as interdisciplinary collaboration. The importance of interdisciplinary collaboration emerged as a theme in a study investigating collaboration between school psychologists and speech and language pathologists (Muncy, Yoho, & McClain, 2019) in inclusive education. In the current study, speech and language pathologists shared a common perception that their role overlaps with the school psychologist. The same was founded in a study conducted by Muncy et al. (2019), as both SLPs and school psychologists assess language and literacy skills. Their testing procedures frequently yield similar results, which presents opportunities for collaboration (Leader-Janssen et al., 2012; Muncy et al., 2019). The current research suggested speech and language pathologists communicate with other school-based professionals during scheduled meetings or in cases when students have more severe disabilities such as Autism.

Tressa, the occupational therapist, shared that there is formal and informal collaboration among related service providers. Based on the current study, formal collaboration seems to occur during scheduled meetings (e.g., IEP meetings, eligibility meetings), especially when the school-based professionals have mutual students. However, knowing that IEP meetings occur at the onset of special education services and then annually (Conderman, 2011; Leader-Janssen et al., 2012) and eligibility meetings arise only after a student is assessed for new or continued services (Giangreco et al., 2010; Leader-Janseen et al., 2012), it seems formal collaboration occurs only periodically. The current findings correlate with findings of previous research, which discovered that collaboration between professionals does not happen consistently (Hargreaves et al., 2012; Muncy et al., 2019; Pampolou, 2016). Leader-Janseen et al. (2012) argued that ongoing collaboration beyond the IEP and eligibility meetings are necessary to ensure team members have a shared understanding of the needs of the student. Limited time is a barrier to formal interdisciplinary collaboration, and it was concluded that professionals should schedule meetings to engage in more formal collaboration (Hargreaves et al., 2012). Informal collaboration, such as communicating through messages or discussions during breaks, was reported as occurring more frequently than formal collaboration (Hargreaves et al., 2012). In the current study, participants described informal collaboration as an interaction that may occur in the hallway of the school building. Kim, a physical therapist, reported, “it’s a constant but mostly kind of informal intersection with just about everybody on the team”. Tressa, occupational therapist, stated “We may not directly work with them during a session, but

we kind of are on the side during informal assessments or informal conversations about what is going on with that child in the school". Similarly, Cristie stated, "there is a lot of I say just say kind of sidebar collaboration". The current research suggested related service providers collaborate with each other on a more informal basis. Formal collaboration between them occurs infrequently and more so in cases involving students with severe disabilities.

Generally, the participants' responses supported ongoing collaboration, both formal and informal, with other professionals. Collaboration between specialists also appears to be situational, as in the case of students with severe disabilities, but occurring almost always in scheduled meetings. When collaborating with educators, related service providers, specifically the speech and language pathologists, try to align their interventions with classroom instruction. In other cases, collaboration involves checking in or casual conversations with the classroom teacher. Findings indicated that interactive encounters with parents occur periodically. Further, related service providers shared a common perception of their responsibility to keep parents informed.

Mainstreaming

Interview data suggested that related service providers use the partial inclusion approach, also known as mainstreaming, when working directly with students. In academic settings that employ mainstreaming, students are afforded maximum exposure to the general education classroom but are pulled out in the event special help is needed (Alquraini & Gut, 2012; Lindeman & Magiera, 2014). In most cases, participants reported using the pull-out method to deliver services. Pulling students out of class has

been the traditional way of providing direct services intended to support and supplement diverse needs (Leader-Janssen et al., 2012; Royeen & Marsh, 1988; Silverman & Millspaugh, 2006). The current research suggested related service providers use a variation of the traditional method of service delivery, as services are primarily provided away from the general education classroom.

On the contrary, for students with multiple or severe disabilities, related service providers may use the push-in method, which aligns with full inclusive education (Marston, 1996). For example, Tressa, occupational therapist, stated, “We work in the classroom like for your autistic classrooms”. However, because autistic classrooms are considered self-contained classrooms, push-in, in this case, does not meet the definition of full inclusion. Virginia stated, "I do mostly pull out therapy except for my, uh, multiple disabilities classrooms where I will go in once a week and do like a group setting, but that's not really inclusion because it's still a self-contained classroom”. Adele could recall a time she engaged in more coteaching and used the push-in model; however, she, along with the other participants, report using the pull-out method primarily. The literature suggests that educating students with disabilities outside of the general education classroom conflicts with the objective of inclusion (Obiakor, 2011). Still, there are a large number of students, primarily students with severe disabilities, who receive their education in segregated settings (Kurth et al., 2014; Ryndak et al., 2014), as was found in this research.

Member of a Multidisciplinary Team

Interview data indicated participants identify themselves as a member of a multidisciplinary team in special education. A multidisciplinary team is a group of professionals that collaborate, make decisions, and intervene on behalf of the student to attain shared objectives (Sadeh & Sullivan, 2017; Leader-Janssen et al., 2012). The team participants of the current study spoke of includes select school personnel who play vital roles in identifying and meeting the needs of students in need of special education services. The word *team* was uttered 49 times throughout the interview. The teams referenced by the participants were Special Education Team (SET) meetings, eligibility meetings, and IEP meetings. This process of interdisciplinary collaboration is the ideal practice of inclusive education as identified in the literature (Friend et al., 2010; Hargreaves et al., 2012; Leader-Janssen et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; & Pampoulou, 2016; Sonday et al., 2012). The current study suggested that related service providers do not make decisions about a student's needs without considering data collected by other members of the team.

Documentation

Related service providers are responsible for reporting information relevant to a student's present functioning. The current study suggested that after eligibility, the school-based professionals develop appropriate, individualized goals and objectives and include them in a student's Individualized Education Plan (IEP). For example, Nicki shared that the IEP is written after the individual is found eligible for services. She explained, "We go through the eligibility process seeing if they are eligible or not, and if

they are, then we go into the writing of the IEP, and then we start seeing them." Participants' responses indicate that it is the responsibility of the related service provider to determine the frequency of services, and the chosen service delivery is situational. A revision of the IEP is warranted annually.

The current research indicated Medicaid billing is an additional task, which appears to be primarily the responsibility of the speech and language pathologists. Physical or occupational therapists did not utter Medicaid billing. According to Havens (2018), school districts require speech and language pathologists to complete Medicaid-compliant paperwork for all students on the caseload, including those that are ineligible for Medicaid. Additional required paperwork includes progress reports and report cards, which is the school-based professional's primary method of communicating with parents. Hargreaves et al. (2012) concluded collaboration through progress reporting should be customary, as it promotes communication. The amount of paperwork has increased over the years, as indicated in interview data, and the amount of paperwork reportedly interferes with quality instruction. Tasha reported, "The amount of paperwork in ratio to the amount of time I have to see students has increased tremendously on the work side." Nicki, among others, complained that the paperwork has significantly increased over the years. She feels the paperwork has become more important than the provision of services. The participants shared a common understanding of their responsibility to complete appropriate documentation; however, the amount of paperwork required is perceived as a significant barrier to providing quality direct services.

Part 2: Attitudes Toward Inclusion

Three themes emerged from interview questions exploring related service providers' attitudes toward inclusion: general definition of inclusion, social/behavioral effects on inclusion, and barriers to inclusion.

General Definition of Inclusion

Participants of this study shared a common understanding of inclusive education, and their interpretation of inclusion compares with the literature. Inclusive education is the act of teaching all students in the general education classroom where all students are exposed to the same academic curriculum (Cook & Friend, 1995; Dessemontet et al., 2012; Idol, 2006; Rea et al., 2002; Roden et al., 2013; Ryndak et al., 2014). The shared awareness of inclusive schooling among the current participants suggests they understand the concept of inclusion.

Effects of Inclusive Education – Behavioral and Social

The participants' views on the behavioral and social impact of inclusive education were mixed. Some participants shared a common perception that inclusion classrooms promote the learning of social skills that would equip special education students with life skills. Others feel inclusion classrooms are tainted by the disabled students who present with significant behavioral difficulties, which have a negative impact on the learning of general education students. The question of how to address special education students' needs for socialization but minimize the harmful impact inclusion may have on general education students arises but is beyond the scope of this research.

Several participants shared a common perception that inclusive education promotes social acceptance, peer acceptance, and togetherness. The social benefits that the participants proclaimed align with the intent of inclusion. The concept of the inclusion model was predicted to promote interaction between disabled students and their nondisabled peers thereby addressing behavioral and social needs (Cook & Friend, 1995; Dessemontet et al., 2012; Idol, 2006; Rea, et al., 2002; Roden et al., 2013; Ryndak et al., 2014). Cristie, an SLP, believes that inclusion classrooms provide disabled students with opportunities to engage in school-related activities with their nondisabled peers. Including special education students in the general education classroom with their nondisabled peers was believed to be the makings of a better educational and social experience for all students (see Kleinert et al., 2015; Manset & Semmel, 1997; Stainback & Stainback, 1992). Nonetheless, participants in this study do not mutually agree that inclusion is beneficial to all students. Concerns arose regarding the impact inclusion has on the general education students.

Some participants argued that the social benefits are not as apparent as noted in the literature. Sarah said, "It's just so much going on in the classroom. So many behaviors going on in the class". Nicki responded similarly, saying, "There's a lot of behavior issues in the classrooms." The literature suggests students with disabilities may require a more intensive level of school counseling services, given the behavioral needs that often accompany their learning needs (Tarver-Behring et al., 1998). Further, Adele made the argument that the school systems should be concerned about the impact behavioral problems may have on general education students' learning experience. The literature

suggests social and behavioral issues may negatively influence students' academic performance (Clark & Breman, 2009), thereby supporting the need for counseling services in the educational setting. Hence, the presence of behavioral concerns in inclusive education settings has been documented in the literature. In the current study, behavioral difficulties in the classroom are perceived as significant barriers to student outcomes.

Another argument in the current study was that general educators are not trained to manage behavioral problems of the special education students effectively. General education teachers, already with large workloads, may resent the presence of special education students in their classrooms. The behaviors of students in special education, and the absence of trained teachers to manage these behaviors are barriers to inclusive education, which will be addressed in the section following.

Barriers to Inclusive Education

Participants discussed drawbacks to successful inclusion based on their personal experience. As was mentioned previously, behavior problems exhibited by special education students and general education teachers' lack of preparedness to deal with behavior problems were identified as barriers to inclusion. Karen said, "If they do planning together, then it'll work". Tressa, an occupational therapist, feels special education and general education teachers have not yet figured out how to interact. The literature proposes that inclusion classrooms should contain two teachers who collaboratively provide instruction to both special education and their nondisabled peers (Roden et al., 2013; Tremblay, 2013). Several participants identified collaboration as the

key to inclusive education but voiced concerns that cooperation between the general and special education teachers is lacking.

One other concern from the current study is that disabled students are not learning. The movement toward inclusive education derived from rising fears that students were not thriving academically (Friend et al., 2010). Supporters of full inclusion argue that students have more exposure to relevant academic instruction (Klingner et al., 1998). However, findings suggest participants of the current study feel this exposure is not exactly relevant.

One participant brought up the argument that socio-economic factors are barriers to the learning process. She mentioned that the students in her school district are from traditionally poor areas, which she feels has a negative impact on learning. Another argument was that the curriculum does not allow for the use of different methods that would address different styles of learning. This argument aligns with the opposers of full inclusion, who claim that inclusion does not guarantee a free appropriate education (Kaughman, 1993). Nicki, a speech and language pathologist, feels disabled students would learn more if given their instruction in a self-contained classroom. However, a meta-analysis revealed students in more integrated settings significantly outperformed their peers in exclusive settings on both social and academic outcome measures Oh-Young & Filler (2015). The same was found in other studies examining the effectiveness of inclusion (Conderman, 2011; Dessemontet, Bless, & Morin, 2012; Nichols & Sheffield, 2014; Roden, Borgemenke, & Holt, 2013; Ryndak et al., 2014; Tremblay, 2013; Walsh, 2012). Keeping in mind that the findings of this study reflect individual

experiences and not unbiased measures, the results may conflict with the literature and support the need for further investigation.

Theoretical Framework: Role Theory

This study was based on the theoretical framework of role theory. "Originating from the field of social psychology, role theory has been based on a theatrical metaphor to explain how an individual performs within a society, a given culture, or a simple interaction" (Zai, 2014, p9). Role theory is a science applicable to studies of groups, communities, organizations, and classrooms and thus can be applied in academic settings as well (Biddle, 1986, 2013; Bettini et al., 2016). Role theory helped to explain the formation of perceived roles and responsibilities of related service providers in an inclusion setting. It is concerned with role development and factors that influence behavior and internalization of roles (Biddle, 2013; Bettini et al., 2016). Biddle purports that individuals develop an understanding of their roles and responsibilities through the following: (a) sharing of expectations, which refer to those beliefs expressed by others and internalized by the individual; (b) context or setting in which the role is performed; (c) function or effect of the role in society; and (d) social interaction, which implies that one's actions or choices are socially driven, and (e), social position, which references a group of persons who share a common identity. It was my intent to explain, through the lens of role theory, how participants have developed their understanding of their roles. In the following paragraphs, I will attempt to make inferences about the participants' perceived roles and responsibilities using concepts of role theory.

Several underlying propositions are useful in explaining role formation, and there is a significant overlap among them. In the current study, 7 themes emerged about the participants perceived roles and responsibilities: Expert/consultant, evaluator, direct service provider, methods of collaboration with subthemes (collaboration with educators, collaboration with professionals, and collaboration with parents), mainstreaming, member of a multidisciplinary team, and documentation. The emerged themes correspond with wide-ranging roles of related service providers already documented in the literature, and include formulating a shared agenda with students, parents, and educators; sharing knowledge with parents and teachers; ensuring supportive services are educationally relevant and necessary; and conducting assessments for determination of eligibility (see Bailey & Zirkel, 2015; Giangreco et al., 2010; McLeskey & Waldron, 2011). Using tenets of role theory, one can provide theoretical explanations to explain the acceptance, internalization, and performance of these roles, which I will describe going forward in this section.

The 7 themes aligned with positional expectations, which Biddle (2013) explains as being expectations of all individuals within a specific position or context. The related service providers are experts in a particular area and practice within a school setting. Role theorists would argue that the position alone is attached to predetermined expectations specific to the position or job description. Further, “when two or more persons share expectations for their joint behavior, behavioral uniformity is likely to result” (Biddle, 123). Biddle states that an individual’s actions correspond to the shared expectation. In

essence, the participant understands her role based on the shared expectation, and in return, the participant is treated by others accordingly.

Role theorists purport that roles are made up of expectations applicable to contexts, objects, or positions, and positional expectations are more likely shared than they are individual (Biddle, 2013). When individuals in positions perform according to expectations of others, cooperative relationships are formed, as the expectations are mutual (see Biddle, 2013; Bettini et al., 2016). Pampoulou (2016) conducted a study exploring the experiences of speech and language pathologists and educators using a phenomenological approach. The researchers aimed to explore factors that influenced collaboration between teachers and speech and language pathologists. The findings indicate that having a shared understanding of the role of the related services provider contributed to successful collaboration between them.

Role theory purports that individuals within a social position behave in ways characteristic of the position, and the position refers to a commonly known identity (Biddle, 2013; Richards, 2015). In the current study, a social position includes occupations, speech and language pathologist, physical therapist, and occupational therapist. Participants described their role and responsibilities specific to their respective discipline and in accordance with their respective discipline's code of conduct (e.g., ASHA, APTA, and AOTA). Role expectations develop based on the setting of context and social position (Biddle, 2013; Lynch 2007; Richards, 2015). The environment, or context of setting, will affect roles (Biddle, 2013). From this perspective, individuals assume the role that corresponds with a set of behavioral expectations determined by

society (see Lynch, 2007). The individual, based on behaviors predetermined by society, behaves accordingly (Lynch, 2007). In the present study, the participants' perceptions of their roles and responsibilities respectively align with the discipline, but the functions of their role in society align with a school-based professional.

Social position, the context of setting, and functions of roles in society collectively influence role expectations (Biddle, 2013; Lynch 2007). A social position is familiar, and roles are assumed based on social position. However, Biddle argued that a social position does not always exactly align with role expectations, which causes role ambiguity (2013). In essence, role ambiguity arises when shared expectation conflicts with a social position. In previous research, role ambiguity of related services providers arose as a hindrance to successful collaboration between school professionals and educators (Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Sonday et al., 2012). While the current research did not examine role ambiguity, I aimed to achieve role clarification, which, according to role theorists, would alleviate role ambiguity.

How individuals and groups interact with each other influence roles more so than social norms (Biddle, 2013). Social processes or forms of social interaction that occur continually influence the development of social relationships and through social relationships emerge roles (Lynch, 2007; Biddle, 2013). Further, Lynch (2007) purports that individuals learn how to behave and expect from others through repeated interaction. Findings from the current study indicated participants act as a direct service provider to disabled students, which is a role expectation that originated in the 1975 Education for

All Handicapped Children Act (Palfrey, Singer, Raphael, & Walker, 1990). From the perspective of role theory, the role of direct service provider emerged through practicing the role as he or she has watched others and by internalizing actions modeled by others (see Lynch, 2007).

Through social interaction and observation of others portraying a position, behaviors become functions of roles in society (Biddle, 2013). For example, interview data of the current study indicated the participants share a common understanding of their role as the expert in their collaborative relationships with educators, parents, and students. Interview data indicated that in their role as an expert/consultant, teachers rely on related service providers' expertise to make informed decisions about a student's functioning. Moreover, related service providers act as specialists in the literature (Borders et al., 2010; Foster & Cue, 2009; Friend et al., 2010; Hyatt & Filler, 2011; Keogh, 2007; Leader-Janssen et al., 2012; Marx et al., 2014; Palley, 2006), which is a role, according to role theory, that emerged due to portrayal of the identity. Methods of collaboration emerged as a theme, and collaboration among professionals is a critical component of inclusive education (Friend et al. 2010; Hargreaves et al., 2012; Leader-Janssen et al. 2012; McConnellogue, 2011; Mcleod & Baker, 2014; & Pampoulou, 2016; Reeder, 2011; Sonday et al., 2012; Wilson et al., 2013). Collaboration encompasses professional interaction between members of the multidisciplinary team, which also emerged as a theme in the current study. Through interaction, the related service provider has come to accept the role as being specific to the position.

In summation, role theory is the study of behaviors that are characteristic of individuals within a setting. According to Biddle (2013), behaviors are predictable when the identity and context in which the identity is portrayed is known. The identification of a person correlates with his or her social position. The setting of context and social position influence role expectations. Behaviors that are expected by the society include those that have emerged as a result of roles by others previously. Role theorists purport that roles are made up of expectations applicable to contexts and social positions (Biddle, 2013; Lynch, 2007). There is considerable overlap between the concepts of role theory referenced in this study; however, each were useful in explaining role development.

Limitations

The main goal of the study was to explore the lived experiences of related service providers, specifically speech and language pathologists, occupational therapists, and physical therapists, practicing in an inclusion setting. I was especially interested in their perceived roles and responsibilities and attitudes towards inclusion. Although the study yielded useful information that reflects the lived experiences of the participants, there were certain limitations worth mentioning. Identifying these shortcomings will help future researchers avoid encountering similar situations.

I intended to recruit 13 participants from a single school district who met the criteria for participation. Thirteen participants would have been half of the total number of individuals who were invited to participate in the research. Also, out of the multiple groups of related service providers in a school setting, I only sought participation from occupational therapists, physical therapists, and speech and language pathologists.

Furthermore, at the finale of data collection, there were only 10 participants who gave consent. The reasons for the limited responses remain unknown; however, one can assume the invited individuals were not interested in participating or did not have the time. Another limitation was the recruitment of participants from a single school district. Upon duplication of this study, a researcher should consider expanding the criteria for participation and including other school districts to increase the number of participants.

Of the 10 participants, there was only one occupational therapist and one physical therapist. The other 8 participants were speech and language pathologists. It would have been ideal to have more occupational and physical therapists participate in the study to explore the lived experiences of others working in the same role. All participants were female, which was another limitation. I would like to see the results of research highlighting the lived experiences of male-related service providers. Further, an ideal sample of participants would have included both male and female participants and a more balanced representation of each discipline.

Recommendations

Interview data suggest related service provider's perceived roles and responsibilities align with general roles documented in the literature (see Bailey & Zirkel, 2015; Giangreco et al., 2010; McLeskey & Waldron, 2011). Future research should explore their roles from the perceptions of others. In line with generic roles, the related service providers' responses support their role consists of collaborating with educators, parents, and other professionals. Collaboration is identified in the literature as the key to the success of inclusive education (Friend et al. 2010; Hargreaves et al., 2012; Leader-

Janssen et al. 2012; McConnellogue, 2011; Mcleod & Baker, 2014; & Pampoulou, 2016; Reeder, 2011; Sonday et al., 2012; Wilson et al., 2013). There is existing literature examining the collaborative efforts between school personnel (Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Muncy et al., 2019; Pampoulou, 2016; Sonday et al., 2012); however, there seems to be a lack of research on collaboration between related service providers and parents. The participants agree that their role is to keep parents informed; however, there was no mention of the parents' actions in the collaborative relationship or how or if parents' input influence the delivery of service. Future research could explore the collaborative relationship between related service providers and parents using a qualitative approach. According to McConnellogue (2011), parents lack knowledge of the roles of school and educational professionals. Based on this information, future research could examine the perceived roles of related service providers from the parents' point of view.

In most cases, participants reported using the pull-out method for service delivery. This method is known as partial inclusion or mainstreaming (Alquraini & Gut, 2012; Lindeman & Magiera, 2014). Pulling students out of class is the traditional way of providing supportive, related services (Leader-Janssen et al., 2012; Royeen & Marsh, 1988; Silverman & Millspaugh, 2006), and it conflicts with the intent of inclusive education (Friend et al., 2010). The uncertainty of the roles of related service providers in an inclusive education setting (Reeder, 2011; Wilson et al., 2013) is what initiated this study. It would be worthwhile to explore the role of a related service provider and his or her effectiveness using a push-in versus pull-out approach for service delivery.

All participants shared a common understanding that their role is to work directly with students, remediating, or teaching skills to address deficits found as a result of testing. Some participant profiles indicated that they previously worked in a medical setting and then transitioned to the educational setting. The question of preparedness arises, specifically how the related service providers were prepared to work in a school setting vs. medical setting? Future research should examine the educational curriculum of speech and language pathology and whether it includes specific training in preparation for employment in a school-based setting.

An exploration of the participants' attitudes toward inclusive education revealed drawbacks to successful inclusion based on their personal experience. Behavioral problems exhibited by special education students and general education teachers' lack of preparedness to deal with behavioral issues emerged as barriers to inclusion. It may be beneficial to explore the lived experiences of educators working in an inclusion setting. Research on educators' perceived level of preparedness to teach in inclusion classrooms may also yield useful information to the literature. Further, several participants identified collaboration as the key to making inclusion work but voiced concerns that collaboration between the general and special education teachers is lacking. Previous studies have explored hindrances to collaboration between educators. It may be beneficial to conduct a pilot study, employing a strategy to address known barriers to successful collaboration.

Lastly, the participants' views on the behavioral and social impact of inclusive education were mixed. Some participants shared a common perception that inclusion classrooms promote the learning of social skills that would equip special education

students with life skills. Others feel inclusion classrooms are tainted by the disabled students who present with significant behavioral difficulties, which have a negative impact on the learning of general education students. There is a plethora of qualitative and quantitative research on the academic and social benefits of inclusive education (Dessemontet et al., 2012; Lakhan, 2013; Obiakor et al., 2012; Roden et al., 2013). It may be useful to conduct case study analyses in the future. A case study could involve an in-depth and detailed exploration of both special education students and their nondisabled peers' experiences in an inclusion setting over time.

Positive Social Change

The current study yields information relevant to parents, educators, related service providers, and the overall education system. Aware of the significance of related services in special education, all stakeholders should be fully aware of the roles and responsibilities of related service providers in an inclusion setting. Researchers have recommended that related services providers take a more active position in raising awareness of their roles (see Hargreaves et al. , 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Reeder, 2011; Sonday et al., 2012), as existing literature only accounts for generic roles (Reeder, 2011; Wilson et al., 2013). The current study was a response to the need to increase awareness of school-based professionals' roles. Thus, the current findings add to the literature, thereby producing social change.

Implications for Related Service Providers

The current study provides rich, detailed information about the personal experiences of related service providers in an inclusion setting. Participants shared

information about their actual day to day interaction with others, which is a step toward increasing awareness of the actual roles and responsibilities of school-based professionals. The participants perceived roles and responsibilities positively correlated with the generic roles that have informed the literature thus far. Supporters of role theory would explain the correlation by emphasizing the influence of society, position, and expectations on role development (Biddle, 2013; Lynch 2007). Further, the findings of this research inform related service providers themselves. The results confirm that the participants' understanding of their roles correlates with the predetermined generic roles written in the literature. It also suggests their perceived roles correspond with their compeers.

Implications for Parents

There is a saturation of literature that informs others about the roles of educators in an inclusion setting, but there was still uncertainty about the roles and responsibilities of related services providers (Reeder, 2011; Wilson et al., 2013). Sonday et al. (2012) investigated the roles of school-based occupational therapists (OT) within a full-service school. The methodology included an exploration of parent experiences. Results indicated the role of the occupational therapist was unclear. Supportively, McConnellogue (2011) claimed parents lack knowledge of the particular functions of educational professionals (McConnellogue, 2011). Results of the current study is a step toward increasing parent knowledge and understanding of the roles and responsibilities of the school-based professionals tasked with providing developmental, corrective services designed to help their children better access special education services (Neal et al., 2004;

Osborne, 1984). Lastly, findings may influence educational systems to be more active in their approach to fully inform parents about their children's educational experience.

Implications for Educational Systems

Individuals within the school community have a limited understanding of the role of related services providers in the inclusion setting (Leigers, Myers, Schneck, 2016). Researchers have examined specific school-based specialties (e.g., speech and language, occupational therapy, and physical therapy); however, the roles and responsibilities in an inclusion setting were unclear (Hargreaves et al., 2012; McConnellogue, 2011; Mcleod & Baker, 2014; Sonday et al., 2012). Increasing awareness of the roles of related services providers may potentially reduce or prevent any gaps or overlaps in services. Findings from the current study expose overlapping functions that educators and related service providers have, specifically the educator and speech and language pathologist. Another social change, perhaps, is increased partnership between teachers and related service providers to deliver a range of services. Agresta (2004) used role theory as a guiding framework in his research on the basis that lack of role clarity could result in competition and conflict among professional groups. The results of this study add to the legitimacy of the proposed study, as it identifies a lack of role clarity as a hindrance to successful collaboration in an inclusion setting (see Agresta, 2004). Inclusive education intends for all school personnel to work together to meet the needs of diverse students (Teasley & Cruz, 2014). Findings may also influence the establishment of common goals between professionals, escape the view of related services providers as consultants, and use more of a team approach to meet the needs of diverse learners. Lastly, findings may influence

educational systems and decision-makers around the world to seek and employ effective strategies to increase interaction between educators and related service providers.

Conclusion

The purpose of this phenomenological study was to examine the lived experiences of related services providers, specifically occupational therapists, physical therapists, and speech and language pathologists. I captured the actual day to day experiences of 10 participants using transcendental phenomenology. These experiences were reflective of the participants' roles and responsibilities in an inclusion setting. Using Role Theory as the theoretical framework, I provided probable explanations about how related service providers have come to understand their roles and responsibilities. This study represents a steppingstone toward increasing awareness of school-based professionals' contributions to the educational experience of the students. Findings suggest a strong correlation between the perceived roles of the participants and the generic roles reported in the literature. The current study should be duplicated on a larger scale to include more participants from a variety of geographical locations. The goal of such a study would not only be to continue increasing awareness but also to increase the generalizability of findings. Applying role theory would help to explain how related services providers have come to understand their roles and responsibilities in the inclusion setting without a blueprint to guide them.

Despite these findings, there is much more to learn. The intent was to bring forth the voices of related service providers to address any uncertainty of their roles and to close the gap between actual and generic roles. Secondly, I sought to explore the

participants' attitudes toward inclusion. The participants' views on the behavioral and social impact of inclusive education were mixed; however, the participants' understanding of inclusion was constant. The participants perceived barriers to the successful implementation of inclusion are noteworthy and support the need for exploration into strategies to overcome these barriers. Exploring the participants' attitudes toward inclusion was secondary in this research yet relevant, as positive attitudes of inclusion positively correlate with the successful implementation of inclusive education. The provision of education for all, alone, is positive social change, and the provision of related services helps eligible students to access the academic curriculum better. Hopefully, this research will contribute to greater awareness about related service providers' contributions to students' academic success.

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Appendix A: Interview Questions

General Information

How long have you been performing your discipline in a school system?

Describe your career as a related service provider.

How does inclusion work in this school system for your discipline?

Roles and Responsibilities

How do you describe your role in the special education process?

Prompt 1: Describe your role in identifying students in need of your services.

Prompt 2: Describe your role in determining eligibility for services.

Describe your role working directly with special education students

Describe your role working collaboratively with educators

Describe your role in communicating with parents

Describe your role in collaborating with other professionals on behalf of the special education student (New)

How has your position changed from when you first began providing services in a school-based setting?

Describe your role in the development of each student's Individualized Education Plan.

Prompt 1: What is in place to determine the quantity of services (e.g. number of days, number of hours) provided to each student?

Prompt 2: What is in place to monitor if services are being provided as indicated on the student's IEP?

Attitudes toward Inclusion

What does inclusive education mean to you?

What is it in your personal or professional experience that has influenced your attitudes toward inclusive education?

What is being done in your school building that makes inclusion work?

Adequate Yearly Progress

Describe your role in helping your school system make Adequate Yearly Progress (AYP).

What is in place to monitor the impact of related services on student achievement?