

PARENTS OF CHILDREN WITH LEARNING DISABILITIES:

ATTITUDES TOWARD EDUCATION

THESIS

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## **Dedication**

I wish to take this time to thank my husband, Dave, for your love and support. Never did you allow me to quit, though there were many times I wanted to.

I would also like to thank my sons, Chad and Andy. You both learned quickly how to pick up the slack when I had an assignment due. The two of you never made feel guilty for doing what I had to do.

And to my other family members, too numerous to name, thanks for your encouragement. Someone told me I could do and be anything I wanted to. That is what made the difference, I believed.

To all of you, my undying love and respect. May God bless each of you.

Robin

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## Appendix A

## **ABSTRACT**

In this study, twenty parents of children with learning disabilities were surveyed to discover their attitudes toward education. The subjects were selected from those eligible and those attending a voluntary support group for parents of children with learning disabilities. It was discovered that parents react differently to the initial diagnosis of a learning disability. The data showed parents felt comfortable discussing their children's progress with school officials and were willing to advocate for their children whenever necessary. However, these parents felt the school personnel needed to communicate more effectively with the parents and attempt to understand the difficulties of raising a child with a learning disability. The data also showed that these parents needed more information on their children's rights, other services available, and information on support groups for parents of children with learning disabilities.

# **CHAPTER I**

## **STATEMENT OF THE PROBLEM**

### **Purpose Of The Study**

The purpose of this study was to investigate the attitudes of parents of children with learning disabilities toward education. The data compiled from this study will help educators to strengthen the learning environment of the child and work successfully with the parents.

### **Need For The Study**

In 1985, learning disabilities became recognized as the leading handicapping condition of school age children (Osman, 1993). It affects all aspects of life from childhood to adulthood. The National Center for Learning Disabilities (NCLD) estimates between 15 to 20 percent of the general population are learning disabled. Since there is a genetic basis for learning disabilities, early detection is the best agent for combating the problem. Unfortunately, many learning disabled students do not show symptoms until they enter a point in their school career that requires them to process larger amounts of information from several aspects of language simultaneously (Griffin, 1991). The NCLD states that if a child is not identified by the age of 9, and begins to receive proper interventions, the learning disability will remain a stumbling block throughout high school.

Much has been investigated in the field of special education with parental attitudes toward education of their children with severe or physical disabilities. Attitudes of parents with children with learning disabilities has been greatly overlooked even though the National Center for Learning Disabilities states over half of the students in special education programs, in the United States, are learning disabled. The experiences of the families with a child with a learning disability are not understood due to the lack of information currently available (Dyson, 1996).

Parents of leaning disabled children go through the same stages of grief (denial, anger, resignation, and acceptance) accompanied by any severe loss or death (Osman, 1979; Switzer, 1990). Since most learning disabilities are invisible to the naked eye, coping with them and the responsibilities that go along with them, can be overwhelming to many parents. Due to the invisibility of the handicapping condition, the parents may be blamed for the child's lack of impulse control (Faerstein, 1986). Parents may also face intolerance toward the child by other family members or the general public (Dyson, 1996).

Acceptance of a learning disability is a long and painful experience for the parents. Complete acceptance may not even be possible in some families (Osman, 1979). Support systems need to be established for these families to obtain information about the disability and support in coping with the problems that arise due to the disability. Unfortunately, support groups for parents of learning disabled children are not as readily available as those support groups set up to work with parents of children with physical disabilities (Lloyd, 1993).

In national study conducted by the National Center of Learning Disabilities (NCLD), 98% of parents with learning disabled children felt that the teachers in their child's mainstreamed classrooms were not adequately trained to work with learning disabled students. Surprisingly, 53% of the teachers interviewed agreed,



stating they were not prepared to teach children with learning disabilities. Since a positive parent-teacher-student dynamic is essential in working with learning disabled students and their families, it is important for teachers to know and to understand parents' feelings and attitudes toward the educational system

### **Research Questions**

The questions addressed in this study include:

- \* What are the parents' initial reaction to a diagnosis of a learning disability?
- \* What are the parents' attitudes and feelings toward, and their participation in their child's education?
- \* What are the parents' concerns for the child's education and how can school/educational system help?

### **Definitions**

Learning Disabled: A psychological processing disorder that causes a problem in understanding or using language. A child may experience difficulty listening, thinking, speaking, reading, writing, or doing math (NYS Education Department).

Committee on Special Education (CSE): A multidisciplinary team that, upon referral, evaluates a student's abilities and recommends an appropriate educational program (NYS Education Department).

Individualized Educational Plan (IEP): A summary of a child's current skills and abilities, a list of established goals and objectives for a given school year, and a description of the program designed to meet the goals and periodically check for progress (NYS Education Department).

Mainstreaming: The process of integrating a student with disabilities into the general population (Jost, 1991).

Inclusion: Primary instruction and provision of appropriate special education services to a student is provided in an age-appropriate general education class, usually in his/her home school (O'Kane, J.; Carlson, D.; and Sinnott, M. 1994).

### **Summary**

This study attempted to discover the feelings and attitudes of parents with a learning disabled child toward education by looking at three areas: reaction to the initial diagnosis, attitudes toward and participation in the child's education, and parental concerns and how educators can help.

## CHAPTER II

### REVIEW OF THE LITERATURE

Most literature dealing with parents of children with disabilities and their attitudes toward education focuses on the physically disabled and involvement in inclusive settings. New studies have revealed the effects of learning disabled children on the family. Learning disabilities affect all family members and families of a learning disabled child find the diagnosis the most difficult to understand (Alper, Schloss & Schloss, 1996; Falik, 1995; Switzer, 1985). The literature covers several areas but for this study, three areas will be specifically investigated: initial reaction to classification, attitude toward and participation in the child's education, and parental concerns and how educators can help.

#### **Initial Reaction to Diagnosis**

Diamond (1994) explains how learning that your child has a disability is only the first step in coping with the day-by-day realization that someone you care about will face challenges in becoming a part of the family and society. With the initial diagnosis of a learning disability, parents are thrown into a world in which they have little experience. They are suddenly faced with unfamiliar medical and educational jargon, complex laws and procedures and unanswerable question about the cause of the learning disability (Jost, 1993).

Parents react to the initial diagnosis in many ways. Some parents are relieved that their suspicions regarding their child have finally been confirmed (Osman, 1979). Many parents may have difficulty accepting a diagnosis especially in light of their own professional achievements (Dyson, 1996). Parents may

benefit from psychological support and assistance after a diagnosis as they experience the stages of grief process: denial, anger, resignation, and acceptance associated with any severe loss or death (Osman, 1979; Switzer, 1990).

Falik (1995) looked at family patterns of reaction to a child's diagnosis of a learning disability. He found:

When the child's learning disability is identified, the family system makes adjustments to contain or deal with the variety of responses experienced by the identified child, the parents, or other members of the family. The family either mobilizes into effective action, flexibly adapting, or freezes in varying degrees of rigid, ineffective reactions. (p. 336)

Three patterns of initial reaction to a diagnosis of a learning disability emerged from the literature. They include: the parents who knew something was wrong, the parents who accept the diagnosis but limit remediation, and the parents who pretend there is not a problem. These patterns are fully described in the following paragraphs.

*The parents who knew something was wrong.*

In this pattern, one parent, usually the mother, identifies that there is something wrong with the child. She seeks assistance and usually feels as if she must convince others involved that there is a problem (Falik, 1995). Suspicions may occur as early as preschool. When confronted by the parent, doctors, preschool, and nursery school teachers may not want to worry the parent with something that may be immaturity and are willing to overlook the symptoms (Osman, 1979).

This has been backed up by Lloyd (1993), who conducted interviews with parents of children with disabilities and discovered that 49% of the parents knew there was a disability before being told, only to find it difficult to obtain a diagnosis. One mother stated, "The assumption by the administrators that I was a misguided parent, not that I had an ill child, kept (my child) from getting real help for years" (Lloyd, 1993 p. 2 ).

Most mothers suspect something is wrong with their learning disabled child for quite some time, but are unable to isolate or to identify the problem. There is evidence that 3.5 years elapsed between the time a parent first suspects there is a problem and a diagnosis is made (Faerstein, 1986). These parents report feeling isolated before the diagnosis and more comfortable with the situation after the diagnosis is made (Faerstein, 1986).

Hatton (1993) found cases where it was evident that the child had dyslexia, auditory processing problems or was hyperactive only to have their parents fight first, for a proper diagnosis and second for an appropriate program. She continues by saying that many of these children are seen as lazy and stupid, thus forcing the parents to take the child elsewhere, at their own expense, for testing.

Dyson (1996) found parents concerned over delays in testing and diagnosis. This forced them to take their child for private assessment in order to avoid long waits and allow their child to obtain services sooner.

Switzer (1990) discovered the same general attitude toward parents who suspected something was wrong with their child.

When first seeking help, these parents were often told by pediatrician, educators and psychologists that their child would outgrow the problem. Problems associated with a learning disability, such as language delays, attention deficit, and coordination difficulties, were sometimes perceived

by professionals as developmental delays, rather than as signs of disability. The parents who 'doctor shopped', looking for someone to confirm their observations and accurately identify them, were perceived as maladaptively angry and sometimes found it difficult to persevere. (Switzer, 1990 p. 201)

Donawa's story of her view on her child's disability reiterates what has been found in the studies. She states:

I tried to intercede. The nicer teachers tried to persuade me, kindly, that I had a slow learner. The less kind said that his vocabulary showed he was clearly shamming and that a sound thrashing would improve his attitude. On one Parents' Day, his class teacher snapped, "Surely you realize how backward he is." (Donawa, 1995 p. 325)

She continued with how she was perceived as a pushy mother, wanting "special concessions for her backward child" (Donawa, 1995 p. 325) and even how her son's pediatrician wanted to prescribe tranquilizers for her.

Even after obtaining a diagnosis for the observations and suspicions the parents had regarding their child's ability, many found the diagnosis hard to handle.

I'd been driven by the conviction that when we pinned down the problem, I'd fix it!...Our wonderful psychologist stressed that I must accept the reality that this was a permanent neurological condition. I cried all over her desk...Ten years later, it's still hard; little lumps of acceptance are still stuck in my craw (Donawa, 1995 p. 325)

The overall consensus was that parents do know when something is wrong with their child. They should continue to fight for a diagnosis and treatment.

*Parents who accept the diagnosis but limit remediation.*

Falik (1995) defines this stance as the adversarial family stance. The child's learning disability camouflages the other issues within the family structure. The family may accept the diagnosis of a learning disability but limits the access of other professionals to assist in the situation. These parents may see the school professionals as the enemy and convey the attitude that the school alone can fix the learning problems. The parents do not want to be bothered with the situation. In many cases, they blame their child's inability to pay attention and impassivity on the uninteresting classroom and boring teachers. The child's problems may go untreated and other difficulties disregarded because even school officials may become afraid to discuss the problems with the parents (Osman, 1979).

The family in this situation is usually cooperative and involved but carries "internalized covert resistance" (Falik, 1995 p. 339). The family may feel that there is nothing wrong but the disability and they downplay the significance of the problem. They view themselves as outsiders to the system, perhaps due to their own problems in school, and are difficult to mobilize and seek assistance. They may even refuse special classes or attention for their child because they do not want their child to be different (Falik, 1995).

Some of the parents may feel nothing or believe they feel nothing when confronted with their child's disability (Osman, 1979). They dismiss the problems as unimportant or don't acknowledge them at all. Osman talks about a child she worked with:

Miles was in fifth grade before his parents brought him in for remedial help, and then only because the school had insisted...His parents said they weren't even sure that Miles had a problem worthy of my attention, but the school apparently felt strongly that he did. Miles's parents described a happy, well-functioning boy, with perhaps a few minor problems in some academic areas. (Osman, 1979 p. 31)

After talking to the parents, Osman began to believe that Miles's teacher exaggerated his problems. Upon testing she found that Miles read adequately at grade level but could not spell even second grade words, his writing was illegible, and he could hardly complete simple addition and subtraction problems.

The family may exhibit passive-aggressive tendencies to diagnosis and remediation (Falik, 1995). The family may readily accept the diagnosis yet are inconsistent in following through for treatment.

Some parents have decided they are ill-prepared to address the educational needs of their child. They abandon their responsibility to their child's education and allow the school to handle all the decisions regarding treatment and placement (Yanok & Derubertis 1989). These parents may be reluctant or fearful when it comes to discussing their child's problems with school personnel (Osman, 1993).

*Parents who pretend there is no problem.*

There have also been cases in which the parents of the learning disabled child ignore or refuse to admit there is a problem. Denial is a stage which may lead to acceptance but many parents never accept or believe the diagnosis of a learning disability. They will continue to seek second and third opinions from doctors and other professional (Stevens, 1980).



Some parents report not wanting to admit there is a learning disability. One mother remarked, "It's still a shock. I still don't like to admit that B. has a disability" (Dyson, 1996, p. 283).

Other parent keep the disability a secret. They pretend it doesn't exist. They ignore the problem and hope it will go away (Stevens, 1980).

### **Attitude Toward and Participation in the Child's Education**

Increases in parent and school involvement can improve the educational performance of the student, the parenting skills, and family life in general (Yanok and Derubertis 1989). Recognition of the importance of parental involvement in special education programs led to the Congressional mandate that schools and parents work cooperatively on the student's Individualized Education Program (IEP) (Yanok and Derubertis, 1989).

Again, the majority of the research completed in this area looks at the parents of children with severe or physical disabilities. Some of them, especially those on mainstreaming and inclusion are helpful to this study.

Parents with children with learning disabilities have mixed reactions to their children's classroom teachers. In a recent study by the National Center for Learning Disabilities (NCLD), 98% of the parents felt their child's classroom teacher was inadequately trained in learning disabilities. The parents in a study conducted by Waggoner and Wilgosh (1990) described some of their children's teachers as helpful, supportive, and flexible while others were uncooperative, inflexible and uninformed about learning disabilities. Negative teachers did not accept the disability and made no effort to understand it. One parent of a learning disabled student said, "The teacher had not accepted the fact that our son had a

problem, it's just that he was a problem to them...His teacher insisted that he was just lazy and uncooperative" (Waggoner & Wilgosh, 1990, p. 98).

In 1996, Davern conducted in-depth interviews with the families of children who had been fully included in the general education system. She states that the overall consensus was that the parents were satisfied with their child in an inclusive situation. The parents valued the educators who tried to understand what it was like to have a child with a disability. She pointed out the main concerns of these families to assist professionals in dealing with these situations. Some of these concerns included exclusion from the planning process "when professionals began using unfamiliar educational terms, discussing test results, staffing patterns, and ways of organizing and identifying services"(p. 63), the "expert syndrome" (p. 62) in which the teacher's attitude was that the parents did not know what they were talking about, assumptions made about parenting skills because of their child's disability, and feelings that the school gave up to quickly on the parent because they didn't attend meetings (Davern, 1996).

One important aspect brought out in Davern's research was the parent's attitudes toward Committee on Special Education (CSE) and Individualized Education Plan (IEP) evaluation meetings.

The parents...interviewed described these formal meeting as some of the most difficult interactions they experienced during the year. They used such phrases as "very intimidating" to describe them, adding that they felt at times like token participants in discussions about their children. (Davern, 1996 p. 63)

Petr and Barney (1993) looked at defining reasonable efforts for children with disabilities by obtaining information from parents. Though no federal

definition of reasonable efforts exists, the federal government requires that reasonable efforts have been made before a child is placed in temporary state custody. A working definition of reasonable effort has emerged as “the need for provision of various services and procedural accountability” (Petr & Barney, 1993 p. 247).

Petr and Barney (1993) began by recruiting parents from state service agencies and disability associations. Parents discussed issues, such as special needs, reasonable efforts and parent and professional relationships, together with a moderator. Overall, the parents believed it was important that their child be mainstreamed into the community. They believed it was important for their children to be as much like the kid next door as possible (Petr & Barney, 1993).

Some parents had strong feelings regarding their child’s education. They complained about the insensitivity of the Individualized Education Plan (IEP) process, lack of information provided by the staff, and frustration over not having their own plans included along with the schools. They felt their children were placed in programs that fit the school’s needs and not in programs that fit their child’s needs (Petr & Barney, 1993).

Waggoner and Wilgosh (1990) conducted in-depth interviews with eight families that had at least one learning disabled child. They wanted to discover how these parents viewed their involvement in their child’s education. All of the parents were actively involved in their child’s education either as an advocate or teacher. They stated that the roles they assumed entailed commitment, ability, frustration, perseverance, and time.

The parents involved strongly believed in advocacy for their child with a learning disability.

I do think it's important if an individual has a child with a problem like this, that she or he has to get involved in the life of the school; if he or she doesn't I don't think there's much hope for the child...without that I don't think the child has a good chance of surviving in the system (Waggoner & Wilgosh, 1990 p. 97)

Being forced into the role of advocacy for their child tainted the parents' view on the educational system. One parent stated; "You do get chewed up and spit out unless you can stand firm in what you believe in" (Petr & Barney, 1993 p. 521). Parents also felt frustrated by their role as an advocate. They felt they shouldn't have to tell educators what they should be doing in the school (Waggoner & Wilgosh, 1990).

Erwin and Soodak (1995) also addressed the issue of advocacy in their study of parents seeking inclusive education for their severely disabled children. Of those involved, the role of advocate came gradually. It wasn't a choice but a reaction to the events they encountered while trying to secure the best placement for their child. More than half of the parents involved in their study had to resort to legal action in order to secure an inclusive placement, even though they realized they would continue to have interactions with the individuals involved.

Miller, Strain, Boyd, Hunsicker, McKinley and Wu (1992) surveyed parents of children in both mainstreamed and segregated educational settings. The study looked at parental attitudes about integration opportunities for their children with special needs. The majority of the parents were satisfied with their child's current program. The parents liked the mainstreamed setting and the opportunity for their disabled children to interact with non-disabled peers.

Ryndak, Downing, Jacqueline and Morrison (1995) surveyed parents of children with mild to severe disabilities in inclusive settings for one to five years. Overall, parents were impressed with the inclusive setting and also observed

higher academic skills, communication skills, social skills, positive attitudes and appropriate behavior patterns in their disabled children.

### **Parental Concerns and how School Can Help**

Alper, Schloss and Schloss (1996) and Bischoff (1994) found similar needs for parent and teacher involvement in their studies of families of children with disabilities. The needs include communication, and collaboration of home-school interactions. Parental concerns have been addressed within the areas of collaboration, involvement in school-based activities, and reciprocal education between parents and teachers.

#### *Communication*

Pettit (as cited in Faerstein, 1981) found there was a need for open communication between parents and professionals. Communication is essential to relieve the stress the parents may be experiencing due to the diagnosis of a learning disability and their child's progress or lack thereof.

Communication between home and school can also become an area of concern. Professionals need to be aware that parents may not hear or understand the problem the first time around. This is a natural process as the parents attempts to work through the situation (Osman, 1979).

Parental fears may be magnified by lack of information. One mother states, "I was really ignorant. I wasn't afraid. I just didn't know what was going to happen and what to expect. I didn't think it would be bad. I just didn't know" (Hanline & Halvorsen, 1989).

Dyson (1996) discussed one parent who was concerned over report cards that consistently told her what her child couldn't do and not what he could. Another mother, whose adopted son was never classified as learning disabled until he was an adult, describe his school years as a very trying time. She describes talking the high school guidance counselor like talking to a "brick wall" (Miller, 1993).

Learning takes place when there is successful communication among home, school, student, and teacher. A means of communication needs to be established between school and the family of the disabled child. A consistent system in which to share positive and negative news, achievements, activities, home-school intervention techniques and concerns should be well established and not left to chance (Bischoff, 1994).

### *Collaboration*

Collaboration between home and school is essential when dealing with families of children with learning disabilities. "Educators who begin with the assumption that families want to see their children succeed in school and want to work with the school to assure such success, will have a better chance at developing productive relationships with the families" (Bischoff, 1994 p. 146). On the other hand, having a child with a disability adds additional stress to a marriage and, sometimes, financial situations within the family. Assuming that the parents have the time and energy to implement major intervention programs at home may only strain an already tenuous situation (Lloyd, 1993).

A study by Griangreco, Edelman, and Dennis (1991) found that parents and general education teachers lacked enough information to answer basic question regarding related services such as speech and language services,

occupational therapy and physical therapy. The researchers state that even related service providers need to collaborate with general education teachers and support them in providing socially meaningful experiences for the learning disabled child.

Many parents want their children to participate in school-based activities, especially extra curricular activities, but often find that schools limit access to learning disabled behavior and physically challenged students (Alper, Schloss & Schloss, 1996). On top of their already limited schedules, they often have to be the leader of an event or provide transportation (for physically disabled) in order for their child to participate in such activities.

Raising a child with a learning disability can be physically and emotionally draining (Waggoner & Wilgosh, 1990). Parents need information on their child's disability and need to know where to go to access assistance, support, and services (Diamond, 1994). More than ten years after the Foundation for Children with Learning Disabilities has been formed, it is still evident that families need more information than they are presently getting on their child's disability (Osman, 1993). This is an excellent opportunity for parents and teachers to educate each other, especially for parents of children with learning disabilities.

Support systems are easier to access for parents of children with clear cut medical disabilities and harder to find for those with learning disabled children (Lloyd, 1993). The best support for families of children with learning disabilities is other families going through the same experiences (Waggoner & Wilgosh, 1990).

## **Summary**

Research shows that the parents' initial reaction to their child's learning disability can range from relief to denial. The parents usually go through the stages of grief process once aware of the learning disability. Knowing how the parents feel and react, and what their needs are, can assist the entire family in dealing with the problems of the learning disabled child.



## **CHAPTER III**

### **DESIGN OF THE STUDY**

#### **Purpose Of The Study**

The purpose of this study was to investigate the attitudes of parents of children with learning disabilities toward education.

#### **Methodology**

##### **SUBJECTS**

Twenty families of children with learning disabilities that voluntarily participate, or are eligible to participate, in a four county wide parent support group were surveyed.

##### **INSTRUMENTS**

1. A survey, modified from research conducted on parental attitudes and involvement of children with severe or physical disabilities was administered.
2. A follow-up interview sheet, also adapted from previous research, was completed in an interview with parents and researcher.

## PROCEDURES

The parents were given the survey to complete at the support group. For those eligible to attend, but who choose not to, the survey was given to them to complete at their convenience. A sampling of the population was interviewed using the follow-up interview sheet. Interviews were on a voluntary basis, conducted in person or over the telephone, at the parent's convenience.

## ANALYSIS OF DATA

Results from the parent surveys were quantitatively calculated to look for trends in communication, parental involvement, and support for parents of children with learning disabilities.

Data collected from follow-up interviews were qualitatively analyzed to look for trends in the parents' initial reactions to the diagnosis of a learning disability, involvement in their child's education, and overall attitude toward education.

### **Summary**

This study attempted to discover the feelings and attitudes of parents with a learning disabled child toward education by looking at three areas: reaction to the initial diagnosis; attitudes toward and participation in the child's education; and parental concerns and how educators can help.

## **CHAPTER IV**

### **ANALYSIS OF DATA**

#### **Purpose Of The Study**

The purpose of this study was to investigate the attitudes of parents of children with learning disabilities toward education. The data compiled from this study will help educators to strengthen the learning environment of the child and work successfully with the parents.

#### **Analysis Of The Findings**

To determine the parents' attitudes and feelings toward education, both qualitative and quantitative data were collected. The quantitative data consisted of a seventeen question survey for parents to complete (see Appendix) The questions were rated from 5 to 1, with 5 indicating a strong agreement with the statement and 1 indicating a strong disagreement with the statement. Three was used as a neutral option. Mean scores for each question were calculated. Forty surveys were distributed and twenty were returned to the researcher.

The qualitative data were gathered through individual interviews from parent volunteers after they completed the surveys. Eight of the 20 participants agreed to either personal or telephone interviews. The interview consisted of eight questions requiring a verbal response (see Appendix).

**TABLE 1****RESULTS OF THE SURVEY**

<i>Survey Questions</i>	<i>Mean Scores</i>
1. I feel comfortable about contacting school personnel to discuss my child's progress.	4.6
2. I am satisfied with the way the school keeps in touch with me.	3.1
3. Test results are presented so I understand them.	3.6
4. I am asked for my opinions.	3.3
5. I am asked about my child's strengths and weaknesses.	3.0
6. I usually ask questions if I am unsure about a term or procedure.	4.1
7. I usually tell school personnel if I am pleased with or appreciate their efforts.	4.1
8. The school plans meetings and conferences to fit my schedule.	3.9
9. I attend conferences and meetings on a regular basis.	4.4
10. My active participation in my child's education is encouraged.	4.0
11. School representatives are sensitive to my needs as a parent of a child with a learning disability.	3.2
12. I am told about other services my child may receive.	2.9
13. The school tells me about current laws, including my child's rights.	2.5
14. I am given names of parent organizations that can help me.	2.7

15. I usually make requests for services or options I feel are necessary for my child.	4.2
16. I feel my opinions are respected by the school personnel.	3.1
17. I refuse to accept plans or suggestions that I feel are inappropriate for my child.	4.1

The parents who completed the survey felt comfortable discussing their children’s progress with school officials. These parents attended meetings on a regular basis and asked questions when test results or procedures were unclear to them. They also made request for services they felt were necessary for their children’s success and refused to accepted plans they felt were inappropriate for their children.

The parents surveyed felt the school did not provided the additional supportive services families of children with learning disabilities needed. These parents were not notified of other services their children were eligible for, they were not notified of current laws, including their children’s rights, and they were not given names of parent organizations that could provide support for families of children with learning disabilities.

Of the eight parents who participated in the interview process, one parent’s child was diagnosed as having a learning disability in preschool. One parent’s child was not diagnosed until she was in tenth grade. This mother told the researcher that, “I contacted the school in first, fourth and tenth grades. The school did not recognize a problem.” The other six children were diagnosed in elementary, usually before the third grade. One of these parents had suspected her child had a

problem before she entered kindergarten. She even wanted to keep her child home an extra year but was told by one of the school psychologist that she was an “overprotective mother.” She enrolled her daughter that year despite her instincts that her daughter was not ready for kindergarten. Her daughter was eventually diagnosed as learning disabled in elementary school. Another mother stated that her son was classified after he had already repeated the first grade. “They [the school district] thought it best for him to repeat the first grade. Looking back, there were other things I wish I had done at the time.”

Five of the eight parents surveyed suspected there was a problem with their child’s learning prior to diagnosis. Three of these parents had to fight to obtain a proper diagnosis and services. One mother explained, “I kept calling [the school] because I wanted something done. They didn’t know what was wrong. They blamed it on me. I was considered trouble to the school because I wanted to help my daughter.” This mother initially paid for a private evaluation and received assistance from the Learning Disability Association in order to obtain the services her daughter needed.

The five parents who suspected there was a problem were relieved when the initial diagnosis of a learning disability was made. One parent, whose daughter was in preschool when she was diagnosed, stated she was “confused, a little shocked, a little relieved that we were finally getting some help for her problems.” Another parent stated, “I was thankful that he was finally going to get some help. I wished that it wasn’t true, but I was also relieved that he wasn’t a screw-off.” One parent, who told the researcher that she never suspected a problem, said she was also relieved with the initial diagnosis. “I knew it just wasn’t him scribbling but there was a reason why he was scribbling and that he wasn’t just wandering because he wanted to wander.”

Two parents were surprised at the diagnosis of a learning disability. One parent stated, “We didn’t know he had any problems. We were surprised.”

The parents who participated in the interviews were satisfied with their current level of involvement in their child’s education. They told the researcher that they attended meetings, talked regularly with teachers about their child’s progress and helped with homework. Parents also mentioned volunteering in their child’s classroom though many of them wished they were able to volunteer more frequently.

All of the parents interviewed believed they could influence content and types of services their children receive. Only three of the parents felt their influence was limited. One parent stated “I hope I can [influence content and services] but you never know what they are going to pull. You’re always suspicious.” Another parent stated that she could influence content and services “to a degree. They listen until they hear the word money. If the best option for my daughter is available, they go for the second best option because of the money.”

Parents were asked to discuss the hardest thing about having a child with a learning disability. Answers varied from blaming themselves to dealing with the stubbornness and the lack of self-esteem their child possesses. One parent stated the hardest thing was “the fact that people don’t see a disability and thus think my daughter is being obstinate and disrespectful. It is hard to convince her that she is not dumb or retarded and her self-esteem has really suffered.” Another parent stated that the hardest thing about having a child with a learning disability is “not being aware of everything or anything that is available to help her. Not being able to share information with parents of ‘normal’ children because they don’t understand. Lack of information is the hardest.” One parent told the researcher

that there was “no problem. The stigma that other people put on it is from those who are uneducated about learning disabilities.”

Seven of the parents interviewed voiced concerns about their child’s future. Parents worried about self-esteem and the learning disability “label” following their child into adulthood. One parent stated, “I worry that he will be labeled as an adult and that colleges, employers, etc., will not see how bright and creative he really is.” Two parents were concerned about their children’s ability to advocate for themselves in the future. One parent stated she was concerned that “he won’t make the demands that I do to get what is coming to him.” The other parent worried that her daughter “will not be able to ask for, or receive the help she needs to succeed.”

Parents responded in great detail when asked how school, teachers or the educational system could help their families. The general consensus was communication and cooperation. One parent stated the educational system could help “by making us feel as [if] we are not stupid and help us understand what they can do. Don’t tell the parent one thing then not follow through.” Another parent stated schools should “be more responsive, listen to our concerns without thinking about the cost. Keep in regular contact with us about our daughter’s progress. Follow her IEP and the school should stay current on new learning styles for disabled children.” One parent said teachers could help “by educating themselves about learning disabilities.” A fourth parent stated schools could help by “explaining situations and terms in laymen’s terms. If you’re not involved in education, it’s hard to understand what teachers are talking about, sometimes.”



## **Summary**

The data collected from this study indicate that parents of children with learning disabilities have a positive attitude about education. The major concerns of these parents include communication from school to home, and lack of information pertaining to learning disabilities.

## CHAPTER V

### CONCLUSIONS AND IMPLICATIONS

#### **Purpose Of The Study**

The purpose of this study was to investigate the attitudes of parents of children with learning disabilities toward education. The data compiled from this study will help educators to strengthen the learning environment of the child and work successfully with the parents.

#### **Research Questions**

- \* What are parents' initial reactions to a diagnosis of a learning disability?
- \* What are the parents' attitudes and feelings toward, and their participation in, their child's education?
- \* What are the parents' concerns for their child's education and how can school/educational system help?

#### **Conclusions**

Five of the eight families interviewed suspected there was a learning problem with their child prior to the diagnosis of a learning disability. These parents reacted with relief when their suspicions were finally confirmed with the diagnosis of a learning disability.

The parents interviewed generally had a positive attitude toward education and actively participated in their child's education. They regularly attended

meetings and felt they communicated well with school personnel. Parents interviewed did mention concerns with follow through of plans, including IEP objectives, and poor communication from school to home. Parents were also concerned with lack of information available about learning disabilities, the school's tendency to worry about cost of programs over benefits to the child, and the ability for students to advocate for themselves.

The parents did express an interest in having more information provided to them from the school. They were interested in other services their children may be able to receive. They wanted information regarding their children's rights. They wanted information on parent organizations that would provide support for the families dealing with the unique circumstances of raising a child with a learning disability.

### **Implications For Educators**

Though more than half of the parents interviewed in this study suspected a problem with their child's learning prior to diagnosis, this is not always the case. Other parents may be surprised and confused over a diagnosis of a learning disability. Parents may experience the stages of the grief process when faced with the diagnosis (Osman, 1979; Switzer, 1990) and educators need to be aware of this possibility. How educators deal with parents at this critical juncture in their lives will ultimately affect future interactions with the parents.

The parents in this study felt communication from home to school was strong but communication from school to home was weak. They need to be reassured that their child is making progress. Pettit (as cited in Faerstein, 1981) found communication was essential to relieve the stress the parents are experiencing as a result of their child's learning disability. Educators should have

an existing plan that allows for open and honest communication between home and school prior to a child with learning disabilities entering the classroom.

Parents were concerned over the lack of information pertaining to learning disabilities. Information regarding other services available, current laws and rights, and parent organizations that can assist parents with concerns or problems, are not normally given to parents when a diagnosis is made. Educators should notify parents of local agencies that can assist with these problems. Contact numbers for the National Center for Learning Disabilities and the Learning Disability Association should be given to parents at the time of diagnosis. These organizations can provide information to parents, and educators, regarding current laws, children's rights, and recent findings in the field of learning disabilities.

The parents interviewed expressed a concern that schools were unwilling to provide the best services for their children due to the cost. Educators and parents need to work together to find a solution to this problem that meets the needs of all those involved.

Parents felt school should take a part in teaching their children how to advocate for themselves. The parents in this study did not specifically acknowledge their role as advocate for their children but feel it is an important skill that should be taught, in school, as the child transitions to post-secondary education. Advocacy is an important skill for the students to possess, especially for students with learning disabilities, in order to obtain the services they need to succeed in post-secondary endeavors. Educators could help students to learn this skill by allowing release time from classes in order to attend meetings and conferences with their parents. This would allow them to see advocacy in action and provide a model for the students. Students should be encouraged, and provided the opportunity, to advocate for themselves prior to entering a post-secondary institution.

## **Implications Of The Research**

Further investigation into the attitudes of parents of children with learning disabilities is warranted. The low number of returned surveys and even lower number of individual interviews, does not give an accurate portrayal of the issues.

The majority of the surveys distributed and collected were in parental support groups. It may be assumed that the parents involved in these support groups have previously dealt with the issues and have developed a positive attitude toward education.

Specific questions regarding the nature of the learning disability and how long ago it was diagnosed should have been included in this study. The learning disability in one child may be relatively mild when compared with the learning disability in another child. Also, if a great deal of time has elapsed between the initial diagnosis and the issuance of the survey the parents may have developed the coping strategies needed to deal with the situation.

Further studies into how parents of children with learning disabilities go through the stages of the grief process would be beneficial to educators.

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## **Appendix A**

Please rate your responses from strongly agree (5) to strongly disagree (1).

	Strongly agree	agree	neutral	disagree	Strongly disagree
1. I feel comfortable about contacting school personnel to discuss my child's progress.	5	4	3	2	1
2. I am satisfied with the way the school keeps in touch with me.	5	4	3	2	1
3. Test results are presented so I understand them.	5	4	3	2	1
4. I am asked for my opinions.	5	4	3	2	1
5. I am asked about my child's strengths and weaknesses.	5	4	3	2	1
6. I usually ask questions if I am unsure about a term or procedure.	5	4	3	2	1
7. I usually tell school personnel if I am pleased with there or appreciate their efforts.	5	4	3	2	1
8. The school plans meetings and conferences to fit my schedule.	5	4	3	2	1
9. I attended conferences and meetings on a regular basis.	5	4	3	2	1
10. My active participation in my child's education is encouraged.	5	4	3	2	1
11. School representatives are sensitive to my needs as a parent of a child with a learning disability.	5	4	3	2	1
12. I am told about other services my child may receive.	5	4	3	2	1
13. The school tells me about current laws, including my child's rights.	5	4	3	2	1
14. I am given names of parent organizations that can help me.	5	4	3	2	1
15. I usually make requests for services or options I feel are necessary for my child.	5	4	3	2	1
16. I feel my opinions are respected by the school personnel.	5	4	3	2	1
17. I refuse to accept plans or suggestions that I feel are inappropriate for my child.	5	4	3	2	1

Adapted from Lynch, P.S. (1991) and Stoeklin, V.L. (1994).

FOLLOW UP:  
INDIVIDUAL INTERVIEW QUESTIONS

1. When were you first contacted or notified about your child's disability?
  
2. What was your initial reaction to the news?
  
3. How have you been involved in your child's education over the past year?
  
4. Are you satisfied with your current level of involvement in your child's education?
  
5. Do you believe you can influence the content and types of services your child receives in his/her placement?
  
6. What is the hardest thing about having a child with a disability?
  
7. What are your concerns regarding your child's future?
  
8. How can school, teachers, or the education system, in general, help you and your family?

Adapted from Lloyd, S. (1993) and Miller, L.J. (1992).