A Description of Parent Input in IEP Development Through Analysis IEP Documents

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Abstract

Parent input in Individualized Education Program (IEP) development is the clear expectation in

U.S. education law. Every IEP team must include parents, and their input must be equally

considered when developing IEPs. The present study used content analysis of 88 IEPs of

students with intellectual and developmental disabilities to explore team membership, concerns

parents raised during IEP meetings, and evidence that parent concerns and priorities are reflected

in IEP goals and supplementary aids and services. Findings reveal that while parents express a

range of concerns and priorities, these are translated into goals or services only two-thirds of the

time. We provide implications of these findings for research and practice.

Keywords: Individualized Education Program; Parent; School-Family Partnership

An Analysis of Parent Input in IEP Development

The Individuals with Disabilities Education Improvement Act (IDEA, 2004) mandates parent participation in Individualized Education Program (IEP) teams and decisions (20 U.S.C. § 614 (e)). As members of IEP teams, parents are tasked with providing critical information about students receiving special education services, while partnering with schools to make decisions about those services and how they will be delivered, including goals, supports, and the placement in which the student will receive services (Sec. 300.306(c)(1)(i)). In fact, Congress noted that the education of children with disabilities improved by "strengthening the role and responsibility of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home" (20 U.S.C. 1400 (c) (5) and (d)). The emphasis on parent participation in IDEA is also clear in the federal accountability system, in which states must document annually the percentage of parents who report schools facilitated their involvement in IEP teams and decisions (Office of Special Education Programs, 2013). Recent case law has further confirmed the critical role of parents in the IEP decision-making progress (e.g., *Doug C. v. Hawaii Department of Education*, 2012).

Parent and school collaboration may take many forms, including home-school communication notebooks (Kurth et al., 2018) and regular conversations (e.g., Haines, Gross, Blue-Banning, Francis, & Turnbull, 2015). Although these informal means may achieve on-going parent input in the implementation of the student's IEP, the "parent input" section of the IEP is the formal means of explicitly recording parent input in its development. In many IEPs, this is a separate section where parents are asked to report their questions, comments, and concerns. In some cases, parents may choose to attach documents outlining their goals, concerns, and other information about their child to be included with the IEP document.

Yet, research documents a persistent lack of parent input in IEP team decisions. Beginning in the early childhood years, decision-making is controlled by professionals (e.g., Fish, 2008; Minke & Scott, 1995); and, evidence suggests professionals continue to dominate decision-making throughout the school years (Love, Zagona, Kurth, & Miller, 2017). Parents report schools generally do not solicit or respond to their input, and are resistant to considering alternatives to plans or services recommended by school personnel (Elbaum, Blatz, & Rodriguez, 2016). Consequently, IEP team decisions are often characterized as unilateral decisions made by schools rather than shared decisions with families (Hancock, Beneke, & Cheatham, 2017). Preliminary research investigating talk during IEP team meetings bears this out: in a case study of an IEP meeting for a five-year-old boy, parents spoke in only about 14% of all intervals, whereas professionals spoke in the remaining 86% of the intervals (Ruppar & Gaffney, 2011).

The consistency with which professionals control IEP decisions is important for a number of reasons. School professionals and parents do not typically share equal positions on IEP teams. Typically, school professionals are positioned as experts with parent knowledge marginalized and de-emphasized (e.g., Skrtic, 1995). In fact, professionals tend to request parents agree with strategies proposed by school professionals, rather than undergoing a truly collaborative process (Love, Zagona, Kurth, & Miller, 2017). Ultimately, school professionals possess critical knowledge with which to make decisions while parents are disempowered (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004). The readability levels of IEPs and procedural safeguard statements further lead to power and knowledge imbalance, with parents lacking access to important information about how to make decisions and navigate special education processes (Mandic, Rudd, Hehir, & Acevedo-Garcia, 2012). The resulting unequal positions of power and knowledge is further exacerbated in IEP meetings, where school personnel typically

outnumber parents (Wakelin, 2008). Parent disempowerment can be interpreted by school professionals as parents being inarticulate and unable to participate in IEP team meetings as equal partners (Fish, 2006), which may perpetuate the cycle of school personnel possessing knowledge and being positioned as experts.

Parents' desire to provide meaningful input in the IEP is justified by research. Parent input in making IEP decisions is associated with positive outcomes for students. When parents participate in decision-making, interventions are better aligned with child needs (Chen & Gregory, 2011). Further, when parents are equitable team members, their opportunities to provide valuable information about their child's strengths and needs improve (Tucker & Schwartz, 2013). Parent input is not only valuable during the school years, but is also essential for planning for the child's lifespan (Gaertner & McClarty, 2015). Parent input in making decisions is particularly necessary for students with the most significant support needs, defined as students who have extensive and pervasive support needs across domains (e.g., communication, cognition, mobility) who will need a myriad of supports to meet their existing support needs and to attain their educational and post-educational goals (Spooner, Knight, Browder, & Smith, 2012). Given the complexity of students' support needs, it is common for IEP teams for students with significant support needs to be comprised of a relatively large number of professional members. While professionals on the IEP team possess specialized knowledge and skills that impact educational programming, it is essential that parents of children with significant support needs are made equitable partners in the development and execution of educational programs. Parents remain the greatest stakeholder in the long-term success of the student.

Together, existing research documents the critical role of parent input in developing IEPs for students with disabilities. However, research documenting parent input in actual IEP team meetings is scarce, particularly for students with the most significant support needs. Understanding the composition of IEP teams for students with significant support needs contributes an understanding to how team size and membership impacts parent input and LRE decisions. In particular, it is important to understand how teams, consisting of a variety of professional members, take into account the needs and concerns of parents of students with significant support needs. In the current study, we address the following research questions: (1) Who are the team members present at IEP meetings for students with significant support needs? (2) What topics do parents of students with significant support needs mention when their input is solicited for the parent-input statement of the IEP? and (3) What evidence of parent input in IEP development is present in IEP goals and supplementary aids and services?

Method

Participants

Following university Institutional Review Board Procedures, the IEPs of 88 students with significant support needs were obtained and analyzed. The IEPs in this analysis are part of a series of studies on IEP content for students with significant support needs (Kurth et al., in press; Kurth et al., 2018). Teachers of students with significant support needs, working in a variety of states and across placement conditions (e.g., inclusive, self-contained, resource rooms) were contacted by the authors and asked to provide anonymized IEPs. Forty-one teachers provided two to three IEPs from students on their caseload, selected at random. The teachers first masked all identifying information, then provided IEPs to the research team for analysis. The following inclusion criteria were established: (1) the IEP was written for a student in grade K-12 with a

disability label of autism, intellectual disability, or multiple disabilities; and (2) the student had a significant support need, as evidenced by present levels of performance (PLAAFP) and/or eligibility for the alternate assessment. Students with "severe" disabilities including autism, intellectual disability, and multiple disabilities were considered to be potentially eligible for inclusion in the study. Because many students do not complete assessments at all grade levels, analysis of the PLAAFP was necessary to ensure participant eligibility for inclusion in the study. The PLAAFP was examined to determine the extent to which students had support needs across domains. Students who had documented support needs across cognitive, academic, and functional performance domains were included (e.g., performed significantly below grade level academically, obtained significantly low scores on measures of cognitive and functional performance, and/or required extensive supports across domains, such as self-care and communication).

Students in the sample ranged in age from 5 to 18 ($M = 10.5$), representing grades K to 12; however, the exact ages of 10 students were obscured in the de-identification process and could not be determined. Statistical descriptions of ages of those students are not included. The IEPs were for 63 males and 25 females; students' primary disability labels included autism ($n = 32$), intellectual disability ($n = 19$), multiple disabilities ($n = 7$), orthopedic impairment ($n = 6$), other health impairment ($n = 6$), developmental delay ($n = 5$), speech language disorder ($n = 3$), emotional behavioral disorder ($n = 2$), hearing impairment ($n = 1$), and deaf-blindness ($n = 1$). In eight instances, the student's primary disability could not be determined, as this information was obscured in the de-identification process. Twenty-eight percent of students in the sample were taught primarily in general education settings (i.e., 80% or more of the school day in general education). Twenty-five percent of students were taught in "resource settings," (i.e., between 40-

79% of a typical school day was spent in general education). Most students, 45%, were taught in

self-contained settings (i.e., less than 40% of a typical school day in general education settings).

For two students in the sample (2%), the placement was unknown even after thorough review of

the IEP.

Procedures

Upon receipt of de-identified IEPs, the research team first located the eligibility section

of each IEP, along with the present levels of academic and functional performance statements, to

verify the participating student was a student with significant support needs. Eligibility and

demographic information, including age, gender, and disability label were entered into an MS

Excel document. Next, the parent input statement of each IEP was located. The statement was

usually in response to a prompt such as "Describe the student's strengths and the concerns of the

parents about the student's education" or "Concerns of the parent/guardian for enhancing the

education of the child." The text provided in response to this prompt was copied verbatim into a

MS Excel document. In some instances, documentation of parent input was missing, either

because the parent did not attend or could not be reached. In other instances, parent input

statements were not solicited; instead, checkboxes were used to note simply that parents were in

attendance and provided input (without specifying the nature of that input). The research team

noted the number of each of these instances. The research team then located the IEP meeting

attendance sign-in to determine who attended the IEP meeting. Because a goal or service must

be provided in the IEP for every area of need identified by the IEP team (IDEA Section

300.347(a)(3)), we also examined the extent to which IEP goals and supplementary aids and

services (SAS) corresponded with parent concerns.

Data Analysis

A conventional content analysis was used to analyze parent input statements (Hsieh &

Shannon, 2005). First, parent input statements were located and transcribed into an MS Excel

document. Next, the authors read the statements and used content analysis to generate

preliminary themes. As themes emerged in reading the parent input statements, a codebook was

developed. This codebook guided our subsequent analysis of the IEPs. We applied a

dichotomous rating for each parent input statement code, so that a '0' was entered for factors that

were not present in the statement, and a '1' was entered for factors that were present in the

statement. Because many parent input statements contained more than one factor in a single

statement, the total number of factors exceeds the number of parent input statements.

To determine the extent to which parent input corresponded with IEP goals and SAS, the

team used a similar process. Key content for each parent input statement was determined (see

Table 1); this content was then compared to IEP goals and SAS. The research team marked a '1'

if a goal and/or service corresponded to the parent concern (e.g., a parent expressed concern

about communication, and the student had a goal to improve communication or an SAS related

to communication tools or supports). Similarly, a '0' was marked if no goal or SAS was present

for the concern.

To determine reliability, point-by-point inter-observer analysis was completed. The first

and second author initially rated 100% of the parent input statements to inductively develop the

codebook. They then met to discuss emerging codes and come to consensus on codes and their

definitions. Another set of analyses was then completed with an additional 30% of the IEPs to

ensure consistency of coding. Inter-observer agreement was calculated by dividing the number of

agreements by the sum of the number of ratings in agreement and disagreement (total ratings),

multiplied by 100 to obtain a percentage. Inter-observer agreement was 88.4%. Disagreements

centered on codebook definitions. When there was a disagreement, the raters reviewed the

codebook and discussed the rating until agreement was reached. We reached consensus on all

instances of disagreement prior to analysis.

Results

IEP Team Membership

The members who attended IEP team meetings could be identified in most IEPs ($n = 66$;

75%). However, in the remaining 22 IEP team attendance could not be determined, either

because the information was obscured in the de-identification process or because a page

recording that information was not found. The average team size across all students was 7.24

members. In 13 of the 66 team meetings, two or more family members (including parents and

grand-parents) attended. In six cases, no general education teacher was recorded as attending the

meeting. Overall, of the 66 IEPs included in the analysis, 453 people attended meetings, with

IEP teams were composed of related services providers (e.g., occupational therapists, speech-

language pathologists, physical therapists, and nurses; $n = 133$; 29%), special education teachers

($n = 79$; 17%), family members ($n = 72$; 16%), general education teachers ($n = 61$; 13%), school

administrators (e.g., principals, vice principals, and special education directors; $n = 59$; 13%),

school psychologists ($n = 32$; 7%), students ($n = 14$; 3%), and family friends or advocates ($n = 3$;

1%).

Parent Input in IEP Development

The words attributed to parents were analyzed, resulting in six codes: parent identified

current concerns, school services, parent input was lacking, vision for the future, information

about home, and child strengths and interests.

Parent identified current concerns about current skills and development. The most

frequently identified theme was related to parent concerns about their child's current skills and

development (*n* = 94). Sub-themes include behavior (*n* = 24), academics (*n* = 24),

communication (*n* = 18), social skills and friendship (*n* = 14), medical and safety (*n* = 14),

explanations of student needs (*n* = 6), and motor and self-care (*n* = 5).

Behavior. Parent concerns about behavior were multi-faceted. Externalizing and

internalizing behavior concerns were noted, such as "[Student's] aggressive behavior at school is

also causing [Parent] some concern. This behavior includes hitting, kicking, spitting, and saying

unkind words. She says that he never spits at home but has demonstrated some refusals,

dramatic language and responses to situations (e.g., "nobody likes me" or "I'm stupid'), rigidity,

and difficulty with transitions." Other parents expressed concern about work avoidance and task

completion, such as "Concern about his ability to focus and finish tasks [without] prompts."

Similarly, the ability to "pay attention" was noted as a concern. Finally, student ability to follow

directions and comply with adult expectations were noted, such as "Parents would like [Student]

to learn to follow directions."

Academic. Parent concerns about academic skill development were identified in 24

instances. These primarily focused on literacy (*n* = 6) and math (*n* = 5). The remaining

statements referenced concerns about homework (*n* = 2) and overall learning (*n* = 11). Literacy

concerns tended to be broad, such as "mom would like for him to work on and improve his

reading skills" and "[Parent] has expressed concerns about [Student] academics – reading skills

in particular." Concerns about math were somewhat more specific, centering on applied math,

such as "using money in real world settings" and "math skills related to money and how she

would deal with it in a work setting." Homework, particularly the student's ability to complete

homework, was noted in two statements. Finally, general concerns about overall learning were

numerous. These included a focus on progress, such as "Mom is also concerned that [student]

has been at the same academic level for multiple years" and "slow academic progress." Others

refer to learning in general, such as the following statements: "[Student's] mother is concerned

about his learning" and "building academic skills."

Communication. Concerns expressed by parents about communication included general

language development (e.g., "Parents are concerned [about] his lack of communication"),

articulation and intelligibility (e.g., "The parents want [Student] to continue working on

assertiveness and speaking clearly...They noted that articulate (sic) is sometimes a struggle for

[Student] with "ch" and "sh" words"). Other parents expressed concern about their child's ability

to use augmentative and alternative communication (AAC) devices: "Speech is extremely

important. Novachat is key. It should be front and center in learning experience. It's the

language he speaks; take this seriously."

Social and friendship. Fourteen references to parent concerns about friendship and

social skills were identified in the IEPs. The primary focus within these was related to

developing friendships and capitalizing on social opportunities. For example, parents cited their

desire for their children to "be around peers and build relationships with others" and to "enjoy

life with family and friends" in nine of the 14 concerns in this area. The remaining concerns in

friendship and social area related to bullying ($n = 3$), including "[Student's] mom is concerned of

him being bullied or taken advantage of." The final concern within the social theme was related

to play skills ($n = 2$), such as "[Parent] also expressed concerns with [Student's] social

growth…although he loves to play with other children, he engages in play that is typical for a

much younger student."

Medical, physical health, and safety. The medical and safety sub-theme of parent concerns consisted of 14 statements. These included general concerns about safety, such as "[Student's] mom is very concerned for his safety. She is concerned that he is not with an adult at all times and is able to wander the school. She is worried that he might get into bad situations within the school or being (sic) able to leave the school." Other concerns for safety were related to allergies (e.g., "allergies are bad…eyes get really puffy"), sleeping and waking (e.g., "mom says [Student] has a hard time getting up in the morning and out the door"), and eating (e.g., "parent priorities include…independent eating").

Explanation. In six instances, parents acknowledged or explained their child's difficulties rather than expressed concerns. These statements appeared to be intended to provide contextual information for school staff, and referenced topics such as academic progress, behavior, and child learning preferences. For example, the statement "Mom knows that [Student] struggles academically, but she is also proud of the small progress that has been made" exemplifies this theme. As another example, "[Student's] mom believes [Student] … always wants to do his work, but unfortunately it is usually not his best work… [Student] has some very specific things that are difficult for him. His mom stated that most change is difficult, especially once a routine is in place."

Motor and self-care. The motor and self-care theme appeared five times. Most referenced gross motor skills ($n = 4$), including walking. For example, "[Student] parents along with her teachers expressed concerns regarding [Student] gross motor development; it was decided as a team that a reevaluation for physical therapy would be in [Student's] best interest." Notably, this was the only statement in which a parent (or in this case, team) concern was directly related to an action item. Other concerns were also general, such as "some goals

[parents] have for [Student] are…better walking in his walker." Finally, in one instance use of the restroom was noted: "Mom would also like him to work on toileting skills."

School services. Parent concerns about school services were identified 35 times, with directions to school staff (*n* = 15), parent satisfaction with school services (*n* = 10), and placement concerns (*n* = 10) populating this theme.

Directions to school staff. Parent directions to school staff focused on instructional strategies and activities. For example, one parent appeared to provide a pre-written input statement that was copied into the IEP. This statement included a vision statement of their child's future, as well as directives to school staff, including: "3) The emphasis on written schedules/instructions to build skills and to explore and assess interests and strengths. [Student] should be challenged with some more complicated longer tasks so that an employment model such as [Place] is a viable option for some of [Student's] jobs." Other statements were vague, such as "make sure that [Student] is successful and has the appropriate strategies and assistance in place for him to be as successful as possible." Finally, five statements made home-school communication directives, such as "mom will receive copies of his daily behavior charts at the end of each school day."

Parent satisfaction with services. Ten statements reflected parent satisfaction with school services. These included satisfaction with supports provided by schools (*n* = 6) and student learning progress (*n* = 4). The nature of the supports parents appreciated remained unclear, such as "[Student's] mom reported that [Student] enjoys his teachers and school and she expressed gratitude towards our efforts to help her and her son" and "Mother feels comfortable with the way things are going at school. No new concerns." The remaining instances in this sub-theme reflected parent satisfaction with their child's learning progress; again, these statements were

non-specific, such as: "[Student's] mom…is happy about the progress that he has made over the course of this year."

   Placement. The final sub-theme in the school services theme relates to placement. Ten statements referred to placement, including 18-21-year-old transition programs ($n = 5$), transitioning to new schools ($n = 3$), and remaining in a current placement ($n = 2$). Statements about 18-21-year old transition programs centered on obtaining transition services in general, such as "After [Student] leaves school, [Parent] believes that [Student] will need to engage in some kind of work where he will engage in repetitive labor with his hands. [Student's] parents would like him to participate in the Transition Program after his senior year in high school." Other concerns in this sub-theme were related to their child's move to a new school: "Dad is concerned how regular edu[cation] peers in high school will treat [Student]. Parents were told about the Adapted PE class at [High School], and how being a part of this class helps set the tone for the whole building on how special needs students are treated by peers." Finally, two parents expressed their desire for their children to retain existing placements and services, such as: "Mother wants [Student] to stay in special education and continue working on life skills."

   Parent input lacking. In 33 IEPs, no parent input statements were located. In two instances, this was because the school team met without the parent. In seven instances, no statement could be located after thorough review of the IEP. Finally, in 24 cases a checkbox was used to indicate parent participation and input. These checkboxes were non-descriptive, including statements such as "parent attended, gave input," "parent has participated in the IEP meeting," and "the IEP team has requested and considered the concerns of Parents(s)/Educational decision maker." In no instance did these checkbox items describe parent concerns, preferences, or priorities.

Vision for the future. Parents expressed concerns related to their vision of their child's future in 25 instances. These included post-school outcomes, functional skills, and happiness. Post-school outcomes included concerns about living, college, and career activities ($n = 13$). For example, [Student's] dad sees him possibly being an aide in a hospital. Parents say he will live at home after graduation." Another parent expressed, "Our vision of [Student's] adult life remains almost unchanged from last year: [Student] will be happily working in a paid, integrated, supported setting for at least 20 hours a week." In 10 instances, parents expressed a concern about the development of skills for daily living to prepare their child for the future. For example, "[Parent] would like to see [Student] become more independent and focus on functional life skills." Finally, two parent input statements referenced post-school social and leisure, activities. As an example, "[Student] will have 2-3 leisure activities scheduled each week, including movies, bowling, trips to book stores and other activities of interest. In addition, [Student] will participate in physical activities such as walking, swimming, or biking riding at least several times each week."

Home. In our analysis of IEPs, 18 instances of the parent reporting information about home life appeared in the parent input statements. This included information about what happens at home ($n = 13$), what the student does at home ($n = 3$), and sharing what works well at home ($n = 2$). As noted, the most common theme relates to reports of what occurs at home. These include information about preferences and activities (e.g., "[Student] likes to help mom cook;" "[Student] enjoys playing with a ball of tape at home"), behavior (e.g., "Mom sees that [Student] head butts when he is thirsty or is in need of a diaper change") and general activities (e.g., "Mom stated that she has noticed [Student] doing a lot more independent play"). Three parents also reported discrepancies between what the student does at home and at school. For

example, "His family speaks Hindi at home…[Parent] wonders if some of [Student's] confusion at school is due to these language barriers." Finally, two parents shared strategies that work well at home. For example, "At home [Student] responds to repetition of directions and clear directions to sit and do academic work. They use hand over hand assistance to help [Student] work on writing at home. If he does not seem ready to work at home they try to engage him in play first and get him to do academic work for shorter periods of time."

Child strengths and interests. Finally, when parents were asked to share their concerns about their child, 16 parents expressed their child's strengths and interests. This included statements of their child's strengths, interests, and preferences ($n = 11$) and successes ($n = 5$). Parents spoke enthusiastically about their child's strengths, such as "he has a great memory and is passionate about the topics he loves" and "[Student's] mom reported that she is getting more and more verbal which is great progress! Her mom also reported that [Student] loves music and learns a lot by singing. At the moment, she is very interested in all things associated with the movie 'Frozen.'" Parents also shared their child's successes, including "Parents state that currently, [Student] seems to be much more confident and her vocabulary is definitely increasing" and that a student "signs 'money' for watching the show "Deal or No Deal" (on YouTube). Also likes to watch sports. Big milestones physically - getting in and out of the tub by himself now!"

Evidence of Parent Input in IEP Content

We sought to identify the extent to which parent concerns translated into the content of student IEPs – specifically in IEP goals and supplementary aids and services (SAS). Eighty-three (67%) of parent concerns had either a goal or SAS corresponding to the concern.

IEP Goals. A total of 124 individual parent concerns (i.e., areas of need) were provided

by parents in the 88 IEPs. Because some of the parent input statements were vague (e.g.,

"improve learning"), any goal related to "learning" (e.g., academics, speech, motor) was counted

as a corresponding goal. Of those 124 concerns, 55 goals (53%) corresponded with parent

concerns. For example, a parent concern was related to use of AAC, and a corresponding goal to

"use his assistive technology device at work, school, and community settings to communicate

and complete tasks" was determined to correlate with this concern. As another example, a parent

concern was for the student to "follow directions." A corresponding goal was that the student

would "independently follow 2 step directions using a visual cue if needed."

Supplementary Aids and Services. We found 28 instances (23%) in which a SAS

addressed a parent concern. For example, a parent expressed concern that their child would eat

independently, and a SAS was developed for the student to use "sensory supports such as a

sectioned plate, nosey cup, Dycem under plate, built up feeding utensils etc" to eat. As another

example, a parent expressed concern about home-school communication, and this was addressed

in a home-school communication notebook in the SAS section.

Concerns Not Addressed. While a corresponding goal or SAS was located for 67% of

parent concerns, 41 concerns (33%) had no corresponding goals or SAS. These unaddressed

parent concerns covered a range of skills, including communication, social, and academic skills.

For example, a parent expressed concern that the student have "increase[d] expectations." In this

case, although the student had goals in all academic areas (i.e., reading, writing, math), the

criterion ranged from 20-30% accuracy in each area, suggesting low expectations despite the

parent concern. In several instances, parents expressed concern about bullying at school. In two

of these cases, the school staff appeared to dismiss the concern through text in the parent input

section, rather than developing supports or teaching advocacy skills. For example, in response to a parent concern about bullying, one school team member stated "Parents were told about the Adapted PE class at [Name of High School], and how being a part of this class helps set the tone for the whole building on how special needs students are treated by peers." Other instances appeared to contradict parent concerns. For example, one parent stated her wish that her teen daughter learn to set her own goals; however, no IEP goals addressed this concern, and one of her daughter's goals stated the student would comply with adult directions.

Discussion

This exploratory study used traditional content analysis of IEPs to describe the nature of parent input in IEP development. Existing studies have used parent (e.g., Love et al., 2017) or teacher report (e.g., Haines et al., 2015) to uncover parent participation in IEP team meetings; the findings of these studies consistently demonstrate significant barriers to parent input and participation. The present study instead relied on IEP documents themselves for evidence of parent input; we consider three key findings from the study in detail next.

Key Findings

IEP team membership. Parents are naturally outnumbered on IEP teams for students with significant support needs, which are made up of numerous school profssionals. However, their meager status on the team in terms of numbers is compounded by a clear lack of opportunity to provide meaningful input (e.g., Blackwell & Rossetti, 2014; Ruppar & Gaffney, 2011; Wakelin, 2008).

Analysis of IEP team membership revealed other concerns. First, general education teachers were not present in about 10% of IEP meetings. While IDEA requires at least one general education teacher to participate in all IEP meetings, the law does allow teams to dismiss

IEP team members with parent permission (IDEA, 2004). Yet the absence of general education

teachers presents significant challenges to discussions of how students with significant support

needs will access, and make progress in, the general education curriculum. As experts on the

general education curriculum, general education teacher input is necessary to discuss the scope

and content of the curriculum and determine how students with disabilities will access, and make

progress, in it (Etscheidt, 2007). Their absence, then, poses obstacles to the provision of a free

and appropriate public education in the least restrictive environment (e.g., *M. L. v. Federal Way*

School District, 2004).

A second concern relates to the limited participation of students in their own IEP

meetings. Participation in IEP meetings not only allows students to practice and learn critical

self-determination skills to prepare for the transition to adulthood (Diegelmann & Test, 2018),

but strongly reflects the requirements of IEP development in IDEA. Specifically, IDEA requires

student participation whenever appropriate; and importantly, the IEP must reflect student needs

and interests (Martin et al., 2006). We assert students themselves are best positioned to report

their needs and interests, and thus must play a critical role on all IEP teams.

A final concern related to membership is the wording of a subset of IEPs, suggesting to

readers that the IEP team is composed of school personnel. For example, the phrase "the IEP

team has requested and considered the concerns of Parents(s)/Educational decision maker"

suggests the parent is not a member of the IEP team; rather, they are individuals the IEP team

gathers information from. Presumably, then, the school team then uses this information to

develop the IEP itself. While perhaps unintentional, this type of wording suggests the limited

nature of parent membership on IEP teams. Yet IDEA continues to center parents as key

members of the IEP team (2004), and research confirms their critical role in IEP development

(Elbaum et al., 2016; Francis, Hill, Blue-Banning, Turnbull, & Haines, 2016).

IEP forms and content. Other key findings from our analysis of parent input statements

reflected IEP forms themselves. Parent input sections represent a small portion of the IEP, and

in our analysis, parent input statements were summarized in a cursory manner. Some IEP forms

limited parent input to an attendance checklist, while others provided a designated space for

written input. Limiting opportunities for parent input is a barrier to effective parent-school

collaboration (Tucker & Schwartz, 2013); because such collaboration is necessary to facilitate

student success (Engelbrecht, Oswald, Swart, & Eloff, 2003), efforts to secure parent-input in

IEP development is critical. Further, most IEP forms in our analysis prompted parents to express

their concerns, which presumably guided their responses towards concerns rather than, for

example, a strengths-based discussion of their children. As such, parents discussed a variety of

topics, including concerns about their child's present and future. Yet, many parents successfully

reframed the conversation from "concerns" to expressions of their children's strengths,

preferences, and interests, as well as sharing insights from home. Strengths-based information

assists in IEP development (Geltner & Leibforth, 2008), enabling teams to identify student

competencies that can be leveraged to guide supports and planning (Niemiec, Shogren, &

Wehmeyer, 2017).

Parent input and partnership. Despite parent identification of their concerns for, and

the strengths of, their children with disabilities, this was not always successfully translated into

actual IEP goals and supports and services. In fact, about one-third of parent identified concerns

and priorities had no corresponding goals and services. Other times, the goals and services

appeared to directly contradict parent statements. These findings suggest significant barriers to

parent partnership in IEP development, and confirm other parent reports of their limited

involvement in developing IEPs for their children (e.g., Fish, 2006).

Limitations and Implications

The limitations of the present study offer implications for research and practice. Although

we collected IEPs for students across the United States, the relatively small sample size limits

generalization of our findings. Thus, future research is needed that closely examines IEPs for

evidence of parent input, documenting the types and frequencies of parent concerns and

priorities. The present study is also limited to a single IEP for a child with significant support

needs. Further analysis of changes in parent concerns and priorities over the school years would

likely inform practice, as would differences in parent input on the basis of disability label,

gender, and the setting in which special education services are delivered (e.g., general or special

education settings). This research should use methods in which IEP documents, parent, and

teacher report are triangulated, as well as observation of actual IEP meetings. Because the

present study relied on IEP documents that had been anonymized prior to analysis, and because

additional IEP sections such as meeting notes or prior written notice pages were not included, it

is possible further evidence of parent input in IEPs was not uncovered. For example, it is

possible meetings notes pages would reveal fuller discussions of parents concerns, and how those

were considered by the entire IEP team. Our inability to gather this information is an important

limitation, and future research should seek to gather additional points of data for analysis,

including IEP and parent-teacher conference meeting notes to more fully consider how parents

provide input, as well as how school teams act on parent input. Finally, the present study was

limited to parent input. Future research is needed that centers student voice; because no evidence

of student input was obtained in the current analysis, research focusing on student input on the

IEP development is needed.

      Implications for practice.   We focus on two key implications of our findings

practitioners should consider. First, both current and preservice teachers should consider the

needs and wishes of a parent and family as an integral part of the IEP team. IDEA ensures parent

participation in an IEP meeting (2004), but meaningful participation and simply having a

signature on a form are two very different things. Practitioners should consider parents and

students as equal participants on an IEP team. Their concerns, preferences, and priorities should

be present throughout the entire IEP document – not just a checkbox or signature indicating they

were present. Parent input could be structured so that input is solicited throughout the IEP, with

parent priorities documented in all sections, including goals, supplementary aides and services,

and location of services. As described in our findings, linking parent concerns with goals and

services is too often missing.

      Similarly, school teams could request parents prepare an input statement to be included in

the IEP. This statement could outline desires and priorities, as well as strengths and other

characteristics of the student that could be useful in designing supports, goals, and building

relationships. In addition to obtaining a more comprehensive parental input statement, it is

critical that current and preservice teachers are aware of the importance of establishing and

maintaining relationships with families. Creating an open line of communication at the outset of

the school year can facilitate these collaborative relationships. Additionally, for educators who

are new to a school it is recommended they solicit information from families specific to their

preferred method(s) of communication (i.e., email, written correspondence). Furthermore, when

educators come from different cultural backgrounds from the families of the students who they

support, it is their responsibility to become aware of cultural considerations which may influence

the collaborative process.

Secondly, involving students in their own IEP can be a powerful tool for educators. Much

research supports including students with disabilities in their own IEP meeting (i.e. Test, Mason,

Hughes, Konrad, Neale, and Wood, 2004), as it allows the student to share their goals and

advocate for their own needs. For younger students, this may involve the child simply discussing

what they like, dislike, and their goals for the future. As students become older, this may include

students leading their own IEP meeting by creating a slideshow presentation and sharing their

goals for the future. Allowing students to be part of their IEP meeting is important and is

encouraged within IDEA (2004). Educators can not only encourage meaningful participation

from parents, but also from students.

Conclusion

This study provides information on parent input in IEP development, using the IEP itself

as evidence of parent participation while describing the nature and content of this input. Our

findings suggest parents have limited opportunities to provide input in IEP development, yet use

their role on IEP teams to influence the content of IEPs in terms of goals and supports, while

often reframing discussions of their children from a deficit- to a strengths-based perspective.

Further research is needed to continue to investigate how parents shape the content of IEPs, as

well as how school personnel can better include families in this process.

References

Blackwell, W. H., & Rossetti, Z. S. (2014). The development of individualized education

    programs: Where have we been and where should we go now? *Sage Open, 4*(2).

    doi:10.1177/2158244014530411

Blue-Banning, M., Summers, J. A., Frankland, H. C., Nelson, L. L., & Beegle, G. (2004).

    Dimensions of family and professional partnerships: Constructive guidelines for

    collaboration. *Exceptional Children, 70*, 167-184. doi:10.1177/001440290407000203

Chen, W. B., & Gregory, A. (2011). Parental involvement in the prereferral process: Implications

    for schools. *Remedial and Special Education, 33*, 447-457.

Diegelmann, K. M., & Test, D. W. (2018). Effects of a self-monitoring checklist as a component

    of the self-directed IEP. *Education and Training in Autism and Developmental*

    Disabilities, 53, 73-83.

Doug C. v. Hawaii Department of Education, No. 12–15079 (Ninth Circuit 2013).

Elbaum, B., Blatz, E. T., & Rodriguez, R. J. (2016). Parents' experiences as predictors of state

    accountability measures of schools' facilitation of parent involvement. *Remedial and*

    Special Education, 37, 15-27. doi:10.1177/0741932515581494

Engelbrecht, P., Oswald, M., Swart, E., & Eloff, I. (2003). Including learners with intellectual

    disabilities: Stressful for teachers? *International Journal of Disability, Development &*

    Education, 50, 293-308.

Etscheidt, S. (2007). The excusal provision of the IDEA 2004: Streamlining procedural

    compliance or prejudicing rights of students with disabilities. *Preventing School Failure,*

    51, 13-18. doi:10.3200/PSFL.51.4.13-18

Fish, W. (2006). Perceptions of parents of students with autism towards the IEP meeting: A case

  study of one family support group chapter. *Education, 127*, 56-68.

Fish, W. (2008). The IEP meeting: Perceptions of parents of students who receive special

  education services. *Preventing School Failure, 53*, 8-14.

  doi:http://dx.doi.org/10.3200/PSFL.53.1.8-14

Francis, G. L., Hill, C., Blue-Banning, M., Turnbull, A. P., & Haines, S. J. (2016). Culture in

  inclusive schools: Parental perspectives on trusting family-professional partnerships.

  Education and Training in Autism and Developmental Disabilities, 51, 281-293.

Gaertner, M. N., & McClarty, K. L. (2015). Performance, perseverance, and the full picture of

  college readiness. *Educational Measurement: Issues and Practice, 34*, 20-33.

Geltner, J. A., & Leibforth, T. N. (2008). Advocacy in the IEP process: Strengths-based school

  counseling in action. *Professional School Counseling, 12*, 162-165.

Haines, S. J., Gross, J., Blue-Banning, M., Francis, G. L., & Turnbull, A. (2015). Fostering

  family-school and community-school partnerships in inclusive schools: Using practice as

  a guide. *Research and Practice for Persons with Severe Disabilities, 40*, 227-239.

Hancock, C. L., Beneke, M. R., & Cheatham, G. A. (2017). *Knowing families, tailoring practice,*

  building capacity: DEC recommended practices Monograph Series 3: Council for

  Exceptional Children, Division for Early Childhood.

Hsieh, H.-F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis.

  Qualitative Health Research, 15, 1277-1288. doi:10.1177/1049732305276687

Individuals with Disabilities Education Improvement Act, H.R. 1350, Pub. L. No. P.L. 108-446

  (2004).

Kurth, J. A., Ruppar, A. L., McQueston, J. A., McCabe, K. M., Johnston, R., & Toews, S. G.

    (2018). Types of supplementary aids and services for students with significant support

    needs. *The Journal of Special Education*. Advance online publication.

    doi:10.1177/0022466918791156

Kurth, J. A., Ruppar, A. L., McQueston, J. A., McCabe, K. M., Toews, S. G., & Johnston, R. (in

    press). Considerations in placement decisions for students with extensive support needs:

    An analysis of LRE statements. *Research and Practice for Persons with Severe*

    Disabilities.

Love, H. R., Zagona, A., Kurth, J. A., & Miller, A. L. (2017). Parents' experiences in education

    decision-making for children and youth with disabilities. *Inclusion, 5*, 158-172.

    doi:10.1352/2326-6988-5.3.158

M. L. v. Federal Way School District (Ninth Circuit 2004).

Mandic, C. G., Rudd, R., Hehir, T., & Acevedo-Garcia, D. (2012). Readability of special

    education procedural safeguards. *Journal of Special Education, 45*, 195-203.

Martin, J. E., Van Dycke, J. L., Christensen, W. R., Greene, B. A., Gardner, J. E., & Lovett, D.

    L. (2006). Increasing student participation in IEP meetings: Establishing the self-directed

    IEP as an evidence-based practice. *Exceptional Children, 72*, 299-316.

Minke, K. M., & Scott, M. M. (1995). Parent-professional relationships in early intervention: A

    qualitative investigation. *Topics in Early Childhood Special Education, 15*, 335-352.

Niemiec, R. M., Shogren, K. A., & Wehmeyer, M. L. (2017). Character strengths and intellectual

    and developmental disability: A strengths-based approach from positive psychology.

    Education and Training in Autism and Developmental Disabilities, 52, 13-25.

Ruppar, A. L., & Gaffney, J. S. (2011). Individualized education program team decisions: A preliminary study of conversations, negotiations, and power. *Research and Practice for Persons with Severe Disabilities, 36*(1-2), 11-22.

Skrtic, T. M. (1995). *Disability and democracy: Reconstructing (special) education for postmodernity*. Denver: Love Publishing.

Spooner, F., Knight, V. F., Browder, D., & Smith, B. (2012). Evidence-based practices for teaching academics to students with severe developmental disabilities. *Remedial and Special Education, 33*, 374-387.

Sue, D. W., Capodilupo, M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*, 271-286.

Test, D. W., Mason, C., Hughes, C., Konrad, M., Neale, M., & Wood, W. M. (2004). Student involvement in individualized education program meetings. *Exceptional Children*, *70*, 391-412.

Tucker, V., & Schwartz, I. (2013). Parents' perspectives of collaboration with school professionals: Barriers and facilitators to successful partnerships in planning for students with ASD. *School Mental Health, 5*, 3-14. doi:http://dx.doi.org/10.1007/s12310-012-9102-0

Wakelin, M. M. (2008). Challenging disparities in special education: Moving parents from disempowered team members to ardent advocates. *Northwestern Journal of Law and Social Policy, 3*(Spring), 263-288.

Table 1

Parent Input Statements Codes, Definitions, and Frequencies

Code and Sub-Code	Definition	Frequency
Parent Identified Current Concerns		*94*
Behavior	Concerns about behavior at home or at school, including: • Compliance with adult directions and expectations ($n = 6$) • Internalizing problem behaviors (e.g., anxiety; $n = 6$) • Externalizing problem behaviors (e.g., hitting; $n = 4$) • Task avoidance behaviors ($n = 4$) • Paying attention to the task at hand ($n = 4$)	24
Academic	Concerns about academics, including: • Literacy (reading, writing; $n = 6$) • Math (counting, multiplication; $n = 5$) • Homework completion ($n = 2$) • Learning in general ($n = 11$) •	24
Communication	Concerns about communication skills, including: • General Language Development ($n = 13$) • Articulation or intelligibility ($n = 1$) • Use of speech generating devices or other AAC ($n = 4$)	18
Social and Friendship	Concerns about friendship or social skills, including: • Concerns about friendship or social opportunities ($n = 9$) • Concerns about bullying or other peer victimization ($n = 3$) • Concerns about play skills ($n = 2$)	14
Medical, physical health and safety	Information or concerns about medical or health needs: • Information about current medications ($n = 1$) • Concerns about sleeping and waking cycles ($n = 2$) • Allergies ($n = 1$) • Eating and mealtime ($n = 3$) • Healthy lifestyle (e.g., exercise, healthy foods; $n = 2$) • Sensory needs (e.g., need for sensory tools; $n = 1$) • Safety (e.g., at school, in community; $n = 4$)	14
Explanation	The parent acknowledges or provides an explanation for their child's area(s) of weakness or difficulty	6
Motor and Self-Care	Concerns about motor and self-care skills, including: • Gross motor tasks (e.g., walking, jumping, running; $n = 4$) • Using the restroom ($n = 1$)	5
School Services		*35*
Directions to School Staff	The parent provided information regarding tasks or behaviors they would like school staff to complete. This includes: • Instructional strategies and activities ($n = 10$) • Home-school communication systems ($n = 5$)	15
Parent Satisfaction with Services	The parent shared their satisfaction with current or previous school services, including: • Supports provided by school staff ($n = 6$)	10

	• Student learning progress ($n = 4$)	
Placement	The parent discusses topics related to current or future special education placement. Includes:	10
	• Enrollment in transition programs / post-secondary programs	
	• Staying in current special education program	
	• Staying in school until a designated date	
	• Transition to next school	
No Parent Input		*33*
Checkbox only	The IEP contained a statement that parent input was provided; the content of that input is unknown	24
No input Found	No parent input statement was found in the IEP	7
No parent present	The IEP indicated that the parent was not in attendance at the IEP meeting	2
Vision for the future		*25*
	The parent shared concerns about the child's future, including:	
	• Post-school outcomes, including living, college, career, social, and leisure ($n = 13$)	
	• Life skills, functional skills, or daily living skills ($n = 10$)	
	• Social and leisure ($n = 2$)	
Home		*18*
	The parent shared information about home life. This includes:	
	• What happens at home (e.g., behavior, routines, relationships, community activities; $n = 13$)	
	• What student is able to do at home ($n = 3$)	
	• What works well at home (i.e., strategies families use at home that are successful; $n = 2$)	
Child Strengths and Interests		*16*
	The parent shared something the child enjoys or does well in. This could include:	
	• Strengths, interests, and preferences ($n = 11$)	
	• Child's successes (e.g., "getting better at communication;" $n = 5$)	