

Running Head: Parent Perspectives

Parent perspectives of their involvement in IEP development for children with autism

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### **Abstract**

The present study investigated parents' experiences making educational decisions for their children with autism and their satisfaction with the outcomes of those decisions. Parents completed a survey describing their: (1) input in educational decisions, (2) satisfaction with school personnel, and (3) satisfaction with their child's school experience. Sequential regressions revealed parents' satisfaction was generally predicted by their own knowledge of autism, school staff knowledge of autism, parent satisfaction with teachers, and parent relationships with school personnel. Additionally, parent input was a significant predictor of satisfaction with their child's school experience. Finally, open-ended responses indicated that parents experienced many barriers when working with schools, and often felt compelled to go outside of the school system to ensure their children received an appropriate education. Implications for teacher preparation and school-parent partnerships are described.

*Keywords:* parent satisfaction, collaboration, educational decision-making

The Individuals with Disabilities Education Improvement Act (IDEA, 2004) requires parents be a part of education placement and other decisions as compulsory members of the Individualized Education Program (IEP) team (20 U.S.C. § 614 (e)), the IEP Process (20 U.S.C. § 614 (d)(1)(B)(i)), and the other factors to be considered in IEP meetings (20 U.S.C. § 614 (d)(3)). This emphasis on parent participation is further evident in the IDEA accountability system, which compels states to document annually the percentage of parents who report schools facilitated their involvement (Office of Special Education Programs, 2013). Recent case law has further confirmed the central role of parents in the IEP decision-making process (Doug C. v. Hawaii Department of Education, 2012). However, existing research documents an overall lack of school openness to parent input. For example, parents report that schools generally do not solicit parent input, are not responsive to parent input, and are resistant to considering alternatives to plans or services recommended by school personnel (Elbaum, Blatz, & Rodriguez, 2016). Yet, parent input is essential during the IEP process for all aspects of decision making, including decisions around assessment, eligibility, present levels, goals, services, and placement.

Discussing educational placement options is often a contentious area for team members, as parents and educators may be motivated by different factors and have different perspectives on the benefits and implications of different placements (Tissot, 2011). Research demonstrates parents are often conflicted when it comes to placement decisions (e.g., Leyser & Kirk, 2011). For example, Hess and colleagues found parents may consider class size, program/service offerings, and teacher preparation when deciding the preferred educational placement for their child (Hess, Molina, & Kozleski, 2006). Further, parents of children with ASD report the process of educational placement decision-making as both time-consuming and stressful (Tissot, 2011).

Previous research soliciting family perspectives has found parents of children with ASD tend to favor inclusive placements. Parents have named specific benefits of such settings, including social development (Whitaker, 2007), and as a way to promote social justice (Kasari, Freeman, Bauminger, & Alkin, 1999). However, parents have also expressed concerns about their child's ability to receive appropriate supports and services in inclusive settings, as well as the availability of educators qualified to work with students with disabilities in these settings (Kasari et al., 1999; Tucker & Schwartz, 2013). This appears to be particularly relevant to parents of children with ASD, who express concern about whether school personnel are knowledgeable about ASD and qualified to manage their child's behavior, the availability of individualized supports, and opportunities for effective parent-professional collaboration (e.g. Brewin, Renwick, & Schormans, 2008; Kasari et al., 1999; Whitaker, 2007).

Although IDEA stipulates parents are to be involved in educational placement and other decision-making for their children, parents have reported that experiences within these decision-making teams varies. These experiences have included: (a) negative treatment from educators (Fish, 2006), (b) feeling empowered as advocates for their child (Hess et al., 2006), (c) being frustrated by low expectations and limited knowledge from educators (Starr & Foy, 2012), and (d) feeling respected and supported as decision makers (Fish, 2008). Yet, IDEA places great responsibility on families, including understanding of the stipulations of IDEA (Turnbull, 2005).

Parent participation in IEP teams alongside school personnel is, at times, hindered by schools' actions. For example, parents of children with disabilities have indicated placement and other decisions were often already made before the IEP meeting (e.g., Ruppap & Gaffney, 2011). Other times, families have felt school personnel just want parents to sign the necessary papers to agree to the previously determined decisions (Fish, 2006). Yet, despite negative experiences,

parents of children with disabilities, including ASD, generally want to be more involved with educational decision-making (Fish 2006; Fish, 2008).

Extant research describes barriers and facilitators to parent involvement in IEP development and implementation. For example, Tucker and Schwartz (2013) identified limited parent input, communication difficulties, and school personnel lack of ASD-specific knowledge as frequent barriers. Conversely, timely responses, attendance of IEP team meetings by school administrators, and assistance with accessing resources were facilitators of parent involvement in IEP team decisions. In their study, Tucker and Schwartz (2013) found parent disagreements with school teams centered around IEP content and educational placement. However, this study did not fully explore how parent satisfaction with school services and parent input in developing school services varies by demographic characteristics and by child placement. This is a needed next step, as previous research has found students with ASD from higher socioeconomic backgrounds and White students are more likely to be included in general education settings than students from less wealthy backgrounds and students who are from minoritized groups (Kurth, Mastergeorge, & Paschall, 2016). Living in more rural areas is also associated with more inclusive educational placements (Brock & Shaefer, 2015). Further, access to health and behavioral care via medical insurance has been associated with parent satisfaction (e.g., Young, Ruble, & McGrew, 2009). Obtaining appropriate services can be costly and stressful for families (e.g., Krauss, Gulley, Sciegaj, & Wells 2003), suggesting that access to insurance that covers ASD therapies may improve overall parent well-being and satisfaction.

Few research studies describe how educational decisions are made for students with ASD, the complex experiences of parents taking part in such decisions, and how demographic factors, placement, and access to health insurance impact parent input and satisfaction with these

educational decisions. Meanwhile, controversy persists in the field regarding where and how to best provide educational services to students with disabilities (e.g., Jackson et al., 2008-2009). Understanding how placement decisions are made is particularly important because, once a student's placement is determined, students rarely transfer to a different type of setting (White, Scahill, Klin, Koenig, & Volkmar, 2007). The aim of this study is to understand, from the parent perspective, the factors that impact educational placement and other educational decisions for students with ASD, and parents' satisfaction with the process and outcomes of such decision-making. The specific research questions are: (1) What child and family characteristics predict (a) educational placement (b) parent input in developing services, IEPs, and making decisions, and (c) parent satisfaction with school experiences? and (2) How do families describe their participation in designing and implementing educational services for their children with ASD?

## **Method**

### **Instrumentation**

A 34-item online survey was developed and distributed to parents of children with autism living in the Midwest and Southwest regions of the United States. The survey instrument was developed for this study based on extensive reviews of the extant literature in regards to educational placement and parent-school partnerships, including analysis of existing surveys. Survey items were gleaned from peer-reviewed instruments, including: Fish (2008) and Tucker & Schwartz (2013). Following analyses of these existing survey items, we compiled relevant items in a pilot instrument. Four parents completed the pilot instrument. Social validity questions were included to determine the accessibility and appropriate wording of items. Pilot study results and social validity questions informed the final instrument design, including question wording.

The final survey has high internal consistency (Cronbach's  $\alpha = .836$ ), and consists of 5 parts, as seen in Table 1: demographics, parent perceptions of school personnel ( $\alpha = .987$ ), parent satisfaction with IEP contents and school placement ( $\alpha = .986$ ), parent perceptions of their ability to provide input in educational decisions ( $\alpha = .971$ ), and parent priorities ( $\alpha = .683$ ). Participants were asked to reflect on the entirety of their experience on IEP teams, noting reasons for any changes in their perceptions about input and satisfaction in an open-ended comments section.

Parents were contacted for participation using three methods: (1) postcards with embedded links (URL and QR Code) for the survey were distributed at six events attended by families of individuals with autism (e.g., community resource fair, autism awareness walk); (2) parents who participated in autism support groups, such as the Autism Society of America, were emailed; and (3) information about the survey was posted on social media links associated with the University of [redacted] autism research center. In all, 111 parents accessed the survey with 108 consenting to participate and 73 completing the entire survey instrument (68%).

### **Participants**

Respondents to the survey included biological mothers ( $n = 62$ ), biological fathers ( $n = 6$ ), foster parents ( $n = 3$ ), step-mother ( $n = 1$ ), and grandmother ( $n = 1$ ). For ease of reporting, these respondents will be referred to as 'parents' throughout, although it is possible that not all respondents play an equal parenting role. Respondents reported demographics about themselves and the child's other parent(s); consequently, demographic characteristics of non-respondent parents are reported. Parents had a mean age of 42 years ( $range = 26-54$  years;  $SD = 7.7$ ). Most of the parents had at least some college education (mothers  $n = 19$ , 26%; fathers  $n = 24$ , 33%). Thirty mothers (40%) and 11 fathers (16%) had a Bachelor's degree, and 16 mothers (22%) and

15 fathers (21%) had a post-baccalaureate degree. Nearly all parents (95%) reported speaking English at home, and most parents reported they had no other children with disabilities ( $n = 50$ , 68%). However, eight parents (11%) had more than one child with an ASD. Most respondents owned their home at the time of survey completion ( $n = 54$ , 74%), though some rented ( $n = 18$ , 25%). Respondents indicated their total household income as below \$35,000 ( $n = 12$ , 16%), between \$35,000 and \$75,000 ( $n = 29$ , 41%), or above \$75,000 ( $n = 32$ , 43%).

Children with ASD had a mean age of 11.9 years (*range* = 11 months to 21 years; *SD* = 5.0). Children with ASD were in early childhood (ages 4 years and under;  $n = 6$ ); elementary school (ages 5-12 years;  $n = 32$ ), secondary school (ages 13-18,  $n = 26$ ), and post-secondary (ages 19-21;  $n = 9$ ). Students in post-secondary age bands were included in this analysis as IDEA allows students to have IEPs through age 21. Gender of children with ASD in this sample was primarily male ( $n = 61$ , 84%), while 12 children were female (16%). To estimate severity of autism, parents responded to a single question in which they subjectively determined whether or not their child had a severe form of autism (i.e., “my child has severe autism, meaning s/he requires extensive support in all areas”) or mild autism (i.e., “my child has mild autism, meaning s/he requires intermittent or minimal support in all areas”). Fourteen (19%) parents reported that their child had a severe form of autism while 55 (75%) reported their child had a mild form of autism. Four parents were unsure of the severity of their child’s autism. The majority of respondents reported their children were White ( $n = 53$ , 73%), nine reported their children were more than one race/ethnicity (12%), five children were identified as Hispanic (7%), three as Black (4%), two as Native American (3%), and one child was identified as Asian (1%).

### **Data Analysis**

**Predictor variables.** Student demographic variables included the child's race, parent-rated ASD severity, and the child's primary educational placement. Parent demographic factors included the mother and father's highest education, household income, health insurance, and whether health insurance specifically covers ASD therapy. Parents also reported their knowledge of ASD. Composite variables (CVs) were developed by determining the mean of like-items; the grouping of items into CVs was verified using confirmatory factor analysis. CV1 (skill and knowledge of school personnel) was calculated from the mean of 16 items (see Table 1). In addition to these variables, parent satisfaction with their ability to have an input was calculated using CV5, representing the mean of 7 items (see Table 1).

To respond to the first research question, we completed a series of sequential, or hierarchical, multiple regressions. Sequential multiple regression was used because we sought to understand the predictors of outcomes and their relative significance, but were not assessing the relationship between multiple outcomes (Kutner et al., 2005). Regressions for research question 1A involved educational placement being regressed on child and family variables. Regressions for questions 1B and 1C consisted of parent input and parent satisfaction outcomes, respectively, being regressed on child, family, and school variables. Predictors were entered with child variables in one block (i.e. placement, ASD severity), followed by parent characteristics (i.e. household income, health insurance, parent knowledge of ASD, and parent satisfaction with input [for question 1C]), and finally school characteristics (i.e. school knowledge of ASD – CV1, teacher satisfaction – CV2a, administrator satisfaction – CV2c, and relationship with teachers and administrators –Part 3 question 11). The block order was based on a bioecological theoretical framework in which the first block represented variables that are most proximal to the student. That is, this block reflected student-level variables that include their own characteristics

and that of their immediate (classroom) environment (Bronfenbrenner & Evans, 2000). The second block represented family characteristics that are both proximal to the child within the home environment (e.g., family socioeconomic status) and reflective of parents' interactions with school personnel (e.g., parent satisfaction). Finally, the third block represented school variables outside of the child's immediate classroom environment. Said variables are more distal to students' developmental processes (Bronfenbrenner & Evans, 2000). The variables included in each block were based on the previously reviewed literature identifying variables that influence students' placement in inclusive settings (e.g., Kurth et al., 2016) and the factors associated with parent satisfaction and their ability to have input on their children's educational placement and services (e.g., Tissot, 2011; Tucker & Schwartz, 2013; Young et al., 2009).

**Outcome variables.** We considered several outcomes reflecting (a) educational placement, (b) parent input in developing services, IEPs, and making decisions, and (c) parent satisfaction with school personnel and experiences. In describing educational placement, parents indicated whether their child spent most of their day in a self-contained setting, general education classroom, or resource room (see Table 1, Part 1 Question 9). To calculate parent satisfaction with school services (as provided by specific personnel), CV1 was calculated from parent ratings of 16 items related to satisfaction with various school personnel (see Table 1). CV2 was derived from the mean of 6 items (see Table 1), reflecting parent satisfaction with school services. CV3-4 (See Table 1) was derived from the mean of 13 items assessed parents' satisfaction with their child's overall school experiences and services.

**Open ended items.** To identify the themes from the open-ended items, a constant comparative method (Patton, 2002) was used. The written comments to the survey were imported to Dedoose (2013), an on-line cloud-based data analysis software program. Two of the

authors used Dedoose to complete an open-coding analysis of the open-ended responses using a general inductive approach (Thomas, 2006). An initial framework was developed based on the third research question, followed by code revision and theme determination. Two strategies were implemented to support trustworthiness: (a) multiple researchers and (b) collaborative coding checks (intra- and inter-rater agreement; Brantlinger Jimenez, Klinger, Pugach, & Richardson, 2005). Working definitions were iteratively assigned to each code and the codes and working definitions were iteratively evaluated against the data and against one another to confirm they captured participants' meanings. When new codes ceased to emerge, a third investigator reviewed the coded data to reach agreement on coded responses. Initial agreement was 92%. Refinements were made until 100% consensus was achieved for the coding of all responses.

## Results

### Predictors of educational placement decisions

We first used an independent samples t-test to determine the extent to which family and child characteristics predicted educational placement in self-contained, resource room, or general education settings. Students whose parents reported that they have characteristics of high-functioning ASD were significantly more likely to spend most of their day in the general education setting ( $M = .444$ ;  $SD = .501$ ) compared to students with severe ASD symptomology ( $M = .118$ ,  $SD = .332$ );  $t(78) = -2.54$ ,  $p < .01$ . Note that while children with high-functioning symptomology were more likely to be placed in less restrictive settings, there was greater variance in their placement. There were no significant differences between child and family characteristics for children placed in resource room or self-contained placements. When educational placement was regressed on child characteristics (age, age-at-diagnosis, co-occurring disability, and who provided the diagnosis) and family variables (mother and father education,

household income, access to health insurance, and whether health insurance covers ASD therapy), only health insurance was a significant predictor. Having health insurance predicted placement in a resource room setting ( $\Delta R^2 = .185$ ,  $F [1,60] = 13.942$ ,  $p < .001$ ,  $\beta = -.447$ ).

### **Predictors of Parent Input**

Parent satisfaction with their ability to have input was generally predicted by (1) their knowledge of ASD, (2) satisfaction with general education and special education teachers, and (3) parent relationships with school personnel, including teachers and administrators, as seen in Table 2 (in the order they were entered into the model). Satisfaction with their child's general education teacher was the only variable to predict all of the parent input outcome measures. Additionally, it was the only significant predictor of parents' satisfaction with their input on placement ( $\Delta R^2 = .502$ ,  $F [1,32] = 42.741$ ,  $p < .001$ ,  $\beta = .756$ ). Parent satisfaction with their child's special education teacher and their relationship with teachers and administrators significantly predicted all parent input outcomes except placement. Parent knowledge of ASD predicted all outcomes except placement and overall satisfaction with IEP input.

**Predictors of Parent Satisfaction with Schools.** To determine predictors of parent satisfaction with their child's educational experience, three blocks of variables were entered into a sequential regression. The first block only included child-level variables, including the student's placement. Education placement was included in the regression as a binary variable reflecting whether a student spent most of their time in the general education setting ("1") or in a resource or special education setting ("0"). As previously reported, there were no significant differences between child and family characteristics for children placed in resource room or self-contained placements. The second block added family variables. Finally, the third block added school characteristics. Table 3 shows the variables that were significant for any outcome in the

order they were entered into the model. Interestingly, household income and health insurance were each a significant predictor for several outcomes (e.g. parent satisfaction with IEP goals and services, how well the school meets the child's needs, overall school satisfaction) when only child and family variables were entered, but were no longer significant when school factors were added. Note that educational placement did not predict any parent satisfaction outcomes.

Parent input satisfaction and their knowledge of ASD were the most consistently significant predictors of parent satisfaction with their children's education. Parents' satisfaction with their child's overall school experience was predicted by their knowledge of ASD ( $\Delta R^2 = .336$ ,  $F [1,41] = 21.878$ ,  $p < .001$ ,  $\beta = .580$ ), input satisfaction ( $\Delta R^2 = .461$ ,  $F [1,40] = 109.653$ ,  $p < .001$ ,  $\beta = .800$ ), school ASD knowledge ( $\Delta R^2 = .023$ ,  $F [1,39] = 6.242$ ,  $p < .05$ ,  $\beta = .277$ ), and satisfaction with their child's general education teacher ( $\Delta R^2 = .021$ ,  $F [1,38] = 6.270$ ,  $p < .05$ ,  $\beta = .233$ ). Note that parents' satisfaction with general and special education teachers had different patterns of significance. Parents' satisfaction with their child's special education teacher only predicted their satisfaction with their child's IEP goals and services ( $\Delta R^2 = .028$ ,  $F [1,37] = 8.262$ ,  $p < .01$ ,  $\beta = .314$ ) while satisfaction with the general education teacher predicted parents' satisfaction with their child's overall school experience, as previously noted, and how well the school met their child's needs and preferences ( $\Delta R^2 = .019$ ,  $F [1,38] = 5.915$ ,  $p < .05$ ,  $\beta = .222$ ).

### **Parent Experiences and Perspectives**

To further investigate parents' experiences, the following four open-ended survey responses were qualitatively analyzed for themes: (a) Do you have any other comments or clarifications about your child's school experience? (b) Do you have any follow-up comments or clarifications about your satisfaction with school personnel? (c) Is there anything else we should know about how the decision was made to place your child with autism? and (d) Is there

anything else we should know about the development of your child's IEP? Three primary themes emerged from the participants' responses: *choice*, *parent behaviors and roles*, and *parent satisfaction with school services fluctuates*.

**Theme 1: Choice.** While parents expressed some situations in which they felt they had some choice over educational programs for their children (e.g., by moving to a better school), there was an overwhelming sentiment of disempowerment and lack of choice in educational decisions. Parents described their choices as being limited due to living in rural areas, juvenile justice issues, and a lack of collaboration with school personnel. For example, one parent stated, "Although I asked for the placement, it was still the sole decision of the school principal to accept him and he only took the advice of the previous principal in making the decision." Another parent described, "The school just seems to have taken over...It is expected of me to show up and agree." Similarly, parents felt unable to provide input into school services. As one parent stated, "The teacher... decided it all. [There was] no input by anyone and she will not allow it." Thus, there were multiple types of school personnel who sometimes had singular power over educational decisions while parents described little to no input opportunities.

**Theme 2: Parent behaviors and roles.** Parents expressed a need to fight for services with schools, often over prolonged periods. When that still did not result in adequate services, many parents felt obligated to pay out of pocket or pursue services elsewhere. For example, one parent explained, "I apply for grants to receive [applied behavior analysis services] which [my daughter] has been receiving for 2 years now, solely through these grants. I drive her 70 miles each way...[the] next IEP meeting will be a battle to make sure my daughter does not go without." This experience of battling for services was also pervasive. As these 'battles' often waged over years, the toll on families was palpable. As one parent stated, "Anything at all done

[by the school] is at my constant advocating – they do not seem to know or do anything [about] autism.” Parents constantly tried new ways to have input on their children’s education, which often required them to take on different roles and behaviors that impact the entire family.

**Theme 3: Parent satisfaction with school experiences fluctuates.** The overwhelming majority of responses from parents indicated a sense of dissatisfaction and unhappiness with schools and school services. Yet, parents’ experiences could also be likened to being on a roller coaster, with alternating great highs and great lows depending on where families lived, the school personnel families interacted with, and year to year changes. For example, in describing moving from one school district to another to escape what one parent described as a “horrible situation,” the parent noted the current placement is much better. She described their experience as being a “tale of two cities.” Many other families described their experiences as varying considerably based on the skills and behaviors of school personnel each year. One parent described, “it has been a painful process and there were times I thought we were going to have to get an attorney or homeschool ...I expect problems once we hit middle school next year.” As this parent explained, even when parents are having a positive experience, there was often a sense of foreboding about what the next year may bring because of their histories.

### **Discussion**

This study describes factors impacting parents’ ability to be involved in educational decision-making, parent satisfaction with their input during decision-making, and the outcomes of educational decisions on their child’s educational experience. Child and family characteristics had little impact on parent satisfaction with their ability to have input in educational decision making for their child. Instead, parents’ satisfaction and relationships with school personnel significantly influenced their ability to have input, which is consistent with other research

findings (e.g., Love, Zagona, Kurth, & Miller, 2017). The behaviors, skills, and knowledge of school personnel were consistent factors in parents' satisfaction with their ability to have input and their satisfaction with their children's educational experiences.

### **Educational Placement**

The severity of students' autism was only predictive of placement in general education settings, and family health insurance predicted placement in resource settings. Our findings suggest students with less intensive support needs are more likely to be placed in general education settings, as has been found by others (e.g., Lauderdale-Littin, Howell, & Blacher, 2013). However, investigations of a relationship between educational placement and access to health insurance have not been completed previously. In this study, we found only one placement (resource setting) associated with insurance. We hypothesize families with more access to a safety net (i.e., insurance) may be more likely to access services in general for their child with ASD. As such, these families may feel more comfortable placing their children in less restrictive school placements to reap the possible benefits of inclusion.

Overall, our findings demonstrate general education teachers appeared to have significant influence on children's educational placement. Parents' satisfaction with the general education teacher was the only predictor of their ability to have input on educational placement. While others have noted the importance of general education teacher training (e.g., Love et al., 2017), our findings suggest that general education teachers may play a pivotal role when determining whether or not the student is placed in their classroom. While placement in general education varied by ASD severity, there was also a larger variance in placement among high-functioning students. Thus, as noted by others (e.g., Segall & Campbell, 2014) the placement of children

with less significant symptomology and parent input in their placement decisions may be highly dependent on the judgement of general education teachers, in particular.

Children's current educational placement was not a significant predictor of parents' satisfaction with their child's education nor their ability to have input on their children's educational services. In fact, while educational placement was mentioned in the open-ended responses, parents overwhelmingly discussed the ways their children were treated in school and the supports and services included in the IEP rather than *where* their child spent most of their time during school. Their responses illustrate the importance of considering educational placement decisions as more than a matter of physical location (Rueda, Gallego, & Moll, 2000). Rather, it is a decision that can significantly impact students' services and entire school experience.

### **Education Decision-Making Process and Outcomes**

Parents' satisfaction and relationships with teachers and administrators significantly impact their ability to have input in decision-making. Thus, even when school personnel possess significant knowledge about ASD, if they are not actively developing positive relationships with parents, parents may experience dissatisfaction in the decision-making process and the implementation of their child's education. Parents appear to prioritize collaborative relationships with schools when making decisions for their children, although these collaborative relationships are infrequently experienced. Previous research has found that parents highly value collaboration and communication, and that its absence can be a significant source of dissatisfaction (e.g., Starr & Foy, 2012). Interestingly, however, a *less* positive relationship with teachers and administrators predicted related services satisfaction. Conceivably, parents may sacrifice their relationship with school personnel to ensure their child gets satisfactory services and supports.

Both parents' open-ended responses in the present study and previous literature characterize parents as having to constantly "fight" for services and inclusive placements (e.g., Tissot, 2011; Tucker and Schwartz, 2013). Such efforts could strain relationships, but ultimately have positive effects on students' educational supports. Ideally, such relationships would be maintained as parents and schools work together to make decisions.

The transient nature of whom families worked with emerged as an additional dimension of the nature of school-family relationships. Because school staff appeared to change often and parents had varying experiences based on whom they worked with, parents expressed a belief that the services their child receives and their ability to have a positive, working relationship with school team members could change at any time. The constant personnel changes that parents described in the open-ended responses may interrupt the ideal trajectory towards improved parent-professional relationships that was so important for parents' input and satisfaction (Tucker & Schwartz, 2013).

Parent knowledge of ASD also proved to be a significant contributor to parents' input and satisfaction. Though extant research has found that parents of children with ASD are particularly concerned with school personnel knowledge of ASD (e.g. Starr & Joy, 2012), the present findings also highlight a need for parents to be supported in developing knowledge about ASD. Developing such knowledge may facilitate their involvement in decision-making by helping them advocate and navigate the special education system. However, it should be noted that parents' ASD knowledge did not facilitate desired IEP input. This was further illustrated in parents' open-ended responses where they often had significant knowledge, but little to no choice in school decisions. To gain agency and provide access to the services they believed their child needed, parents described resorting to measures that wholly removed the child from the

school community or services. Thus, schools must both support parent knowledge and accept them as equal members of education decision-making teams.

While parent perceptions and satisfaction with school personnel was important, the impact of general and special education teachers differed. Parent satisfaction with the general education teacher, but not the special education teacher, significantly predicted parent satisfaction with their child's overall school experience and how well they believed the school was addressing their child's needs and preferences. Meanwhile, satisfaction with their child's special education teacher predicted their satisfaction with IEP goals and services. Due to the strong relationship between placement and the learning opportunities a child has (Jackson et al., 2008-2009), general educators may be uniquely influential in supporting parents' ability to have input and be satisfied with the outcomes of educational decisions. This may be especially true if the desired learning experiences and outcomes are more likely in a general education classroom. However, special educators often hold particular power to determine students' IEP goals and services, and facilitate IEP procedures (Brays & Russell, 2016). These findings underscore the need for all school personnel to be knowledgeable about ASD, and willing and able to collectively collaborate with parents.

Together, these results suggest a positive relationship between parent involvement in making school decisions and their perceptions of their child's school success. Parents who were less satisfied with their participation in decision-making were likewise less happy with how well their child was succeeding at school. The open-ended responses further illustrate that parents reported being least satisfied when they felt the school failed to include them in decision-making or did not follow through with decisions that were jointly made. Indeed, it may be the experience of attempting to collaborate with school staff and facing significant barriers and inflexibility that

makes parents less satisfied with their child's education as a whole, whether a specific disagreement be about services or placement (Tissot, 2011).

### **Limitations and Directions for Future Research**

Several limitations in the present investigation must be addressed. First, the response rate of the survey is uncertain due to our recruitment techniques. Second, this recruitment method (electronically, to parents who participate in ASD-related events) limited respondents to those parents who are more involved in ASD groups or activities and have access to the internet. Future research should recruit families using other means, such as through schools. Third, our procedure of soliciting parent input via a survey, even with open-ended responses, necessarily limits the depth with which we can report parent involvement and the ability of research teams to verify accuracy of parent reports (e.g., severity of autism). Further analyses should include interviews or focus groups along with data (i.e., IEP documents) to support the validity of parent report. Fourth, respondents to the survey were primarily representative of White, higher socioeconomic status families, were primarily mothers, and lived primarily in suburban areas. Thus, the findings of the current analysis cannot be generalizable to parents of children with ASD on the whole. Future research should specifically recruit families who are less likely to be represented in the extant literature, including families of color, those representing diverse socioeconomic statuses, and fathers. Further, future studies should more closely investigate links between family resources (e.g., socioeconomic status, access to the internet) and parent satisfaction with their ability to provide meaningful input in IEP team decisions.

### **Implications**

As the field continues to improve mechanisms for family involvement in educational decision-making, schools should consider ways to support both staff and parent knowledge of

ASD. Schools should particularly discover ways to build knowledge and capacity of all staff to effectively support the needs of students with ASD. Additionally, mechanisms should be created and maintained that foster positive, collaborative school-family relationships. The present findings indicate that such relationships are central for families' experiences and greatly impact students' educational experiences. These findings can inform pre- and in-service teacher preparation programs. Such programs should encourage the necessary skills and dispositions of educators to build and maintain collaborative relationships with students with ASD and their families. Supporting collaborative decision-making may improve students' education while reducing the need for families to seek legal action or other means of obtaining services.

Ultimately, the present study highlights the critical finding that many parents are not working cooperatively with schools, as intended in IDEA, and that the lack of such collaborative relationships is significantly impacting families' experiences and students' services. Existing research suggests this is a national problem (c.f., Elbaum et al., 2016). School-family partnerships promote inclusion, administrative leadership, family involvement, and positive outcomes for students (Francis, Hill, Blue-Banning, Turnbull, & Haines, 2016). Focused work towards building trusting, substantive partnerships are thus critical to the enactment of IDEA. School leaders, teachers, and teacher preparation faculty must relentlessly focus on continued solicitation of parent input, and responsiveness to this input from all school personnel.

Table 1

*Survey Questions***Part 1 Demographics**

<i>Child</i>	<i>Parent/Household</i>
1. Child's age	1. Relationship to the child with ASD
2. Child's gender	2. Parent age
3. Child's race/ethnicity	3. Number of children in household
4. Age of child at time of ASD diagnosis	4. Presence of other children with a disability in the household
5. Severity of ASD symptoms	5. Number of adults in the household (age 18 or older)
6. Co-occurrence of disability other than ASD	6. Primary language spoken at home
7. Provision of early intervention services for child with ASD	7. Provider of ASD diagnosis
8. Child with ASD attend school with siblings	8. Parent's education level
9. Current educational placement (self-contained resource room; general education)	9. Household combined income
10. Experience with restraint or seclusion at school (yes; no; unsure)	10. Living situation (rent; own; or other)
11. Experience with juvenile justice system (yes; unsure)	11. Parent marital status
	12. Type of health insurance
	13. Health insurance cover ASD
	14. State of residence
	15. Parent ASD training
	16. Parent knowledge of ASD

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**Part 2: Parent Perception of School Personnel** (0- not at all prepared or knowledgeable to 10-very skilled or knowledgeable; Not Applicable)

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*Composite Variable 1: Parent rating of skill and knowledge of school staff*

*Composite Variable 2: Parent satisfaction with school services*

*Composite Variable 1a (teacher knowledge)*

*Composite Variable 2a (teacher*

*Composite Variable 1b (related services knowledge)*

*satisfaction)*

*Composite Variable 2b (Related services*

*Composite Variable c (administrator knowledge)*

*satisfaction)*

A. Teacher: general education teacher; special education teacher; paraprofessional

*Composite Variable 2c (administrator satisfaction)*

B. Related Services: speech/language pathologist; occupational therapist; physical therapist; behavior specialist; music therapist; hearing specialist; vision therapist; transportation personnel; school nurse; social worker

C. Administrator: school principal; district administrator; autism specialist

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**Part 3: Parent Satisfaction with IEP Contents and School Placement** (0- very unhappy to 10-very happy)

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*Composite Variable 3: Parent Satisfaction with current IEP goals and services*

*Composite Variable 4: Overall School Satisfaction*

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- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Child receives all services would benefit from</li> <li>2. satisfaction with IEP goals and services;</li> <li>3. appropriateness of IEP supplemental aids and services;</li> <li>4. appropriateness of transition plan (if age 14 or older);</li> <li>5. extent to which ‘ideal’ IEP matches actual IEP;</li> <li>6. input in selecting goals and services</li> </ol> | <ol style="list-style-type: none"> <li>1. child improved/learned;</li> <li>2. overall school experience;</li> <li>3. supports provided to family;</li> <li>4. school meets child’s needs;</li> <li>5. ability to collaborate with school personnel;</li> <li>6. parent feels welcomed at school;</li> <li>7. child safe at school;</li> <li>8. child happy at school;</li> <li>9. child is respected at school;</li> <li>10. child has friends at school;</li> <li>11. parent relationships with school personnel;</li> <li>12. Overall input in decisions;</li> <li>13. parent have input in decisions about school services</li> </ol> |
|---|--|

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**Part 4: Parent Perception of Their Input (0- very unhappy to 10-very happy)**

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*Composite Variable 5: Satisfaction with Input*

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. Parent satisfaction with input in IEP development</li> <li>2. informed of options;</li> <li>3. ability to visit setting before making decision;</li> <li>4. parent can provide input in what child learns;</li> </ol> | <ol style="list-style-type: none"> <li>5. likelihood setting will meet parent goals/expectations for child as an adult;</li> <li>6. design placement to meet child’s needs in terms of setting, services, and goals;</li> <li>7. extent to which ‘ideal’ placement matches actual placement</li> </ol> |
|---|--|
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**Part 5: Parent Priorities (0-not at all important to 2- very important)**


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*Priorities for the Present**Priorities and Hopes for the Future*

## 1. Parent priorities for child's education and school placement

- a. IEP reflects state standards and general education curriculum;
- b. prepares child for college or career;
- c. teaches functional life skills;
- d. addresses child's behavior needs;
- e. addresses child's social needs;
- f. addresses child's communication needs;
- g. school is near home;
- h. school is highly recommended;
- i. teachers have expertise in ASD;
- j. principal involved in daily activities
- k. presence of sensory supports;
- l. child feels welcomed;
- m. know other parents of children with ASD at the school;
- n. school uses positive behavior supports

## 2. Hopes for child after completing school

- a. 2-year community college;
- b. college degree;
- c. day-service,
- d. employment,
- e. other

## 3. Hopes for child's living arrangement after school

- a. with family;
  - b. supported living apartment;
  - c. group home;
  - d. other
-

Table 2

*Predictors of parents' satisfaction with their ability to be included in decision-making*

Variable	Parent knowledge of ASD		Satisfaction with Gen Ed teacher		Satisfaction w/ SPED teacher		Relationship w/ teachers & administrators	
	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$
Input on what child learns	.265	.522***	.291	.576***	.063	.396*	.084	.741***
Input on educational decisions	.267	.525***	.309	.591***	.084	.454**	.097	.786***
Input on placement decisions	.073	.274	.502	.756***	.040	.316	.033	.467
Input on IEP goals & services	.193	.446***	.355	.636***	.116	.535**	.043	.527***
Collaboration with team	.223	.480**	.453	.718***	.100	.497***	.077	.706***
Satisfaction with IEP Input	.076	.281	.483	.741***	.117	.539***	.046	.549*
Satisfaction with Input <sup>+</sup>	.223	.480**	.434	.702***	.100	.497***	.064	.646***

\* p < .05, \*\* p < .01, \*\*\* p < .001. Note: + indicates the use of a composite variable.

Table 3

*Predictors of parent satisfaction with their children’s education*

Variable	Parent ASD knowledge		Parent Input Satisfaction		School ASD knowledge		Satisfaction with Gen Ed Teacher		Satisfaction with SPED Teacher		Relationship w/ Teachers & Administrators	
	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$
Child Learning/Improvement	.329	.574***	.591	.906***	.003	.102	.003	-.093	.001	-.048	.000	-.034
Current IEP goals & services <sup>^</sup>	.287	.536***	.446	.747***	.094	.467***	.008	.149	.028	.314**	.000	-.025
Overall school experience	.336	.580***	.461	.800***	.023	.277*	.021	.233*	.008	-.170	.001	.076
Child’s needs & preferences	.264	.514***	.559	.881***	.009	.170	.019	.222*	.000	-.023	.005	.183
Goals for child as an adult	.124	.352*	.692	.980***	.000	-.006	.001	-.042	.004	.119	.015	-.325*
Overall School Satisfaction <sup>+</sup>	.326	.571***	.597	.911***	.007	.153*	.005	.116	.000	-.019	.019	.366***
Overall IEP Satisfaction <sup>^+</sup>	.258	.508	.541	.823***	.060	.374***	.006	.123	.005	.130	.002	-.093
Related Services Satisfaction <sup>+</sup>	.300	.549***	.305	.695***	.078	.439**	.011	.175	.015	.305	.041	-.615*

\* p < .05, \*\* p < .01, \*\*\* p < .001. Note: ^ indicates that the variable, “parent satisfaction with input” was replaced with “parent satisfaction with IEP

input” for the purposes of regressing this outcome variable. + indicates the use of a composite variable as the outcome.

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