When parents are expecting a child, most have already envisioned their child’s future. They think about their child starting school, high school, and college; they think about graduation, marriage, and children. When a child is diagnosed as having exceptional needs, these thoughts often have to be changed. This can be a difficult time for parents and other family members. As a teacher, you will work with them as they go through a realignment of thoughts and dreams. You will strive to meet their needs, as well as their children’s needs. This may include families of students who are gifted or talented, as their exceptional needs are often not addressed in the regular classroom, and close collaboration between home and school is necessary to help these children reach their potential. As you think about your work with families of children with exceptional needs, consider these questions:

- How can I help families adjust to the news that their child has an exceptional need?
- What cultural considerations are there in working with diverse families of children with exceptional needs?
- What is my role as a classroom teacher in working with students with exceptional needs?
- What are the key pieces of legislation that guide the education of students with exceptional education needs, such as the Individuals with Disabilities Education Act (IDEA)?
• What are the things to keep in mind as I communicate with families of students with exceptional needs?
• What role will I have in the special education process if I refer a student for an evaluation?
• What is my role in the development and implementation of the individualized education program (IEP), a plan that guides the delivery of special education supports and services for students, ages 3 to 21?
• What is my role in working with families of young children to develop and implement an individualized family service plan (IFSP), a plan that guides families and schools in the development and education of children with exceptional needs who are birth to three years old?
• How can I help families understand and be involved in response to intervention (RTI), a process schools use to help children having academic or behavioral difficulties by providing early interventions through “tiers” within the general classroom setting, as well as identifying those who need special services (National Dissemination Center for Children with Disabilities, 2010a)?
• How can I work effectively with the families of students who are gifted and talented?

HELPING FAMILIES ADJUST TO HAVING A CHILD WITH EXCEPTIONAL NEEDS

The determination of a physical or cognitive exceptional need may occur at birth or in the very early years of a child’s life. IDEA has defined disabilities that qualify for early intervention or special education services. For children under the age of three, a disability is defined as a developmental delay in cognitive, physical, communication, social, emotional, or adaptive development or a physical or mental condition that may result in a developmental delay (National Dissemination Center for Children With Disabilities, 2010b). For children ages 3 through 21, IDEA has defined a list of 13 categories of disabilities, and these are provided in Table 11.1.

<table>
<thead>
<tr>
<th>Table 11.1 Disability Categories</th>
</tr>
</thead>
</table>

IDEA defines 13 different disability categories under which three- through 21-year-olds are eligible for services. A disability must affect the child’s educational performance for the child to qualify for special education services. These are the disability categories:

1. Autism
2. Deaf–Blindness
3. Deafness
4. Emotional disturbance
5. Hearing impairment
After the difficult parent-teacher conference with Travis’s grandmother, Kate’s confidence was shaken, but it helped when Jane Gregory, the school counselor, stopped by and talked to her briefly. Jane’s counseling abilities extended to her relationships with the teachers in the building, and she had a way of listening and saying the right things to make them feel better after a rough day.

Jane asked, “Have you talked with Kyle Barker’s parents yet about your decision to refer him for testing for special reading services?”

Kate said, “No, their conference is later tonight. It shouldn’t be a surprise to them, though. I started telling them about his problems last fall at our first conference, and I’ve sent several notes home since then asking them to help. I’m afraid they may not take the news well, though.”

Jane said, as she patted Kate’s shoulder and walked out the door, “It’s normal to not want to share bad news with parents, but I’m sure you’ll be able to handle it. Just remember that you both have the same goal—you both care about Kyle, and you want to help him become a better reader. Let me know if I can help any with them.”

The Barkers seemed tense when they came in, and Kate found herself immediately becoming defensive when Mr. Barker’s first words were, “Well, what have you been doing to teach Kyle to read?”

Kate took a deep breath and proceeded to show the Barkers the documentation she had gathered on Kyle’s reading abilities as well as on the other subjects, on his work habits, and on his social skills. After she showed writing samples and reading test scores, she said, “As you can see, I’ve tried several different strategies with Kyle, including extra one-on-one help as a part of our response to intervention program. I know you’ve been working with him at home, too. He’s just not making the progress that he should, and I think the next step is to refer him for testing to determine if he needs special help in reading.”

Mrs. Barker said, “You don’t mean special education, do you? Kyle doesn’t need that. What if we don’t want him tested?”

Mr. Barker jumped up and said, “I think what Kyle needs is a new teacher. He doesn’t need any testing. C’mon, Donna, let’s go see the principal about this.”
When the diagnosis of an exceptional need occurs, the family may be overwhelmed by the needs of their child, by the professionals who suddenly appear in their lives, and by the decisions they need to make. Parents and family members may enter the school system with knowledge and perhaps with memories of both good and bad experiences with professionals and services provided by other institutions. The determination of an exceptional need may also occur after a child has started school. Again, families may be overwhelmed with terminology, meetings, and decisions that have to be made about educational placement. They may experience confusion, fear, anger, and grief. As families grieve following the diagnosis of a disability, they may display their grief through physical changes, such as stomach and chest pains, sweating, higher heart rate, aches and pains, and so on, or through behaviors such as increased aggression, changes in sleeping and eating patterns, changes in activity patterns, and avoidance of certain people or places (Novita Children’s Services, 2007).

Not all families will react in the same way when receiving the diagnosis of an exceptional need, however. One parent stated, “I cried for two days. I was grieving for the baby we had expected, the only one we thought we were prepared for” (Dwight, 2001, p. 33). Another mother said, “Finding out our child had Down syndrome was like being told that the baby we dreamed of had died, and now we had this other child that we knew absolutely nothing about” (J. Pewitt-Kinder, D.O., personal communication, March 19, 2008). Ebenstein (2001) stated, “I wish I had known that the intense sadness a parent experiences on learning of a child’s disability is called mourning. For whom do we mourn when the child is alive? We mourn for lost hopes and possibilities” (p. 156). Another emotion that families may feel is frustration over the lack of control of their emotions and that the “grief may hit you when you least expect it—during a Christmas shopping trip . . . when you buy baby toys for a nine-year-old” (Naseef, 2001, p. 207).

It is common that families of children with exceptional needs go through the same stages as someone who is facing a serious or terminal illness when they first learn of their child’s diagnosis (Novita Children’s Services, 2007). In Elisabeth Kübler-Ross’s classic book, On Death and Dying (1969), she described the stages of grief. These include denial, anger, bargaining, depression, and acceptance. You may see some of the same feelings and behaviors in families with children with exceptional needs as in families facing terminal illnesses. Teachers may not understand these normal reactions and may be frustrated by them: “That mother is still in denial,” “The family is the real problem; they are demanding and unpredictable,” or “If the dad would get over his anger, we would be able to work together better” (Ulrich & Bauer, 2003, p. 20). The family’s reaction will depend on the age of the child, the severity of the exceptional need, and the family’s cultural view of disabilities, but in most cases, common stages are (a) shock and denial, (b) emotional disorganization, and (c) emotional adjustment (Muscott, 2002). Some families may never reach a stage of acceptance, and even those who do may go through the cycle of grieving again whenever new reminders of the child’s exceptional needs occur in the child’s development.

Some parents have criticized this “grief paradigm” as being condescending and patronizing. They feel that it is not indicative of all families’ experiences. Ulrich and Bauer (2003) proposed another approach by using the concept of “levels of awareness.” They specify the following levels:
Level 1. The ostrich phase—a lack of awareness. Parents are not denying their child's exceptional needs, but they do not realize that there is a disability. For example, a parent may say, “He’s all boy. He just doesn’t like to sit still and read a book.”

Level 2. Special designation—a transformational experience. Parents realize that their child has a “special” need and want services to be provided. They may become confrontational in seeking help in addressing their child’s disability, and they may make demands for professional resources for their child.

Level 3. Normalization—minimizing the differences. At this level, parents want their child to be like other children and may actually argue for a decrease in services in favor of more general education classroom time with peers. This may seem contradictory, but normalization reflects the family’s adjustment to the exceptional need and their faith in the child’s ability to fit in and learn with other children.

Level 4. Self-actualization—including the child in educational decisions. As parents adjust to the disability diagnosis, they accept it and recognize that their child needs extra support, including support in learning about her exceptional need and how to cope with it.

When working with families, it is important to learn more about how they view their child’s exceptional needs. When conflicts or miscommunications occur, it may be because the teacher and family are operating on different levels or stages of understanding. Active listening strategies (described in Chapter 10) can be helpful for understanding a family’s perspective. As a teacher, you will need to be aware of families’ feelings and allow them the opportunity to express themselves. Additionally, you will need to be careful with the language you use as you work with families with children with exceptional needs. For example, the term “disability” focuses attention on what a person cannot do, rather than the abilities that a person has. Families of children with exceptional needs want to know what their child can do and want you, as their child’s teacher, to see their child’s full potential. Terminology in the field of special education, such as “handicap,” has become outdated with the recognition of the abilities and potential of children with special needs. For example, Rosa’s Law in Maryland replaced the term “mental retardation” with “intellectual disability” in state services and residential center names (Abilities Network, 2010). You will probably also feel compassion for families and may think that you are helping by saying things such as, “I know how you feel.” However, unless you have a child with an exceptional need, you do not know how it feels to have one. Your best tool is listening. Families know their children better than anyone, and you will learn a great deal from them about what works well with their children.

Finally, one of the hardest things for families to do in their adjustment to a child’s exceptional need is to abandon or change their dreams. One parent described the loss of carefree innocence and a new sense of the unpredictability of life (Salomans, 2001). Another mother realized that although her dreams for her daughter would not come to fruition, there would be other goals: “Jesse will have dreams of her own. They may not be like those of other children, but they will be her dreams, just the same” (Waldrop, 2001, p. 113). Yet another parent described how finding out about her child’s exceptional need meant the death of the dreams she had had about games, party invitations, vacations, college, and so on (Kaster,
Listening to families as they express their varied feelings, grieve their loss, and adjust their dreams for their child is one of the most important things you can do as a teacher.

**CULTURAL CONSIDERATIONS IN WORKING WITH FAMILIES OF CHILDREN WITH DIFFERING ABILITIES**

Just as there are cultural differences in parenting and beliefs about education, there may be different reactions from families to the diagnosis of an exceptional need and to your efforts at collaboration. Lamorey (2002) described some examples of differences among cultural groups in beliefs and attitudes about exceptional needs:

- A survey found that 63% of Korean American parents of children with exceptional needs attributed the cause of their child’s disability to a divine plan or “God’s will,” as well as to their mistakes or to “poor ‘Ta Gyo,’ which translates to ‘education during pregnancy’” (p. 68).
- In a survey of Chinese American parents of young children with exceptional needs, one-third of them believed that supernatural or metaphysical elements caused the disability.
- A study of Mexican American parents of children with exceptional needs found that they thought that the disability was because of a medical problem (genetic diseases or birth trauma); a supernatural cause, such as divine retribution for past sins; or a sociocultural cause, such as negative parental attitudes.
- American Indian families may view having a child with an exceptional need as happening to them for a reason and feel that there is a purpose for this child to be born into the family; or instead, they may be at a loss to know how to adjust family life for a child with an exceptional need (Nichols & Keltner, 2005).

Of course, as a professional, you must remember that these are generalizations about different cultures and that all families, regardless of background, should be treated as individual entities that may respond in unique and unexpected ways to the diagnosis of a disability.

Religion may also play a role in a family’s attitudes toward and perceptions of their child. For example, in the study of Korean American parents noted previously, the majority of families were members of Korean ethnic churches, and their faith and involvement in their church gave them a sense of hope and support in parenting their child. Other studies found that a family’s religious beliefs seemed to give them a sense of hope, support, and resilience (Lamorey, 2002).

Cultural beliefs may also influence the type of relationship that a family would like to have with educators working with their child. For example, one study (conducted in Japan) of Japanese mothers of children with exceptional needs found that the fundamental quality they desired in their child’s teacher was one of respect for the child as a human being with dignity. They communicated to the professionals working with their children that they wanted their child to be treated as a human being with “irreplaceable value” and not as a
“case, an object, or a number to study, process, or categorize” (Kasahara & Turnbull, 2005, p. 255).

As noted throughout this text, it is essential to learn about and respect a family’s cultural beliefs and practices. However, because of the wide diversity among ethnic groups, it is also important to make efforts to get to know each individual family. For example, in one study of Japanese mothers of children with exceptional needs, a mother who was also a Japanese school counselor noted her perception of Japanese culture as tending to see individuals with exceptional needs as “abnormal” and the disabilities as “deviant and unacceptable, and therefore, as something that needed to be fixed” (Kasahara & Turnbull, 2005, p. 256). However, the mothers who participated in this study strongly rejected this cultural belief and considered their child’s disability a normal part of human life. These parents also did not share the traditional Japanese acceptance of a hierarchical structure of authority, but instead wanted to be equal partners with educators in making decisions about their children’s education (Kasahara & Turnbull, 2005). Diversity exists among families of the same culture, and it is important not to make assumptions about a family’s beliefs based solely on their ethnicity or race.

**CLASSROOM TEACHERS’ ROLE IN SPECIAL EDUCATION**

For more than 35 years, students with exceptional needs have been receiving a variety of special services in their public school systems. An increasing number of students with exceptional needs are obtaining a considerable amount of instruction in general education classrooms. Although the amount of time in the general education classroom is dictated by each student’s IEP (or IFSP for infants and toddlers), more general educators are providing instruction to students with a variety of disabilities (U.S. Department of Education, 2007). It is therefore imperative that all teachers understand their role in the special education process, as well as the roles and responsibilities of family members.

As a classroom teacher, one of the more challenging parts of your job will be working with families who have children with exceptional needs. You must gain knowledge of the special education and referral process and specific regulations in your state and school district. You, the teacher, hold the unique position of knowing the students better than any other school personnel, and typically, you are the first person to talk to family members about concerns you may have. Advocating for and providing information to families is part of your job. You will be an employee of a school district; hence, you will walk a fine line as an advocate for the student and family who must adhere to district policies.

As a source of information on disabilities and the special education process, you may often find yourself in a collaborative role with students and families. This collaboration and cooperation consists of ensuring that students and families understand timelines, process, paperwork, meetings, and IEP/IFSP development and implementation. Of course, having a collaborative and cooperative relationship with families will assist in the education of all children, particularly those having difficulty at school.

To get a full picture of your roles and responsibilities in relation to families of children with exceptional needs, this chapter focuses on key pieces of legislation regarding the special education process, with particular attention to the IEP and to the benefits of the involvement of families in the special education process.
Legislation providing for the education of students with exceptional needs began with the establishment of the U.S. Department of Education in 1980. Initially, the Department assisted states in the development of school systems. Within the next 20 years, the Department added oversight of higher and vocational education to its duties (U.S. Department of Education, 2006b).

Special education legislation was not developed until later. It was aided in development by antipoverty and civil rights legislation. The landmark *Brown v. Board of Education* (1954) led the way for the implementation of legislation for providing education for those with disabilities (Pardini, 2002). The Civil Rights Act of 1964, Title IX of the Education Amendments, and Section 504 of the Rehabilitation Act of 1973 provided additional rights for those with disabilities. With these pieces of legislation and the formation of strong parent advocacy groups, the special education movement began. There has since been additional federal legislation concerning the education of children with disabilities (U.S. Department of Education, 2006b).

Some major pieces of legislation are presented in Table 11.2.

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Original Provisions and Later Modifications</th>
</tr>
</thead>
</table>
| Elementary and Secondary Education Act (1965) | • Protected and provided for education for students from disadvantaged backgrounds  
• Established the free and reduced-cost lunch program  
• Encouraged states to create and improve programs for students with disabilities  
• Revised in 1970 as the Education of Handicapped Act (PL 91–30); continued to support state-run programs for students with disabilities but with no specific guidelines provided  
• Continues to be revised every five to seven years; latest revision was the No Child Left Behind Act of 2001 |
| PL 94-142 (1975) Education for All Handicapped Children’s Act | • Required states to provide FAPE for every child from ages six to 21 years with a disability  
• Required school districts to include families in the decision-making efforts regarding these children; required the development of an IEP for each child  
• Stated that students must be placed in the least restrictive environment and that evaluations must include nondiscriminatory tests completed by multidisciplinary teams  
• Added due-process procedures |
| PL 98-199 (1983) Education of the Handicapped Act Amendments | • Formed parent training and information centers that provided information to parents about how to protect the rights of their children |
### Legislation

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Original Provisions and Later Modifications</th>
</tr>
</thead>
</table>
| **PL 99-372 (1986)**  
The Handicapped Children’s Protection Act | • Allowed parents or guardians to be reimbursed for reasonable legal costs if they win a court action or hearing |
| **PL 99-457 (1986)**  
Amendment to the Education of the Handicapped Act (also known as the Early Intervention Amendment) | • Extended special education services to all children ages three to five years; created a new program for infants and toddlers |
| **PL 100-407 (1988)**  
Technology-Related Assistance for Individuals Act | • Focused on students with disabilities’ need for special equipment to perform better and more independently during educational activities  
• Provided funding for states to create statewide systems of technological assistance for these students |
| **PL 101-392 (1990)**  
The Carl D. Perkins Vocational and Applied Technology Act | • Required that vocational education be provided for students with disabilities in the least restrictive environment and that a vocational option be part of an IEP  
• Provided equal access to vocational programs for individuals with disabilities |
| **PL 101-476 (1990)**  
Individuals With Disabilities Education Act (IDEA) | • Renamed the Education of Handicapped Children’s Act as IDEA  
• Changed “handicapped” to “disabled”  
• Reaffirmed FAPE; extended the ages of eligibility for services from three to 21 years  
• Added assistive technology as a related service  
• Allowed for services for infants and toddlers  
• Required that a transition plan be in place to assist students (at age 16) in continued education and/or employment |
| **PL 105-17 (1997)**  
Individuals With Disabilities Education Act Amendments | • Reauthorized IDEA, clarified FAPE, strengthened the role of parents, ensured accessibility to the general education curriculum, and allowed states to expand the definition of developmental delay to include six- to nine-year-olds |
| **PL 108-446 (2004)**  
Individuals With Disabilities Education Improvement Act | • Reauthorized the original legislation (effective July 2005) with additional components  
• Key changes included (a) attention to disproportionality of those identified for special education (including over- and underrepresentation), (b) emphasis on early intervention, (c) new methods for identification of specific learning disabilities, (d) a provision for highly qualified special education teachers, (e) new information on IEP meetings and changes to the IEP |

**Sources:** Hardman, Drew, & Egan, 2008; Law and Exceptional Students, 1998; National Education Association, 2008; U.S. Department of Education, 2006b.

**Note:** FAPE, free and appropriate public education; IDEA, The Individuals With Disabilities Education Act; IEP, individualized education program.
In 1975, the Education for All Handicapped Children’s Act (PL 94–142) was established. In 1990, this legislation was renamed IDEA (Individuals With Disabilities Education Act), which is the legislation that guides the education of students with exceptional needs, and it was reauthorized in 2004. There are many provisions in the legislation dealing with use of funds, responsibility of local education agencies, and so on. There are five major provisions in IDEA that are still in effect today:

1. **A free and appropriate public education (FAPE).** At no cost to the families, an appropriate education and related services (e.g., speech and language services, occupational therapy, and physical therapy) must be provided to students with disabilities. An ideal education does not need to be provided, but an appropriate and beneficial one is required.

2. **Nondiscriminatory, multidisciplinary assessment.** Students must be assessed in their native language by a team of professionals. The assessment procedures must be free of cultural or racial discrimination, and the assessment instruments must be used for their intended purposes.

3. **Parental safeguards and involvement.** The purpose of the safeguards for the family is to help ensure that they are involved in the education of their children. Parents or guardians must give consent for their child to be evaluated and receive special services. They can request an independent evaluation at public expense, and they can view their child’s records. Parents or guardians have the right to participate in the development of the IEP, and they can request a due process hearing if needed.

4. **Individualized education program (IEP) or individualized family service plan for children under three years old (IFSP).** More specific information regarding the IEP will be provided later in this chapter. Briefly, families and professionals work together to develop a plan for an appropriate education for an individual child. The IEP helps determine the type of special services required for this student.

5. **Education in the least restrictive environment (LRE).** IDEA required school districts to develop a continuum of services and placements for students with disabilities. This continuum provides options ranging from a general education class to a homebound or hospital type program. The goal of the LRE provision is to ensure that each child is provided with an education and related services in a program as much like a general education classroom as is appropriate for the student (Hardman, Drew, & Egan, 2008).

Additionally, IDEA has a strong linkage to the No Child Left Behind (NCLB) Act of 2001. This act has been a major influence on IDEA in two primary areas. One area of influence is on standards and school accountability. NCLB supports a standards-based approach that has a focus on student achievement, an emphasis on maintaining challenging academic standards for all students, and a strong reliance on achievement testing. This approach is
different in the way special education students were treated in the past. Historically, many students with exceptional needs were left out of standards-based education and standardized achievement tests.

The second area in which NCLB has been influential is that of “highly qualified teachers.” Federal legislation now describes what is meant by highly qualified; this is a change, as teaching certification had earlier been left up to the states and local school districts. “Highly qualified” means that the individual has full state certification or has passed a state licensing exam. Elementary special education teachers must have subject knowledge in reading, mathematics, writing, and other areas in which they will be teaching. Secondary special education teachers must be highly qualified in one subject area and will have two years from the date of employment to demonstrate competence in the additional core academic subjects (Hardman et al., 2008).

As you think about your role as a general education classroom teacher who works with families of children with exceptional needs and who is responsible for communicating to them their legal rights, consider this situation:

Ninjin is a student in your third-grade class. She and her family have not been in the United States for very long. Ninjin attended part of first grade and all of second grade in your school, and according to school records, she has done fairly well in learning English. However, her parents have limited English language usage. Her father speaks some English, but her mother speaks only their native Mongolian language. You have some concerns that Ninjin may have some learning difficulties that go beyond the language issue. Even with a fairly good command of the English language, she is having difficulty in most academic areas. You would like to refer her to the special education team but are concerned that Ninjin’s parents will not understand either the process or their and Ninjin’s rights according to the law.

What can you do? What obligations does the school district have if the special education referral process goes forward regarding the families and students when English is not their first language? What about the evaluation process—if Ninjin gets tested, what guarantees must be in place?
COMMUNICATING WITH FAMILIES ABOUT EXCEPTIONAL NEEDS

If you have felt overwhelmed and confused as you read through the last section on legislation relating to children with exceptional needs, imagine how families feel when laws, regulations, procedures, and terminology are sent home in paperwork or discussed in an IEP conference. Initial, ongoing, and meaningful communication that helps families understand all the issues relating to educating their child is critical. As noted earlier in this text, communication with all families is vital, but it is especially so for families of children with either a suspected or a confirmed disability.

There are many different ways to communicate, and the best ways will vary depending on family needs. Some suggestions for successful communication with families include the following:

- Keep them informed at the beginning and throughout the school year, and continue communication efforts through a variety of methods, including formal and informal conferences and meetings.
- Include positive dialogue so that the first thing families hear from you is not a problem or a concern. Communication should be honest and open—there should be no “sugarcoating” of bad news—yet be tactful and sensitive. Do not imply blame (Blue-Banning, Frankland, & Summers, 2004; U.S. Department of Education, 2006a).
- View the child from a strengths perspective, rather than a deficit model, and reflect this in your communication with families. For example, talk about what the child can do and not just the disability. Parents typically see their whole child and not just the disability and will appreciate a teacher who recognizes that their child learns differently and has abilities, interests, and skills beyond the special need.
- Avoid using educational jargon and acronyms when discussing tests and diagnoses. For example, terms such as LD, BD, ADHD, OT, PT, and so on can be confusing to someone not working in education. The same holds true for test names, such as WISC-R (Blue-Banning et al., 2004; Salend, 2006).
- Use respectful and people-first terminology, which will instill trust with families. Saying “a child with special needs” instead of “a special needs child” shows that you understand that the child is a child first and the disability is secondary. For example, “Ella has blond hair, blue eyes, and Down syndrome” better reflects who she is than “Ella is a Down syndrome kid” (J. Pewitt-Kinder, DO, personal communication, March 19, 2008). People-first language demonstrates that you are viewing the child as someone who has abilities and is deserving of your respect (Logsdon, 2011). Another term to avoid is “normal,” which implies that children with exceptional needs are “abnormal.”
- Also demonstrate respect in your interactions for their contributions and efforts in parenting their child. Ask them to share with you their experiences and acknowledge that they are the experts about their child and may have gone to great lengths to help their child grow and develop. For example, think about the importance of acknowledging the efforts of this parent:
My pregnancy was high-risk full placenta previa and high blood pressure. I had an emergency C-section at 31 weeks. Anna had a chest-tube and was in the NICU [neonatal intensive care unit] 40 days. When she was released from the hospital, she came home on oxygen, and it was imperative while under the care of her lung doctor that she not be in any day care, malls, church, or around other small children till after the age of two. In the event she would catch RSV, it could have been life threatening. I took my job seriously and literally sheltered her from the outside world. Anna knew everything, her ABCs, colors, states. I taught her everything... A typical mother of a child on the [autism] spectrum spends countless hours on the Internet looking for a cure. That is exactly what I did. I read books, websites, etc. Here are just a few things I have done—read books, started her on the gluten-free diet, vitamin therapy, detoxifying/ridding her of all metals, the list goes on (A. Fildes, personal communication, April 26, 2011).

- Have two-way discussions with families encouraging them to express the dreams or goals they have for their child. Listen nonjudgmentally to their viewpoints (U.S. Department of Education, 2006a). As the previous mother stated, “I have no doubt that my daughter will lead a productive life. She takes piano lessons and had her first recital. She is going to cheerleading camp this summer and is such a delight to be around” (A Fildes, personal communication, April 26, 2011).
- Document each student’s progress; it is essential that you keep good records on students’ academic progress and on behavioral issues. This documentation can be used in sharing information with family members, in planning instruction and interventions for the student, and in planning meetings with intervention teams for possible special education referral (U.S. Department of Education, 2006a). In addition, keep track of family communications, including dates and contents of communications.
- Obtain translation services for families who do not speak English as a first language. Translators should have the family’s confidence and understand legal and ethical guidelines relating to confidentiality. Make school reports simple and use graphics or icons to convey information. Provide written materials translated into the native language (Al-Hassan & Gardner, 2002; U.S. Department of Education, 2006a).
- Although families typically communicate most readily with classroom teachers, they should be given the opportunity to communicate with school and district administrators, therapists, and other school professionals as well. Make sure that families know they have the right to be part of the decision-making process (U.S. Department of Education, 2006a).
- Hold meetings that offer families the opportunity to meet and learn more about the different services their children receive. For example, with inclusion, or the principle that children with disabilities benefit by learning side-by-side general education students in the least restrictive environment (LRE) possible, many children with exceptional needs are in the general education classroom for much of the day, and families may be confused about who is their child’s real teacher. Explaining how team teaching, with the general education classroom teacher, special education teacher, speech and language pathologist, physical therapist, or occupational
therapist working with all students, can help them better understand the educational process. Guest speakers, including family members of children with exceptional needs, can share their experiences and provide encouragement (Salend, 2006).

- Coordinate with others involved in providing services for children so that all important information is shared with families. For example, when parents stumble onto information about their child, they worry about what other information they haven’t been told (Blue-Banning et al., 2004).

Many family members will be fearful of the special education system and process, but this is particularly true of families who differ in their culture, language, and practices from the majority culture. Despite more than 35 years of legislation mandating family involvement, there is often a lack of involvement of parents from diverse cultural and linguistic backgrounds (Al-Hassan & Gardner, 2002). Among the reasons why this may occur are a lack of English proficiency, a large amount of intimidating paperwork, a number of complicated legal procedures, the belief that their opinions are not valued, a lack of overall trust in professionals, and the cultural insensitivity of educators. Family cultural beliefs may also play a role in avoidance of the special education system. For example, because of the extended family structure of some Latino and African American families, there may be some hesitancy to allow help from outside of the family (Hardman et al., 2008). This may also hold true in some Asian American families, where, depending on the family background, there may be pressure on children to achieve academic excellence (Kim & Yeh, 2002) or, by contrast, a need to protect the student with disabilities from the outside world or even from the extended family (Tsao, 2000). Additionally, what is noted as a disability in the majority culture may be considered typical in the student’s culture (Hardman et al., 2008).

Families from diverse backgrounds are more likely to collaborate with teachers when they believe that teachers are genuinely interested in their children and are making an effort to understand their culture. For example, attending community festivals, neighborhood parties, or church events can communicate a sense of caring and can help build trust between home and school (Matuszny, Banda, & Coleman, 2007). Newly immigrated families may be unfamiliar with educational practices in American schools, and may not be informed about their legal rights, as many developing countries do not have laws about educating children with disabilities. New immigrants may not ask for services for their children (Al-Hassan & Gardner, 2002). As the classroom teacher, it will be important that you advocate for the child’s needs and fully explain the referral and testing process to families in a way that they can understand.

As you think about communicating with families of children with exceptional needs, consider this situation:

As a second-grade teacher, you have not had a good relationship with a particular parent. Carl’s parent is a single mom raising three children. She does not come in to school often or contact you, but when she does, she is usually unhappy about something. You have tried to be very pleasant but are getting frustrated with her complaining. Carl misses quite a bit of school and is falling behind in his academic work. He also has some difficulty getting along with his classmates. You have decided to send Carl’s mom a letter through the mail requesting a meeting to discuss Carl. You want to talk with her about his academic and behavior problems. You schedule the meeting during your 30-minute lunch period. She is 10 minutes late so you only have 20 minutes in which to express your concerns. You jump right in and talk with her about his problems. After
about 10 minutes, Carl’s mom looks at her watch and says she has to go. You weren’t able to get your points across and weren’t able to discuss next steps.

What could you have done differently? What communication tips could you have used to make this a more productive meeting?

FAMILIES OF CHILDREN WITH AUTISM

According to the Centers for Disease Control, autism is diagnosed in 1 out of 110 children today, making autism more prevalent than childhood cancers, multiple sclerosis, and cystic fibrosis combined (Autism Education Network, 2011, para 1).

A special note should be made about working with families of children with autism. Research has demonstrated that parents of children on the autism spectrum disorder (ASD) do not always feel valued as equal partners with educational professionals. However, teachers with positive dispositions toward students with autism increase the trust parents feel in schools and their resources. An ongoing program (PACE) involving parent-professional training that articulated its theme as “knowledge is power” noted awareness of the following dynamics with families of students with autism:

1. Families differ in experiential background based on the severity of the child’s autism. Parents of children with severe ASD frequently experienced difficulty relating to parents of children with milder forms of ASD.

2. Family stories function as powerful learning tools for educators unaware of the characteristics of ASD. In addition, parents of children with special needs can be positively affected by these stories (Murray, Ackerman-Spain, Williams, & Ryley, 2011).

As noted in the earlier quote from a mom of a child with autism, “cybermothers” of children with ASD often surf the Internet in search of supportive solutions to the unique challenges of raising their children. They establish social networks through blogs and interactive websites and seek current research articles as well as practical ideas to help their children. School districts can take advantage of this driving interest to connect with parents of students with autism by using their school website to post articles or set up blogs. Family resource centers can serve as the locus for online peer-support networks (Zeman, Swake, & Doktor, 2011).

REFERRAL PROCESS AND IDENTIFICATION

General education teachers are crucial to the entire special education process. As mentioned previously, you are typically the professionals who notice that a student is having learning and/or behavioral problems, and you are the one who communicates with the family first. You are the one to try different interventions to assist the student. It is imperative that you
understand the processes, timelines, and procedures for students to receive special services so that you can explain them to the family. The family often will not know other school personnel (psychologists, speech and language pathologists, therapists, etc.) and will look to you to explain what is happening with their child.

Screening and Testing for Exceptionality

Students do not automatically enter special education programs. For their protection, and to make sure placement is done carefully and accurately, there are various steps in accomplishing this. Family members should be involved and informed about every step of the process. These steps include the following:

1. **Referral.** Parents or guardians, school personnel, students, or others may make a request for an evaluation. The referral typically is directed to a school team made of special services personnel, administrators, and general education teachers. Often, the team will make recommendations to the classroom teacher about initiating and/or continuing interventions he may conduct in the general education classroom. The classroom teacher does this and reports to the team. The team may then recommend proceeding with an evaluation. Throughout this first step, the family is kept in the communication loop, often providing additional information to the team.

2. **Assessing eligibility for special services.** This must be a full and individual evaluation using a multidisciplinary team and nondiscriminatory instruments and procedures. Parents or guardians must give written permission for an evaluation. The purpose of the assessment is to determine eligibility for special education services and to assist in the development of the IEP. If the district refuses to conduct an evaluation, it must notify families and let them know their rights. If a child is not eligible for services, families have the right to disagree with the decision. Families also have the right to an independent educational evaluation.

3. **Development of an IEP.** If a child is eligible for special education and parents or guardians agree, both parties will plan the child’s IEP at an IEP meeting. (An IFSP for children younger than three years will be discussed separately.) The IEP states what special services a child will need, including measurable annual goals and objectives as well as benchmarks to record progress. Additionally, the IEP specifies (a) who will deliver services, (b) what criteria will be used to assess progress, (c) the extent to which the student will have access to the general education curriculum, (d) the extent to which she will participate in statewide or school assessments, (e) a behavior plan (if needed), and (f) a process for reporting progress to families.

4. **Determining placement.** Placement decisions are made after the IEP is written. These decisions may occur at different meetings. Placement must be made into the LRE appropriate for the child, and it must be based on annual goals and on the special education services needed. An IEP meeting must be held at least once a year. Parents or guardians are part of these meetings and must consent in writing to the contents of the IEP. If families disagree with the IEP and/or the proposed placement, a compromise agreement is attempted.
Cultural and linguistic diversity can play a major role in the identification and education of students with exceptional needs. In some instances, students from diverse cultures that differ from the mainstream culture are overrepresented in the special education population, and the rate at which minority students are placed in special education is increasing (The Civil Rights Project, 2002). Data from the 2002 Annual Report to Congress on Implementation of IDEA, submitted by the U.S. Department of Education’s Office of Special Education Programs (OSEP), showed that from ages 6 to 21 years,

[the percentage of] American Indian/Alaska Native and Hispanic children receiving services for specific learning disabilities, the percentage of Asian/Pacific Islander children receiving services for speech or language impairments, and the percentage of Black children receiving services for mental retardation were somewhat higher than the percentages for all students served under IDEA. (U.S. Department of Education, 2002, p. II-24)

A recent analysis of minorities in the different disability categories found that African American students were more likely to be labeled as intellectually disabled, learning disabled, or emotionally disturbed than white students, and they were also more likely to be excluded from general education classrooms (Jordan, 2005). Some believe that the overrepresentation of African American males in special education is because of biased testing and lack of cultural competence on the part of those making the referrals for evaluation. Teachers should be aware of cultural differences that sometimes manifest themselves in the classroom and should be given staff development opportunities to learn to understand culturally sensitive testing practices (T. Moody, personal communication, March 5, 2008).

Families in low-socioeconomic conditions, especially minority families, are often the most vulnerable, and it is vital that accurate documentation of the students’ abilities be obtained before beginning the special education referral process. Williams (2007) recommends that school leaders focus on the following three areas to ensure that ethical, thoughtful, and culturally competent practices are standard throughout the referral process.

1. **Facilitate a school atmosphere of transparency, trust, and collaboration with families.** Many families receive overt and covert messages that their experiences and opinions about how their child learns best are of little importance to the school.

2. **Attract, recruit, and retain teachers who practice culturally responsive family involvement.** These teachers should continually ask themselves, “What do I expect from parents, why do I expect this, and how does it support the child’s education?” (Williams, 2007, p. 260). These teachers are aware of both the narrowly defined ideas of parental roles and obligations held by some educators and the expanded community-based roles families actually assume.

3. **Recognize the sociocultural, political, and historical realities that shape the experience of students and affect educational outcomes.** Remember that families are shaped by their worldviews and community interactions.

As you think about your role in the referral, screening, and evaluation process, consider this situation:
A parent of a student in your fourth-grade class sets up a conference with you. He believes his son has a learning disability and wants him placed in special education. When you explain that there is a process and timelines to be followed, he doesn’t understand and thinks the district is trying to deny help to his son. You have some concerns about this student’s academic progress, but there are others in your class you believe have more serious problems. At this conference you intend to explain the process to this father and hope that you can come to a shared understanding of the situation.

What will you tell this parent about the special education process? How will you explain to this parent that the timelines are for his son’s protection? What other things could you do with this student and parent while you are going through the special education process?

**INVOlVING FAMILIES IN THE IEP PROCESS**

By reviewing the special education process, you can see that the IEP is one of the most critical parts of ensuring appropriate education for children with disabilities. A school district must ensure that families are notified and that they have a chance to participate in the development of the IEP. Besides providing the date, time, and location of the IEP meeting, notification of this meeting must include the names of those who will be attending and the purpose of the meeting. All efforts should be made to make sure that families can attend this meeting. The IEP team must include the parents or guardians of the student, at least one general education teacher, a special education teacher, and a representative of the district who knows the general education curriculum and knows the available resources for students with disabilities. Others may attend at the discretion of the family or the school district (Hardman et al., 2008).

How do you prepare yourself for the IEP meeting? Again, remember that other than the family, you know more about the student than anyone else. Armed with information from the evaluation that has been completed, you can compare that evaluation with classroom work the student has done for you; you will then be able to bring to the meeting some general goals and benchmarks and to suggest criteria for determining whether these benchmarks have been reached. In addition to preparing yourself for the meeting, you can assist the family members in their preparations. Prior to the meeting, make sure that the family has been notified and that the date and time are convenient for them. Students with exceptional needs are more likely than others to be raised by single mothers or other female caregivers. Because of this, the balance between work and family is often an issue, and the scheduling of an IEP meeting should take this into account (Cohen, 2006). When preparing families for the meeting, tell them who will be there and what these people’s roles are in the process. It can be overwhelming to walk into a room with five or six school professionals present. Families should also know that they can bring guests to the meeting, but they should inform the IEP team that they will be doing so. Advise the parents or guardians as to what will go on during the meeting, emphasizing their role and importance to the meeting. Encourage them to think about the goals they have for their child and bring those up at the meeting. They should also be encouraged to question anything that is said at the meeting that they don’t understand. They should make sure that they agree with the IEP before they sign (Hardman et al., 2008; PACER Center, n.d.).
It is important to remember that the IEP meeting is to develop, with family input, a plan for the student’s education. According to IDEA, the IEP is supposed to be written by parents or guardians, teachers, and administrators who know the child. In some cases involving low-income or minority families, educators may be hesitant to include them in the initial drafting of the student’s IEP. Instead, they will write the IEP without family input and only ask for the parents’ or guardians’ signature when they arrive at the IEP meeting. Williams (2007) writes that this practice is not only illegal, but also “immoral and grossly unethical” (p. 255). As the teacher, it is important that you be an advocate for students and families in ensuring that their legal rights are observed and that they do participate in the planning process.

After the entire process is completed, the child often continues to spend part of each school day in your classroom. You should familiarize yourself with the IEPs of the students in your classes and be clear on your responsibilities with regard to their education. A carefully developed IEP will provide the appropriate framework for the student’s education.

As you think about your role in the IEP process, consider this situation:

As a new first-grade teacher, this is the first time you have had a student in your class who was found eligible for special education. You worked through part of the process by providing alternative strategies for the student to use in the general education classroom, and you have kept good documentation of the student’s progress. You have been in communication with the family of the student throughout the process. It is now time for the IEP conference, and it has been scheduled at a time when you are in class.

What should you do about this time conflict and how should you prepare for the IEP meeting? What is your role in the IEP conference?

**COLLABORATION WITH FAMILIES OF YOUNG CHILDREN: INDIVIDUAL FAMILY SERVICE PLANS**

Part of IDEA (Part C) deals with children under the age of three years with exceptional needs. Instead of the IEP, the guiding plan for the child as well as the family is called the individual family service plan (IFSP). There are differences between the IEP and the IFSP, with the primary difference being the greater focus on the family in the IFSP. See Table 11.3 for a summary of differences between the IEP and the IFSP.

Besides containing information about the services the child will need, the IFSP includes information on what is necessary to facilitate the family’s capacity to enhance the child’s development.

The IFSP contains the child’s present level of development; the family’s resources, priorities, and concerns; the major outcomes to be achieved by the child and the family; and the services necessary to achieve the outcomes. The services are to be implemented in the natural environments
of the child. Like the IEP, the IFSP also contains dates and duration of services, service providers’ names, and the steps that will be taken to support transition to preschool or to other types of services (Bruder, 2000).

It is obvious that families are critical in the development and implementation of IFSPs. For many families, this will be the first interaction with any type of “system” as it relates to their child; it is critical that professionals offer services in a family-centered way. Some key principles of family-centered care include (a) the family is the constant in the child’s life, (b) collaboration is important, (c) sharing of information between families and professionals is necessary, (d) family diversity and strengths should be honored, and (e) services should be flexible (Shelton & Stepanek cited in Batshaw, 2002).

How might you help a family prepare for the development of an IFSP? Recognizing that it is based on a child and family’s strengths, their concerns, and their priorities is the first step. More than ever, families should take the lead in this system. As a professional, you may need to help guide families to recognize their strengths and priorities, and you should be sensitive to a family’s culture, routines, and values. Table 11.4 provides guidelines for helping families prepare for the IFSP meeting.
When children with exceptional needs reach the age of three years, they will move into the public school realm, and this transition can be difficult for some families. Consider that, prior to this, the child may have had the same therapists for three years, with therapy done in the familiar home or child-care setting. Now, the services are shifted to a public school setting. This typically involves new testing, lengthy meetings, and much paperwork. Families may have to learn education laws, and they must learn the IEP process and get adjusted to new therapists and teachers. One mother said her experience made her feel all these feelings:

- **Sad:** “Overnight, our child went from being a baby to being a school girl!”
- **Overwhelmed:** There were lots of new things to learn.
- **Tired:** It was hard to juggle meetings, therapy, and paperwork.
- **Angry:** Strangers were telling us what they think is best for our child based on a test score.
- **Surprised:** We didn’t know we would have to “fight” for our daughter’s rights.
- **Comforted:** Most parents describe the IEP process in the same way. We weren’t alone. (J. Pewitt-Kinder, D.O., personal communication, March 19, 2008)

Because of fears of a special education label, some parents may be hesitant to have their child evaluated for special services by the public school. One parent described her fears:

I noticed at around 2 ½ Anna wasn’t saying more than one or two words. She did a lot of holophrasing, and we all knew what she wanted, so we gave it to her. At her third-year check up, I voiced my concerns to my pediatrician. She suggested speech therapy. I contacted [a local] university and had her evaluated and started in their program working with graduate students. She did two semesters with a student and participated in a play-group setting. The coordinator suggested I have Anna evaluated for a diagnosis—suggesting

---

**Table 11.4 Helping Families Prepare for an Individualized Family Service Plan (IFSP) Meeting**

<table>
<thead>
<tr>
<th>Teachers and other professionals can help families prepare for an IFSP meeting in the following ways:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Suggest that families talk with others who have been through the process to gain some insight.</td>
</tr>
<tr>
<td>• Make sure families know as much as possible about their child’s developmental delay or physical or mental condition that may lead to a delay.</td>
</tr>
<tr>
<td>• Have families list their questions and concerns in writing prior to the meeting.</td>
</tr>
<tr>
<td>• Suggest that families invite those they believe are critical to the successful implementation of the IFSP to the meeting.</td>
</tr>
<tr>
<td>• Make sure that families understand that they have the right to provide input as to the day, time, and location of the meeting.</td>
</tr>
<tr>
<td>• Have families think ahead of time about where they want services for their child to be delivered.</td>
</tr>
<tr>
<td>• If needed, help families identify their concerns, strengths, and priorities, as they will be asked to share on these topics in the meeting.</td>
</tr>
</tbody>
</table>

*Source:* Adapted from North Bay Regional Center (n.d.).
Asperger’s syndrome, sensory [disorder], etc. I took her to a neurologist and he gave her the diagnosis of PDD-NOS [Pervasive Developmental Disorder—Not Otherwise Specified]. Up to that point, I had never heard of PDD-NOS. Further, he didn’t tell me it fell on the [autism] spectrum. He advised me to have her evaluated by the public school and enroll her in a preschool. She already was in a private preschool two days a week. The last thing I wanted to do was have her evaluated by the public school. Personally, I felt like they were going to label her and it would turn into this vicious never-ending cycle. (A. Fildes, personal communication, April 26, 2011)

If you are working with a family who is transitioning from an early intervention program to the school setting or entering a public school setting for the first time, it is important that you be understanding and patient and realize the importance for the family of a positive first experience with school.

As you think about collaborating with families of young children with exceptional needs, consider this situation:

Your first job is working for an agency providing services to families of children with exceptional needs who are under the age of three years. You have been hired to travel to the homes of children to deliver early intervention services with a speech and language therapist. Because of the unique nature of the settings, you encounter families of different cultures, living conditions, beliefs, and practices. Becky, the speech therapist, is experienced, and you are relying on her to help you through the first IFSP meeting in which you will be participating. She tells you that the parents have somewhat limited abilities, and she is unsure of their reading ability. When you get to the house, you notice that Becky already has the IFSP forms filled out, and at the meeting, she goes through the forms quickly. You can tell that the parents are confused, but they do sign the forms. You also notice that the parents obviously love their child and are doing a good job raising her.

Is there anything you could have done differently during this IFSP meeting? How will you prepare for the next IFSP meeting in which you will participate? What might this experience teach you about differences in families?

As you can see, your role as a child’s primary teacher is of critical importance in getting the appropriate assistance and services for students in your class who have disabilities. You are a key person in this rather complicated process. Obtain the knowledge needed to work with other professionals and families and to do what is right for your students.

RESPONSE TO INTERVENTION

A new approach that is becoming increasingly prevalent in schools to address the learning difficulties of all children is response to intervention, or RTI (Dunn, 2010). This model uses a three (or more) tiered approach where each level offers increasingly intensive interventions for struggling learners (Byrd, 2011). Figure 11.1 illustrates how the process works in primary grades reading instruction. All children are given instruction in Tier 1, with regular testing or universal screening to determine if children are making progress or
having difficulties. Children who need help with specific skills will receive interventions in Tier 2, through small group instruction with other children who are having similar difficulties. This instruction is designed to help them catch up with peers and not fall behind. It is expected that 90% to 95% of students will be successful in school through instruction in Tiers 1 and 2 (Hoover & Love, 2011). For the small number of children whose needs are not met in the general classroom or small group instruction, Tier 3 offers intensive one-on-one instruction and support. RTI is often depicted in a pyramid model, illustrating that all children receive high-quality instruction in Tier 1, with fewer students needing help in Tier 2, and a small percentage needing the intensive intervention of Tier 3. Although the model is most commonly used with reading in the primary grades, schools are also implementing this approach in other subjects, such as mathematics, as well as for behavior issues. Research has shown that RTI is having a positive impact on student learning, with a decline in special education placements from 4.5% to 2.5% in schools using RTI (Dunn, 2010).

The RTI approach differs from the “wait to fail” model of the past with its preventive approach (Dunn, 2010; Hoover & Love, 2011), and it may be difficult for parents or caregivers to understand the new terminology and methods. Terms like “progress monitoring,” “intervention,” or “universal screening” represent educational jargon to families, and in many schools, there has been little attention to the families’ role in RTI or how to educate them about this new process (Byrd, 2011). Helping families understand that RTI is a general education initiative for all families and how it differs from traditional special education practices requires the efforts of everyone: administrators, classroom teachers, the parent liaison, and the school’s RTI team. Communicating throughout the interventions process regularly can also help the transition for children to special education, as families better understand all the efforts that have been made to help their children. Following are some suggestions for communicating about and involving families in RTI:

- Have parent education meetings to explain RTI; create DVDs of the presentations for families who were unable to attend.
- Provide all families with print and online information (translated for families who do not speak English) about RTI. The National Center on Response to Intervention offers helpful handouts that can be given to parents.
- Ask parent leaders, such as PTA officers, to serve on the school’s RTI team.
- Have family members share the RTI process from their perspective in newsletter or newspaper articles, as well as at parent education meetings (Byrd, 2011).

**WORKING WITH FAMILIES OF GIFTED AND TALENTED STUDENTS**

Until every gifted child can attend a school where the brightest are appropriately challenged in an environment with their intellectual peers, America can’t claim that it’s leaving no child behind.

—Jan and Bob Davidson (2005)
Response to Intervention Framework in Primary Grade Reading

Response to Intervention (RTI) is a framework for supporting students who are potentially at risk and assisting them before they fall behind. RTI is implemented by assessing students, providing high-quality instruction, and monitoring student progress. RTI is depicted as a triangle with three tiers of intensity.

 Tier 1: Core Instruction
- All students receive high-quality instruction.
- Regular classroom instruction.

 Tier 2: Supplemental Instruction
- Small group, more intense instruction.
- Instruction focused on specific skills.

 Tier 3: Intensive Support
- Individualized, intensive instruction.
- Interventions based on student needs.

Universal Screening
- Regular assessment of all students.
- Identification of students needing additional support.

Progress Monitoring and Differentiation
- Ongoing assessment to monitor progress.
- Adjustment of instruction based on student needs.

Tier 2 & 3 Systematic Skill Instruction
- Provide small group instruction at Tier 2.
- Intensive instruction at Tier 3.
- Instruction focuses on foundational skills.

Students who are gifted and talented are often not considered when people discuss the topic of exceptional needs. As you may have noted, gifted and talented is not one of the categories defined by IDEA as requiring special educational services. Because gifted and talented students just seem to know information and learn faster than other students, some people question whether any intervention is needed. However, as one parent of a student who is gifted stated, “We are often portrayed as antidemocratic because we want special classes for our children. The simple fact is that students with special needs require special services” (Martin, 2002, p. 3). As with any student who has an exceptional need, gifted students have a right to a “free and appropriate education.” However, as opposed to the other exceptional needs with federal legislation requirements, there are no national mandates for gifted education programs, and your school may provide services for students who are gifted and talented. Gifted education programs are under the supervision of state laws, which vary greatly, and family involvement in planning a gifted student’s educational program has not received the same attention by states or school districts as for students in special education (Hertzog & Bennett, 2004). Because of this lack of national requirements for gifted education, a student who is gifted may not have access to a teacher who specializes in gifted education, and the general education classroom teacher may be the student’s primary educator (Milligan & Nichols, 2005).

The Department of Education defines students who are “gifted and talented” as children or youth who give evidence of high achievement capability in areas such as intellectual, creative, artistic, or leadership capacity, or in specific academic fields, and who need services or activities not ordinarily provided by the school in order to fully develop those capabilities. (U.S. Department of Education, 2004)

Typically, most programs in schools focus on students who are intellectually advanced (gifted) rather than students who have artistic, creative, or leadership talents. Families must often find enrichment for their talented children through extracurricular or private activities. Therefore, this discussion will focus on working with families of students who are gifted.

As with students with exceptional needs, identifying children who are gifted is one of the first steps in meeting their needs. About 80% of parents of gifted children can identify their child’s giftedness by age four or five years (often more accurately than teachers), and they can provide the most realistic information about their children’s abilities and needs. Therefore, consulting with them is a good place to start when beginning the testing process (Smutny, 2000). However, this does not mean that all families understand the characteristics and needs of gifted children. Families need accurate information about giftedness and the testing involved in the identification process. As the classroom teacher, you need to communicate this information in a way that is free of educational and psychological jargon.

Once a child has been identified as gifted, the next issue that families and educators face is how to best meet their child’s needs, apart from those that can be met by the general education classroom curriculum. Families may have to make decisions such as whether their child should attend a magnet school for gifted students or stay in the same school but leave the classroom to spend a portion of the school day in a gifted pullout program. Gifted
children may also be accelerated, or advanced, to a higher grade for some or all subjects or stay in the general education classroom but receive differentiated instruction, such as **cluster grouping** (students who are gifted are placed together in a classroom with other students of mixed abilities with a teacher who has training in how to teach students with exceptional abilities) or **curriculum compacting** (strategy for differentiating instruction for gifted students, where they move at a quicker pace through classroom material and then have time to study other topics of interest in more depth). They may even be home schooled if the school cannot meet their needs. Students who are gifted are quite different from one another, and their abilities may be uneven. For example, a verbally highly gifted child may lack math skills, and a cognitively gifted child may be uninterested in physical activities. Students may also be **twice-exceptional**, or both gifted and learning disabled. This can make placement decisions difficult for both families and teachers. Other factors for families to consider are the social and emotional issues that may arise if children are accelerated to a higher grade and spend the school day with older students. These issues add to the difficulty of choosing an appropriate education for an individual child, as there are no clear-cut recommendations, and every child is different. As one parent said, “Every year the decision-making process is painful, and the fear of doing the wrong thing is always on my mind” (Reinisch & Reinisch, 1997, p. 242).

One of the problems in making placement decisions for their gifted children is that families do not always feel like equal partners with educators while these decisions are made, and educators may have misconceptions about what “giftedness” is. For example, a teacher may not want to send a student to a gifted program because the student does not complete his work in class, when, from the family’s perspective, the student is not being challenged and is refusing to do busywork. One study found that parents reported that they felt they had little control over the education their children received at school, and they supplemented what they thought was lacking in their children’s education with extracurricular activities. As one parent stated, “I don’t have any control. I feel I can only make suggestions and hope the teacher uses them” (Hertzog & Bennett, 2004, p. 102). Because the general education classroom curriculum may not be the best match for children who are gifted, communication and collaboration with their families are crucial in meeting these children’s needs.

As with all families, it is important to listen to the fears, worries, and suggestions of parents of gifted children about their children’s education. Sadly, parents of students who are gifted often report that their most difficult relationships are with educational professionals (Stephens, 1999). Often perceived by teachers as being a “pushy parent who expects special favors” (Reinisch & Reinisch, 1997, p. 246), the mother of a child who is gifted typically has had to be an advocate for her child. One parent described how, in meetings with school personnel to discuss her child’s needs, she felt she was in an “us versus them” situation (Reinisch, & Reinisch, 1997, p. 248). Adversarial situations such as this benefit no one, especially not the child. It is important to recognize that families and teachers have the same goal: to help children reach their highest potential. Although teachers may not agree with parents about how best to reach that goal, collaboration is the key to the process (Strip & Hirsch, 2001).

Families of children who are gifted can provide incredible insights into their children’s abilities and needs, and they can be a great support to you in your teaching efforts. Some
tips for working with families of gifted students include the following:

- Learn as much as possible about the characteristics and the needs of gifted students. If possible, form a study group on gifted education with other teachers at your school and seek to be a resource for families.
- Seek families’ input in learning about how to meet the needs of gifted students. Recognize that parents know their child’s abilities better than anyone; listen to their ideas about how to meet their child’s needs.
- Help families be informed and help them understand the mandated process for identifying and referring gifted students. Explain which tests are used and when they are given.
- Work together with parents to find creative ways to help the child reach her full potential. Gifted children may require a combination of different approaches, such as acceleration, or advancement to a higher grade; enrichment in the classroom; home schooling for some subjects; or a part-time pullout program; and the requirements may change over time. Look beyond traditional approaches and work with families, not against them.
- Consider the family’s perspective when conflicts arise; look at the situation through their eyes (Strip & Hirsch, 2001).
- Help families find needed resources such as information or organizations on parenting gifted children; create a resource center in your building with literature on gifted children.
- Families of students who are gifted report feeling isolated. Help them connect by starting a support group for families of gifted children, if none exists in your community (Reinisch & Reinisch, 1997; Stephens, 1999).
- Offer parent education programs on topics that families have shown an interest in, such as the social and emotional needs of gifted children or community resources for enrichment.
- Ask parents and extended family members to volunteer in the classroom in a variety of ways, including helping with special projects or trips, to help you to provide enrichment for their child; develop an instructional partnership with parents and extended family members in which they make regular contributions to their child’s education beyond the class curriculum. Share the role of instructor with them (Radaszewski-Byrne, 2001).
- Keep ongoing documentation about the child’s cognitive development and share this information regularly with families. This information will be helpful to them in making decisions about their child’s educational placement. Also, observe whether a gifted student may be struggling socially or emotionally and communicate this information to families.

As you think about working with families of students who are gifted, consider this situation:

A week before school begins, a mother of one of your prospective kindergarten students brings her daughter to meet you and visit your classroom. The mother tells
you that her daughter is quite advanced, and she is concerned that she won’t be challenged enough by the kindergarten curriculum. You assure the parent that you will provide the challenge the student needs. As the child explores the room, she sees a poster featuring characters from Milne’s *Winnie the Pooh* and begins quoting complex passages from the book, using different voices for the characters. In your housekeeping area, she asks if the red plastic apple in the cupboard is a Red Delicious, a Jonathan, or a McIntosh, and then proceeds to tell you that if the apple were green or yellow it could be . . . and names off many apple varieties, some of which you have never heard of. As the child looks at the other wall decorations, she reads the names of the children on the posted class list and says, “Lauren Ann Jones—that must not be the Lauren Jones in my preschool class last year because she is Lauren Sue Jones.” Her mother smiles fondly at her and tells you, “She is really reading well now. She loves *The Boxcar Children* series and just recently devoured *Mary Poppins*.” As the parent and child continue to walk around the room, you think about your reading lesson plans for the first week of school on beginning consonant sounds and wonder what you’re going to do with this child. (J. Trautwein, personal communication, July 12, 2007)

What do you already know about this child from the encounter with her and her mother? What do you still need to learn about her? What resources can you use to meet this child’s needs? How can you develop a plan for this child, similar to an IEP, to help her reach her potential?

**SUMMARY**

This chapter has explored the crucial role that you will play in working with the families of students who have exceptional needs. Many suggestions from past chapters for building strong relationships with families apply here; in fact, it is even more important that you have special skills and knowledge to be successful with these families. Understanding how families view having a child with an exceptional need, and knowing the legislation relating to disabilities and your role in the referral and evaluation process are all crucial. Respecting families’ beliefs and their ideas on how to help their child be successful is also essential. With all families, communication is the key to success.

**REFLECTION QUESTIONS**

Reread the In the Classroom case study presented at the beginning of the chapter, and reflect on these questions:

1. Why do you think Kyle’s parents reacted as they did? Is their reaction typical of parents who are told that their child might have a disability? If so, how?

2. What are Kyle’s parents’ legal rights in this situation? If Kate believes that Kyle needs specialized services, can testing and subsequent placement be done without their permission?
3. How should Kate proceed with the Barkers after this conference? Should she involve anyone else in the situation? If so, who? What steps should be taken to repair the home-school relationship? If testing determines that special placement is needed, how can Kate work effectively with the Barkers through the IEP process?

WEBSITES


This is an organization focused on meeting the needs of exceptional children and their families. Check out their publications and products page for downloadable information on advocacy, as well as books to purchase on issues of diversity in special education.

The Family Center on Technology and Disability, funded by the Office of Special Education Programs, [www.fctd.info/about/purpose.php](http://www.fctd.info/about/purpose.php).

This resource is designed to support organizations and programs that work with families of children and youth with disabilities. The site includes free Family Information Guides to Assistive Technology as well as a series of fact sheets and a parent glossary for terms associated with assistive technology (in Spanish and English).


This site offers information for families and teachers on how to support the needs of high-potential learners. The site includes numerous resources for teachers on hot topics and offers sample lesson plans and ideas on how to challenge gifted learners.


This site includes online articles focusing on parents and/or children with disabilities, publications on the legal program for parents with disabilities, and many other resources supporting families with disabilities.


This site offers a wealth of information relating to special education laws and advocacy for children with disabilities. It has a long list of topics relating to special education, updates on IDEA 2004, with links to free flyers, publications, and free subscription to The Special Ed Advocate newsletter.
STUDENT STUDY SITE

Log on to the student study site at www.sagepub.com/grant2e for additional study tools, including the following:

- eFlashcards
- Web quizzes
- Web resources
- Learning objectives