

Running Head: THE ROUND HOLE AND SQUARE PEG

The Round Hole and Square Peg:
Educators' Beliefs and IEP Practices

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Submitted in partial fulfillment of the requirements for the Degree
of Doctor of Philosophy in Education at the University of Manitoba

May 2006

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FACULTY OF GRADUATE STUDIES

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**The Round Hole and Square Peg:
Educators' Beliefs and IEP Practices**

BY

Jaclyn A. Koskie

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University of
Manitoba in partial fulfillment of the requirement of the degree**

OF

DOCTOR OF PHILOSOPHY

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ACKNOWLEDGEMENTS

I would like to acknowledge the help and support of many individuals who made this degree possible. I would like to thank my thesis committee. Dr. Zana Lutfiyya, my advisor, was always supportive and encouraging. Her patience, open-mindedness, and expertise about inclusive education and qualitative research were invaluable. Dr. Rick Freeze guided me on this path of study. I valued his energy and vision, as well as the critical thinking and knowledge he brought to my work. I thank Dr. John Whiteley for his insight and support. Not only did his assistance make this a better thesis, but he also taught me that constructive feedback is essential to the learning process. Dr. Michael Giangreco, my external advisor, provided expert guidance in a thoughtful, detailed manner. His wisdom was greatly appreciated.

I thank the team members who shared their time and experiences with me. I have learned a great deal from them and although the use of qualitative methods for this study made visible some of the differences between their beliefs, all of them were individuals who cared deeply for children. As well, I would like to thank Julianna Enns for her administrative support and kind words.

I would like to thank the most precious people in my life. My family has supported me tirelessly and completely throughout my nine year journey. Mom and Dad Koskie provided endless hours of loving care for my two boys. Mom and papa who not only provided this loving care in Canada, but also across the ocean. Their unconditional love and support, as well as instilling in me a work ethic and a love for learning has been invaluable. My children, Darian and Noah who continue to teach me so many things. My life is more complete because of them. My husband and best friend, Scott, who believed in me and was always there for me. Words cannot express my gratitude.

Finally, I believe my journey has been blessed and I thank God for this blessing. Fourteen moves, four countries, two young children and baby number 3 on the way I have realized that "Through Him all things are possible."

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Abstract

The Individual Education Plan (IEP) is a tool that can guide team members in attaining worthwhile objectives for a student with special needs (Andrews, 1996). Often, however, there is little congruence between written IEPs and what is implemented on a daily basis for students (Lynch & Beare, 1990; Ysseldyke, Algozzine, Richey & Graden, 1982). One explanation for this difficulty is that team members' beliefs govern their choices about programming options and actions (Gibson & Dembo, 1984; Smith & Shepard, 1988). Therefore, the purpose of my research was to learn about some team member's assumptions and practices in relation to two contrasting paradigms when developing and implementing an IEP. Data for this study were collected through a series of participant observations, individual in-depth interviews, and document analysis of three educational teams consisting of 18 team members. Qualitative analysis of the data suggested that there are two contrasting beliefs. These perspectives are based on the assumptions of who is responsible for educating children with special needs and whether the principle difficulty of the student is pathological or systemic. These set of assumptions guide the practices used in the IEP process as well as how the IEP document is utilized. However, some educators fluctuated between both perspectives when they encountered a crisis about their responsibility or the child's belonging. These results provide a framework for thinking about how educators understand their role, the student, and the IEP process. This framework in turn can guide us on how to approach change and improve the IEP process.

CHAPTER 1

Introduction

Today's trend is greater inclusion of students with special needs into the regular classroom (Reynolds, Wang & Walberg, 1987; Villa, Thousand, Stainback & Stainback, 1992). It is argued that all students should be part of the educational mainstream with educators who are willing and able to accept diversity, assess their individual needs, accommodate those needs in programming and instruction, facilitate life-long learning, support home-school partnerships, and collaborate within a team of providers (Andrews, 1996). For some students with special needs, the Individual Education Plan (IEP) is a tool that can support team members in attaining these worthwhile objectives (Lynch & Beare, 1990). It is also a tool that is recognized as a legal document in the United States and is indirectly connected to funding in Canada. Despite these important purposes, many educational teams have difficulty with the programming process. Often there is little congruence between written IEPs and what is implemented on a daily basis for students (Lynch & Beare, 1990; Ysseldyke, Algozzine, Richey & Graden, 1982).

Individualized Education Plans

An IEP is a global term referring to a written document, developed and implemented by a team, outlining a plan to address the individual learning needs of a student. It is a summary of the specific outcomes and performance objectives that have the highest priority for the student's learning during the school year, with concrete plans as to how these goals can be reached. Its

purpose is to guide educators in helping the student attain the skills and knowledge that are the next logical step beyond his or her current level of performance (Manitoba Education and Training, 1998). In general, IEPs should indicate what is actually occurring with students in their education (Hunt, Goetz & Anderson, 1986; Odel & Galtelli, 1980), as well as include curriculum plans with instructional methods that reflect effective teaching practices (Lynch & Beare, 1990).

Advantages to an IEP

There are several advantages to a well-developed and implemented IEP. First, an IEP provides a framework that supports an interdisciplinary team approach. Second, it can eliminate misunderstanding and confusion among team members. Third, it is more likely to ensure good standard teaching practices for students with special needs (Crawford, 1978). Fourth, it can assist teams in helping students to achieve their educational goals and reach their potential as learners (Manitoba Education and Training, 1998). Fifth, the IEP serves as an academic management system, providing the framework for daily lesson plans and ongoing evaluation. This final advantage helps the educator to better organize and plan, leads to a better understanding of the student and his or her needs, and prevents a "trial-and error" approach to remediation (Odle & Galtelli, 1980).

Historical Development of the IEP

In the past two decades, special education research has experienced significant developments in North America (Gersten, Vaughn, Deshler & Schiller,

1997). These developments can be linked to legislation in the United States such as the Education for All Handicapped Children Act of 1975 (EHA) and the Individuals with Disabilities Education Act of 2004 (IDEA). These landmark laws have not only provided a framework for the provision of educational services to all children with disabilities in the United States; they have paved the way for altering the knowledge base about effective educational practices and services for children with special needs in Canada (Vaughn, Klingner & Hughes, 2000).

Influence of American Legislation and Practice

The EHA made it mandatory for all children with disabilities in the United States to receive a free and appropriate education. The legislation outlined regulations and required actions on the part of all school staff and systems. It represented a move away from special class placements and a segregated educational system to a less restrictive educational environment and normalization for students with disabilities.

Embodied within this American legislation are various practices that have had a major impact on special education in Canada. These influential practices include zero reject, nondiscriminatory evaluation, individualized education, least restrictive environment, due process, and parental participation.

Zero reject. All children in the United States, regardless of their disability, must be provided with an appropriate and free education. This practice addresses the problems of functional barriers (e.g., lack of transportation), support services (e.g., speech therapy) and in-service education for staff.

Nondiscriminatory evaluation. This practice addresses the classification of students and the development of appropriate educational programs. Unbiased assessment is required to ensure that cultural and racial factors do not contribute to discrimination against students.

Individualized education. Since the passage of EHA, an IEP is a legal document that must be developed for every student who receives special education in the United States. It guides curriculum and instruction for students with special needs (Lynch & Beare, 1990). An IEP must include information concerning the student's level of educational performance, instructional goals, evaluation procedures, and specify the times, duration, and extent of special services and participation in regular education. As well, parents must be notified and encouraged to attend the IEP development meetings.

Least restrictive environment. This practice ensures that a continuum of placement possibilities (e.g., regular class, resource room, special classroom) must be considered before choosing the environment that meets the instructional and social needs of the student. Once an environment is chosen, it is stipulated in the IEP. The practice is supported by the belief that students with disabilities should have as much access as possible to meaningful interaction with peers who are nondisabled.

Due process. This practice ensures that school teams have appropriate, unbiased procedures in place for the identification, referral, assessment, and placement of students with special needs. If conflicts arise in any of the above

areas, then either the parent or educator can request a due-process hearing. It is a practice that is closely connected to the IEP process.

Parental participation. Parents are encouraged to participate in aspects of educational policy development including the determination of program priorities, budgets, and special education planning. This practice is supported by the IEP process, since it is the focus for most of the planning and evaluation of special education programs and activities.

In 1990, the EHA was amended and replaced by the Individuals with Disabilities Act (IDEA). The act reaffirmed EHA's requirement of a free, appropriate education and retained the requirement of a full continuum of placements. In addition, IDEA designated assistive technology as a related service in IEPs, required a transition plan by at least age 16 in the IEP, and strengthened the commitment to inclusion in community schools (Gearheart, Weishahn & Gearheart, 1996).

Current state of the IEP in Manitoba

The above practices that are encompassed in EHA and IDEA have influenced special education development in Manitoba. The provisions of these acts are considered the benchmarks for special education reform in Canada and have been incorporated into some provincial legislation (Andrews & Lupart, 1993). For instance, Quebec, Ontario, and Saskatchewan have provincial education laws to ensure that the education provided will be appropriate to the needs and abilities of a child with special needs (Poirer, Goguen & Leslie, 1988). Ontario and Saskatchewan also have included the involvement of parents in due

process and placement decisions in their Education Acts (Andrews & Lupart, 1993). On the other hand, some Canadian provinces and territories have given local schools greater autonomy and flexibility in developing their own policies and procedures in special education. Manitoba has taken this later path (Andrews & Lupart, 2000).

Other than Bill 13, which is an amendment to the Public Schools Act that mentions appropriate educational programming, the legislative, legal, and policy provisions for students with special needs are minimal in Manitoba (Lutfiyya & Van Wallegghem, 2002). Instead, many school divisions have been allowed to develop their own policies. In their review, Lutfiyya and Van Wallenghem (2002) determined that there is no legislative or regulatory provisions in the following areas: (a) clear statement of educational entitlements, (b) an individualized educational program, (c) non-discriminatory assessment, (d) a description of appropriate placements, (e) parental involvement in program planning and decision-making, and (f) right to appeal substantive or process issues. All these areas are pertinent to the IEP process and an absence of a legislative foundation leads to some disadvantages. For example, there is little guidance and no minimum standards for what constitutes an acceptable IEP. Consequently, unacceptable practices may be allowed to occur when planning and implementing an individualized education program. On the other hand, a lack of legislation has the advantage that new approaches can arise and it may allow educators to focus on meeting the needs of the students rather than satisfying legislative mandates and regulatory standards.

Because the fact that Manitoba has minimal legislation in regards to the processes surrounding the IEP, factors such as the student's needs, where the student lives and attends school, and who makes up the team have an impact on the appropriateness of his or her IEP (Lutfiyya & Van Wallegghem, 2002). One can conclude that the success of a student's IEP may be dependent on variables that are related to the team and their ability to function in a given context. This leads to some unique problems during the IEP process.

Problems

Despite the significance of the IEP and the knowledge that most teams have about best practices, concern has been expressed about the development and use of IEPs (Lynch & Beare, 1990; Siegel & Ladyman, 2000; Ysseldyke, Algozzine, Richey & Graden, 1982). For example, Lynch & Beare (1990) found that there is little congruence between the data presented at team meetings and what is implemented on a daily basis for the student. According to the literature, these difficulties with the IEP may be due to uncertainty about the process, the purpose of the IEP, inconsistent use of best practices, poor collaboration, poor parent participation, team members' attitudes, paper work, lack of accountability, and inaccurate IEP goals.

Uncertainty of IEP process. Gerber (1981), Gilliam and Coleman (1981), and Siegel and Ladyman (2000) report that there is an uncertainty regarding the processes by which IEPs are developed and implemented and this may impede their implementation. During the IEP development process, educational teams may encounter the following difficulties: (a) a lack of understanding among team

members about the essential components of the IEP (Anderson, Barnes & Larson, 1978), (b) a lack of skills in formulating goals, objectives, and evaluative criteria (Gallistel, 1978), and (c) an inability to write the IEP in a format that can assist team members responsible for IEP implementation (Hayes & Higgins, 1978; Safer, Morrissey, Kaufman & Lewis, 1977). These difficulties lead to a lack of consistency in preparation and create an IEP that may be inadequate, improper, and incomplete (Odle & Galtelli, 1980; Siegel & Ladyman, 2000). For example, the student's IEP may be so general that it is of little or no value as an educational tool. Generalized, nonspecific objectives that do not clearly enumerate the services to be provided and delineate team members' responsibilities are unsatisfactory. On the other hand, some IEPs may include overly detailed instructional strategies and even daily lesson plans. This practice may produce an overly lengthy document and reduce the classroom teacher's flexibility. In neither instance is the IEP appropriate.

There is also an uncertainty about the IEP implementation process. For example, Odle and Galtelli (1980) found that there is a failure to implement IEPs. "In some instances the teacher has expected the student to be delivered complete with a program that requires no planning on the part of the teacher" (p. 255). Some researchers believe that the uncertainty about the IEP process is the result of educators not being trained in planning and implementing an individualized program for students with special needs (Maher, 1980; Odle & Galtelli, 1978).

Purpose of the IEP. Another factor that impedes IEP implementation is educators' perceptions about its purpose. Some educators may perceive the IEP as an administrative chore rather than a source of information for instruction and evaluation. This may lead to the IEP being written, signed, shelved, and disregarded (Banbury, 1987; Odle & Galtelli, 1980).

Inconsistent use of best practices. Recent advances in research on educating students with special needs has improved the knowledge base about best practices (Vaughn, Klingner & Huges, 2000) in the IEP process. However, there remains a significant gap between the knowledge educators have about these best practices and the extent to which they have been implemented (Fuchs & Fuchs, 1998; Mastropieri & Scruggs, 1998; Vaughn et al., 2000).

Implementing best practices may be influenced by: (a) the teacher's skill, (b) educator's attitudes and beliefs, (c) staff development activities, (d) the degree of implementation difficulty, (e) time constraints, (f) paperwork, (g) curriculum, (h) family involvement, (i) funds, and (j) administrative support (Ayres, Meyer, Erevelles & Park-Lee, 1994; Malouf & Schiller, 1995; Wang & Zollers, 1990; Williams, Fox, Thousand & Fox, 1990).

Educators also may have difficulty translating research validated innovations into practice. Researcher designed practices may not adequately reflect the realities of classroom teaching and the situations that educators face (Gersten, Vaugh, Deshler, & Schiller, 1997; Malouf & Schiller, 1995). Meyer (1991) argues that there is an erroneous assumption that isolated components

validated by researchers, under research conditions, can be immediately put in to practice by educators in typical schools and classrooms.

Poor collaboration. For students whose unique characteristics require knowledge and skills beyond those typically possessed by classroom teachers, a school team can be crucial in developing and implementing an appropriate IEP (Cramer, 1998; Giangreco, 1996). This may involve the collaboration of professionals (e.g., teacher, resource teacher, psychologist, occupational therapist, speech-language pathologist, physiotherapist, social worker, counselor, etc.), teaching assistants, families, and students in planning and implementing a student's IEP (Giangreco, 1996; Manitoba Education and Training, 1998). Yet, the literature also presents a long-standing concern that educational teams often function in disjointed and fragmented ways and the ideal of a collaborative group meeting regularly in the IEP process does not always occur in practice (Giangreco, 1994; Giangreco, Edelman & Dennis, 1991; Peterson, 1980). This may be because one or more of the following prerequisites for successful collaboration are missing: (a) parity among team members, (b) voluntary participation, (c) a shared vision, (d) effective communications, (e) consensus decision making, (f) mutual goals, (g) shared resources, (h) conjoined responsibilities, (i) collective accountability for outcomes, and (j) a shared framework (Friend & Cook, 1992; Giangreco, 1996). This difficulty with collaboration affects the IEP process and eventually the appropriateness of the student's education (Giangreco, 1996; Helge, 1981).

Poor parent participation. In some cases, parents tend to play a passive role in the IEP process (Collet-Kliingenberg, 1998; Gillian & Coleman, 1981; Helge, 1981; Scanlon, Arick & Phelps, 1981) and may not have "meaningful" or "valued" roles on the team (Johnson, Stodden, Emanuel, Luecking & Mack, 2002). Reportedly, many parents of children with special needs have been inclined to agree to any kind of program provided for their children whether it is appropriate or not (Helge, 1981). Parents also have reported feeling excluded from the IEP planning process (Siegel & Ladyman, 2000). This may be due to one or more of the following factors: (a) school personnel are portrayed or perceived as experts who know what is best for the student, (b) parents are unaware of options, and, (c) parents may not inquire about alternative possibilities. In general, it is important that parents be a part of the process of planning and implementing programs for students with special needs (Pudlas, 2001). The education of students with special needs is compromised when input from the family is not adequately synthesized with input from educational staff. Programming decisions based solely on the perspective of educators lead to an increased probability of contradictory recommendations, conflict among team members, role ambiguity, and programmatic fragmentation (Giangreco, 1996).

Team members' attitudes and beliefs. Team members' attitudes and beliefs may present significant obstacles to the appropriate development and implementation of an IEP (Odle & Galtelli, 1980). Educators' beliefs contain assumptions about the locus of responsibility for learning and whether problems exist within the child or within the educational environment (Wilson & Silverman,

1991). The nature of their belief systems will govern their choices about programming options and actions (Gibson & Dembo, 1984; Smith & Shepard, 1988). One traditional view, referred to as the human pathology theoretical perspective, assumes that problems reside within the students and may result in educators using a medical model to manage difficulties (Skrtic, 1995; Wilson & Silverman, 1991). The other contrasting view is that the problems lie within the system. This is referred to as the systemic 'pathology' theoretical perspective. From this perspective, the difficulties of students with disabilities are not within the student, but rather due to the organization of the general education environment. Each set of beliefs results in different programming practices and may affect the success of a student's program. Table 1 summarizes these two contrasting perspectives and the practices associated with each belief system in the areas of roles, assessment, and implementation.

Table 1

Major Differences in the Assumptions and Practices about the Human Pathology Perspective and Systemic Pathology Perspective

	Human Pathology Perspective	Systemic Pathology Perspective
Roles	Educator is responsible for the remediation of the student's deficits	Educator is responsible for some of the difficulties the student encounters.
	Educator is conceptualized as a technician who organizes the knowledge	Educator is responsible for organizing and arranging experiences within the student's grasp
	Student is a passive learner	Learner regulates the learning
	Team members have isolated roles	Team members assume each other's roles and responsibilities
Assessment	Deficit exists within the student	Difficulties stem from factors within the educational system
	Categorical labels are used	Non-categorical approach to understanding students
	Standardized testing	Ecological assessment
Delivery Model	Categorical label influences programming	The student's environment and his or her strengths influence programming
	Utilization of a standardized or developmentally sequenced curriculum	Ecological curriculum
	Direct intervention	Adaptive instruction, integrated therapy and skill cluster instruction
	Segregation may be used	Inclusion
	Multidisciplinary team approach	Transdisciplinary team approach
	Goals in IEP are discipline specific	Goals in the IEP are reached by team consensus
	Expert consultation	Collaboration

Paperwork. Odle & Galtelli (1980) report that one factor in the IEP process which causes resentment on the part of educators is the great amount of "paper work" necessary to comply with bureaucratic guidelines. A large amount of information must be processed to write an IEP and educators may begin to take short cuts to meet deadlines and demands (Bennett, Dworet & Daigle, 2001).

Workshops on IEPs have sometimes been workshops on filling out IEP forms, with little or no information being given on ways to determine specific needs, write behavioral objectives, choose appropriate methods and materials, and carry out ongoing assessment procedures. In some educational systems, emphasis may be on the completeness of forms rather than on effective delivery of IEPs (Odel & Galtelli, 1980). The dilemma then becomes, do educators generate IEPs to access funding or to help children (Bennet et al., 2001).

Lack of accountability. Another factor that may impede IEP programming is that accountability for program implementation is not always required. For example, educators in Manitoba are not required to demonstrate that student outcomes have been attained. They must only indicate the outcomes they will try to obtain in order to receive special education funding (Lutfiyya & Van Wallegghem, 2002).

Inaccurate IEP goals. Research has shown that IEPs may be inaccurate when describing present levels of functioning and goals in academic (Schenck, 1980; Smith, 1990) and social areas (Fielder & Knight, 1986; Reiher, 1992). This difficulty with accuracy may influence how the IEP is implemented, since the less

explicit the program plan, the greater the likelihood it will be implemented in different ways (Gredler, 1996).

The results from these studies support my own informal observations as a school clinician, as well as the results from my initial study (Koskie, 2001). I have observed that school teams often have difficulty with the programming process. For instance, there appears to be little relationship between the written IEP and the actual implementation of the program it describes. I have noticed that once the IEP is developed, there is a tendency for school teams to see their job as finished and the IEP is filed away. I also have observed, on numerous occasions, the educational assistant being given full responsibility for the student's program. This often is combined with infrequent collaboration among team members and decision-making that does not always involve all the individuals affected by the outcome.

In my pilot case study (Koskie, 2001), I examined the perspectives of three team members (i.e., educational assistant, classroom teacher, and resource teacher) from a rural school in Manitoba. I investigated their views on their responsibilities in the IEP process and their commitment to it, as well as factors that impeded or facilitated IEP implementation. Qualitative research methods were utilized to collect and analyze my data (i.e., semi-structured interviews, constant comparative method). The results indicated that, although the team was characterized by positive group dynamics (i.e., strong group cohesiveness), problems such as poor collaboration, ambiguous roles, low expectations, lack of shared responsibility, and the IEP's role as a funding

document rather than a working one, impeded the team's ability to appropriately implement the student's individualized program. Not only does this difficulty jeopardize a student's learning potential, but it also may affect his or her quality of life.

Possible Solutions to the Problem

The above findings raise questions about the utility of the IEP and its appropriateness. In order to address these concerns, researchers have examined several areas. Some have focused on how to develop and incorporate an individualized plan into a student's day (Giangreco, Cloninger & Iverson, 1993; Guess & Helmstetter, 1986; Nietupski & Hamre-Nietupski, 1987). Other researchers have suggested that educational teams need more training programs and staff development in the IEP process (Ayres et al., 1994; Clark, 2000; Fullan, 1985; Maher, 1980; Odle & Galtelli, 1980; Wang & Zollers, 1990; Williams et al., 1990). Others have suggested that the IEP process needs to be fine-tuned through technical approaches such as: (a) increased standardization of work processes and outcomes, (b) standardization of learning activities, (c) further specification of professional roles and student classifications, (d) revision and extension of existing rules and regulations, and (e) closer supervision of personnel and students (Elmore & McLaughlin, 1982; Heshusius, 1996; House, 1979; Wise, 1979).

Skrtic (1995) might argue that none of the above approaches will solve the IEP implementation difficulties that educators encounter because they are what he terms, a form of "naïve pragmatism". Naïve pragmatism is an approach to

solving problems that questions practices without questioning the assumptions, theories, and the paradigm in which they are grounded as depicted in Figure 1. From Skrtic's perspective, the problems encountered during the IEP process continue to surface because the solutions to them are based on a critique of educators' current practices, but treat their grounding assumptions and theories as unproblematic (Skrtic, 1995).

A paradigm is a general guide to perception, a shared pattern of basic beliefs and assumptions about the nature of the world and how it works (Kuhn, 1970). Applied to special education, a paradigm is a system of beliefs about cause-effect relationships and standards of practice and behavior (Skrtic, 1995). Thus, each mode of theorizing produces a fundamentally different way to view the IEP planning and implementation process because each is premised on a different set of metatheoretical presuppositions about the nature of special education (Burrell & Morgan, 1979; Morgan, 1983). In general, an educator's theoretical perspective will influence the practices he or she chooses to use during the IEP process.

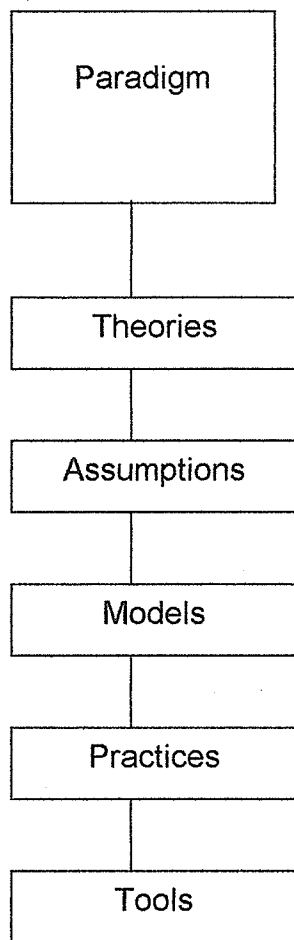


Figure 1. Hierarchy of presuppositions.

Note: Adapted from *Disability and Democracy: Reconstructing Special Education for Postmodernity* (p. 13), By T. M. Skrtic, 1995, New York: Teachers College Press. Copyright 1995 by Teachers College.

Ensuring that practices are consistent with the educators' theoretical perspective will increase the likelihood that they will be adopted. If an exemplary practice for developing an appropriate IEP is in conflict with the educator's theoretical perspective, then he or she is unlikely to view it as a best practice or implement it. The educator may only adopt the practice if he or she experiences a paradigm shift. This change in the educator's way of thinking and doing would result in a unification of theory and practice (Skrtic, 1995). Therefore, it is important to examine the beliefs and assumptions that guide team members' IEP practices in order to avoid naïve pragmatism and achieve successful solutions to the difficulties educators encounter when planning and implementing appropriate educational programs for students with special needs.

Overview of Study

Research Objectives

For decades, researchers have tried to improve the IEP practices of educators. And despite the significance of beliefs and assumptions in this area, research endeavors and studies aimed at understanding the beliefs of educators have been scarce (Clark & Peterson, 1986). I believe that educators will continue to encounter difficulties with the IEP process because researchers have not fully examined educators' basic beliefs and assumptions about special education and programming practices. One needs to delve deeper in order to clarify and understand underlying fundamental belief systems. Documenting and understanding these perspectives is an important step towards facilitating genuine change in educators' programming practices. Therefore, the purpose of

my research is to learn about some team member's assumptions and practices in relation to two contrasting paradigms when developing and implementing an IEP. This would include examining the following areas: (a) educators' perspectives on proper programming practices for students with special needs (i.e., team members' views on the 'right way' to develop and implement a student's IEP), (b) the beliefs and assumptions that team members have about special education and the programming process (i.e., the underlying beliefs and assumptions that support their practices and perspectives on programming for students with special needs), (c) patterns that may relate educators' beliefs to their programming practices (e.g., differences in the belief systems of different team members or the consistency of belief systems during different programming processes) and, (d) divisional staff's perspectives and underlying assumptions about special education. In Chapter 2, I begin this exploration of beliefs about programming practices by turning to three different literatures: factors that inhibit the adoption of new practices, deconstruction of two different set of beliefs about education, and implementing change. I show that the gap between educators' knowledge and their actual implementation of best practices may be the result of educators' traditional beliefs not merging with the assumptions that ground the best programming practices. All three areas of literature emphasize the importance of educators' beliefs and assumptions in programming practices and facilitating change in the IEP process. In Chapter 3, I outline the approach used to collect, organize, and analyze the data gathered through team meeting observations and team member interviews. In Chapter 4, I present the individual

beliefs and practices of 18 team members from three school teams. In Chapter 5, I discuss the findings of the study as they relate to two contrasting perspectives and the IEP process. Finally, in Chapter 6, I discuss the major implications of the study.

CHAPTER 2

Literature Review

The Gap between Knowledge and Implementation

In the past two decades, special education research has experienced significant developments (Gersten, Vaughn, Deshler & Schiller, 1997). These developments in special education have increased our knowledge and understanding about planning and implementing appropriate IEPs for students with special needs. For example, research has improved our understanding of assessment practices, service delivery models, instructional practices, inclusion, and practices for working effectively with support personnel and families (e.g., Bos & Anders, 1990; Giangreco, Edelman & Broer, 2001; Hall, McClannahan & Krantz, 1995; Scanlon, Arick & Phelps, 1981).

Despite these accomplishments, there appears to be a tremendous discrepancy between what typically occurs for most students with special needs and what researchers say should be occurring as exemplary practices (Meyer, 1991). This lack of "linkage" between research and practice has been of growing concern in the special education field (Fuchs & Fuchs, 1998; Mastropieri & Scruggs, 1998; Vaughn et al., 2000; Williams et al., 1990). So much so, that major research journals (e.g., *Educational Researcher* and *Exceptional Children*) have featured a series of articles on the issue of enhancing the impact of educational research. As well, the U.S. Office of Special Education Programs has provided funding to conduct research that contributes to understanding the

sustained implementation of research-based practices (i.e., The Sustainability of Promising Innovations and Beacons of Excellence funding initiative).

According to Vaughn et al. (2000), there are two reasons frequently cited to explain why research-based or 'best' practices are not being implemented or sustained. The first explanation suggests that researchers are to blame for the implementation difficulties. On the other hand, some individuals believe that educators are to blame for the lack of implementation.

Blame the Researcher

One explanation for the ineffective implementation of best practices is that researchers who develop these innovative practices do not consider the realities of the classroom and the constraints teachers have on their use (Gersten et al., 1997; Malouf & Schiller, 1995). Rather, it is assumed that researchers focus on what they are interested in rather than what educators need. This assumption implies that researchers design materials, which reflect the researchers' interests rather than the needs and learning associated with classroom practice (Richardson, 1990). It also has been argued that researchers are unresponsive to educators in that they do not engage them adequately in the development process and they have unrealistic and high demands about what educators "should" do (Vaughn, Klinger & Hughes, 2000). In addition, instructional practices developed to improve outcomes for specific students with disabilities, may not serve the class as a whole or may not be feasible to implement with a large group (Vaughn & Schumm, 1996).

Fuchs and Fuchs (1998) and Stone (1998) argue that researchers attempting to implement and sustain intervention practices should be open to input from educators, administrators, students, and their own successes and failures. Without this type of openness, sustained and effective practices may not be possible (Tharp & Gallimore, 1988). Conducting focus groups with educators to learn about what they perceive to be the critical issues related to effective intervention may be beneficial (Vaughn et al., 2000), since multiple perspectives can make for valuable contributions (Ball, 1995). However, even when educators are actively involved in the implementation process of new practices, changes in traditional practices are not inevitable (Harris, 1995; Schumm & Vaughn, 1995), although they are more likely (Vaughn, Hughes, Schumm, & Klinger, 1998)

Blame the Educator

The lack of implementation of best practices supported by research has sometimes been attributed to the idea that some educators are resistant to change and would rather choose practices that are familiar to them (McLaughlin, 1987). However, many researchers state that factors other than the familiarity issue may be influencing educators' use of practices. For example, time constraints, lack of administrative support, educators' perceptions about accountability, the perceived fit between new practices and ongoing activities, the limits of a practice's applicability, educators' skills, staff development activities, and the degree of implementation difficulty may be factors in whether best practices are used. Factors such as paperwork, curriculum, classroom

environment, family involvement, and funding also need to be considered (Ayres et al., 1994; Huberman, 1983; Stone 1998; Wang & Zollers, 1990; Williams et al., 1990).

These approaches to explaining why educators do not willingly adopt best practices validated by researchers can be grouped into one or both of two factors. One factor has to do with organizational constraints, the other has to do with personal professional practice (Richardson, 1990).

Organizational factors. According to a number of researchers, it is the structure of the organization that accounts, in large part, for the commitment and willingness of educators to change and use best practices (Richardson, 1990; Malouf & Schiller, 1995). Factors such as externally imposed curriculums and materials, norms of collegiality, relative isolation, lack of collaboration, heavy workloads, ambiguity about goals, lack of organizational support, and insufficient time and resources combine to limit the initiative and flexibility of educators in learning about and implementing practices supported by research (Ayres et al., 1994; Cohen, 1988; Fleming, 1988; Little, 1987; Rosenholtz, Bassler & Hoover-Dempsey, 1986; Wasley, 1991; Williams et al., 1990). If administrators and educators do make changes to their practices, these changes are shaped by the above organizational factors (Cuban, 1988). Thus, best practices may be misapplied. For example, educators may adopt a practice that is wrong for the situation, adopt too many practices, or adopt a practice that is insufficiently developed (Fleming, 1988; Fullan, 1992). This may create a situation that exacerbates rather than alleviates educators' problems (Fleming, 1988).

These organizational factors are viewed as major barriers in educators' willingness to change and use best practices. However, since the organization is external to the educator, focusing on these factors takes the blame off individual educators. This perspective implies that educators have little power to make autonomous decisions concerning the appropriateness of a given practice for their classrooms. Instead educators resort to external pressures to explain their acceptance or rejection of practices (Richardson, 1990).

Personal factors. In contrast, several scholars believe that understanding the beliefs, knowledge, values, perceptions, and assumptions of educators is essential to promoting the successful implementation of new educational practices (Ashton, 1990; Ashton & Webb, 1986; Brookhart & Freeman, 1992; Buchmann, 1984; Clark, 1988; Dinham & Stritter, 1986; Fenstermacher, 1979, 1986; Gersten & Woodward, 1992; Goodman, 1988; Munby, 1986; 1987; Nespor, 1987; Pajares, 1992; Richardson, 1990; Shavelson, 1988; Tabachnick, Popkewitz, & Zeichner, 1979; Weinstein, 1988, 1989; Wilson, 1990). This view is based on the assumption that beliefs are the best indicators of the decisions individuals make throughout their lifetime (Bandura, 1986; Dewey, 1933; Nisbett & Ross, 1980; Rokeach, 1968), an assumption that can be traced to our earliest philosophical contemplations (Pajares, 1992).

This view has been supported by research that has found that educators' beliefs about education influence practices and its improvement (Malouf & Schiller, 1995; Skrtic, 1995). For example, Wilson and Silverman (1991) found that educators' beliefs about the nature of disability and professional

responsibility correlated with teacher practices in serving students with special needs. As well, Jordan and Stanovich (2004) reported that teachers' beliefs about their role and responsibilities with students with disabilities influence their intentions and actions in the classroom. Similarly, Richardson (1990) found that teachers' beliefs about reading and reading instruction related to their practices in teaching reading. Tobin (1987) also concluded from a number of studies on the implementation of math programs that teachers' beliefs about how students learn and what they ought to learn had the greatest impact on what teachers did in the classroom and whether they changed.

Organizational and personal factors. Some researchers look to both the organization and the individual to explain the factors that affect the implementation of change (Richardson, 1990). For example, March and Simon (1958) and Hargreaves (1984) have suggested that individual behavior and the decision to change within an organization is influenced by cues from the organizational environment and individual behavior, attitudes, and knowledge acquired from experience in relation to the change. Other scholars try to link organizational factors with personal attributes theoretically through concepts such as the incentive system. This perspective requires an understanding of what motivates educators in combination with structural conditions that meet their needs. Most of the work in this area suggests that educators are motivated by student performance and engagement rather than salary incentives and other external rewards (Bryk, 1988; Mitchell, Ortiz & Mitchell, 1987; Stern & Keislar, 1977; as cited in Richardson, 1990). For example, McLaughlin and Yee (1988)

found that the quality of an educator's experience far outweighed the potential for promotion as an incentive.

The literature has moved from viewing educators as resistant to change to examining the structure of the organization and personal factors that affect whether or not they implement best practices. In spite of the support for the idea that individuals' beliefs are one of the important influences on the ways they conceptualize tasks and adopt practices, little attention has been accorded to educators' beliefs about their roles, their students, the programming they engage in, and the school organization within which they work (Nespor, 1987). In general, studies aimed at understanding the beliefs of educators have been scarce (Clark & Peterson, 1986). This may be related to the perception that beliefs and assumptions are relatively difficult to define and study (Pajares, 1992).

Definition of beliefs and assumptions. Skrtic (1995) describes the assumptions of the educational system and educators as operating on the basis of a hierarchy of basic beliefs. A set of beliefs can be referred to as a paradigm (Kuhn, 1970). This paradigm or basic beliefs system provides educators with a general picture of the world and helps individuals define and understand the world and themselves (Abelson, 1979; Lewis, 1990; Nisbett & Ross, 1980; Rokeach, 1968; Schutz, 1970). In turn, these beliefs yield a set of corresponding theories that are used to explain our world. Below the paradigm and theories in the hierarchy of beliefs are implicit guiding assumptions, which in turn yield a corresponding set of models that define an associated set of practices and tools.

Thus, educators' beliefs can be understood as operating on the basis of the hierarchy of presuppositions depicted in Figure 1. Each level of the hierarchy is defined and subsumed by the higher levels, and all levels are ultimately defined and subsumed by the paradigm or basic beliefs of an individual (Skrtic, 1995)

In a review of literature on educator beliefs and assumptions, Pajares (1992) presented the following general findings that support this hierarchy of presuppositions. Kitchener (1986) and Posner, Strike, Hewson, and Gertzog (1982) state that belief substructures, such as assumptions about education, must be understood in terms of their connections not only to each other, but also to other more central beliefs in the system. As well, beliefs are instrumental in defining tasks and selecting the cognitive tools used to interpret, plan, and make decisions regarding such tasks. Thus, they play a critical role in defining behavior, interpreting knowledge and organizing information (Abelson, 1979; Bandura, 1986; Lewis, 1990; Nespor, 1987; Nisbett & Ross, 1980; Posner et al., 1982; Rokeach, 1968). In general, not only do individuals' beliefs influence their perceptions, but they also strongly affect their behavior (Abelson, 1979; Bandura, 1986; Buchmann & Schwille, 1983; Lewis, 1990; Nespor, 1987; Nisbett & Ross, 1980; Rokeach, 1968)

Price (1969) states the following additional characteristics about beliefs. Beliefs can be unconscious or repressed in that one can believe an assumption without realizing it. Beliefs have degrees, ranging from a vague suspicion to a complete conviction. In addition, Price says they are distinct from knowledge, in that knowledge is based on facts and truths. Beliefs can be reasonable or

unreasonable, depending on what evidence is available to the person believing and the weight of the evidence for and against the assumptions. Evidence can be based on direct experience, testimony, and inference. We need beliefs for the guidance of our actions, decisions, and practical reasoning.

The literature on implementation and change provide two different views on why innovations are not implemented. The first explanation suggests that researchers are to blame for the implementation difficulties. On the other hand, some people believe that educators are to blame for the lack of implementation because of organizational and personal factors. In general, it appears that the beliefs and assumption of educators play an essential role in practices and change. Thus, the beliefs, assumptions and practices of educators and the assumptions that ground best practices validated by researchers need to be examined more closely.

Uniting Theory and Practices

Educators' beliefs are complex and vary from one situation to another. However, educators hold a fundamental set of beliefs about education. This set of beliefs contains assumptions about the locus of responsibility for learning and whether problems exist within the student or within the learning environment (Wilson & Silverman, 1991). Such assumptions may govern an educator's choice of practices (Gibson & Dembo, 1984; Skrtic, 1995; Smith & Shepard, 1988). One perspective is based on the traditional assumption that problems reside within the student and it gives rise to educators using a medical model to manage the difficulties. This belief has been variously termed medical, deficit or

pathology-based, clinical (Kalyanpur & Haryy, 1999), or "pathognomonic" beliefs (Jordan & Stanovich, 2004). I will refer to this theoretical framework as the human pathology theory. On the other hand, there is a set of assumptions that view a student's difficulties as resulting from the interaction of the student with his or her environment. This view supports practices that modify the environment since learning difficulties are understood to be amendable to differentiated instruction for which the teacher is responsible (Jordan & Stanovich, 2004). This belief has been labeled the "social" perspective (Oliver, 1990; Rioux, 1997; Slee, 1996), "socio-cultural perspective (Kalyanpur & Harry, 1999) or "interventionist" beliefs (Jordan & Stanovich, 2004). I will refer to this perspective as the systemic 'pathology' theory.

I will describe and discuss these two perspectives using a method of social analysis referred to as an immanent critique. This immanent critique is a means of exposing the contradictions between our values and practices (Skrtic, 1995). I intend to deconstruct these two theoretical constructs in terms of the assumptions, models, and practices they support in IEP planning and implementation for students receiving special education services.

Deconstructing these theories permits me to reveal that the traditional practices of educators do not merge with the basic beliefs that ground the best practices recommended by researchers. This will have implications for researchers and educators when introducing the use of best practices.

Human Pathology Theory

Traditionally, special educators have relied explicitly or implicitly on the functionalist worldview to ground their knowledge, practices, and discourse (Skrtic, 1995). Functionalism assumes that social reality is objective, inherently orderly and rational, and thus that human and social problems are pathological (Ritzier, 1990). According to Skrtic (1995), special education's grounding in functionalism means that the guiding assumptions behind its professional models, practices, and tools are based on the theory of human pathology. Figure 2 shows the framework of this theory. This theory purports that special education practices are based on two assumptions.

Assumptions

The first assumption is that student disability is a pathological condition. Educators with this assumption believe that the root cause of a disability is internal to the student and little consideration is given to causal factors that lie in social and political processes external to the individual. This assumption directs attention away from the social, economic, political, and systemic aspects of disability (Csapo, 1989).

The second assumption is that the classroom teacher is not responsible for teaching children with special needs. Rather, specialists with training are assumed to take responsibility for this role (Jordan & Stanovich, 2004).

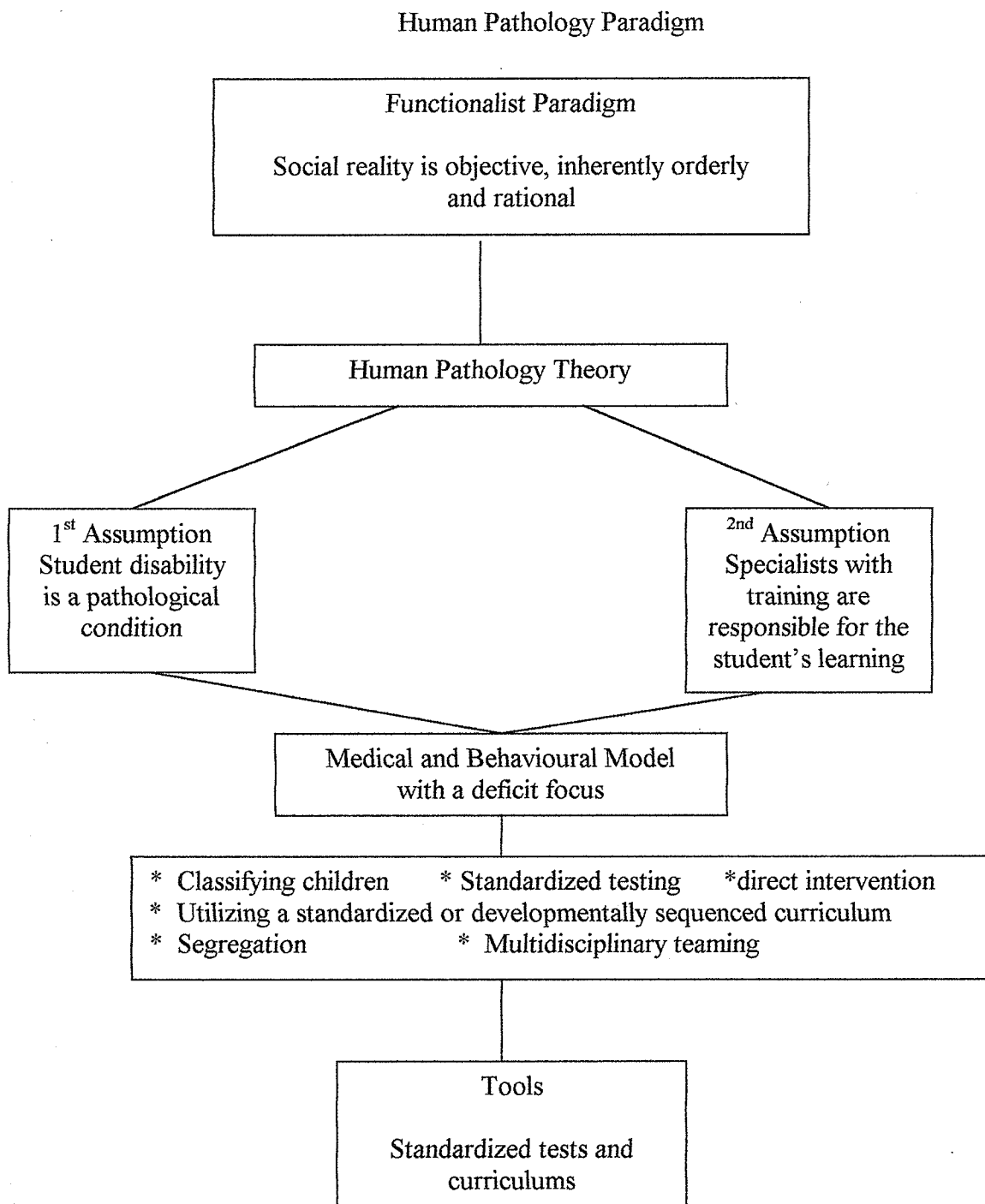


Figure 2. Hierarchy of presuppositions for the human pathology perspective.

Medical and Behavioural Model

An educator whose beliefs are based on the human pathology perspective will use an approach to program planning and implementation that is premised on the medical and behavioral models. These two models are derived from the fields of medicine and psychology. Skrtic (1995) states that the medical model is bipolar and evaluative. It defines typical behavior according to the presence or absence of observable biological processes. Those that interfere with life are "bad" (i.e., pathology) and those that enhance it are "good" (i.e., health). It provides medical knowledge of the disability and diagnostic-prescriptive practices are used as the basis for designing remedial intervention programs (Campbell, 1987). The behavioral model defines typical behavior in terms of a positive human reaction to the environmental contingencies. Both models are used to define disability (Sleeter, 1995). The medical model is used to assess biological symptoms and the behavioral model focuses on the remediation of specific behaviors whose presence or absence denote the disability (Poplin et al., 1996).

These models continue to support the belief that a disability is a problem inherent in the child. Disability is viewed as an impairment of individual ability, explained in terms of physical causes such as disease, trauma, malnutrition or genetics (Freeze, 1996). Consequently, practices focus on attempting to change the individual to fit the demands of the educational system by reducing the impact of the impairment (i.e., therapy, medication) and compensating for the effects of the impairment (i.e., adaptive technology) (Sleeter, 1995; Freeze, 1996). Thus, educational practices based on the human pathology theory would

be diagnostic and prescriptive in nature and mimic a medical model of intervention in education.

Practices

An educator with a human pathology perspective likely would use IEP planning and implementation practices grounded in this theory. This may include practices such as classifying children, standardized testing, using a standardized or developmentally sequenced curriculum, direct intervention, segregation, and a multidisciplinary teaming approach. First I will describe each of these practices followed by a discussion of their implications for educators.

Classifying children. One practice of the human pathology perspective is that children are given labels in an attempt to describe their impairments (i.e., learning disabled, emotionally disturbed, blind, Cerebral Palsy, Down's Syndrome). Some educators use this categorical approach to guide IEP planning and implementation. They assume that knowing the name of a child's condition focuses diagnostic assessment, as well as indicating prescriptive treatment programs and general strategies. This creates a program that is not individualized for the student. Rather, it is standardized for the pathology.

Standardized testing. This theoretical perspective also influences how educators evaluate a student in order to plan for his or her IEP. Assessment practices reflect the medical model conception of disabilities and seek to discover deficits within the student (Reschly, 1996) and confirm his or her categorical designation (Wilson & Silverman, 1991). Tools such as systematic protocols, standardized tests, and various forms of quantitative data analysis are utilized

(Skrtic, 1995) to make a diagnosis and guide instruction. Whatever has been determined to be wrong, whether it is memory functions, academic skills, or cognitive strategies, becomes the target for instruction (Poplin et al, 1996).

Utilizing a standardized or developmentally sequenced curriculum. An educator with a human pathology perspective may view IEP planning as a matter of fitting the student with special needs into the existing, standard curriculum of the school or, in the case of a student with a complex disability, using a developmentally sequenced curriculum. They view the program's curriculum content as a matter of codifying knowledge in the form of a rationalized or task-analyzed hierarchy of lower and higher order facts and skills that are divided into sections (Cherryholmes, 1988). For example, a developmentally sequenced curriculum's content would be based on developmental sequences in fine and gross motor, receptive and expressive language, social, sensorimotor, cognitive, and self-help curricular areas. Once the educator has determined the student's developmental level, he or she selects skills for instruction that would represent the next logical developmental milestone in each of the areas (Nietupski & Hamre-Nietupski, 1987). This planning orientation in turn, influences the systematic education and training of skills within identified content domains. For example, self-help training is often conducted separate from communication training, which is conducted separate from leisure skills training, and so forth (Guess & Helmstetter, 1986).

Direct intervention. Implementation practices based on this theory involve the direct treatment of what are seen as learning problems. This is referred to as

direct intervention and involves specific objectives, task analysis, behavioral principles, and communication analyses (Bogdan & Knoll, 1988; Heshusius, 1995; Skrtic, 1986, Tarver, 1996). Instructional goals are selected from the curricula and task analyzed into subskills, which are taught using a systematic application of behavioral procedures for skill acquisition (Skrtic, 1995). This break down of skills is done outside the student and then delivered to the student in a logically ordered sequence (Poplin et al., 1996). Direct instruction is also deficit-driven. The majority of students' time in school tends to be focused on tasks that are difficult for them to do. Very little time may be devoted to locating or supporting activities in which the student has talent (Poplin et al., 1996).

Segregation. Educators with the human pathology perspective may utilize the practice of segregation when planning and implementing a student's program. According to this perspective, dispensing services in segregated settings is necessary in order to accommodate students whose needs do not fit into the existing program or educational environment (Stainback, Stainback & Ayres, 1996). This is accomplished by formally identifying students with needs, assigning them to one of several categorical special needs program, and removing them from the system for all or part of the school day. In other words, the student is taken to the service or support, rather than the service or support being taken to the student.

Multidisciplinary teaming approach. The human pathology theoretical perspective also impacts the team structure during the IEP process. It involves a multidisciplinary team approach to planning and implementing a student's IEP.

This practice consists of team members from different disciplines working independently with students and being responsible for their own portion of the student's IEP (Woodruff & Hanson, 1987). This involves separate assessments by clinicians in each discipline. IEP goals and implementation procedures are then planned in isolation and are based on individual personal and clinical judgments (Campbell, 1987; Janney, Snell, Beers & Raynes, 1995). The IEP team members operate in a somewhat isolated, clinical model with few links to other educators (Giangreco, 1996; Biklen, 1988). This team approach also entails expert consultation. Many educational professionals have been trained to think of themselves as 'experts' and thus they believe their role is to share expert knowledge with other team members (Sapon-Shevin, 1988). In effect, each professional has expert knowledge in his or her discipline and provides insight to other team members on matters they are unable to understand or resolve by themselves (Friend & Cook, 1992). This team approach, combined with the above practices, has several implications for educators.

Implications of Human Pathology Perspective for Educators

The human pathology theoretical perspective has a great impact on educators. Not only does it guide their programming practices, but it also shapes their roles, responsibilities, perspectives on students, collaboration efforts, allocation of time, implementation of change, and their choice of best practices.

Roles and responsibilities. The human pathology perspective on curriculum content and programming affects the role and responsibilities of the educator. The educator's role is conceptualized as that of a technician who

organizes knowledge for efficient presentation and arranges the environmental contingencies to reinforce desirable and extinguish undesirable responses (Skrtic, 1995). It is the educator's primary responsibility to use this approach to remediate the student's functional deficits to the maximum extent possible. That is, educators attempt to fix or improve the students who are being unsuccessful by providing them with the skills to be able to succeed in a mainstreamed educational environment that may not be adapted to meet their particular needs, interests, or capabilities (Stainback et al., 1996).

Educators' perspectives on students. The human pathology perspective on programming also influences how educators perceive the learner. Since it is the educator's role to deliver instruction and the student's job to receive it, instructors may view the learner as a passive receiver of factual material and skill training (Heshusius, 1986). Thus, learning is viewed as an accumulation of pieces of knowledge and skills that are placed in the learners' head through practice and appropriate rewards (Resnick & Klopfer, 1989). This perspective and its practices may cause teachers to have lowered expectations of their students and condescending attitudes towards them (Ysseldyke & Algozzine, 1982).

Another implication of the human pathology perspective is that educators may assume that a child's failure in school is attributable to some lack or flaw inherent within the child, rather than some insufficiency or deficit on the part of the school. This assumption has been criticized by Hobbs (1982), Ysseldyke and Thurlow (1984), and Gartner and Lipsky (1987). It could lead educators to

believe that there is nothing wrong with the school, only with the child. Thus, it is the child rather than the educator's attitudes and practices that are targeted for change (Csapo, 1989; Freeze, 1996). And if the student cannot be "fixed" then he or she may be relegated to special, separate learning settings.

Collaboration efforts. The human pathology perspective on programming also influences how educators work together in planning and implementing a student's IEP. They are more likely to use a multidisciplinary team approach. This teaming approach creates isolated roles and reduces collaboration (Koskie & Freeze, 2000). There are numerous difficulties with this practice. First, there may be a lack of collaboration, parity, and trust causing team members to compete for authority, resources, or territory. Second, the goals in an IEP may be discipline specific rather than a shared set of educational goals. Goals that make sense in isolation may not work in the context of the student's entire program. Third, the program recommendations from each discipline may be numerous, complicated, and obscured by professional jargon. These problems lead to lengthy meetings, poor understanding by team members, and too many details to organize into a coherent manageable plan. Fourth, contradictory views of the child's abilities, deficits, and needs may exist. For example, some team members may favor in-class curriculum modifications while others believe a pull out model of intervention is more suitable for a student. Fifth, responsibilities may not be clearly assigned, timelines may be vague, and follow-up may not be planned adequately. Sixth, ambiguous role definitions and accountability may prevent effective problem solving among team members (Yolanda, Fenton,

Maxwell, & Kaufmann, 1979; Hart, 1977; Giangreco, 1996; Kaiser & Woodman, 1985; Peterson, 1980; Pfeiffer, 1981; Koskie & Freeze, 2000). These problems make the implementation of individualized programs and strategies difficult to achieve. The real daily needs and priorities of students with special needs may not be acknowledged fully and the ability for them to reach their full potential as learners may be jeopardized (Koskie & Freeze, 2000).

Allocation of time. The human pathology perspective influences how educators spend their time planning a program. As mentioned previously, they are more likely to spend their time classifying children as well as utilizing standardized tests and curricula. Each of these practices is problematic. First, educators may spend their time searching for a label rather than contributing to the development of an individualized program of instruction. Labeling a student and viewing him or her as a member of a categorical group, may replace an educator's consideration of the whole child with his or her unique needs, interests, and capabilities. As well, using this practice to plan a child's program neglects to examine other possibilities for why a child might be having difficulty (i.e., poor instruction, linguistic differences, lack of motivation, family difficulties, etc.) (Freeze, 1996). This focus on labeling may lead to frustration among educators because the label does not assist with programming nor address variables that the educator can control (Howell & Morehead, 1987).

Second, educators with this perspective are more likely to use standardized tests to guide IEP planning. The practice of using standardized tests for making educational decisions has met a wide range of criticisms. Many

standardized tests fail to meet minimal standards of psychometric technical adequacy, making interpretation of results difficult (Buros, 1961; Salvia & Ysseldyke, 1985). Even when psychometric criteria are met, administration of tests to persons outside the population (i.e., students with severe disabilities) on which their reliability and validity were determined can be inappropriate (Duncan, Sbardellati, Maheady, & Sainato, 1981). Thus, students with severe disabilities are particularly susceptible to discriminatory assessment practices that involve standardized tools. In general, the practice of using technically inadequate standardized, norm-referenced tests is inappropriate for making educational decisions affecting students with severe disabilities and limits the degree to which other possible contributions to understanding the problem can be taken into consideration (Campbell, 1987; Sigafos, Cole & McQuarter, 1987).

Third, educators may rely on standardized or developmentally-sequenced curricula for programming. This practice is also problematic. Standardized curricula are not individualized to meet the various unique needs of individual students and they are less likely to focus on teaching functional skills within a natural context (Nietupski & Hamre-Nietupski, 1987; Stainback et al., 1996). Many research findings have provided evidence of the ineffectiveness of this approach in terms of skill acquisition and generalization for students with special needs (Freagon & Rotatori, 1982; Horner & Budd, 1985; Horner & McDonald, 1982; Oliver & Halle, 1982; Sprague & Horner, 1984).

Implementation of change. This set of beliefs also influences how educators approach change. Progress in special education is conceptualized in

terms of utilizing technical means to improve and extend diagnostic and instructional models, practices, and tools (Skrtic, 1995). Approaches such as increased standardization of work, learning activities, and outcomes are used. For example, administration may recommend that all IEP documents follow a specific, standardized framework. This approach to change puts more pressure on educators to satisfy the standards rather than serve the students.

Choice of best practices. Finally, an educator's philosophy on special education not only provides a structure for how student programming and progress is approached, but also influences what he or she considers 'best practices'. Thus, the human pathology perspective influences an educator's adoption and implementation of 'best practices'. An educator with this perspective is likely to use programming practices such as categorization, standardized assessment, standardized or developmentally sequenced curriculum, direct instruction, segregation, and a multidisciplinary teaming approach. Of these practices, only direct instruction is considered a best practice because research has revealed that it is an effective approach for teaching academic and basic skills, as well as strategies that are individualized (Chall, Jacobs & Baldwin, 1990; Elliot & Shapiro, 1990; Gersten, Woodward & Darch 1986; Kinder & Carnine, 1991; Nietupski & Hamre-Nietupskie (1987); Tarver, 1996). The other practices have been criticized by researchers for their focus on the pathology within the child (Gartner & Lipsky, 1987; Hobbs, 1982; Ysseldyke & Thurlow, 1984).

The practice of planning and implementing a student's IEP can be based on the medical model and a set of guiding assumptions derived from the human pathology theory. Skrtic (1996) notes that special education practices have been grounded almost exclusively in this functionalist paradigm. However, many of the practices based on this perspective appear to be inadequate for developing and implementing successful educational programs for students with special needs. They are focused on 'deficient' skills and teaching these skills in isolation. These practices have limited success because individuals with special needs tend to generalize information poorly and forget skills not reinforced by the environment (Brown, Nisbet, Ford, Sweet, Shiraga, York, & Loomis, 1983; Peterson, 1980 as cited in Rainforth & York, 1987). On the other hand, the planning and implementation process can also be based on an ecological model that is guided by assumptions derived from the systemic pathology theory. Practices grounded in this model are supported by research and appear to have greater potential for preparing students to live and work more independently in their environments.

Systemic 'Pathology' Perspective

Another worldview approach that may impact an educator's perspective is the radical structuralist paradigm. This paradigm takes a macroscopic, objective, and realistic view of the social world. Radical structuralists share an objective view of social science with the functionalists, but their frame of reference is the sociology of radical change. They use this perspective to critique the material structures of society (i.e., language, technology, bureaucracy) and to advocate

change. In general, they view the social world as dominated by conflict (Skrtic, 1995).

Some theorists hypothesize that in special education there can be a "system conflict" which involves parts of the system in continued conflict with each other. The system may be characterized by interprofessional conflicts, resource conflicts, parent-professional conflicts, legal conflicts, or any other conflict within the educational system (Tomlinson, 1995). I refer to this hypothesis as the systemic pathology perspective. Figure 3 shows the framework of this perspective. It is based on the perspective that one may need to change the 'system' or learning context because it is in conflict with the child's needs. The perspective assumes that special education practices are based on two assumptions.

Systemic "Pathology" Perspective

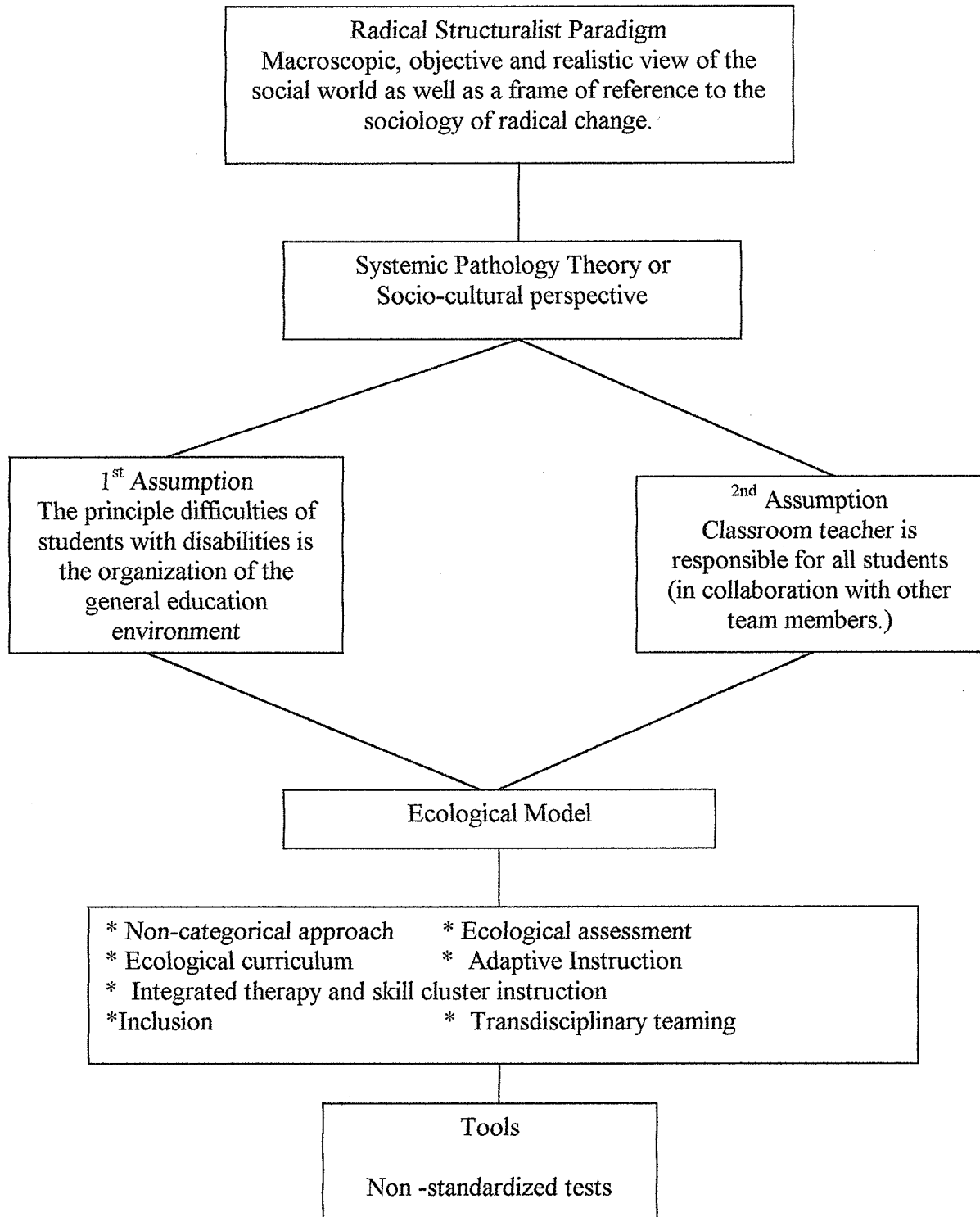


Figure 3. Hierarchy of presuppositions for the Systemic 'Pathology' Perspective.

Assumptions

The first assumption is that problems lie within the system. Thus, the principle difficulties of students with disabilities are not with the student, but rather are with in the organization of the general education environment (Skrtic, 1995). School failure is seen as the result of such things as educational programs, settings, instructional methods, and performance criteria not meeting the diverse needs of students (Stainback et al., 1996). Given these assumptions, environmental determinants play an important role in the model, practices, and tools used by educators who hold this perspective. Educators with this perspective believe that schooling should fit the child and his or her needs rather than the child fitting the school (Gilhool, 1976). Thus, it is the educational system and the social systems outside school that one should attempt to fix and not the child (Leitch & Sodhi, 1989).

The second assumption is that the classroom teacher is responsible for teaching all students. It is the responsibility of the teachers, in collaboration with the school team, to find ways to adapt and modify learning and instructional opportunities (Jordan & Stanovich, 2004).

Ecological Model

An educator with a systemic pathology theoretical perspective likely will use an approach to IEP planning and implementation that is based on the ecological model. In the ecological model, students are perceived as interacting with a variety of factors that may hinder or facilitate learning. Thus, a disability is understood as an interaction between a student and his or her learning

environment. This means that teaching-learning problems are seen as a failure to match student characteristics and variables in the student's environment (Freeze, Bravi & Rampaul, 1989).

IEP planning and implementation based on this model considers ecological factors that interact with the student's life. This includes such factors as the physical environment, social climate, peer attitudes, curriculum, teaching methods, instructional materials, classroom management, evaluative methods, educators' skills and attitudes, support service policies and procedures, parental attitude and involvement, as well as students' characteristics (Freeze, 1996). For instance, educators need to consider the physical environment of students with severe disabilities and ensure that appropriate education occurs in the community, as well as in classrooms and other school settings. Team members are challenged to develop and implement a program that targets the student's goals in all of these educational environments in order to achieve maximum learner participation (Rainforth & York, 1987). Educators who adopt a more ecological approach to the planning and implementation process utilize educational practices that take into account the above variables.

Practices

An educator with a systemic pathology theoretical perspective uses IEP planning and implementation practices grounded in the ecological model. This includes practices such as a non-categorical approach to understanding children, ecological assessment, ecological curriculum, adaptive instruction, integrated

therapy, skill cluster instruction, inclusion, transdisciplinary teaming and co-teaching.

Non-categorical approach to understanding children. One practice grounded in this theory is a non-categorical approach to service delivery. This approach rejects the notion that there is such a thing as a student defined by his or her categorical disability. Impairment, disabilities, and developmental differences are considered by educators in a larger context. The whole student with all his or her unique interests and abilities, as well as all the variables in the teaching-learning process are the focus of the planning and implementation process. This includes the student, the teacher, everything that happens inside the classroom, and the societal and familial contexts. From this perspective, neither the student nor the teacher own the problem. The problem is seen as one of teaching and learning in a particular context or system (Freeze et al., 1989).

Ecological assessment. Another practice based on the systemic pathology perspective would be an ecological assessment or inventory (Freeze et al., 1989, Rainforth & York, 1987). This involves using a holistic, integrated approach to understanding the student and developing a successful individualized education plan. The student is understood in relation to teachers, peers, family, and the ecological context in which he or she lives (Koskie & Freeze, 2000). Information is gathered on variables such as: (a) the natural environments where the student lives, works, and uses leisure time, (b) his or her learning strengths and preferences, (c) activities that occur in the student's

environments, (d) specific motor, communication, social, or other skills required to engage in those activities, (e) teaching and behavior management methods, (f) instructional materials, (g) success and error patterns in the student's work, (h) evaluative and feedback methods, (i) peer attitudes and relationships, and (j) discrepancies between the student's current and desired performance in critical skills, activities, and environments (Brown et al., 1979; Freeze et al., 1989). Assessment information is gathered from a variety of contexts (e.g., recess, classroom, home) using various methods (e.g., video-taping, interviews, observations, work sample analysis) (Koskie & Freeze, 2000). The purpose of assessment is primarily to provide a basis and direction for instructional intervention and to monitor the student's outcomes (Wilson & Silverman, 1991). This practice encourages educators to develop an IEP that reflects the interrelated nature of the student and his or her environment (Linder, 1990).

Ecological curriculum. Program planning utilizes the above assessment information to form the foundation for an ecological curriculum. This curriculum involves "systematic instruction on community-referenced, individually determined, chronologically age-appropriate, functional curricular content" (Nietupski & Hamre-Nietupski, 1987, p. 244). Through consensus, the team uses the assessment information gathered to select IEP goals based on the student's needs and strengths, environmental factors and the team's priorities (Freeze, 1996). Next, activities are task analyzed into component skills and adaptations are considered. Finally, instructional programs that teach functional, age-appropriate skills in natural occurring environments are developed (Nietupski &

Hamre-Nietupski, 1987). The objective is to integrate functional, age-appropriate goals and strategies into an inclusive curriculum (Guess & Helmstetter, 1986; Linder, 1990; Nietupski & Hamre-Nietupski, 1987).

Adaptive instruction. One general implementation practice grounded in this theory is adaptive instruction. This practice entails that the curriculum is adapted, when necessary, to meet the needs of any students with less complex disabilities, for whom the standard curriculum is inappropriate or who could be better served through adaptation (Stainback et al., 1996). While school curriculum guidelines would remain the foundation for programming for students with less complex disabilities, educators would diversify their instruction and modify the educational environment in order to meet the various needs of students in their classroom. This would include such approaches as differentiated instruction, cooperative learning, buddy systems, and multilevel programming in the regular classroom (Freeze, 1996). This approach does not make the student the focus of the intervention and allows the program to be implemented in the classroom.

Integrated therapy and skill cluster instruction. Additional implementation practices that are used in an ecological curriculum are integrated therapy and skill cluster instruction. Integrated therapy is a strategy to deliver services in situations where the skills will be functional and performance meaningful for a student with a complex disability (Sternat, Messina, Nietupski, Lyon, & Brown, 1977). This involves identifying all activities during the student's day and generating objectives and curriculum-related activities that are relevant to his or

her needs (Linder, 1990). For instance, educators might teach the choice making skill using symbols, when the student needs to communicate (e.g., during recess, lunch, art and at other times each day), rather than teaching symbol use in an isolated speech therapy room.

Skill cluster instruction is a practice that is used to teach interrelated skills (i.e., fine motor, language, pragmatics) concurrently within a functional sequence (Guess & Helmstetter, 1986). This practice emphasizes that motor, communication, social, and other skills are components of most functional routines, and that these routines provide excellent opportunities to integrate priorities and methods from a variety of disciplines (Rainforth & York, 1987).

Inclusion. Inclusion is another IEP programming practice grounded in this theory. This involves developing educational programs that ensure that all students, regardless of any individual differences they might have, are fully included in the mainstream of school and community life. Therefore, integration is coupled with a restructuring of the student's environment. It also entails the delivery of specialized services and supports. If a student is experiencing difficulty or needs specialized services (e.g., instructional modifications, special tools or techniques) to succeed educationally or socially, the educator determines a way to get those services and supports to the student where he or she naturally is placed with his or her peers at school or in the community. The student is not taken to the support or service, rather the support or service is taken to the student. The focus is on determining ways (e.g., adaptive instruction, modification of the environment) students can get their educational

and related needs met within the existing, natural environment (Stainback et al., 1996).

Transdisciplinary team approach. Finally, the ecological, integrated approach to understanding the student also can be applied to the teaming process. This would involve a transdisciplinary team approach in which the team members collaborate and share their respective knowledge with other team members during the IEP process (Linder, 1990). In order to understand the whole child in his or her environment, there is a 'role transition' among team members (Jordan, Gallagher, Hunter & Karnes, 1988). This requires that educators relinquish some old and familiar ways of doing things and begin to share information, knowledge, and skills across traditional disciplinary boundaries (Giangreco, 1996). Team members assume each other's roles and responsibilities, while allowing the needs of the student and family to dictate the team's goals (Briggs, 1988; Koskie & Freeze, 2000). For instance, each team member trains others to use methods traditionally performed primarily by one discipline (e.g., the classroom teacher acquires skills from the speech-language pathologist that stimulate language development). Also, this teaming approach supports program planning and implementation decisions that are not made by isolated professionals, but by the consensus of all informed team members, with the student and his or her parents accorded a status of equality with other team members. This transdisciplinary approach guides and supports collaborative teaming which allows team members to combine experience and skills in order to

plan and implement appropriate IEPs for students with special needs (Koskie & Freeze, 2000).

Co-teaching. The transdisciplinary approach to teaming supports the practice of co-teaching or classroom-based intervention. It's a practice that involves two educators sharing instructional responsibility for all or part of the school day (Friend & Pope, 2005). It requires a collaborative approach in which no one person or profession has sufficient expertise to provide educational services to all students. Rather each team member contributes a unique knowledge base to the process. Hadley, Simmerman, Long and Luna (2000) described this practice with a classroom teacher and a speech-language pathologist. For example, the classroom teacher brings a wealth of experience in curriculum development, developmentally appropriate activities, whole-group instruction, and classroom behavior management techniques. On the other hand, the speech-language pathologist contributes her knowledge of typical and atypical language development and an understanding of language facilitation techniques. Together these team members jointly determine student needs, develop goals, plan activities to achieve the goals, implement the activities, and evaluate the progress of the students (DeMeo, Merritt, & Culatta, 1998; Farber & Klein, 1999; Miller, 1989; Russell & Kaderavek, 1993).

Implications of Systemic Pathology Perspective for Educators

The assumptions and practices of the systemic pathology perspective have several implications for educators as they plan and implement an IEP. Not only does it guide their programming practices, but it also shapes their roles,

responsibilities, perspectives on students, collaboration efforts, focus, and their choice of best practices.

Roles and responsibilities. This perspective influences all team members' roles and responsibilities. Since the practices grounded in this theory give rise to an educational team that is more interdependent, educators inevitably need to commit themselves to teaching, learning, and working across disciplinary boundaries. This transition of roles involves several processes: (a) developing a general understanding of other disciplines, (b) offering observations in areas other than that of their specialization, (c) implementing techniques from other disciplines and, (d) continuously supporting other team members through assistance and feedback (Koskie & Freeze, 2000).

An educator with a systemic pathology perspective would believe that the problems students with disabilities encounter are due to problems within the system rather than within the individual. This perspective may place a part of the onus for learning problems on the team members (Csapo, 1989; Wilson & Silverman, 1991). They would be responsible for organizing and arranging experiences within the student's grasp, while the learner regulates the learning (Poplin et al., 1996). Thus, preservice and inservice preparation would need to equip educators with the skills necessary to adapt learning situations.

Educators' perspectives on students. This perspective shapes how educators perceive students. Not only is diversity valued and seen as a strength in the classroom, but students are viewed as individuals, rather than as members of categorical groups. This makes it much more likely that educators will

concentrate on the specific needs, interests, and capabilities of the students (Stainback et al., 1996).

Collaboration efforts. A systemic pathology belief system would affect how educators collaborate. Not only would they need to commit themselves to assist and support one another, but they also would need to ensure that there is greater family involvement and increased parity in the collaboration process. This would require time, energy, and strong interpersonal skills from the educators. They would also need to give up the heady delights of being seen as experts (Koskie & Freeze, 2000).

Educators' focus. The systemic pathology theory also changes the focus of educators. Their focus is on support and diversity. They concentrate on organizing classrooms and schools as supportive communities that include and meet the needs of everyone, rather than focusing on how to help a particular category of student fit into the mainstream (Sapon-Shevin, 1992). Educators with this focus would purposefully foster community. Thus, there would be an emphasis on students, as well as staff caring about and accepting responsibility for each other (Stainback et al., 1996).

An educator's focus is also on diversity. A natural or normal proportion of students with disabilities in schools would result from this perspective's non-categorical approach. The use of "centers" or "cluster sites" for any category of student is avoided. This is important to educators, since placement of a disproportionately large number of students with disabilities into a classroom reduces the diversity in the class and can result in segregated subsets of

students within the class, thus negating many of the benefits inherent in inclusive classrooms (e.g. gains in social competence and communication, acquisition of IEP objectives, prepares student for integrated community living)(Stainback & Stainback, 1990).

Choice of best practices. The systemic pathology perspective influences what educators perceive as 'best practices'. The practices that they use, such as a non-categorical approach to understanding children, ecological assessment and curriculum, adaptive instruction, integrated therapy, skill cluster instruction, inclusion, and a transdisciplinary team approach, all contain features of what researchers and knowledgeable professionals consider to be 'most promising practices' in educational programs for students with special needs (Meyer, Eichinger, Park-Lee, 1987). Educators with a systemic pathology theoretical perspective may easily adopt these 'best practices' because they are consistent with their basic beliefs. Below is a summarization of why these practices are considered most promising for students with special needs.

Benefits of Practices Grounded in Systemic Pathology Theory

The ecological approach to assessment contains several principles that are considered to be 'best practices'. For example, the assessment helps educators to focus on (a) a comprehensive assessment of affective, behavioral, and cognitive domains rather than a disabilities diagnosis, (b) mastered skills and strengths, as well as error patterns and weaknesses, (c) teaching and learning difficulties in the context in which they occur, and (d) special education as an essential part of regular education. Since these are variables that an educator

can control, he or she may be more likely to experience job satisfaction compared to an educator working from the human pathology perspective (Bravi, 1984).

A growing body of research demonstrates that ecological curricula and instruction are effective practices to teach students with disabilities. Not only do they help students acquire, maintain, and generalize useful skills (e.g., Hamre-Nietupski, Nietupski, Sandvig, Sandvig, & Ayres, 1984; Storey, Bates & Hanson, 1984; as cited in Rainforth & York, 1987), but teaching relevant tasks in applied settings may also have long-term benefits in terms of community integration and participation by persons with severe disabilities (Brown et al., 1986). Research also indicates that instruction in natural environments is more effective than instruction using only classroom simulations (Nietupski, Hamre-Nietupski, Clancy, & Veerhusen, 1986). Overall, these practices provide a framework within which students with the most severe disabilities can receive frequent instruction on functional groups of skills in meaningful contexts (Rainforth & York, 1987).

Inclusive practices are also considered to be beneficial for students with special needs (Gearheart, Weishahn & Gearheart, 1996). These benefits include the acquisition of IEP objectives and gains in social competence and communication. They also prepare students for integrated community living (Stainback & Stainback, 1990).

A transdisciplinary teaming approach to the programming process is considered a 'best practice' because it encourages team members to make a commitment to teach, learn, and work together in order to implement a unified

educational plan (Koskie & Freeze, 2000). The practice also has numerous strengths including the following: (a) increased agreement among educators as to the acceptability of decisions (Cooper & Wood, 1974), (b) opportunities for members to learn from one another (Wolery & Dyk, 1984), (c) decreased fragmentation of services, (d) continuity and consistency of services for the student (Sears, 1981), and (e) greater family involvement which improves problem-solving, follow-through, and support (Linder, 1990).

Finally, co-teaching is associated with many positive outcomes (Friend & Cook, 2003). For students, co-teaching supports inclusion. It reduces the need for students to leave the classroom for special instruction and may encourage students with special needs to feel more connected with peers. For educators, co-teaching allows team members to blend their differing resources and knowledge, lower the student-teacher ratio, and intensify instruction. Emerging research also indicates that co-teaching between regular educators and speech-language pathologists can facilitate language abilities in academic settings (Ellis, Schlaudecker, & Regimbal, 1995; Farber & Klein, 1999; Hadley et al., 2000.)

Despite all these positive outcomes, the systemic pathology perspective and its practices do not provide all the answers to teaching children with special needs. As Kuhn (1963) states, "No theory ever solves all the puzzles with which it is confronted at a given time; nor are the solutions already achieved often perfect" (p. 145). Some of these difficulties include the following issues. Firstly, since educators with a systemic pathology perspective focus on altering the 'system' or learning context, best practices such as direct instruction may not be

considered. Research has revealed that direct instruction is beneficial in teaching academic and basic skills, as well as strategies that are individualized (Chall, Jacobs & Baldwin, 1990; Elliot & Shapiro, 1990; Gersten, Woodward & Darch 1986; Kinder & Carnine, 1991; Nietupski & Hamre-Nietupskie (1987); Tarver, 1996). Secondly, this perspective and the practices grounded in it may not meet all the needs of students with more complex needs. For example, Hallenbeck and Kauffman (1995) state that regular placement of student with emotional or behavioral disorders is insufficient in ensuring imitation of appropriate peer models. Lastly, some researchers believe that differentiated instruction works against good instruction. Rather, there is the belief that teaching all children well requires that they be grouped homogenously for instruction (Kaufmann, Landrum, Mock, Sayeski & Sayeski, 2005).

In general, educators who hold the systemic pathology theory believe that the principle difficulties of students with disabilities is not with the student, but rather with the organization of the general education environment. Thus, it is the educational organization or environment that needs to be modified in order to address the diverse needs of all students (Stainback et al., 1996). Based on this perspective, environmental determinants play a significant role in the model and practices (e.g., ecological assessment and curricula development, adaptive instruction) used by educators who hold this perspective. Unlike the practices grounded in the human pathology theory, many of the practices of the systemic pathology theory are considered 'best practices' by researchers. Trying to encourage all educators, who have different values and beliefs about special

education, to adopt these exemplary practices involves more than education and support. One must consider the educators' belief system when implementing change.

Implementing Change

A challenge that has been widely acknowledged is changing educators' practices to include best practices that are validated by research (Williams et al., 1990; Ayres et al., 1994; Richardson, 1991; Vaughn et al., 2000). Research has revealed that this change may require one or more of the following variables: (a) a systemic change within schools and school divisions, (b) changing of job roles, (c) staff development, (d) support from education staff and administrators, (e) more time, (f) increased resources, (g) pressure through interactions with peers and administrative leaders, (h) learning new skills through practice and feedback, and, (i) increased standardization of work processes, outcomes and learning activities (Ayres et al., 1994; Elmore & McLaughlin, 1982; Heshusius, 1996; House, 1979; Fullan, 1985; Wise, 1979; Wang & Zollers, 1990; Williams et al., 1990).

Fine-tuning the System

Some of these above approaches to change (e.g., changing of job roles, increased standardization) involve fine-tuning the existing system and creating a more efficient organization (Skrtic, 1995). These methods are based on the functionalist world-view and human pathology theory. It involves procedures that are similar to the ones used in changing industrial bureaucracies. The assumption is that school organizations are like machines that can be fine-tuned

through technical approaches that standardize employee functioning, revise existing rules and regulation, and include closer supervision of personnel and students (Heshusius, 1996; House, 1979; Wise, 1979). Changing the system in more fundamental ways or replacing it altogether is not considered with these approaches. Rather, the approaches put more pressure on educators to satisfy the standards instead of serving the students. This focus reduces educators' abilities to problem-solve and create effective services for students with special needs (Skrtic, 1995). It also reduces the likelihood of educators making a permanent change in their practices.

Staff Development

Staff development has been another approach that has been used to encourage educators to adopt best practices validated by researchers. Despite the fact that many educators and researchers view this method as a key element to practice improvement, research has shown that it is ineffective in producing wide-spread, long-term improvements in practice (Sashkin & Egermeier, 1993; Smylie, 1988). The failure of staff development to live up to its promise may be attributed in part to a general tendency to underestimate the degree of organization, energy, skill, and endurance needed to introduce new practices (Little, 1984). However, it also may be related to the fact that educators do not have an understanding of the theoretical framework of the practices and are not given the opportunity to talk about how the assumptions grounded in the theory agree or disagree with the educators' own premises (Richardson, 1991).

Changing Beliefs

The notion of practice as activity embedded within theory is important in thinking about changing educators' practices (Richardson, 1991). It is necessary to understand the theoretical perspectives and interactions among educators before we can decide which of the above approaches are most effective for encouraging the use of best practices. Without an understanding of the educators' theoretical perspectives and the theories that ground the 'best practices', we would encounter naïve pragmatism and continue to reproduce, rather than resolve the problems with implementing change. The change process would continue to be problematic because it would criticize the educators' current practices, but treat their grounding assumptions and theories as unproblematic (Skrtic, 1995).

In order to address the problem of naïve pragmatism and increase the possibility of change occurring, one needs to ensure that the best practices being suggested are consistent with the educators' theoretical perspective. If they are not consistent and the educators' assumptions do not change, the practice will be discontinued. This is supported by research in which Richardson (1990) found that changes that were adopted and tried by educators were often discontinued if the practices violated the educator's beliefs about teaching and learning. For example, encouraging educators with a human pathology perspective to implement best practices such as adaptive instruction, collaboration, parent participation and inclusion would be problematic. This is because the values that guide the best practices violate the educators' assumptions (i.e., "a student's

disability is a pathological condition" versus "the problem lies within the system").

Practices not consistent with educators' assumptions can also be altered. For example, a best practice filtered through an educator's belief system can change the practice dramatically. It becomes embedded in different beliefs and theoretical frameworks, which result in the practice changing (Richardson, 1991). Thus, in order to implement change successfully, the methods used must examine the theoretical perspectives of educators. The following two methods consider this variable.

Fundamental change and anomalies. The first method for implementing change involves creating a fundamental change among educators and the educational system. If practices violate educators' beliefs, then they may need to experience a paradigm shift in order to alter their ways of thinking and doing, so that the educators' assumptions become compatible with the best practices (Fullan 1985; Marris, 1975). In order for this fundamental change to occur, educators need to realize that there is something amiss with their paradigm and instructional practices. This insight occurs when an anomaly is encountered (Skrtic, 1995).

There are several ways in which an anomaly can be introduced. One way to introduce an anomaly is when values and preferences change in society. In this case, the paradigm falls into crisis because the social theory underlying it changes. The new social values are inconsistent with the prevailing theory and a change occurs to eliminate the crisis (Lipsky, 1976; Perrow, 1978; Zucker, 1977).

Another way that an anomaly may be introduced is through the availability of technical information that the current paradigm is not working (Rounds, 1981; as cited in Skrtic, 1995). For instance, educators may initially take action to correct a recognized flaw in what otherwise is assumed to be a viable system. "The corrective measure exposes other flaws, which, when addressed, expose more flaws until enough of the system is called into question to prepare the way for a radical reconceptualization of the entire organization" (Skrtic, 1995, p. 206). What initially was a conservative attempt to protect the system, undermines it and ultimately ushers in a new paradigm (Rounds, 1981; as cited in Skrtic, 1995).

According to Weick (1982), a paradigm shift can occur when individuals who resolve an important, enduring anomaly for themselves and others, implant a new set of values in the organization (e.g., school or school team). Their beliefs and values affect the organization and what it can become. Weick (1982) believes that confident, forceful, persistent people, with their presumptions, expectations and commitments can create this shift.

This explanation may explain why a school norm has a strong impact on educators' beliefs. Leithwood & Jantzen (1999) found that staff members and administration leaders of a school have an important influence on what individual teaching staff believe, know, and do. Where the staff of a school has a majority consensus, the beliefs take on the characteristics of the cultural school norm (Pintrich & Schunk, 1996). This norm not only influences the decisions of individual educators, but also sets the standard for the practices utilized in the school (Stanovich & Jordan, 1998).

Unfortunately, Skrtic (1995) reports that practices grounded in the human pathology theory often persist for two reasons. First, in many cases there tends to be an increase in ritualized practices when a paradigm is questioned. This act reaffirms the paradigm that has been called into question (Lipsky, 1976; Perrow, 1978; Zucker, 1977). Second, anomalies can be distorted to preserve the paradigm's validity. The principal distortion is the practice of removing students from the general education system, thereby preventing the educators from recognizing anomalies in their conventional practices. Without anomalies, there is no way for educators to see that there is something wrong with their worldview and associated practices. This reduces professional thought and thus the degree to which educators can personalize their practices. This in turn forces more students in to the special education system and further reinforces the educators' belief in both the validity of their conventional practices and the notion that school failure is a human pathology (Skrtic, 1995).

To prevent the distortion of anomalies, it appears Huberman's (1981) insight into implementing change may be useful. Huberman believes that changes in attitudes, beliefs, and understanding tend to follow, rather than precede changes in practice. This is supported by research that found that educator's beliefs changed as a result of the successful use of new practices (Fleming, 1988; Gersten & Woodward, 1992; Loucks-Horsley & Roody, 1990; Richardson, 1990). Applying the anomaly scenario to this perspective, one would try to discontinue segregation and encourage the practice of inclusion. Anomalies would occur because the educator's standard practices would be

insufficient to teach all students. As discussed previously, these anomalies would encourage a paradigm shift and create fundamental changes in an educator's human pathology based practices. Giangreco, Dennis, Cloninger, Edelman, and Schattman's (1993) research supports the previous research and above analysis. These researchers found that educators had "transforming" experiences when children with severe disabilities were placed in regular classrooms. There were more positive attitudes from the educators and a shift in their beliefs.

Educators' cognitions about theory. A second method of implementing change is a staff development program that focuses on educators' cognitions. In this case, the theoretical framework that is used is Fenstermacher's (1986) concept of practical arguments. Practical arguments consist of a set of assumptions and end in action. Fenstermacher suggests that best practices validated by research can be introduced to educators by encouraging them to examine their own assumptions in relation to those from the current research. Such a process, he hypothesizes, would allow educators to alter or strengthen confidence in the truth value of their assumptions. Educators need an understanding of the theoretical framework and the opportunity to talk about how the assumptions in the theory agree or disagree with the educators' own assumptions. This discussion will assist them in their ability to take control of their own practices and not accept or reject practices on the basis of external pressures (e.g., personality needs, classroom management and content concerns, systemic political demands) (Doyle, 1986; Richardson, 1990). This

means that opportunities should be created to allow educators to interact and have conversations around standards, theory, and best practices. This approach also suggests that research on best practices should provide educators not just with the findings in the form of activities and behavior that work, but with ways of thinking and assumptions related to special education. This will assist educators in heightening their awareness of their own beliefs, provide content for their reflections and help them develop their justifications for the use of the practice (Richardson, 1990).

Changing Practices

On the other hand, changing the practices of educators who believe in the systemic pathology perspective may not involve a fundamental change in beliefs since many of the 'best practices' are grounded in this theory. There is no contradiction between the values educators hold and the practices' assumptions. Thus, variables such as changing of job roles, training, support from education staff and administrators, increased time, more resources and practice, and feedback may be what is needed in order to implement change (Ayres et al., 1994; Fullan, 1985; Wang & Zollers, 1990; Williams et al., 1990).

While there is abundant information regarding program planning and implementation practices, there is tremendous discrepancy between what typically occurs for most students with disabilities in school and what the literature says should be occurring as exemplary practices (Meyer, 1991). Literature discusses that this discrepancy in adopting best practices is due to such variables as lack of time, training, and resources (Ayres et al., 1994;

Williams et al, 1990). Although these variables may be important for implementing change, it is also essential to examine the beliefs of the educators and the assumptions that guide the 'best practices'.

Conclusion

In this literature review, I discussed the literature on implementing best practices, the deconstruction of two opposing perspectives on educational programming, and implementing change. The human pathology theory uses IEP planning and implementation practices that are grounded in the assumption that student disability is pathological. Traditionally, programming practices of educators have relied explicitly on the knowledge and practices grounded in this theoretical perspective. However, many of the practices based on this perspective appear to be inadequate for developing and implementing successful educational programs for students with special needs.

On the other hand, the systemic pathology theory is guided by the assumption that the principle difficulties of a student with disabilities is the result of the educational system. This perspective guides many of the 'best practices' recommended by researchers and knowledgeable professionals. In order to get educators to adopt these exemplary practices, one needs to ensure that the assumptions that guide the 'best practices' are consistent with educators' theoretical perspectives. If they are not consistent, then educators need to experience a paradigm shift in order to fundamentally alter their ways of thinking so that their beliefs become compatible with the best practices' assumptions. I also discussed two methods to assist with this level of change. Clearly, the

implementation of 'best practices' by educators involves a great deal more than expecting them to simply apply what is considered an exemplary practice to their real world settings. As Waller (1961) stated, "We can accomplish little by having teachers do something different, for they cannot do anything different without being something different, and it is the being something different that matters" (p.453).

CHAPTER 3

Methods

Qualitative Research

Qualitative research methods are the most appropriate for understanding the issues surrounding educators' basic beliefs (Schunk, 1991; Brookhart & Freeman, 1992; Munby, 1982, 1984). Through the use of qualitative research methods it is possible to obtain a naturalistic, holistic, in-depth view of team members' assumptions (Bogdan & Biklen, 1992). By examining their perspectives, listening to their views, and reconstructing their experiences one can begin to understand educators' beliefs about special education and programming (Bogdan & Biklen, 1992; Taylor & Bogdan, 1998). In the following sections of this chapter, I provide information on qualitative research, the team and their student, and the methods used for data collection and analysis.

Definition of Qualitative Methods

Qualitative research relies on descriptive data that involves the written or spoken words and observable behaviour of the informants. The researcher can use participant observation, in-depth interviews and analyzing written documents to collect the data. The data analysis is an ongoing process of inductive reasoning, thinking, and theorizing. It occurs hand in hand with data collection and is a dynamic and creative process in which the research identifies and accounts for patterns that emerge from the data. Thus, the research design is flexible and is based on the ongoing data collection and analysis (Bogdan & Biklen, 1992; Taylor & Bogdan, 1998).

Theoretical Perspective of Qualitative Research

The phenomenological perspective is central to the practices utilized in qualitative research. How qualitative methodologists study and interpret their research is dependent on their theoretical perspective (Taylor & Bogdan, 1998).

Phenomenological perspectives. The phenomenologist views human behavior as a product of how people define their world (Taylor & Bogdan, 1998). Thus, reality is "socially constructed" and the task of the qualitative methodologist is to capture how people create their realities (Berger & Luckmann, 1967). This involves trying to see things from other people's points of view.

Symbolic interactionism. The phenomenological perspective is supported by a theory known as symbolic interactionism. It stems from the works of Charles Horton Cooley (1902), John Dewey (1930), George Herbert Mead (1934, 1938), Robert Park (1915), W. I. Thomas (1931), and others. The theory places primary importance on the social meaning people attach to the world around them (Taylor & Bogdan, 1998). Blumer (1969) states that this theory is based on three basic assumptions. The first assumption is that people act towards things and other people. Their action is determined by the meaning these things and people have for them. Therefore, people do not simply respond to stimuli or act out cultural scripts (Taylor & Bogdan, 1998).

The second assumption is that objects, people, situations and events do not possess their own meaning, rather, meanings are derived from the interactions with others (Bogdan & Biklen, 1992; Schwandt, 1994). People learn how to view the world through their interactions with other people. Individuals

develop shared meanings of objects and people in their lives (Taylor & Bogdan, 1998).

The third assumption, according to Blumer, is that people attach meanings to situations, others, things, and themselves through a process of interpretation. "The actor selects, checks, suspends, regroups, and transforms the meanings in light of the situation in which he is placed and the direction of his action...meanings are used and revised as instruments for the guidance and formation of action (Blumer, 1969, p. 5). People are continuously interpreting and defining things as they encounter different situations (Taylor & Bogdan, 1998).

From a symbolic interactionist perspective, all organizations and groups are involved in a constant process of interpreting the world around them. Although people may act within the framework of an organization or culture, it is their interpretations and definitions of the situation that determine action, not their norms, values, roles or goals (Taylor & Bogdan, 1998). In the following paragraphs, I discuss the design of my study using the above qualitative research assumptions and practices.

Design of the Study

To gain an understanding of educators' beliefs and assumptions about special education and the IEP process, I decided to gain the perspectives of three school teams. I conducted interviews and observations in three different elementary schools in different divisions. Each team was considered to be a representative of other teams in the division as suggested by the Director of

Student Services. Team members were responsible for planning and implementing an IEP for an elementary student who received level two funding.

Identifying Informants

I approached two urban school divisions in which I knew administration, but had not worked in and was unfamiliar with their team members. I spoke to the Superintendent of each school division to ask for written permission to carry out the research. Once permission was granted, I approached the Director of Student Services of each division to suggest one educational team that reflected a 'typical' team in that division. This typical team consisted of five to six members who worked with a student with special needs who received level II funding from the province. The administrators' definition of a typical team (i.e., who makes up a complete educational team) determined who I approached to participate in this study. After I met with the school team, team composition was changed and finalized. Individuals were either added or deleted from the Director of Student Service's list because the school team perceived team composition differently than the Director of Student Services. For example, the school administrator, guidance counselor and child were omitted from team A and team B omitted the parent and added the classroom teacher. The Directors of Student Services were not considered members of either teams, but I asked them to participate in one semi-structured interview in order for myself to gain an understanding of a divisional staff's perspective on programming. The individuals were approached in person. They were provided with a written document outlining the study, as well as a consent form asking for their written

permission to participate in the study. As well, I included team members from interviews I did for a qualitative research course in 2001. Table 2 shows the finalized membership of the teams.

Table 2

Team Membership for Team A, B and C.

Team A	Team B	Team C
Classroom teacher #1	Classroom teacher #1	Classroom teacher #1
Classroom teacher #2	Classroom teacher #2	Paraprofessional
Paraprofessional	Guidance Counselor	Resource teacher
Parent	Principal	
Resource teacher #1	Resource teacher	
Resource teacher #2	Social worker	
Speech-Language Pathologist	Director of Student Services	
Director of Student Services		

I did not use categories or predetermined criteria (e.g., student's disability, specific grade level, traditional programming) to identify the educational teams for two reasons. First, I did not want to assume that things called the same name or having the same superficial characteristics were necessarily similar. I wanted to examine assumptions about what belongs in categories rather than have those assumptions determine the research design (Bogdan & Biklen, 1992). Second, using qualitative methodology in my research meant that I looked at settings and people holistically. Thus, people, settings, or groups were not

reduced to variables, but rather were viewed as a whole (Taylor & Bogdan, 1998). A detailed description of each team as well as individual team member's perspectives is presented in Chapter 4.

Data Collection

Data for this study were collected through a series of individual in-depth interviews, participant observations, and document analysis. According to Pajares (1992), the methods allowed me to make inferences about the educators' beliefs because they allowed me to investigate educators' verbal expressions and behaviors.

Two educational teams consisting of 7 to 8 key team members (15 informants in total) were interviewed and observed during the spring of 2003 and 2004. This number of individuals offered a wide range of backgrounds and perspectives. I interviewed each informant individually once and interviewed the resource teachers from Team A twice and the resource teacher from Team B three times. These interviews covered the broad areas that I wished to study; their assumptions and practices about special education and programming for students with special needs. Two participant observations of team meetings for Team A and one participant observation of Team B's team meeting was conducted. Finally, I did a document analysis that involved examining the student's IEP, safety plan, funding application form, clinical reports, and daily schedule.

As mentioned previously, I also included data collected from a study I conducted in 2001 for qualitative research course. This study focused on a rural

school team's IEP implementation practices. The team consisted of the resource teacher, classroom teacher, and paraprofessional. I interviewed each team member twice about implementing an IEP for Jason, a grade six student. Data from these interviews were included for four reasons. First, the research objective and data from the pilot study was relevant to this study. Secondly, the data was reanalyzed for this study. Thirdly, the data I collected strengthened and enhanced my data analysis. Fourthly, the informants consented to their interview data being utilized in this study.

Overall, the interviews along with the participant observations and document analysis generated over 1,000 pages of data. The specific methods used to collect and organize the data for this study are described below.

Semi-structured interviews. One method I used to collect data was semi-structured interviews. Using an interview guide, each team member was interviewed separately on one occasion. Additional interviews were done with the resource teachers. In Team A, the two resource teachers were interviewed once more as a pair. This was done at their request. In Team B, the resource teacher was interviewed three times because of her unique perspective and extensive experience as a resource teacher.

Interviews were an average of one hour in length. They were tape recorded and transcribed verbatim. The interview transcriptions also included basic information such as the date, place, time of day, the individual's role, description of the setting, the behaviors of the respondent (e.g., body posture, facial expressions), and my thoughts and feelings. The majority of the interviews

took place in a school meeting room when no other people were present. One interview was conducted during the summer break and took place at my home. In order to reduce the issue of "observer effect", the interviews were modeled after a conversation between two trusting parties rather than on a formal question-and-answer session between a researcher and a respondent. This approach allowed me to capture what is important in the minds of the informants (Bogdan & Biklen, 1992).

Beliefs cannot be directly observed or measured, but rather must be inferred (Goodman, 1988; Rokeach, 1968; Tabachnick & Zeichner, 1984). Therefore, developing the interview protocol involved asking questions that allowed me to make inferences from what the educators said, intended, and did (Pajares, 1992). I adopted the assumption that educators' beliefs are best known by inference from their case or practical knowledge (Smith & Shepard, 1988; Richardson, 1990). Feiman-Nemser & Floden, (1986) define it as what people know how to do "without being able to state what they know" (p. 506). An educators' case knowledge cannot be stated in the form of generalized assumptions, rather it is linked to specific events and persons within the educator's immediate experience. Case knowledge helps educators decide what to do in a given circumstance, such as whether to modify and adapt the classroom environment and instructional material for a student with special needs or assign the student to a group that is pulled out for 'remedial' work. Educators base their decisions on previous encounters with similar students in their classroom or in those of their mentors, as well as on the feedback they

received from parents and other educators on the results of similar practices in the past. Thus, they know what to do without necessarily being able to state directly their underlying belief in assumption form (Smith & Shepard, 1988) (i.e., student disability is a pathological condition or it is the result of the problems with the organization of the general education environment) (Skrtic, 1995). Thus, case knowledge is equivalent to "knowing how" rather than "knowing that" (Prince, 1969). Furthermore, case knowledge is revealed in the form of stories or richly described events that can be conveyed in interviews (Mishler, 1986; Shulman, 1986).

Thus, for the purpose of the interviews, rather than asking directly for each educator to state his or her beliefs and assumptions about the nature of special education and the IEP process, I framed a series of indirect questions that tapped case knowledge. The interview included questions that asked educators to describe their practices and provide rationales for their beliefs and the student's program. For example, I asked educators to describe the particular student they plan and implement an IEP. I asked them to describe the student's program and provide rationale for the practices (see Appendix B, C & D).

I also used a brief list of generic elaboration probes during the interviews. These probes assisted me in gaining more detailed information from the informants. These probes included the following; "Can you tell me more about that?", "Why do you think that is?", and "Could you give me an example of that?".

Participant observation. The second method I used to collect data was participant observation. I observed three team meetings in order to further learn

about educators' beliefs in the context of a team meeting (see Appendix A).

These meetings involved planning and/or reviewing the IEP. Due to scheduling and time constraints, the participant observations occurred after the interviews.

During the initial period, I familiarized myself with the setting and people (Taylor & Bogdan, 1998). During the meetings, I made unobtrusive notes of key words on the IEP document that was given to me and all team members prior to the meeting. These notes provided an outline of the discussions that occurred during the observation and assisted with the reconstruction of the interactions that took place. After the meeting, I completed an observational protocol to record information (see Appendix B). Traditional field notes from these meetings also were written up immediately following the session in a classroom or in my car. These notes included a seating plan, descriptions of people, events, and conversations as well as my actions, feelings, and hunches or working hypotheses (i.e., observer's comments). The sequence and duration of events and conversations were noted as precisely as possible while attempting to set aside my own perspectives and taken-for granted views of the world (Taylor & Bogdan, 1998). Bruyn (1966) advises that I view things as though they were happening for the first time. Nothing should be taken for granted.

During the data collection, I was aware that my presence would change the behaviour of the informants. I addressed this issue of "observer effect" by incorporating a few procedures to minimize it. First, I tried to interact with the team members in a natural, unobtrusive, and nonthreatening manner (Bogdan & Biklen, 1992). I attempted to "blend into the woodwork" or act so that the

activities that occurred in my presence did not differ significantly from those that occurred in my absence. Imitating other team members' behavior before and during the IEP meeting attained this natural manner. For example, I interacted socially with some team members before and after the meeting, sat with the team during the meeting, and introduced myself during team introductions. I explained that I was a student from a local University and was there to learn about their beliefs about special education and IEP programming practices.

Second, I recognized that as a researcher, I could not eliminate all of the effects I had on informants. I could, however, understand my effect on the informants through an intimate knowledge of the setting and use this understanding to generate additional insights into the nature of teams and their programming practices. I had to interpret the data in this context (Deutscher, 1973).

Third, I was aware that some informants may attempt to manage impressions of my activities and myself, especially during the early stages of the project (Douglas, 1976). For example, some team members appeared to act more reserved. Knowing that I was viewing educators' behavior before a stranger was important to take into account. Educators also may have engaged in behavior they considered "best practices", and in order to do this, upset their normal interactions and routines. I turned this to my advantage to learn what educators considered to be best practice behavior (Morris & Hurwitz, 1980). In their reaction to outsiders, people reveal as much as in their reactions to insiders (Bogdan & Biklen, 1992).

Document analysis. A final method used to collect data was document analysis. I asked permission to examine the written IEPs for each educational team and other relevant documentation (e.g., the student's resource/clinical file), as well as the division's Annual Division Action Plan (ADAP) before and after the interviews and participant observation. Knowledge of the goals, strategies and language used provided me with context and guided my interviews (Taylor & Bogdan, 1998). Bogdan & Biklen (1992) state that a document, such as an IEP, also can represent educators' perspectives on the student, as well as provide potential insights about what they value.

Member Check

At the end of the data collection, I planned to invite team members to participate in a focus group. However, due to the high turn-over of team membership for these two teams (i.e., only thirty-three percent of the team members remained unchanged the following year due to new job placements), a member check was utilized instead. Members were asked to review a draft case summary of their interview. Each case summary was based on my interpretation of their beliefs and practices about children and education, as well as their perspective on the student, the team, the IEP process, and/or change. Any corrections or comments were to be returned to me. I explained that if I did not receive anything within a month of them receiving the summary, I would proceed with my research. Ten informants returned their summaries. Each team member made grammatical changes to their direct quotes or explained the context of the quote in more detail. However, they all agreed my interpretation of

the data was correct thus strengthening the credibility of my analysis. Only the parent of Team A did not receive a summary. Due to his reported difficulties with reading, I believed that meeting with him in person to discuss the summary would be the best option. I contacted him three times, but was not able to finalize a meeting.

Data Analysis

Data analysis in qualitative research is recursive in nature and occurs over time (Janesick, 1994; LeCompte & Preissle, 1993). It is done while data are being collected, although there is an intensive period of analysis toward the end of the study. My data analysis followed this framework. In the following paragraphs, I describe the process.

The Analysis Process

Initially, I collected field notes, transcripts and documents and read through them carefully. As I read through my data, I continually referred to the literature review to assist me in my analysis (Taylor & Bogdan, 1998). I made notes, comments, observations, and queries in the margin about the data that was interesting, potentially relevant, or important to my study. The notes served to isolate the initially most striking aspect of the data (LeCompte, Preissle & Tesch, 1993, p. 236). During this phase, I also identified gaps in the data for follow up and interviews. For example, I realized that the classroom teacher had a significant role in implementing a successful IEP. Using this information, I added open-ended questions that examined team members' perspectives on IEP ownership.

I then presented this data, in the form of a summary, to my advisor. Each summary was based on my interpretation of an informant's beliefs and practices about children and education, as well as their perspective on the student, the team, the IEP process, and/or change. The feedback received from my advisor provided direction for the data analysis. Next, each team member was presented with his or her summary for a member check.

Next, I began identifying themes or groupings. After making notations on the data that was potentially relevant, I went back over the marginal notes and comments and tried to group the comments and notes that appeared to go together. These groupings were based on conversation topics, vocabulary, recurring activities, meanings, and feelings. After completing one set of data, I moved onto the next set and scanned it in exactly the same manner as outlined above. As I did this, I kept in mind the list of groupings that I extracted from the first transcripts, checking to see if they were also present in the second set. I also made a separate list of comments, terms and notes from this set and then compared and contrasted this list with the one derived from the first transcript. These lists were then merged into one master list of concepts derived from both sets of data. This process continued until all the data were analyzed. This master list constituted a primitive outline or classification system reflecting the recurring regularities or patterns in the study. These patterns became the categories or themes into which subsequent items were grouped (Merriam, 1998). One pattern that emerged at this time was the concept of two differing

perspectives about who was responsible for teaching children with special needs. This assumption was associated with specific practices.

When determining the number of themes, I used Guba and Lincoln's (1981) three guidelines for developing themes that were both comprehensive and illuminating. First, the number of people who mentioned something or the frequency with which something arose in the data indicated an important dimension. Second, the audience of educators determined what was important (i.e., some themes may appear to various audiences as more or less credible). And third, some themes stood out because of their uniqueness and were kept.

The next phase entailed coding or naming the themes. The names of the themes came from at least three sources: myself/researcher, the informants, or sources outside the study such as the literature. The most common situation was the codes that reflected what I saw in the data (Merriam, 1998). In this phase, I also added more detail and support to the themes and codes with quotes and data (Creswell, 1998). The themes that began to emerge at this time were a continuum of beliefs and practices. The data supported a human pathology perspective as well as a systemic pathology perspective. However, not all educators beliefs and practices fit neatly at either end. I then realized that there were individuals who were 'caught in the middle' and that their experiences with students and the team created a fluctuation of practices and beliefs. However, after further reviewing the literature, I realized that a continuum could not exist and that the educators who were using practices from the two contrasting perspectives were actually paradigm testing.

The final phase involved attempting to understand the data in the context in which they were collected (Taylor & Bogdan, 1998). I began to describe the findings and create meaning statements from the data and themes (Creswell, 1998). During this phase, it became apparent to me that an educator's assumptions and practices influenced how they used the IEP.

The constant comparative method (Glaser & Strauss, 1967) was used during all phases of the data analysis. This method involved simultaneously coding and analyzing data in order to develop concepts. By continually comparing specific incidents in the data, I refined those concepts, identified their properties, explored their relationships to one another and attempted to understand the concepts in their appropriate context (Taylor & Bogdan, 1998).

Enhancing the Trustworthiness of the Analysis.

During the data analysis, I utilized six verification procedures to enhance the trustworthiness of my study. The first strategy involved triangulation. This involves using multiple sources of data, methods and theories to provide corroborating evidence (i.e., data from my interviews, observations and document analysis) (Ely et al., 1991; Erlandson, Harris, Skipper & Allen, 1993; Glesne & Peshkin, 1992; Lincoln & Guba, 1985; Merriam, 1998; Miles & Huberman, 1994; Patton, 1980, 1990). Typically, this process involves supporting evidence from different sources to shed light on a theme or perspective (Creswell, 1998).

The second strategy entailed the use of member checks. I returned a draft case summary of their interview back to team members so that they could

judge the accuracy and credibility of my interpretation (Ely et al., 1991; Erlandson et al., 1993; Glesne & Peshkin, 1992; Lincoln & Guba, 1985; Merriam, 1998; Miles & Huberman, 1994). This technique is considered by Lincoln and Guba (1985) to be "the most critical technique for establishing credibility" (p. 314).

A third strategy involved asking my advisor to comment on the findings as they emerged. This peer review or debriefing provided an external check of the research process (Ely et al., 1991; Erlandson et al., 1993; Glesne & Peshkin, 1992; Lincoln & Guba, 1985; Merriam, 1988). Lincoln & Guba (1985) define the role of the peer debriefer as a "devil's advocate", an individual who keeps the researcher honest, asks hard questions about methods, meanings, and interpretations.

A fourth strategy required that I understood my effect on the setting. I tried to become aware of how I was perceived and treated by others (Emerson, 1981). One way to do this was to look at how people reacted to me at different times in the research. I compared the data collected at different times in the research, and examined how informants' reactions to my presence may have influenced what they said and did (Taylor & Bogdan, 1998).

A fifth strategy entailed the use of rich, thick description. This strategy will allow the reader to make decisions regarding transferability (Erlandson et al., 1993; Lincoln & Guba, 1985; Merriam, 1988, 1998). This detailed description enables the readers to transfer information to other settings and to determine whether the findings can be transferred "because of shared characteristics" (Erlandson et al., 1993, p. 32 as cited in Creswell, 1998)

A final strategy involved clarifying my assumptions and theoretical orientation by using observer's comments throughout the data collection. I recognize that what I see and report as findings depends on who I am and how I see the world. Findings do not exist independently of the consciousness of the observer (Taylor & Bogdan, 1998). Rather, all observations were filtered through my values, commitments, theoretical perspectives and work view. Thus, an understanding of my findings required an understanding of my own perspectives, logic, and assumptions. This is one of the reasons why I recorded my own feelings and assumptions in observer's comments throughout the study. Critical self-reflection was essential in this kind of research. This includes acknowledging my training and work experience as a school speech-language pathologist, my educational background on theory and collaboration, as well as my belief that all children should actively participate in the classroom. These six verification procedures were done throughout my study. According to Creswell (1998), they enhanced the trustworthiness and credibility of my findings.

In the following chapter, I present a description of each team as well as the individual beliefs and practices of the eighteen team members. Each description includes a discussion of the team member's general beliefs and practices about education, as well as his/her perspective on certain issues such as the student, the team, change, and the IEP process. In order to protect confidentiality, pseudonyms were used for all people and places (e.g., student, team member, school, school division).

CHAPTER 4

Descriptions of Teams and Team Members

Team A

Team A worked at Hillcrest, an elementary, urban school that provides a bilingual program. The school is located in Boundary Trails School Division. One student the team supported was Emma, a grade two student. Emma received level two categorical funding. On her funding application, it stated that the following conditions impact her learning: a syndrome, an intellectually deficient classification, global developmental delay, severe communication disorder, visual impairment, macrocephaly, hypotonia, short attention span, and behavioral difficulties.

Emma's IEP contained goals for improving her weaknesses in the following areas: academic, communication, fine motor, gross motor, and social. Her schedule in grade two involved being in the classroom in the morning and pulled out of class in the afternoon with the paraprofessional. In grade three, she was pulled out for most of her learning and segregated at recess due to behavioral difficulties. It was reported that the main goal in grade three was social skills or 'social training'. During data collection, Emma's daily learning and IEP goals did not always correspond. Some individuals implementing the IEP reported that they were unfamiliar with her IEP goals.

The team that worked with Emma included two resource teachers, a grade two teacher, a grade three teacher, the speech-language pathologist, the parent, and the paraprofessional. At the time of initial data collection, the team had been

working together for four years. However, each team member's perspective of team composition varied, and the parent did not have an active role in the IEP process. School administrative involvement was also important to some team members. This support was important for their programs, problem-solving and collaborating.

In general, the team was a cohesive group that participated in role transitioning. Many members reported that they believed in classroom-based services and inclusion, but that these practices did not apply to everybody. The team's overall decision-making process focused on fixing the child's deficits or avoiding the problematic situation. Reasons for the behavior were usually intrinsic to the child. In the following section, I describe the individual perspectives of the eight team members.

Carol

Carol was a classroom teacher in a bilingual program at Hillcrest School. She was Emma's grade one and grade two teacher during my initial data collection. In the past twelve years, Carol had taught grade one, two or three. Quite often these teaching assignments were multi-grades. Carol's education background included a Bachelor of Education from a provincial University in Western Canada.¹ In the following paragraphs, I discuss Carol's general beliefs and practices about children and education, as well as her perspectives on the student, the team, and the IEP process.

Beliefs and practices. The following are some of Carol's beliefs and practices: (a) The IEP process has changed to be more inclusive (i.e., "Funding

looked different and now its more hands-on and trying to keep the kids more in the class. Integration has been stressed more.”), (b) integration does not work for all students (i.e., “And I think for some kids [integration] works, for others it doesn’t.”), (c) successful inclusion is dependent on the child and his/her behaviors (i.e., “First depending on the kid and how willing they are. I mean, another child I have in the class its been wonderful....But Emma for example, its been great this year, but last year it was very frustrating because the behaviors were so different... compared to what they were this year. She’s more compliant this year... This year was more successful than last year because she has matured quite a bit and I’m hoping the same thing is going to happen over the summer again.”), (d) paraprofessional support help children be successful (i.e., “ Her behaviors just escalated because she didn’t have the one on one to help her be successful.”), (e) maturation is an important factor in changing a student’s behavior, (f) practices such as centers and a buddy system are utilized in her classroom, (g) it’s important that parents have a realistic view of their child’s ability (i.e., “ I think that her parents, both being special needs, need to really look at her more realistically and realize that she’s not going to be with the others. And that they should appreciate more where she has come from.”), (h) Emma’s father would like his daughter to be like other ‘typical’ children (i.e., “Dad wants her to catch up. He asks at every single interview. But he’s not realistic.”), and (i) IEP goals should be inclusive (i.e., “The whole idea of achieving these goals too is to make it as inclusive as possible.”).

Student. Carol described Emma as funny, boisterous, little girl who desired to "be like everybody else." She believed Emma's needs were "acceptance", auditory memory, visual and writing skills, behavior (e.g., "screaming" and a lack of compliancy.), and a willingness to accept adult support. Carol stated that Emma's strengths included her enjoyment of crafts and the computer, as well as her desire to please.

The team. Carol reported that the team was comprised of herself, the paraprofessional and the resource teacher. Each team member had a role. Carol's role was to improve Emma's confidence and encourage her excitement for learning. For example, she said, "Actually my role is making Emma feel good about Emma. That is so important.". She believed the paraprofessional's role was to support Emma. In terms of the resource teachers' role, she described the responsibilities as supporting the classroom teacher and providing programming for the student:

"Well, where there's issues with Emma, and... I need to get some input, I can go to Fiona for example, and say, "This is what's happening. Can you help me?' And she'll make up some things for Emma or her para."

IEP development. Carol explained that she has been included in many IEPs, but her involvement was limited. She believed developing an IEP involves a "group effort or "team approach", but reported that the resource teacher had the most input:

"Michelle kind of knows Emma. She's had her. She knows what she's capable of... I really don't have much to do with it. You would have to talk to Michelle. They don't ask for much input. They ask, 'Do you have anything to add? What do you think of this?' But they do most of the work because they go back to their old records, check off what's been accomplished and update from there."

Overall, she believed this development process worked well, but stated, "I'm not the one who has to go through it."

IEP implementation. Carol had a significant role in implementing the IEP. She explained that her role was to decide how to "achieve [the IEP goals] in the best interest of the student" and then monitor them. She believed, however, that "team effort" was still necessary when implementing the IEP.

Before implementing the IEP, Carol explained that sometimes she "fine-tuned [the IEP] at the beginning of the year because some maturation ha[d] taken place over the summer." After this adjustment, however, she only referred to the IEP occasionally because she believed, "you're always aware of what [the student's] needs are, what her strengths and weaknesses are. Its not if you need to refresh your memory on a regular basis. You know the kid, you just do."

At times, Carol found it difficult to implement all the child's IEP goals. Insufficient support and time were the largest obstacles with the process:

"Its very hard to find time to do all the things that need to be done for her. She's supposed to be getting a daily exercise program. We've tried sending it home, but it doesn't happen. Its very important to her to get it done... I don't know how much time I'd be able to get. They say you only got a hundred minutes a day, well its not a hundred minutes just for her. You have to split that time with her and another kid for a hundred minutes or however much time it takes. You've got a lot that has to be done and that includes recess time as well."

Programming. In general, Carol explained that Emma's program was dependent on three factors. The first factor was the activities of the classroom. The second factor was her willingness to participate. For example, she said, "It depends on what the rest of the class is doing. If we're doing Hebrew, Emma

takes something that she wants to do. And granted she says she doesn't want to, fine I'm not going to force her. So that's her choice." The third factor was her desire to have the same work as her classmates. Carol explained, "You can't give her different."

According to Carol, these three factors shaped Emma's reading and math program. These programs involved Emma working on classroom material with another buddy or a group in the classroom. Since Emma could not have work that was different from the rest of the class, sometimes the work was above her level. Despite the high level of difficulty, Carol believed that Emma felt a sense of accomplishment when she completed the task, thus meeting one of her needs:

"So she can't do a lot of it and she doesn't have number concept, one to one correspondence so why would I say, sorry your answer is wrong with addition and subtraction fact. Well, I'm just happy that she says, 'Finished Mrs. Smith.', 'Great Emma'. That's what she needs."

Carol reported that she has two different sets of expectations for Emma. In terms of classroom behavior, her expectations for Emma were the same as for other students. For example, she said, "I don't expect anything different from her than I do from the others [like] classroom responsibilities [and] participating." On the other hand, when talking about Emma's learning outcomes, she replied, "My expectations are different for her. My expectations are that she is successful and she [is] happy with herself and what she produces." She tried to attain these goals of success and happiness by supporting her interests, as well as acknowledging and accepting her effort and work.

Despite the good year Emma had in grade two, Carol predicted that her next year in grade three would be a challenging year. This difficulty would be the result of the widening gap between Emma and her classmates:

"It's going to be a real challenge for her next year. And I can see her frustration level escalating. It's going to be more challenging because she's going to be with grade twos and threes. And the threes that she's going to be with are very, very bright. I think that the differences are going to become more pronounced and... the kids are probably going to exclude her more. Kids are so mean. Its what happens."

According to Anita, Emma's grade three teacher, Carol's prediction was correct. In the following paragraphs, I discuss this issue, as well as Anita's beliefs and practices.

Anita

At the time of data collection, Anita was Emma's grade three teacher in the bilingual program at Hillcrest School. For the past 10 years, she had taught grades one to six including numerous split grades (e.g., one-two, three-four). During this time, she was also a resource teacher. She remained in this position for only half a year because she preferred being in the classroom. In regard to the resource role, she said, "I loved it except for, I hated the writing of the IEPs. I found them such a waste of time. I know it's important to do. I understand why, but I felt I was spending so much time testing and trying to speak with this doctor and this person and that person.... I much prefer being in the classroom or being with the kids than having to sit and do all this paper work."

Anita's background included a Bachelor of Education from a local University, as well as significant community involvement with children's programs. These experiences were influenced by the fact that she always

"wanted to be a teacher from the time [she] was in kindergarten." In the following paragraphs, I discuss Anita's general beliefs about children and education, as well as her perspectives on the student, the team, the parents, programming, and the IEP process.

Beliefs and practices. The following are some of Anita's beliefs and practices: (a) most children with special needs benefit from inclusion (i.e., "I was always a huge believer, I still am, that you know, special needs kids should be in the classroom and you need to try and integrate and do what you can and modify and everything like that. But this year was the first time that I truly felt that my little one couldn't be in the classroom. That it was more of a detriment to her than a benefit."), (b) educators need to acknowledge a child's background (i.e., "You have to think about where these kids are coming from."), (c) she modifies or adapts a child's work when necessary, (d) the paraprofessional often knows the student the best (i.e., "The person who probably knows her the best out of anyone would be Janelle. Because Janelle spent the most time with her."), (e) differentiation is a best practice (i.e., "In my opinion that's what a good teacher is. A good teacher doesn't say, this is how I do things, how can these kids fit in to me. Its how can I make things work for these kids in the classroom... This is how I like to do things. How can I make it work for her?"), (f) children direct their learning (i.e., "But its always the kids leading the way."), and (g) the paraprofessional provides the most support to the classroom teacher and student (i.e., "Michelle and Fiona... would be to a certain point able to help or Mary-Ann

to a certain point or Pam. But not being in the classroom all the time, the para, Janelle, she ended up doing a lot.”).

The student. Anita described Emma as a “sweet girl” whose behavior was similar to a three year old. For example, she said, “I always go back to her mental ability of a three year old... She had the same type of temper tantrums, she speaks really immaturity.” She described Emma’s needs as including the following: a) self-concept, b) belonging (e.g., “She wants to feel that she belongs.... She wants to be like everybody else.”), c) social skills, d) self-help skills, e) inappropriate behavior (e.g., “Kicking, biting, hitting, punching.”), and, f) difficulty with transitioning.

Anita described some of her strengths as the following: a) her enjoyment of the arts (e.g., singing, acting, art), b) her desire to be a valued member of a group and, c) her “magical smile.” In general, when talking about Emma’s strengths, Anita found it difficult and explained, “See its hard, its really hard to pick out what her strengths are.”

The team. Anita explained that the following individuals were considered team members: herself, the paraprofessional, the principal, the vice principal, the resource teachers, the guidance counselor, the speech-language pathologist, the psychologist, and the social worker. Anita’s involvement with each of these team members varied. On one hand, she often collaborated with the resource teacher and the principal. On the other hand, her involvement with the speech-language pathologist, social worker, and psychologist was limited. Despite this variable

team involvement, she believed that they supported her. For example, she said, "But I always felt supported by the team and felt like it was an amazing team."

Parents. Anita recognized that Emma's family situation was special because both parents had unique needs. This situation resulted in three issues. Firstly, she believed that Emma's "parents [did] not know how to help her." Secondly, she believed that Emma's father often "overreacted" to situations because of his previous school experiences:

"Were you at one of our meetings where dad said that he hopes, he wants for Emma that she doesn't get treated the way he was? I wanted to start to cry. Because he was always made to feel like a dummy. He was always made to feel horribly and teased and this and that. And he doesn't want that for her. And it broke my heart. Because education back then was very different then it is now. Like he said he always had to be put in a room and like, it just, I wanted to cry. So he's so fearful of her having this, that he overreacts to things."

Thirdly, she believed they wanted Emma to be like a 'typical' child. She explained this wish, "[He] is always asking where is she at? Like is she going to catch up? Like he wants her to be like everybody else. And the truth of the matter is through testing that Geoff did,...that she will never be there."

Programming. At the beginning of the year, Emma participated in all classroom activities. The goal was to "keep her in the classroom" by modifying the activities, "so that it looked like she was doing the same things as everybody else." After a couple of weeks in the classroom, however, her behavior became problematic. She eventually became frustrated with the fact that she was not doing "exactly what everybody else was doing." Anita also explained that Emma was "noticing now more of a difference between herself and the other kids." This observation apparently "upset her and bothered her."

Anita consulted with the previous psychologist, Geoff. Behavior modification practices were recommended. Anita explained that this approach worked for a short time, but soon became ineffective. The most effective solution to the problem was pulling Emma out of the classroom for her own individualized program:

"I tried behavior charts with her. Rewards. None of that worked. It worked for a few days and then it stopped working. But the best thing was having the para take her out and keep her onto a routine."

In October, Anita, the resource teacher, and the principal decided that most of Emma's programming should occur outside of the classroom. Anita explained that "she needed to be out of the room, [as well as] be one on one with somebody else who could give her what she needed [and] could feel successful." The pull-out idea was further discussed and approved at a school team meeting with the clinicians and administration. This decision resulted in her program being recreated by the resource teachers and the classroom teacher.

After this incident, Anita believed additional support was needed in two areas. First, she thought that Emma needed "a full-time para[professional]." Second, she believed more support from the team would have been beneficial:

"I believed that they probably gave me as much help as they could possibly. Do I wish that we had more? Absolutely! Absolutely! But do I feel that [some team members] gave as much help as they could? Yes. [One team member] responsible for our school...had nothing to do with Emma. Like nothing. And maybe [this person] should have been more involved."

The IEP process. Anita was involved in approximately twenty IEPs since the beginning of her career. She believed the IEP was a "useful" document that served several purposes for the student, the teacher, and the parents. First, the

IEP was a guide. For example, she said, "It's a great guide. It's a great thing, a plan for you to start off with for sure. And then if you're not sure... I would be able to go back to the IEP and say, 'Okay, what am I doing wrong here? What can I look at?' And that is great to have that there." Second, it assisted the classroom teacher with "planning [when] thinking about the next year." Third, it provided a means for sharing information. Fourth, it encouraged reflection. For example, during the IEP meetings she reflected on how the child's program will fit with her practices. Fifth, the IEP provided the classroom teacher with background information on the child. For example, she said, "With a special needs child [you want] to know all that you can about her. That's what the IEP is terrific for. So you know what she can do and obviously therefore than you know what she can't."). Sixth, the classroom teacher may use the IEP to "monitor" and "evaluate" the progress at "any time" throughout the year. Finally, the IEP provided the classroom teacher with a framework for "realistic" expectations.

Anita's role in the IEP development process was to provide the resource teacher with ideas of current and future programming:

"They will meet with us and discuss what we're doing in the class, what works, what doesn't work... We talk about it and Janelle talked about goals. And actually Janelle probably gave her more specific, whereas I gave more global. Like I'd like to see her... work independently."

The resource teacher then used this information to write the IEP. The completed IEP was then presented at an IEP meeting where all team members were in attendance. Anita reported that team members could make changes to the IEP at this time.

Anita believed that her role in IEP implementation was to help Emma attain the goals. She believed, however, that the paraprofessional assumed most of this responsibility:

"I value so much the para who works with these [students], who can say exactly what goes on way better than I can. You know, some teachers like to have control, but I don't feel that a teacher can have a hundred percent control. It's a team effort. It's not just you. I'm only with her part of the time. She's with her a lot more and a lot more one on one than I am."

During the implementation process, Anita admitted that she did not "follow" the IEP:

"Honestly, do I refer to the IEP throughout the year? No. No I don't. Other teachers probably do. I don't. Because they change. The kids change. So I read it so that I can get an idea in my head who that child is, where they're coming from, what realistic goals are... It gives me a starting point."

Instead, she reviewed the IEP twice throughout the year and then used the IEP as a general guide for Emma's programming. When explaining the process, she said, "Well at the beginning of the year, based on reading the IEP [and] based on the meeting which was fantastic... I already had an idea in my head. Okay, I have to modify. I want to keep her in the class. Things need to be very simple. I'm dealing with a child here who's not very capable academically, certainly not at a grade three level which is where she was supposed to be at. But is more like the pre-kindergarten. That I would have to modify ... So that's where I'm at. So in math, I know that she needs to learn how to add. She needs to learn how to subtract. You know all of those things are in my head. So that I know, when I am planning something, okay what is Emma going to do?"

Anita's IEP review process involved examining the goals and reflecting on how she would implement them. For example, she said, "Does it fit in to what I'm doing? And I did find that a lot of it anyways, I was already doing." She wanted to be flexible in order to accommodate the child's needs, but at the same time she wanted to maintain her practices. She described this implementation as a compromise:

"I like to do certain things. Like I like to sing and I like to move around a lot... So then I want to make sure that its going to be okay for her type of thing. At the same time... I'm not going to completely stop it because it does benefit everybody else. So how can I fit it so that it works for everybody?"

Difficulties with the IEP. Anita believed there were two areas of difficulty with the IEP. First, it did not provide the classroom teacher with the necessary tools to support the child. For example, she said, "Throughout the year I didn't refer to [the IEP]... You're kind of trying to manage this special needs child who's in trouble. Or who's asking for help. So I don't think it necessarily gives you the tools for that." The second difficulty was the IEP focused on weaknesses rather than strengths.

Anita believed in collaborating with team members. One team member that she frequently collaborated with was Michelle, the resource teacher. In the following paragraphs, I discuss Michelle's perspectives on the team and the IEP process.

Michelle

Michelle was one of the resource teachers at Hillcrest School. At the time of data collection, she had been teaching for six years. The first half of her career was spent in the classroom teaching early elementary students. It was

during this time that she taught Emma in kindergarten. For the past three years she has taught kindergarten, as well as assumed resource teacher responsibilities. These duties included implementing a phonological awareness program and coordinating special education support. Michelle's educational background included a Bachelor degree in Education from a local University. In the following paragraphs, I discuss Michelle's general beliefs and practices, as well as her perspective on Emma, the team, change, different teaching practices, and the IEP.

Beliefs and practices. The following are some of Michelle's beliefs and practices about children and education: (a) a student's improvement is based on maturity and team intervention (i.e., "The next year she did so much maturing... I just saw so much growth in her... Especially in her social skills. Instead of screaming and crying every time someone took something away, she really responded well to Geoff's behavior intervention program that we were doing."), (b) paraprofessionals work with a student (i.e., "We still sort of had a full time para attached to her because we really felt she needed it"), (c) one needs to consider the classroom teacher and paraprofessional's style when programming for a student (i.e., "There are a lot of things we would like to see and its always... blending in with who ends up working with her and what the classroom is like and how it works for everybody."), (d) classroom-based intervention is the practice of choice (i.e. "What we do is we did guided reading in Carol's room once a week... I've never seen Emma this year on an individual basis."), (e) realistic expectations are important for a child's success (i.e., "She's just been functioning

so well within the realistic expectations that we have for her.”), (f) Emma participates in the class when the activity is suitable (i.e., “She often even gets upset when she is taken out of the room. She doesn’t want to leave and we also don’t push that. Although we do know that the Hebrew really isn’t an appropriate goal for her, so her para time is scheduled for the afternoon. But if they’re doing art or they’re doing something special, its really not appropriate to pull her out. Like if she can be integrated and happy than that’s better.”), (g) collaboration involves sharing information and ideas (i.e., “So that it should be that kind of sharing, just back and forth.”), (h) resource and administration try to place students with special needs in classrooms where the child is more likely to be accepted by the classroom teacher (i.e., “Wherever possible we try and match the kids to the teacher and try and avoid certain situations where we know its not going to work.”), (i) each team member is an expert in his/her particular field (i.e., “Everybody else from their own area is more of an expert than I am.”), (j) children will achieve what they are capable of attaining regardless of the type of intervention, (i.e., “They’re still going to achieve what they’re going to achieve, as they’re capable.”), (k) a successful individualized program is dependent on the child (i.e., “We thought it would be even way better this year considering the teacher and the placement and everything, but you know, sometimes kids change the rules on us.”), (l) classroom teachers know their students the best, (n) a parent’s personality has an impact on team meetings (i.e., “Of course the parent always is going to start in a certain way and their personality is going to tremendously affect how [the IEP meeting] goes.”) and, (m) the classroom

teacher should be aware of all areas of a student's program (i.e., "The classroom teacher should always be the one that knows the big picture and is aware of every little piece and has their finger on it.").

Student. Michelle described Emma as a student who struggled when she first entered school, but made significant gains and exceeded everyone's expectations. She also explained that Emma is someone who sincerely desires to be like everybody else:

"One day, Carol was sort of having a little struggle with Emma, trying to get her to do some modified work that she had prepared that looked really different. And Emma cried and refused to do it. And Tamara's (a classmate) comment was 'I think she just wants to be like everybody else.' And I think we have to keep remembering that with Emma."

According to Michelle, Emma's needs were in "every area in academics", social skills, and life skills. Her overall goal for Emma was that she "blend... in[to] society with whatever modified thing she's going to end up doing. On the other hand, Emma's strengths were her enthusiasm, her enjoyment for singing, as well as her ability to learn information that is interesting or musical.

Team. Michelle described the team as including the Early Learning support teacher, both resource teachers, the speech-language pathologist, the psychologist, the social worker, the guidance counselor, the vice principal and the principal. She believed all these team members shared the same beliefs about children and education:

"I would say our whole team shares the same philosophy, where we very much believe in inclusion. We very much believe that some of our kids in our school are so needy and sometimes the academics is not even a goal. It is like we just need these kids in school, feeling happy, [meeting some basic needs]. And sometimes some teachers just don't get that and the kid doesn't bring their homework and they are out."

As well, there was an interdependence among team members. For example, she said, "Our whole support team, like we don't see it as... oh its resource, or oh its phonological awareness or oh it's the early learning support initiatives. It's just the whole team working together."

Although the classroom teacher was not considered a member of the school support team, Michelle explained that the teacher's practices and beliefs had an impact on the team's practices. For example, an educator's willingness to collaborate determined who the team supported. She explained that as a team, they said, " We're going to open it up and than whoever really seeks us and is interested, we'll go there... Where the keenness is there, where the person is going to continue it after we're gone, all that kind of stuff that's where we'll focus most of our attention." When collaboration with the classroom teacher did occur it usually happened in the classroom or informally.

Relationships among team members and classroom teachers also influenced collaboration. In general, a positive relationship benefited collaboration. For example, when talking about her friendship with Anita, she commented, "We're constantly talking. So I'm sure I'll know everything about Emma next year."

The classroom teacher's beliefs and practices also shaped the type of support the team offered. For example, if a teacher did not want to co-teach, she provided alternate support to the students. If an educator's practices differed from those of the school team, Michelle explained an effort was made to introduce new practices:

"I would definitely say our whole team is on board. And then there are lots of teachers who are, but there are those few that aren't that everyone is trying to work on and trying to work with to bring them on board.... It is definitely Pam's goal to have everyone doing [differentiation]. And she has made really big efforts."

Change. Michelle believed that changing one's beliefs and practices involved the following: (a) collaboration (i.e., "I think a lot of it has been done with all the collaboration."), (ii) modeling the desired practices, (iii) one's "willingness" to adopt the new practices, and (iv) a belief in the practice (i.e., "You have to believe in it to make it a priority.").

Teacher styles. Michelle believed that teachers have different styles or practices that are shaped by different philosophies. For example, she said, "People just have different styles and different amounts of patience and different willingness to differentiate... I think people just have different philosophies in what their job is." These differences could be described as occurring on a continuum of responsibility for teaching children with special needs.

At one end of the continuum, she described classroom teachers who assumed responsibility for all the children in their class:

"I think some people see kids in their classroom, all of them being their responsibility. And that every single child has the right to learn and develop as is appropriate."

These individuals were more likely to differentiate, independently seek team support, and view the child as an individual who had different skills and needs

On the other hand, she explained there were classroom teachers who did not take responsibility for teaching all children in their class. When describing this perspective, she said, "I think some teachers see it as, 'I'm here to teach

grade four and anyone who is reading at a grade one level, that is the resource teacher's job. And take them out and fix them'." These classroom teachers were less likely to differentiate and were "very focused on the curriculum and academics". They believed that the student needed to "work much harder and...learn the work ethic." If this extra effort did not work then "the teacher...would constantly be sending the child to the resource room." In general, they were good at teaching the 'typical' child but had more difficulty with the child who had special needs. For example, she explained, "Kids who aren't up to par, quote, unquote, aren't happy there."

The IEP process. Since the beginning of her career, Michelle has been involved in seven IEPs. She believed the purpose of the IEP was to provide a general framework for programming rather than have it function as a working document:

"I don't think that [the IEP] dictates the actual goals once you're in the room... We are not going to follow this to a tee... it's not the bible... I look at it as if I were getting a kid like Emma into my room, I would have loved being Anita sitting there learning all these things, understanding what I need to keep in mind for para time."

Instead, it was the classroom teacher's practices that determined the child's program. For example, she said, "I think the way the class is being taught [dictates the goals]. If its journal writing and... the teacher is sitting with the child and working on... sounding out words... than that's great if Emma can do some of it. I think independently that's not really one of our goals because she just can't do that. She can't segment, she can't...do all those things."

As a resource teacher, Michelle reported that she was responsible for writing students' funding applications and "coordinat[ing] the writing of the IEP". In the following paragraphs, I describe Michelle's account of the process.

Developing the IEP involved several steps. The first step involved the resource teacher evaluating the student's progress in attaining the IEP goals. When there were goals that Michelle could not independently evaluate, she met with the classroom teacher or paraprofessional to discuss them "informally." Next, she used this evaluative information to independently write the child's academic goals. For example, she said, "I pretty much did those [academic goals]. Just based on where she was at....I think it only makes sense for one person to sit on the computer and do the typing." Once the academic goals were written, she checked with the classroom teacher to see if they were appropriate. Finally, to complete the IEP, she described how she gathered the goals prepared independently by clinicians or copied the goals from a clinician's report

"[The OT] would have prepared in advance for me, the goals. And that would have been typed up. And Susan, the PT would prepare in advance. Like all the people would be consulted... Geoff's assessment was so recent I didn't even have to consult him because he had done the funding application with me, and same with Betty. She had done so much assessment, so I was mostly able to copy those things, and then... just go from there."

Michelle explained that the completed IEP was then presented at an IEP meeting. This stage involved introducing the predetermined goals to the entire team for discussion. When describing this process, Michelle said, "Then we have the IEP meeting where everyone gets a copy and then we'll say 'Is that realistic?'... So that's supposed to be [our] working time. Just from a time

management perspective, everyone's here, everyone's looking at it. Is it realistic? Should we make changes? Then Fiona and I would go back and type the changes...and that would be submitted." She also explained that the meeting gave team members a chance to become familiar with the student's goals. Occasionally, changes to the child's program were made at this stage, but she acknowledged that the process encouraged acceptance rather than genuine discussion.

In regards to IEP implementation, however, the process was less formal than the development phase. Michelle described the IEP as "a flexible document" that was not accurately implemented. Despite this flexibility, she explained it was important for the classroom teacher and para to understand IEP implementation and take responsibility for teaching a child with special needs:

"I think this whole IEP should be a plan for the classroom teacher and para to understand how to implement... Its not so important that ...the rest of us know as much as them because its always their student. First and foremost. And we're the support. But...I think that is the big difference in philosophy too. Does the student because they're special needs belong to the resource teacher or do they belong to the classroom?... I guess I would want the teachers to be more involved sometimes with some of these funded students. I think that's the biggest thing."

She described her role in IEP implementation as a supportive one. She was responsible for assisting Emma in the classroom during classroom-based activities, as well as supporting the classroom teacher with "ideas" and preparation.

Factors influencing the IEP process. Michelle believed that the IEP process was shaped by the following factors: (a) time (i.e., "I think it is simply a time thing. I think I'm already booking subs to do all the IEP meetings, booking

subs to do the collaborative pieces in the classroom and all that kind of stuff.”), (b) insufficient collaboration with teachers and parents (i.e., “I think in an ideal world it would be really nice to collaborate even more with the classroom teacher. I always think that the classroom teachers know the child better than anybody else. In some cases the parent knows the child better than anybody else.”), (c) the IEP is a changing document (i.e., “If I can pretty much estimate it to the best of my abilities and then go through it with everybody around this table than that is probably good enough considering we are not going to follow this to a tee anyways, it’s not the Bible.”), (d) the bureaucratic needs of the process (i.e., “I think that Fiona and I did them more because we needed to hand them into the division, than to actually plan for the child.”), (e) one’s previous experience as a classroom teacher (i.e., “Fiona and I were both new to resource in the same year. I know that when it was done previously, I had funded student in my classroom and I wasn’t even involved in an IEP meeting... I had really no involvement.”), (f) one’s knowledge about the IEP process (i.e., “We are by no means even knowledgeable in this way. We are just trying and learning as we are going along.”), (g) the needs of the students (i.e., “[The IEP process] has evolved because Fiona and I, we never had such needy kids at our school until this year. We had way more funded kids, way more level three students, this was just a very overwhelming year in terms of needs.”), and (h) team members’ recommendations (i.e., “[We changed the IEP process] partially because clinicians recommended it. I know that Maria recommended that she would like to be more involved in that. And Fiona and I were just not knowledgeable, but as

soon as they said it, we went to Pam and we said we would like to do it this way. Pam is very receptive to all those types of things. And so this was our first time actually doing IEP meetings this way.”).

In general, Michelle was a resource teacher who believed in collaboration. One team member that she frequently collaborated with was Fiona, the second resource teacher at Hillcrest School. In the following paragraphs, I discuss Fiona’s beliefs and practices.

Fiona

Fiona is the resource teacher and resource coordinator at Hillcrest School. At the time of the interview it was her third year in the position. Previously, she worked in the northern part of the province as a classroom teacher. This was followed by a short-term teaching position in an urban setting. Fiona’s educational background included an Education degree and a Post Baccalaureate degree in Special Education from a local University.

As the resource coordinator and resource teacher, some of Fiona’s responsibilities included coordinating clinical support services (e.g., occupational therapy, physiotherapy, psychology, speech-language and social work), organizing programs (e.g., vision-hearing screenings, immunization programs, life skills group, and school volunteers), as well as managing the caseload of approximately 12 students who receive funding. In the following paragraphs, I discuss Fiona’s general beliefs and practices in education, as well as her perspective on the student, the team, the IEP process, and IEP ownership.

Beliefs and practices. Some of Fiona's beliefs and practices about education include the following: (a) pull out therapy is done only when necessary, (b) classroom-based service is a preferred practice, (c) each team member has "a different area of expertise", (d) a parent's requests are sometimes difficult to meet, (e) a life skills program was created to assist with programming, (f) programming for this life skills group consists of practicing telephone skills, social skills, and specific life skills (e.g., baking, shopping, communication in public places, as well as arts and crafts), (g) some students are removed from class for resource programs that are administered by the paraprofessional, (h) IEPs are flexible documents (i.e., "Whenever I share [the IEP] with the parents, I say, 'This is not in stone. It can change. We can come back in September and we might have a different goal.'"), (i) educators can change their way of thinking (i.e., [Teachers] can move out of that [old] way of thinking."), and (j) modeling new practices encourages change.

The student. Fiona explained that many of Emma's difficulties when she first entered school were related to behavior. Eventually this behavior steadily improved. She believed that some of this improvement was related to Emma's development and effort. For example, she said, "She was much happier this year... Emma has grown... [She] started getting more into her program."

Despite this improvement, Emma still had needs. Fiona described these needs as the skills necessary for "preschool". These skills included social skills, self-help skills, and pre-reading skills. She believed that Emma's strengths were her desire to be affectionate, as well as her enjoyment of crafts, dancing and

singing. She also described Emma as someone who "want[ed] to be like everyone else."

Team. Fiona's description of the team included the guidance counselor, the classroom teacher, the speech-language pathologist, the psychologist, the occupational therapist, and the physiotherapist. Each member had a distinct role. For example, the guidance counselor dealt with family related issues, the speech-language pathologist worked in the classroom and the occupational therapist monitored the program which she developed.

Fiona talked about the team offering support within the classroom rather than removing the student from the classroom. She explained that they provided this assistance by supplying information and materials or modeling new practices such as guided reading:

"Then we would go to the other teachers and [ask], 'What do you think? Would you like us to come in? Or would you like Betty to give you some graphic organizers? Or just advise?' And they choose what they would like us to do... Some are not open yet to that whole group... So some say 'No, maybe I'll try next year.' And we'll let them do that."

The IEP process. Fiona was responsible for overseeing the IEP process. The following paragraphs describe the procedure and her responsibilities during the funding process, IEP development, the IEP meeting, and IEP implementation.

The first step was the funding process. This phase involved gathering information for the funding application. Clinicians and the medical community (e.g., Child Development Clinic) provided the necessary information for the application.

Once funding was approved, the second step involved developing the IEP. Fiona reported that much of the information for the IEP reflected the information gathered for the funding application. Thus, she used this information to independently write the IEP. For example, she said, "[The] OT has recommendations, psych has recommendations, and sometimes I get recommendations from [the medical community]. Then I have all the reports. I've talked to all those people... Then I write that domain... They give me current performance, I write it. They give it to me, they tell me the goals, what we're looking for... Then they give me strategies."

Fiona explained that she was also responsible for developing the academic goals for the student. This included objectives for math, language arts, pre-reading, attention span, work habits, and social skills:

"Then the academic [part] would be me. I would go and get that child [and] evaluate... Like [for] Emma, I would just do the readiness skills. Do you know your self-identification, can you identify your name, read your name, identify your peer's names, maybe two or three. Those kinds of things. You know, counting, reading letters, identifying body parts,... following directions... I have a sheet of that kind of testing... Then I sit down with the teacher and say, 'Look, this is what they're not doing.' Then from there we say, we want Emma to be able to recognize her parents' names. To recognize her last name. To begin to write her name. Those are the goals. Very simple. And then that's what I would do in my academic [part]... And then [I would] say how they're going to be done [and] by who. [For example], the classroom teacher would be involved in the circle time and invite Emma to do the calendar with the whole class."

In general, Fiona reported that the classroom teacher and paraprofessional's role in developing the IEP goals was limited. For example, she said, "I usually do a lot with the academic, almost everything. When I finish the whole thing, sometimes I meet with them to give me input. Time is really the

only thing that stops us from doing something... Sometimes I end up just writing it, talking to her whenever I can. And then she says, 'Oh, just test her and then you [can] give it to me.' So I call them in and we look at it or sometimes I just say, 'Take it home, read it over and make sure everything is okay.'). Despite this limited involvement, she believed it was important to talk to both individuals.

The third step involved several team meetings. One meeting occurred in late spring to discuss the IEP for next year. There were three purposes for this meeting. The first purpose was to discuss the IEP as a team. The second purpose, she explained was to present the IEP to the parents who were seeing it for the first time:

"So when [the IEP] is all finished, they [do] not have an idea about it, so we just bring it to the table [and] meet with them...And they all [have] a chance to look at it. You know, some don't have so much to do with it...but some will say, 'Oh no, no, no, I mean he's over that at home. They do it.'... Sometimes I'll have a little line saying, 'At home, able to do,' just for ourselves to kind of know. And the parents to be happier I think... Just so that the kid doesn't look like they don't know anything. So that's the time that they get an opportunity to look at it."

The third purpose was to provide next year's teacher with a overall picture of the student and his or her program.

Fiona reported that in September another IEP meeting occurred involving the classroom teacher, resource teacher, and principal. The purpose of this meeting was to review the IEP in more detail. This review included discussing the child's abilities, as well as the team's expectation of the teacher. For example, she said, "This is where she was. These are the things you are going to do....Just to review what is going to happen there." A final meeting occurred between the resource teacher and paraprofessional to discuss programming

material (e.g., Reading Milestones). She explained that this type of meeting may occur throughout the year when paraprofessionals requested assistance.

Once the IEP was developed, Fiona reported that IEP implementation was largely the responsibility of the paraprofessional. Occasionally, the classroom teacher or resource teacher would become involved:

"The paraprofessional is doing [the implementation], but if time allowed, the teacher. We had one teacher who was really good [and] would say, 'Para you go away, stay with my classroom. I'm going to be working with this kid.' And that was wonderful because she got to know where these kids are. But some people just leave the para to do it. And me, the resource. Here's the program, and the para does it. Report cards come and they come to me and say, 'Oh, where is this person [at]? You know. They don't take the time. And I think we need to more."

In general, Fiona found that IEP implementation was problematic. For example, she said, "The other thing is just to get people to deliver [the IEP]. I think its still lacking. Unless you've been a resource teacher. I have some teachers who follow [it]. One person would really, really follow it, and say, 'We had this goal last time'... But then the majority won't. They do not even know where the IEP is." She believed that successful IEP implementation was dependent on the following factors: (a) weekly meetings with the individual implementing the program (i.e., "We need to every Monday meet. And say 'How are things? How did they do this week?' You know, just to be closely monitoring. We have to otherwise if we don't, people don't really go by what we are supposed to do... So I program this schedule for them."), (b) the paraprofessional's attitude (i.e., "[Successful implementation is the result of] the people who are doing it. I mean there are paras who are really keen. Keen on delivering it, making sure they look back... And then for some people, its not done

at all. You know, you have to go and say, 'Okay, whenever you get a chance, how is the OT [goals] coming?...I think it's the individual.'). and (c) the classroom teacher assumes ownership of the IEP (i.e., "There are some situations where...the teacher is really on top of it. They're looking after this [child's program]...I mean the teacher should be [taking ownership]. You don't want to take ownership. You should not take ownership of that [IEP]. It should be the classroom teacher and if they need help, then they should come to me. But it works the other way. It looks like you take over the kid.>"). It was this final factor on ownership that Fiona believed educators had two contrasting perspectives. On one end of the continuum were educators who did not assume responsibility for a child's IEP, while on the opposite end were educators who assumed complete responsibility for the student and his or her learning. In the following paragraphs, I discuss these perspectives.

IEP ownership. Fiona believed that some educators believed they were not responsible for a student with special needs and his or her IEP. These educators were more traditional in their teaching style or had an "old way of thinking." When asked to describe this perspective, she said, "The old way of thinking is that [you're] putting everybody in the same box. And saying... we're all learning the same way... We're all going to... get the same result. They believe that way. If I taught division at the end of my four weeks, everybody should know division. If you don't know, I can't understand why. [They're] not giving [them] room that they might get it the next month. Or they can get it maybe next year."

This traditional perspective was characterized by several beliefs and practices. First, educators with this perspective often questioned inclusive practices:

"I think they haven't really moved away from the old type of teaching. Inclusion is just beginning. And we often get some questions, 'Why are these kids in a regular classroom? They should be in their own classrooms.' And its like you know what, we're modifying, everybody learns at their own ability level. But they're not there yet. They're not there yet."

Second, Fiona believed teachers with this traditional perspective found new practices effortful. For example, she said, "Its too much work to even think [that way] and they tell you right away. Oh no, that's too much work. When do I get to do this. And its like you're not doing it alone. We can [meet]. Oh my God, when are we going to get time to meet?... It's just the time. They feel its too much work. They're not there yet. And once we collaborate, it's easy. But they do not see." Third, differentiated instruction was not a common practice. She explained classroom teachers with a traditional perspective would say, "I'm still in this straight [thinking]... We do one class and one activity. Everybody has the same sheet. And [we're] not doing the other sheets." Fourth, traditional educators may believe the student with special needs was the responsibility of the resource teacher. Thus, practices such as classroom-based intervention would not be considered.

On the other hand, educators who assumed ownership for a student's program had a different set of beliefs and practices. First, Fiona believed that educators who assumed responsibility were more willing to collaborate. Second, she noticed that they have a better understanding of practices such as inclusion.

For example, she said, "[They know] why its being done. The benefits of doing that." Third, educators with this perspective were more likely to accept the support of a team in the classroom. For example, she said, "We have people who are welcoming and they are really open and those are people who are open to volunteers, they're open for anybody coming into their room... If you're not open [to] getting people in your classroom, you don't have an opportunity to go and reach those kids." Fourth, they use differentiated instruction because they believe people learn differently:

"I think the new way of thinking is knowing that we are all different people and that's where differentiated instruction comes in... Kids learn different ways. You know, through music, through gym, through different kinds of things."

Overall, Fiona believed educators had different perspectives on assuming responsibility for IEP implementation. These perspectives were characterized by different beliefs and practices. For example, an educator who assumes responsibility for teaching all children may be more likely to consider a practice such as classroom-based intervention compared to an educator with a more traditional view. One individual who introduced this inclusive practice at Hillcrest School is Betty, the speech-language pathologist. In the following paragraphs, I discuss Betty's classroom-based practices, as well as her beliefs and practices.

Betty

Betty is a speech-language pathologist in Boundary Trails School Division. She has been working in the division since the 1990's. At the time of the interview, she was responsible for providing services to Hillcrest School. Her educational background included a Bachelors degree and Masters degree in

Speech-Language Pathology. In the 1980's, she continued her education and received a Doctoral degree from a North American University. In the following paragraphs, I discuss Betty's general beliefs and practices about education, as well as her perspectives on service delivery, change, the team, the student, and the IEP.

Beliefs. The following were some of Betty's beliefs: (a) school administrators would like all clinicians to use a classroom-based model (i.e., "I think the approach they want for all their clinicians, not just speech, but [also] psychology [and] social work, is to work more collaboratively with teachers and work with the whole class. So we still have kids referred, but there are a lot of kids who probably could be referred, but aren't just because they're getting the service through the classroom-based model."), (b) children with special needs should be a part of the classroom, (c) an educator's lack of desire to collaborate in the classroom may be influenced by his or her uncertainty of the other individual's intentions (i.e., "It's usually the case that teachers who maybe aren't as collaborative are just kind of nervous that you're going to be evaluating what they're doing or saying."), (d) some educators have a natural ability for teaching and differentiating instruction (i.e., "I think some people are born teachers. I think there are some people who aren't trained as teachers, who should be teachers. Maybe they didn't choose to be, but they are just natural mentors and they just know how people learn. It's almost like a musical ability. You don't need musical training to be musical. I think teaching is an art like that. And some people are just natural at that."), (e) teachers have different philosophies and teaching

styles, (f) a teacher is expected to be an "expert" in many areas, (g) furthering her education changed her practices, improved her understanding about the learning process, and confirmed her belief about classroom-based intervention, and (h) programming decisions should involve collaboration (i.e., "I think if they're making a recommendation about... attention in the classroom, they need to consult with me on processing.").

Service delivery. Betty used a collaborative service delivery model in most of her schools. She provided services in the classroom while differentiating the classroom material. For example, she said, "I've always believed in [working in the classrooms]...[and] my materials are the curriculum." She also consulted with teachers about differentiating instruction for students. This practice involved "meeting with teachers and talking about the curriculum [in order to] make it easier for kids with language problems and special needs." She reported that this type of service delivery allowed the classroom teachers to choose what was addressed in their classroom. Overall, Betty provided service to eight classrooms at Hillcrest School. She administered a phonological program, a guided reading program, as well as classroom-based speech and language intervention.

Betty believed there were several benefits to classroom-based service delivery. First, classroom-based services enhanced collaboration. She believed the process was "automatically collaborative." Second, team members had an increased understanding of other's roles when they used classroom-based intervention. Third, community acceptance was improved when team's utilized

classroom-based services. For example, she said, "Geoff would play the guitar and I'd sing with him. We've done a lot of stuff like that, that's very different. And it really gets you well known and really accepted I think. And not just [within] the school community, [but] the whole community... You're really a part of the Hillcrest area. Which is kind of neat." Fourth, Betty believed there was increased awareness of team members' roles. When describing the practice, she said, "One of the things about doing the classroom-based service delivery, the whole school knows you and the parents know you as the clinician."

Change. Betty experienced first hand, the introduction of a new practice. When she first utilized classroom-based service delivery in the Boundary Trails School Division approximately ten years ago, it was an uncommon practice among clinicians. She slowly began to introduce it, using a "class by class approach" and now believes it is prevalent throughout the division.

Introducing this new practice involved the following factors: (a) time, (b) collegial sharing, (c) the individual's willingness to try a new practice (i.e., "It does take time and I think in this division, I started with one teacher who really wanted to work with me and this was a multi-age classroom, so I could cover lots of age levels, grade levels. And [then, its really] word of mouth. I would have teachers come and say, 'I heard that you worked in so and so's classroom, could you... come and do some stuff with me?' And it's just evolved. And so every year, one more teacher works with me. So... at Hillcrest School, I don't think they would expect me to take anybody out of the classroom for language therapy."), (d) the individual's initiation (i.e., "I always wait for them to invite me."), (e) the practice is

supported by the school norm (i.e., "I think probably because everybody else in the school was doing it, [a teacher might] think maybe there's more to this than I thought."), (f) a trusting relationship (i.e., "I think some people are scared that you're coming in to evaluate what they're doing and so it's a trust factor. I think trust is a big part of it... I couldn't go and work in a new school and start a program of working in a classroom with everybody right away. It would be ... silly because they wouldn't know me. So it's a long process... The trust is a huge factor."), (g) a willingness to learn (i.e., "Some of them are very willing to come out to workshops or to consult with me or say 'Can I have a half day with you?'"), viii) an individual who is a permanent figure in the school (i.e., "You have to be in a school for many years. I would say probably ten years and not force your way in at all. Sit back and wait for people to say, 'Let's do something together'.... You might find a teacher that you know is really going to work well with you. Like Michelle and I... I suggested to her that I work in her classroom for one [student]... She was teaching grade two-three [and] it was her first teaching assignment.... She was very willing [to work with me] and it just grew from there... [Basically], it started... from one student."), (h) divisional support (i.e., "The division brings in a lot of ... speakers [from the division and outside] to help with [introducing new practices]. We've had some good inservices out here."), and finally, (i) inservicing (i.e., "First the Early Learning Support teacher taught us what [guided reading was]... And then as a team we went into different classrooms and did a block schedule... for six weeks. We would [each] have a

guided reading group...And so we taught teachers how to do guided reading....It's really a lot of [capacity building for] teachers.”).

Despite the utilization of the above strategies, some individuals may still not feel comfortable with new practices. For example, Betty said, “A wonderful teacher who never really wanted me to come into her class, didn't mind if I took kids out, but she's a great teacher. And I just thought, well that's just her style. She doesn't feel comfortable with the collaborative model. So I leave people alone.” She believes this resistance may be the product of their beliefs and/or practices:

“There are some people who are sort of closed just because maybe their philosophy is different... There are few young teachers like that, but [it] might be somebody who has worked for thirty years... So they would look at children in a different way than I would...And some [other] teachers...don't want to [meet with me]. Maybe they don't want to ask for help. Or maybe they don't realize that they could. I generally find it's not the case that it's not a good teacher. [It would be] somebody who [would do well with] a normally developing kid... or with really, really bright kids. But [those teachers may not] know what to do with the special needs.”

In turn, this resistance from the classroom teacher results in other team members taking on a greater role in the student's program. In regard to this additional responsibility, she responded, “I find that sort of frustrating that the special needs kids are...left out in that case. It does happen, even if we have meetings and we might have to take a greater role...as the resource team when we know that the teacher is...not willing to learn new things or maybe doesn't know the questions to ask.”

Collaborative teaming. Betty discussed the concept of two teams supporting students at Hillcrest School. The first team was comprised of the

early learning support teacher, guidance counselor, administration, and two resource teachers. These team members had been together for the past four or five years. The second team consisted of clinical support staff. This team included the psychologist, the social worker, and the speech-language pathologist. They had been together for ten years.

Despite the fact that each team member had his/her own specialization, Betty believed that the teams collaborated well. When describing this collaboration, she said, "Behavior is not my area, but if a child has a language disorder, chances are they're going to have some behavior issues. So Geoff and I really collaborate on that [along with] the guidance counselor. So [although] we do have our own specialization, it's not the expert model.... Collaborative, is the best way to describe it." This team's successful collaboration may be contributed to several factors. In the following paragraphs, I discuss these factors which include team members' traits, similar beliefs, administrative support, as well as the presence role transitioning.

Betty believed that individual team members significantly influenced successful collaboration. For example, she explained that team members who were good communicators, trustworthy, considerate, well-educated, experienced, and valued parity, positively influenced collaboration.

"I think a lot of it is personalities... Nobody is in a power struggle. Nobody is saying, 'I'm doing this and you're doing... this.' There's nothing like that. Everybody respects each other. A lot of respect and trust, definitely. ... It's I think mutual respect and everybody's a nice person. I think being a nice person makes a [difference]... It seems like it should be a small thing, but to me that's one of the priorities. Everyone has respect for each other and communicates well. Communication is a big part of it. And letting

people know what's happening... Being considerate. And top notch educators [with a lot] of experience."

Betty also believed team members' similar beliefs about children and learning had an impact on collaboration. These similar beliefs were present in the following areas: (a) the team's priorities, (i.e., "We love the kids. The bottom line is the kids... We're of the same philosophy... [At this] school, you have to be a certain kind of person to really be happy working [here]. You... follow the philosophy."), (b) their view of the child (e.g., "And seeing the whole child. Like you're looking at all these little pieces, but you're putting it together, sometimes its like a puzzle."), and (c) their use of a classroom- based service delivery model.

Betty also acknowledged the fact that administrative support was important in the teaming process. When describing this support, she said, "[Administrative support is] huge... I had one school where a case came up and the principal said 'Well, its only speech.' And at Hillcrest it's the opposite of that... We're really valued [and] seen as important on the team. And everybody has their own individual importance and nobody is more important than the next person." She believed that this support was influenced by the administrator's knowledge of the disciplines. For example, she said, "Its wonderful to have principal who knows what speech pathology is, knows we don't just do artic and fluency. [And] understands [language]. So Pam is a huge support."

Another factor that influenced the team's successful collaboration was the presence of role transitioning. This practice involved team members committing themselves to teaching, learning, and working across disciplinary boundaries.

Betty described this process when she said, "Everyone is top notch...in what they do. And I've learned from them [and they have learned from me]."

The student. Betty explained that Emma was initially identified as having a global delay with many special needs when she entered kindergarten. Four years later, at the time of data collection, Betty described Emma as a happy student who was "totally included" and "loved to do what the other kids [were] doing." She believed Emma had made "tremendous progress" that was the result of the school's teaming and inclusive programming. For example, she said, "She's just a real success story. But through the collaborative team approach...Through everybody doing their little piece and keeping her in the classroom... She's a really mainstreamed [child]."

The IEP process. Betty has been involved in approximately 200 IEPs in her twenty year career. During this time, she witnessed IEPs that were successfully implemented by educators, while other IEPs were poorly implemented. In the following paragraphs, I discuss Betty's perspective on the differences with IEP implementation.

Betty reported that there continues to be individual differences with how successfully an educator implements an IEP. Betty believed that successfully implemented IEPs were related to several factors. First, an educator's innate ability to differentiate had a positive influence on IEP implementation. Second, an educator's willingness to ask for assistance when necessary improved IEP implementation. For example, she said " [The teacher] will ask for help if they need it and say, 'You know what, I don't know about this so I need to study [it]'.

[It is] very important...not too think you know it all." Third, Betty believed that an educator who was creative would be successful at IEP implementation. And fourth, an educator's willingness to "change" had a positive impact on IEP implementation.

On the other hand, Betty believed that poorly implemented IEPs were the result of a couple of factors. First, a lack of collaboration in goal setting may result in incorrect information, thus influencing the goals implemented. She explained that in the past some resource teachers had "written good funding applications" but then wrote "their IEPs [without] consulting with [team members]." This problem led to incorrect information in the IEPs:

"There was one I saw last year... I just happened to be reading her IEP and it said, '[She] speaks in three word utterances'. She's in grade two and she speaks in complex sentences now. So you have to update this."

Second, some IEPs were poorly implemented because the educator encountered difficulties when teaching a child with special needs. For example, she said, "They're really good at teaching a regular kid, but if the child has any kind of special needs, they're lost."

Roles and responsibilities. During the IEP process, each team member had a different role. In the following paragraphs, I describe Betty's perspective on each role.

Betty explained that her role included developing speech and/or language goals, providing classroom-based intervention, planning a speech and/or language program for the paraprofessional to implement, and discussing the student's progress at the IEP meeting.

The paraprofessional's role included working with the student, inside and outside of the classroom. For example, she said, "She does a lot of work with her in the classroom and some pull out as well."

According to Betty, the classroom teacher had a major role in implementing the IEP. She explained that they needed to assume responsibility for the child and his or her learning:

"I would think the teacher would have the major role... That's why its important for the teacher to be at the meeting and to realize they're with the child the most ... So I think its important for the teacher to know they're the primary giver of education. So they have to know about all of the aspects of the IEP. They need the support of their team. But they're going to be the person ultimately delivering the education. So they need to know [the child's] processing time and that sort of thing. [It's really important for them to know [everything about that child's learning]."

The new teachers for the following year, however, only had one responsibility during the IEP process. They were responsible for learning about the student and his/her next year's program.

The resource teacher's role included gathering information about the child from specialists, clinicians, and agencies (e.g., Neurologist, Speech-Language Pathologist and Child and Family Services) and then using this information to write the funding application and IEP. When explaining the process, she said, "Then they go through the process of writing the IEPs and they certainly do ask for input from each of the individuals... involved... Sometimes they can use the goals... you write in your report. And sometimes they might come to us with more specific things that they need for writing goals... They write up the IEP and then they set up a meeting."

Finally, Betty believed that parents should be involved in the IEP process. The parents' role was to "approve" the content's of the IEP. As well, they were responsible for implementing certain IEP goals and strategies at home. For example, she said, "The parents will implement [the goals] at home, but in a different way." The parents along with other team members all had distinct roles.

Overall, Betty is a clinician who believed in collaboration and classroom-based services. On the other hand, Paula, the paraprofessional delivered most of her support outside of the classroom. In the following paragraphs, I discuss her practices and beliefs.

Paula

Paula is a paraprofessional in Boundary Trails School Division. She was Emma's paraprofessional in grade two. At the time of the interview, she had returned from a sick leave and was completing her twenty sixth year as a paraprofessional. Previously, she had worked with Emma's sister for two years. Paula's educational background included attending two to three inservices yearly. In the following paragraphs, I discuss Paula's general beliefs about children and education, as well as her perspectives on the student, the team, Emma's program, and the IEP process.

Beliefs: Paula had a few beliefs about children and learning. First, she believed that children were passive learners. It was her responsibility to give the student the necessary information and skills, and thus she was responsible for the student's improvement. For example, she said, "But sometimes when you're working with these children you feel like you're not doing any good... You're not

getting anywhere with them or they haven't improved because of you which you hope they would. And so I'll speak to the teacher and say 'You know, do you notice a difference?' Sometimes you do, sometimes you don't. So you can only do what you do and hope that some of it sticks. And that's it." Second, she believed children fit into different categories. When discussing this concept, she said, "They look forward to [coming out] because some kids don't like being taken out of the classroom, but then they're not in the same category as these [students]... I think it makes them feel special somehow. Whereas if a child isn't having as many problems, it embarrasses them to be taken out. These girls, no, no. So that also gives you an insight into what level they're at."

The student. Paula appeared to enjoy working with Emma, but found her behavior uncooperative and "immature". When discussing her overall needs, she said, "So aside from you know, physically and even mentally, she's handicapped. There's no question. And coordinat[ion] [is poor]... If you watch her run, it looks like she's all over the place." She also believed that Emma had difficulty with forming friendships at school:

"I think the kids just tolerate her. I hate saying this. She doesn't really have what you call a close friend.... And then she starts that screeching business or screaming at them [and puts the others off]... It can be over anything... Most of the time if something isn't going her way or she doesn't want to do something [she'll get very upset]."

In regard to Emma learning new skills, she said, "I just find her very immature and I assume she can't help it... I don't think she will ever improve all that much."

Paula was unsure of Emma's strengths, but believed her enjoyment of art and working with younger children were her strengths. For example, she said,

"She likes art. I don't know. Did you ask Carol?... Every child has a strength somewhere or a talent. Hmmm. (Pause). One day I noticed they [came] into kindergarten [for] buddy reading and she loves that... It makes her feel important when she's helping someone, a little child younger than herself. So I think she's good with little kids... Otherwise, I don't know."

The team. Although Paula had worked many years in the school system, she did not consider herself a member of the team:

"I'm not involved with them. I'm involved with Emma. I'm really not involved that way as part of the team... If I have questions or if I need material then I'll go to Fiona. But otherwise I'm not really involved in their discussions about her or her dad."

When asked about what some of the team members' responsibilities included, she replied, "I don't even know what they do. Like when they get together and what they discuss when they get together. I have no idea."

Emma's program. Paula described Emma's program in grade two as unstructured with many activities occurring outside of the classroom. When asked to describe it, she said, "There's nothing set, [and] sometimes I wonder if it should be. That would be better for her to have an actual schedule... If there's something going on in the class, like an art project, we'll stay in the class. And she'll do that. If not, I'll bring her out and I'll work on the reading and the workbooks. Whatever comes along... I'll ask Carol if there's something from the classroom that she should do. So we'll do that."

In general, Paula decided on the programming activities for Emma. For example, she said, "On the whole I kind of just run things off on my own.... I'm going more or less on my own... There's no what you would say a set program as

far as I'm concerned." Some of the skills she targeted included printing, the alphabet, copying, reading, gross motor activities, and math.

Since Paula did not consider herself a team member, collaborating with other school staff occurred infrequently. Rather, it was her experience that guided her programming choices and strategies. When asked how she decided what goals and activities to target, she replied, "Just from working with children through the years." Programming was also significantly influenced by Emma's cooperation. For example, she said, "We do that [journaling activity]. Just whatever I think she will do. You know, there's some days she's very cooperative, other days she's not. So we have to go by that. If not, then we've got trouble. Because then she gets hysterical. And so there's no point pushing her."

When dealing with Emma's behavior problems, Paula reported that common sense, as well as trial and error guided her intervention strategies rather than specific recommendations or a program:

"I don't go by any set of rules or any type of schedule or whatever you call it I'm supposed to do with her. I just go by my own instincts. And then you know. You find out what works and what doesn't work with her. But at times you can kind of push her a little bit and other times you can't. ... I don't know if I'm going by my motherly instinct or from being a mother or just through the years of working with kids... Sometimes I find common sense works a lot better."

She was unsure what caused Emma's behavior difficulties, but used strategies such as acknowledging her mood, ignoring the behavior, and being firm.

Paula believed that a more structured program for Emma would be helpful. For example, she said, "I'm going more or less on my own...[and] I

would like to have a more structured academic program for her... Like in reading she needs this, in printing, in math. Whatever. And I would like to be able to work on this everyday." This structured program would provide her the support and confidence that she wanted. When discussing this type of program, she said, "[I don't want to be] thinking 'Gee, I wonder if this will be good for her?' Well, maybe I'll run this off for her... That's what I'm saying. I want something that I know is going to help her and improve her. Whether there is anything is another question."

Overall, Paula was unsure if the programming helped Emma and appeared to feel a little uncertain about her program and future.

"I don't know if its doing any good for them ... I wish there was something that I could do or someone could do to improve the way she is. But I don't know if that's possible. If anybody is even able to. It depends what's going on with the brain I guess. I don't know. I think we're all kind of confused on where to go with her... I don't know what's going to happen when she gets older. I'm just thinking... I'm working with her with the reading and stuff... at least she's getting some schooling and she's not just playing and being ignored."

The IEP process. Paula's involvement in the IEP process was limited.

She did not participate in developing or implementing the IEP and was unsure if she saw Emma's IEP that year. She does recall, however, that she was "supposed to be doing exercises with her." When discussing her overall involvement, she said, "I think this is pretty much the first year that I've been involved with and I really don't know what they put in the IEPs really. Like I have nothing to do with it. Like I'm basically here to work with the kids... Fiona and Michelle, they're the ones and I guess the teachers." She believed her exclusion

from the IEP process was not deliberate. Rather it was due to confidentiality, scheduling, and lack of time.

In general, Paula was unaware of the IEP and received little support from the team. She also spent most of her time with Emma outside the classroom. I believe Arnold, Emma's parent, had some awareness of this situation. In the following paragraphs, I discuss his beliefs and practices.

Arnold

Arnold is Emma's father. He also has an older daughter, Samantha who is four years older than Emma. Both daughters have individualized programming at Hillcrest School. During the year, he volunteered for approximately five months at the school. At the time of the interview he was unemployed. His wife, Martha works at a daycare and is the income earner in the family. According to the school team, Arnold and his wife received special education support when they attended school. In the following paragraphs, I discuss Arnold's general beliefs about children and education, as well as his perspectives on his daughter, the team, and the IEP process.

Beliefs: The following were some of Arnold's beliefs: (a) children develop at their own rate (i.e., "She'll have to decide when she's ready. I can only offer it to her, I can't push it on her."), (b) Emma should participate in the classroom (i.e., "I don't know who her para will be next year, but they're going to hopefully get her to do things in the class."), (c) the paraprofessional implemented Emma's program, (d) Emma was not always a member of the classroom (i.e., "Well right now, I guess she's in grade two. I just passed by and I guess the para this year

is working with her, I guess doing printing and stuff. Cause I just passed by, they were in the library. I don't know what else is happening."), (e) chronological age defines development (i.e., "Even though she's an eight year old, her level of thinking and understanding is like a five or six year old."), (f) Emma will improve (i.e., "We have a child that is developmentally delayed, cognitive and she's having a problem with her speech and her coordination, her motor skills and so yeah, we know that she can't do certain things, but we know that she will get better and she will eventually learn how to ride her bike and she will eventually learn how to do this and that."), (g) every child is different (i.e., "I just think because every child is different, she'll want to exceed and excel in a different way."), (h) children control their learning (i.e., "You can only give so much effort. If the child wants to absorb it then they have to be ready for it because that's part of when they're ready to move on. Because you can't really push that too much."), (i) its important for a parent to have hope (i.e., "Well, I don't think she's going to every catch up totally. But I think she'll still make enough strides that she'll be able to function okay. Cause I still don't believe what Geoff (the psychologist) says, that she's going to have a hard time when she's... eighteen or nineteen years old. You can't really say what's going to happen then. She's only eight years old now, so in ten years she won't be able to function on her own? She may have some difficulties, but I think she'll be able to make it. How can a person say that? Do you think that was fair? I don't think that was a fair comment. She'll manage. People make mistakes. She'll manage. It won't be the end of the world."), (j) a child is retained in a grade when he/she is not mature

enough (i.e., I think the only reason why they kept her back one year is that I don't think she was mature enough and I don't think she was ready to go... I guess they just want to stop keeping her back because that's not really going to do her any good.") and, (k) the life skills program will help her acquire the everyday skills that she needs (i.e., "They're introducing that life skills and I think that's going to help her with life in general. You have to know how to function.").

His daughter. Arnold described Emma as an open, independent, caring person who could be opinionated and stubborn at times. He believed her strengths were her verbal skills, as well as her desire to speak her mind and be involved in school and classroom activities. When discussing her desire to be included, he said, "She wants to be a part of everything.... She wants to be involved in the whole school routine."

Arnold acknowledged that Emma had "limitations." He explained that some of her needs included reading, printing, putting her shoes on the correct feet, riding a bike, and developmental delays. In terms of his expectations for Emma he hoped she would accomplish a few goals. First, he wanted her to acquire new skills so that her needs would be met. For example, he said, "I don't want her to be a Rhode Scholar, but I just want her to be able to function properly. To be able to satisfy her needs." Second, he hoped that her interpersonal skills would improve. Third, he "want[ed] her to be happy." In the future, he hoped that she would attend a college. When discussing this desire, he said, "I don't think she'll be going to University. It's not the end of the world you know. I think she'll end up at the Red River College or a technical college

and maybe she'll take some kind of trade or something with computers because she's probably going to have to do a lot with computers... So I think she needs to have that independence."

The team. Arnold described the team as consisting of the resource teacher, the guidance counselor, the occupational therapist, the speech therapist, the classroom teacher, and the paraprofessional. In general, he viewed the team's role as improving her abilities and enhancing her development.

Although Arnold's direct involvement with the team appeared to be limited, he considered Martha and himself as members of the team:

"So everybody has a small part, a small piece of the puzzle. And I guess ...they all kind of work together. And I guess Martha and I are kind of thrown into the mix too. We may not have the same expertise as a lot of these people, but we still are quite involved. Directly or indirectly."

He explained that they had three roles. The first role was to assist the team with problems. For example, he said, "If I had a problem I could always come here or speak to them. And I think I mentioned to the teachers if there was ever a problem, they could call me anytime. So the door is open there." Their second role was to read to Emma. The third role was to be Emma's advocate. He believed he needed to watch out "for her own well-being." In the past, he tried to work on other specific skills with his daughter, but this attempt was unsuccessful due to her lack of cooperation. He explained, "They will not do it. They would rather be more cooperative with a stranger or a teacher or whoever. So my involvement, well I guess this is as much involvement right now as she wants... And I can't push it because she'll say 'No, that's enough'".

The IEP process. Arnold was unfamiliar with the term IEP and acknowledged that he was not very involved with Emma's school programming. Despite his lack of involvement, he tried to be aware of what she was participating in school and be available to the school. He believed that the goal of programming was to improve her academic and life skills, as well as eliminate her delay. For example, he said, "Where she stops they're going to work on it and hopefully be able to catch up."

Arnold believed that IEP development, implementation, and evaluation were the responsibility of the school team. Whether the school team was meeting these responsibilities was solely based on trust. In regard to this trust, he said, "I think if the people [are] doing what they are saying, I guess I [have] to believe [them]". He was conscious, however, of the fact that the team wanted to be more aware of her daily activities. For example, he said, "I think basically is they want to try and keep things a little more tight on what's happening. I guess they want to keep track more."

Overall, Arnold was cautiously optimistic that Emma's IEP was the best program for her. When asked about her IEP, he reported that there was nothing he would change and said, "Is this program going to help? Well I think it cannot hurt." He hoped that she would "benefit from it." Nevertheless, if difficulties arose during the year, he believed Emma would need to change rather than her program:

"I don't think anything would truly make it better. I just think because every child is different, she'll want to exceed and excel in a different way. And she'll have to let people know. If the child doesn't want to pick it up...

You can only do so much. So I think you have to give it a chance and she has to adjust to it.”

Despite the fact that Arnold did not contribute to his daughter's IEP, his involvement as a team member is considered a 'best practice' in the IEP process. In the following paragraphs, I discuss the Director of Student Services' perspective on this practice, as well as her beliefs and assumptions about other IEP practices.

Valerie

Valerie is the Director of Student Services for Boundary Trails School Division. At the time of data collection, she had been working in the division for twenty years. She first began her career as an elementary teacher, as well as teaching segregated special education classes in the division. After these positions, she became a resource teacher for eight years which was followed by Director of Student Services. Her educational background included a Bachelor degree in Education and a Pre-masters in Special Education from a local University.

As the Director of Student Services, Valerie coordinated the services of 250 children with special needs in the division. Some of her responsibilities include supervising clinical support services (e.g., occupational therapy, physiotherapy, the divisional nurse), managing the student funding process, arranging professional development for resource teachers, and chairing different committees. In the following paragraphs, I discuss Valerie's general beliefs and practices about education, as well as her perspectives on the division, the school team, and the IEP process.

Practices and beliefs. Some of Valerie's practices and beliefs about children and education include the following: (a) She used people first language (e.g., "Children with special needs"), (b) the IEP process should address the student's needs, as well as the classroom teacher's needs (i.e., "They would look at needs in the classroom, what needs to be adapted and where is the student struggling, where is the teacher struggling."); (c) differentiated instruction and modifications to the environment are useful practices (i.e., "What do we need to make this the optimal learning environment for this child?"), (d) educators should use a strength-based model rather than a deficit one to view students and develop IEPs (i.e., "So I would like to see [the strength-based model] working in IEP meetings as well. Let's look at what the strengths of the student are, what are the strengths of this group sitting around this table and how can we use our best skills and qualities to help the child."), and (e) financial concerns are a factor when examining inclusive practices (i.e., "[Students attending their home school is] certainly more expensive because... the kids need more one on one support and you need more equipment. You need more facilities in terms of grooming rooms and special needs washrooms because you're putting them in every school.").

The division. Valerie reported that inclusion was the most common practice in all the schools except for high school. At the moment, each high school had one class with students with special needs. These students were included in regular classes as much as possible. The division also tried to move away from cluster schools due to the needs of the students and the school team:

"We're trying to send as many kids as possible to their home school so that the kids they see in school are the same kids they see on the street at night when they're playing outside... So it used to be more of a cluster program at Victoria and also Parkway, but not so anymore. We find that having that many kids with special needs in one building is a real strain on the school team. It's really tough on the resource teachers and administration, guidance, in those buildings."

The team. Valerie believed that team memberships usually included the administrator, the resource teacher, the classroom teacher, the guidance counselor, the clinicians (e.g., social worker, psychology, speech-language pathologist), the paraprofessional, the parent[s], and occasionally the child. Generally, she believed these team members each had distinct roles but worked closely together with "lots of communication." In particular, she believed that the paraprofessional, student, and parent had unique roles. In the following paragraphs, I discuss these roles.

Valerie believed that the paraprofessional had the biggest role in the student's program because he/she was largely responsible for implementing the goals and strategies:

"They probably have the biggest role because most of our clinicians are consultative. So [the clinician] would come in for a one time assessment and then give recommendations and often train the E.A. or para how to deliver that program so the E.A. is responsible for the day to day kind of implementation of those goals and strategies. And checks in with the classroom teacher, but also the resource teacher. And again that's the person that must be around the table for IEPs, [but] is often the one that is not at the IEP meeting because who is going to watch the kid?"

She also believed that the student should participate in the IEP process. When discussing their participation, she said, "I think that again brings us to including the student as well. I think even if they're nonverbal...they should be

part of the IEP process. And we don't do that often enough. We do it with our high school kids. We include them very well, but our little ones, I think often we just forget about them. And I think even if we have them in for a few minutes and say 'What do you want to learn at school next year? What is important to you? Or what would be fun for you to work on?') Unfortunately, she believed the student was often not involved because of bureaucratic beliefs and practices. For example, she said, "We're so used to having these kind of bureaucratic, timed meetings. We only have an hour. You know we have to do it like this, like this, like this. We're just too focused on the goal of the meeting to even step back and say, 'Wait a minute. The person we're talking about isn't even in the room.' And I don't think we give kids enough credit for having the ability to tell us what they need."

Finally, she believed that parents should be a part of the team and have input into the IEP. When talking about their participation, she said, "I think it's important to hear the parent and also their request. Like they may want a goal in there that we think is kind of flaky or not important or not valid. I still think we need to at least consider it and give the parent some validation around that."

The IEP process. Valerie had considerable experience with IEPs.

Initially, as a resource teacher, she was "in charge of doing all of [the] IEPs." At the time of data collection, she coordinated the funding process, reviewed IEPs, and attended IEP meetings upon a team's request. In the following paragraphs, I discuss her perspectives on the IEP development and implementation.

Valerie reported that the IEP development process followed a general format that began in the spring. The first step involved gathering information about the student's strengths and needs from different sources (e.g., Child Development Clinic, Society for Manitobans with Disabilities, classroom teacher, clinicians).

The next phase in IEP development involved determining the goals for the different domains (e.g., academic, social, motor, speech/language). Information in this section included the child's current performance, expected long and short-term goals, strategies, as well as the logistics about implementation. Valerie believed that teams in the division developed goals in one of two ways. One method involved the team members developing their own goals before the meeting and then reviewing those goals with the entire team at the meeting. This process resulted in "the person working in that discipline tak[ing] responsibility for that part of the IEP." The other approach involved a team collaboratively developing the goals. For example, she said, "In other schools, it's a blank slate. They all put their heads together and work out the goals together. As they talk about the child's strengths and weaknesses, they just develop the goals together." She believed that this later approach was the best method:

"The perfect IEP process I think would be everyone coming to the table with some notion of what they see as goals for this student, not necessarily already written out because then its too easy to just rubber stamp it and say 'Okay, good, that's done'. But for everyone within their expertise, within their area of expertise to have some notion of what they would like to see the student work on or develop in the upcoming months. And then to discuss it as a team and then allow input from other people. And especially the parent. I think the parent must be heard."

The final phase of the process involved reviewing the IEP in early winter and spring.

Valerie believed that successful IEP implementation involved several factors. First, the IEP should be a guide. When describing how the IEP should provide detailed information about implementation, she said, "Part of developing the IEP is listing the strategies they're going to use and who's going to implement [them]. And they're pretty specific as to how that's going to happen and who's going to take responsibility for this part and what days are you going to be in, when are you going to train the paraprofessional to do the exercises or speech or whatever. So I think it's the decision on how to implement happens at the IEP meeting and that's just carried." Second, the IEP should be a 'living document'. For example, she said, "I encourage all of my resource teachers to send me messy IEPs. I want to see things crossed out and I want to see scribbling on them. I want to see 'Goal Achieved', hooray! I pound away at the fact that these are living documents. They are not to be stuck in some binder and ignored. The teacher needs a copy on her desk, the para needs a copy in her binder or right beside her." Third, the IEP needs to be continuously checked and revised if it is to be effective. Fourth, the IEP process should involve team collaboration and communication. Fifth, the presence of role transitioning among team members enhanced IEP implementation. When talking about the best practices for IEP implementation, she said, "It's when all the goals all kind of link and when the discipline's input can also link." Sixth, a skilled and informed paraprofessional can be beneficial. For example, she said, "Also where the child has an excellent

paraprofessional who's smart, who gets it, who understands what the goals are and what his or her role is in the implementation." Finally, she believed that involved parents who monitored their child's learning increased the likelihood of an IEP being successfully implemented.

On the other hand, teams encountered difficulties with IEP implementation when there were issues with teaming and collaboration. For instance, Valerie believed that a lack of collaboration may negatively influence team members from taking ownership of the program:

"It's not meaningful to people or people haven't taken ownership for it if someone sits in an IEP meeting and just tries to control the whole meeting and controls what gets written down. Then no one has a stake. No one has any ownership if it's not a true team process. Then why should they?"

Overall, Valerie believed that teams should participate in many practices that are presently considered 'best practices'. Some team members from Team B utilized a number of these practices. In the following section, I describe the beliefs and practices of these seven team members. These members included the grade four classroom teacher, the grade five classroom teacher, the resource teacher, the guidance counselor, the principal, the social worker, and the Director of student services.

Team B

Team B. Team B worked in Prince Albert School, another urban, elementary school that offers a bilingual program. It has approximately 500 students and is located in Lakepoint School Division. One student the team supported was Neil, a grade four student. Neil received level two categorical funding. On his funding application, it stated that his cognitive ability is

'borderline', academic functioning was at the grade one or two level, he presents with behavioral concerns, and has a medical diagnosis of Absence seizures and Attention Deficit Hyperactivity Disorder.

The IEP goals focused on improving his skills and use of strategies in the areas of classroom and social behavior, academics and mathematics. However, the IEP for grade four and five varied due to different classroom teacher involvement. For example, the student's strengths, learning preferences and prime needs were different for each IEP. The majority of Neil's program occurred in the context of the classroom and was implemented by the classroom teacher and the paraprofessional.

The team for Neil consisted of the resource teacher, counselor, principal, social worker, the grade four teacher, and the grade five teacher. Team member's perspective on team composition also varied with this team. Despite this variation, many team members reported that the IEP process and teaming were influenced by the decision-making and support provided from administrators at the school and divisional level.

This team was also a highly cohesive group that participated in role transitioning. They had been together for four year at the time of initial data collection. Team members shared similar beliefs that were child and family centered, although parents were not directly involved in the IEP process. In the following section, I describe in detail the perspectives of each team member.

Debbie

Debbie was a grade four classroom teacher at Prince Albert School. Beginning in the 1970's, she taught grades three to six, as well as three-four splits and four-five splits. She has spent almost her entire teaching career at Prince Albert School. Her educational background consisted of a one-year Education degree and a Bachelor of Arts degree. She also has been involved with 50 to 75 IEPs in her career. In the following paragraphs, I discuss Debbie's general practices and beliefs about children and education, as well as her perspectives on her class, the student, the team, and the IEP process.

Beliefs and practices: Some of Debbie's beliefs and practices included the following: (a) some children require different instruction due to their needs, (b) children with special needs are included in classroom activities when possible (e.g., in statistics they can spin and count, hands-on science experiments), (c) the paraprofessional may work with students individually or in a group setting outside of the classroom, (d) peer tutoring, groups, buddy system, scribing, reading groups and adapting lessons/units are useful practices (e.g., using a chart rather than note-taking), (e) students should be successful in her class (i.e., "If you're in my classroom, you'll be successful"), (f) all children have different strengths (i.e., "Maybe you're not very good at math, but wow did you see the way she put that brochure together. How artistic."), (g) children control their learning (i.e., "He seems to have increased in leaps and bounds, but probably because he wants to. He doesn't want to be a non-reader. He's ready to go ahead."), (h) goals are sequential and problem focused, (i) it's important to look

at the whole child (i.e., social, emotional), (j) a child's basic needs must be met before learning can occur, (k) the classroom teacher and paraprofessional know the student the best, (l) experience, organization, and knowledge assist one in teaching a diversified classroom, (m) resource teachers are experts in their field (i.e., "I don't have the resource knowledge, I haven't taken any courses on resource), (n) children will meet high expectations, (o) a student is paired with a paraprofessional who will suit the child's personality (i.e., "I'd like to team them up a little bit because I think just personalities, people do work better with certain people"), (p) team members should support the teacher (i.e., "I always have felt Mary's there for me"), and (q) recognizing a child's strengths is important (i.e., "So looking at the gifts they have to offer and allowing them to be successful. Getting those skills instead of harping on them that they can't divide...or can't spell.").

Her class. She referred to her grade four class as a "split in disguise" with many of the children struggling academically. Six of the children had IEPs and two children were on modified programs. She also described some of her students as "people who are really good students but are really needy [because] they want lots of my attention." There were two paraprofessionals in her class in the morning and three in the afternoon. She also used volunteers in her classroom and a grade 12 student to work with the students who were on modified programs.

The student. When initially asked to describe Neil, Debbie discussed his medical issues (e.g., petite mal seizures) and the paraprofessional support he

received. She described his needs as including reading, spelling, remembering new information, attention span, anger management, as well as expressing his needs and feelings. His strengths included neatness, his desire for independence, and his competitive nature.

She believed that school was frustrating for Neil. When describing this situation, she said, "I think just being here is very frustrating for him because he can't read and he wants to read and he wants to be able to do things on his own. He wants to be an independent learner." Nevertheless, she believed he still had a strong desire to be a part of the class. For example, she said, "He wants to be with the class. He wants to be like everybody else."

Two paraprofessionals worked with Neil. One paraprofessional taught him reading while the other supported him in group situations. During the year, he developed a relationship with one of the paraprofessionals. They were able to talk about some of his issues and discuss appropriate ways of dealing with them. When discussing this relationship, she said, "I know that what Margaret is doing with him, that seems to work out. But that's because he has more of a relationship with her. He sees her everyday."

The team. Debbie considered the guidance counselor and the resource teacher to be a part of her team. During the year, she worked mostly with the resource teacher. She reported that it was the resource teacher's role to write and update the IEP, as well as provide behavior plans. The guidance counselor's role was to provide individual support to the student. According to Debbie, the support from the guidance counselor occurred infrequently and

influenced intervention. For example, she said, "How can you talk to someone that you don't see very often."

On this team, the paraprofessionals were not considered team members. They were not involved in developing or formally evaluating the IEP. When discussing this lack of involvement, Debbie said, "We don't have the paras talk to Mary. And they usually don't even come to the meeting. It's just her and I. And I think in a lot of cases, the paraprofessionals know them even more than I do." Rather, their involvement centered around implementing the IEP and evaluating the student's progress.

The IEP process. In general, Debbie described Neil's program as different. When describing it, she said, "Everything is a little different for him. I would not expect him to do the same as someone else who's going into a grade five level."

Neil's program included support inside and outside of the classroom. For example, during social studies and science, a paraprofessional would work with him. She would use an easier book, as well as assist him with his writing. For reading and math, Neil had his own individual program outside of the classroom. For math, however, his behavior became an issue and pull out was discontinued. She attributed his behavior difficulties to the fact that he wanted to stay in the class and "be like everybody else."

Debbie used the IEP to guide her teaching and the student's learning. This purpose was evident when you looked at her IEPs. They had writing on them

and she explained, "I know where I'm at". She also explained, that along with the IEP, the child and classroom activities also guided the programming:

"Like when we look at them in March for what we've done in November, if we're not there yet, then we're not there yet. Or if... we've been spending a lot of time on L.A. with this person and so maybe the math hasn't progressed the same then that's how it is. So you kind of have to go with what's happening with them. Being really, really flexible."

In the following paragraphs, I discuss Debbie's perspective on IEP development and implementation.

When developing an IEP in November, Debbie said the IEP goals were based on information gathered from the previous year's IEP, assessments, and information she provided. The resource teacher used this information to write the IEP. When describing this process, she said, "She's got all these little words and IEPs in her head and on her computer. She has his current performance because she tests him and then she has the outcomes she would think he would progress to." When examining the IEP, I noted that some goals were based on achieving certain levels. For example, reading at primer level or being able to do grade two math. As well, some goals were based on a developmental sequence. For example, Debbie said, "His independent level is two and his frustration level is three. Well you'd want him to go up, to move up."

Once the IEP was completed, Debbie determined if the plan was feasible. She believed she was the best person to judge whether it was realistic plan. For example, she said, "I... think I would know the student better because I'm spending everyday with the student. She's testing the student, right. And so she would know the student, but it's not on a day to day basis." She based this

judgment on whether the outcomes and strategies would be "going on all the time." Debbie reported that occasionally, goals developed by the resource teacher were unrealistic. She would then make the necessary changes.

When asked what she thought about the IEP process, she believed the resource teacher developing most of the IEP was a beneficial practice. When explaining her reason, she said, "I think its good that she has it and she has it there because if someone said to me 'Okay, you have to develop this on your own,' that would just be another thing of a zillion." On the other hand, she believed the process could be improved by involving the paraprofessional. She felt their involvement was essential because "in a lot of cases, the paraprofessionals know the student better than I do."

Debbie reported that one of her responsibilities during IEP implementation included supervising the paraprofessional as he or she implemented the IEP goals:

"It's kind of like down the line of the bureaucracy, I suppose. It's my job to make sure that [the IEP] gets done and then it's my job to make sure they're doing it."

In regard to this classroom teacher's supervisory role, another team member said, "She directs. I don't even know if she in fact thinks that she does this, but she does. She directs the programming... She sets the goals and orchestrates the information."

Despite intentions to implement an IEP, the goals would not always be achieved. For example, she said, "He might not always get there. But trying my best that he would get there. That he will improve." Debbie believed the

following factors influenced goal achievement: (a) the amount of support available, (b) the focus of the classroom (i.e., "We've been spending a lot of time on L.A. with this person and so maybe the math hasn't progressed the same."), (c) the child's needs (i.e., "You kind of have to go with what's happening with them. Being really, really flexible."), (d) one's familiarity of the student, (e) one's experience with IEPs, (f) goal review, (g) time, (h) trained paraprofessionals, (i) realistic goals, and (j) looking at the whole child (e.g., the child's social, emotional, and academic needs).

Debbie was a classroom teacher who assumed some responsibility for teaching Neil and supervised IEP implementation. Barbara on the other hand, was a classroom teacher who assumed complete responsibility for Neil and his IEP. In the following paragraphs, I discuss her beliefs and inclusive practices.

Barbara

Barbara was a grade five classroom teacher at Prince Albert School. In her 33 year career, she taught grade five with a number of years in a combined grade five-six class. Her formal training includes a one-year teacher program and a Bachelor of Arts degree. She also attended numerous workshops during her teaching career that covered all subject and interest areas involving elementary children. At the end of my data collection, she informed me that she was retiring from teaching. In the following paragraphs, I discuss Barbara's general beliefs about children and education, as well as her perspectives on the student, the team, and the IEP process.

Beliefs and practices. Overall, Barb utilizes practices that promote inclusion. For example, the resource teacher said, "I told her yesterday, that she [does] what they now call inclusion. She has always done that and she's a master teacher who does all those things in spades intuitively". Barb responded, "People keep asking me what do I do, and I never know. I don't know what I do. I just do it".

Despite her inability to describe her teaching style, I used Barb's description of her class and children to define her beliefs and practices. They included the following: (a) Every child in her class participated with different criteria and support (i.e., the resource teacher said, "When you walk into the classroom, he doesn't stand [out]...like anytime I've walked into the classroom he's working at something, but it's a very comfortable classroom where kids can move about and they'll group and work together."), (b) supporting a child involved adjusting the situation or the strategies so the child was successful (e.g., shorter assignments, peer support, seating, paraprofessional support, teacher support, group work, behavior plan, and technical support), (c) she looked at the whole child (i.e., motivation, emotional well-being, sense of belonging, self-concept, strengths), (d) creating a sense of community in her classroom was important because it encouraged a sense of belonging and security (i.e., "It's just something I believe in strongly...All children must feel welcome [and] safe."), (e) she encouraged students to use the "three C's" (i.e., "courtesy, common sense and caring for one another"), (f) authentic assessment and non-standardized tests were used as baselines to set goals and evaluate progress,

(g) paraprofessionals supported learning in the class (e.g., the paraprofessional was not 'attached' to a specific child); (h) her expectations of social behavior were the same for all children (i.e., interacting appropriately with other children, following rules in the classroom); (i) teaching outside of the classroom only occurred when recommended by other team members (e.g., She said, "The only pull out would be for very specific reasons; like if it had to do with fine motor"); (k) she respected all children (e.g., "I actually treat children the way I treat my nieces. Like in my classroom, it's not really very much different. I talk to them very much the same way."); (l) administration could influence one's practices (e.g., "One of the things that I've learned from our principal is that it's better to accomplish one or two things well then it is to try and set a whole set of goals that you just are not meeting"); and (m) she assumed ownership for all the children in her class and their programs.

The student. Neil was in Barbara's grade five class with thirty other students. Barb described Neil as a "soft and warm-hearted boy who has a great deal of anger in him and an inability to focus without some kind of support". His strength was math, but he struggled with language arts. She explains that his individualized education program focused on math, language arts, and behavior.

The team. Members of Barb's team included the individuals who supported her in educating the student. These people included the resource teacher, the paraprofessionals, the guidance counselor, and the school administration. These individuals could be divided into two groups according to their frequency of support.

The first group consisted of the resource teacher and the paraprofessionals in her classroom. These team members were involved on a regular basis. The resource teacher and Barbara had worked together for many years and she believed she had "a great deal of support from Mary." She explained, "Mary is my team...Mary supports me." On the other hand, the paraprofessionals supported learning in the classroom. For example, she said, "They support what we're what doing in the classroom." This support was guided by her. When discussing this guidance, she said, "I talk with them frequently about what we're doing, what I want to have happen for that person. How much I might want done."

The second group consisted of the guidance counselor and administration. These team members were involved on a less frequent, as needed basis. The guidance counselor was involved when the student had concerns. Whereas, administration became involved during more difficult situations. For example, she said, "I refer to them to let them handle the more difficult [behavior]. I guess a blatantly, outrageous sort of situation."

The IEP process. Throughout her career, Barbara was involved in approximately one hundred IEPs. In general, she viewed the IEP as a document that reflected her practices and enabled her to talk about the child's growth. When talking about the IEP, she said, "It fits with the classroom and it fits that child. And actually it's useful to be able to talk about the growth of that child." Through the years, Barbara and the members of her team have refined

the IEP process. The following is her perspective on the development and implementation process.

Neil's IEP was developed in October-November of that school year. Barbara explained she developed most of the goals. When explaining the process, she said, "It generally just comes right off the top of my head [because] I've already set those goals in my mind...before I do the IEP." She also explained that the resource teacher's role was to provide her with background information and support her with the process:

"I would not want to have to do [the IEP] independently... It would be extremely difficult for me to do it...by myself. But I have a great deal of support from Mary in resource...And doing it together is the way that it works for me."

During the IEP development meeting, Barbara used the Schonell spelling test, math assignments, reading-writing samples, present behavior, and the curriculum to set the academic goals for the student. In general, the resource teacher and classroom teacher attempted to create realistic goals. For example, she said, "I think we try to just focus on the pieces and not to set too many goals...its better to accomplish one or two things well than it is to try and set a whole set of goals that you just are not meeting. And so that's what we try to do is to get it right down to the nitty gritty of what does this person need."

Occasionally, other team members (e.g., occupational therapy, speech-language pathology) would be involved in the student's program. They would also attend the IEP development meeting in order to share their predetermined goals with the classroom teacher and resource teacher. Information from last

year's teacher was shared informally at a different time. Barbara described it as "talk[ing] amongst ourselves."

Overall, Barb reported that developing the IEP involved the following: (i) the significant contribution of the classroom teacher (i.e., "It generally just comes right off the top of my head."), (ii) the support of the resource teacher (i.e., "Doing the IEP together is what... works for me."), (iii) time to talk and reflect, (iv) setting realistic, achievable goals in a "positive light", and (v) developing an IEP that fit her classroom practices, as well as met the needs of the child (i.e., "It needs to be what we see that child needing and it needs to fit with what we're doing in the classroom."). These development practices helped with the implementation of the IEP. They transformed the IEP from "a formal piece of paper that satisfied some government regulations" to "a working document."

According to Barbara, she was responsible for implementing the IEP:

"I go back and work towards those goals in my classroom. If I feel we're off the mark or things are not working the way that we need to or behavior is getting out of hand there's other things that we may do. We make adjustments....with the way that I'm doing things...how I'm implementing that plan. Individual help, group, partner, time with me."

She assumed complete ownership for the child and his or her program. For example, one team member said, "Barbara takes ownership for all her kids. And she doesn't really want her kids pulled out unless there is a specific reason, like one child who has OT everyday. She wants them to be part of what's happening in the classroom all of the time and she will differentiate for those kids."

Despite this responsibility, Barbara only referred to the IEP during evaluation periods because the IEP was already a part of her practices. When

explaining why she did not refer to the IEP, she said, "Because...I still have it in my head what I want for that child as I watch them develop and grow over the course of the year and I will pay attention to that. I won't pay attention to that IEP."

Overall, Barbara and Mary, the resource teacher developed and implemented an IEP that fit Barbara's classroom, as well as met the needs of the student. She summarized her general beliefs about the IEP process when she said, "That is OUR plan for that child and it needs to be what we see that child needing and it needs to fit with what we're doing in the classroom... Because it doesn't make sense not to make them fit. We try to make them fit really well." In the following paragraphs, I discuss Mary's perspective on working with different teachers and the IEP process.

Mary

Mary has over thirty year's experience as an educator and was one of the two full time resource teachers at Prince Albert School. At the time of my initial data collection, Mary had been at Prince Albert school for five years. Prior to this job, she was half time resource teacher and classroom teacher or full time classroom teacher. In the past, she had taught kindergarten, as well as grade three, four, and five. Mary's educational background included a two-year teaching certificate from a local University. Once she began teaching, she completed her Bachelor of Education with a certificate in Special Education. This degree was followed by a Post Baccalaureate degree, but was never completed due to family commitments. In the following paragraphs, I discuss Mary's

general beliefs about children and education, as well as her perspective on the student, the team, change, and the IEP process.

Practices and beliefs. The following were some of Mary's beliefs and practices: (a) Diversity in children is perceived as interesting, (b) establishing a relationship with the parents is important, (c) the context of the classroom should be considered when planning a student's IEP, (d) administration plays a large part in shaping school culture and teaming relationships (i.e., "She has a vision of what she wants her school to be and it brings people on board."), (e) the language in an IEP is behaviouristic and does not fit with the holistic perspective that is needed for a child to be successful in the classroom, (f) she has a child-centered approach (i.e., "Our focus is kids"), (g) she participates in role exchange (i.e., "I took over that role [as guidance counselor] even though I don't have a clue about counseling. And I became that person"), (h) one's perspective influences practices (i.e., "I think there's some things that you just can't learn. There's just some things that are part of your being....I guess philosophically... the people that I've worked with in my career that have been my mentors are those people who have that intrinsically"), (i) she believes in looking at the whole child (i.e., "Its not just about learning, you also have to get to know that child, his personality... Sometimes they have things happening in their outside lives."), (j) educators may not view the school team as part of their support network (i.e., "Classroom teachers are so busy that even classroom teachers who... take ownership and so on, still what happens with the team is almost like an extraneous thing still."), (k) individuals who are successful at change and implementing new practices

never completely stop using their present practices, (l) a classroom teacher can meet the student's needs by focusing on his strengths and interests (i.e., "[He's] in the kind of classroom that really meets the needs of a kid like him...A teacher who really knows how to find kids' strengths and interests and hook them in and build their self-esteem"), (m) parents can be at different stages of teaming (i.e., "It depends on where the parents are in the stage of working with the school and accepting their child's problem. If they're still at a stage where they're blaming... and not teaming with the school, sometimes sort of the clout of the principal is needed"), and n) some teachers use paraprofessionals to support the learning of all children in the classroom rather than supporting a single child.

The student. Mary was the case manager for Neil's program. When she first met Neil in grade one, she explained that he was a "whirling dervish" who had "lots of aggression". At the time of data collection, she described him as "[one of] the most severe ADHD kids". In general, she reported he had behavior issues and difficulty learning.

She described his needs in three areas. The first area was academic. His needs included reading, writing, spelling, and math. The second area was social skills. He had difficulty with friendships, making appropriate choices, and problem-solving. The third need was emotional. This area was the guidance counselor's responsibility. Conversely, she described his strengths as his appearance and his charming manner when he was doing well.

The team. Mary described the team as including the principal, the guidance counselor, and the other resource teacher. She believed they were a

cohesive group who shared the same view about children. For example, she said, "We probably think similarly about kids... Our focus is kids and what we can do for kids." This team also participated in working and learning across disciplinary boundaries. When explaining this role transitioning, she said, "There's never, well that's my job as counselor and that's my job as resource teacher. We cross over a lot."

Change. Mary reported that changing educators' practices was a slow and ongoing process. She believed most educators would adopt new practices. When someone didn't accept new practices such as differentiation it was because he/she had the belief that "everybody need[ed] to reach [a] minimum standard and if they [couldn't] do it, too bad, so sad, that [was] somebody else's problem."

Mary believed that introducing change involved several factors. First, team members should accept the educator's perspective and practices. For example, she said, "You kind of take a child where they're at and move them along and I guess it's the same in my relationship with teachers." Second, she believed it was important to develop a relationship with the individual:

"I guess a lot of the time it's the relationship building... So its not like I consciously set out to do such and such, but it's the relationship building that happens and the collegial relationship or whatever relationship you end up having with other professionals. And maybe they're comfortable and they ask or I say I have got an idea or this is what I've tried as a classroom teacher."

Third, it was important to acknowledge the educator's experience in the classroom and with IEPs. Fourth, Mary believed that supportive school administration was important when introducing change. When discussing the

administrator's role, she said, "She has really focused all our PD and our school plan... We've been focusing on interdisciplinary planning and so she sets a school plan which is taking people in the direction they need to go even though a lot of them are kicking and screaming about that and how much work it is."

The IEP process. Mary had been involved with 50 to 100 IEPs during her thirty-year career. She believed that the IEP was a school team's "map" and working plan. In the following paragraphs, I discuss Mary's perspective on developing and implementing this working document.

Mary explained that developing an IEP that was a "real, living, breathing plan" was her objective:

"A part of it is accountability, but how does it become real for the everyday. What's happening everyday in the classroom? Because the complexity of what happens in the classroom is so great. So I would say a big part of it too would be the fact that over the years I've gotten to the point where I wanted it to be something real for teachers and real for me and real for the child."

Developing this workable document involved two considerations. First, Mary believed the IEP became a real document when it matched the classroom teacher's style and his or her classroom. For example, she said, "I want the IEP to be real, to reflect what is really happening... So we make sure that what the teacher is doing is on the IEP." She reported that by including IEP goals that were "embedded in the culture of [the] classroom," the IEP was more likely to be implemented.

Secondly, the IEP became a workable document when it was simple. This simplification meant that there were fewer goals:

"I really made a conscious effort with all the IEPs this year... If its not teacher friendly and if its not really specific, aimed at a few things, doesn't mean none of the other things aren't happening, it just becomes too cumbersome. It becomes a piece of paper. And you get people...screwing up their faces when you say we have to update the IEP."

As well, the IEP was simplified when the goals were prioritized. For example, she said, "I really feel that for some kids we really need to identify key competencies. What are they going to need to be getting out there in life?... Really focus on the key concepts in math, the key concepts in language arts that will give kids that foundation." These two factors made the IEP a 'working' document.

Mary believed that IEP implementation was impacted by an IEP document that was real and workable. She also believed, however, that IEP implementation was dependent on who assumed responsibility for implementing it. When discussing this responsibility, she said, "I guess the only way the IEP would work is if the classroom [teacher] has to do it.... That's the only way that it's going to work." In the following paragraphs, I discuss her perspective on educators' assumptions on IEP ownership.

IEP ownership: Mary believed that every classroom teacher was at a different stage for assuming ownership for IEP implementation. For example, she said, "Well, the major factor I think, is the classroom teacher and sort of where they are ... I think... teachers have a greater understanding of what our role is and what they are supposed to do. Although... a lot still say the IEP is yours and this is mine."

At one end of the continuum was the classroom teacher who did not take responsibility for teaching a child with special needs. When describing an educator with this perspective, she said, "Its like take my problem and fix it. There's always that, 'Well its got nothing to do with me. If he can't read do whatever it is you need to do to get him to read.'" Mary believed that educators with this assumption considered the resource teacher responsible for the child's program:

"Its that whole resistance piece and I remember this term a few years ago 'consulting with a stone.' No matter what you do, some people never get it. And then in some situations, you cut your losses and you do what you can for the kid. I've had situations in my career where I gave up trying to and I just took over the implementation and I prepared the para and I made the schedule."

Educators with this perspective were also more likely to believe that the child needed "fixing." When describing this view, she said, "Whereas [one] teacher still has somewhat of a view of 'They're resource kids. They need to be fixed by somebody.' And that's something that happens outside of the classroom. It's not always connected." She also believed IEP implementation would be negatively affected in this situation because the classroom piece was missing. For example, she said, "I still get very, very frustrated when I can't make that difference for a kid that I think needs to be made because I don't have control over that classroom."

On the other end of the continuum, was the classroom teacher who assumed responsibility for all children. When describing an educator with this perspective, she said:

"[This teacher] takes ownership for all her kids. And she doesn't really want her kids pulled out unless there is a specific reason, like one child who has OT everyday. She wants them to be part of what's happening in the classroom all of the time and she will differentiate for those kids."

She believed educators with this perspective intuitively understood and accepted children. They were also more likely to implement an IEP because they believed they were responsible for it. A classroom teacher's ownership of the IEP meant that it became a "real, living, breathing plan" rather than a formal document. For example, she said, "Sometimes we do end up with the documents, but we try as hard as possible to get the teacher to have an input in ownership and decide what are their goals." Overall, IEP implementation was as successful as the classroom teacher.

Mary believed that these two different assumptions on implementing an IEP were associated with certain beliefs and practices rather than a personality type or an age group. Educators at the non-ownership stage may have the following beliefs and practices: (i) curriculum guides their teaching, (ii) all children need to meet similar outcomes, (iii) if a child does not meet the outcomes then he or she needs to be fixed, (iv) parents are unsupportive (i.e., "[They] say this is my classroom, this is the curriculum, these are the outcomes that all kids have to make, and if they don't, well its not my fault, its because the child is dumb or stupid or lazy or whatever. And the parents don't help, the parents don't support."), (v) the resource teacher and paraprofessional's role is to fix the child, (i.e., [They see my role as] take the problem kids and fix them. And get the para pulling them out and working on something with them that is separate from what is happening in the classroom."), (vi) they have a negative view of students with

special needs, (i.e., They may say how he can be so disruptive and how he requires so much work and how he can't do anything and 'How did he get this far without knowing how to read?'), (vii) they are less likely to accept change and adopt new practices (i.e., "I think the ones that you're consulting with a stone, they're not very good teachers. And you'll never change them. And they can be a brand new teacher and be like that."), and (viii) they may not have a true understanding of children and therefore tend to follow a 'formula' when teaching children.

In contrast, educators who assumed responsibility for teaching all children may participate in the following practices: (a) They include children with special needs, (b) they differentiate instruction, (i.e., "First of all, they don't want their kids out of the class. They don't want their kids ever taken out of the class. They make that child part of the whole of what's happening in that classroom...and they differentiate. They can look at the child and know, okay I guess it's in their heads, right? These are my goals for this child and okay through this social studies activity they can work in a group and I would be expecting...the outcomes for them to be such and such. And... if you were probably to ask a teacher like that what they're doing to differentiate, they would probably look at you [and say], 'I don't know. I just do it. Do what works for the child'"), (c) they use the resource teacher as a support, (i.e., " [They see the resource teacher's role] as a support. I'm the one who can assign the para time and I'll take care of the paperwork pieces for them, the IEPs, and so on. And make sure all that stuff gets done. And as someone to come and probably bounce ideas off... If I look at

the two ends of the continuum... I think of a particular teacher that I worked with for many years, who I think is probably the farthest along or at the top end... She ...will come and say 'okay' and then she'll throw a few things at me and she says, 'Okay, good I know my thinking is okay', and then she's back off doing her thing. And she'll just say, 'You know, if you can just give me para time, that's all I want is somebody who can think and go with the flow... That's all I want, is if you can give me the support.' Then she does everything else."), (d) they use the team as a resource, (i.e. "The teacher who's farther along probably sees the team more as a resource and someone they can go to get advice and ask for help and so on."), (e) they look at the whole child (e.g., student's social and emotional needs), (f) they adapt or modify the environment or learning task, (g) they utilize a student's strengths, (h) they appreciate all gains a student makes and realize the significance, (i) they intuitively adapt tasks so that the child is successful (i.e., "They don't even know they're doing it."), and (j) they are more likely to accept change and adopt new practices.

Overall, Mary summarized the two different stages as follows:

"[The educator who doesn't assume responsibility] would probably have [his/her] set way of doing things. If the little square peg doesn't fit into the round hole, forget it. Whereas the one who is further along is thinking, 'Well, what can I do to that round hole so that the square peg can be more successful at fitting in.'"

Mary also believed that some educators may not be at one of these two stages, but rather fall somewhere in the middle of the continuum. These are teachers who may not take complete responsibility for the child, but still have a child-centered perspective:

"I'm thinking that the people who are kind of in the middle are probably... [there] because of their previous experiences... and aren't quite getting it about taking ownership and still may think... 'The resource teacher's got their job and I've got my job. But my job is when the kid is in my class.' I see them as that whole person and the resource teacher is doing something separate with them. Those are the people that you can work with because they still see the child as the most important piece in the big picture. Its just either their experiences or the teams that they have worked with or whatever, they may still think it's a separate thing."

Overall, Mary believed that educators could have different perspectives on assuming responsibility for teaching children. Greg did not discuss this assumption, rather he assumed problems could be categorized as child-related or systemic-related. In the following paragraphs I discuss his perspective.

Greg

Greg was the half-time guidance counselor at Prince Albert School in Lakepoint school division. He had been working for 15 years in the division. The first four years were as a junior high counselor. The remaining time he was an elementary guidance counselor and occasionally a classroom teacher. At the time of the interview, it was his seventh year at Prince Albert School. Before working in Lakepoint school division he was a classroom teacher for two years on Native reserves.

Greg's education included a Bachelor of Arts in Psychology and a Bachelor of Education from a Canadian University. While working at Lakepoint School division, he completed Post-Baccalaureate in counseling in 1991, as well as a Masters degree in Business Administration in 1997. He believed that his business degree would be a "real good fit for administration and education." At the time of data collection, he was using his business degree to operate a

software company that developed software for student tracking. Prior to his career in education, Greg worked in welding and mechanics. He used this experience and knowledge to facilitate science and robotic projects with the children in his school. In the following paragraphs, I discuss Greg's general beliefs about children and education, as well as his perspective on the student, the team, change, and the IEP process.

Practices and beliefs. Some of Greg's practices and beliefs included the following: (a) Children are described according to their need or funding (i.e., "special ed kids or funded kids"), (b) a pull out service delivery model is a common practice in counseling, (c) computer programs are used to introduce anger management and conflict resolution skills, (d) a supportive environment for a child is important (i.e., "When you look at individual kids and try to figure out how is this kid going to do this in the context of the classroom if some of the kids in the classroom don't understand what the kid's trying to do. So I have gone in some classrooms and done a presentation to the whole class around anger management and conflict resolution."), (e) improving a child's academic skills enhances his/her self-esteem, (f) tracking and behavior charts are useful practices, (g) observable behavior is reality (i.e., "Its that whole, we have data, look here folks, here are the numbers, look at what we're dealing with here... When we're basing it on the hard information, people can't refute that that's there. And that's where you start, I think shifting the perceptions of people. What is the reality out there for these kids."), and (h) including children with special needs may affect other children (i.e., "And my vision is that at some point

in time to be able to track the whole student population so that we can see what are the effects when we put three or four funded kids in a classroom. What's the overall effect on everybody else's marks as well because I'm positive that many can't help but affect the whole class.").

The student. Greg described Neil as having difficulties with anger management, social skills, and behavior. At the time of the interview, he had seen Neil approximately ten times to target anger management, conflict resolution, and self-esteem using a computer program. He was unsure of his academic skills, but stated his strengths were his eagerness to try new things, his willingness to be pulled out, and learning visual information. His plan for the following year was to review the information and build in the expectation that Neil started using the skills with support.

The team. Greg considered the resource teachers, the principal, and the clinicians (e.g., psychologist, speech-language pathologist) to be part of the school team. He described this team as a cohesive group. For example, he said, "I've worked in a few schools and in this school the team just clicked...We all tend to work very well together with it and everyone gets along." He believed this cohesion positively influenced their ability to collaborate which in turn impacted school functioning. When explaining this impact, he said, "I've worked in situations where this is my area, keep your face out of it. And in those situations the school doesn't function well."

Change. Greg believed that teaching a child involved "modifying" his or her behavior and introducing new skills. Unfortunately, transferring these new

skills into everyday situations was difficult. For example, he said, "Getting them to do it on their own is a pretty difficult task."

Greg discussed four factors involved with successfully changing a child's behavior. First, the support of a paraprofessional was important. Second, early intervention (i.e., kindergarten, grade one) increased the likelihood of successful intervention. Third, environmental changes should be considered (e.g., paraprofessional support, rules on his/her desk, a calm down corner in the classroom). Fourth, teams need to determine whether the issue was a child-centered problem or a systemic problem. When explaining this concept, he said,

"My main part with the tracking is that you want to differentiate between what's a child-centered problem and what's a systemic problem. And the way we track kids on the spread sheets is you have one line for the kids and that tells you everything about the kid, but the bottom line, the total line tells you about the school. So when you see that there's 109 incidents of violence on the playground, than that's a systemic problem. Because it's a problem with supervision or something happening on the playground. It's not an individual child problem. But when I see a kid's line where I see that they're in trouble everywhere they go and hitting every behavior, we now have a child-centered problem. [If] one child has... 90 percent of the incidents for sexual comments out there, you know it's a child-centered problem. But if you have fifty kids having the same problem, than you know it's a systemic problem. And always keeping your eye on that whole issue of what it is. Tracking the school trends is really important... You need to know those differences. Its critical [to] what we're doing. [If] we want to change our schools, we have to be aware of those issues. Otherwise, we're just burying our head in the sand and going around in circles."

If a problem was systemic based, then the issue would be addressed on a school-wide basis and may involve changing the culture of the school. He believed that this type of change was a slow and tedious process because it

involved changing people's ingrained practices. Generally, Greg believed people disliked addressing systemic issues.

The IEP process. At the time of data collection, Greg had been involved in approximately 15 IEPs. This involvement included writing the funding application and managing the IEP. In the following paragraphs, I describe Greg's role and perspective on IEP development and implementation.

When developing an IEP, Greg was responsible for writing the "behavior intervention plan" for children who had behavior issues. Writing this plan involved collecting information on specific problematic behaviors, noting their frequency, and determining how to rectify the behavior. Usually, the funding application had most of this information. For example, he said, "So by the time the kid is funded...we already have a pretty good idea what this kid looks like."

Once the information was gathered, he met with the resource teacher and classroom teacher to discuss programming goals and strategies. When describing this meeting, he said, "We sit down and write up...goals. What is that we want to tackle with this kid? Generally there's a multitude of problems, but we say...lets take the top three or four problems. How are we going to handle this problem? And then we...brainstorm around [it]. What's going to work for the teacher because its no good putting something in place that's not going to be implemented by the teacher." Greg believed the classroom teacher's input at this stage of the IEP process was important:

"Well to me it doesn't make sense if I have a set of goals for this kid and the teacher doesn't see it the same way. The teacher has... this kid in the classroom [and] the teacher's goals have [to] be in there."

After the goals were determined, they used the SMART acronym framework to write the IEP goals (i.e., Goals are specific, measurable, achievable, relevant and time related). Finally, they met with the parents to discuss the completed IEP. He reported that "adjustments" were made to the IEP if the parents did not agree with the school's plan. Greg believed that parental acceptance and support of the IEP was important for its success. For example, he said, "It's that whole issue of getting parents on board and making sure that they understand what you're going to want to do and why its important. And it's just having them buy into it."

During the year, Greg reported that the child's program was evaluated. When explaining the process, he explained, "We evaluate it to see if we were successful in meeting those goals. The evaluation is hopefully based on hard data. Sometimes though its really based on my impression that things are getting better, things are getting worse." If the child has difficulty reaching the goals than the IEP is revised.

Implementation of the IEP and its success was the responsibility of the classroom teacher. When explaining this responsibility, he said, "Because without [the teacher's goals] being in [the IEP] you're kind of just banging you head against the wall, unless you're willing to go into the classroom everyday and spend your day in that classroom... You have to leave a large part up to the classroom teacher to carry on with them." On occasion, he implemented part of the IEP if the resource teacher requested.

Greg believed that a successfully implemented IEP was dependent on the classroom teacher. Sheri, the principal also expressed this belief. In the following paragraphs, I discuss her beliefs and perspectives as an administrator with a background in inclusive special education.

Sheri

Sheri was the principal at Prince Albert School. This was her third administrative position in an elementary school. Prior to becoming an administrator, she was the district elementary counselor for 11 schools and coordinated resource programs for a school division. She started her career in education as an elementary classroom teacher and a resource teacher for 15 years.

Sheri's education included a Bachelor of Arts degree, a Bachelor of Education degree, as well as a Special Education Coordinator certificate. During her career she was involved in over a hundred IEPs and had a great deal of experience working with children who were at risk. She believed these experiences increased her awareness of the needs of children:

"Just by meeting children when they first come in, I have a sense that maybe there's some things that we need to look at. When I go in classrooms, I can't help but see if there's somebody that's struggling or the material is at the wrong level or they're not engaging. I notice it."

These experiences also helped her with classroom teacher evaluations. For example, she said, "People very quickly realized that I know what I'm looking at when I'm in the classroom." In the following paragraphs, I discuss Sheri's general beliefs about children and education, as well as her perspectives on the team, change, and the IEP process.

Practices and beliefs. The following were some of Sheri's practices and beliefs about children and education: (a) She uses people first language (i.e., "Kids at risk"), (b) some educators are more successful than others when teaching children with special needs, (c) children struggle if the material is inappropriate, (d) if a child is successful then the classroom teacher's skills are effective (i.e., "When I go into the classrooms, I'm basically looking at what kids are doing and what they're learning and how they're responding...Probably more than I'm watching the teacher because I know the teacher is effective if everything is working for the kids."), (e) a teacher's beliefs about children and teaching are important (i.e., "I already hire checking for the kind of teachers I think have the background and the openness and the willingness to differentiate for kids. To really try to work for the best...And there are...some very strong teachers in this building, who I think would do just about anything to see their kids succeed."), (f) instruction should be differentiated for children who struggle, (g) meeting the needs of all the children in a classroom can be a challenge, (h) an educator's beliefs and background influence his/her practices (i.e., "A teacher who ...has been teaching in an upper elementary setting, where they have this belief that kids should come to them reading, really doesn't know how to help kids who are struggling. Its not in their background. So they tend to teach the class as a whole, without recognizing that maybe some of the children are not coping well and need different kinds of instruction."), (i) children determine the pace of learning, (j) children are first, (k) staying current with educational research is important, (l) educators should begin with the end in mind (e.g., "First

of all, what is it that we want kids to understand. Then how are we going to know that they understand it, so putting that up first ... and then designing learning activities which tended to be the place where people started.”), (m) the school’s vision guides decision-making (i.e., “Everything we do links to the goals we’ve set for the school”), (n) school decision-making is a collaborative effort (i.e., “[The teachers] each have a voice in all three [committees].”), (o) children learn in different ways (e.g., auditory or visual learner), (p) adapting the student’s environment is a useful practice (e.g., alternate working areas, a quiet space, providing adult support.), (q) preventing a child’s problematic behavior is just as important as changing the behavior (i.e., looking at the antecedent variable of a behavior.), and (r) experience impacts perspective (i.e., “An experienced teacher....knows that there’s no such thing as a grade four student.”).

The team. According to Sheri, the team consisted of administration, the resource teacher, the classroom teacher, the guidance counselor, and the social worker. In the following paragraphs, I discuss her perspective on team beliefs and relationships.

She believed all the team members had a similar perspective about children and families. First, they appeared to have a child-centered perspective. When explaining this perspective, she said, “They really put kids first... They really care deeply about kids succeeding more than anything else.” They also recognized the importance of family. For example, she said, “[We] understand that its not just Neil. Its Neil and Neil’s mom and the relationship all the people have....So... that is something we always put first. And we all work on it really

hard. And we work on it in a purposeful way right from kindergarten.” She believed that this family involvement required team members to develop a trusting relationship with the parents:

“[We] make sure that those parents feel really welcome in this school. That we connect with them. We all go out of our way to make sure we have a conversation in the hallway, because its really scary for parents to have their kids come to school and to have things not be working. So its important that we’re on their team [and] they’re not alone. And we’re not blaming them [because] we really need their help.”

Not only was this parent relationship important, but Sheri believed that a positive relationship among all team members was essential. For example, she believed the relationship between the resource teachers and the guidance counselor was a strong, cohesive one. When describing this relationship, she said, “I think the counselor and the two resource teachers have a very complimentary trusting sort of a relationship. They each have different strengths and they recognize that... They really connect resource and counseling [and] its probably a stronger link than counseling and teacher.” Sheri believed that one reason for this strong relationship was that team members were familiar with each other roles and skills. For example, she said, “He tends to be more effective when he works closely with Kelly and Mary who do know what he can do for kids.”

Another important relationship was the one between the support team (i.e., resource teachers, guidance counselor, clinicians) and the classroom teacher. She believed this relationship was based on supporting the classroom teacher:

"They've made really strong links with teachers. So almost every teacher here would have students in their classrooms with individualized academic plans and that's due to that close link. And the resource teachers here have really supported the teachers in learning about how to make adaptations. Technically teachers are supposed to do that on their own, but often they haven't known, so now you're looking at five years with this kind of support... I think you could pretty much walk into any classroom and you would find that teachers can talk to you about who those kids are, what they're doing differently."

The relationship between the guidance counselor and classroom teacher was also effective when the teacher was open to an alternate service delivery model. When explaining this variable relationship, she said, "He tends to be able to help kids with their behavior and social skills in the context of a group. And a real activity that is authentic. Which is what he prefers to do and what he's really good at. But for teachers, they somehow still have this notion that the counselor should be over there. You know, in the office, take this student behind the door and peek in their head, which Greg knows doesn't really work. And he tends to be more effective in a teaching-counseling role. But that's not something people are necessarily used to or comfortable with."

Change. Sheri believed that teachers were at different stages for developing and using new skills. When explaining this change, she said, "Every teacher has taken steps and you have to be patient as well because for some people its going to take a little bit longer." Despite these differences, she still expected teachers to change their practices so that children were successful. For example, she said, "I try really hard to have people know that its not an option and what do you need. I don't just look the other way."

Sheri believed that introducing a new practice involved the following factors: (a) support (i.e., "I'm looking at what does this particular teacher need and who can I link them up with?...Who can be their coach? What kind of supports do they need?"), (b) self-reflection, (c) performance appraisals, (d) staff development (e.g., "As a staff they have talked about differentiated instruction, grouping, curriculum outcomes, and assessment"), (e) awareness of expectations (i.e., "I'm pretty open...as an administrator with the whole staff about my expectations and what we need to be doing for kids."), and (f) opportunities to practice the skill.

The IEP process. Throughout her career, Sheri's level of involvement in the IEP process has varied. At the previous schools, she was directly involved because there was no full time resource teacher. At Prince Albert school, however, she only participated when the resource team requested her involvement. In the following paragraphs, I discuss her perspective on IEP development and implementation.

Sheri reported that the first step to developing the IEP was the assessment. This process involved gathering information from the classroom teacher and utilizing certain assessment tools. She believed it was important that the team "looked at the whole child and all of the needs." Once the information was gathered, the curriculum, as well as the child's needs guided programming. Next, the strategies were determined. These approaches were "design[ed] that so that [the] child [would] have the best chance for success."

Sheri believed that several factors lead to successful IEP implementation. First, she believed a well-developed IEP had a positive impact on implementation process. For example, she said, "[If] you have good programming than it should flow out of that." Second, commitment from all team members was important for IEP implementation. Third, the team's monitoring of the IEP was imperative during the implementation. Fourth, Sheri believed IEP implementation was enhanced when the classroom teacher differentiated instruction. Fifth, support from divisional and school administration assisted the team with IEP implementation. When discussing this support, she said, "Time to meet [helps]. Our division is really good with that. [Teachers] get release time...to meet with resource about IEP development twice a year. And then in addition to that, if they ever need it, we just put it in place."

Sheri believed strongly in supporting classroom teachers. On the other hand, Patricia, the social worker, believed in supporting the child and the family. In the following paragraphs, I discuss her family-centered beliefs and practices.

Patricia

Patricia is a social worker at Prince Albert School. She began her background description by explaining that as a child she was a ward of provincial government. She worked in the Food and Beverage industry for several years, and then after a life threatening car accident, she returned to university as a mature student. At the age of forty, she graduated with a Bachelors of Arts, Sociology Major. During this time, she discovered she had a learning disability.

At the time of data collection, she had worked fourteen years for a urban clinic. The first two years were in the inner city and the remaining time was with Lakepoint school division. In the following paragraphs, I discuss Patricia's general beliefs about children and education, as well as her perspectives on the student, the team, and the IEP process.

Beliefs and practices. The following were some of Patricia's beliefs and practices: (a) she uses people first language (i.e., "Someone with difficulty hearing or seeing or someone with a physical disability."), (b) her role is to provide people with choices rather than direct their behavior (i.e., "I feel that I don't help anybody, what I try to do is [get them to] think about options. Because I find that when people do things because they think they have to, its not coming from here (hand on heart), and its doing their interpretation of what someone else thinks...And that's the basis from how I work. I work strictly on what the parent and the kid think they're able to try...I try really hard to encourage people to see that there's lots of choices and lets try them one by one."), (c) she supports families, (d) she accepts people for where they are in their life, (e) she uses respect and empathy with families, (f) segregation, pull out, or retaining a child are not useful practices, (g) adults who judge children according to a standard may trigger insecurity in children (i.e., "They're not good enough or tall enough, or straight enough or ... they don't do well enough"), (h) she acts as a liaison between school and home (i.e., "When [the school team] puts in their expectations [in the IEP], I... like to make sure that the mother is...really on board with that. Because if we're saying the kid has to do his

spelling every night, who's going to do it? So then we just don't say to the mother, 'You're going to do it.' Before hand I'll go and say, 'This is really what the school needs at this time. How much do you think you can manage? And how often can you manage?'), (i) you cannot tell people what to do (i.e., "You can't just be going and telling someone what to do with their kids."), (j) the school structure may contribute to a child's difficulties (i.e., "In school you have to sit in a certain place, you have to do this and then you have to quit doing that even if you're not finished. And then you have to go here and someone steps on that. And someone puts their jacket over your head and... after a while for little people, its too much."), (k) every person is normal for their circumstances, (l) you cannot compare children, (m) teachers are overworked, n) the team should focus on the student's strengths in order to improve self-esteem and independence, and o) its important to have a relationship with the child (i.e., "I need to have a relationship with this kid anyway. Because the more I can brag about the kid, the better the mother feels. The more she gets involved.").

The student. Patricia was actively involved with Neil in grade four, but services were discontinued the following year due to his improved behavior. She explained "he was a totally different kid" in grade five. Overall, Patricia described Neil in a very positive light. For example, she said, "He's a beautiful little boy. He's got a great big smile and great big eyes. And he's a charmer. He's got a very strong will." Even problematic behavior was described positively (e.g., "fearless" and "willful").

The team. Patricia described the team as including the principal, the vice principal, the resource teachers, the psychologist, the reading clinician, and the speech-language pathologist. Her view of the team and her relationship with team members was also positive. When talking about the team, she said, "See with this team because I've worked so long with Mary... I feel really good about doing my part with the team. Because I know how hard they work."

The IEP process. Patricia has been involved in approximately three to four IEPs per year. In general, a consultative approach was used throughout the process. In the following paragraphs, I discuss Patricia's perspective on her role in IEP development and implementation.

Patricia's involvement during IEP development focused on individual contribution rather than team collaboration. For example, she said, "Rather than sitting down and doing the actual planning, the resource teacher pulls in all the resources and says, 'Will you do this, will you do that?' and we talk about it. And people suggest, 'Can you do this?' And I'll say, 'I'll give it a try.'" She also reported that the parents and teacher do not play an active role in the IEP development, but rather were on the receiving end of the process. When explaining the teacher's involvement, she said, "And then they put it together with the teacher and let the teacher know and see if it fits in."

Patricia believes her role in IEP implementation was limited. Rather it is the classroom teacher who had the most significant contribution. In general, she viewed her role as supporting the parents and the child. This support was provided in the following manner: (a) providing parents with choices (e.g., "Then

I try to work with the mom... [to] give her choices.”), (b) supporting parents during parent teacher meetings or appointments, (c) providing home visits, (d) helping parents create a social network (i.e., “What I try to do is get the parents ... connected somewhere so they just don’t feel like they’re in this all alone. So they feel that there’s other people out there.”), (e) helping families locate resources (e.g., take people to food banks, parents programs), and (f) supporting children in a group setting (e.g., social skills, anger management, or making friends group).

Patricia’s involvement with the IEP process was limited. On the other hand, Anna, the Director of Student Services had a different perspective on the team’s involvement with IEPs. In the following paragraphs, I discuss her collaborative perspective.

Anna

Anna was the Director of Student Services for Lakepoint School Division. Before becoming Director of Student Services, Anna coordinated services at a provincial level for several years. Following this period, she worked on a project related to student services. Her involvement in this project included presenting information, working on documents, reviewing the literature and research in special education, as well as implementing research findings. She was also a consultant for a few years. Finally, her work in the education field began as a speech-language pathologist for 13 years.

Her educational background included a Masters degree in Speech-Language Pathology and at the time of data collection, she was working towards her Masters in Business Administration. She also completed French courses

and an accounting course from a College. In the following paragraphs, I discuss Anna's general beliefs about children and education, as well as her perspective on the division, the team, change, and the IEP process.

Beliefs and practices. The following were some of Anna's beliefs and practices: (a) An educator's background influences his/her practices (i.e., "The principal [who has a special education background] can... deal with [parent's concerns] because they can talk about it...and they can relate to it...and they're able to... problem solve a lot faster."), (b) individuals who work well with children with special needs tend to have the following characteristics: caring, self-control, problem-solving skills, as well as an understanding of human nature and discipline, (c) an educator's knowledge, personal traits, and experience influence his/her perspective, (d) an educator's training has little impact on his/her perspective, (e) problems that educators experience may be child-focused or situation-focused (i.e., "Most of the time its....a child that is very, very needy or a situation where... a lot of problem-solving is needed, (f) perspective influences practices (i.e., "Some of that depends on the person's view of differentiated instruction too and what they've been trained in and what they feel comfortable with. I think for many of the people that's true, however, there are a few people that it's very natural for them. And they would do it just automatically. For the larger group of people, I think that having some experience of instruction in that area is beneficial. And once they see, its not so hard to do."), (g) children with special needs should not be pigeon-holed (i.e., "Our kids aren't in boxes."), and (h) specialized roles are only necessary when specialized training is required.

The division. At the time of data collection, Anna worked with two divisions that had different philosophies and practices. Lakepoint School Division had a philosophy of inclusion with a variety of placements and programs that supported children receiving "an appropriate education". This continuum of services included children attending their home schools or receiving appropriate education in specialized placements (e.g., there is one program for children who have cognitive impairments and high medical needs). On the other hand, the Tall Pines School Division had very few specialized programs and utilized the practice of cluster programs or cluster schools.

There were also differences in the resource teacher's role. In Lakepoint, a special education resource teacher provided support to all children who required assistance. On the other hand, resource teachers at Tall Pines school division had two separate roles. One resource teacher only worked with children that received level one funding. The other educator, who was referred to as the special needs teacher, worked with the children who received funding and had IEPs.

The team. Anna described the core team as the resource teacher, counselor, school administration, and the parent. In most cases, the resource teacher was the case manager. Depending on the child's needs, other individuals would be involved as part of the larger team. These individuals could include the speech-language pathologist, the psychologist, the occupational therapist, the physiotherapist, and/or teacher of the deaf.

Anna's role on the school teams varied. At the time of the interview, she worked with the teams responsible for children with behavior plans. She was introducing a multi-system plan that required collaboration with outside agencies. Her involvement with other teams occurred when they asked for her contribution. This request took place if a child had high needs or a situation required significant problem-solving.

Change. Anna believed that changing people's practices involved moving them along a continuum. She described this continuum as an inverted triangle. Those who automatically accepted change were at the top. The individuals in the middle may or may not adopt new practices. This acceptance depended on their experience. The individuals at the bottom were the least likely to change. For example, she said, "The people who don't want to change aren't going to change." She believed these individuals who were unlikely to change, preferred status quo and were less flexible. They were also less likely to work across disciplinary boundaries. When explaining this characteristic, she said, "They haven't been trained in the area or don't feel comfortable moving...beyond that. But I see them as people who will stay in those roles for a long time."

The IEP process. Anna's experience with IEPs was significant. She was involved with planning, implementing, or reviewing thousands of IEPs. For instance, as a speech-language pathologist she was involved with approximately one hundred a year. When she worked for the provincial government, she reviewed many IEPs as part of her position. At the time of data collection, she reviewed approximately 600 IEPs that arrived at the division office. In the

following paragraphs, I discuss her perspective on teaming, IEP development, and IEP implementation.

Teaming. Anna's underlying belief for the IEP process was that teaming practices were an essential component. For example, she said, "The team works not only developing it, but evaluating it and making changes as they need to come." These practices included consultation, collaboration, and role transition.

Anna noted that different situations required different teaming practices. For example, when a child was new to a school, consultative practices were used until everyone became familiar with the child. This approach influenced one's sense of ownership. She believed team members were more likely to have only partial ownership of the child's IEP. When explaining the impact of consultative practices on one's sense of ownership, she said, "I think that nobody owns [it], you only own your section then. You tend not to own the whole thing."

On the other hand, an IEP for a child presently in the division required a collaborative approach. Anna believed that collaborating had an impact on one's sense of ownership and support. For example, team members who collaborated would be more likely to have an equal investment in the child's IEP and provide support in the classroom:

"I think the people who are more comfortable with collaboration tend also to be the people who are out there and in the classroom and you're comfortable... going in and out [of the classroom] and kids going in and out. And not as much of a pull out... If they aren't comfortable with that then they typically tend not to be the people that are the true collaborators."

Role transition, in which individuals learn and work across disciplinary boundaries, was another useful teaming practice. When discussing this practice, she said, "I think that the teams that work really well from my experience are those teams that are free to bring their expertise to the table, but are also free to talk outside their areas." Anna believed that this practice encouraged team members to develop better skills.

Not all individuals, however, believed in role transitioning. Anna found that some team members operated from a isolated, clinical model with few links to other educators:

"A lot of it ends up being individual people. They just don't see their role as that. They see their role as 'This is my role' and that's that. And when I come in, I work only on speech and language and I don't necessarily have anything to do with the other aspects of the child or have any other input into that child. That's their role, the way they see that as their role."

Overall, Anna believed these two different teaming practices had an impact on a child's growth. When explaining the difference, she said, "Where I see the big difference [between the consultative versus collaborative practices] is in the end results. That child grows more because everybody seems to know what the goals are and they've all been agreed upon and its not just well 'I don't do that because that's not my area.'"

IEP process. Anna believed the entire team should be involved in developing an IEP that addressed the child's needs:

"Definitely [involved] as a team. Not working in isolation and we still have a lot of that and we're still working on it. It is not the resource teacher's role to gather all the information and then write it all by herself in an office. Some still write it all themselves and don't gather any information. So definitely as a team, parents should be involved. All the other people involved should be part of that, agreeing to the goals."

If outside agencies were involved then everyone would be working towards common goals in and outside of school. Overall, she believed the objective was to develop an IEP that was a working document. When describing the IEP as a tool that people could use, she said, "It should not be in the binder back there and nobody ever looks at it. And with many of our students we have paraprofessionals working with them. And so that should guide everything that that paraprofessional does... It has to be used. And that's a hard thing because people do the paper work just because they have to do it. But they don't let it be the curriculum for the child. They still struggle. So it has to be used."

Although the IEP was developed by the entire team, IEP implementation was the responsibility of the classroom teacher and the paraprofessional. Anna believed that classroom teachers could have different perspectives on their responsibility towards IEP implementation. For example, she said, "I think you've probably been in schools too where all the students with special needs will... go to one teacher, right? ..Because you knew if you had a choice between the two grade four classes, this is the one that would work really well. The child would be very successful in it. And this one wouldn't be." She described these differences as falling on a continuum.

On one end of the continuum was the educator who assumed ownership for implementing the child's program. He or she was comfortable with collaborating with team members and inclusion was a common practice in the classroom. On the other end of the continuum was the educator who believed the child's individualized program was somebody else's responsibility. This

individual would have difficulty collaborating and would prefer to have a child with special needs removed from the classroom.

If the classroom teacher did not take responsibility for implementing the child's program than the paraprofessional often assumed this role. Anna believed this approach resulted in the least trained people working with the most needy children. When describing this scenario, she said, "We have some wonderful, wonderful paras...[but] it doesn't extend anyone's expertise or knowledge if you don't have that [teacher involvement]. Its sad. What it is, is really sad in the long run. Because everybody loses out there."

Some other factors that impeded IEP implementation included educators who were unfamiliar with the child, the disability or the necessary skills, as well as an IEP that lacked detail. When discussing the poorly detailed IEP, she said, "What they'll say is that... we're doing the grade one curriculum....They don't... get into the nitty gritty of it. And so they aren't able to really see the finer points of it. So it's hard. How do I implement the grade one outcomes? We didn't talk about that because we never got to the materials and strategies part of the IEP."

On the other hand, successfully implemented IEPs were influenced by factors such as experienced team members and frequent review of the IEP. When discussing the review of an IEP, she said, "If you revisit the IEP frequently that also helps. If you only do it twice a year when you have to do it or whatever, that's when it gets lost in the shuffle."

Anna believed that IEP development should involve the collaboration of the entire team. Team C, who consisted of the classroom teacher, the resource

teacher, and the paraprofessional utilized this approach. In the following section, I describe this practice, as well as their other approaches to teaming and teaching.

Team C

In addition to these two teams, I also interviewed an elementary school team for a qualitative research course in 2001. Team C worked in Maple Bay School, which is located in a rural school division. One student the team supported was Jason, a grade six student, who received level two categorical funding. He was diagnosed with Attention Deficit-Hyperactivity Disorder and Fetal Alcohol Effect.

The team was comprised of the resource teacher, classroom teacher and paraprofessional. Like Team A and B, they were a cohesive group who participated in role transitioning. Despite this group cohesion, team members admitted that they were unfamiliar with the goals stated in the IEP. Programming occurred in and out of the classroom and there was a focus on life skills. In the following paragraphs I discuss the perspectives of these three team members.

Cindy

Cindy was a grade five-six teacher at Maple Bay School. In her thirteen year career, she taught various grades, all at the elementary level. At the time of data collection, Jason had been in her class for three years.

Teaching was Cindy's second career. After high school, she took an architectural drafting course at a College. After working at an engineering firm for three years, she returned to University to obtain her education degree. She

explained, that this decision was influenced by her grade five teacher, who recognized her strengths:

"I struggled all the way through school until I [reached] grade five and I had a teacher who gave me some credit for creativity and some other things that had never counted before... I think what happened was I got some self-esteem and was able to pull it together... I think if I hadn't had him... I wouldn't have taken University entrance courses. I wouldn't have felt that I could do that... There was a huge turn around in that year. So if I can make any kind of difference to one kid, then I've repaid that debt."

In the following paragraphs, I discuss Cindy's practices and beliefs, as well as her perspective on the team, the student, and the IEP process.

Beliefs and practices. The following were some of Cindy's practices and beliefs about children and education: (a) Collaboration is a useful practice (i.e., "Brenda (a grade five/six teacher) and I work a lot together... because we want the classrooms to have similar learning experiences. We do all our planning together... That's just really nice to have a teaching partner that you can do that with."), (b) some individuals possess a natural talent for working with children (i.e., "Jennifer could take over the classroom. She just has a gift with the kids."), (c) sensitivity to a parent's feelings is essential (i.e., "How do I say that this is what's happening, but without making it ugly and without sugar coating it either?... How to get the point across without tearing out the parent's heart because it's their kid."), (d) children should be successful (i.e., "I cannot not give them a chance to succeed."), (e) an awareness of a child's emotional needs is important (i.e., "I am always super conscious of how the kids are feeling emotionally."), (f) consideration should be given to children's strengths and needs (i.e., "I don't know in phys. ed. how much consideration is taken for what he can

and can't do. Sometimes I don't think enough consideration has been taken for that."), (g) sometimes social situations that are difficult for students should be avoided (i.e., "I was in the canteen the whole time so when he wasn't playing floor hockey with his team, then he was in the canteen with me. Because that free time would have been just crazy for him."), (h) assistance from the paraprofessional is the best support for a student with special needs (i.e., "It would probably be valuable for the student teacher to have to program for him, but I think what's best for Jason is that time with Jennifer."), (i) students with special needs are unsupported when the paraprofessional is not available (i.e., "When he comes back and is unsupported then he works on something he started with Jennifer."), (j) the classroom teacher is somewhat responsible for a student with special needs (i.e., "I don't want to pawn him off on another teacher... I don't want him to become somebody else's problem."), (k) it's important that children know what is expected of them (i.e., "I think it's absolutely ridiculous that Jas doesn't know what his goals are."), and (l) children with special needs should be included in programming decisions (i.e., "I said [to Jason], 'Well I'll share with you what we stated your goals should be and then maybe... if you think it's too easy then we can adapt that.'").

The student. Cindy described Jason as an interesting person, who was "eager to please." Some of his needs included attending, remembering information, math, social skills, and writing. His strengths included language arts, computer skills (e.g., power point, loading computer programs), and hands-on activities.

Cindy's overall expectation for Jason was that he felt successful. For example, she said, "I think one of the biggest things with Jas, is to have him see himself as successful. Whatever he's doing." Her future expectation was that he be successful at life skills activities. When explaining this expectation, she said, "I could see him independently doing some other life skills kinds of things. Now he does some junior janitor and some recycling [jobs] quite independently and he really takes it seriously. So I would hope that some of that will turn into something that he can be successful at."

Programming. Jason worked in and out of the classroom. For example, he participated in language arts, but was pulled out for math. This programming was guided by Jason's skill level. If he was able to do the task, he stayed in the classroom. On the other hand, if he was not able to participate in the classroom activity, he was given one of the following activities: i) different work to complete outside of the classroom (i.e., "He's usually pulled out of math because the math he is doing is totally different."), ii) a life skills activity (i.e., "We're trying to get him to do some sort of life skills kinds of things. There's really no point in him being in Social Studies class. For him to know the history of Canada is not really going to be much of a benefit for him... He does some janitorial stuff every once in awhile. He does some stuff with recycling."), or iii) manual tasks (i.e., "[The teacher] tried him with a partner for a while [when working with kindergarten students], but he couldn't handle the freedom... So now when he goes, he's got a number of jobs to do for the kindergarten teacher. He cleans the hamster cage and then tidies up, gets all the toys back onto the right shelves.").

Cindy admitted that she struggled with programming for Jason. When explaining this difficulty, she said, "Programming for him, I don't do that well... It's so busy with everything... Jennifer and I, we decide what's going to be done. But I see that I haven't really held up my end of that responsibility." She believed that she should assume more responsibility for programming and give the paraprofessional more direction, but since she viewed Jennifer as competent, she did not take on this responsibility. For example, she said, "I think if I was working with an E.A. that was less competent, I would take more of the responsibility and make sure that in the math that he's doing this chunk this week. And I don't do that with Jennifer."

In general, the team found long-term programming difficult to implement. Cindy explained, they "talk[ed] every day about [Jason's programming], but [they] hadn't found the time or made the time to sit down and plan out a month's programming for him." Instead, short-term planning was applied. For example, she said, "So its planned, but its not way out into the future, [it's not] set out."

The team. At the time of data collection, Jason's team consisted of the classroom teacher, the resource teacher, and the paraprofessional. Role transitioning and positive group dynamics characterized this team. Team members sharing roles was common practice:

"Sometimes [Jennifer] is worried about stepping on my toes and we've often said, 'Don't worry about that. If you think something needs to be done, [do it].'"

This role overlap appeared to be influenced by the culture of the school. For example, one team member said, "Everybody does what they need to do. So I

think there's not much role definition. That's perhaps partly the climate of the school."

They also appeared to have a positive group dynamic. This characteristic was contributed to factors such as parity, collaboration, and a positive view of each other. When explaining the team dynamics, Cindy said, "I see Jennifer as an equal rather than I should be telling her what she should be doing. Somebody to bounce an idea off of or to make suggestions to... I make sure there is open communication.". As well, she said, "It's just a really good group. And Bert is so... approachable and there's nothing that Jennifer won't do. She's just amazing. I'm lucky to have her."

Cindy explained that each team member had certain roles and responsibilities. The classroom teacher's responsibilities included the following: (a) programming, (b) providing material, (c) supervising program implementation (i.e., "I like to keep tabs on what they're doing. Give some direction as to what I'd like Jas to get."), and (d) evaluating progress (i.e., "[I] keep tabs on what's been done so that I'm able to write some kind of assessment at the end of the term.").

The paraprofessional's responsibilities included the following: (a) identifying students' needs (i.e., "She really knows how to see what needs to be done and just does it."), (b) programming, (c) teaching groups of students, iv) teaching individual students, and (d) adapting material (i.e., "I'd like him to try this, but I know that this is not going to work, so [Jennifer can] adapt it anyway [she] wants.").

The resource teacher's role consists of the following activities: i) problem-solving (i.e., "With Bert, its sometimes, 'Okay, this is the problem that I'm seeing now. What do I do?"), ii) writing the final IEP (i.e., "I think that's a team responsibility, but the final pulling it together...it's not my responsibility. I like it that it's seen as Bert's responsibility."), and iii) providing materials. Each of these roles were essential to the IEP process.

The IEP process. When discussing IEP development, Cindy reported that she would meet with the resource teacher to discuss the child and his or her needs. She believed that this meeting also involved the parents, as well as the paraprofessional. Collaboratively, they determined overall goals. When discussing the process, she said, "In those conversations there will be some kind of dialogue about, 'So are we saying that this is what we want to do?' So in that planning meeting, we talk about those things." The final step involved the resource teacher using the ideas from the meeting to write an IEP that had long-term and short-term objectives.

Cindy believed that IEP implementation was the responsibility of the team. For example, she said, "I see that implementing his program as a team thing as well. And maybe Bert's one step removed there because he's only here a couple of days...Jennifer has a big show there because she takes him out and does things. But I think its still my responsibility as well." The paraprofessionals, however, had the most significant role in the process. Cindy reported that it was the school norm for the paraprofessional to assume responsibility for the student's learning:

"I know in some schools, the teachers have to [program for the student] and the E.A.s only do what the teacher sets out. But our school has never done that. And we've been lucky enough to have E.A.s that are just really competent."

Factors influencing IEP implementation. Cindy explained that implementing the IEP was difficult at times. When discussing IEP implementation, she admitted, "I'm not necessarily following the IEP even though we spent time writing it." Throughout the data collection, she discussed several factors that made IEP implementation problematic. First, the IEP was not referred to during the year. For example, she said, "I haven't figured out a way to keep it in the front of my brain." This lack of reference to the IEP resulted in goals not being monitored. When discussing tracking of the IEP goals, she admitted, "I had to dig up his IEP because I didn't have a clue what was in there. So obviously I'm not tracking any of it." As well, IEP goals were easily forgotten:

"I think what happens with me, we sit at that meeting and we decide on those things and then I walk out of that meeting and I get back to my classroom and I [have] twenty-five other kids to worry about and that stuff gets...filed hopefully somewhere and I don't necessarily retrieve it again. And I don't really remember. I had to dig out Jason's IEP to remember what was on there."

Second, IEP implementation was influenced by the changes made to the student's program. When discussing these changes, she said, "Things also change and adapt. [For example], [one goal] in there is legibility of handwriting and I had forgotten about that completely. [Instead] he's doing a lot of stuff on the computer now." Implementation became even more challenging when any team member could change the IEP goals. For example, she said, "[Jennifer and

Jason] can look at [the IEP goals] as often as they need to and they can change it whenever then need to." These changes made it difficult to track the IEP.

Third, unclear expectations affected IEP implementation. When talking about her expectations and priorities, Cindy said, "I don't know if I would necessarily agree to those [goals] if we were in the same spot and having to redo the IEP. I don't know if I'd agree to those things because we've evolved and we've changed... One of the things I remember from [the IEP] is the handwriting part. I know its important that he be able to produce something that somebody else can read, but it hasn't been my priority and I haven't tracked it at all."

Fourth, inadequate goals influenced IEP implementation. Cindy acknowledged that the IEP did not reflect some of the student's needs. For example, she said, "So I think socially, it's going to be the biggest hurdle. The IEP should reflect... that social kind of behavior. I'm sort of realizing that what I want him to be able to do, I'm really not arming him to be able to do."

Fifth, inadequate involvement of the classroom teacher in developing the IEP affected IEP implementation. Cindy believed that if teachers were more involved in developing the IEP, they would be more likely to take ownership for implementing it:

"Maybe those teachers who have to write their own IEPs because they've put their blood, sweat and tears into it... would [have it] in a more accessible part of their brain than it is for me. [When developing the IEP], you go and have a comfortable conversation, talk about the kid, come up with some ideas and not that it's a waste of time, but some of those ideas get implemented and then we get torn in a thousand different ways and you don't necessarily go back."

The classroom teacher's lack of ownership for the IEP resulted in another team member taking responsibility for the student's program. For this team, the paraprofessional assumed this role. When discussing this responsibility, she said, "Because Jennifer is really amazing at seeing what needs to be done and doing it... She'll come up with ideas and she'll say, 'How about this?' and she's very willing to sort of step up to the plate and do something over and above what she's required to do. She'll come up with an idea and run it by and then go with it. She doesn't wait for somebody else to take over it. She will be the instigator on things." This role was further reinforced by the fact that there was overlap between the team members. For example, Cindy said, "There's nothing but overlap [between us]... And probably more overlap with Jennifer and Bert and Jennifer and I. She's sort of the person in the middle here. Sort of the meat in the sandwich... [We share responsibilities for] programming kinds of things. What's going to happen with Jas. What are some things that we might be able to try. What's not working. What is working."

Sixth, the educators' perception of the IEP's purpose may affect IEP implementation. Cindy sometimes viewed the IEP as a funding document rather than a plan to guide the student's daily learning:

"Sometimes I see an IEP as a way to get the money to get that kid supported. And that's the goal of that [IEP] is to get that kid some help. And sometimes when you write the IEP that's the time you don't sugar coat everything because you want to have the best chance to get the biggest amount of money. So sometimes I think that's the bottom line of the IEP. And as long as we are supporting that child and working with that child and dealing with that child on a day to day basis to see progress than we've had a measure of success. [Its not] whether we'd been successful with those particular goals on that IEP."

She also did not use the IEP as a working document. When discussing the IEP, she said, "I think what we have him doing, we've got to be doing good things, but we both have sort of put the IEP in the filing cabinet and not accessed it. It's not in front of the brain."

Seventh, insufficient time to discuss the student's IEP influenced implementation. For example, she said, "Sometimes I think we don't [talk] enough... Its always sort of hurried [and] in passing. We don't find the time to sit down and really discuss. So sometimes I find that frustrating... It just doesn't get done." When the student's program was discussed, expectations were not always considered (i.e., "We do talk all the time about small things, its just big things that probably need to get discussed [don't]. We sort of nibble at them, rather than sit down and have this whole thing out. We sort of nibble at it.").

Cindy believed that IEP implementation would improve if two changes occurred to the process. First, she believed that teams should have time to meet in order to discuss the student's IEP. For example, she said, "The gift of time I think [would improve the process]. To have a time where I'm not taken away from my classroom or not giving up something else. Some sort of time that's just dedicated to that and that's what we did in that time." Second, she believed that a visual reminder would facilitate IEP implementation.

In general, Cindy did not perceive the IEP as a working document. Rather it was a document that frequently changed. Bert, the resource teacher also discussed this concept of a changing IEP. In the following paragraphs, I discuss his perspective about the IEP and its changes.

Bert

Bert was the resource teacher at Maple Bay School. He divided his time between this multi-graded school, as well as another school in the division. At the time of data collection, he had worked eight of his sixteen years as a resource teacher at Maple Bay School. In the following paragraphs, I discuss Bert's practices and beliefs, as well as his perspective on the team, the student, and the IEP process.

Practices and beliefs. The following were some of Bert's practices and beliefs about children and education: (a) Funding or labels help define children (i.e., "Well, I got five level twos and one level three."), (b) experience as well as trial and error help one acquire new skills (i.e., "[I've learned these things] from years of doing it...and...trial and error"), (c) teaching a child for more than one year is beneficial for programming (i.e., "[Since] the teacher gets them for two years...its much easier because you're planning for two years, not just one. Especially the second year is much easier."), (d) funding is necessary for school support, (e) the classroom teacher shares ownership of the student's program (i.e., "Cindy also does some of the programming. She's really good at not sticking it onto me or Jennifer."), (f) not all children are included in the classroom (i.e., "There is another E.A. for a level two in there, but he's out of the classroom, so she's by herself."), (g) collaboration is part of the school culture (i.e., "[Teaming] happens throughout the whole place."), (h) differentiated instruction is easier to apply in multi-grade classrooms (i.e., "If a kid, say in grade four is working at a grade three level, it really doesn't matter that much because the

grade threes are doing the same thing.”), (i) recess is difficult for children who have problems with social skills (i.e., “Recess is hard for him to go outside because he doesn’t have the skills. He’d rather be on the computer.”), (j) some goals focus on improving the student’s skills so that they are grade appropriate (i.e., “He’s quite a ways behind in math, so it’s a matter of him trying to catch up.”), (k) team consensus is necessary for a successful program (i.e., “I’ve had a few [situations] where the parents would not agree or the teacher won’t agree to dumping the program or the curriculum. So when that happens you’re not going to achieve success.”), and (l) some school teams have a hierarchy (i.e., “Any member of the team [who] doesn’t agree is going to cause problems. And the stronger the member, [the less you can do]. If the teacher won’t [agree], there’s not much we can do. And if the parent won’t agree to it, there’s not much you can do. If the E.A. won’t, well I’ll find another E.A. to do it.”).

The team. According to the data, the team consisted of the resource teacher, the classroom teacher, and the paraprofessional. This team was a cohesive group that experienced role transitioning. The team members taught, learned and worked across disciplinary boundaries. For example, he said, “I think [our roles] have blended together over time. I think there was [distinct roles] when Jason first came, but they’ve slowly blended together.” In the following paragraphs, I describe each team member’s role, as well as the decision-making process.

The resource teacher’s roles and responsibilities included the following:

(a) supporting the family (i.e., “We just got him respite. I’ve been working on

that.”), (b) supervising educational assistants (i.e., “Basically I set up who they’re working with and go over what’s going to be done.”), (c) supporting the classroom teachers, (d) developing programs, (e) assessing students (i.e., “I have to do a lot of testing. That takes up a lot of time.”), (f) writing reports, (g) scheduling team meetings (i.e., “I think the hardest part is calling the meetings. Getting everybody together in one shot.”), (h) chairing team meetings, (i) providing materials (i.e., “So its just constantly finding materials. They say we need this so I have to find the materials.”), (j) problem-solving with team members and the parents, and (k) organizing the IEP process (i.e., “I probably spend more than twenty hours on one [IEP]. By the time you actually get a hold of everybody, set the meeting, get everything ready for the meeting, change everything on paper, do up the testing results and everything else. You have the meeting and then rewrite the whole thing. And then try to get everybody to sign it.”).

The classroom teacher’s roles and responsibilities with the team included the following: (a) programming (i.e., “Then [she] decides what to program... Which parts he can be in the class for.”), (b) mainstreaming students (i.e., “She tries to keep him in the classroom as much as possible.”), (c) collaborating with the team, and (d) implementing the IEP.

The paraprofessional’s roles and responsibilities included the following: (a) programming (i.e., “She’s always looking for more programs, like things to do with him.”), (b) supporting the student outside of the classroom (i.e., “So if he can’t be in [the classroom] for something... then that’s the point where he goes

out and works on his other stuff with Jennifer.”), (c) implementing the student’s program (i.e., “We set the goals and she does the program.”), (d) supervising the student (i.e., “She does a lot of supervision. Making sure he’s actually working on it.”), and (e) determining materials (i.e., “Jennifer is always looking [for materials].”).

The student. Bert described Jason as a child with Attention-Deficit, Hyperactivity Disorder, who was on medication. He also was diagnosed with Fetal Alcohol Effect. At the time of data collection, he was in grade six. Bert reported that Jason’s difficulties were in the behavior and academic areas and that his vision for Jason’s future included working in a specialized program. In the following paragraphs, I provide a brief description of Jason’s program, as well as discuss its flexibility and changes.

The program. Bert reported that Jason’s program focused on behavior goals. During the year, however, the team decided a life skills focus was more appropriate. When discussing this change, he said, “The whole team got together and said, ‘Okay, we’re going to dump the math curriculum and go onto life skills.’” This focus was to prepare him for his future endeavors in a specialized program.

At the time of data collection, Jason’s program was flexible. For example, Bert said, “Its constantly changing. Even though I don’t write it down all the time.” Not only did the location of his learning change (e.g., in or out of classroom), but his learning goals also changed. These modifications were the result of the following factors: (a) meeting the changing needs of the student (i.e.,

"He's an individual who changes all the time, so therefore we're changing. We can say this is the goal in September, but all of a sudden something happens and we [have] to change all the goals."), (b) addressing programming problems (i.e., "Well, then we change it. That's what I think we're always doing. We're always finding problems. You can't say in September or October that this is going to be the same... So we're constantly changing. Adding things to it."), and (c) improving the student's program (i.e., "[Cindy and Jennifer] are very, very conscientious. They'll never be happy with what they're doing. They'll always expect that they should be doing more... So then...they're changing it all the time."),

The changes to Jason's program were recommended by all the team members, including the paraprofessional. When discussing the input from the paraprofessionals, he said, "So [the paraprofessionals] come to you with ideas and then you've got to figure out how to do it... Because they all come back from [a workshop] with ideas. But some you can and some you can't." At times, Bert found it difficult to keep everyone informed of the changes. For example, he said, "I don't know if Cindy knows [about] that [goal] yet, but that's what we're starting."

The IEP process. Bert believed that the IEP was not written in stone. If the program was not working for a student, it was changed. For example, he said, "We're not going to keep on [doing something just] because this is an IEP that says that's what we should do. If it's not working, we're going to get rid of it."

In the following paragraphs, I discuss Bert's perspective on IEP development and implementation.

Bert reported that the IEP was developed twice a year. This procedure occurred in October and May. The first part of the process involved collecting information about the student. This information was attained from assessments administered by him or the clinicians (e.g., psychologist, speech-language pathologist). Once the information was collected, he completed an outline of the IEP. This outline included the child's background information, test results, and some possible goals.

The next step of the IEP process involved a team meeting. This IEP meeting involved the parents, the present classroom teacher, next year's classroom teacher, the educational assistant, the principal, the guidance counselor and the clinicians (e.g., psychologist, speech-language pathologist). At this meeting, the IEP was developed collaboratively. When explaining the process, he said, "We sit down and we sort of plan the whole thing out.... The planning of it would be all of us." If there was a previous IEP, they reviewed it and made the necessary changes.

The IEP domains may include social, behavior, cognitive, fine and gross motor, as well as life skills. Each long-term objective (e.g., "Jason will be able to explain accurately what was stated on one page that he has read at his instructional level.") included specific short-term objectives (e.g., "Jason will be able to explain what happened in a paragraph that he has read at his instructional level.").

While brainstorming, the team determined objectives by examining the student's problematic behavior, as well as the curriculum. When describing the process, he said, "[We use] brainstorming ... We look at what he's doing. What his problems are and try to figure out some goals for that...[For example] what are the main areas in his social area. He has no friends outside, so how can we get him to interact with someone on the playground?... We have the whole team suggesting." Bert reported that the present classroom teacher was very helpful at this point of the IEP development. Once all the information was gathered, he wrote the final IEP.

The classroom teacher and the paraprofessional implemented the IEP. Bert explained that his role was to support them through the process. For example, he said, "A lot of [the implementing] is the teacher and the E.A. And then whatever supports I can throw in to help."

Factors influencing IEP implementation. Bert believed several factors influenced IEP implementation. In the following paragraphs, I discuss these six factors.

First, Bert believed that changing teachers each year made it difficult to implement the IEP. He explained that often the new teacher was unfamiliar with the student and his or her needs. For example, he said, "Its worse when each year [the teachers] change because when you have the meeting in May, that teacher says, okay this is what he needs to work on , but its going to be a new teacher that's taking him... They don't know him so they don't know all the little tricks. We always have the next year's teacher at the IEP meeting, but still they

say "Huh?" This unfamiliarity resulted in next year's teacher having little input into the IEP. With such little input, he/she sometimes perceived the IEP as inadequate and therefore did not implement it:

"I think one of the hardest things is, [with] the IEP meeting in the spring time,... You have the old teacher telling you what's happening and then you have the new teacher there. The new teacher doesn't know the child that well, so he's going, "Oh yeah, yeah..." And then in the fall time, [he says], 'I don't want to do that.' So it throws the whole IEP out. That's a problem."

Second, IEP implementation was influenced by school staff's beliefs about who was responsible for teaching children with special needs. When describing another school's practices, he said, "They're going to have to start changing some of their policies...[For example], the individualized programming and getting them on board...so that they are willing to modify the programs and not just say, 'Oh, he has problems. Lets put him in the resource room for the full day.' No, let's get him in the classroom." At Maple Bay School, he believed classroom teachers wanted all children in their classroom. For example, he said, "This is a really good school... If anything, they're probably overly concerned. Like, no, you can't change everything in one day. Slow down a little. They want to somehow change him so he's fine and in the classroom and working in one day."

Third, IEP implementation was affected by the fact that the IEP was not always easily accessible. When suggesting a solution to this difficulty, he said, "You don't want it laying around so its hard to have it sitting there all the time. You almost need it on the teacher's desk, saying okay that's done. We changed that already. We've done this. We have to do something like that."

Fourth, IEP implementation was influenced by the fact that revisions were not always documented. Bert reported that the absence of the IEP document, insufficient time, frequent changes, and scheduling difficulties contributed to this problem:

"I think half the time what happens is we have our mini meetings without the IEP being present and we start to change things and so sometimes it looks very different by the time we actually get back to it. But I haven't changed it. Just because I think things are going so fast that we haven't got time to sit back down and do it. And try to get everybody together for another IEP meeting, get subs in and everything else. It gets really difficult. So we just change things on the fly."

Fifth, insufficient time to meet as a team affected IEP implementation.

The team was not able to formally discuss and monitor IEP implementation. When explaining this lack of time, he said, "We would have to have more meetings just to figure out where we're going and what parts we could pick up and do. But its really hard to set up a meeting when there's not enough time in the day." Instead, the resource teacher, the classroom teacher and the paraprofessional informally monitored the IEP at recess or after school. Bert explained that these discussions often involved passing information indirectly amongst each other:

"[Jennifer] will either go to Cindy or myself and talk it out... Cindy may say something and then Jennifer says 'Okay, this is what I [have] to do.' And when I come back, she's going to say, 'This is what Cindy said,' or the other way around."

Sixth, IEP implementation was influenced by the classroom teacher's inability to take ownership for the IEP. This difficulty resulted in the paraprofessional assuming responsibility for implementing the IEP. For example, he said, "It's just Cindy has a very demanding class. There's a lot that's actually

left on Jennifer's shoulders. More than she should have. And that's my fault too...And the worst thing is that Jennifer would pick up and try to carry three times as much as she should be carrying and not complain at all."

Bert believed that Jennifer, the paraprofessional, assumed a great deal of responsibility for Jason's learning and his IEP. Jennifer also reported this observation. In the following paragraphs, I discuss her perspective on this responsibility.

Jennifer

Jennifer was a paraprofessional at Maple Bay School. At the time of data collection, she was forty years old and had been working as an educational assistant for several years. Her responsibilities included working with Jason, a grade six student, assisting classroom teachers, as well as implementing speech and language programs. She had developed her skills by attending workshops, reading literature and observing other individuals. In the following paragraphs, I discuss Jennifer's beliefs and practices, as well as her perspectives on the team, the student, his program, and the IEP process.

Beliefs and practices. The following were some of Jennifer's practices and beliefs about children and education: (a) Life skills is an important part of a student's program (i.e., "We know we have to work on a life skills program."), (b) documenting a student's program can be difficult (i.e., "I think [documenting strategies and behavior] depends on memory."), (c) collaborating with other paraprofessionals is helpful (i.e., "Every Thursday, Bert has set up E.A. meetings from 10:30 to almost noon. And it's a good place for us to discuss and share

some ideas and give each other some helpful ideas. Sometimes they go into behavior with other kids too. Let's try this. So there's that team. I really feel that it is so important. You can't do it yourself."), (d) meeting collectively as a team is difficult (i.e., "But we sort of talk to each other, even if its individually. When he's here or this is what Cindy was thinking. What do you think? [I] kind of [act as a] go between [for them]."), (e) a child's behavior may be influenced by his/her home situation (i.e., "[There's] home related problems and of course they bring them to school. So his day is completely disrupted by what's on his mind from the weekend and he'll act out in school."), (f) she has empathy for the students (i.e., " I went home with it and it bothered me. I felt we had to talk to the school members involved because its just, I mean this boy was crying. He was extremely upset and I was upset."), (g) its important to address and support the emotional needs of a student (i.e., "We told him that we care and we know that his mom and dad care...I think he needs to know that we're both there."), (h) removing the student from difficult activities is a regular practice (i.e., "Just to keep taking him [out] because there's no sense leaving him there and being frustrated."), (i) it is important that students with special needs socialize with classmates, (j) she uses people first language (i.e., "We still have some kids here that are very needy."), (k) paraprofessionals should be trained in specific skills (i.e., "So if they want people to work with the children who have the handicaps, there needs to be properly trained people. You can't just put anybody in there."), (l) role expectations are unclear at times (i.e., "Sometimes too what's expected of you within your job is not clearly defined."), (m) meeting as a team is important

(i.e., "We need to be making it a priority to somehow have team meetings more with... the teacher that you're working with... and the resource teacher and anybody else who wants to be involved. Instead of this going from one to one to one. That is something that has to be addressed."), and (n) improving a student's social skills is difficult (i.e., "The big thing is socially. I think that's where we're always going to struggle and what can we do now? How can we help here?... Because maybe not so much academically, it's always going to be the social.").

The team. At the time of data collection, the school team consisted of the resource teacher, the classroom teacher, and the paraprofessional. She believed that working together as a team was "the key thing." In the following paragraphs, I discuss Jennifer's perspective on team relationships, decision-making, as well as roles and responsibilities.

The relationship among team members was cohesive. When explaining her relationship with the classroom teacher, she said, "My right arm is her left arm. You just know which way to go and signals. You just know. We could finish each other's sentences, but we don't want to do that." She also explained they communicated "everyday" and that she had "learned a lot from [Cindy]."

Making decisions about a student's program sometimes involved the team or individual team members. Jennifer acknowledged that when she made decisions independently, she was uncomfortable with the responsibility.

"We have to remember too that you're not the person responsible for him. Like you are, but you don't make those final decisions. You can give your suggestions, but ... I'm thinking I shouldn't be making those decisions. It should be the classroom teacher or the resource teacher, but again its

kind of an expected thing... If its overwhelming then I'll just say, 'Whoa, wait a minute here. I don't feel right making these decisions.' I don't want that to come back on my shoulders. And then they'll kind of stop and go, 'Oh yeah, right. It shouldn't be this way.'"

When Jennifer made programming decisions, she believed it occurred for two reasons. Firstly, she believed her relationship with the student encouraged decision-making. Often, she was very familiar with the child and his or her ability level. For example, she said, "I don't know if its when you work with a child so much that you get to know him. You know what he can handle. What he can't handle. What he can do. What he can 't do. So it's almost pushed off to you. And you know him. You decide what you think he can handle and what he can't. So it's almost that relationship thing. You decide whether you're ready to go on or not to go on." Secondly, the classroom teacher may have difficulty assuming responsibility for teaching a child with special needs because of his or her other responsibilities and lack of time. When discussing this difficulty, she said, "And I can understand how the teacher doesn't have the time to spend with that child and you've got twenty-four other kids in there and it's impossible. It's totally impossible to give what the whole classroom needs and there's one of you."

The team used several strategies to make decisions about programming goals and strategies. First, they used trial and error. For example, she said, "It really is a lot of trial and error. A lot." Secondly, they made decisions collaboratively as a team or as a pair. When explaining this process, she said, "[I] either go to Bert... Do you think this could work, do you think this would work? [But] usually [I] go to Cindy first. You know, would it be okay if I tried this? What do you think? And she would say, 'You know, maybe try this, this may be

easier.' Oh, okay, I never thought of that... So you know, I'll turn to one of them." Thirdly, the team made decisions by reviewing the student's work. For example, she said, "We look at just his everyday work. It's probably the best way that we do it. Track it that way and then decide oh, we need to go in this direction this one week."

Jennifer viewed her responsibilities as including the following: (a) supporting the classroom teacher (i.e., "Just being a big support to the teacher that you work with."), (b) implementing the student's goals (i.e., "I always try to set up the goals and to carry them through."), (c) supporting the student, (d) identifying concerns (i.e., "We'll say, 'What do you think?' or 'I noticed this about this child'... Maybe we should see that child. So we're kind of his eyes a little bit too."), (e) programming (i.e., "So I just said, 'Let's just forget about this jumpstart. Why? We're not putting that in his math program so why are we making him do it. Anyways, I told Cindy, 'Let's just try [this new programming idea].'"), (f) choosing appropriate material (i.e., "I do Jason's math... Cindy may have said 'Here's the book, but you pick out what you think he can handle.' So you got that responsibility."), and (g) determining the student's homework (i.e., "You're deciding what he should have for homework."). Jennifer believed that some of these responsibilities were similar to a classroom teacher and was concerned she would make a mistake:

"Oh, I think you always feel like the teacher. You know, there are times when you think, 'Oh boy'.... And then you think, what if I make the wrong [educational decision]."

The classroom teacher's roles included the following tasks: (a) developing a relationship with the student (i.e., "I'm thinking here it's just being a friend and yet I am your teacher, but you can trust me."), (b) differentiating classroom activities (i.e., "For his ELA, she gets him set up. What he can handle, what he can't handle."), (c) modifying situations (i.e., "She's very good about modifying different situations for him."), (d) including the student in classroom activities (i.e., "She tries to keep him involved in as much of the classroom work as she can."), and (e) programming general goals for a student's individualized program (i.e., "I was talking to Cindy this morning actually, and I said, 'We got that, now where do we go?' She said, 'Let's concentrate more on money.'").

The resource teacher's role was to support the classroom teacher and paraprofessional. His responsibilities included: (a) providing strategies and solutions (i.e., "What should I do and how should I handle this? What would you suggest? So he's always digging for information."), (b) providing respite for the teacher (i.e., "Bert will pop right in and work with Jason."), (c) assessing students, and (d) completing IEPs (i.e., "So he's responsible for all the IEPs, any assessments, or things that need to be added.").

The student. Jennifer described her relationship with Jason as trusting. When describing this relationship, she said, "There is a relationship between Jason and myself... I'm very comfortable saying anything to him and I know he's very comfortable speaking to me as well." Jennifer believed that Jason had difficulty in the following areas: attending, word-finding, recalling information, sentence structure, hand-writing, organizational skills, and social skills (e.g.,

empathy and anger management skills). Jason's strengths included his ability to function in structured situations and his desire to work with young children.

The program. In general, Jason's program was flexible. Jennifer reported that expectations varied depending on the day, the class, the activity, and the student's behavior. For example, she said, "We probably haven't concentrated on that as much as we should, but why frustrate him. That's the way I look at it. Why make him because that's what we want to see. Why do that?" In the following paragraphs, I discuss programming in and out of the classroom, as well as programming changes.

When Jason was successful at a subject, he remained in the classroom. When discussing a subject in which he remained in the classroom, she said, "He's probably 98 percent of the time in the classroom [for science]. He's very good at science so he is required to do most of the work... He loves science. He loves doing the hands-on when it comes to doing experiments. So he stays in." During classroom activities, adaptations and modifications were used for certain areas. For example, she said, "When it comes to note-taking, because his handwriting skills are so poor or weak, he'll go on the computer and do them that way. Whatever works for him, we'll make it work." Still material was not always differentiated. This lack of differentiation was noted during a classroom activity. She explained, "We have an activity called 'Jumpstart' first thing in the morning. Some stuff is difficult and some stuff is right on his [level]. He'll always try it. It's almost like... he knows this is too much so he'll just push away."

Some of Jason's learning also took place outside of the classroom. This was a daily occurrence and Jennifer stated that his classmates were "used to him going in and out." His departure from the classroom was based on the classroom activity or Jason's desire to leave. For example, she said, "It depends on their assignment. I usually ask Cindy, is this an in class or out- class?" She also explained that the new task may be related or unrelated to the class activity:

"We sort of pulled him out of social studies, out of the classroom now. It's just too much for him to sit there and listen to all of that. So we've pushed him over to the life skills and that's what we've been doing for the last couple of weeks...He's actually doing the recycling program for the school with Mr. Brown, so he's got jobs there like crushing the cans, emptying the garbage can, paper bags, putting labels on them, taking them out to the truck."

Change. Jennifer believed Jason's IEP was suitable. Nevertheless, his program changed frequently. For example, the classroom teacher, the resource teacher and the paraprofessional decided that his IEP should focus more on life-skills rather than academics. When explaining these changes, she said, "I think we've changed our expectations so much. I think what we had at the beginning were more academic. I think at this point right now, we're looking more for just the basics...probably just life skills."

The IEP process. Jennifer explained that IEP goals and strategies were developed as a team at an IEP meeting at the end of the year. The resource teacher, the classroom teacher, the clinicians, the parent, and the paraprofessional attended this meeting. When discussing the developmental process, she said, "What do you think is achievable for him? Where do you see this? Or what do you think that he can work on in this area? So achievable, not

high above his achievements. What he can do, what we feel he would be able to achieve and his mom's input. What would she like to see? You know, do you want the life skills? How do you feel about this? What do you think about this? So a lot of playing around." Jennifer reported that she felt a part of this developmental process. For example, she said, "They're very good about asking through sharing and what do we think and do you see this working? They're very, very, very good about that. It's really good because you don't feel like the outsider just coming in and working."

Implementation of the IEP was the responsibility of the classroom teacher and paraprofessional. Jennifer believed, however, that she played the most significant role in the process. When explaining her role, she said, "I try to be [at the IEP meeting]. It's important because I play such a big role there for them. So you want to know what their goals are and are they achievable. And it also gives you an idea what you've got to work with for that year or you can think of things or see different things and start thinking about tools."

Jennifer believed that the following factors negatively influenced IEP implementation: (a) insufficient time to implement goals (i.e., "Probably we didn't spend enough time on [the goal]. At all. There's just never enough time for everything that you want to do. There really is never enough time."), (b) insufficient time to meet as a team (i.e., "It's hard to find the time sometimes to sit and discuss... this event or this event. Or should we try this or should we try that because there is not enough time in the day and that's where we fail... We should be making that a priority. Like we need to have a team meeting this time... But

there's so many things that come up or the teacher, it doesn't work out for everybody. So you squeeze in time."), (c) a lack of determination (i.e., "We should have been more disciplined for that [handwriting goal]... Disciplining ourselves. I think we should probably has been, 'Yes, you're going to handwrite. You can do it. Let's try this. Let's try.' And we didn't... I always went back to the printing."), and (d) inadequate parental support.

Jennifer assumed responsibility for teaching Jason despite the collaborative nature of the team. This practice along with many of the other practices and beliefs of the other team members influenced the IEP process. In the following chapters, I present the findings of the study and illustrate how team members' assumptions about who is responsible for teaching children with special needs impacts IEP development and implementation.

CHAPTER 5

Team Members' Beliefs and the IEP Process

In the previous chapter, I described the informants' practices and beliefs about children and learning. In this chapter, I present my analysis of the study and illustrate how team members' perspectives influenced the IEP process. I discuss two contrasting perspectives that are grounded in different theories, assumptions, models, and practices. One set of beliefs is grounded in assumptions and practices consistent with the human pathology perspective. The other set of beliefs is consistent with the systemic pathology perspective. As well, some team members vacillated between both perspectives during uncertainty or a crisis. These perspectives provide a framework for thinking about how educators might understand their roles, students, and the practices used in the IEP process.

Evidence for the Different Sets of Beliefs.

For several team members, educators' beliefs could be described according to two perspectives. Mary, the resource teacher explained these contrasting perspectives when she said:

"Well, I guess [some classroom teachers] would probably have their set way of doing things. And if the little square peg doesn't fit into the round hole, forget it. Whereas, the one who is farther along, is thinking, well what can I do to that round hole so that the square peg can be more successful at fitting in."

In general, these perspectives were based on the assumptions of who was responsible for educating children with special needs and whether the principle difficulty of the student was pathological or systemic. On one hand,

team members discussed working with educators who did not believe they were responsible for teaching children with special needs. Rather specialists with training were assumed to take responsibility for this role. They also assumed that a child with a disability needed to be 'fixed' because the disability was internal to the student. Michelle, the resource teacher summarized this perspective when she said, "I think some teachers see it as, 'I'm here to teach grade four and anyone who is reading at grade one level, that is the resource teacher's job....Take them out and fix them.'" These assumptions would be grounded in the human pathology perspective.

On the other hand, some team members discussed educators who assumed they were responsible for educating all students. For example, Michelle the resource teacher explained, "I think some people see [all the] kids in their classroom...being their responsibility and that every single child has the right to learn and develop as appropriate." Team members discussed how educators with this assumption used such practices as differentiated instruction, collaboration, and inclusion. These assumptions and practices would be grounded in the systemic pathology perspective.

As well, some team members participated in paradigm testing and fluctuated between practices from both perspectives. These shifts in beliefs were often accompanied by struggles, uncertainty, and frequent changes in the child's learning. In the following paragraphs, I discuss each perspective, as well as the concept of paradigm testing during a crisis. Initially, I examine the human pathology perspective and its impact on the IEP as a funding document.

Human Pathology Perspective

Throughout data collection, team members discussed teachers who had a traditional view (e.g., "Its just an old way of thinking.") or were like a "stone". Although, none of the teachers I interviewed consistently utilized assumptions or practices grounded in this human pathology perspective, Paula the paraprofessional's perspective and practices were reliably grounded in this belief system. As well, team members described other educators who used practices consistent with this perspective. In the following paragraph, I describe in detail the theory, assumptions, model, practices, and implications of the human pathology perspective on the IEP process. Figure 4 summarizes this perspective as described by Paula and other team members.

Theory

Overall, the perspective would be grounded in the belief that human and social problems are pathological. Mary, the resource teacher summarized this perspective when she explained some teachers say to her, "Take the problem kids and fix them."

Assumptions

An educator with a human pathology perspective was guided by two assumptions. The first assumption was that student disability was a pathological condition. The second assumption was that a specialist with training was responsible for the student's learning.

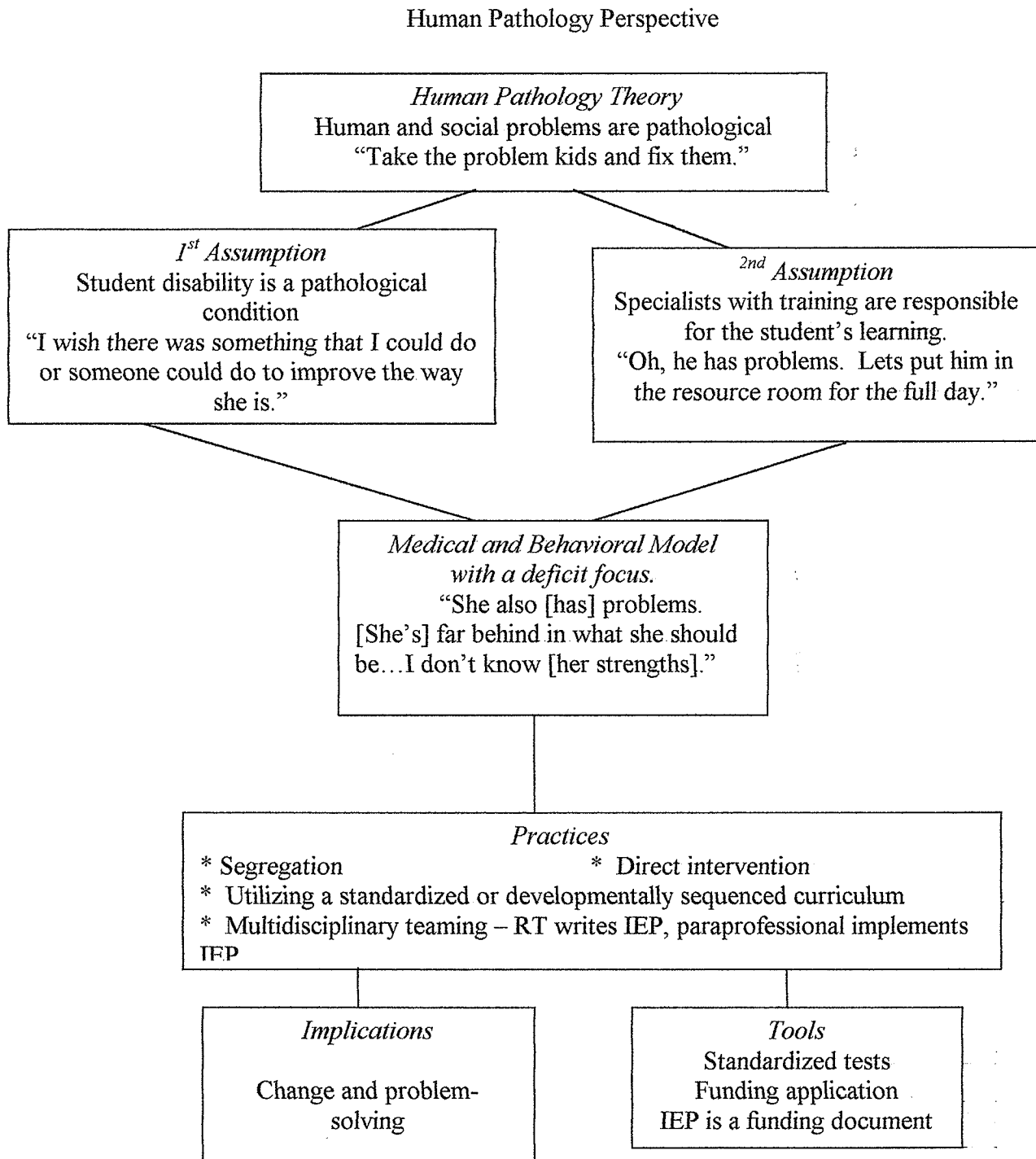


Figure 4. Hierarchy of presuppositions for the human pathology perspective according to team members' perspectives.

Change the child. The first assumption for educators with this traditional perspective was that the disability was internal to the student. This perception resulted in the belief that the child needed to be fixed. For example, Paula, the paraprofessional said, "I wish there was something that I could do or someone could do to improve the way she is."

I'm not responsible for teaching the child. The second assumption was that the classroom teacher was not responsible for teaching children with special needs. Mary, the resource teacher explained that some classroom teachers did not take ownership for the child's learning if he or she did not meet a certain standard. For example, she said, "I guess that underlying mindset that makes things most difficult is that all kids need to reach this minimum standard and if they can't do it, too bad, so sad. That's somebody else's problem." Rather, educators with a human pathology perspective believed the resource teacher or the paraprofessional was responsible for the child. When explaining this assumption, she said, "Those [are] the resource kids and they [have] their program... The IEP is yours and this is mine.". Bert, another resource teacher also discussed this assumption when he said, "[The teachers] are going to have to start changing... so that they are willing to modify the programs and not just say, 'Oh, he has problems. Lets put him in the resource room for the full day.'" Paula, the paraprofessional, emphasized this lack of responsibility by the classroom teacher when she described her responsibility for Emma's learning. For example, she said, "I'm with her every afternoon ...[and] on the whole I kind of just run things off on my own... If there's something going on in the class like

an art project...we'll stay in the class... If not, I'll bring her out and I'll work on the reading and the workbooks. Whatever comes along...There's nothing set."

An implication of these above assumptions was the view that a child with special needs did not belong in the 'regular' classroom. Fiona explained that educators with these assumptions doubt inclusion. For example, she said, "We often get some questions, 'Why are these kids...in a regular classroom? They should be in their own classrooms.'" Mary, the resource teacher summarized the implication of these assumptions when she said, "[This] teacher still has somewhat of a view of, 'They're resource kids, they need to be fixed by somebody.' And that's something that happens outside of the classroom."

Model

Since educators with this perspective believed 'fixing' the child was the goal, team members agreed that the child was viewed from a deficit model. This involved determining what was wrong and fixing it. When describing the process for developing an IEP using this model, one resource teacher said, "We look at what...his problems are and try to figure out some goals for that...[For example], what are the main areas in his social area. He has no friends outside, so how can we get him to interact with someone on the playground?" This deficit focus resulted in an IEP that focused on fixing what was wrong with the child. One team member believed that this deficit view along with the quantitative language used in the IEP did not fit with inclusive practices. Mary, the resource teacher explained, "Its sometimes so behaviouristic that it doesn't fit with the holistic ways that you have to be in order for a kid to be really successful in the classroom."

When using this model, there was also a tendency to focus on the child's weaknesses rather than his or her strengths. For example, Mary, the resource teacher explained that an educator with this perspective would say, "How he can be so disruptive and how he requires so much work and how he can't do anything. And how did they get this far without knowing how to read?" This focus would make it more difficult to perceive a child's strengths. Paula, the paraprofessional encountered this difficulty when she said the following about Emma, "She also [has] problems, [she's] far behind in what she should be... I don't know [her strengths]."

This deficit approach may also be applied to the parents. Mary explained that individuals with this perspective would often have a negative view of the parent. They would say, "And the parents don't help. The parents don't support." Not only does the child need fixing, but so do the parents.

Practices

An educator who believed that a disability was internal to the student and assumed specialists were responsible for teaching the student with special needs, participated in the following practices: segregation, utilizing standards, multidisciplinary teaming, the resource teacher developing the IEP, and the resource teacher and paraprofessional implementing the IEP. In the following paragraphs, I discuss the data that supports these practices.

Segregation. Educators with a human pathology perspective were more likely to use practices such as pull out intervention and segregation. Such was the case with Paula, who often used pull out intervention when she worked with

Emma. The deficit model as well as the assumption that someone else other than the classroom teacher was responsible for teaching a child with special needs guided these segregation practices (see Figure 4). When discussing this practice and guiding assumption, Mary the resource teacher said, "Take the problem kids and fix them. And get the para pulling them out and working on something with them that is separate from what is happening in my classroom."

Standards. Educators with this traditional perceptive may believe every child should meet similar outcomes or standards. For example, Mary, the resource teacher explained that some educators would expect all their students to reach a minimum standard. If a child did not meet the outcomes, then there was something wrong with the child and intervention was required. This was the case with Paula, the paraprofessional who compared Emma to developmental standards. When discussing Emma, she said, "She's also got problems. [She's] far behind in where she should be... I just find her very immature and I assume she can't help it."

Educators with the human pathology perspective also had a tendency to teach all children using similar methods. Many team members talked about educators not differentiating for students. For example, Sheri the principal described this approach as teaching the class as a "whole":

"They really don't know how to help kids who are struggling. It's not in their background and they haven't necessarily made it their business to find out. So they tend to teach the class as a whole, without maybe recognizing that maybe some of the children are not coping well and need different kinds of instruction."

As well, Betty, the speech-language pathologist reported some educators had difficulty teaching children who had different needs. For example, she said, "They're really good at teaching a regular kid, but if the child has any kind of special needs, they're lost." Fiona, the resource teacher summarized this perspective and practice when she said, "That old way of thinking is...putting everybody in the same box. And saying, ... 'We're all learning the same way... We're all going to ...get the same results.'... They believe that way. If I taught division at the end of my four weeks, everybody should know division. If you don't know, I can't understand why."

Multidisciplinary teaming. Individuals with a human pathology perspective had an expert view of the team. For example, Anna, the director of student services said that educators with this perspective were less likely to work across disciplinary boundaries:

"They haven't been trained in the area or don't feel comfortable moving beyond that... I see them as people who will stay in those roles for a long time."

They were also more likely to consult rather than collaborate. Anna explained, "It's the person as to whether or not they are the person that is comfortable with collaborating and working together with people and there are just some people that don't do that well. And it doesn't matter who they are... If [they're] the classroom teacher, they're probably the classroom teacher who would rather not have those kids in their room."

In general, team members would be more likely to utilize an isolated approach with few links to other educators. This isolation was obvious when

Paula, the paraprofessional was discussing the school team and her lack of involvement. This lack of involvement resulted in the perception that she was not a member of the team. When discussing this view, she said, "I'm not involved with them. I'm involved with Emma. I'm really not involved that way as part of the team. I don't even know what they do. Like when they get together and what they discuss when they get together. I have no idea." This lack of role transitioning and collaboration by educators with a human pathology perspective was summarized by Anna who said, "They see their role as, 'This is my role' and that's that. And when I come in, I work only on speech and language and I don't necessarily have anything to do with [the other aspects of] the child or [have] any other input into the child. That's their role." This practice would result in the IEP being developed and implemented in isolation.

Resource teacher develops IEP. The view that team members were "experts" in certain areas supported the practice of the resource teacher independently developing the IEP since he or she was viewed as the 'expert' in IEP development. This practice was evident with Team A's past IEP development. Historically, the resource teachers developed the IEP without consulting other team members. For example, when Carol the classroom teacher was questioned about the IEP, she insisted I talk to the resource teachers because that area was their responsibility. Paula, the paraprofessional also reported that she was not involved in developing the IEP. She said, "I don't even know what they do. When they get together and what they discuss... I have no idea." Finally, Betty, the speech-language pathologist explained, "They've

written good funding applications and applied for funding and [received] funding and write their IEPs [without] consulting with [team members].”

This practice would reinforce a classroom teacher’s assumption that he or she was not responsible for teaching a child with special needs. By not including other team members in the development process, the resource teacher inadvertently relayed the message that she had assumed responsibility for the IEP, thus reinforcing the assumption and continuation of this practice.

Resource teacher and paraprofessional implement IEP. Educators with a human pathology perspective would also assume that IEP implementation was the responsibility of a “specialist” such as the paraprofessional or the resource teacher. Mary, the resource teacher explained how she ended up with this responsibility:

“In some situations, you cut your losses and you do what you can for the kid. I’ve had situations in my career where I gave up trying to [have the classroom teacher take responsibility], and I just took over the implementation and I prepared the para and I made the schedule.”

The untrained teacher. Eventually it would be the paraprofessional who assumed responsibility for teaching the child with special needs, since he or she spent the most time with the student. For example, Paula, the paraprofessional in Team A reported that she was responsible for planning a significant portion of Emma’s day. She said, “All I know is that I’m with her every afternoon and I get things from Fiona, but on the whole I kind of just run things off on my own... But... [a] formal program, I’m not sure... what she’s on... I’m going more or less on my own.” This planning was done without awareness of the IEP document or the process. For example, she said, “I really don’t know what is put

in the IEPs. I have nothing to do with it. I'm basically here to work with the kids... Fiona and Michelle [do it]."

This independence and lack of knowledge about the IEP resulted in Paula using 'common sense', 'experience', and 'trial and error' to deal with behavior difficulties or learning situations. When explaining this approach, she said, "I don't go by any set of rules or any type of schedule or whatever you call it I'm supposed to do with her. I just go by my own instincts." She admitted, however, that she questioned this method and said, "I want something that I know is going to help her and improve her... Not thinking, gee I wonder if this will be good for her? Well, maybe I'll run this off for her."

Since the paraprofessional had assumed responsibility for teaching the child, there was no opportunity for the classroom teacher to become involved. This lack of involvement would again reinforce a teacher's assumption that he or she was not responsible. Also, this lack of involvement would have a negative impact on the team and the student. For example, Anna, the director of student services explained, "We have some wonderful, wonderful paras... [but] it doesn't extend anyone's expertise or knowledge if you don't have that [team involvement]. Its sad... in the long run because everybody loses out."

Tools

Since the assumptions and model define an associated set of practices and tools as illustrated in Figure 4, the funding application, standardized tests, and the IEP would be tools shaped by the traditional human pathology perspective. This focus would have implications for educators.

The funding application. The funding application, which focused on a child's deficits, was sometimes used as a guide for IEP development. This process could have an impact on one's perception of the student. For example, Greg the guidance counselor said, "Generally, you have to have that information [about problematic behaviors] before the kid is funded because you use it in the funding. So by the time the kid is funded...we already have a pretty good idea what this kid looks like."

Standardized tests. Requirements for the funding application also influenced how clinicians spent their time in schools. For example, one resource teacher explained that sometimes clinicians spent time completing assessments using standardized tests because they were required for funding applications rather than providing assistance to the team:

"We've had lots of confusion at the beginning of the year in terms of funding applications and when kids were supposed to have cognitive assessments or not have them. And there was tons of confusion around adaptive skills and adaptive functioning and assessing from the department requesting these things. But it didn't make sense. And in a lot of cases if you have a kid who's working at grade level, why do you need a cognitive. So that really impacted [the psychologist's] caseload this year throughout the division."

Unfortunately, these standardized assessments may provide little assistance to the team since they may not provide a realistic picture of the child and his or her environment. For example, a psychologist tested Emma using a standardized test. During an IEP meeting, he stated that her strengths were in the areas of language and social skills. Most team members, however, discussed Emma's social skills and interactions with peers as her most needy areas.

The IEP is a funding document. Educators with a human pathology perspective would use the IEP to assist the team with the bureaucratic requirements for funding rather than a tool to guide a child's learning. For example, the classroom teacher who assumed it was the 'specialist's' responsibility to teach students with special needs, would not view the IEP as a useful, working tool. Rather, it would become a funding document that fit with his or her beliefs, assumptions, and practices (see Figure 4). A few team members discussed this funding perspective. One classroom teacher stated that the IEP's purpose was financial:

"Sometimes I see an IEP as a way to get the money to get that kid supported. And that's the goal of that [IEP] is to get that kid some help. And sometimes when you write the IEP that's the time you don't sugar coat everything because you want to have the best chance to get the biggest amount of money. So sometimes I think that's the bottom line of the IEP."

Another resource teacher reported that the IEP's purpose was to satisfy bureaucratic requirements. She said, "I think that [the other resource teacher] and I did them more because we needed to hand them into the division, than to actually plan for the child."

Implications

Not only did the above assumptions, model, practices, and tools have an impact on the IEP process as described above, but team member functioning was also influenced. In the following paragraphs, I discuss how the human pathology perspective may influence how educators adapt to change and problem solve.

No change. Many team members discussed the concept that educators with the human pathology perspective may be more resistant to change. For example, Mary the resource teacher said, "They would probably be resistant to whatever kind of change it was....And you'll never change them." As well, Anna, the director of student services said that individuals with this belief system were "less flexible" and less likely to change. Betty, the speech-language pathologist related this resistance to change as a result of their beliefs. For example, she said, "There are some people who are sort of closed just because maybe their philosophy is different... There are a few young teachers like that, but [it] might be somebody who has worked for thirty years... So they would look at children in a different way than I would." Finally, Fiona the resource teacher explained that individuals with this perspective may not change because introducing new practices was effortful and it was "too much work to even think [that way]."

Paula, the paraprofessional who had assumptions and practices grounded in the human pathology perspective discussed how she did not always change her practices in order to use recommended best practices. For example, when explaining how she dealt with Emma's problematic behavior, she said, "I just handle whatever. I don't go by any set of rules or any type of schedule or whatever you call it I'm supposed to do with her. I just go by my own instincts."

Overall, educators with a human pathology perspective would be more resistant to change because their beliefs and assumptions would not support the recommended best practices. For instance, the assumption that the resource teacher or the paraprofessional was responsible for teaching a child with special

needs would not support the practice of inclusion or differentiated instruction. Rather the assumption supports practices such as segregation and direct intervention. If educators with a human pathology perspective tried to change their practices, without changing their underlying beliefs and assumptions, they would encounter naïve pragmatism. Thus, the practice would not survive or it would be altered in order to fit with the educator's belief system. An example of altering a best practice was provided by team members from Team A who discussed how functional skills were taught in a segregated life skills program rather than embedding the skill within the child's day.

This unwillingness to change and adopt best practices such as inclusion or differentiated instruction may reinforce the practice of other team members assuming responsibility for a student with special needs. For example, Betty, the speech language pathologist explained, "I find that sort of frustrating that the special needs kids are...left out in that case. It does happen, even if we have meetings and we might have to take a greater role...as the resource team when we know that the teacher is...not willing to learn new things."

Not my problem. The human pathology perspective would also impact one's ability to solve problems effectively. Since the problem would be viewed as intrinsic to the child, solutions would involve trying to fix the child. Other solutions extrinsic to the child may not be considered (e.g., modifying the environment). This problem-solving strategy was seen with Team A, who stated that Emma would participate in class and recess as long as it was feasible. If problems arose due to her behavior, she would be segregated from the majority of the students.

This perspective may be easier for a team because it does not implicate the individuals involved. Rather if the strategy or program fails it is the child's fault. Educators working from this perspective may be heard saying, "Well, its got nothing to do with me." For example, Mary, the resource teacher said, "A [teacher with this perspective] says, 'This is my classroom. This is the curriculum. These are the outcomes that all kids have to make... And if they don't, well it's not my fault. It's because the child is dumb or stupid or lazy or whatever.'" In general, they would believe the child needed to change.

My results indicate that the human pathology perspective was grounded in the assumptions that the classroom teacher was not responsible for teaching a child with special needs and that a child's disability was pathological. These assumptions defined a set of practices which included segregation, standards, multidisciplinary teaming, the resource teacher developing IEP, as well as the resource teacher and paraprofessional implementing the IEP. Overall, this belief system would have an impact on the IEP process, how the IEP would be utilized, adapting to change, and problem solving effectively. On the other hand, the systemic pathology perspective was grounded in practices and beliefs that supported inclusion and a working IEP document. In the following paragraphs, I discuss this contrasting perspective.

Systemic Pathology Perspective

Several team members perceived that some educators had a different perspective about teaching children with special needs that was consistent with my deconstruction of the systemic pathology perspective. They viewed this

perspective positively (e.g., "You have the people who would automatically go to [using best practices] near the top.") and described it as a "new way of thinking." When describing this contrasting perspective, Fiona, the resource teacher said, "I think that new way of thinking is knowing that we are all different people and that's where differentiated instruction comes in... Kids learn [in] different ways."

One classroom teacher I interviewed consistently utilized practices grounded in the systemic pathology perspective. She was Barbara, the grade five classroom teacher from Team B. She recognized the individual differences of children and assumed complete responsibility for teaching all children. She believed in adjusting the classroom environment so that everybody could learn.

In the following paragraphs, I describe the theory, assumptions, model, practices, and implications of the systemic pathology perspective according to Barbara, as well as other team members who discussed views consistent with this set of beliefs. Figure 5 summarizes the practices and statements that support each level of this perspective.

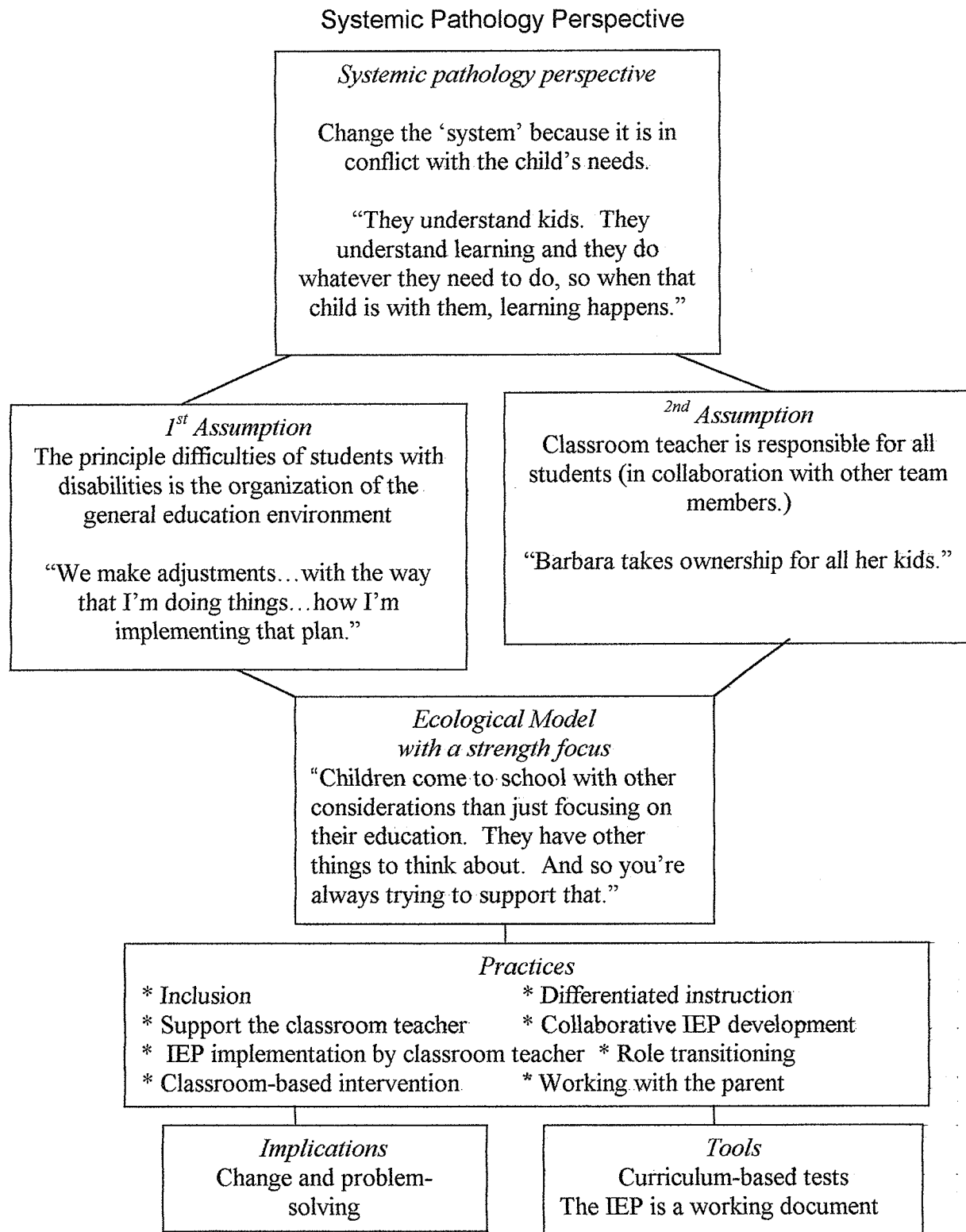


Figure 5. Hierarchy of presuppositions for the systemic 'pathology' perspective according to team members' perspectives.

Theory

An educator with a systemic pathology perspective believed that in order for all children to learn, one may need to change the 'system' or learning context because the system was in conflict with the child's needs. When explaining this perspective, Mary, the resource teacher said, "First, they know kids, they understand kids. They understand learning and they do whatever they need to do, so when that child is with them, learning happens."

Assumptions

An educator with a systemic pathology perspective was guided by two assumptions. The first assumption was that the system or environment needed to change. The second assumption was that the classroom teacher was responsible for teaching all children.

Change the system. The first assumption for educators with a systemic pathology perspective was that learning difficulties were amendable to instructional accommodations. The assumption was reflected in differentiated practices such as modifying or adapting the environment. For example, Barbara focused on changing the learning context rather than the student or the IEP:

"I go back and work toward those goals in my classroom. If I feel we're off the mark or things are not working the way that we need to or behavior is getting out of hand, there's other things that we may do. We make adjustments...with the way that I'm doing things...how I'm implementing that plan."

I am responsible for teaching all children. An educator with this perspective assumed responsibility for teaching all children. Mary, the resource teacher explained how Barbara possessed this second assumption:

"Barb takes ownership for all her kids. And she doesn't really want her kids pulled out unless there is a specific reason... She wants them to be a part of what's happening in the classroom all of the time and she will differentiate for those kids."

I also observed Barbara's assuming responsibility during an IEP progress meeting. Barbara made most of the evaluative decisions about Neil's goals. Information from the paraprofessional was not needed because she had taken complete responsibility for assessing and teaching Neil.

This responsibility also meant she had put time and effort into establishing a relationship with all her students:

"I'm... able to connect with them quite well... I would describe it as making a conscious effort to speak to that child privately, in just a few second period at the door, in the classroom, on the playground, [or] at their desk. I guess in recognizing them to be able to do things, including them. Making them feel a part of the group. I guess it's that individual contact where you've made a connection with each one of them."

An implication of these above assumptions was the belief that all children belong. When describing this perspective, Mary, the resource teacher said, "First of all, they don't want their kids out of the class. They don't want their kids ever taken out of the class. They make that child part of the whole of what's happening in that classroom." Barbara also explained this belief when she said, "It's just something I believe in strongly... all children must feel welcome [and] safe." This belief resulted in Barbara creating an inclusive, "learning community" in her classroom. When explaining Barbara's inclusive classroom, Mary said, "She has them... doing what everyone else is doing and she uses her paras in the classroom 90 percent of the time. The only pull out would be for very specific reasons, like if it had to do with fine motor."

Unlike, other team members, Barbara never mentioned that Neil 'wanted to belong' or 'be like everybody else.' Belonging appeared not to be an issue with Neil in grade five. Not only did Barbara's beliefs and practices, as shown in Figure 5, support Neil belonging, but her expectations did as well. For example, she said, "He needs to be a part of the larger group. He needs to act appropriately with other children. He needs to stop when he's told to stop. He needs to go when he's told to go. And he needs to focus when he needs to focus. I mean, as I would expect everyone else to be doing." Through her assumptions she had addressed one of the higher needs of a child, a sense of belonging (Maslow, 1943).

Model

Ecological perspective. Some team members discussed educators having a perspective that looked at the whole child (e.g., social, emotional, personality), including his or her strengths. When explaining this ecological perspective, Mary, the resource teacher said, "The classroom teacher starts the year [by] looking at the student's social and emotional needs because he or she believes that learning won't happen for some children until those needs are looked after."

Barbara worked from an ecological model. She realized that teaching children involved more than academics. For example, she said, "Children come to school with other considerations than just focusing on their education. They have other things to think about. And so you're always trying to support that." She also believed that educators needed to consider the child's motivation,

emotional well-being, sense of belonging, and self-concept. This perspective resulted in Barbara focusing on teaching children rather than programs:

"I guess, one of the things that I've always been told is my strong suit, is my work with children and getting them to care about what they are doing and to feel good about themselves as a learner and more than any subject area or knowledge of providing a particular program, that seems to be my strong suit. Where children feel good about themselves as learners and therefore learn."

Barbara was also a teacher who focused on a child's strengths, rather than his or her deficits. When describing Barbara's approach, Mary said, "She's a teacher who really knows how to find kids' strengths and interests and hook them in and build their self-esteem." When discussing Neil, she was one of the only team members who began the description positively. For example, she said, "I would describe Neil as a soft and warm-hearted boy who has a great deal of anger in him and an inability to focus without some kind of support." This positive language was also present when she talked about all students. She referred to her students as "children" and rarely used a label to describe them. Instead, she referred to students with special needs as "children needing support" or "children that seem to be struggling in some way."

Practices

An educator who believed in changing the environment to meet a child's learning needs as well as assumed responsibility for their learning, participated in the following practices: inclusion, differentiated instruction, supporting the classroom teacher, team collaboration in IEP development, the classroom teacher implementing the IEP, role transitioning, classroom-based intervention,

and working with the parent. In the following paragraphs, I discuss the data that supports these practices.

Inclusion. An individual with a systemic pathology perspective would include children with special needs. Barbara participated in this practice. For example, she said, "The child always participates." As well, Mary explained Barbara's inclusive practices:

"Talk about somebody who runs an inclusive classroom. She's a master... She doesn't really want her kids pulled out unless there is a specific reason, like one child who has OT everyday. She wants them to be a part of what's happening in the classroom all of the time and she will differentiate for those kids."

Mary explained that Barbara practiced inclusion intuitively. When discussing this approach, she said, "I told her yesterday, that she is what they now call inclusion. She has always done that and she's a master teacher who does all those things in spades intuitively." Since Barbara's guiding assumptions and working model defined her set of practices as shown in Figure 5, including all children was natural for Barbara.

Differentiation. Differentiation would be another practice grounded in the systemic pathology perspective. It would be guided by the assumption that the principle difficulties of students with disabilities is the organization of the general education environment. Mary explained that some educators would adapt or modify the context or 'system' so that the child could be successful:

"They differentiate. They can look at the child and know, okay I guess it's in their heads, right? These are my goals for this child and okay through this social studies activity they can work in a group and I would be expecting... the outcomes for them to be such and such. And... if you were probably to ask a teacher... what they're doing to differentiate, they

would probably look at you [and say], 'I don't know. I just do it. Do what works for the child'".

A few other team members also agreed that this practice was done intuitively by some educators. For example, Anna, the director of student services said, "[Using differentiated instruction] depends on the person's view of differentiated instruction... There are a few people... that it is very natural to them. And they would do it just automatically." Betty, the speech-language pathologist also said, "Its very unfair to expect the teacher to automatically [differentiate]. The very creative teachers probably do, even if they have no training."

Barbara utilized the practice of differentiation. She explained, "If I feel that we're off the mark or things are not working the way that we need to or behavior is getting out of hand, there's other things that we may do. We make adjustments to that plan, with the way that I'm doing things... We could shorten assignments, we could give more para time... Maybe they need to be working in a group differently, they may need a partner."

Support the classroom teacher. Team members explained that an educator with this perspective was more likely to use the team as a "resource". For example, they would view the resource teacher as a support rather than a specialist who was responsible for the student's learning:

" [They see the resource teacher's role] as a support. I'm the one who can assign the para time and I'll take care of the paperwork pieces for them, the IEPs, and so on. And make sure all that stuff gets done. And as someone to come and probably bounce ideas off... If I look at the two ends of the continuum, if I think of a particular teacher that I worked with for many years, who I think is probably the farthest along or at the top end. Like she just will come and say 'okay' and then she'll throw a few things at me and she says 'Okay, good I know my thinking is okay', and then she's back off doing her thing. And she'll just say, 'You know, if you can just

give me para time, that's all I want is somebody who can think and go with the flow... That's all I want, is if you can give me the support.' Then she does everything else."

Educators with a systemic pathology perspective would also view the paraprofessional as a support rather than a specialist who was responsible for the student's learning. For example, Barbara had assumed responsibility to teach all children in her class and therefore utilized the services of the paraprofessional differently than some educators. The paraprofessional's role was to facilitate learning in her classroom, rather than to independently teach the child. When describing this role, she said, "They support what we're doing in the classroom." Mary, the resource teacher also described this practice:

"[Barbara] has para support...to support programming in the classroom... So in her classroom you wouldn't necessarily think that, well that para is there for Neil, that para is there for Timothy... [Instead] they're doing this big theme...[and] the para may be working with [a] group of kids which may or may not include the funded kid or the special ed. kid. And then Barb may be the one working with the special ed. or funded kids. She uses [paraprofessional support] to facilitate programming in her classroom."

This practice of using team members to support the classroom teacher may explain why Barbara's team consisted of very few members (i.e., resource teacher and paraprofessional). Only the resource teacher and paraprofessional provided the type of support that fit with her beliefs and practices. The other team members, such as the guidance counselor and social worker used a consultative pull-out approach. This human pathology practice would not correspond with Barbara's systemic pathology beliefs or practices.

Classroom teacher participates in IEP development. An educator who assumed responsibility for teaching a child with special needs would participate

in developing the child's IEP. Mary, the resource teacher explained this connection between this assumption and practice:

"It is quite different when it's a teacher who takes complete ownership and who is making those educational decisions while you're in the midst of things...[Since] Barb takes total ownership for her kids... I talk to her and just tap into her brain."

Barbara's assumption that she was responsible for teaching all children guided her significant involvement in developing the IEP. For example, when asked who developed most of the IEP, she replied, "Me, because they are what I see for that child." When discussing the process, she explained, "[The IEP goals] generally just come right off the top of my head [because] I've already set those goals in my mind...before I do the IEP...With the support of the resource people, they get the wording to what I'm already doing."

The team collaboratively develops goals. This perspective would also include the best practice of developing IEP goals collaboratively as a team rather than in isolation. Anna, the director of student services described this process:

"The perfect IEP process I think would be everyone coming to the table with some notion of what they see as goals for this student. Not necessarily already written out because then its too easy to just rubber stamp it and say, 'Okay, good, that's done.' But for everyone within their expertise to have some notion of what they would like to see the student work on or develop...and then discuss it as a team and then allow input from other people."

Although I did not observe the team at Barbara's school participate in this practice, members from Team C reported this type of collaboration. When describing IEP development, Bert the resource teacher said, "We sit down and we sort of plan the whole thing out...The planning of it would be all of us."

According to Jennifer, the paraprofessional, this process was collaborative and included input from the parents. For example, she said, "They're very good about asking through sharing and what do we think and do you see this working? They're very, very, very good about that. It's really good because you don't feel like the outsider just coming in and working."

Classroom teacher implements IEP. An educator with a systemic pathology perspective would assume responsibility for implementing the IEP. This was the case in Barbara's situation. For example, Mary, the resource teacher said, "If you talk to [Barbara] about the IEP... she's doing it all the time." As well, Barbara said, "They make me write it down on paper, but I do it anyway."

Several other team members supported the practice of the classroom teacher implementing the IEP. For example, Sheri the principal said, "Implementation is really as successful as the classroom teacher." As well, Mary the resource teacher said, "I guess the only way the IEP would work is if the classroom [teacher] has to do it... That's the only way that it's going to work." Finally, Betty the speech-language pathologist explained, "I would think the teacher would have the major role [in implementing the IEP]... So I think its important for the teacher to know they're the primary giver of education... They have to know about all of the aspects of the IEP."

Role transitioning. Another collaborative practice grounded in this perspective would be role transitioning. This process would involve individuals learning and working across disciplinary boundaries. When discussing this approach, Anna said, "I think that the teams that work really well from my

experience are those teams that are free to bring their expertise to the table, but are also free to talk outside their areas.”

Betty, the speech-language pathologist discussed how Team A participated in role transitioning. She provided examples of teaming that were consistent with processes of role extension, role enrichment, role expansion, role exchange, and role support. In the following paragraphs, I provide examples of each process.

Betty believed that all team members were well-versed in their own area of expertise. This knowledge allowed for effective teaching or role extension. When discussing this teaching, she said, “Everyone is top notch...in what they do. And I’ve learned from them [and they have learned from me.]”

Team members also used role enrichment. They had a general awareness and understanding of other disciplines:

“I collaborate better with the team [at Hillcrest] than any other school because everybody knows what each does. Often the guidance counselor has no clue what speech pathology does and couldn’t care less. Maureen, [the guidance counselor], is very involved with us and if she can, she’ll participate in our activities... So we understand what the other team members do and it’s a lot of integrating.”

The team also experienced role expansion. This practice involved offering observations and making recommendations in areas other than that of their experience or specialization. For example, she said, “I hope we’re not compartmentalizing and saying, this is speech and this is psychology and this is this. If its my turn to talk about speech and language, I would hope that the teacher would come in and say ‘Oh yes, I noticed that about his processing in the classroom.’ Or Geoff, [the psychologist], would step in and say ‘Yes, on the

verbal scales he scored blah, blah, blah. I thought there was a word retrieval problem.' And at Hillcrest that does happen. Its not each in our own little box."

The team also practiced role exchange. Role exchange occurred once team members began to understand the procedures of other disciplines and started to implement techniques from these disciplines. The process was facilitated when team members worked side by side:

"I've learned from them... [and] I'd like to think they learned from me too... And we do a lot of things in the classrooms together so its just not sitting at a table and talking about what you're going to do... It's a lot of actually implementing the programs together."

Finally, the team practiced role support, which involved assisting, encouraging, and providing feedback to team members. When discussing this support, Betty said, "This [supporting teachers] is where the clinicians and the resource people [and] reading clinicians... can be of service and we can really help. And certainly in this division, I've done a lot of work in differentiating instruction, helping teachers, and doing inservices... [I] work directly with individual teachers and share specifics like graphic organizers and strategies to work with language disordered [students] in their... classroom."

Classroom-based intervention. Another collaborative practice would be classroom-based intervention. Betty and her colleagues utilized this approach. They collaborated with classroom teachers, worked with students in the classroom, and differentiated classroom material for students with special needs. For example, Betty said that when she worked with Emma "it was all classroom-based [intervention] with her." Fiona, the resource teacher, also talked about this classroom-based approach. For example, she said, "We teamed together this

year, knowing that we [were] getting away from pull-out to just being within the classroom and working with the teachers.”

Working with the parent. A final practice that would be grounded in this belief system would be collaboratively working with the child’s parents. When discussing this collaborative relationship, Sheri, the principal said, “[The classroom teacher] knows that if she has a good relationship with the parent then they can have the kind of conversations they need to have to make things better for Neil.” She believed it was a relationship based on parity and trust:

“We work on [our relationship with the parents] right from kindergarten...[We] make sure that those parents feel really welcome in this school. That we connect with them. We all go out of our way to make sure we have a conversation in the hallway because its really scary for parents to have their kids come to school and to have things not working.”

These above practices and collaborative approaches are defined by a set of assumptions and a corresponding ecological model (see Figure 5). These practices in turn define tools such as curriculum-based tests and the IEP document.

Tools

Curriculum-based assessment. When discussing Neil’s progress and goals for the following year, Barbara used the material that Neil had completed in the classroom to guide her decision-making. No standardized tests were involved in the process. When explaining the process, she said, “The general overall pieces where we take our markers in the basic math structures and so on, it’s just something that I see that child needing and I try to set things where I believe we will go and what that child will need.”

IEP is a working document. The IEP would be a tool used by educators with a systemic pathology perspective. They would see it as “a real, living, breathing plan” rather than “paper work that’s... use[d] for accountability.” When a classroom teacher assumed responsibility for teaching a child with special needs as well as significantly contributed to the IEP, the result would be a document that fit the classroom teacher’s practices and met the needs of the student. When explaining this match, Barbara said:

“That is our plan for that child and it needs to be what we see that child needing and it needs to fit with what we’re doing in the classroom... Because it doesn’t make sense not to make it fit. We try to make them fit really well... It fits with the classroom and it fits that child.”

Mary, the resource teacher, also discussed this ‘fit’ when she said, “[The IEP] is just embedded in the culture of her classroom... At one time that IEP was some sort of separate thing, but I guess if the resource teacher and the classroom teacher kind of hook up, they’re already doing it... So we make sure that what that teacher is doing is on the IEP.” The match between the IEP and a classroom teacher’s systemic pathology assumptions and practices would translate into an IEP that was a working document (see Figure 5).

Other factors that would encourage an IEP to be a working document included simplicity, sufficient time, and support from the team. In the following paragraphs, I describe each of these factors.

Mary, the resource teacher, believed the IEP would become a working document if it was simplified. When describing this factor, she said, “I really made a conscious effort with all the IEPs this year... If its not teacher-friendly, and if its not really specific, aimed at a few things, doesn’t mean none of the other

things aren't happening, it just becomes too cumbersome. It becomes a piece of paper. And you get people... screwing up their faces when you say we have to update the IEP."

Time was a factor that all team members mentioned as impacting the IEP process. Although increasing the time spent in the IEP process may not improve the process, it would encourage reflection, an important part to changing practices. Barbara explained the importance of this factor:

"The time is a key piece....It allows you to actually take a clear look at that child and talk with someone and reflect on what... we really want to do with the child, knowing where they've been and where we want them to go and we can actually look at considering realistic goals where we can really move that child forward in real time, real world way. Not just fill out a form....Its that reflecting piece, its extremely important."

According to some team members, support from a team also encouraged educators to use the IEP as a working document. For example, Barbara explained, "If its actually [going] to be ...a document that you're going to actually work with and try to accomplish the goals set out rather than just a formal piece of paper that satisfies some government regulation, that its actually going to be a working document, then you have to allow for the time and you have to have the support of the people that you're working with." Sheri, the principal also emphasized this support factor when she said, "Almost every teacher here would have students in their classroom with individual academic plans and that's due to the close link [between the resource team and the classroom teacher]."

Overall, Barbara used the IEP as a working document because she had assumed responsibility for teaching a child with special needs. Her beliefs and practices, as well as other factors such as a simplified document, time, and team

assistance, supported this responsibility. When explaining this relationship, she said, "With the support of the resource people, they get the wording to what I'm already doing."

Implications

The above assumptions, model, and practices not only have an impact on the IEP process, but on team member functioning as well. In the following paragraphs, I discuss how the systemic pathology perspective may influence how educators adapt to change and problem solve.

Change is easier. One implication of the systemic pathology perspective would be that educators adapt to new practices. For example, Anna, the director of student services said, "There's a group that's going to go there automatically anyway because that's okay with them." When comparing educators who had contrasting perspectives, Mary, the resource teacher said, "Change is difficult for everyone and its scary for everyone, but that person that's further along on the continuum probably handles change better and is much less resistant to change than the stone."

Educators with a systemic pathology perspective would be more likely to accept change and adopt new practices because the practices that are being recommended are consistent with their belief system and therefore are easier to assimilate into their present practices. As Mary, the resource teacher explained, "People who are really successful at change and taking on new practices, never completely let go of the old stuff that works."

It's my problem. A systemic pathology perspective would also impact an educator's problem solving abilities. Since the principle difficulties of a student with disabilities was viewed to be in the organization of the general education environment, solutions would involve changing the environment (e.g., differentiated instruction). Solutions that involved 'fixing' the child may not be considered. This problem-solving strategy was observed with Barbara who commented that she made "adjustments" to the way she was "doing things."

My results indicate that the system pathology perspective was grounded in the assumptions that the classroom teacher was responsible for all students and that a child's difficulties were related to the organization of the environment. These assumptions defined a set of practices which included inclusion, differentiated instruction, supporting the classroom teacher, collaboration in IEP development, the classroom teacher implementing the IEP, and collaboratively working with the parent. Overall, this belief system would have an impact on the IEP process, how the IEP was utilized as a tool, adapting easily to change, and problem solving. Mary, the resource teacher summarized these implications when she said, "But...for kids to really make the gains that we need to make...if you see kids who are flourishing in the class, that's the classroom teacher taking ownership." However not all educators worked exclusively from the systemic pathology perspective or the human pathology perspective. Several team members would alternate between these two perspectives. They discussed practices and beliefs that fit with the systemic pathology perspective, but when problems were encountered or challenges existed, they resorted to practices that

were grounded in the human pathology perspective. Frequently changing the child's goals and a general uncertainty characterized these team members who were caught on this 'swinging pendulum'.

The Swinging Pendulum

"I'm thinking that the people who are kind of in the middle... aren't getting it about taking ownership and still maybe think [that] somehow the resource teachers [have] their job and I've got my job. But my job is when the kid is in my class... and the resource teacher is doing something separate with them [outside the class]. Those are the people that you can work with, because they still see the child as the most important piece in the big picture. It's just that because of either their experience or the teams that they have worked with or whatever, [that] they maybe still think it's a separate thing." (Mary, resource teacher)

According to Anna, the director of student services, there were a large percentage of educators in the school system who fluctuated between both perspectives. For example, she said, "There's a big section in the middle of people that kind of edge on both ways." Some of the team members I interviewed utilized assumptions and practices from both perspectives. In particular, I will discuss the various assumptions and practices of four classroom teachers, Debbie, Carole, Anita, and Cindy. They were considered 'good' teachers who cared about their students. Throughout the interviews they discussed utilizing practices that were grounded in the systemic pathology perspective, but during uncertain or problematic situations they resorted to practices grounded in the contrasting human pathology perspective.

According to Kuhn (1962), these educators were paradigm testing as illustrated in Figure 6. He states that this "testing occurs only after persistent failure to solve a noteworthy puzzle [or anomaly] has given rise to crisis... [It]

occurs as part of the competition between two rival paradigms" (p. 144). He defines a crisis as a period when there is a problem and something is perceived differently. Using this definition, I determined that these educators experienced a crisis in regards to their responsibility and a child's belonging. For example, Michelle, the resource teacher experienced a crisis about a student's belonging. She reported that she believed in inclusion, but she supported Emma's daily removal from the classroom when they encountered difficulties with her behavior. Her response to her paradigm testing was the following:

"We thought it would be even better this year considering the teacher and the placement and everything, but ... sometimes kids change the rules on us."

In the following paragraphs I discuss the crises that resulted from anomalies that the educators encountered. As well, I examine the implications of paradigm testing on the educators' practices and tools:

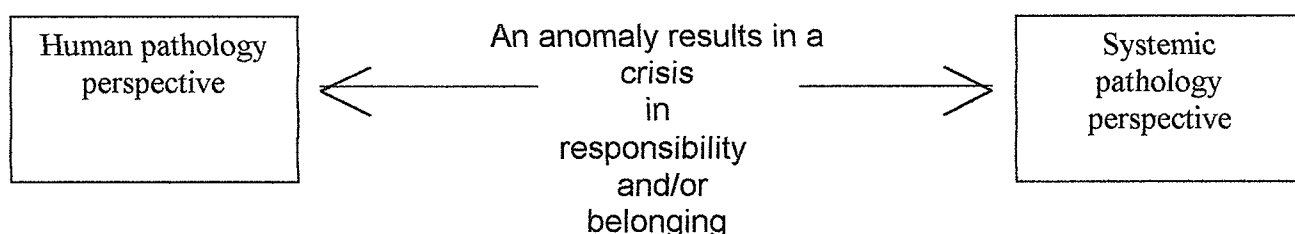


Figure 6. Paradigm testing or a shift between contrasting perspectives occurred when team members encountered a crisis or uncertainty about their responsibility for teaching a child with special needs or the child's belonging in the classroom.

Crisis

I am somewhat responsible. One crisis these educators encountered was in regards to the issue of who was responsible for a child with special needs. When an anomaly endured, these educators sometimes perceived they were responsible for a child with special needs and at other times it was someone else's responsibility. For example, Anita said, "I don't feel that a teacher can have a hundred percent control. It's a team effort. Its not just you. I'm only with her part of the time. [The paraprofessional is] with her a lot more and a lot more one on one than I am." One resource teacher also described this crisis when discussing another teacher's practices:

"[This classroom teacher] would [include the student] to some extent, but appears to have the belief that kids who aren't reading at grade level or aren't performing at a certain level can't do what's happening in the classroom so they need their own programming pulled out."

Educators fluctuated between each paradigm depending on the situation. If a child with special needs could not participate in a classroom activity independently, than the paraprofessional would assume responsibility for teaching the student. This practice would be grounded in the human pathology perspective.

On the other hand, the classroom teacher assumed responsibility for a child with special needs when monitoring or overseeing the child's program. For example, Mary, the resource teacher explained, "The teacher does take ownership for the programming....She directs the programming... She sets the goals and orchestrates the information."

The child belongs sometimes. The second crisis these classroom teachers encountered was they perceived that sometimes a child with special needs belonged in the classroom and other times he or she did not.

When an anomaly about the student participating in the classroom persisted, educators fluctuated between each perspective. For example, if the child could not participate in the activity than he or she was removed from the classroom, a practice grounded in the human pathology perspective:

"If he can't be in [the classroom] for something... then that's the point where he goes out and works on his other stuff with [the paraprofessional]."

On the other hand, the child stayed in the classroom if he or she could participate in the activity. This practice was grounded in the systemic pathology perspective. Jennifer, the paraprofessional explained this arrangement "depend[ed] on the activity." She said, "I usually ask [the classroom teacher], 'Is this an in class or out of class?'"

Practices

These crises resulted in educators utilizing practices from both perspectives as they participated in paradigm testing. In the following paragraphs, I discuss six different practices and their implications. These practices included the rotating door approach, the resource teacher and specialist developing the IEP, the classroom teacher supervising, the paraprofessional implementing the IEP, a collaborative-consultative teaming approach, and partially supporting the classroom teacher. Finally, I discuss how the IEP document became a flexible tool.

The rotating door. Rather than having children with special needs completely segregated or included, some educators who fluctuated between both perspectives had children in and out of the classroom. They believed the child's ability to participate determined whether the student remained in the classroom.

When the child remained in the classroom, all four classroom teachers discussed using practices grounded in the systemic pathology perspective to facilitate learning in the classroom. These strategies included the following: (a) adapting learning tasks (e.g., Anita said, "A good teacher doesn't say, this is how I do things. How can these kids fit in to me? Its how can I make things work for these kids in the classroom... This is how I like to do things. How can I make it work for her."), (b) acknowledging the student's strengths and needs (e.g., Debbie said, "[I'm] looking at the gifts they have to offer and allowing them to be successful. Getting those skills. Instead of harping on them that they can't divide or can't spell."), (c) looking at the 'whole' child (e.g., Debbie said, "You have to look at the whole person, not just the academics."), and (d) using strategies such as centers and peer support.

On the other hand, if the child was not able to participate in the classroom activity, he or she was given work to complete outside of the classroom (e.g., different material, life skills activities, or manual work). When explaining this approach with Jason, Cindy the classroom teacher said, "We're trying to get him to do some sort of life skills kinds of things. There's really no point in him being in a Social Studies class. For him to know the history of Canada is not really

going to be much of a benefit for him... He does some janitorial stuff every once in awhile. He does some stuff with recycling."

This 'rotating door' approach was also utilized with Emma. At times she was removed from class to work with the paraprofessional. In grade two it was in the afternoon. During this time they would work on the Reading Milestone program and other activities. When describing these sessions outside of the classroom, the resource teacher said, "Let's get a completely different program from the resource room or borrow books from there and put it together and this is going to be their Language Arts. Every time they get para time, they work on that little section." In grade three, she was removed from the class for several subjects because her behavior interfered with her participation.

For both Emma and Jason, the 'rotating door' phenomena also applied at recess. The teams did not discuss what they were doing to address the issues that were necessary for the students to positively interact with their peers at recess. Rather, team member talked about putting the students on the computer. For example, Bert the resource teacher said, "[With Jason] its just social skills. When he gets frustrated. The kids bug him at times because they know that they can get away with it. And then he gets frustrated. I think that's why he doesn't like to go outside... Recess is hard for him to go outside because he doesn't have the skills. He'd rather be on the computer."

Implications. The implications of this practice included not providing the student with the necessary skills and negatively impacting the child's sense of belonging. First, when the student was removed because he or she could not

participate, the opportunity to teach a necessary skill was lost. One classroom teacher, Cindy, expressed her concern about not addressing these issues surrounding social situations:

"So I think socially it's going to be the biggest hurdle. The IEP should reflect it, that social kind of behavior. I'm sort of realizing that what I want him to do, I'm really not arming him to be able to do."

Second, this 'rotating door' approach may have an impact on the student's sense of belonging because the child would not be included consistently or considered an equal class member. Thus, a sense of belonging would become a need for the student. This was clearly evident when all the classroom teachers who fluctuated between both perspectives, talked about the child wanting to belong. For example, Debbie the classroom teacher said, "He wants to be with the class. He wants to be like everybody else." Anita, the other classroom teacher reported, "[Emma] wants to feel that she belongs... She wants to be like everybody else." As well, Carol said, "What she loves more than anything is to be like everybody else." Barbara was the only teacher who did not perceive the student's desire to belong because her systemic pathology perspective and practices as shown in Figure 5, created a learning environment in which the student belonged. It was no longer a need for him. Arnold, Emma's father summarized the implication of this 'rotating door' approach when he said, "Well right now, I guess she's in grade two. I just past by and I guess the para this year is working with her. I guess doing printing and stuff. Because I just passed by [and] they were in the library. I don't know what else is happening."

Resource teacher and specialists develop IEP goals. When team members fluctuated between both perspectives, the IEP goals sometimes included collaboration with the classroom teacher, but in general the resource teacher and clinicians developed the IEP goals. For example, Greg, the guidance counselor for Team B discussed using both practices. He said, "Well, to me it doesn't make sense if I have a set of goals for this kid and the teacher doesn't see it the same way... I mean the teacher's goals have got to kind of be in there. Because without that being in there, you're kind of just banging your head against the wall, unless you're willing to go into the classroom everyday and spend your day in the classroom." On the other had, he also explained how each team member developed their own section. When explaining this process, he said, "We'll sit down and talk about them, figure out who's going to do what part and then we just kind of... get going with it... The parts I generally would get, [are] the behavior intervention plan part of it. The academic parts are generally written by the resource teacher."

Valerie, the director of student services, also explained that IEP development usually involved each discipline (e.g., resource teacher, speech-language pathologist, occupational therapist), developing their own goals and then reviewing them with the entire team at the IEP meeting. She believed that "the person working in that discipline [assumed] responsibility for that part of the IEP."

This IEP development practice was evident with Team A. Both resource teachers reported they independently wrote the IEP after they had formally tested

the child and gathered the reports or goals from each clinician. For example, Fiona said, "The academic [section] would be me. I would go and...evaluate Emma." Or Michelle said, "I pretty much did those [academic goals]. Just based on where she was at...I think it only makes sense for one person to sit on the computer and do the typing and do whatever." This independent process was confirmed when Michelle presented the completed IEP at the review meeting and said, "Janelle (the paraprofessional) and I took the last IEP and updated it." During this meeting, I did not observe the development of any new goals, rather it was a review of the IEP. Michelle believed that this developmental procedure was adequate because the IEP was not a working document:

"If I can pretty much estimate it to the best of my abilities and then go through it with everybody around this table than that is probably good enough considering we are not going to follow this to a tee anyways, it's not the Bible."

Implications. There are several implications to the resource teacher and specialists developing the IEP. These implications include lack of input from classroom teacher and paraprofessional, an IEP that would not fit the classroom teacher's practices, limited parental involvement, unrealistic goals, and the reinforcement of the assumption that the classroom teacher was not responsible for the student and his or her learning

First, the individuals who spent the most time with the student, such as the classroom teacher and paraprofessional, did not always contribute significantly to the IEP. For example, when asked questions about IEP development, Carol the classroom teacher responded, "I really don't have much to do with [the IEP]. You would have to talk to [the resource teacher]. They don't ask for much input."

They ask, 'Do you have anything to add? What do you think of this? But they do most of the work because they go back to their old records, check off what's been accomplished and update from there.'

If teachers were involved in developing the IEP it was for one of two reasons. One reason would be to provide the resource teacher with an overall view of the child's progress and needs. For example, Anita the classroom teacher explained, "They will meet with us and discuss what we're doing in the class, what works, what doesn't work... We talk about it and Janelle, [Emma's paraprofessional] talked about goals. And actually Janelle probably gave her more specific, whereas I gave more global." Another reason for the classroom teacher's involvement would be to review the completed IEP if time permitted. For example, Fiona the resource teacher explained, "When I finish the whole thing, sometimes I meet with them to give me input. Time is really the only thing that stops us from doing something."

The involvement of next year's classroom teacher was also limited because he or she was unfamiliar with the student and his or her needs. When explaining this difficulty, Bert the resource teacher said, "Its worse when each year [the teachers] change because when you have the meeting in May, that teacher says, 'Okay this is what he needs to work on.' But its going to be a new teacher that's taking him... They don't know him so they don't know all the little tricks. We always have the next year's teacher at the IEP meeting, but still they say 'Huh?'" Despite this unfamiliarity and lack of input, next year's teacher was expected to implement it. For example, Fiona, the resource teacher explained

how she and the principal would meet with the new classroom teacher to discuss the IEP and their expectations:

"This is where [the student] was. These are the things you are going to do... Just to review what is going to happen there."

Anna the director of student services recognized the impact of this practice when she said, "[I would change] the piece of developing it and then just handing it off to somebody. That's a piece I would like to change. That the people would be more involved as a whole."

The second implication of this practice would be an IEP that did not fit the classroom teacher's practices because of the lack of teacher input. This would have negative consequences for IEP implementation. When explaining this problem, Bert, the resource teacher said:

"I think one of the hardest things is [with] the IEP meeting in the spring time... You have the old teacher telling you what's happening and then you have the new teacher there. The new teacher doesn't know the child that well, so he's going, 'Oh yeah, yeah...' And then in the fall time, [he says], 'I don't want to do that.' So it throws the whole IEP out. That's a problem."

The third implication of this developmental practice was that parental involvement was limited. For example, Arnold, Emma's father said, "I saw that [IEP] before, but I wasn't quite involved." Rather, he explained it was the school team who "determined what they'd like to try and achieve." Team members would then consult with parents to let them know what was expected of them. For example, Patricia, the social worker explained that she would meet with parents to let them know the team's expectations:

"When [the school team] puts in their expectations, I sort of like to make sure that the mother is on board with that. Because if you're saying that the kid has to do his spelling every night, who's going to do it. So then we just don't say to the mother, you're going to do it. Before hand, I'll go and say, 'This is really what the school needs at this time. How much do you think you can manage?'"

As well, team members placed emphasis on attaining the parent's approval rather than including the parent in the process. For example, Greg, the guidance counselor said, "It's the whole issue of getting the parents on board and making sure that they understand what you're going to want to do and why its important... Just having them buy into it." As well, one resource teacher said, "There's the expectation that parents are signing these things."

Along with this limited parental involvement was the view that the 'professional' perspective had more value than the parent's perspective. For example, one team member said, "I think it's important to hear the parent and also their request. They may want a goal in there that we think is kind of flaky or not important or not valid. I still think we need to at least consider it and give the parent some validation around that." As well, information from a parent versus another team member was perceived differently. For example, at an IEP meeting, some parents would argue that an IEP goal was already mastered by their child. Fiona, the resource teacher explained that they would make a note of this information, but would not change the goal. When explaining this scenario, she said, "Sometimes I'll have a little line saying, 'At home, able to do.' Just for ourselves to ... know and the parents to be happier... Just so the kid doesn't look like they don't know anything." On the other hand, when a clinician

stated that a child could do a skill, it was changed. In general, parents had 'requests' while clinicians provided 'recommendations.'

Fourth, a lack of team involvement could result in "unrealistic" goals. The goals may be unrealistic because the person independently developing the IEP may not know the student and his or her abilities as well as other team members. For example, Debbie, the classroom teacher said, "I would think I would know the student better because I'm spending everyday with the student. [The resource teacher] is testing the student ... and so she would know the student, but its not on a day to day basis." Unrealistic goals would then have a negative effect on IEP implementation.

Fifth, when the resource teacher and specialists develop the IEP, it could reinforce the assumption that the classroom teacher was not responsible for the student and his or her learning. Both directors of student services discussed this concern. For example, Valerie said, "Its not meaningful to people or people haven't taken ownership for it, if someone sits on an IEP meeting and just tries to control the whole meeting and controls what gets written down... No one has a stake. No one has any ownership if it's not a true team process. Than why should they?" As well, Anna said, "I think that nobody owns [it], you only own your section then. You tend not to own the whole thing."

The classroom teacher supervises. Another practice that occurred when educators tested both paradigms was the classroom teacher assumed a supervisory role. The teacher perceived she was responsible for monitoring or overseeing the student's program. For example, Debbie, the classroom teacher

said, " Well, it's kind of like down the line of the bureaucracy I suppose. Its my job to make sure that this [IEP] gets done and then its my job to make sure they're doing it."

Cindy, the classroom teacher for Team C, also believed that her responsibilities included supervising IEP implementation and evaluating progress. For example, she said, "I like to keep tabs on what they're doing. Give some direction as to what I'd like Jas to get." She admitted that she was not completely responsible for Jason's learning:

"Programming for him, I don't do that well... It's so busy with everything... Jennifer and I, we decide what's going to be done. But I see that I haven't really held up my end of that responsibility."

She believed that she should provide more guidance, but the paraprofessional was able to function without it. For example, she said, "I should have done more for her than I have... I sometimes feel badly about not giving more direction to Jennifer... I think if I was working with an E.A. that was less competent, I would take more of the responsibility and make sure that in math that he's doing this chunk this week. And I don't do that with Jennifer."

Implications. The classroom teacher's role as a manager or supervisor resulted in educators having a 'programming' focus rather than a 'teaching' or 'learning' one. For example, one resource teacher said, "[The teacher] decides what to program... which parts he can be in the class for." This 'programming' focus was present because the classroom teacher was not teaching the student, but rather managing what the child would do. It was the paraprofessional who assumed the teaching role. This working relationship was summarized in an IEP

document which stated that the paraprofessional's role was to "assist with implementation of behavioral and academic programming under the direction of the classroom teacher. "

Paraprofessional implements IEP. Another practice of individuals who participated in paradigm testing was the paraprofessional implemented the IEP. Since the classroom teacher's role was supervising IEP implementation, the paraprofessional assumed responsibility for the child and IEP implementation. Anna, the director of student services discussed this role when she said, "Some of our paraprofessionals are much, much more the implementer than the classroom teacher." Thus, teaching a child with special needs would become the paraprofessional's job.

One paraprofessional, Jennifer, believed she had assumed responsibility for teaching a student with special needs. She said, "Oh, I think you always feel like the teacher." Her responsibilities included implementing the goals, choosing appropriate material, and selecting programs. Unfortunately, Jennifer was not always comfortable with some of these responsibilities. For example, she said, "I'm thinking I shouldn't be making those decisions. It should be the classroom teacher or the resource teacher, but again its kind of an expected thing." The other team members also commented on the fact that there was "a lot that [was] actually left on Jennifer's shoulders. More than she should have." In general, when the classroom teacher did not take complete responsibility for a child's learning, the paraprofessional assumed this role as teacher.

Implications. There were several implications when the paraprofessional implemented the IEP. These included the paraprofessional having the most important role, increased familiarity, dependency, and an impact on the student's learning.

First, this practice led many team members to believe that the paraprofessional had the most important role with the student. For example, Valerie, a director of student services, stated that the paraprofessional had the largest role in the student's program because he or she was mostly responsible for implementing the daily goals and strategies. As well, Fiona the resource teacher said, "I can't do [the IEP] without them because they're really with this kid twenty-four hours." Anita, the classroom teacher, also placed significant importance on the paraprofessional's role and their knowledge of the student. For example, she said, "I value so much the para who works with these [students], who can say exactly what goes on way better than I can." Finally, Cindy said, "It would probably be valuable for the student teacher to have to program for him, but I think what's best for Jason is that time with Jennifer, [his paraprofessional]." In general, many team members believed that the paraprofessionals were the best teachers for children with special needs.

Second, when the paraprofessional implemented the IEP, he or she became very familiar with the student and his or her ability level. For example, Debbie said, "I think in a lot of cases, the paraprofessionals know [the student] even more than I do. Or they know the student better than I do... So [they] would probably be able to tell you something that I can't." Anita, the classroom teacher

also agreed with this perspective when she said, "The person who probably knows her the best out of anyone would be [the paraprofessional] because [she] spent the most time with her." This familiarity with a student was observed during one of Team A's IEP meeting. I observed Emma's paraprofessional, who had spent almost the entire year working independently with Emma, making programming decisions (e.g., she helped the resource teacher write the IEP). This familiarity appeared to increase the paraprofessional's responsibility for the student. When discussing this familiarity, Jennifer said:

"I don't know if it's when you work with a child so much that you get to know him. You know what he can handle. What he can't handle. What he can do. What he can't do. So it's almost pushed off to you. And you know him. You decide what you think he can handle and what he can't. So it's almost that relationship thing. You decide whether you're ready to go on or not to go on."

Third, this practice also had implications on how educators perceived paraprofessional support. Paraprofessionals were perceived as "attached" to a child. For example, one resource teacher said, "We still sort of had a full time para attached to her because we really felt she needed it." When paraprofessionals were "attached", the classroom teacher would not feel the need to take ownership for the child's learning because someone else would have assumed that role. Mary, the resource teacher explained, "[That's] probably for me an area of frustration, to try to move the ownership back to the teacher."

Fourth, a paraprofessional implementing an IEP would have an impact on the student's learning. Although the individual spending the most time with the student would be the most familiar with him or her, he or she also may be the

least knowledgeable about best teaching practices. For example, Anna, the director of student services discussed the difficulty with this practice:

"If the teacher has a hands off [approach, and says], 'I don't know what's going on, the para does it all.' [Then] I don't think there's as good of communication between that teacher and the child or that teacher and the parents... What ends up happening is we have our least trained people working with our most needy children. I think in the long run... it doesn't extend anyone's expertise or knowledge if you don't have that [teacher involvement]. Its sad... It is really sad in the long run because everybody loses out."

Paraprofessionals also may not be give team member status thus further affecting a child's learning situation. When discussing their exclusion from team situations, Valerie, the director of student services said, "That's the person that must be around the table for IEPs and is often the one that is not at the IEP meeting because who is going to watch the kid?"

Collaborative-consultative teaming. An additional practice of educators who encountered crises and participated in paradigm testing was the utilization of teaming practices from both perspectives. When working with the student and the classroom teacher, they combined collaborative, inclusive practices with a consultative and segregated approach. In the following paragraphs, I describe team members who used this approach.

Greg, the guidance counselor was someone who used practices from both perspectives. He utilized approaches ground in the human pathology perspective such as pull out, tracking, behavior charts, and modifying behavior. For example, he said, "I'm working with the student, trying to modify the behavior." He also believed that the 'case manager' was the individual "mainly responsible" for that student. On the other hand, he looked at the whole child

and recognized the classroom teacher had "to be a part" of the IEP process. At times, he collaborated with teachers in developing goals and believed that problems could either be child-centered or systemic:

"[In] this school, we really try to... not just on an individual kid basis, but on a school wide basis, so that if we can get everybody kind of knowing what your school likes. Just trying to avoid pushing other kids' buttons. That's a whole long-term project. We're talking about changing a culture of a school."

Patricia, the social worker was another team member who used teaming practices grounded in both perspectives. On one hand, she used people first language, focused on strengths, assisted the family, supported inclusion, and believed the school structure created children's difficulties. On the other hand, she used pull out services in a group setting to support the child. As well, supporting the teacher was not part of her role, although she strongly believed that teachers were overworked:

Michelle, the resource teacher, also combined the practices from both perspectives. For example, she believed in classroom-based intervention, role transitioning, inclusion, and the assumption that the classroom teacher should assume ownership for teaching a child with special needs:

"I think this whole IEP should be a plan for the classroom teacher and para to understand how to implement. Like its not so important that... the rest of us know as much as them because its always their student. You know, first and foremost. And we're the support. But... I think that is the big difference in philosophy too. Does the student because they're special needs belong to the resource teacher or do they belong to the classroom?... I guess I would want the teachers to be more involved sometimes with some of these funded students. I think that's the biggest thing."

On the other hand, paraprofessionals were "scheduled" to support the student outside of the classroom. As well, she believed that some solutions to a student's problematic behavior required segregation (e.g., Emma was removed from the classroom and participated in a separate recess).

Implication. A combination of collaboration and consultation may have implications for when support would be offered. For example, some team members discussed providing support when the classroom teacher and paraprofessional encountered problems. When explaining this support, Greg the guidance counselor said, "The document goes to the teacher and to the para. They see where we're going and they kind of implement it within the classroom. And then when there's difficulty, they're calling on me to address this part, this part, this part."

Partial support. The final practice of educators who experienced paradigm testing was the classroom teacher received consistent support from the resource teacher and paraprofessional. The classroom teachers explained that resource teacher support included the following: (a) sharing their expert knowledge with the classroom teacher (i.e., One classroom teacher said, "I'm not trained in resource. That's not an area that I have a lot of knowledge in. I have little booklets and things like that, that I can give people who are at a low level. But I certainly don't have the resource knowledge. I haven't taken any courses on resource. I wouldn't know how to set up the Reading Milestones or whatever it is that they do."), (b) problem-solving (i.e., "With Bert, its sometimes, 'Okay, this is the problem that I'm seeing now. What do I do?"), (c) providing materials (i.e.,

"Where there's issues with Emma [and] I need to get some input, I can go to Fiona for example and say, 'This is what's happening. Can you help me?' And she'll make up some thing for Emma or her para."), and (d) developing the IEP (i.e., I think its good that she has [the responsibility of developing the IEP]...because if someone said to me, 'Okay, you have to develop this on your own', that would just be another thing of a zillion, frustrating!").

The paraprofessional also provided support to the classroom teacher. For example, Jennifer explained her role involved "Just being a big support to the teacher that you work with." Some types of support included the following: (a) implementing the student's goals, (b) supporting the student, (c) identifying concerns, (d) programming, and (e) choosing appropriate material. At times, a positive working relationship, daily contact, and role transitioning enhanced this support. Jennifer summarized it when she said, "You know, my right arm is her left arm."

On the other hand, support from the clinical staff such as the speech-language pathologist, the psychologist, and the social worker, was minimally discussed by educators. Only a couple of the teachers considered these individuals team members. This lack of team membership may be influenced by the support that some clinical staff offered. For instance, consultative-collaborative teaming may not offer classroom teachers the support that they need and thus they would not be perceived as team members.

Implications. This perception of partial support may impact the teams' decision-making. Throughout data collection, programming decisions were often

made by one to three team members. Except for team C, the parent was rarely reported as being involved in team decision-making. An example of this decision making approach occurred between the grade four teacher and the paraprofessional at an IEP meeting. They were deciding whether the student should continue with the life skills program the following year. The classroom teacher turned to the paraprofessional and said, "Do you want to do it again next year?" And the paraprofessional responded, "Sure." Based on this conversation, the student was to be removed from class to do "life skills" activities such as crafts, hygiene, and telephone skills.

These above six practices were consistent among the three teams, as well as the perception that IEP implementation could be difficult at times. Fiona, the resource teacher explained, "The other [problem] is just to get people to deliver [the IEP]. I think its still lacking... The majority won't. They do not even know where the IEP is." Part of this difficulty may be related to the fact that the IEP was not viewed as working document. Instead it was perceived as a flexible document.

Tool

The changing IEP document. When team members encountered crises and fluctuated between practices from the human pathology perspective and the systemic pathology perspective, the result was a flexible IEP document that the team changed to fit their situation.

Several team members talked about this change factor. For example, Jennifer, the paraprofessional said, "We've had to do a lot of adjusting. What

works for him...I think we've changed our expectations so much. I think what we had at the beginning were more academic. I think at this point right now, we're looking more for just the basics...probably just life skills." Debbie, the classroom teacher also talked about changing the IEP:

"I might add or I might change what is happening or what we've done....When we look at them in March for what we've done in November, if we're not there yet, then we're not there yet. Or if we say, we've been spending a lot of time on L.A. with this person and so maybe the math hasn't progressed the same then that's how it is. You kind of have to go with what's happening with them. Being really, really flexible. And there's a time limit. Its not like the students have paraprofessionals all day."

When discussing this change, Cindy the classroom teacher said, "Things also change and adapt. [For example, one goal] in there is legibility of handwriting and [I] had forgotten about that completely. [Instead] he's doing a lot of stuff on the computer now." In addition, Bert, the resource teacher discussed the changing IEP when he said, "We're always finding problems. You can't say in September or October that this is going to be the same... So we're constantly changing. Adding things to it." As well, Fiona, the resource teacher discussed how she explained the changes to parents. She said, "It's a lot of work to really pin down the goals that you want. And whenever I share it with parents, I say, 'This is not in stone. It can change. We can come back in September and we might have a different goal.'" Finally, Michelle, the resource teacher summarized the IEP's purpose when she said:

"I don't think that [the IEP] dictates the actual goals once you're in the room... We are not going to follow this to a tee... it's not the bible... It is such a flexible document."

Factors that played a role in the IEP's purpose included a deficit focus, a lack of reference to the IEP, and insufficient collaboration. In the following paragraphs, I discuss these three issues and their impact on the IEP document.

Deficit focus. First, when an educator experienced a crisis about responsibility or belonging, they sometimes perceived a child needed 'fixing'. Therefore, the IEP was used to document what needed fixing or changing. For example, when a problem was encountered, team members changed the IEP to identify the child's deficits rather than adjust the learning context so that the child was successful. This deficit focus was evident in the father's summary of the team's purpose:

"Well, I guess the [speech] therapist wants her to speak better. The occupational therapist wants to get her motion better so she's more coordinated and hopefully can be able to ride the bike. The teacher wants to try and get her so she understands the lessons better and with the para they can hopefully achieve that. And myself and Michelle...what we're trying to do is work on those words and I'm trying to read simple books to her...Hopefully she'll catch on. I don't know what else I can do."

Lack of reference to IEP. Second, the educators who were paradigm testing, rarely referenced the IEP. For example, Anifa the classroom teacher said, "I'm going to want to read the IEP to see what the plan is for this kid. Doesn't necessarily mean I'm going to follow it, but it certainly gives me a starting point." Carol also agreed that she only referred to the IEP occasionally, but explained she was always aware of the child's needs. Finally, Cindy also talked about not referring to the IEP and said, "I'm not necessarily following the IEP even though we spent time writing it...I had to dig up his IEP because I didn't have a clue what was in there." This lack of reference and awareness translated

into an individualized education plan that changed to fit what the classroom teacher and paraprofessional were doing.

Insufficient collaboration. Third, when there was insufficient collaboration in IEP development, the goals may not have addressed the child's needs or the learning context. Instead, the classroom teacher's practices determined the child's program. For example, Michelle explained, "I think the way the class is being taught [dictates the goals]. If its journal writing and... the teacher is sitting with the child and working on sounding out words... than that's great if Emma can do some of it. I think independently that's not really one of our goals because she just can't do that. She can't segment." Mary, the resource teacher also talked about the classroom activities dictating the child's learning:

"[The teachers] always take ownership for their kids, but somehow... over the years the IEP is one thing and what's offered in the classroom is another."

In general, it appeared that the flexible IEP document was not essential to guiding the team or the child's learning. Rather, some team members believed that as long as the child was receiving support and was successful, than team members were doing their job. For example, one classroom teacher said, "As long as we are supporting that child and working with that child and dealing with that child on a day to day basis to see progress than we've had a measure of success. [Its not] whether we've been successful with those particular goals on that IEP."

Overall, some team members utilized assumptions and practices from the two contrasting perspectives. They utilized practices from the systemic

pathology perspective, but when they encountered a crisis or challenging situation, they resorted to practices grounded in the human pathology perspective. These crises were related to the classroom teacher's responsibility for a child with special needs as well as the child's belonging. For example, although educators said they believed in inclusion, a problem would arise which caused them to question their beliefs. This would result in them resorting back to the assumption that the problem resided within the child in order to justify their solution of segregation.

When educators encountered a crisis, they utilized practices such as the 'rotating door' approach to teaching, the resource teacher and specialist developing IEP goals, the classroom teacher supervising the IEP process, the paraprofessional implementing the IEP, collaborative-consultative teaming, and partially supporting the classroom teacher. All these practices had implications for the student (i.e., skills, sense of belonging), teaming, the IEP process, the team's focus, support, and decision-making. Finally, team members who fluctuated between these two contrasting perspectives utilized the IEP as a flexible tool that changed to fit their situation. It became a changing document that was difficult to implement.

Conclusion

In this chapter, I presented the perspectives of eighteen team members who cared about children and were members of cohesive teams. Despite these strengths, the IEP process was uncertain at times for some team members. My findings indicate that these difficulties stemmed from a set of assumptions about

who was responsible for educating a child with special needs and whether the principle difficulty of the student was pathological or systemic. I organized these beliefs as two contrasting perspectives, not to pigeonhole educators into categories, but to demonstrate that educators worked from different perspectives, which in turn defined an associated set of practices and tools, related to the IEP process.

One perspective was the traditional human pathology perspective. This belief was grounded in the assumption that a child's disability was inherent to the child and that the classroom teacher was not responsible for teaching a child with special needs. These assumptions guided practices such as segregation, utilizing standards, multidisciplinary teaming, the resource teacher developing the IEP, and the paraprofessional implementing the IEP. In turn, these practices resulted in the educator using the funding application, standardized tests, and an IEP that was viewed as a funding document. My findings indicated there were implications to this traditional perspective and its practices. Not only was the IEP process impacted by this belief system, but so was the educator's view of a child with special needs belonging, as well as his or her ability to problem solve effectively and adapt to change efficiently.

The contrasting perspective was the systemic pathology perspective. The educator with this belief system assumed responsibility for educating all students and believed all children could be included when adaptations were made to the learning environment. These assumptions guided practices such as inclusion, differentiated instruction, the classroom teacher participating in IEP development,

the team collaboratively developing goals, and the classroom teacher implementing the IEP. These practices resulted in the educator using curriculum-based tests and the IEP as a working document. My findings indicated that this perspective also had an impact on the practices used in the IEP process. Other implications included the view that the child belonged, problem solving that focused on the context, and the educator successfully adjusting to change.

Caught on a swinging pendulum were educators who fluctuated between the beliefs and practices of these two contrasting perspectives. This fluctuation or paradigm testing occurred when an enduring anomaly about their responsibility or the child's belonging turned into a crisis. These crises resulted in practices such as having the student in and out of the classroom, the resource teacher and specialist developing IEP goals, the classroom teacher supervising the IEP process, the paraprofessional implementing the IEP, collaborative-consultative teaming, and partially supporting the classroom teacher. As well, educators who tested the two paradigms utilized the IEP as a flexible tool that changed to fit their situation. Once again, fluctuating between the two perspectives had an impact on the IEP process, as well as the student and team.

I have provided an in-depth analysis of the beliefs and assumptions that guide the IEP process, as well as shape how the IEP document is utilized. For example, one's assumptions about responsibility determined who participated and was responsible for IEP development. This approach then had implications for IEP implementation and the IEP document since an individual with a human

pathology perspective understood the IEP process differently than an educator with a systemic pathology perspective. When an educator viewed all students as equal participating members, who she was responsible for teaching and supporting, the IEP process appeared to encounter less uncertainty and the IEP was used as a working document. When we are aware of these differences in perspectives and respond appropriately, we can work together more effectively. We can avoid naïve pragmatism and examine successful solutions to the difficulties educators encounter when planning and implementing IEPs for student with special needs. In the following chapter, I discuss how to approach change as well as some recommendations for the difficulties that teams encounter in the IEP process.

CHAPTER 6

Conclusion and Recommendations

In this study, I presented two contrasting perspectives and illustrated how educators' perspectives influence the way they understand their role and diversity of their students, as well as impact the IEP process. Consistent with previous research, educators do appear to interpret practices through their beliefs and assumptions. Although the teams were considered typical for the school divisions, the individual perspectives of the team members affected the ways in which the practices and the IEP process were understood and implemented. In other words, what they believe creates "a lens through which they filter and makes sense of their roles, students, and practices." (Ayres, 1993, p. 203).

While the educators could describe the IEP process and discuss their practices, they did not fully articulate or describe their assumptions or beliefs. These perspectives were gathered from their words and practices. Based on these descriptions, I organized the fundamental beliefs and practices as two contrasting perspectives. One perspective was the traditional human pathology perspective. The contrasting belief was the systemic pathology perspective. My findings indicated that these perspectives were grounded in a set of assumptions that guided the practices used in the IEP process. My findings also indicated that there were educators who fluctuated between both perspectives when they encountered a crisis arising from an anomaly about their responsibility or the child's belonging. I believe the results provide a framework for thinking about

how educators understand their role, students, and the IEP process. Figure 7 shows the framework of these results. This framework in turn can guide us on how to approach change.

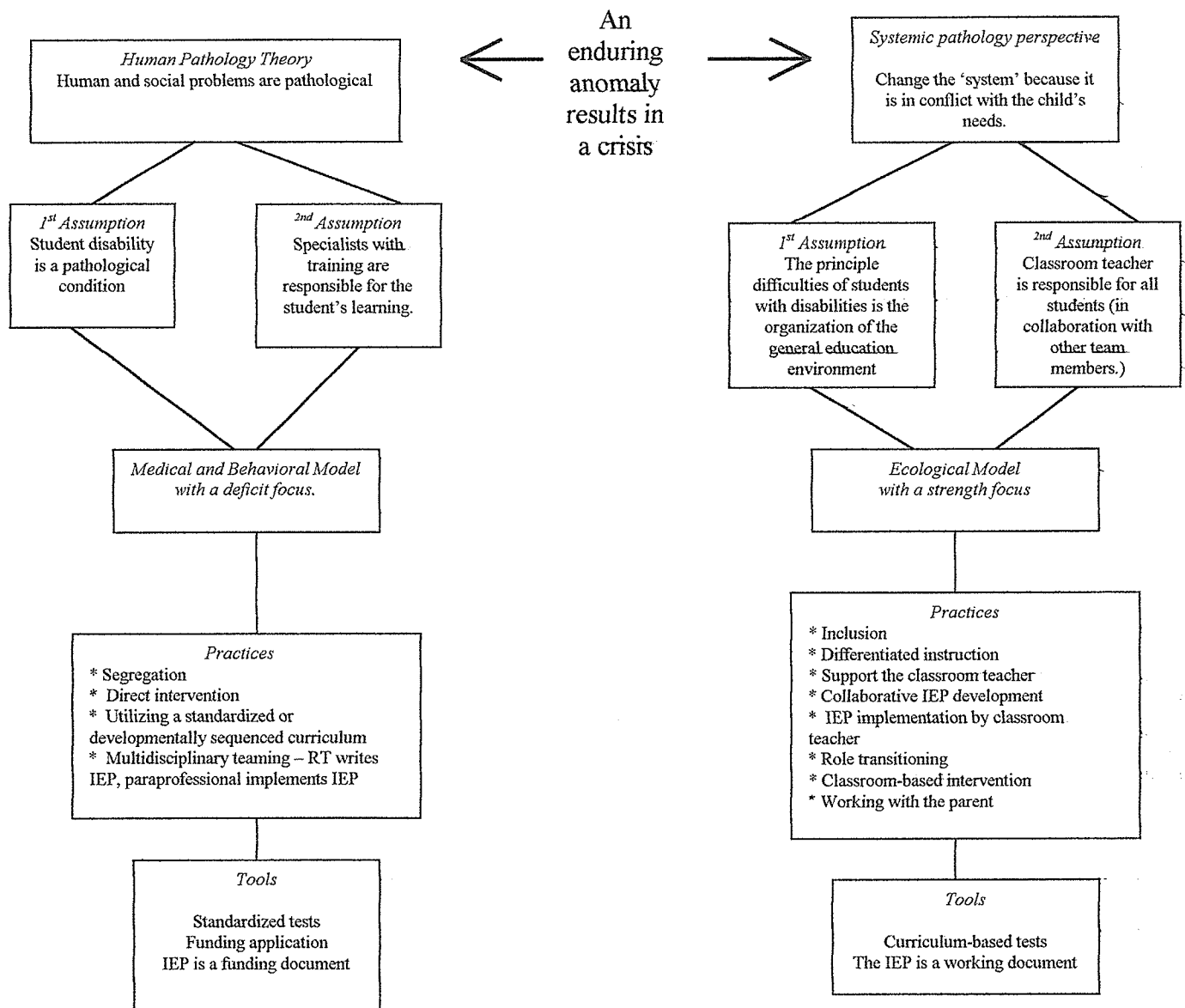


Figure 7. A framework which summarizes team members' beliefs about programming for students with special needs.

Change

Some team members discussed further standardizing the IEP process (e.g., increased supervision) in order to solve the difficulties surrounding IEP development and implementation. However, introducing additional standards would not solve the issues that teams encounter (Skrtic, 1995). Although best practices and new time lines should be considered by teams, they would be modified (Cohen, 1990) or discarded if educators' assumptions did not support the recommended practices. Therefore, it's important to first address educators' beliefs in order to avoid naïve pragmatism. In the following paragraphs, I discuss changing one's beliefs so that there is a unification of theory and practice.

During the interviews, some team members talked about educators changing their thinking or beliefs. For example, Fiona, the resource teacher said, "[Teachers] can move out of that [old] way of thinking." As well, Mary the resource teacher explained, "When I arrived [at this school], there were people with different mind sets, and there were people who moved along, but it takes time. Because first of all you have to build that trust relationship... Sometimes you're working against preconceived notions."

According to Jordan and Stanovich (2004), these preconceived notions that are traditional or human pathology based may be related to naivety rather than negative conceptions of disability. A more complex conceptualization of disability and teachers' roles, such as the one present in the systemic pathology perspective, may develop in response to either personal and professional experiences with people with disabilities (Giangreco, Dennis, Cloninger,

Edelman, & Schattman, 1993; Jordan & Stanovich, 1998). I believe there are three experiences that may encourage a fundamental change. Encountering an anomaly, leadership, and examining educators' cognitions can alter one's way of thinking, resulting in his or her beliefs becoming compatible with the best practices. As Sheri, the principal said, "I think people need opportunities to develop" and I believe these three situations support this need.

Encounter an Anomaly.

The first method for implementing fundamental change involves encountering an anomaly (Skrtic, 1995), and experiencing dissonance. In order for this fundamental change to occur, educators need to experience a situation which results in an inconsistency between what they believe and what they do. This results in the questioning of their beliefs. This concept of change is supported by the Festinger's cognitive dissonance theory. He hypothesized that the existence of dissonance or inconsistency between what a person believes and what he does, is psychologically uncomfortable and it will motivate the person to reduce the dissonance and achieve consonance (Festinger, 1957).

An example of an anomaly that generates dissonance, would be a teacher with human pathology based assumptions successfully including a child and implementing the IEP. Since these practices are not grounded in the educator's set of beliefs, she adjusts her belief system in order to resolve the dissonance that is present. Therefore, successfully implemented inclusive practices lead to assumptions that support these practices. This interpretation may be supported by Giangreco, Dennis, Cloninger, Edelman, and Schattman's (1993), who found

that educators had "transforming" experiences when children with severe disabilities were placed in regular classrooms. There were more positive attitudes from the educators and a shift in their beliefs.

Support or lack thereof. In addition, appropriate support when encountering an anomaly would be necessary for a fundamental change. Sheri, the principal appeared to understand the importance of support. She was a firm believer in providing classroom teachers with appropriate support. For example she said, "I'm looking at what does this particular teacher need and who can I link them up with...who can be their coach. What kind of supports do they need." Providing educators with collaborative and classroom-based support encourages inclusive practices and successful inclusion. Thus, educators with a human pathology perspective would encounter an anomaly and face a fundamental change or educators with a systemic pathology perspective would be less likely to encounter a crisis and alter their beliefs.

Sheri, the principal, discussed a supportive situation that resulted in positive fundamental changes. In her school, the resource teachers supported the classroom teachers in utilizing differentiated instruction. This support resulted in the classroom teachers assuming more responsibility for all the children in their classroom:

"The resource teachers here have really supported the teachers in learning about how to make adaptations. Technically teachers are supposed to do that on their own, but often they haven't known. So now you're looking at five years with this kind of support, [and] I think you could pretty much walk in to any classroom and you would find that teachers can talk to you about who those kids are [and] what they're doing differently."

On the other hand, if appropriate support could not be provided and the inclusive practices fail, an educator's traditional assumptions about who is responsible for teaching a child with special needs could be reinforced. For some educators with a systemic pathology perspective, inappropriate support may lead to a crisis because they are unsuccessful at including a student with special needs and implementing the IEP. This crisis would cause them to question and alter their beliefs about responsibility and IEP implementation.

Anita, the classroom teacher discussed how an unsuccessful attempt at inclusion resulted in a crisis and a fluctuation in her beliefs. Before the year started, Anita stated she would modify and adapt Emma's work so that she could be included in the classroom activities. Unfortunately, this proved to be problematic. Emma's behavior began to interfere with her ability to participate in the classroom. Emma was eventually removed from the classroom for most of the day. When discussing support during this challenging time, Anita said, "I believed that [the team] probably gave me as much help as they could possibly. Do I wish that we had more? Absolutely. Absolutely. But do I feel that [some team members] gave as much help as they could? Yes. [But, one team member] responsible for our school...had nothing to do with Emma. Like nothing. And maybe [this person] should have been more involved." It appeared that Anita needed more support during this crisis. The unsuccessful attempt at inclusive practices and implementing the IEP eventually resulted in the classroom teacher altering her beliefs about inclusion and responsibility:

"I was always a huge believer, I still am, that...special needs kids should be in the classroom and you need to try and integrate and do what you can and

modify and everything like that. But this year was the first time that I truly felt that my little one couldn't be in the classroom. This was more of a detriment to her than a benefit."

Lead the Way

A second method to creating fundamental change is the presence of school leaders who introduce a new set of assumptions. According to Weick (1982), a fundamental change can occur when individuals who resolve an important, enduring anomaly for themselves and others, instill a new set of values in the organization (e.g., school or school team). Their beliefs and assumptions affect the organization and what it can become. Weick believes that confident, forceful, persistent people, with their assumptions, expectations, and commitments can create this shift. Two team members created this type of change and influenced the school culture. In the following paragraphs, I discuss Sheri, the principal and Betty, the speech-language pathologist.

For team B, Sheri was a confident, persistent school leader who's beliefs and expectations encouraged best practices as well as the assumption that the classroom teacher was responsible for all students. The following are some examples of her confidence and persistence as a school leader. Her confidence was apparent when she said, "People very quickly realized that I know what I'm looking at when I'm in the classroom....And that isn't always true because different administrators come from different backgrounds. Some have no elementary background. Some have a background that isn't closely connected to curriculum. So they'll see certain things in the classroom, but they don't really know what to look for always."

As well, Sheri was persistent about her vision for the school. For example, Mary, the resource teacher explained, "She has a vision of what she wants her school to be and it brings people on board....[For example], she has really focused all our PD and our school plan ...on interdisciplinary planning. And so she sets a school plan which is taking people in the direction they need to go even though a lot of them are kicking and screaming about that and how much work it is." She was also persistent about her expectations about best practices:

"[Some teachers] really don't know how to help kids who are struggling. It's not in their background and they haven't necessarily made it their business to find out. So they tend to teach the class as a whole, without recognizing that maybe some of the children are not coping well and need different kinds of instruction. But...I really work on that because I know who they are [and] I try to make sure that supports go in place...I try really hard to have people know that it's not an option [to not differentiate] and what do you need. I don't just look the other way...Because with me that's not okay. Kids are first. So I expect those things and I make sure that I provide a lot of support for people."

Through her confidence and persistence, I believe Sheri created a school culture that influenced her staff's practices and beliefs. When discussing how the school culture changed educators' beliefs and practices, Mary the resource teacher said, "When you come with that piece and you end up at a school like this, you'll develop it quickly. You don't necessarily have it right away, but you develop it." As well Greg, the guidance counselor talked about the development of a collaborative school culture when Sheri arrived at the school. For example, he said, "I was working here two years before Sheri came here and before Mary and Kelly were here, and it was much more haphazard. And I also noticed at that time that a lot more kids fell through the cracks as well....I think [now] this

school kind of works on a very, very team basis... It just seems to be... the culture of where we are here and that seems to work."

Betty, the speech-language pathologist was another individual who led her school division through change by introducing classroom-based intervention. While obtaining her doctoral degree, she 'resolved' the issue about working collaboratively with teachers in the classroom. When discussing this resolution, she said, "I think [attaining my doctoral degree] confirmed my belief that we should work collaboratively in classrooms... I wasn't really sure how to approach [classroom-based intervention] and I think that getting my further education really confirmed a lot of that for me."

Betty then confidently began to instill this new value in the school division:

"It does take time and I think in this division, I started with one teacher who really wanted to work with me and this was a multi-age classroom, so I could cover lots of age levels, grade levels. And [then, it's really] word of mouth. I would have teachers come and say, 'I heard that you worked in so and so's classroom, could you... come and do some stuff with me?' And it's just evolved. And so every year, one more teacher works with me. So... at Hillcrest School, I don't think they would expect me to take anybody out of the classroom for language therapy."

She was committed and persistent to this inclusive practice and the assumptions that supported it. When discussing her patient persistence, she said, "You have to be in a school for many years. I would say probably ten years and not force your way in at all. Sit back and wait for people to say, 'Let's do something together'.... You might find a teacher that you know is really going to work well with you. Like Michelle and I... I suggested to her that I work in her classroom for one [student]... She was teaching grade two-three [and] it was her first teaching assignment.... She was very willing [to work with me] and it just grew

from there...[Basically], it started... from one student." With time, the practice was prevalent throughout the division. Betty explained, "I would do a class by class approach. But its really caught on in this division and a lot of clinicians are doing more of that type of service delivery."

Both Sheri and Betty were school leaders who influenced educators' beliefs and practices and eventually had an impact on the school culture. Leithwood and Jantzen (1999) also found that staff members and administration leaders of a school have an important influence on what individual teaching staff believe, know, and do. They reported that this influence may have an impact on the school norm. As well, Pintrich and Schunk (1996) found that when the staff of a school has a majority consensus, the beliefs take on the characteristics of the cultural school norm. This norm not only influences the decisions of individual educators, but also sets the standard for the practices utilized in the school (Stanovich & Jordan, 1998).

Educators' Cognitions

A third method of implementing change is a staff development program that focuses on educators' cognitions. Many educators talked about inservicing as a means for introducing change. For example, one team member said, "The division brings in a lot of ... speakers [from the division and outside] to help with [introducing new practices]. We've had some good inservices." Fenstermacher (1986) hypothesizes, however, that educators need an understanding of the theoretical framework that grounds the new practices and the opportunity to talk about how their own assumptions agree or disagree with the framework.

Fenstermacher believes this process would allow educators to alter or strengthen confidence in their assumptions, as well as help them develop their justifications for the use of the practice (Richardson, 1990). Therefore, professional development that entails a discussion about theory and assumptions would be a useful tool in creating fundamental change.

Overall, encountering an anomaly with appropriate support, leadership, and professional development that draws attention to theory are three different means for instilling fundamental change among educators. This approach to change is guided by the framework of assumptions and practices that I presented in Chapter 5. Of course, as in any study, there may be limitations to this research and the findings. In the following paragraphs, I discuss these limitations.

Limitations

There are several limitations to this research. This study focuses on the perspectives of educators who work in the elementary setting and does not take into account the different perspectives that might exist with educators working in secondary schools. As well, with the small number of informants, there is a possibility that additional perspectives may have been present with a larger number of individuals. In addition, the way in which the informants were identified to participate in the study may not represent a typical team in the division. For example, the teams nominated may have been 'successful' teams who portrayed positive team characteristics (e.g., high cohesiveness, using 'best practices'), thus introducing a possible bias. Methodologically, the study also has

limitations due to my heavy reliance on interview data. Observations were not conducted in the classroom, which may have provided a better understanding of educators' beliefs, assumptions, and practices.

Even with these limitations, this study indicates that educators have different assumptions about who is responsible for teaching a child with special needs and whether the principle difficulty of the student is pathological or systemic. These assumptions in turn guide an educator's practices in the IEP process. While other teams may have different experiences, educators can use this study as an opportunity to reflect on their own assumptions about children and learning and how they go hand in hand with their practices. It is an opportunity to use the information to assess the practical consequences of seeing special education and student disability in different ways (Skrtic, 1995). As well, the results of this study provide a framework that can guide us in finding successful solutions to the difficulties that teams encounter in the IEP process. In the following section, I discuss some of these recommendations, as well as suggestions for future research:

Recommendations

In order to improve the IEP process, we need to address educators beliefs and assumptions along with their practices and tools. As Fullan (1982) stated, "Educational change depends on what teachers do and think; it's as simple and complex as that" (p. 107). In the following paragraphs, I discuss recommendations that may be considered when addressing these areas.

Recognize educators' beliefs. The first step to improving the IEP process and introducing fundamental change is to recognize educators' beliefs. Without an understanding of the educators' theoretical perspectives and the theories that ground the 'best practices', we would encounter naïve pragmatism and continue to reproduce, rather than resolve the problems with implementing change. The change process would continue to be problematic because it would criticize the educators' current practices, but treat their grounding assumptions and theories as unproblematic (Skrtic, 1995). Future research into developing a tool that assists educators in examining their beliefs and assumptions would be beneficial.

Introduce fundamental change. The second step to improving the IEP process and introducing fundamental change is to introduce experiences that may alter an educator's traditional way of thinking. These experiences may come in the form of encountering an anomaly with sufficient support, leadership, or examining educators' cognitions. They would assist educators in unifying their assumptions with the recommended practices thus increasing the possibility of change occurring.

These first two steps are important to improving the IEP process. Once educators have examined their beliefs and assumptions the next step to improving the IEP process is considering the practices.

Transdisciplinary teaming. The education of a student with special needs is compromised when the entire team (i.e., family, educational staff, and other clinical staff) is not involved in the development and implementation of the IEP. The IEP needs to be developed and implemented collaboratively as a team,

rather than in isolation by the resource teacher and/or paraprofessional. A transdisciplinary team approach can guide and support collaborative teaming practices. Rather than team members working in isolation, they teach, learn, and work across disciplinary boundaries in order to develop and implement a unified IEP (Koskie & Freeze, 2000).

Classroom teacher implements the IEP. Another practice that may improve the IEP process is the classroom teacher implementing the IEP in collaboration with other team members. This practice would involve the team having the assumption that that classroom teacher is responsible for teaching all students. This practice would encourage inclusion, improve the child's sense of belonging, and may have a positive impact on the student's outcomes.

Support the classroom teacher. Teams need to collaborate with the classroom teacher in order to provide him or her with the support necessary to implement an IEP as well as manage an inclusive classroom. This support may include classroom-based intervention and co-teaching. Not only does this type of support encourage inclusive practices (i.e., differentiated instruction) and successful inclusion, but it also may reduce the risk of educators experiencing a crisis and shifting their beliefs about a child belonging in the classroom. Future research into the role of support and educators paradigm testing would be beneficial.

Inclusive practices. Practices such as inclusion, ecological assessment, and differentiated instruction would not only benefit the student (Freeze et al., 1989, Rainforth & York, 1987; Stainback et al., 1996), but also the educators who

may have assumptions that are traditionally based. With appropriate support from all team members, successful inclusion of a student with special needs may alter an educator's belief system (Giangreco, Dennis, Cloninger, Edelman, & Schattman, 1993).

Clinician preparation. Typically clinicians are educated using a medical model, thus a consultative approach would be a preferred practice. If clinician's practices compromise inclusive practices, it is imperative to review preservice and inservice training programs. A focus on inclusive practices such as classroom-based intervention and co-teaching would be essential. As well, clinician candidates should have field experiences with clinicians who are successfully supporting inclusion. Future research that examines the implications of clinician preparation on teaming and inclusion would be useful.

Redefining the paraprofessional's role. The paraprofessional's role may need to be redefined. His or her ability to support learning in the classroom should take precedent over the practice of supporting one student with a disability. This may increase the likelihood that inclusion would be successful as well as facilitate IEP implementation. In addition, it may reduce detrimental effects such as isolation, insular relationships with the paraprofessional, and stigmatization that occur when the student is isolated with a paraprofessional (Giangreco, Broer, & Edelman, 2001). Research into the process and implications of this shift in roles would be recommended.

Funding process. The funding process can have a strong impact on what team's focus on as well as how they spend their time. Future research into the

implications of the funding process as well as a review of the procedures may be beneficial.

Time. All team members talked about the need for more time to plan and collaborate. Agnew, Van Cleaf, Camblin, & Shaffer (1994) reported that some inclusive schools have developed strategies that allow educators to collaborate and plan. This may include scheduling classes such as art, music, and gym at the same time so that team members can meet together (Updike, 2005).

Although time will not fix all of the difficulties that teams face during the IEP process, it may encourage reflection, improve problem-solving, and increase responsibility. All these factors would facilitate IEP implementation.

Increasing the classroom teacher's contribution. Increasing the classroom teacher's contribution would improve the IEP process because goals may be more realistic and the IEP would fit the classroom teacher's practices. Since the classroom teacher must be familiar with the student before he or she can contribute to a child's individualized education plan, reviewing the IEP time line or looping could be considered. First, the IEP time line could be examined. One suggestion is at the spring meeting, the team generates a framework that guides programming for the beginning of the school year, but then the IEP is reviewed, revised, and finalized by the entire team in the fall. There are drawbacks to this scenario (e.g., more meetings and paperwork), but it may result in an IEP that meets the needs of the student, as well as fits with the new classroom teacher's practices and beliefs.

Second, a team may want to consider the practice of 'looping.' The term looping refers to a teacher moving from one grade to another along with his or her students. For example, a grade one teacher would move with her students in order to be their grade two teacher. The following year, she would return to grade one and start the process with another group of students. Since the teacher is spending two or more years with the same group of student, the teacher builds a strong relationship with students and parents. Gaustad (1998) reports that student and teachers find this strategy emotionally supportive, as well as beneficial to learning. There are also drawbacks to this practice (e.g., outcome is dependent on teacher-student relationship and practices of the classroom teacher), but it is possible that it may improve the classroom teacher's contribution in the IEP process.

Universal Design. A final area that may contribute to the IEP process is the architectural model of universal design, which has recently been applied to the field of education. It represents an effort to design inclusive curricula from the beginning rather than retain potentially exclusive curricula that needs to be adapted, modified, or individualized during instruction (Priestley, 2006). Future research examining the relationship between the systemic pathology perspective and this emerging model would be beneficial.

Only when beliefs *and* practices are addressed will educators close the gap between best practices and their daily activities, thus improving the IEP process. Self-reflection and an honest assessment of the scripts one has in his or her head about who can learn and how they can be taught is essential to

change. Until educators view all students as equal participating members, who they are responsible for teaching and supporting, teams will continue to encounter difficulties with the IEP. As Dyer (2004) stated, "Change the way you look at things, and the things you look at will change." We need to ask the question, 'What do I believe?'

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Footnote

- 1 For the sake of confidentiality, certain details of the informants' personal information was changed. These changes did not have an impact on my data analysis or discussion.

APPENDIXES

Appendix A

Participant Observation Guideline

I will observe two to three meetings of each educational team.

Before the meeting begins, I will introduce myself and discuss my purpose.
 ("Hi, my name is Jaclyn Koskie. I'm a student at the University of Manitoba. I'm here to learn about your beliefs about special education and IEP programming practices.")

I will use the following observational protocol to record information:

Source: Adapted from J. Crasswell, 1998, *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*, p. 129, California: Sage Publications.

Date:	Length of Activity
Descriptive Notes	Reflective Notes
General: Look at the team decision-making process. That is, what programming decisions are made and how are they made	
See who attends the meeting	
See meeting room layout and comment about the physical setting at the bottom of this page	
Look at how the meeting begins	
See what decisions are made	
Look at how the decisions are made.	
See how they view the student	
How does the meeting end?	
	SKETCH OF MEETING ROOM AND SEATING PLAN

Appendix B

First set of Interview Questions for Parents

Tell me about yourself and your family. This would include questions such as: Who are the members of your family? What is your occupation? Do you have any general or specialized training in education or IEPs? How many IEPs have you been involved in?

Tell me about your son/daughter.

Tell me about the school team.

Tell me about your understanding of how the team develops an IEP. What is your role in the process?

Why do you think the IEP is developed in this way?

What do you think of how the IEP is developed? What works well? Would you change anything about the development process?

Tell me about your understanding of how the team implements an IEP. What is your role in this process?

Why do you think the IEP is implemented in this way?

What do you think of how the IEP is implemented? What works well? Would you change anything about the implementation process?

*I will begin and end the session by thanking the individual for participating
in this interview and assuring their confidentiality.*

Appendix C

First set of Interview Questions

for Teachers, Clinicians and Educational Assistants

Tell me about yourself and your job. This would include such questions as: What is your work experience background? Do you have any general or specialized training? How many IEPs have you been involved in planning and implementing?

Tell me about the student.

Tell me about the team.

Tell me about your understanding of how this team develops an IEP. What is your role in the process?

Why do you think you develop the IEP this way?

What do you think of this development process? What works well? Would you change anything about the development process?

Tell me about your understanding of how this team implements an IEP. What is your role in this process?

Why do you think you implement the IEP this way?

What do you think of this implementation process? What works well? Would you change anything about the implementation process?

I will begin and end the session by thanking the individual for participating in this interview and assuring him or her of confidentiality.

Appendix D

First Set of Interview Questions for the Coordinator of Student Services

Tell me about yourself and your job. This would include such questions as: What is your work experience background? Do you have any general or specialized training? How many IEPs have you been involved in planning and implementing?

Tell me about Student Services

Tell me about a typical team in this division.

Tell me about this team.

Tell me about how teams develop IEPs in this division. What is your role in the process?

Why do you think they develop the IEP this way?

What do you think of this development process? How would you like the teams to develop the IEP?

Tell me about your understanding of how teams implement IEPs in this division. What is your role in this process?

Why do you think they implement the IEP this way?

What do you think of this implementation process? How would you like the teams to implement a student's IEP?

I will begin and end the session by thanking the individual for participating in this interview and assuring him or her of confidentiality.

Appendix E

Interview Questions for the Student

I will introduce myself and tell the student a little about myself (i.e., who I am and what I am doing at the school)

Note: The questions below may be adapted to meet the language and cognitive needs of the student.

Initially, I will try to develop rapport with the student by talking about the student, his/her siblings, pets and favorite activities.

Now that you know a little about me, how about I find out some things about you.

Can you tell me about the people who work with you/spend time with you.

What do you usually do during a school day? (I will be prepared to prompt him/her for each subject).

What are you good at? What do you need help with?

What do you like about school?

What don't you like about school?

Would you change anything about what you do in school?

Have you been to meetings that talk about your program in school?

What happens at these meetings?