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AN EXAMINATION OF THE RELATIONSHIPS BETWEEN PARENT-
PROFESSIONAL PARTNERSHIPS AND PARENTAL EMPOWERMENT
FOR STUDENTS WHO RECEIVED SPECIAL EDUCATION SERVICES
THROUGHOUT THE COVID-19 PANDEMIC

by

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Dedication

This work is dedicated

...to my amazing son Preston. There were many long nights spent in front of the computer, in the library, or at class and he has been by my side through all of it. As a single mother there were many days where work and life attempted to derail my completion of this project, many days when I just wanted to give in. However, that sweet face of encouragement kept me going, making sure I was hydrated and fed, and reminding me that he believed in me. I dedicate this work to all the nights of cuddles lost so I could complete an important work that will advance our future lives.

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All of you have helped me grow as a student, a researcher, and a person, and I dedicate this work to you.

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This doctorate was not earned alone.

You all were there by my side.

You pushed me past my breaking point,

You held me when I cried.

You watched my son, and made me meals,

And made my words make sense,

I never would have made it this far,

Or even gotten through defense.

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Every check-in and every call,

Every text message that said I could do it.

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ABSTRACT

AN EXAMINATION OF THE RELATIONSHIPS BETWEEN PARENT-PROFESSIONAL PARTNERSHIPS AND PARENTAL EMPOWERMENT FOR STUDENTS WHO RECEIVED SPECIAL EDUCATION SERVICES THROUGHOUT THE COVID-19 PANDEMIC

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University of Houston-Clear Lake, 2023

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The purpose of this study was to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. Elementary parents in southeast Texas who had children who received special education services throughout the COVID-19 pandemic when children participated in online learning were solicited to complete *Family-Professional Partnership Scale* and the *Parent Empowerment and Efficacy Measure* (PEEM). The data were analyzed using frequencies, percentages, and a Pearson's product-moment correlation (r) to determine the relationships between parent-

professional partnerships and parental empowerment for elementary students who received special education services throughout the COVID-19 pandemic. The solicited parents were also invited to participate in individual interviews. Findings indicated that a high number of parents felt empowered to meet their child's overall needs throughout the pandemic, and that parents highly perceived parent-professional partnerships as influencing their relationships with professionals throughout the pandemic. Results also showed that as parent-professional partnerships increase, parental empowerment also increases.

TABLE OF CONTENTS

List of Tables	xi
CHAPTER I: INTRODUCTION.....	1
Research Problem	2
Significance of the Study	3
Research Purpose and Questions	5
Quantitative Questions.....	5
Qualitative Questions.....	5
Definitions of Key Terms	6
Conclusion	8
CHAPTER II: REVIEW OF LITERATURE	9
Basic Information Regarding Special Education	11
Special Education Eligibility and Key Terms.....	11
Special Education Statistics	13
Special Education Reform	15
Parent-Professional Partnerships	18
Parental Empowerment.....	20
Barriers to Collaborative Practices	21
Negative Parent Perceptions	22
Parent and Familial Stress.....	23
Changes Due to the COVID- 19 Pandemic	24
The Importance of Partnerships and Empowerment During the Pandemic.....	25
Theoretical Framework.....	28
Conclusion	30
CHAPTER III: METHODOLOGY	32
Overview of the Research Problem	32
Operationalization of Theoretical Constructs	33
Research Purpose and Questions	34
Quantitative Questions.....	34
Qualitative Questions.....	34
Research Design.....	35
Population and Sample	35
Participant Selection	38
Instrumentation	39
Family-Professional Partnership Scale	39
Parent Empowerment and Efficacy Scale.....	40
Data Collection Procedures.....	41
Quantitative.....	41

Qualitative.....	42
Researcher Role	42
Data Analysis	43
Quantitative.....	43
Qualitative.....	44
Qualitative Validity.....	45
Qualitative Reliability.....	46
Privacy and Ethical Considerations	46
Research Design Limitations	47
Conclusion	49
 CHAPTER IV: RESULTS.....	 51
Participant Demographics	51
Research Question One.....	59
Research Question Two	64
Child-Focused Relationships	64
Family-Focused Relationships.....	65
Research Question Three	70
Research Question Four.....	70
Value for Parent-Professional Partnerships	70
Increased Parent Self-Efficacy.....	73
Reciprocal Communication and Collaborative Decision-Making	77
Research Question Five	80
Challenges of Distance Learning	80
Instruction Impact	81
Parental Support.....	83
Social Changes.....	87
Conclusion	88
 CHAPTER V: SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS	 90
Summary of Findings.....	91
Research Question 1	92
Research Question 2	93
Research Questions 3 & 4.....	94
Research Question 5	96
Implications.....	97
Recommendations for Future Research	101
Conclusion	103
 REFERENCES	 105
 APPENDIX A: SURVEY COVER LETTER	 124

APPENDIX B: FAMILY-PROFESSIONAL PARTNERSHIPS SURVEY	125
APPENDIX C: PARENT EMPOWERMENT AND EFFICACY MEASURE.....	127
APPENDIX D: INFORMED CONSENT	128
APPENDIX E: INTERVIEW PROTOCOL.....	130

LIST OF TABLES

Table 3.1 School and Student District Frequency	36
Table 3.2 Student Demographics Percentages by District	37
Table 3.3 Special Education Demographics Frequency by District.....	37
Table 3.4 Special Education Demographics Percentages by District	38
Table 4.1 Demographics of Parent Participants	53
Table 4.2 Demographics for Children of the Participants by Grade Level.....	54
Table 4.3 Interview Participant Descriptions and Pseudonyms.....	56
Table 4.4 Demographics of Interview Participants in the Study.....	58
Table 4.5 Total Number of Children the Interview Participants Have	58
Table 4.6 Special Education Eligibility Demographics for Children of the Interview Participants	59
Table 4.7 Grade Level Demographics for Children of the Interview Participants During COVID-19	59
Table 4.8 Expanded Responses to “Efficacy to Parent” Questions on the Parent Empowerment and Efficacy Measure	61
Table 4.9 Collapsed Responses to “Efficacy to Parent” Questions on the Parent Empowerment and Efficacy Measure (%).....	63
Table 4.10 Expanded Responses to Family Professional Partnership Scale.....	66
Table 4.11 Collapsed Responses to Family Professional Partnership Scale.....	68

CHAPTER I: INTRODUCTION

From the one room homogenous schoolhouse of the past to the multi-level structure of today, education has drastically changed over the last few hundred years. Not only has there been an evolution of the environments and the ways in which all students learn from that of the past, but there has also been a shift in the diverse types of learners in schools. In fact, a societal shift in the ways in which students with special needs are perceived, treated, and educated has occurred (Spaulding & Pratt, 2015). Through variations of special education litigation and legislation, an era of change occurred that fosters inclusion (Dorn et al., 1996). No longer is institutionalization (Spaulding & Pratt, 2015) or separate schools the way in which children with disabilities are educated (Littleton, 2020).

In 2019, 64.8 percent of special education students spent 80% or more of their time in regular education classes, up from 31.7 percent in 1989 (Riser- Kositsky, 2021). Parent advocates led the charge for change (Spaulding & Pratt, 2015), and parents continue being vital proponents in the education of special education students. The Individuals with Disabilities Education Act (IDEA) of 1990, and its reauthorization in 2004 made collaborative partners a legal standard (U.S. Department of Education, 2018). Primary stakeholders such as students' families, schools, and agency personnel, and at times the student with the disability themselves were expected to be collaborative partners in the determination of goals for a student, as well as the participation in helping the student meet those goals (U.S. Department of Education, 2018).

Unfortunately, studies indicate that collaboration may not be occurring to the degree of satisfaction initially expected from the reciprocal federal and state expectations, both for satisfaction of the participants, as well as student outcomes despite the statute.

The level of participation as well as the satisfaction and student educational outcomes may have been affected as a result of the COVID-19 pandemic (from Spring 2020 to 2022) as school closures affected over 1.5 billion students worldwide (UNESCO, 2022). This chapter will describe the research problem in the study, the significance of the study, the research purpose, and questions as well as give the definition of key terms.

Research Problem

In the 2019-2020 school year, there were 7,281,881 students, 14.1 percent of the total public-school enrollment for prekindergarten through grade 12 in the United States (U.S.) aged three to twenty-one with disabilities, served under the *Individuals with Disabilities Education Act* (IDEA) (U.S. Department of Education, 2021). Of those roughly seven million students, 532,185 students were served in Texas alone (Riser-Kositsky, 2021; U.S. Department of Education, 2021, February). In that same year, the COVID-19 pandemic deemed school closures a necessity, resulting in quick and emergency changes in educational practices. Such changes presented many challenges in serving diverse learners (DeRosia et al., 2021) in which technology and social media became the platform that kept people safe and informed (World Health Organization, 2020), as well as the ways in which teachers facilitated distance learning instruction. However, there has been little research done to determine the full weight of challenges experienced on both the parental and professional ends throughout this time.

Through virtual learning, the primary responsibility of the management and delivery of educational practices and services shifted from teachers to parents, guardians, babysitters, etc., (Cacioppo et al., 2021). While some research was conducted that looked at parent and teacher perspectives, there is little research to determine the full familial impact of virtual, at-home learning both for the student's learning and the family dynamic as a whole. Additionally, there is even less research on parent and teacher perspectives

regarding parents who had children with disabilities who participate in home based learning during the pandemic. While teachers continued providing direct instruction for students, parents and others in the home environment were responsible to make sure the children understood and completed the work (Price et al., 2021) making the partnerships between parents and professionals more important than ever during the onset of the pandemic (Rayner, 2020), yet little research was done to determine if the level of participation or background knowledge of the family member providing support was measured.

As a result of the inability to have developed a plan to address the increased and diverse needs of learners in this new setting from a quick shut down of schools and the world as a whole, the aftermath of the educational impact has yet to be measured. In knowing the importance of parent-professional partnerships and given that parent involvement reportedly has a positive relationship on student success (Johnson & Hull, 2014), further research is needed to investigate the relationship between parent-professional relationships and parental empowerment for students who received special education services throughout the COVID-19 pandemic. In conducting such research there is potential to implement ways in which the family can be more active participants in their student's education should another situation like this arise.

Significance of the Study

Following the onset of the COVID-19 pandemic, in person human interaction was reduced primarily to being through a computer screen, (Cavanaugh & Deweese, 2020) and as a result of school closures, the overall delivery of educational practices was conducted through that same screen, thus transferring the burden of educational growth primarily to the shoulders of members of the student's households (Price et al., 2021). Additionally, due to both school and business closures, there were some levels of

disruptions or changes in supports that were able to be offered through distance learning, such as occupational therapy, speech therapy (Murphy et al., 2022) or in-class support. One can deduce that student success during the pandemic may have changed as a result given the increase from 588,317 in the 2019-2020 school year to 605,351 in 2020-2021, to in the 2021 school year of students ages three to twenty-one served under IDEA in Texas alone (National Center for Education Statistics [NCES], 2022). The real question remains, however, to what extent?

Epstein's theory of school-family-partnerships looks at the cooperative nature in which stakeholders influence the progression of a student's education. She attributes student success in education to parenting, communicating, volunteering, learning at home, decision making, and collaborating with the community (Epstein, 2015). While there has been research surrounding parent experiences (Price et al., 2021), teacher perspectives on attempts to provide special education support during the pandemic (DeRosia et al., 2021), and parent participation and engagement (i.e., involvement) having a positive effect on student success for all students (Epstein, 2015; Lynch, 2020), there is limited research focused on the relationship between parent-professional partnerships and parental empowerment during the pandemic for both general education and special education parents, nor is there much research surrounding the effects of those factors on student success during that time. Such research could help to develop a more balanced partnership between home and school teaching that could potentially lend itself to future academic success for elementary students who received special education services should there be other disruptions with in-person learning such as severe weather events, or other health crisis.

Research Purpose and Questions

The purpose of this study was to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. Additionally, the study explored parent perceptions of the degree to which they were active in parent-professional partnerships, as well as the perceived degree of parental empowerment. The study further looked at how parents perceived their student's success as it related to their participation in the aforementioned activities and this study examined the perceived roles and responsibilities of both parents and professionals in both the home and school environments prior to and throughout the pandemic. The following research questions guided this study:

Quantitative Questions

Q1: To what extent did parents of students with disabilities feel empowered to meet their child's needs throughout the pandemic?

Q2: To what extent did parents perceive parent-professional partnerships as influencing their relationships throughout the pandemic?

Q3: Was there a relationship between parental empowerment and parent-professional partnerships throughout the pandemic?

Qualitative Questions

Q4: What are parent perceptions of the importance of building and maintaining parent-professional partnerships on their level of parental empowerment?

Q5: What are parent perceptions of the impact of distance learning as a result of the COVID-19 pandemic on their child's success?

Definitions of Key Terms

Autism: A developmental disability that is generally evident before age three and notably affects verbal and nonverbal communication, social interaction, and educational performance (U.S. Department of Education, 2018).

Child with a disability: A child with some physical or mental impairment or delay that requires special education and related services (U.S. Department of Education, 2018).

Emotional disturbance: Children who are socially maladjusted and is a condition present over an extended period that both hinders a child's educational performance and meets one of the following conditions: an unexplainable impotence to learn that is not intellectual, sensory or related to other health factors; inability to build or maintain interpersonal relationships with others; prolonged inappropriate behaviors, feelings, pervasive moods of unhappiness, or depression; or a propensity to develop physical symptoms or fears connected with their problems (U.S. Department of Education, 2018).

Family- Professional Partnerships Scale: A survey that was developed as an evaluation tool to determine the level of satisfaction with special education programs (Hoffman et al., 2006).

Free Appropriate Public Education (FAPE): A requirement under IDEA to provide free, appropriate, specialized instruction, supports, and services where a student's education meets standards and is appropriately provides individualization within the public-school environment in accordance with the students Individualized Education Plan (IEP) (United States Department of Education, 2020).

Intellectual disability: Students whose educational performance is affected by simultaneously having significant deficits in intellectual functioning and adaptive behavior displayed during the developmental period (U.S. Department of Education, 2018).

Other health impairment (OHI): Persistent or severe health problems where the student has limited strength, energy, or heightened alertness that results in limited attentiveness regarding their educational environment. Some examples that fall under OHI include asthma, leukemia, sickle cell anemia, diabetes, epilepsy, heart condition, and attention deficit hyperactivity disorder (U.S. Department of Education, 2018).

Parental Empowerment: A construct that focuses on parent and student competencies, strengths, and hope, to facilitate participation focused on active participants in the decision-making process (Hsiao, et al., 2018).

Parent Empowerment and Efficacy Measure: A survey that was originally intended to measure parental empowerment in the context of family support programs based on the knowledge of context, feelings of competence, and effectual behavior tailored to the needs of individual families often facing considerable stress to promote positive child development and prevent youth antisocial behavior (Creating Pathways to Preventions, 2015; Freiberg et al., 2014; Real Well, 2021).

Parent involvement/engagement: Meaningful two-way communication between family members and school representatives about academics and activities (NCLB, 2002; Johnson & Hull, 2014).

Parent-professional partnerships: Any communication between the home and school that is relevant to the child's academic success (Ringenberg et al., 2005).

Parent self-efficacy: Perceived ability of parents to perform tasks and influence positive change with their children (Scheel & Rieckmann, 1998, p. 16).

Special education: Individualized instruction provided to students with unique needs based on a disability (U.S. Department of Education, 2017).

Special populations: Students who require special consideration and support to ensure equal opportunities for success in educational settings (U.S. Department of Education, 2020).

Specific learning disability: A disorder in one or more of the basic psychological processes involved in understanding, including brain injury, minimal brain dysfunction, dyslexia, and developmental loss of ability to understand or express speech that may present itself in difficulties in the ability to listen, think, speak, read, write, spell, or do mathematical calculations (U.S. Department of Education, 2018).

Speech or language impairment: A communication disorder that negatively affects a child's educational performance, including stuttering, language or voice impairment, or impaired articulation (U.S. Department of Education, 2018).

Student success: An acceleration in understanding of and ability to apply content specific information over time (Johnson & Hull, 2014).

Conclusion

This chapter provided an overview for the significance of the problem, the purpose of the research and key definitions of necessary terms related to this study. The research of this study investigated the relationship between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout pandemic. Chapter two will provide a discussion of relevant literature of the major topics that were captured in this study, including basic information regarding special populations, beliefs and misconceptions, the emotional impact, changes due to the COVID-19 pandemic, and gaps in the research.

CHAPTER II: REVIEW OF LITERATURE

In recent years, the world has experienced many fundamental changes to our lives as a result of the COVID-19 pandemic (Hodder, 2020), in which technology became our primary information source (World Health Organization, 2020). The risk of spread of the COVID-19 virus required rapid response which deemed school closures, stay at home orders, and social distancing mandates a necessity (DeRosia et al., 2021). Because it was unlike anything seen before and came on so unexpectedly, quick decisions were made as a reactive effect leading to a change in many economic (Hodder, 2020), mental health (Johns Hopkins University School of Public Health, 2020), and other factors.

While the full weight of which has yet to be determined, preliminary data from the Spring 2021 state assessment showed student scores in reading and math have been the lowest seen in years, with the largest decline being in schools with less in-person instruction (The Economist Newspaper Limited, 2021; Halloran et al., 2021). Implications of such a decrease in scores may be attributed to factors such as mental health and familial stress (Mazza et al., 2020) as well as social isolation from peers and teachers (Fontanesi et al., 2020), not to mention stress and burnout of teachers (Pressley, 2021) and/or low parental confidence in schools (Cheng et al., 2021).

In March 2020, near the onset of the pandemic, parts of the U.S. were shut down unless the service or personnel were deemed crucial to ensure the continuation of critical functions in the U.S. i.e., an essential worker (Centers for Disease Control and Prevention, 2021). Following such governmental mandates, the educational processes pivoted as well, and there was a shift to remote or hybrid instruction, with little to no offerings of in-person learning. This pivot presented many challenges in serving diverse learners, particularly those who received special education (SPED) and English Language

(EL) support and services (DeRosia et al., 2021). The shift of educational practice, and thus some of the responsibility of the management and delivery of educational practices and services moved from the traditional model of falling primarily on the shoulders of the teachers to being a joint effort with staff and other parties such as parents, guardians, and babysitters (Cacioppo et al., 2021). This shift produced a stressful environment for parents in a number of ways (Fontanesi et al., 2020).

Given the cooperative nature of Epstein's theory of school-family partnerships and the interruption of traditional instruction, considerations surrounding the myriad of factors regarding the delivery of an equitable education thus affecting student success during an unprecedented time, needs to be further analyzed. The purpose of this study was to investigate the relationship between parent-professional partnerships and parental empowerment for elementary students who received special education services throughout the pandemic. To address these areas, this literature review will first provide an overview of the legal obligations associated with educating children identified with specific disabilities or special needs and fundamental aspects of requirements which emphasize the critical role partnerships with families plan in ensuring students receive individualized and specifically designed instruction. Further, this literature review will highlight current literature of the disparities in the educational success of students whose parents are actively engaged in parent-professional partnerships, and those who, for any number of reasons, are not. This chapter will explore patterns of practices which foster partnerships and parental empowerment that can positively impact student outcomes, as well as barriers to implementation of practice prior to and throughout the COVID-19 pandemic.

Basic Information Regarding Special Education

The U.S. Department of Education (2020) defines special populations as students who require special consideration and supports to overcome barriers and ensure equal opportunities for success in educational settings. Special populations include students in bilingual education, English as a Second Language classes, early childhood education, students accommodated under Section 504, special education, as well as highly mobile and at-risk students (Texas Education Agency, n.d.). For the purpose of this study, the focus was on elementary students who received special education services throughout the pandemic. The following sections will introduce special education eligibility, as well as present prevalent data, and special education reform.

Special Education Eligibility and Key Terms

Special education is defined as “individualized instruction provided to students with unique needs based on a disability” (U.S. Department of Education, 2017, Section 300.39). Students who are eligible for special education include children who do not achieve equivalent abilities to their same aged peers when provided appropriate learning experiences, or when there is a serious disparity between achievement and intellectual disability in one or more of the following areas: oral expression; listening comprehension; written expression; basic reading skill; reading comprehension; mathematics calculation; and/or mathematics reasoning (Learning Disabilities Association of America, n.d.). The Individuals with Disabilities Education Act (IDEA) establishes 13 categories of eligibility for special education which include: autism, deaf-blindness, developmental delay, emotional disturbance, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment, including blindness (U.S. Department of Education, 2018; DeRosia et al.,

2021). Some students might fall under “multiple disabilities” which is not all inclusive (excluding deaf blindness) yet addresses a combination of disabilities that cannot be accommodated by special programs that are solely for one of the other impairments (U.S. Department of Education, 2018). For this purposes of this study more details will be provided on autism, other health impairment, emotional disturbance, intellectual disability, specific learning disability, and speech and language impairment.

Autism is a developmental disability that is generally evident before age three and notably affects verbal and nonverbal communication, social interaction, and educational performance. Additionally, children with autism typically are resistant to changes in routine and rather engage in repetitious activities (U.S. Department of Education, 2018). The designation of other health impairment, generally referred to as OHI, includes persistent or severe health problems where the student has limited strength, energy, or heightened alertness that results in limited attentiveness regarding their educational environment. Some examples that fall under OHI include asthma, leukemia, sickle cell anemia, diabetes, epilepsy, heart condition, and attention deficit hyperactivity disorder (U.S. Department of Education, 2018).

Emotional disturbance includes children who are socially maladjusted and is a condition present over an extended period that both hinders a child’s educational performance and meets one of the following conditions: an unexplainable impotence to learn that is not intellectual, sensory or related to other health factors; inability to build or maintain interpersonal relationships with others; prolonged inappropriate behaviors, feelings, pervasive moods of unhappiness, or depression; or a propensity to develop physical symptoms or fears connected with their problems (U.S. Department of Education, 2018). Formerly known as mental retardation, intellectual disability includes students whose educational performance is affected by simultaneously having significant

deficits in intellectual functioning and adaptive behavior displayed during the developmental period (U.S. Department of Education, 2018).

Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding, including brain injury, minimal brain dysfunction, dyslexia, and developmental loss of ability to understand or express speech that may present itself in difficulties in the ability to listen, think, speak, read, write, spell, or do mathematical calculations (U.S. Department of Education, 2018). Speech or language impairment is a communication disorder that negatively affects a child's educational performance, including stuttering, language or voice impairment, or impaired articulation (U.S. Department of Education, 2018).

Special Education Statistics

According to the Department of Education (2021) and the National Center for Education Statistics (2022), 14.1% of all students enrolled in the U.S. educational system are served under the Individuals with Disabilities Education Act (IDEA). Of the 7,134,000 students served in the U.S., the largest numbers include 762,000 with autism, 479,000 with a developmental delay, 358,000 diagnosed with emotional disturbances, 439,000 have an intellectual disability, 133,000 have multiple disabilities, 1,049,000 have "other health impairment", 2,368,000 have a specific learning disability, and 1,378,000 have a speech or language impairment (U.S. Department of Education, 2021).

Public Education Information Management System (PEIMS) data showed that in the 2021-2022 school year 635,097 Texas students received special education services, up from 532,185 in 2019-2020 (Riser-Kositsky, 2021; U.S. Department of Education, 2021). The top four categories of student eligibility in Texas being 204,684 students with learning disabilities, 122,669 with speech impairments, 92,912 had autism, and 87,775 met eligibility requirements under OHI (other health impairments). This is an overall

increase of 30,054 students from the 2020-2021 school year and equates to an increase of 12,808 students with learning disabilities, up from 191,876; and a 2,793 jump for students with speech impairments, up from 119,876. Additionally, data shows an increase of 8,841 students diagnosed with autism up from 84,431. Other health impairment went up by 2,131 students from 85,644 in the 2020-2021 school year (Texas Education Agency, 2022, July 16). It is important to note that in 2019, 64.8 percent of special education students spent 80% or more of their time in regular education classes, up from 31.7 percent in 1989 (Riser- Kositsky, 2021).

The school year the COVID-19 pandemic began, 2019-2020, only 587,987 students received special education services in Texas. In the two years since the pandemic began, 47,110 additional students began receiving special education services. The most notable of these differences were students who received services for learning disabilities which jumped 21,232, and autism which jumped 12,355 students (Texas Education Agency, 2022).

While not among the top four primary disability categories, it is important to note the nearly 4,000 student increase for students with intellectual disabilities, and the nearly 2,000 students who were diagnosed to meet the eligibility requirements for emotionally disturbed, and the approximately 1,200 students who fall under noncategorical early childhood (NCEC) (Texas Education Agency, 2022, July 16). It is also important to note that while learning loss due to the pandemic could have caused the influx in identification of students with disabilities, there is a potential that some of the increase is at least in part due to compliance issues that Texas was facing as a result of failure to ensure the proper implementation of FAPE requirements (Keller, n.d.).

Special Education Reform

In the 1800's, the Separate Car Act of 1890, which was originally created to have separate cars for black and white passengers on the railroad, was one of the rulings which escalated the creation of racial segregation laws and sent the "Jim Crow" era into motion. As a result of that ruling, the equal but separate, more formally known separate but equal legal doctrine was determined not to violate citizens' rights. During that same time, more injustice was occurring as mass asylum placements and noticeable extreme neglect and abuse of persons with intellectual disabilities was being observed by Dorothea Dix. As a result of her observations, she began to take action to revolutionize the way people with disabilities were viewed and thus treated in the U.S. by appealing to the Massachusetts legislature (Carey, 2010) who began revising laws related to proper institutions for "retarded individuals" separate from criminals and the mentally ill. This led for a push to not only change the societal attitudes that affected the treatment of people with disabilities, but work toward establishing legal rights for people with disabilities (Spaulding & Pratt, 2015). And while separate but equal ultimately revealed racial disparity between blacks and whites, it was the premise that began advocacy for change and ultimately opened the door for many parent advocacy groups to advocate for educational changes for other children (U.S. Court, n.d.).

In 1954, *Brown vs. Board of Education* looked at educational facilities equality and ability to provide equitable education. The Supreme Court ruled that the "separate but equal" public education facilities violated the Fourteenth Amendment and stated that segregation based on a person's unalterable characteristics such as race, gender, or disability was unconstitutional (Spaulding & Pratt, 2015, p.101). Litigation such as *Brown vs. Board of Education* and *PARC* (Pennsylvania Association for Retarded Children) vs. *Commonwealth of Pennsylvania* in 1972 which overturned state laws

previously used to exclude children with disabilities from public schools (Spaulding & Pratt, 2015; U.S. Department of Education, 2022), along with the Elementary and Secondary Education Act which regulated school funding to promote fairness in educational opportunities accessibility, led to the basis of the Education for All Handicapped Children Act (EHA) (The Public Interest Law Center, 2019; U.S. Department of Education, 2022).

Only one in five children with disabilities were allowed access to education and opportunities to learn, excluding nearly 1.8 million children with disabilities (Office of the Law Revision Counsel, n.d.; U.S. Department of Education, 2022). Due to so many children previously being denied access to educational opportunities, special education reform has shared the common goal of making available public education alongside related service needs for students with disabilities (U.S. Department of Education, 2021; Office of the Law Revision Counsel, n.d.). The Education for All Handicapped Children Act (EHA) of 1975 worked toward developing and implementing effective programs for intervention to meet the individualized needs of young people with disabilities and their families, and in 1986 as reauthorized to address immediate services to families of children born with disabilities, whereas previously, those services were not available to the child and their families until the child reached age three.

In 1990, and then later again in 1997, another reauthorization of the EHA occurred and renamed it the Individuals with Disabilities Education Act (IDEA). The 1990 reauthorization included revisions to ensure the availability, implementation, and effectiveness of a free appropriate public education (FAPE) for students with disabilities (U.S. Department of Education, 2020; Office of the Law Revision Counsel, n.d.). This reauthorization also added traumatic brain injury and autism as new disability categories, as well as mandated that in conjunction with an individualized education plan (IEP) that

an ITP, or individual transition plan, must also be developed when students transition to post-secondary life (U.S. Department of Education, 2022). Additionally, IDEA required the inclusion of parent participation as a component of the decision-making process (Defur et al., 2001), it further required due process when parents had a dispute with schools or local education agencies (U.S. Department of Education, 2022).

As an understanding of the unique role of parents and caregivers was realized, families began to be seen as a vital piece in the educational outcomes of students with disabilities, as they bring a variety of strengths and knowledge of their children (Passmore et al., 2020). As a result, parent participation was incorporated as one of the six foundational principles alongside free and appropriate education, appropriate evaluation, individualized education plan, least restrictive environment, and procedural safeguards. Unfortunately, due to many barriers, parental involvement is not a uniform element for all students; therefore, the degree to which a parent is involved in their child's education, and the success experienced for their child can potentially be difficult to discern (B. McNeal Jr, 2014).

Throughout this time and through the early 2000's there was a push for educational excellence which later led to the rise of standards-based reform. This led to a reauthorization of the Elementary and Secondary Act of 1965, to the No Child Left Behind Act of 2002 where test-based accountability became a focal point looking at where students were making progress and where they needed additional support (U.S. Department of Education, n.d.). From 2009-2016 competitive grants and federal prescriptions were the focus of the reform (Hunt Institute, 2016). In the most recent reauthorization, the Every Student Succeeds Act, some of the verbiage was changed in the reform to clarify the expectation of policy implementation. Most notably, they changed "parental involvement" to "parent and family engagement." No longer is the

report just looking for “involvement,” but also for engagement. Additionally, the reform has the expectation that the engagement be both meaningful and involve not just the parents, but the family unit as a whole to assist in the improvement of student academic achievement and school performance with an emphasis on parent collaboration and shared decision making in order to ensure a fair, equitable, and high-quality education (U.S. Department of Education, 2015).

Throughout the modifications of the educational law from the federal to the state level, one thing remains unchanged, the strengthening of parental involvement as a key component in the effectiveness of the education of students with disabilities (Office of the Law Revision Counsel, n.d.). Specifically, educational reform looks at ways in which to improve parental involvement and parent-professional partnership, shifting from mere consent to now requiring a more active and intentional family engagement role (U.S. Department of Education, 2018), to positively affect overall student achievement (Lara & Saracostti, 2019; Ordongo, 2018; Slade et al., 2018; Sprunger et al., 2017), academically, socially and emotionally (U.S. Department of Education, 2019).

Parent-Professional Partnerships

Though studies often look at what the two systems (home and school) do independent of each other (Kim et al., 2012), home-school collaboration is a key factor in the development of parent-professional partnerships (Collier et al., 2017), and are especially an essential form of support for students with disabilities (McDuffie et al., 2009). Effective parent-professional partnerships foster inclusion, openness, and trust (Defur et al., 2001), through joint involvement and understanding of each other's expectations and attitudes (Collier et al., 2017; Rouse, 2012), and require collaborative partners that include students' families, school personnel, vocational agencies, or

rehabilitation counselors, and when possible, the students with disabilities (U.S. Department of Education, 2018).

While some researchers view parent-professional partnerships as child-focused to enhance student social, emotional, behavioral, and academic success and opportunities (Kim et al., 2012), others view the partnership as encompassing service integration, multidisciplinary teams, family or parent involvements, (Summers et al., 2005) and family-centered services (Dunst, 2002; Summers et al., 2005). While others still view partnerships as shared reciprocal processes where families engage with schools and other organizations in meaningful and culturally appropriate ways while the school and community organization make efforts to listen to, support and ensure parents have the tools they need to be active partners in the children's school experience (National Center on Safe Supportive Learning Environments, 2022). One thing remains true with these researchers, cooperative collaboration (Dunst, 2002; Kim et al., 2012; National Center on Safe Supportive Learning Environments, 2022; Summers et al., 2005), and effective two-way communication is not only utilized to enhance parent-professional partnerships, but a key component (Chu, 2017; Johnson & Hull 2014; No Child Left Behind, 2002). Dunst adds that as genuine partnerships are developed, mutual respect, active listening, empathy, perceived capabilities and competencies, and compassion should be considered (2002).

Johnson and Hull (2014) state that meaningful two-way communication between family members and school representatives about academics and activities is parental engagement or involvement. While communication alone is not an indicator or potential future success, in a 2012 study, through a nationally representative sample of 16,425 kindergarten students, an examination that built on previous research looked at the influence of practices that increase engagement and the effect that had on student gains. It

was found that communication and engagement efforts made by the school predicted higher levels of not only parental involvement but also greater student achievement (Galindo & Sheldon, 2012).

Family engagement is almost always a critical component in education and has been placed in special education reform like Indicator 8 of part B of IDEA, but it is especially vital in order to maximize the potential of a fully online classroom experience for students with disabilities (Currie-Rubin & Smith, 2014). However, unfortunately there seems to be a disconnect for many school agencies in integrating parents into the educational process (MacLeod et al., 2017). While online learning is not a new concept and is a practice that during the 2017-2018 school year was offered to roughly 21% of public schools and 13% of private schools nationwide (U.S. Department of Education, 2019), during the COVID-19 pandemic the integration of parents in the educational process could have been further affected as a result of the distance.

Parental Empowerment

Family-professional partnerships in special education, beyond merely attending annual meetings to discuss progress, help to increase parent satisfaction in the education being provided to their student, while also decreasing the stress of the family (Hsiao et al., 2017). Since parents and families, along with educational staff are intrinsic elements in the educational outcomes of students with disabilities, educators have a responsibility to empower families and build parent-professional relationships (Passmore & Zarate, 2020). But what does it mean to empower a family?

Individual empowerment is a process in which families promote a sense of control over their own lives through access to knowledge, skills, and resources (Singh, 1995). Parental empowerment is a construct that focuses on parent and student competencies, strengths, and hope, to facilitate participation focused on active participants in the

decision-making process. Empowerment within the special education setting involves collaboration between special educators and families to create individualized solutions centered on the individual child's needs (Hsiao, et al., 2018; Koren et al., 1992).

Parental empowerment is vital because parents can provide valuable insight of the child during the assessment process from a historical sense (Ordongo, 2018). However, parents of a child with a disability often experience stress and feelings of alienation from family and social support (Hoogsteen & Woodgate, 2013; Lei & Kantor, 2021) or from their child's school and teachers (Hsiao et al., 2017). A high capacity of meaningful engagement from stakeholders is crucial in a time of change for schools (Fisher, 2021), especially in times such as a pandemic when there was such a rapid change (DeRosia et al., 2021; Jeste et al., 2020).

Through the pandemic as parents and families took on an active teacher role, they were able to experience the language of learning, the skill it takes to motivate students, how their child deals with and overcomes educational struggles, as well as potentially develop an appreciation of the expertise of school personnel (Fisher et al., 2021). While parents gathered some insight into the educational realm, school personnel were also provided the opportunity to give families voice and strengthen educational practices through the understanding of and development of culturally diverse practices.

Barriers to Collaborative Practices

While parent-professional partnerships and parent perceptions may play a role in the amount of involvement parents engage in for non-disabled students, when it comes to students who are of apparent greater need such as students with disabilities, parental involvement may not increase due to negative perceptions and lack of cultural reciprocity (Hirano et al., 2018), which results in a lower chance of positive student achievement outcomes for their student. Historical data, student cumulative folders, word of mouth

conversations, implicit and explicit bias, and lack of knowledge are all factors [surrounding special education services] can affect perceptions of a school and thus a family's interaction (Gothberg et al., 2018). The following section will look at research surrounding some of the barriers to collaborative practices such as negative parent perceptions, lack of knowledge, and parental stress.

Negative Parent Perceptions

Families of special education students are hesitant to participate or often feel like passive recipients of special education services because the world of special education is saturated with jargon, systems or beliefs that are at times difficult for families to understand (Passmore & Zarate, 2020). Parent perception and or lack of knowledge of the special education process, often leaves parents with the impression that their opinion is invalid or unheard, which leads to the assumption that his or her requested attendance in meetings which decide programs and services, i.e. an IEP meeting, is merely a formality (Defur et al., 2001). Additionally, a lack of understanding of the cultural diversity of the student populations a school or classroom serves could further exacerbate the lack of confidence a family may have in the school to deliver an equitable education (Cheng et. al., 2021).

A study conducted by Gothberg, et al. (2018), analyzed research-based practices used by 90 school districts to assess if there was a statistical relationship between the uses of research-based outcomes and transition outcomes for culturally and linguistically diverse students. Through a survey model, the researchers determined there was a lack of use of research-based practices such as encouragement by school special education personnel to participate in the entire assessment process, school personnel knowing the individual backgrounds of the student's family cultures, opportunities for connections to be made for families through support groups, or community liaisons, to name a few. The

research demonstrated that as a result of gaps in cultural competency, schools have inadvertently created a negative environment that yields a lack of participation rather than encouraging an environment for relationship building and collaboration (Gothberg et al., 2018).

In a similar study discussing systemic barriers to family involvement, an exploration of the perceptions of 405 families preparing for transition planning was conducted. The results showed the perceptions of the participants in these studies and while there were familial barriers like the previous study, authors Hirano et al. (2018), explored the school barrier perspective. Overall, the results yielded disregard for familial characteristics such as from the school which led to discrimination and lack of accessible information. The implicit bias from the school toward families of a varying degree of backgrounds was perceived to have a negative impact on family participation in the special education setting. One theme that is recurring throughout research when it comes to parent-professional partnerships is the power struggle between professionals and parents (Razer & Friedman, 2017).

Parent and Familial Stress

Another barrier to parent and family engagement is parental stress levels (Semke et al., 2010). Parents of students with disabilities have a wide range of emotions, sometimes beginning even before any official diagnosis, but rather when the onset of certain behavior becomes noticeable. As parents and families embrace the reality that their child may not meet their expectations in terms of education, career development, or personal development, this may become a major stressor (Hoogsteen & Woodgate, 2013). Additionally, parents may experience a lack of familial or social support, as those who are not familiar with the behaviors of children with autism for example, may not understand why the child acts a certain way. The lack of familial or social support could

potentially lead to feelings of loneliness (Hoogsteen & Woodgate, 2013; Lei & Kantor, 2021).

In Brandon et al. (2010), the study focused on determining the factors that created a feeling of alienation for African American families that deterred parent participation in order to devise a plan to eliminate negative perception and increase parent interaction. A questionnaire given to 421 African American parents and used a 5-point Likert scale (ranking from not a problem at all, to a significant problem) was used to explain why the parents are not involved in their child's education. It was determined parent interactions with the school, or lack thereof, were a result of logistics and personal concerns such as work, lack of interest, or teacher/parent relationships. While the study also addressed a lack of interaction factors as parent educational level, economic status, family composition, educational placement, and employment status, the study determined these factors to have little to no impact on parent participation within the school interactions.

While parents may want to advocate for their students, non-educational needs of their child or other factors, such as communication difficulties, cultural differences, schedule conflicts, or family stress may make advocacy a difficult task to participate in (Desforges & Abouchaar, 2003). Feelings of inadequacy, misinformation, and unwillingness to accommodate parent needs were reasons given by parents when asked why they are absent from meetings to support their special education student (Brandon et al., 2010, Barrio et al., 2018, and Hirano et al., 2018). Having a child with special needs, such as autism specifically, may impair the well-being of the parents as well as how the family functions (Sipowicz et al., 2022).

Changes Due to the COVID- 19 Pandemic

During the Covid-19 pandemic the world was placed under a mandate from the Center for Disease Control (CDC) to stay-at-home as much as possible, and to wear

masks to potentially decrease the risk of exposure to the airborne pathogens that were determined to increase the widespread of the pandemic variants (World Health Organization, 2020). The stay-at home orders and subsequent school closures caused a rapid response that limited access to in-person educational and healthcare services for all (Jeste et al., 2020) which led primarily to fully online program implementation and a widespread problem of practice (Medwetz et al., 2021) affecting over 1.5 billion students worldwide (UNESCO, 2020). Delivery of rehabilitative and habilitative therapy programs such as speech/language therapy, physical therapy, and social work diminished (Murphy et al., 2022) as the parents now had to assume the responsibility of managing and delivering the children's services (Cacioppo et al., 2021; Manning et al., 2020; Murphy et al., 2021).

While the Centers for Disease Control and Prevention (CDC) has general precautions used to mitigate the spread of infectious disease such as vaccinations, staying home when sick, cleaning and ventilating areas, and proper handwashing, following COVID-19 the list of prevention strategies increased in an effort to return students to in-person learning. In addition to the aforementioned strategies, frequent diagnostic testing, masking when developmentally appropriate, and quarantining periods were put into place (Centers for Disease Control and Preventions, 2022).

The Importance of Partnerships and Empowerment During the Pandemic

Though educators have always relied on some degree of parental interaction and involvement to assist in the education of their children, the need for parent-professional partnerships during the pandemic were tested by isolation, remote learning struggles, and general learning disruptions (Fisher et al., 2021). Such partnerships became more important as parents and families became a necessity in the delivery of their child's education (Rayner, 2020; Price et al., 2021). While teachers teaching via an online forum

could have been emailed or called to assist students, minute-to-minute assistance, at the primary level especially, most often is expected to be provided by family members (Currie-Rubin & Smith, 2014). The collaborative nature required during this time was not only vital to the delivery of the education, but to the growth of the child as well as some student's educational capacity may have been affected as a result of their parent's ability to assist their student abled or not in the understanding and completion of their work (Agostinelli et al., 2021). However, with the online shift, special education teachers [especially] relied on parents to support their students with assignment modification and navigating online platforms, as well as ensuring the student was engaged in and completing the online learning (Coy, 2014; Currie-Rubin & Smith, 2014).

In 2021, Medwetz et al. conducted a study that reviewed the work of special educators in a pandemic. The article discussed the changes in education as a result of forcible abandonment of the traditional in person learning due to school closures and the replacing of that model with fully online instruction or paper packets for at home use during distance learning (Medwetz et al., 2021). The study looked at the type of distance learning the students and teachers engaged in, methods in which interaction occurred between staff and families, methods for completing Individual Education Plans (IEPs), as well as coping styles of teachers. While the focus of this study was on the way in which 198 special education teachers in Minnesota coped with and provided special education support changes to students during a pandemic, the findings were able to provide deeper insight into some educational disparities that occurred during the pandemic as well as some parental responsibilities and obstacles.

The study indicated that due to distance learning, students and teachers were forced to use instructional tools that have never been used for certain age groups. Additionally, some instructional methods including whole group online instruction and

asynchronous programs were potentially not meeting the specialized instructional gaps of each individual student's needs (Medwetz et al., 2021). In a similar article that explored the feelings of worry and sources of stress among parents of children with disabilities conducted in Arab countries indicated that students' needs were unable to be fully met due to deficiencies in online education methods (Adelfattah et al., 2021).

In 2021, the percentage of students in grades three through five who did not meet grade level expectations jumped a combined 71% across reading and math (Texas Education Agency, 2022). The number of third grade students who did not meet expectations in math jumped 17 points from 22% in 2019 to 39 % in 2021. Additionally, fourth grade students who did not meet expectations in math jumped to 42% from the previous year's 26%, a 16-point increase. While there was some degree of recovery in 2022, and actually an improvement in reading across all elementary levels from 2019, the percentage of students who did not meet expectations remained at nearly 30% across all elementary grade levels (Texas Education Agency, 2022).

This educational growth in reading could potentially be attributed to the changes in Texas legislation's investment in reading and learning acceleration which included reform that required all K-3 teachers and principals complete a program called Reading Academies. Texas Reading Academies was created in an attempt to positively impact student literacy through online modules. This online resource was a comprehensive model looking at the Science of Teaching Reading (Texas Education Agency, 2022), specifically focusing on foundational reading skills such as phonemic and phonological awareness. Another potential attribute to the reading growth could have been that the Dyslexia Handbook was updated in 2021 to better implement identification and student support (Texas Education Agency, 2022). Through early identification and intervention, students are potentially more likely to show growth.

During school closures some students preexisting achievement gaps may have been compounded as some students were receiving half or none of their specified interventions from their IEPs. In response to potential learning loss from school closures, plans to address the challenges associated with covering months of lost in-person instruction began to become a complex challenge as students began transitioning from their in-home classrooms back into in-person instruction especially for students with disabilities (Miller et al., 2021). Throughout COVID-19 some students encountered special circumstances such as contracting the COVID-19 virus, having post-COVID conditions as a result, or the loss of their home or a family member. Additionally, many students experienced increased stress, anxiety, depression, and isolation. All of these factors needed to be considered in addition to the normal requirements for FAPE when trying to develop a plan for recovery services as students transitioned back to schools (United States Department of Education, 2021).

Theoretical Framework

The theoretical framework for this study is based on Epstein's school-family-partnership theory which suggests that stakeholders work in a cooperative partnership to influence the progression and education of children (Epstein, 2015; Epstein & Partnership Center for the Social Organization of Schools, n.d.; Hatter, 2017; Organizing Engagement, 2019). The framework consists of six types of involvement: (i) parenting, (ii) communicating, (iii) volunteering, (iv) learning at home, (v) decision making, and (vi) collaborating with the community. The following content describes each of the specified types and offers details associated with each.

Type 1 involvement, parenting, looks at environments in which the home environment supports children as students. This component includes ways in which parents can assist at home, promote literacy, and ways in which the parents themselves

can learn. Additionally, it talks about family support programs to assist with health, nutrition, and other services (Epstein, 2015; Epstein & Partnership Center for the Social Organization of Schools, n.d.; Hatter, 2017; Organizing Engagement, 2019). Type 2 involvement is communicating. This component allows for opportunities for professionals and families to design forms of school-to-home and home-to-school communication about programs that are offered as well as student progress monitoring. This two-way communication allows opportunities for both parties to communicate concerns or issues. This open communication allows parents the opportunity to better understand the programs available at their school, their child's progress, as well as the understanding of school policies and decisions (Hatter, 2017).

Type 3 involvement, volunteering, includes recruiting and organizing parent help and support in activities such as special projects, class field trips, or other support roles. This component opens the door to opportunities for the parents such as an understanding teacher's jobs and having an increased comfort in the school, opportunities for parents such as an awareness for parents; talents and interests to be able to assist in projects which in turn both allows students more one-on-one attention and opportunities to learn how to communicate with adults (Epstein, 2015; Epstein & Partnership Center for the Social Organization of Schools, n.d.; Hatter, 2017; Organizing Engagement, 2019).

Type 4 involvement is learning at home. This component includes the sharing of information, ideas, or training to educate families on how to assist the student with curriculum-related activities at home. This type of involvement is a precursor for type 1-parenting. When parents have the knowledge necessary to assist their children at home, it allows them to feel more confident in the fact that the support they are providing is correct. It raises confidence levels and opens the opportunity for reciprocal conversations.

The fifth component of involvement under Epstein's framework is decision making. This component occurs when parents are allowed opportunities to be representatives and parent leaders through the engagement in school decisions making. This allows parents the opportunity to provide input in policies and advocate for decisions that affect their child's education (Epstein, 2015; Epstein & Partnership Center for the Social Organization of Schools, n.d.; Hatter, 2017). The final component is collaborating with the community. By identifying and integrating services from the community, it increases the opportunity to "strengthen school programs, family practices, and student learning and development" (Epstein, 2015; Epstein & Partnership Center for the Social Organization of Schools, n.d.; Organizing Engagement, 2019).

The premise behind the framework is that the home creates environments that support children as students, while the school provides the families with ways in which to do this through two-way open communication thus strengthening school programs and family practices to enhance parent-professional partnerships and in turn student learning and development. This framework informs this study because the pandemic caused schools and families to be forced to collaborate to a certain degree and could no longer see the family as separate from the school. A partnership allows the recognition of shared interests and responsibilities for children. This framework allows for a lens through which to view this study.

Conclusion

This chapter presented a review of relevant literature relations to the purpose of this study, which was to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the pandemic. In Chapter III, methodological aspects of this dissertation are detailed to include theoretical constructs, research purpose and

questions, research design, population and sampling selection, data collection procedures, data analysis techniques, privacy and ethical considerations, and the research design limitations of this study.

CHAPTER III: METHODOLOGY

The purpose of this study was to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. This mixed methods study collected survey and interview data from a purposeful sample of elementary special education parents in southeast Texas. Quantitative data was collected using the *Family-Professional Partnership Scale* (Hoffman et al., 2006) and the *Parent Empowerment and Efficacy Measure* (PEEM) (Freiberg et al., 2014). Additionally, interviews were conducted to gain a deeper understanding of parent perceptions surrounding the relationships between parent-professional partnerships and parental empowerment for elementary students who received special education services throughout the COVID-19 pandemic. Quantitative data, from the survey responses, were analyzed using frequencies, percentages, and Pearson's product-moment correlations, while qualitative data were analyzed using a constant comparative analysis (Hewitt-Taylor, 2001) and analytic induction (Katz, 2001). This chapter will present an overview of the research problem, operationalization of theoretical constructs, research purpose and questions, research design, population and sampling selection, instrumentation to be used, data collection procedures, data analysis, privacy and ethical considerations, and the research design limitations of the study.

Overview of the Research Problem

Over one billion students across the nation had drastic changes in their educational experiences as a global pandemic shut down schools (Hodder, 2020; Pressley, 2021; UNESCO, 2022) and districts were forced to create a rapid change to teach through distant virtual learning which created widespread problems of

implementing quality educational practices and learning experiences (DeRosia et al., 2021; Fisher et al., 2021; Medwetz et al., 2021). While this affected nearly all students, excluding those who previously chose to have school via an online platform, it can be argued that none were more affected than students with disabilities as some students had disruptions or lapses in the delivery of their services and supports (Murphy et al., 2021), while others simply had a shift from classroom teacher to parent in the delivery of their modified or differentiated instruction (Cacioppo et al., 2021).

When there is a partnership between parents and professionals, student learning and outcomes improve (Lynch, 2020). Since parents and professionals are fundamental in the educational outcomes of students with disabilities, educators have a responsibility to empower families and build parent-professional relationships (Passmore & Zarate, 2020). Presently, there is limited research focused on parent-professional partnerships and parental empowerment during the pandemic, particularly involving students with disabilities. Determining the extent to which parents of students with disabilities felt empowered and participated in partnerships with professionals could help to develop a more balanced partnership between home and school teaching should there be other disruptions with in-person learning such as severe weather events, or other health crisis. Additionally, there is an opportunity to analyze this phenomenon from the perspectives of parents of students who receive special education services which can serve to inform additional reforms and practices.

Operationalization of Theoretical Constructs

This study consisted of two constructs: (a) parent-professional partnerships and (b) parental empowerment. Parent-professional partnerships are defined as any communication between the home and school that is relevant to the child's academic success (Ringenberg et al., 2005). Parent-professional partnerships were measured using

the *Family-Professional Partnership Scale* (Hoffman et al., 2006). Parental empowerment in the special education setting is defined as a construct that focuses on parent and student competencies, strengths, and hope to facilitate participation focused on active participants in the decision-making process (Hsiao et al., 2018). Parental empowerment was measured using the *Parent Empowerment and Efficacy Measure* (PEEM) (Freiberg et al., 2014).

Research Purpose and Questions

The purpose of this study was to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. The following research questions guided this study:

Quantitative Questions

Q1: To what extent did parents of students with disabilities feel empowered to meet their child's needs throughout the pandemic?

Q2: To what extent did parents perceive parent-professional partnerships as influencing their relationships with professionals on campus throughout the pandemic?

Q3: Was there a relationship between parental empowerment and parent-professional partnerships throughout the pandemic?

Qualitative Questions

Q4: What are parent perceptions of the importance of building and maintaining parent-professional partnerships on their level of parental empowerment?

Q5: What are parent perceptions of the impact of distance learning as a result of the COVID-19 pandemic on their child's success?

Research Design

A mixed methods approach (QUAN → qual) was used to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. This design consisted of two phases: first, a quantitative phase, where the researcher collected survey data, and second, a qualitative phase, where the researcher conducted interview sessions. The examination of both the quantitative results and the qualitative interview sessions allowed for a thorough and in-depth exploration of the data. A purposeful sample of parents with elementary aged students who received special education in a large suburban city in southeast Texas completed the *Family-Professional Partnership Scale* and the *Parent Empowerment and Efficacy Measure* (PEEM). In addition, interviews were conducted with participants to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. Data from the survey responses were analyzed using frequencies, percentages, and Pearson's product-moment correlations, while responses from the interview sessions were analyzed using a constant comparative analysis (Hewitt-Taylor, 2001) and analytic induction (Katz, 2001).

Population and Sample

The population of this study consisted of elementary parents in southeast Texas who had children who received special education services throughout the COVID-19 pandemic when children participated in online learning. The area consists of 37 districts (Houston Newcomer Guides, 2017; Texas Education Agency, n.d.). Participants primarily will reside within five districts in southeast Texas labeled as A-E in the tables below. Of the 441,379 students enrolled in those districts (Niche, 2022), 41,562 students receive special education services (Texas Education Agency, 2022).

Table 3.1 provides district data regarding the total number of schools and students in each district (Niche, 2022), as well as the number of elementary students (Texas Education Agency, 2022). Table 3.2 shows the district demographic information (Texas Education Agency, 2021). Each district has a special education population of at least nine percent of their total student body. District D has the highest special education population with 12.8%, but the lowest Emergent Bilingual (previously English Learner) and at-risk students at 18.6% and 37.0% respectfully. District E, which is only one-sixth the size of District C for the total number of students, has a comparable percentage of special education students. Table 3.3 shows the district special education demographic information frequency by impairment (Texas Education Agency, 2022). Table 3.4 shows the district special education demographic information percentage by impairment. Across all districts the highest area of eligibility is learning disability. A purposeful sample of parents of elementary students who received special education services throughout the COVID-19 pandemic were solicited to participate in this study.

Table 3.1
School and Student District Frequency

	A	B	C	D	E
# Total Schools	79	46	280	72	41
# Total Students	67,259	45,300	210,061	83,423	35,336
# Elementary Students	25,723	17,851	89,261	37,322	14,690

Table 3.2*Student Demographics Percentages by District*

	A	B	C	D	E
	(%)	(%)	(%)	(%)	(%)
Male	50.8	51.8	50.4	51.4	51.4
Female	49.2	48.2	49.6	48.6	48.6
African American	22	21.1	22.4	12.5	38.5
Hispanic	73.6	57.3	61.7	35.9	49.1
White	2.1	3.4	9.0	31.6	6.2
American Indian	0.2	0.7	0.2	0.2	1.5
Asian	1.0	10.9	4.4	16.1	2.4
Pacific Islander	0.2	0.2	0.1	0.1	0.3
Two or more races	0.8	0.4	1.4	3.7	2.0
Emergent Bilingual	38.4	47.0	34.2	18.6	27.9
At-Risk	70.6	81.9	52.7	37.0	58.4
Special Education	9.1	9.4	8.2	12.8	10.3

Table 3.3*Special Education Demographics Frequency by District*

	A	B	C	D	E
Orthopedic Impairment (OI)	24	22	80	39	18
Other Health Impairment (OHI)	587	414	2,211	1,624	481
Auditory Impairment (AI)	121	23	260	76	26
Visual Impairment (VI)	31	15	96	52	37
Deaf-Blind (DB)	N/A	N/A	14	11	N/A
Intellectually Disabled (ID)	1,068	564	2,249	720	455
Emotionally Disturbed (ED)	267	287	826	579	274
Learning Disability (LD)	1,212	1,144	5,205	3,522	770
Speech Impairment (SI)	1,121	589	2,348	1,869	548
Autism Spectrum Disorder (AU)	907	1,052	3,112	3,135	741
Traumatic Brain Injury (TBI)	N/A	N/A	39	15	N/A
Noncategorical Early Childhood (NCEC)	143	61	167	262	47
Total number of students	5,483	4,171	16,607	11,904	3,397

Table 3.4*Special Education Demographics Percentages by District*

	A (%)	B (%)	C (%)	D (%)	E (%)
Orthopedic Impairment (OI)	0.4	0.5	0.5	0.3	0.5
Other Health Impairment (OHI)	10.7	9.9	13.3	13.6	14.2
Auditory Impairment (AI)	2.2	0.6	1.6	0.7	0.8
Visual Impairment (VI)	0.6	0.4	0.6	0.4	1.1
Deaf-Blind (DB)	N/A	N/A	0.1	0.1	N/A
Intellectually Disabled (ID)	19.5	13.5	13.5	6.1	13.4
Emotionally Disturbed (ED)	4.9	6.9	5.0	4.9	8.1
Learning Disability (LD)	22.1	27.4	31.3	29.6	22.7
Speech Impairment (SI)	20.5	14.1	14.1	15.7	16.1
Autism Spectrum Disorder (AU)	16.5	25.2	18.7	26.3	21.8
Traumatic Brain Injury (TBI)	N/A	N/A	0.2	0.1	N/A
Noncategorical Early Childhood (NCEC)	2.6	1.5	1.0	2.2	1.4
Percentage of Total Students	8.2	9.2	7.9	14.3	9.6

Participant Selection

A purposeful sample of parents of elementary students who received special education services throughout the COVID-19 pandemic who completed the survey questions and who have students who attend school in southeast Texas were invited to participate in the qualitative interview portion of this study. All participants in the quantitative and qualitative portions of the study had to meet the specific criteria of parents who had students enrolled in special education throughout the COVID-19 pandemic. Additionally, while parents were chosen based on volunteerism for the interviews, the researcher made an effort to have participants that included representation of parents with students who had a range of age groups and different disabilities to provide a wider scope of perceptions and experiences, this was determined by the addition of questions at the end of the survey. The interviews were conducted individually and allowed parents to expand upon their views of parent-professional

relationships and parental empowerment for their elementary students who received special education services throughout the COVID-19 pandemic.

Instrumentation

Family-Professional Partnership Scale

Family-Professional Partnership Scale (Summers et al., 2005) was developed as an evaluation tool to determine the level of satisfaction with special education programs (see Appendix B). The *Family-Professional Partnership Scale* specifically looks at parental satisfaction with partnerships between parents and their special education service providers. The Partnership scale consists of two subscales, (i) child-focused relationships and (ii) family-focused relationships. Respondents are asked to rate 18 items on a 5-point Likert scale based on how satisfied they are that their child's teacher does specific things from 1= very dissatisfied to 5= very satisfied (Summers et al., 2005).

The pilot version of the Family-Professional Partnership Scale was administered to 291 families in a national pilot with 60 items. Items that were not above a 0.4 Cronbach's alpha were eliminated and then the second national study involving 205 families was conducted. Given that the initial pilot study produced child-focused relationships, and family-focused relations as a 2-factor solution, the scale was refined to have nine questions under each subscale. The researchers at this time also eliminated the importance rating for each item and simply asked for the level of satisfaction. For the nine child-focused items Cronbach's alpha was 0.94, and the nine family-focused items Cronbach's alpha was 0.92 for an overall Cronbach's alpha of 0.96 (Hoffman et al., 2006). The benefit of using the *Family-Professional Partnership Scale* within this study was to look at the perceived level of satisfaction with how well the needs of special education parents were met throughout the pandemic.

Parent Empowerment and Efficacy Scale

The *Parent Empowerment and Efficacy Scale* (PEEM) (Freiberg et al., 2014) was originally intended to measure parental empowerment in the context of family support programs based on the knowledge of context, feelings of competence, and effectual behavior tailored to the needs of individual families often facing considerable stress to promote positive child development and prevent youth antisocial behavior (see Appendix C). The PEEM looks at family empowerment on the individual level of parental efficacy defined as the ability to produce a desired or intended result based on family stressors and parenting issues, as well as the ability to function effectively in the parenting role.

The PEEM consists of 20-items where respondents are asked to use a 10-point scale to rate the degree to which each item relates to their perceived efficacy on two factors (i) confidence to be a good parent, and (ii) capacity to connect with formal and informal networks. Response options range from 1= Definitely not (it is a poor match for how they feel about themselves in relation to their role as a parent) to 10 = Definitely (indicating a perfect match and describes exactly how they feel) (Creating Pathways to Prevention, 2015; Freiberg et al., 2014; Real Well, 2021). The PEEM focuses on measuring two areas of parenting which include confidence associated with being a good parent and one's perceived capacity to connect with informal and formal networks (Freiberg et al., 2014; Stuart, 2016). More specifically regarding the capacity to connect, PEEM measures the confidence to recognize when to seek help, as well as the confidence to participate and capacity for reciprocity (Freiberg et al., 2014; Stuart, 2016). Composite scores range from 20-200. Higher composite scores indicate a higher level of efficacy to parent (11 to 110) and efficacy to connect (9 to 90) (Creating Pathways to Prevention, 2015). A validation sample for PEEM included 866 participants whose scores ranged between 51 and 199, with a mean score of 154.32 and a standard deviation of 24.17

(Freiberg et al., 2014). Principal analysis showed high internal consistency equal to alpha 0.92, with a test reliability (n = 200) was 0.84 (Real Well, 2021).

The benefit of using the PEEM scale within this study was to look at parental efficacy and empowerment with schools and services providers through the COVID-19 pandemic. The PEEM allows the opportunity to look at changes in empowerment of parents as they develop an awareness of factors within their environment that help or hinder their capacity and their children's capacity to achieve their goals. Specifically, the PEEM assists in informing variables that influence the partnership between parents and professionals to work collaboratively in setting goals and facilitating program planning for effective support (Real Well, 2021).

Data Collection Procedures

Quantitative

The researcher obtained approval from the University of Houston-Clear Lake's (UHCL's) Committee for Protection of Human Subjects (CPHS) prior to data collection. After permission was granted, the researcher used third party groups such as a non-profit agency that helps individuals with disabilities and their families achieve success (Family-to-Family Network, n.d.), and other online forums specifically addressing families of children with disabilities (Autism Parents Support Group, Texas Special Education Parents) to solicit the names, email addresses, and phone numbers of parents of elementary students who received special education services within southeast Texas. Parents of elementary students who receive special education services received an email soliciting participation in the study along with a survey link that included the *Family-Professional Partnerships Scale* (see Appendix B) and *Parent Empowerment and Efficacy Measure* (see Appendix C) surveys. The email included a survey cover letter (see Appendix A) providing an overview of the study, the specific criteria needed to be a

participant in the study, a request for their involvement in the study, an explanation of the estimated time it will take to complete the survey, and an explanation of the voluntary nature of the survey and the confidentiality of it.

Qualitative

In addition to the survey cover letter and link, the email invitation included informed consent (see Appendix D), and instructions regarding the data collection process. After receiving CPHS approval, qualitative data were collected through a series of interviews with parents conducted in person, via phone or through Zoom. Invitations were sent via email to all the parents who completed surveys and agreed to participate in the study to schedule interview sessions. The location and mode (i.e., Zoom, or phone) of the individual interviews was decided between the researcher and the participant.

In the interview sessions, parents were asked to share their perceptions of parent-professional partnerships as it relates to perceived parental empowerment for elementary students who received special education services throughout the COVID-19 pandemic. The interview protocol (see Appendix E) was designed with overarching open-ended questions designed to assess parent-professional partnerships and parental empowerment throughout the COVID-19 pandemic. Additionally, participants had the opportunity to expand upon and discuss any of the responses surrounding the surveys or any other educational experiences regarding their child during that time. The dates of the interview sessions were chosen with each individual participant and lasted approximately 20-45 minutes. The participant responses were video- or audio-recorded and transcribed by the researcher. Additionally, all participants' names were changed to maintain anonymity.

Researcher Role

The researcher who conducted the study is currently an elementary school reading intervention teacher in southeast Texas with ten years of elementary and secondary

experience. The researcher's primary role throughout those ten years has been in intervention and special education. The researcher chose to conduct the study because throughout her experience, she witnessed firsthand both the need and the benefits of effective parent-professional partnerships and parental empowerment for students who receive special education services. During the COVID-19 pandemic, the researcher saw varying degrees of both parent-professional partnerships and parental empowerment. The researcher noticed a shift in parents' role both surrounding the primary facilitator of their student's education, as well as the level of partnership that occurred between different subpopulations of students.

As a single parent who struggled to assist her general education student while also maintaining a full-time job, the researcher saw the value in communication. As an intervention educator who witnessed a vast increase in the students who needed varying degrees of heightened scaffolding and intervention due to an extensive decrease in their projected progress during the pandemic school closures, the researcher is seeing a need for strategies that strengthen parent-professional relationships and parental empowerment. The researcher strived to minimize biases regarding the topics of the study because of her involvement with the issues. The researcher's role was to administer and analyze survey data and to conduct interviews focusing on parent perceptions regarding parent-professional partnerships and parental empowerment of elementary students who received special education services throughout the COVID-19 pandemic.

Data Analysis

Quantitative

Following data collection, the data were downloaded from Qualtrics into an IBM SPSS statistics spreadsheet for further analysis. Frequencies and percentages were used to answer research questions 1 and 2. To answer research question 3, a Pearson's product-

moment correlation (r) was conducted to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. For this study, the effect size was measured using the coefficient of determination (r^2) and a significance value of .05. All variables are continuous in measurement.

Qualitative

The researcher used the following research questions to procure the qualitative portion of this mixed-methods study through a series of approximately 20 interview questions:

Q4: What are parent perceptions of the importance of building and maintaining parent-professional partnerships on their level of parental empowerment?

Q5: What are parent perceptions of the impact of distance learning as a result of the COVID-19 pandemic on their child's success?

To answer the research questions, participants were asked a series of questions that had them describe the types of interactions they had with professionals on campus, some examples of involvement they had both on campus throughout the COVID-19 pandemic, as well as their perceived level of empowerment. The questions aligned with Epstein's school-family-partnership theoretical framework because they discuss the parents' perceptions on the types of interactions between themselves and professionals on campus, which looked at the communicating, volunteering, decision making, and collaborating with the community components of the framework. The questions pertaining to how the parents interact with their elementary students who received special education services at home, addressed the parenting, and learning at home components of the framework. Establishing content validity of final interview questions involved an analysis of the draft questions by content experts.

Interview session data were transcribed and analyzed using a thematic analysis process to organize responses to interviews. Additionally, the researcher used Constant Comparative Analysis (Hewitt-Taylor, 2001) to look for repeated patterns and/or themes produced within and across participant responses. To identify themes, responses were coded by assigning colors to each important topic as they emerge and will be grouped together to form themes. Analytic induction was used to determine outliers in the data that did not fit with other responses. Once the interviews were coded and themes were identified, this code was used to describe the relationships, if any, between parent-professional partnerships, parent empowerment, and perceived student success for elementary students who received special education services throughout the COVID-19 pandemic (Katz, 2001). The findings were then recorded, and conclusions were drawn based on the data.

Qualitative Validity

The qualitative analysis process included participants who fit the criteria of the study i.e., parents of elementary students who received special education services throughout the COVID-19 pandemic. Additionally, the qualitative process included validation by using data source triangulation of individual parent responses (Carter et al., 2014). Through data source triangulation, the researcher was able to compare individual responses in an iterative process to lead to deeper comparisons, and by comparison divulged the convergence of the data to enhance the trustworthiness of the findings. To further increase validity, the data obtained from the surveys and interview session were compared and cross-checked among participants, as well as peer debriefed. A third-party reviewer looked at the survey and interview data and assessed the validity of the transcripts, methodology and findings. The responses received from the interview sessions were subject to member-checking by having parent participants review the

preliminary results and transcripts to validate data, the analysis of information and the formulation of the themes that emerged. Negative evidence or outliers were sought through Analytic Induction (Katz, 2001).

Qualitative Reliability

The interview questions and results were peer reviewed by university professors, and colleague feedback. Additionally, surveys and interview questions were piloted with parents of elementary students who received special education services not in the study in advance so if there were any problems, changes could be made prior to them being given to actual participants, some adjustments were made. Additionally, participants in the pilot study met the same criteria of having an elementary student who received special education services throughout the COVID-19 pandemic. The pilot interviews were conducted using the same protocol and procedures of the final study. Conducting the pilot interviews resulted in valuable feedback related to questions posed to parents about their perceptions of parent-professional partnerships and parent empowerment, and their perceived influence on perceived student success throughout the COVID-19 pandemic. Information obtained from the video- or audio- taped transcriptions were transcribed verbatim.

Privacy and Ethical Considerations

Prior to the collection of any data, the researcher gained approval from the UHCL's CPHS. All participants were provided detailed information via a survey cover letter (see Appendix A) providing an overview of the study and requesting their involvement in the study, an explanation of the estimated time it would take to complete the survey, and an explanation of the voluntary nature of the survey and the confidentiality of it, along with a survey link that included the *Family-Professional Partnership Scale* (see Appendix B) and *Parent Empowerment and Efficacy Measure*

(see Appendix C) surveys. In addition to the survey cover letter and link, the email invitation included informed consent (see Appendix D), and instructions regarding the data collection process. The email also included instructions regarding the data collection process.

Participants were made aware that participation was voluntary and ensured complete confidentiality. Participants' identities were kept anonymous by assigning pseudonyms, and no obvious undue risks were endured by any of the participants. At all times, the data will be secured in the researcher's password protected computer hard drive as well as on a memory drive. Once the study has concluded, the researcher will maintain the data for five years, as required by the CPHS guidelines. After the expiration deadline, the researcher will destroy all data files associated with the study.

During the interview session process, every attempt was made to be as neutral and objective as possible, so not to impose personal beliefs upon any of the participants. All information obtained from the video- or audio- taped transcriptions was transcribed with the utmost accuracy and precision to ensure both the internal and external validity of the study. During the coding phase, every attempt was made to be as objective as possible as themes and supporting data were selected to justify and support the study's findings.

Research Design Limitations

The research design had several limitations. First of the limitations, is that the focus is on just parents of elementary students who received special education services throughout the pandemic. It is possible the dynamics between parent-professional partnerships and parental empowerment varies across primary and secondary levels. One might expect that the level of both parent-professional partnerships and parental empowerment would be greater in primary versus secondary schools. Furthermore, it is additionally possible the same is true regarding the differing levels of parent-professional

partnerships and parental empowerment as it pertains to general education students versus those who received special education services. As a result, it is possible that the generalization that will be made from this study can only be related to elementary families of students who received special education services and not relatable to general education families at other levels of schooling.

The second limitation is that this study was conducted in one region in southeast Texas. The district and student demographics of the districts used in this study may not be indicative of the masses, and may only be relatable to districts of similar population, size, special population services provided, socio economic status (SES), parental dynamic, etc. As a result, the conclusions that may be drawn from the research in this study may only be applicable to the districts in which parents live. Additionally, this study is partially qualitative and qualitative data cannot be generalized to all parents with elementary children in special education, so generalizations may prove questionable, however the information provided will hopefully be informative to others working in similar groups.

A third limitation of the study is the fact that participants were solicited using a non-profit organization and on-line forums. The parents who generally participate in these forums and with this group potentially tend to be adept to build parent-professional partnerships or be more involved in their student's school. As a result, the conclusions drawn from the research in this study may be skewed, and generalizations may prove questionable. Fourth, the level of honesty of participants could vary. It is assumed that participants were completely honest when responding to the survey and interview questions. If the participants were dishonest in their responses, however, the validity of the findings could be jeopardized.

Additionally, a fifth limitation is that this study was conducted during a global pandemic and while students are no longer involved in distance learning on a grand scale, the dynamics surrounding parent-professional partnerships and the types of parental involvement availability inevitably differed both while schools were closed for extended periods of time, as well as through the adjustment period of reopening. Furthermore, due to students' special population services being modified or potentially halted as a result of the changed educational dynamic, potential perception changes may have occurred regarding the levels of and types of communication that influence parent-professional partnerships and parental empowerment. Additionally, parents may contextualize their experiences on the self-report instruments.

In addition, with the losses in instruction due to the school closures or disruptions in services being provided, academic success may be affected. The results of this study may be skewed as a result. Lastly, this study only focused on the perceptions of parents or guardians and thus it may be difficult to quantify perceptions as a continuous measure. Perceptions could change due to factors such as temperament, timing, mood, and other outside factors like the global pandemic. As a result, broad generalizations should be interpreted with caution.

Conclusion

The purpose of this study was to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. This chapter identified the need to further examine the relationship amongst the constructs. It focused on the research problem, definitions of the constructs, the research purpose and questions, the research design, population and sampling of participants, the instrumentation, data collection procedures, data analysis, privacy and ethical considerations, and the

limitations of the study. Chapter IV will detail the results of the surveys and interview session data regarding parent perceptions will be analyzed and discussed in further detail surrounding parent-professional partnerships and parental empowerment of elementary students who received special education services throughout the COVID-19 pandemic.

CHAPTER IV:

RESULTS

The purpose of this study was to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. This chapter presents the findings of both quantitative and qualitative data analysis of this study. First, an explanation of the quantitative participants' demographics of the study is presented, followed by the results of each of the three quantitative research questions. Then the chapter explains the qualitative participants' demographics of the study, followed by the results of the three quantitative, and two qualitative research questions. The chapter concludes with a summary of the findings. The research questions that guided this study are as follows:

Q1: To what extent did parents of students with disabilities feel empowered to meet their child's needs throughout the pandemic?

Q2: To what extent did parents perceive parent-professional partnerships as influencing their relationships throughout the pandemic?

Q3: Was there a relationship between parental empowerment and parent-professional partnerships throughout the pandemic?

Q4: What are parent perceptions of the importance of building and maintaining parent-professional partnerships on their level of parental empowerment?

Q5: What are parent perceptions of the impact of distance learning as a result of the COVID-19 pandemic on their child's success?

Participant Demographics

A purposeful sample of parents of elementary students who received special education services throughout the COVID-19 pandemic and who have students who

attended school in southeast Texas were invited to participate in this study. Participants were solicited through third party groups and online forums (Family-to-Family Network, Autism Parents Support Group, Texas Special Education Parents). One hundred parents from a variety of school districts and communities consented to participate in the study. Of the responses, thirty-six participants were eliminated due to incomplete survey data, leaving 64 participants for analysis. Table 4.1 provides demographic data regarding gender, ethnicity, and age range. The majority of the survey participants were white (62.5%, n = 40), females (81.3%, n = 52), and between the ages of 31-50 (79.2%, n = 42). Table 4.2 provides special education eligibility demographics for the children of the participants by grade level. Most survey participants had students who were enrolled in kindergarten (20.3%, n = 13), or third grade (21.9%, n = 14). The primary special education eligibility requirements for the child were speech impairment (51.9%, n = 27), learning disability (50.0%, n = 26), autism spectrum disorder (42.3%, n = 22), other health impairment (38.5%, n = 20), and emotionally disturbed (3.9%, n = 2).

Table 4.1*Demographics of Parent Participants*

	Percentage/ Frequency
Gender	
Male	1.9 (n = 1)
Female	98.1 (n = 52)
Race/Ethnicity	
African American	7.8 (n = 4)
Hispanic	3.9 (n = 2)
White	78.4 (n = 40)
American Indian	0.0 (n = 0)
Asian	3.9 (n = 2)
Prefer not to say	3.9 (n = 2)
Age Range	
21-30 years	9.4 (n = 5)
31-40 years	39.6 (n = 21)
41-50 years	39.6 (n = 21)
51-60 years	11.3 (n = 6)

Table 4.2*Demographics for Children of the Participants by Grade Level*

		Kinder	First	Second	Third	Fourth	Fifth	Total	
Gender									(n = 52)
Male		13.5 (n = 7)	5.8 (n = 3)	11.5 (n = 6)	15.4 (n = 8)	9.6 (n = 5)	3.9 (n = 2)	59.6 (n = 31)	
Female		11.5 (n = 6)	7.7 (n = 4)	5.8 (n = 3)	11.5 (n = 6)	0.0 (n = 0)	3.9 (n = 2)	40.4 (n = 21)	
Special Education Eligibility									
Other Health Impairment (OHI)	Male	7.7 (n = 4)	0.0 (n = 0)	1.9 (n = 1)	11.5 (n = 6)	11.5 (n = 6)	1.9 (n = 1)	25 (n = 13)	
	Female	38.5 (n = 20)	5.8 (n = 3)	1.9 (n = 1)	0.0 (n = 0)	5.8 (n = 3)	0.0 (n = 0)	13.5 (n = 7)	
Emotionally Disturbed (ED)	Male	1.9 (n = 1)	0.0 (n = 0)	0.0 (n = 0)	1.9 (n = 1)	0.0 (n = 0)	0.0 (n = 0)	3.9 (n = 2)	
	Female	3.9 (n = 2)	0.0 (n = 0)	0.0 (n = 0)	0.0 (n = 0)	0.0 (n = 0)	0.0 (n = 0)	0.0 (n = 0)	
Learning Disability (LD)	Male	1.9 (n = 1)	1.9 (n = 1)	5.8 (n = 3)	9.6 (n = 5)	3.9 (n = 2)	3.9 (n = 2)	26.9 (n = 14)	
	Female	50 (n = 26)	9.6 (n = 5)	5.8 (n = 3)	1.9 (n = 1)	3.9 (n = 2)	0.0 (n = 0)	1.9 (n = 1)	
Speech Impairment (SI)	Male	11.5 (n = 6)	3.9 (n = 2)	11.5 (n = 6)	3.9 (n = 2)	3.9 (n = 2)	1.9 (n = 1)	36.5 (n = 19)	
	Female	51.9 (n = 27)	0.0 (n = 0)	3.9 (n = 2)	3.9 (n = 2)	3.9 (n = 2)	0.0 (n = 0)	3.9 (n = 2)	
Autism Spectrum Disorder (AU)	Male	7.7 (n = 4)	1.9 (n = 1)	5.8 (n = 3)	3.9 (n = 2)	3.9 (n = 2)	1.9 (n = 1)	25 (n = 13)	
	Female	42.3 (n = 22)	7.7 (n = 4)	1.9 (n = 1)	1.9 (n = 1)	1.9 (n = 1)	0.0 (n = 0)	1.9 (n = 1)	

In an attempt to gain a greater understanding of parental perceptions surrounding parent-professional partnerships, parental empowerment and student success throughout the pandemic, a purposeful sample of 16 parents who completed and met the specific inclusion criteria of parents who had students enrolled in special education throughout the COVID-19 pandemic participated in the interview process. While parents were chosen based on volunteerism for the interviews, the researcher made an effort to have participants that included representation of parents with students who had a range of age groups and different disabilities in order to provide a wider scope of perceptions and experiences which was determined by the addition of questions at the end of the survey.

During the interview process the participants were asked a variety of questions that surrounded the nature of their relationships with staff on campus, their perceived level of student success, and their perceptions of what factors impacted that success (see Interview Protocol, Appendix E). Additionally, the participants were also asked questions surrounding their experiences during the pandemic with distance learning, the perceived impact of distance learning on their child both socially and academically, and any advice they would provide to address concerns they may have had. Table 4.3 provides participant pseudonyms, a family dynamics breakdown, and the eligibility of the child whom the experiences discussed in this study are based around.

Table 4.3*Interview Participant Descriptions and Pseudonyms*

<i>Pseudonym</i>	<i>Family Dynamics</i>	<i>Child Eligibility</i>
Patricia Caucasian Female 41	Patricia is a wife in a blended family. She is a stay-at-home mom of four children (2 school aged, 2 older), and is an active board member on her sons' school's Parent Teacher Associations. Her two school aged sons both have ADHD, but the interview was centered around her youngest son.	Her son was diagnosed with autism spectrum disorder, dyslexia, dysgraphia, ADHD, and speech delays due to a lateral lisp. He has been in special education since the age of three.
Cathy Hispanic Female	Cathy is a wife and mother of three school-aged boys (One in high school, one in middle school, and one in elementary). Only her youngest son is identified as special needs. She is currently the assistant principal at her youngest son's school.	Her youngest son is a student with autism and a speech impairment, and was recently diagnosed with intellectual disability, but she disagrees with the testing.
Amy Caucasian Female 34	Amy is a middle-school teacher and a single parent to two daughters.	Her oldest daughter was diagnosed with sensory processing disorder and autism when she was three.
Angela Caucasian Female	Angela is a married mother of four in a blended family with a newborn. She works in sales, but during COVID she worked from home.	Her oldest daughter was diagnosed with another health impairment for ADHD and has dyslexia.
Rebecca Caucasian Female 47	Rebecca is a married mother of one son. She was an elementary school teacher and worked from home during the pandemic.	Her son qualifies for special education for autism, speech, and other health impairment for attention focused deficit.
Mary Caucasian Female 51	Mary is a married mother of three children. She is an active member of her children's parent teacher organizations, and often volunteers at the schools. She has a sister that is a teacher, and she worked from home during the pandemic.	Her oldest son was diagnosed with emotional disturbance disorder at the age of three, and has sense been diagnosed with dyslexia as well.
Lindsey Caucasian Female	Lindsey is a married mother of five children, all of whom receive some form of special education services. She has three older children, and two school-aged children. She has a long list of family members that are teachers.	Her two school aged children qualify for special education under other health impairment for ADHD.
Nicole Caucasian Female 29	Nicole is in a blended family with five children. Three of the five children have special needs (two stepdaughters, and her oldest.) She also has a newborn.	Her daughter who she discussed in the interview has autism, epilepsy, episodic ataxia, and speech delay.

Jenny Caucasian Female 36	Jenny is a wife and mother of two school-aged children. While she works in sales, she worked from home during COVID.	Her oldest daughter qualifies for special education services under other health impairment for ADHD, and dyslexia.
Kelly Caucasian Female 39	Kelly is a mother and wife in a blended household with two children.	Her oldest son qualifies for special education services under other health impairment for ADHD, and dyslexia.
David Caucasian Male 43	David is a married father of four children (two older and two school-aged). Two of his children qualify for special education services.	His middle son has ADHD, and his youngest son has autism, dyslexia, and dysgraphia.
Diane Caucasian Female 32	Diane is a married, stay-at-home mother of three children, two of which were diagnosed with autism.	Her oldest son has been diagnosed with autism.
Sherry Asian Female 47	Sherry is a married, stay-at-home mother of one son. She likes to volunteer a lot at the school.	Her son qualifies for special education for autism and speech.
Marge Caucasian Female 43	Marge is a married mother of two school-aged daughters. She is also an elementary assistant principal.	Her youngest daughter qualifies for special education services for other health impairment for dyslexia.

Table 4.4 depicts the demographic information for the interview participants. There were 15 female participants (93.8%), and only one male. Of those the majority were parents who identified as Caucasian (87.5%), with one Asian and one Hispanic participant. Of the 16 parents who participated in the interviews, there are four participants each who have one, two, or three total children in the household (25.0% each), while three have four children (18.8%), and one has five children (see Table 4.5).

Table 4.4*Demographics of Interview Participants in the Study*

Demographic Information	Percentage (%)/ Frequency (n)
Male	6.3 (n = 1)
Female	93.8 (n = 15)
Asian	6.3 (n = 1)
Hispanic	6.3 (n = 1)
Caucasian	87.5 (n = 14)

Table 4.5*Total Number of Children the Interview Participants Have*

Total Number of Children	Percentage (%)/ Frequency (n)
One Child	25.0 (n = 4)
Two Children	25.0 (n = 4)
Three Children	25.0 (n = 4)
Four Children	18.8 (n = 3)
Five Children	6.3 (n = 1)

Table 4.6 shows special education eligibility demographic percentages, 12 (75.0%) of the children receive special education services because of another health impairment eligibility, nine (56.3%) for speech (articulation, voice, and fluency), and eight (50.0%) for autism. Additionally, as shown in Table 4.7, the reader should be aware that during the distance learning process, six (37.5% each) of the students were enrolled in kindergarten and third grade, one (6.3%) was in first grade and one in fourth grade, and two (12.5%) were in second grade.

Table 4.6*Special Education Eligibility Demographics for Children of the Interview Participants*

Special Education Eligibility	Percentage (%)/ Frequency (n)
Other Health Impairment (OHI)	75.0 (n = 12)
Speech and Language	56.3 (n = 9)
Autism Spectrum Disorder (AU)	50.0 (n = 8)
Cognitive Impairment	0.1 (n = 1)
Episodic Ataxia	0.06 (n = 1)
Epilepsy	0.1 (n = 1)

Table 4.7*Grade Level Demographics for Children of the Interview Participants During COVID-19*

Grade Level During the Pandemic	Percentage (%)/ Frequency (n)
Kindergarten	37.5 (n = 6)
First Grade	6.25 (n = 1)
Second Grade	12.5 (n = 2)
Third Grade	37.5 (n = 6)
Fourth Grade	6.3 (n = 1)
Fifth Grade	0.0 (n = 0)

Research Question One

Research question one, *To what extent did parents of students with disabilities feel empowered to meet their child's needs throughout the pandemic?*, was measured using frequencies and percentages. The survey questionnaire, *Parent Empowerment and Efficacy Measure* (see Appendix C), asked respondents to answer 20-items using a 10-point scale to rate the degree to which each item relates to their perceived efficacy to parent and to

connect (which includes empowerment to access support or participate in social settings). Responses range from 1 = Definitely not (it is a poor match for how they feel about themselves in relation to their role as a parent) to 10 = Definitely (indicating a perfect match and describes exactly how they feel). For the extent parents felt empowered to meet their child's needs throughout the pandemic, the subscale Efficacy to Parent, which included nine items, was used.

Results indicated that parents felt empowered to meet their child's needs and had a high efficacy to parent throughout the pandemic. Tables 4.8 and 4.9 show the responses and collapsed responses to efficacy to parent. Efficacy to parent was measured using items 3, 5, 7, 8, 9, 14, 15, 16, 18, 19, and 20 (see Appendix C). When asked if when thinking of the future the parents "felt good", the majority of the participants (65.6%, n = 42) reported *Mostly/Definitely*. The majority of respondents (89.1%, n = 57) reported *Mostly/Definitely* to having clear rules and routines in their family. Parents felt *Mostly/Definitely* about having more to enjoy than worry about (81.3%, n = 52); staying calm and managing life even when it's stressful (80.0%, n = 51); and believing their children will do well in school (80.0%, n = 51). Additionally, the majority of parents indicated *Mostly/Definitely* to feeling like they are doing a good job as a parent (87.5%, n = 56); feeling good about themselves and the way their children behave (both 82.8% n = 53); and having good friends outside of the family (85.9%, n = 55). Parents felt most strongly about their perceptions of *Mostly/Definitely* to the items "I can make time for my children when they need it" (98.8%, n = 62) and "I know my children feel safe and secure" (96.8%, n = 62).

Table 4.8*Expanded Responses to “Efficacy to Parent” Questions on the Parent Empowerment and Efficacy Measure*

Survey Item	Definitely Not (1)	2	3	4	5	6	7	8	9	Definitely (10)
3. I feel good when I think about the future for my children.	3.1 (n = 2)	3.1 (n = 2)	1.5 (n = 1)	4.7 (n = 3)	9.4 (n = 6)	12.5 (n = 8)	15.6 (n = 10)	20.3 (n = 13)	6.3 (n = 4)	23.4 (n = 15)
5. We have clear rules and routines in my family.	0.0 (n = 0)	3.1 (n = 2)	0.0 (n = 0)	0.0 (n = 0)	3.1 (n = 2)	4.7 (n = 3)	10.9 (n = 7)	21.9 (n = 14)	18.9 (n = 12)	37.5 (n = 24)
7. In my family there is more to enjoy than to worry about.	1.5 (n = 1)	0.0 (n = 0)	0.0 (n = 0)	7.8 (n = 5)	3.1 (n = 2)	6.3 (n = 4)	7.8 (n = 5)	21.9 (n = 14)	18.9 (n = 12)	32.8 (n = 21)
8. I stay calm and manage life even when it’s stressful.	0.0 (n = 0)	0.0 (n = 0)	1.5 (n = 1)	6.3 (n = 4)	9.4 (n = 6)	4.7 (n = 3)	14.1 (n = 9)	25 (n = 16)	23.4 (n = 15)	15.6 (n = 10)
9. I believe my children will do well at school.	0.0 (n = 0)	0.0 (n = 0)	3.1 (n = 2)	3.1 (n = 2)	6.3 (n = 4)	7.8 (n = 5)	12.5 (n = 8)	25 (n = 16)	12. (n = 8)	29.7 (n = 19)
14. I feel that I’m doing a good job as a parent.	0.0 (n = 0)	0.0 (n = 0)	1.5 (n = 1)	1.5 (n = 1)	3.1 (n = 2)	6.3 (n = 4)	17.2 (n = 11)	28.1 (n = 18)	17. (n = 11)	25 (n = 16)
15. I feel good about myself.	0.0 (n = 0)	0.0 (n = 0)	1.5 (n = 1)	1.5 (n = 1)	7.8 (n = 5)	6.3 (n = 4)	14.1 (n = 9)	26.6 (n = 17)	14.1 (n = 9)	28.1 (n = 18)
16. I feel good about the way my children behave.	0.0 (n = 0)	1.5 (n = 1)	0.0 (n = 0)	1.5 (n = 1)	6.3 (n = 4)	7.8 (n = 5)	28.1 (n = 18)	10.9 (n = 7)	20.3 (n = 13)	23.4 (n = 15)
18. I have good friends outside my family.	0.0 (n = 0)	4.7 (n = 3)	0.0 (n = 0)	0.0 (n = 0)	4.7 (n = 3)	4.7 (n = 3)	12.5 (n = 8)	12.5 (n = 8)	18.9 (n = 12)	42.2 (n = 27)

19. I can make time for my children when they need it.	0.0 (n = 0)	0.0 (n = 0)	0.0 (n = 0)	3.1 (n = 2)	0.0 (n = 0)	0.0 (n = 0)	15.6 (n = 10)	10.9 (n = 7)	15.6 (n = 10)	54.7 (n = 35)
20. I know my children feel safe and secure.	0.0 (n = 0)	0.0 (n = 0)	0.0 (n = 0)	1.5 (n = 1)	1.5 (n = 1)	0.0 (n = 0)	7.8 (n = 5)	12.5 (n = 8)	23.4 (n = 15)	53.1 (n = 34)

Table 4.9*Collapsed Responses to “Efficacy to Parent” Questions on the Parent Empowerment and Efficacy Measure (%)*

Survey Item	Definitely Not/Not Really (1-4)	Kind Of (5-6)	Mostly/ Definitely (6-10)
3. I feel good when I think about the future for my children.	14.0 (n = 9)	21.9 (n = 14)	65.6 (n = 42)
5. We have clear rules and routines in my family.	3.1 (n = 2)	7.8 (n = 5)	89.1 (n = 57)
7. In my family there is more to enjoy than to worry about.	9.4 (n = 6)	9.4 (n = 6)	81.3 (n = 52)
8. I stay calm and manage life even when it’s stressful.	7.8 (n = 5)	12.5 (n = 8)	80.0 (n = 51)
9. I believe my children will do well at school.	6.3 (n = 4)	14.1 (n = 9)	80.0 (n = 51)
14. I feel that I’m doing a good job as a parent.	3.1 (n = 2)	9.4 (n = 6)	87.5 (n = 56)
15. I feel good about myself.	3.1 (n = 2)	14 (n = 9)	82.8 (n = 53)
16. I feel good about the way my children behave.	3.1 (n = 2)	14.0 (n = 9)	82.8 (n = 53)
18. I have good friends outside my family.	4.7 (n = 3)	9.4 (n = 6)	85.9 (n = 55)
19. I can make time for my children when they need it.	3.1 (n = 2)	0.0 (n = 0)	96.9 (n = 62)
20. I know my children feel safe and secure.	1.5 (n = 1)	1.5 (n = 1)	96.9 (n = 62)

Research Question Two

Research question two, *To what extent did parents perceive parent-professional partnerships as influencing their relationships with professionals on campus throughout the pandemic?*, was measured using frequencies and percentages. For the extent to which parents perceived parent-professional partnerships as influencing their relationships with professionals on campus throughout the pandemic was determined using the *Family-Professional Partnerships Scale* (see Appendix B). The *Family-Professional Partnerships Scale* consists of 18 items using a 5-point Likert scale (1= Very Dissatisfied, 2= Dissatisfied, 3= Neither, 4= Satisfied, 5= Very Satisfied).

Table 4.10 and Table 4.11 show the responses and collapsed responses to the *Family-Professional Partnerships Scale*. The measure has two subscales *Child-Focused Relationships* (items 1, 2, 3, 4, 5, 7, 8, 9, 11) and *Family-Focused Relationships* (items 6, 10, 12, 13, 14, 15, 17, 18). Results indicated parents perceived parent-professional partnerships as influencing their relationships with professionals on campus throughout the pandemic.

Child-Focused Relationships

The majority of parents *rated Satisfied/Highly Satisfied* about how their child's teacher helps them gain skills or information to get what their child needs (67.2%, n = 43); the teacher having the skills to help their child succeed (78.1%, n = 50); the teacher providing services that meet the individual needs of their child (73.4%, n = 47); and the teacher speaks up for their child's best interested when working with other service providers (68.8%, n = 44). Additionally, the majority of parents *rated Satisfied/Highly Satisfied* for the teacher letting the parents know about good things their child does (73.4%, n = 47); the teacher treating their child with dignity (84.4%, n = 54); the teacher building on their child's strengths (70.3%, n = 45); the teacher valuing the parent's

opinion about their child's needs (78.1%, n = 50); and the teacher keeping their child safe while in their care (90.6%, n = 58).

Family-Focused Relationships

The majority of parents were *Satisfied/Highly Satisfied* with the teacher's availability when they need them (78.1%, n = 50); the teacher's honesty when there is bad news to give (76.6%, n = 49); the teachers uses of words that the parents understand (93.8%, n = 60); the protection of the family's privacy by the teacher (89.1%, n = 57); and the teacher showing respect for the family's values and beliefs (81.3%, n = 52).

Additionally, the majority of the parents were *Satisfied/Highly Satisfied* with the teachers listening without judgment of their child or family (76.6%, n = 49); the teacher being someone the parents can depend on and trust (75.0%, n = 48); the teacher paying attention to what the parent has to say (81.3%, n = 52); and the teacher being friendly (87.5%, n = 56).

Table 4.10*Expanded Responses to Family Professional Partnership Scale*

Survey Item	Very Dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied
How satisfied are you that your child's teacher...					
1. ... helps you gain skills or information to get what your child needs.	6.3 (n = 4)	14.1 (n = 9)	9.4 (n = 6)	37.5 (n = 24)	32.8 (n = 21)
2. ... has the skills to help your child succeed.	9.4 (n = 6)	7.8 (n = 5)	4.7 (n = 3)	37.5 (n = 24)	40.6 (n = 26)
3. ... provides services that meet the individual needs of your child.	6.3 (n = 4)	12.5 (n = 8)	7.8 (n = 5)	39.1 (n = 25)	34.4 (n = 22)
4. ... speaks up for your child's best interests when working with other service providers.	9.4 (n = 6)	9.4 (n = 6)	12.5 (n = 8)	34.4 (n = 22)	34.4 (n = 22)
5. ... lets you know about the good things your child does.	4.7 (n = 3)	12.5 (n = 8)	9.4 (n = 6)	29.7 (n = 19)	43.8 (n = 28)
6. ... is available when you need them.	4.7 (n = 3)	6.3 (n = 4)	10.9 (n = 7)	34.4 (n = 22)	43.8 (n = 28)
7. ... treats your child with dignity.	3.1 (n = 2)	4.7 (n = 3)	7.8 (n = 5)	32.8 (n = 21)	51.6 (n = 33)
8. ... builds on your child's strengths.	7.8 (n = 5)	12.5 (n = 8)	9.4 (n = 6)	25 (n = 16)	45.3 (n = 29)
9. ... values your opinion about your child's needs.	4.7 (n = 3)	9.4 (n = 6)	7.8 (n = 5)	29.7 (n = 19)	48.4 (n = 31)
10. ... is honest, even when there is bad news to give.	4.7 (n = 3)	7.8 (n = 5)	10.9 (n = 7)	35.9 (n = 23)	40.6 (n = 26)
11. ... keeps your child safe when your child is in his/her care.	0.0 (n = 0)	3.1 (n = 2)	6.3 (n = 4)	37.5 (n = 24)	53.1 (n = 34)
12. ... uses words that you understand.	1.5 (n = 1)	0.0 (n = 0)	4.7 (n = 3)	31.3 (n = 20)	62.5 (n = 40)

13. ... protects your family's privacy.	0.0 (n = 0)	1.5 (n = 1)	9.4 (n = 6)	34.4 (n = 22)	54.7 (n = 35)
14. ... shows respect for your family's values and beliefs.	0.0 (n = 0)	1.5 (n = 1)	17.2 (n = 11)	35.9 (n = 23)	45.3 (n = 29)
15. ... listens without judging your child or family.	1.5 (n = 1)	4.7 (n = 3)	17.2 (n = 11)	26.6 (n = 17)	50 (n = 32)
16. ... is a person you can depend on and trust.	3.1 (n = 2)	6.3 (n = 4)	15.6 (n = 10)	23.4 (n = 15)	51.6 (n = 33)
17. ... pays attention to what you have to say.	1.5 (n = 1)	7.8 (n = 5)	9.4 (n = 6)	34.4 (n = 22)	46.9 (n = 30)
18. ... is friendly.	0.0 (n = 0)	1.5 (n = 1)	10.9 (n = 7)	32.8 (n = 21)	54.7 (n = 35)

Table 4.11*Collapsed Responses to Family Professional Partnership Scale*

Survey Item	Very Dissatisfied/ Dissatisfied	Neither	Satisfied/ Very Satisfied
How satisfied are you that your child's teacher...			
1. ... helps you gain skills or information to get what your child needs.	20.3 (n = 13)	9.4 (n = 6)	67.2 (n = 43)
2. ... has the skills to help your child succeed.	17.2 (n = 11)	4.7 (n = 3)	78.1 (n = 50)
3. ... provides services that meet the individual needs of your child.	18.9 (n = 12)	7.8 (n = 5)	73.4 (n = 47)
4. ... speaks up for your child's best interests when working with other service providers.	18.9 (n = 12)	12.5 (n = 8)	68.8 (n = 44)
5. ... lets you know about the good things your child does.	17.2 (n = 11)	9.4 (n = 6)	73.4 (n = 47)
6. ... is available when you need them.	10.9 (n = 7)	10.9 (n = 7)	78.1 (n = 50)
7. ... treats your child with dignity.	7.8 (n = 5)	7.8 (n = 5)	84.4 (n = 54)
8. ... builds on your child's strengths.	20.3 (n = 13)	9.4 (n = 6)	70.3 (n = 45)
9. ... values your opinion about your child's needs.	14.1 (n = 9)	7.8 (n = 5)	78.1 (n = 50)
10. ... is honest, even when there is bad news to give.	12.5 (n = 8)	10.9 (n = 7)	76.6 (n = 49)
11. ... keeps your child safe when your child is in his/her care.	3.1 (n = 2)	6.3 (n = 4)	90.6 (n = 58)
12. ... uses words that you understand.	1.5 (n = 1)	4.7 (n = 3)	93.8 (n = 60)
13. ... protects your family's privacy.	1.5	9.4	89.1

14. ... shows respect for your family's values and beliefs.	(n = 1) 1.5	(n = 6) 17.	(n = 57) 81.3
15. ... listens without judging your child or family.	(n = 1) 6.3	(n = 11) 17.	(n = 52) 76.6
16. ... is a person you can depend on and trust.	(n = 4) 9.4	(n = 11) 15.6	(n = 49) 75.0
17. ... pays attention to what you have to say.	(n = 6) 9.4	(n = 10) 9.4	(n = 48) 81.3
18. ... is friendly.	(n = 6) 1.5	(n = 6) 10.9	(n = 52) 87.5
	(n = 1)	(n = 7)	(n = 56)

Research Question Three

Research question three, *Is there a relationship between parental empowerment and parent-professional partnerships throughout the pandemic?*, was measured using a Pearson's product-moment correlation (r). The Pearson's product-moment correlation (r) for parental empowerment was determined using the *Parent Empowerment and Efficacy Measure* (see Appendix C), and parent-professional partnerships were determined using the *Family-Professional Partnerships Scale* (see Appendix B). The results of the Pearson's r indicated a relationship did exist between parental empowerment and parent-professional partnerships, $r = .299$, $p = .016$, $r^2 = .089$. As parent-professional partnerships increase, parental empowerment also increases. Approximately 89.0% of the variance in parental empowerment can be attributed to the overall parent-professional partnership.

Research Question Four

Research question four, *What are parent perceptions of the importance of building and maintaining parent-professional partnerships on their level of parental empowerment?*, using a qualitative inductive coding process (Constant Comparative Analysis, Hewitt-Taylor, 2001). Use of analytical induction revealed emergent themes and subthemes gained from parents' responses are provided below, including samples of respondents' comments. Themes included: (a) value for parent-professional partnerships, (b) increased parent self-efficacy, and (c) reciprocal communication and collaborative decision-making.

Value for Parent-Professional Partnerships

The interview consisted of five questions specifically focused on the relationships between parents and service providers/school personnel, while also asking additional questions that targeted their individualized experiences with those professionals.

Participants talked about the importance of building and maintaining relationships with school personnel as central to influencing the level of parent empowerment. Participants stated that when they felt as though the relationships were stronger, they felt more empowered to speak up, whereas if the relationships and interactions with professionals were less desirable, then the parents felt less empowered to speak up on their own or their child's behalf.

When asked if she felt the relationships, she had with professionals on her child's campus helped make her child more successful, Patricia who is a stay-at-home to a blended family of four children, two of whom receive special education services, she stated:

I think that for every child building a relationship with the educators they have is beneficial, whether it is a special needs service or classroom setting. I think that it is a team effort and if a kid doesn't connect there, your kid doesn't feel that full level of support. I think that it absolutely matters. If your kid knows that you know how to talk to them and that you know what they are doing, if they are not telling you.

Cathy, a mother of three, whose youngest is a child with autism, speech impairment, and recently diagnosed with intellectual disability, supported that same sentiment as well saying:

It is very important because they only know what they get, and they need a lot of that background information and what works best for him. If we don't say anything about this is what works best or this is what triggers him, then nothing is going to get accomplished throughout the year because they are just going to be trying to find antecedents throughout the whole year as far as "why did this happen?", when I could've told you that wasn't going to work.

Jenny, whose oldest of two children is a child with ADHD and dyslexia, describes her relationship with individuals on her child's campus as "an asset", and stated:

I was lucky enough because I am a 5th grade parent and a PTA board member. I am there all the time, so I got to pull the principal aside and talk to her in the hallway and got the information that I needed, but without being there and without being able to be on top of them, that information is more or less just not accessible.

The above examples show parents who value the relationships they have with school personnel and participants who felt like their relationship with those professionals helped to foster a connectedness between goal setting, progress monitoring, and overall student success both at home, as well as at school. Conversely, some participant comments demonstrated that even when participants placed a value on the relationships they had with school personnel, those parents who encountered negative interactions, felt less accepted by the professionals on their child's campus and their level of empowerment declined. When asked about how important relationships were to her with the people on her child's campus, Nicole, a mother of five, three of whom receive special education services, stated:

I mean, they definitely are important because they change the way we are able to help her succeed, because if I don't have any way to know what she's doing at school, and I can't help her succeed with what she is supposed to be learning or doing, even behavior wise, I can't help support them at home either.

However, when asked to describe the interactions she had with people on her child's campus, Nicole described the relationship she had with her child's school as "strained" and it was not until after a new administrator was appointed, (at the school), that "it's not this mystery of what's going on with my child."

Rebecca is a mother of one son who qualified for special education as a child with autism, speech and other health impairment for attention focused deficit. She was once a teacher and is now a licensed professional counselor, values partnerships with her child's school as well, yet when asked if she feels comfortable advocating for her child's needs, she replied, "I wouldn't because I know it wouldn't do any good. Administration is worse than the teachers are." The following section will go into further detail about respondent's perspectives surrounding parent self-efficacy, reciprocal communication, and how both of those play a role in collaborative decision making and parental empowerment.

Increased Parent Self-Efficacy

Even prior to the COVID-19 pandemic, and the installation of distance learning, many parents took on at least some responsibility for their child's educational advancements. Parents are said to be the first teachers of their children and are often the ones to provide insight into the longitudinal behaviors, mannerisms, and achievable abilities they see displayed before the "traditional" setting of education is introduced. While the school age for most students is not until the age of five, many of the participants in this study have children that were tested and diagnosed and/or eligible for special education services as early as the age of three. Those designations were in large part as a result of their parent's recognition of behaviors or struggles with "typical" age-appropriate milestones.

When thinking of parent-self efficacy one might think about the belief in a parent's capacity to execute behaviors necessary to attain certain outcomes (Scheel & Rieckmann, 1998, p.16). When there is a shared value and respect for the relationship between teachers and parents, parents' responses reflected evidence of empowerment through a level of comfortability in having a voice, being heard, and subsequently being

more informed to contribute to supporting their child's growth. The examples below demonstrate how when parents felt as if their voice was heard, the parents felt more comfortable engaging not only to assist the teachers and school personnel in plan development for their child, but also in tracking and making adjustments, and provide instances in which parent knowledge and parental engagement effects perceived levels of parent self-efficacy and in turn parental empowerment.

Diane, a mother to two children with autism, talks about her knowledge of her children and her recognition of programs that work best for her oldest. When switching schools, because "she didn't just want to stick him into a setting that would cause anxiety with no learned pattern of expectation." she noted

We noticed their autism program, their ASIP (Autism Support and Intervention Program) specifically, is very geared towards ADHD was really easy for him to know what to do because it was the same format as what he was used to in the past, so that was really good.

She further stated, "His case worker for the ASIP program has been working on behaviors for a few years which is really good, and the consistency of the program and the ASIP model itself works well at least for him."

Diane is a parent who "feels comfortable going to her (child's resource teacher) and talking about personal matters that are related to his (her son's) behavior at school." She continued talking about the relationship she has with her child's resource teacher and stated that, "When you feel uncomfortable going to someone with something that could be perceived as negative, there can be a funkiness in that, but I don't get that vibe from either of us that we have an issue like that." These excerpts from Diane show she has knowledge of her child's disability, so she seeks to find programs that will not trigger but will support him. She also emphasized the importance she places on ensuring her child's

teacher is aware if something may set him off or cause him to have a bad day. In having a positive relationship with the child's resource teacher, Diane and the child's resource teacher felt comfortable having difficult conversations and working together for the benefit of the child. Rebecca talked about how the pandemic and distance learning was an asset to her greater understanding of her child and the disservice she felt the school did for him prior to distance learning and how now as a result of her knowledge she feels more empowered to speak up on her child's behalf.

Like, I am ashamed to admit how little I knew about him. I just always trusted. I mean I was a teacher. I just always thought I could trust the teachers he was with. I thought they knew best where he was academically and knew how to teach him. And I was appalled when I found out what was going on in his life skills class compared to his abilities. So, yeah I am very embarrassed about that I didn't know. We fight much harder for him to get as many mainstream services as he can."

Angela, a mother of four, whose oldest daughter is a child with ADHD and dyslexia, described an instance prior to the onset of the pandemic where she had discussions with her daughter when her grades began to slip. Angela asked if she was getting the support she needed, and her daughter replied by saying "I feel bad asking for help when there were other kids who required a lot of attention, so I feel bad for pulling attention to myself." Because Angela had a good relationship with her daughter's in-class support teacher, she was able to communicate what she had learned from her daughter, and the child's in-class support teacher was able to be more cognizant of supporting the children more equally, and checking in more with Angela's daughter since she would not ask for assistance herself.

Unfortunately, there are some instances in which parents felt unheard. The following comments from participants serve to demonstrate parental voices being stifled and instances where parents did not feel heard and thereby felt an eroding sense of empowerment and engagement. One instance of not feeling heard was when Cathy and her husband did not agree with the school's assessment of their child. Cathy felt as though her son was unsuccessful on the diagnostic testing because as a child with autism, he has trouble with change or performing for people he does not know. While the evaluation results revealed her son, now had a third diagnosis of intellectually disabled, she attributed some of his answers to his social response rather than his intellectual one. However, despite her expressed concern, the school still continued to push for him to be placed in a life-skills setting. Feeling unheard, Cathy perceived she did not have a respected voice in working with the school professionals to understand the needs of her child nor consideration of what would be an appropriate placement to support his learning and skill development, despite the fact that she was an assistant principal at her child's school.

In another example, Rebecca, despite her efforts to find out what was going on in her son's class to be able to support him at home, reported that she was "shut down" by teachers. After finding out that her son was not getting the proper services in class, she stated "I know that we've had to get very aggressive with the school because they are not implementing the accommodations and the modifications that are written in his IEP." She went on further to say that despite her best efforts to try and get things changed and modifications properly implemented she said "Honestly, we're just going to have to ride out the year. Hope that he gets a better teacher next year. There's not a whole lot we can do." Rebecca's sense of empowerment to persist was diminished by the perception that her voice did not matter which resulted in the mental concession of "why bother?"

Examples such as this demonstrate the interconnectedness of how a sense of parental voice influence empowerment which in turn shapes action or inaction. The following section will give examples of instances where reciprocal communication assisted in collaborative decision making and a sense of empowerment for parents.

Reciprocal Communication and Collaborative Decision-Making

Being able to effectively communicate opens the door for collaborative decision-making opportunities which could include attempts to partner with parents in ongoing conversations about student strengths and struggles so they may work together to help the students achieve their goals both at school and at home. During the interview process, participants expressed communication, and the absence of communication as key components to not only facilitating but maintaining parent-professional partnerships. Participants who were generally communicated with on a regular and continued basis tended to have a more positive perspective on building a parent-professional partnership and thus felt more empowered.

Amy, a mother of two daughters with sensory processing disorder and autism, who is a junior high art teacher and who feels as though she understands the annual review and dismissal (ARD) process as an educator, stated, “I feel like the acronyms are part of the problem because you start throwing out things like FERPA and this, and I am just like overwhelmed.” She further talked about how the communication she has with her daughter’s resource teacher is beneficial to her understanding and comfortability.

For me her case worker who is phenomenal, but if I didn’t have her over this past year then I would struggle, because I wouldn’t have a person that helps kind of engage what needs to happen. So, the case worker calls me the day before to discuss the ARD paperwork, what she is suggesting in all those things and so when I go into the ARD now, I know what’s going to happen. But it’s still

overwhelming because one, it's on Zoom still and I am like "Oh my gosh" but I just feel like there is so much information.

David, a father of four whose middle son has ADHD, and youngest son is a child with autism, dyslexia, and dysgraphia, described the relationship he has with his sons' teachers as very positive and one in which constant communication occurs. He feels as though he has an open line of communication with their teachers and feels confident in openly communicating things noticed at home as he begins to get older so that adjustments can be made to either his schedule or to the ways in which the school handles behavior. When speaking about his oldest son, he mentioned the recognition that "every morning he is not medicated; he is very hard to stay on focus. He is not paying attention; he doesn't have the drive to do anything." David additionally explained that he is able to communicate those worries and any additional concerns about his son with his son's teacher. He also mentioned, "Whenever there are things we need to work on or if there are problems or how well he is doing and so forth" that the teacher is very communicative. The instances of reciprocal communication opportunities encourage him to not only contact the teacher but to be able to discuss things with them regularly, which promotes more empowerment and parent-professional connectedness.

Some participants, such as Mary, mother of three whose oldest son was diagnosed with emotional disturbance and dyslexia, and Kelly, who has a son with ADHD and dyslexia, expressed their interactions with campus professionals as being so negative that they had to take additional steps to feel as though their concerns were being addressed. When discussing her concerns about the placement of her son with certain teachers given his emotional disturbance diagnosis and his innate desire to be oppositional defiant, Mary felt as though her concerns were being dismissed. "I just kept trying to tell them." Kelly had a similar incident, and stated, "This year we have a teacher who is kind of blurring

the lines as to what she is supposed to be doing, or making my child feel a certain way, or asking for help.” And in that instance, she had to have the Director of Special Education for her child’s school “step in and kind of helping navigate that on my child’s behalf.” She added, “I have gone to what the school would call the district head of SPED.”

Mary echoed those feelings when discussing her child’s placement for middle school stating, “If I hadn’t just casually mentioned it to (Elementary Principal), I would’ve never known that I even had that option really.” When discussing wanting a change in their child’s placement, Rebecca verbalized, “The district fought us on that. We had to hire an advocate.” All of these examples demonstrate instances in which parents felt helpless and powerless to assist their child in what they deemed the proper placement or the implementation of documented accommodations, and as a result they felt their empowerment was diminished. Rebecca even stated that as a result of his accommodation not being provided, there had been a horrible impact on her son. “It has impacted him emotionally; his mental health is horrible. His self-esteem has gone down.”

When Nicole talks about her experiences with her daughter’s teacher, she elaborated about how important relationships and communication with professionals who work with her child are:

They change the way we are able to help her succeed, because if I don’t have anyway to know what she’s doing at school, and I can’t help her succeed with what she is supposed to be learning or doing, even behavior wise. I mean if I don’t know the expectations, I can’t help support her at home either.

This example supports the theme in that Nicole not only wants to support her child, but that reciprocal communication helps her know how to best reinforce the learning at school while her daughter is at home. Unfortunately, Nicole experienced situations where she stated, “Every time I send an email it gets kicked back, so I don’t

have a consistent contact.” When asked what advice she would give to the school on how to support parents of students with disabilities she simply replied, “Honestly, just communication, somebody to be able to ask whenever you need to know what is going on.” Nicole also expressed that she does not feel like she can adequately assist her child or feels as though she has the tools to assist her child at times because there is a lack of open communication which is affecting her ability to empower herself to speak up on her child’s behalf.

Research Question Five

Research question four, *What are parent perceptions of the impact of distance learning as a result of the COVID-19 pandemic on their child’s success?*, was answered using a qualitative inductive coding process (Constant Comparative Analysis, Hewitt-Taylor, 2001). Participants were asked five questions specifically surrounding their experiences throughout the pandemic with distance learning, and an additional four questions that dealt with their perceptions on their child’s success. Many parents felt as though their child’s success was not only dependent upon the school professionals, but that they themselves also played some part in the growth or decline of their child’s educational journey through distance learning, and many expressed concerns regarding challenges faced during virtual instruction. Constant comparative analysis created emergent themes and subthemes were gained from parents’ responses and are provided below, including samples of respondents’ comments (Hewitt-Taylor, 2001). Analytic induction was also used to see if there were responses that did not follow the majority of responses (Katz, 2001).

Challenges of Distance Learning

Parents perceptions demonstrated that distance learning was lack luster at best in a majority of the perceptions shared. Parents described the virtual learning experiences as

frustrating, a waste of time, mass chaos or virtually impossible to do well. While some participants mentioned their empathy for teachers in that situation, distance learning thrust on them, most still felt the process set their children back socially, emotionally, and academically. The parents spoke about common themes (a) instruction impact, (b) parental support, and (c) social changes.

Instruction Impact

Most participants described the majority of “teaching” as asynchronous and via videos that may or may not have been their child’s teachers, with minimal direct instruction or access to teacher support if needed. When asked about what a typical day looked like during distance learning, Sherry who has a child with autism and speech impairment and was a kindergartner at the time of the pandemic, stated “Oh My God. We had to log-in like 10 different times. We had to login at 8:23, I had times written down. There were a whole bunch of things to do. Do we just do that? They were using technology which was new to me.” Rebecca shared that her third-grade child’s experience included, “Lots of narrated videos, and then they would have to complete online assignments.” She continued explaining her experience:

In the morning we would spend about twenty to thirty minutes on each subject and then we would get online trying to navigate the horrible online platform the school had adopted and that would be it. His speech therapist would talk to him once a week via zoom, and that was pretty much worthless, but that’s all they could do. I mean it was impersonal, there's not much they could do. But that wasn’t the speech therapist’s fault, that was just the nature of the situation.” Patricia shared similar perspective when it came to speech services, and while her child was able to attend in person speech therapy,

It is really difficult to do speech therapy and stuff when everyone is wearing a mask. It's really hard to do a lot of the tactile learning you need when you cannot share supplies and have to be spread apart and things like that. I feel like his whole grade was done a disservice by that but then special needs kids especially. He doesn't know any different, but I feel he could be a little further along if it had been a different environment.”

Lindsey, a mother of five with two children with ADHD, described her experience:

Yea it's great for an adult because you're at home, but it was so bad for the kids, like younger kids who for number one whose attention span were zero. You know, adults can barely function on a zoom, from personal experience, so you know it is hard to ask a child to pay attention. And the quality of material online, quality of the material was so subpar from what they would expect in the classroom. You know what I'm saying. It was mostly just talking, very few interactive things. The difference was night and day. Nobody was prepared for anything. And it was just a full year wasted.

The participants in the study shared similar frustrations with both the asynchronous “teaching” provided via online videos, and the monotony of synchronous schedules created by the teacher for online check-ins or anticipated “direct instruction” times being so frequent throughout the day or for such extended periods of times that it made it difficult for parents to support the students and still maintain a virtual job themselves. As a result, many parents felt the method in which instruction was delivered was not suitable especially to the younger grade levels who could not work independently to any degree and therefore participants felt as though there was a negative effect on their child's potential growth for that school year.

In addition, throughout the pandemic there were changes in the types of support offered to students with disabilities. It was difficult for teachers to do guided one-on-one instruction with students because unlike with an in-person setting where teachers could walk from student to student who needed assistance, during distance learning this type of support needed to be scheduled. Lindsey shared “getting the teacher to help them with a tutorial or something, it was like that didn’t even exist. It was just not offered.” She describes distance learning as “awful”. It was so beyond frustrating for me and for the kids. It was just terrible. They maybe understood 10% of the material that was given to them.”

Marge, an elementary assistant principal and mother of two, the youngest is a child with other health impairment and dyslexia, mentioned that as a result of distance learning she feels her daughter was “not monitored as closely, being that there were some important things that she missed. She showed signs of dyslexia which left lasting effects on her ability to read, and they never acknowledged it.” In both instances parents felt as though distance learning negatively impacted their child’s ability not only to be able to be successful with distance learning, but that there were signs that it was causing a ripple effect that would affect them educationally for years to come. The next section describes ways in which parents supported their children throughout distance learning and the impact they feel that level of support or, in many cases, the lack thereof, may have had on their child’s future success potential.

Parental Support

All 15 parents interviewed expressed some degree of concerns with the support and guidance provided to parents who, as a result of the pandemic, held much of the responsibility for ensuring learning took place. Parents expressed frustrations with being

able to properly support their child either with content, technological concerns, or structured routines. Mary described her experience as a parent during the pandemic as

A nightmare. It was just mass chaos. Especially when it came to school, I mean they were home, they thought it was summertime. They thought it was like Spring Break and they didn't understand that it was school, and we needed to go to school. So, I mean we are not homeschool parents for a reason."

David shared similar frustrations:

For distance learning, because we were at home, it was very hard to get them to wake up, it was almost impossible to get them to participate in the zoom learning. There was lots of arguing. There were lots of temper tantrums. For one of them, the only time that he would do a zoom when he wanted to was in the bathtub, so we had to put the laptop on the side of the bathtub and make it so no one could see below his face. I was there for a lot of times when the zooms were supposed to happen, and my wife and I were both trying to get both of them at their respective times and it was a lot of yelling on their end, and they didn't want to do it. So, I got to be there for all of the 'I don't want to do this' and the temper tantrums, and we just gave up.

Marge described her experience during the pandemic by saying, "At that time she was home with me, and she had a lot of assignments through Google classroom. As a classroom teacher and administrator myself, I couldn't sit there with her. I had to monitor my teachers. It was not a fun situation." Sherry echoed the sentiment of difficulty in work completion by stating, "Well I didn't have a job, I stayed at home, so my job was to make sure he worked hard. I wouldn't have been able to do it if I had a full-time job."

Cathy felt, "There are a lot of gaps. He missed a lot of opportunities to get that first teach instruction." She mentioned that she does not feel that instruction during the

pandemic was successful because “it was rough for everybody, the teachers, the parents, the students. I know I work late hours being an educator so at that time none of my attention was to my own kids, because I was too busy helping everybody else’s kids, so I know that my own children were greatly impacted by that.”

Nicole shared the frustrations of other participants stating, I don’t think they (the teachers) knew what they were doing or what they were expecting from these little guys so it was just, for us because we were both working and she was in daycare at that point, they would record the eight hours of lecture, or the eight hours of classroom and expected her to watch it, and it just wasn’t something that we would ever get through at the end of the day. You know you’re working full-time 10–12-hour shifts. There were not eight more hours in the day to come home and watch that.

She further stated that her and her husband “tried the first few weeks and then I think we pretty much gave up on it.”

Jenny shared similar sentiments surrounding supporting her child at home, but after many days where she and her daughter “both left the office at the end of the day in tears.” She described how she was somewhat at a loss to how to best support her daughter. She did take it upon herself, however, to not only become more informed about her daughter's disability, but also the grade level requirements expected of her. “I am the nerd. I ordered the dyslexia handbook from the state of Texas, and the TEKS, so I know what is expected. And I sat there, and I boringly read it so I could advocate.” Jenny felt as though her willingness to learn more for her daughter helped her to feel more empowered and allowed for opportunities for her child to be more successful, however she notes, “But not everybody has that time or that gumption to do so.”

While most parents found it difficult to have their child participate fully or in a way in which would be most educationally beneficial to them. Kelly, who previously had lots of concerns with her child's campus, found the distance learning experience to be helpful in meeting the needs of her child. She stated:

What was so helpful is that, as a parent who was facilitating this, I had the flexibility to work around my schedule to sort of modify what his needs were, so letting him ease into homework was nice, which is not a luxury they get at school. They sort of get dropped off and get started. And then being able to chunk up the assignments was something that I found to be really helpful, so that he could take frequent breaks. And then of course, sometimes at home that led to more distraction whereas at school, if he just took a break of five minutes to walk around, get some water or whatever, he could come right back so there is a little bit more discipline in the school setting with that. So, but at home it was much easier to get him to focus for shorter bursts of time. I would imagine, because he is in a more comfortable environment without any other students to distract him as well.

Through distance learning, parents recognized the need for them to support their child in order for them to be successful, whether it be as a result of knowing when they needed a break, helping with technological issues, or being able to assist with the content itself. Unfortunately, because most of those parents also had full-time jobs themselves, despite their desire to assist, they did not always have the capability, and they recognize that as a result this could have potentially played a part in their child's success. The next section will describe how social changes may have affected student success.

Social Changes

Being out of school for an extended period of time may make school re-integration and re-adjustment difficult and could have an effect on a child's mental health (Greenway & Eaton-Thomas, 2020). Some parents expressed that they noticed a change in their children as a result of social distancing and virtual learning. Kelly mentioned:

It was interesting to see, almost like a depression because they weren't able to laugh and play with friends, in the virtual setting there was never much time allotted for that. I didn't feel there were any group log ins and such for them to be silly or for them to communicate with each other.

Marge agreed by saying, "I would say like any kid during the Pandemic, they missed their friends, they missed social interaction. It wasn't detrimental to her because she's pretty selective already, she's pretty to herself."

Patricia discussed more lasting concerns resulting from the pandemic when she stated,

My student did a lot of work pragmatically with pragmatic speech and speech therapy at school and so he will still frequently not quite get it right with social cues. He is still young but his interactions with some of his peers are such that they take advantage of him.

When discussing the changes Mary noticed following social distancing, she stated:

Just being away from other kids, I think that had a big impact on all of them and I think even still today. They stay at home more than they used to. They would want to go do things and then. I mean I guess it has affected us all. The kids are not as social as they were. They are so used to it just being us. So, they got used to staying home, so we stay home. I mean we don't go out to eat as much as we used to. We just don't do things like we used to."

Lindsey felt as though distance learning helped her to understand her child's needs more, stating, "Socially for sure. I had no idea that my kid needed to see other kids, or I didn't recognize that until COVID hit." Diane shared, "It was easier for him to learn academically with less stimuli this way, but he needed more social interaction that he missed out on." She further described why she made the decision to have him repeat kindergarten by stating, "He just had to repeat it so that he could have a positive experience and make friends." These examples show that the parent participants perceived social changes played a part in their child's academic success and in some cases had negative implications.

Conclusion

This chapter provided an analysis of both the quantitative and qualitative data collected during the study to address the five research questions. Surveys were sent through a variety of online platforms and 64 participants completed the survey. All of the participants are parents of students with disabilities who received special education services throughout the COVID-19 pandemic. An analysis of the quantitative data collected with the *Parent Empowerment and Efficacy Measure* revealed that parents felt empowered to meet their child's needs throughout the pandemic. An analysis of the *Family- Professional Partnerships Scale* revealed parents perceived parent-professional partnerships as influencing their relationships with professionals on campus throughout the pandemic. And a comparative analysis between the *Parent Empowerment and Efficacy Measure* and the *Parent Empowerment and Efficacy Measure* revealed a relationship did exist between parental empowerment and parent-professional partnerships ($r = .299$, $p = .016$, $r^2 = .089$). As parent-professional partnerships increase, parental empowerment also increases. Approximately 89% of the variance in the parent-

professional partnership score can be attributed to the overall parental empowerment a parent possesses.

An analysis of qualitative data collected during interviews with 16 parents revealed that parents value parent-professional partnerships because through effective communication parents can build and maintain relationships that help them to feel empowered. They do, however, feel that distance learning did impact their child's success. In the next chapter, this study's findings will be compared with research literature. Additionally, the implications of this study's results will be discussed with consideration toward education and avenues for future research.

CHAPTER V: SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

The purpose of this study was to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. Studies examining relationships between parent-professional partnerships and parental empowerment have found a varying significance (DeRosia et al., 2021; Fisher, 2021; Hsiao et al., 2018; Jeste et al., 2020; Johnson & Hull, 2014; Koren et al., 1992; Ordongo, 2018), but not many have delved into the relationships of elementary students who received special education services during the COVID-19 pandemic. Furthermore, few studies have specifically examined parent perceptions of building and maintaining parent-professional partnerships on the parent's level of empowerment, or parent perceptions of the impact of distance learning as a result of COVID-19 on their child's success.

For this study, the researcher used one theoretical framework to enhance the understanding of the family-professional partnership. The theoretical framework used to guide this study was Epstein's School-Family Partnership Theory which suggests that stakeholders work in a cooperative partnership to influence the progression and education of children (Epstein, 2015; Epstein & Partnership Center for the Social Organization of Schools, n.d.; Hatter, 2017; Organizing Engagement, 2019). This theory serves as a foundation for understanding the impact that parental-professional partnerships may or may not have on parental empowerment throughout the COVID-19 pandemic. School-Family Partnership Theory implies that collaborative efforts from both the family and the school have the potential to enhance student learning and development (Epstein, 2015; Epstein & Partnership Center for the Social Organization of Schools, n.d.; Organizing Engagement, 2019).

To quantify attitudes toward parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic, 64 parents of elementary students who received special education services throughout the COVID-19 pandemic and who have students who attend school in southeast Texas completed the *Parent Empowerment and Efficacy Scale* and the *Family-Professional Partnership Scale*. Sixteen parents who completed the surveys also participated in semi-structured interviews. Qualitative data enriched the understanding of parent perceptions and the degree to which they were active in parent-professional partnerships, as well as the perceived degree of parental empowerment. Within this chapter, the findings of this study are contextualized in the larger body of research literature. Implications and recommendations for future research are also included.

Summary of Findings

The research questions investigated the relationships among parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. The following research questions guided this study:

Q1: To what extent did parents of students with disabilities feel empowered to meet their child's needs throughout the pandemic?

Q2: To what extent did parents perceive parent-professional partnerships as influencing their relationships throughout the pandemic?

Q3: Was there a relationship between parental empowerment and parent-professional partnerships throughout the pandemic?

Q4: What are parent perceptions of the importance of building and maintaining parent-professional partnerships on their level of parental empowerment?

Q5: What are parent perceptions of the impact of distance learning as a result of the COVID-19 pandemic on their child's success?

Research Question 1

Research question 1 was answered using frequencies and percentages. The survey questionnaire, *Parent Empowerment and Efficacy Measure*, consisted of 20-items using a 10-point scale to rate the degree to which each item relates to their perceived efficacy to parent and to connect; responses range from 1= Definitely not (it is a poor match for how they feel about themselves in relation to their role as a parent) to 10 = Definitely (indicating a perfect match and describes exactly how they feel). For the extent parents felt empowered to meet their child's needs throughout the pandemic, the subscale *Efficacy to Parent*, which included nine items, was used. Results from this study indicated that a high number of parents felt empowered to meet their child's needs with a high-level efficacy associated with parenting throughout the pandemic.

While this study demonstrated a mostly positive parental perception, it is important to note that a high number of the parents who participated in this study have students who were receiving special education services for a year or more prior to the onset of the pandemic, and therefore were not new to the processes of special education. Additionally, most of the participants in this study came from parents who are members of support and information groups so it can be inferred that they seek information in order to help their child be more successful and potentially developed strategies to address concerns as they may arise, all of which led to the potential for higher parent self-efficacy.

This question aligns with the parenting and communicating portion of Epstein's theory. When contemplating the parenting portion, we look at when family practices and home environments support "children as students" (Epstein, 2015), during the pandemic,

the parents had to support the children not only in the home environment, but also academically. Similarly, to findings from Fontanesi et al. (2020), while parents in this study mentioned an attempt to maintain some sense of normalcy for their children, the rapid shift in the way their education was being delivered, created a stressful environment for all parties. While the quantitative portion of this study showed that parent perceived their level of empowerment to meet their child's needs as high overall, the qualitative portion of the study hinted that perhaps they felt less empowered to be able to meet their child's educational needs through distance learning. This is discussed in greater detail in response to finding associated with research questions 4 and 5.

Research Question 2

Research question two was measured using frequencies and percentages. For the extent to which parents perceived parent-professional partnerships as influencing their relationships with professionals on campus throughout the pandemic was determined using the *Family-Professional Partnerships Scale*. The *Family-Professional Partnerships Scale* consists of 18 items using a 5-point Likert scale (1= Very Dissatisfied, 2= Dissatisfied, 3= Neither, 4= Satisfied, 5= Very Satisfied). Results indicated parents highly perceived parent-professional partnerships as influencing their relationships with professionals on campus throughout the pandemic. The qualitative portion of this study also supported parents' high perception of the influence their relationships with professionals had regarding effective parent- professional partnerships.

These findings support Collier et al., (2017) that home school collaboration is a key factor in the development of effective parent-professional partnerships. Similar to studies conducted by Defur et al. (2001) and Rouse (2012), parents with high confidence in their child's teacher's dependability and trustworthiness as well as their ability to have tough conversations, fostered mutual openness and trust. The work of researchers who

feel as though cooperative collaboration and effective two way communication helps to enhance two-way communication (Chu, 2017; Dunst, 2002; Kim et al., 2012; National Center on Safe Supportive Learning Environments, 2022; Summers et al., 2005) further supports the findings of this current study that partnerships between the schools and parents are a critical component of learning for students (Whitley et al., 2022, p. 108).

This question relates to the decision-making component of Epstein's theory because like parent-professional partnerships, this component under Epstein occurs when schools include parents in school decisions and when they develop parent leaders and representatives. In order to form a partnership, there needs to be shared decision making (Epstein, 2018). The parents in this study showed a high level of overall satisfaction with the parent-professional partnerships they had developed with their child's teachers and school personnel. Looking further into the data and demographic information, the participants who children had been receiving special education services for an extended period of time, more often had higher satisfaction with the relationships they had built with the professionals on their child's campus. This could potentially be as a result of shared understanding of how to help the child succeed, or just based on the ability to build a relationship over time between the professionals and families.

Research Questions 3 & 4

To answer research question three was measured using a Pearson's product-moment correlation (r). The Pearson's product-moment correlation (r) for parental empowerment was determined using the *Parent Empowerment and Efficacy Measure*, and parent-professional partnerships were determined using the *Family- Professional Partnerships Scale*. The results of the Pearson's r indicated a relationship did exist between parental empowerment and parent-professional partnerships, $r = .299$, $p = .016$, $r^2 = .089$). As parent-professional partnerships increase, parental empowerment also

increases. Approximately 89.0% of the variance in parental empowerment can be attributed to the overall parent-professional partnership.

Research question four, which examined parent perceptions of the importance of building and maintaining parent-professional partnerships on their level of parental empowerment was answered using a qualitative inductive coding process based on 16 individual interviews of parents who completed the two surveys and whose students received special education services throughout the COVID-19 pandemic. Responses were organized into three major themes (a) value placed on parent-professional partnerships, (b) parent self-efficacy, and (c) reciprocal communication and collaborative decision-making.

Because this study was conducted during the COVID-19 pandemic and all learning was occurring at home, these questions focus on the components of communicating, learning at home, and decision making. Parents from this study placed a high value on parent-professional partnerships and indicated that when reciprocal communication and collaborative decision making occurred, they had an increased self-efficacy. Parents who communicated more regularly with their child's teacher felt they were more informed not only with getting their child online at the proper times, but how to best support their child with actual learning. Unfortunately, many parents did not feel as though they had a high level of communication or collaboration initiated from the teachers, especially when they had concerns about their child's education, and as a result their level of empowerment was affected as was their child's level of success.

Hsiao, et al. (2018), and Koren, et al. (1992) felt as though empowerment involved collaboration centered around the child's needs. This study coincides with those findings as when there were more opportunities for collaborative efforts, parents felt more empowered. Parents who participated in the qualitative portion of this study drove

home the importance they found in not only building but also maintaining parent-professional partnerships on their level of empowerment. In parallel with findings by Ordongo (2018), parents felt as though the insights they could provide for the professionals regarding their child were valuable not only in establishing communication, but also in establishing collaborative efforts. Participants in this study noted that when there was open communication, they could all collectively assist in helping their child potentially be more successful and reach age-appropriate milestones.

The participants of this study further recognize that their child's success does not fully land on the shoulders of themselves, nor the educational institution. However, like Hirano et al. (2018), and Gothberg et al. (2018), when parents have a negative perception of the school, their level of engagement in activities with the school to assist their child may be diminished or reduced.

Research Question 5

Research question five, which examined parent perceptions regarding the impact of distance learning as a result of the COVID-19 pandemic on their child's success, was answered using a qualitative inductive coding process based on 16 individual interviews of parents who completed the two surveys and whose students received special education services throughout the COVID-19 pandemic. Responses were organized into three major themes (a) instruction impact, (b) parental support, and (c) social changes.

When speaking about instructional impact on student success, participants expressed an overwhelming sense that their child's potential progress was stifled by the impersonal nature of distance learning. Many participants noted frustrations with not only the lack of individualization for their students, but also instances in which accommodations and modifications were impossible to be met because of the dynamics of the situation. While the parents in this study tended to show sympathy toward the

teachers who they themselves were thrust into an impossible and never before experienced situation, that does not negate their perceptions that distance learning was “a waste of time” and potentially delayed their child’s future successes. Similar to participants in a study conducted by Price et al. (2021), parents were expected to pick up the slack and, in some instances, decided to choose not to homeschool their children.

Similarly, to a study done by Currie-Rubin & Smith (2014), parents in this study recognize that their engagement in the educational process is a critical component especially when dealing with a fully online classroom experience. However, the lack of communication and engagement opportunities alone gave the participants of this study the perception that their child may have educational gaps or lost opportunities for future success which aligns with a study by Galindo & Sheldon (2012) which talks about communication and engagement as predictors for greater student achievement.

The participants in this study do not however place full blame on the teachers and note that familial circumstances, stress, attempting to work from home themselves, not knowing the content or expectations placed on their children all were things that may have equally played a part in the wasted year or instructional time. Additionally, given the isolation the families endured throughout the COVID-19 pandemic, a varying degree of social circumstances and setbacks also has the perceived potential to affect future growth, especially when some participants view their child’s ability to socially appropriately as a sign of educational success.

Implications

As a result of the study’s investigation of the relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic, implications for district personnel, administrators and teachers emerged. This research shows not only does the

district need to develop a plan for the need for how to effectively implement distance learning opportunities should the need arise again, but also needs training opportunities for teachers and administrators on how to effectively identify and educate individualized educational needs of students with disabilities as a whole.

Some teachers and administrative staff have little to no direct special education training (Woolf, 2019). However, since the number of students identified under IDEA continues to rise, it is safe to assume that all school personnel is and will continue interacting with students with disabilities. Some skills that special education and general education professionals who interact with student with disabilities need, but may not have training in include (a) *understanding disability and other impacts on learning*, (b) *integrated expertise*, (c) *instructional flexibility* (Woolf, 2019), and (d) *skilled collaborators* (Leko et al., 2015). While children may have the same of similar diagnosis, there is no “one size fits all” way to educate children in general, and especially children with disabilities. Just as a general education teacher needs many tools in their toolbox to be able to understand and address the individual needs of their general education students, they also need to be able to have tools to properly educate and support their students who may learn or interact a little differently. If teachers and school staff in general were equipped with training on disabilities as a whole, triggers, accommodations for disabilities, or de-escalation strategies to name a few, teachers have the potential to better understand a larger number of the diverse learners that enter their classrooms, as well as have a better understanding of the impacts on learning, the child, and the family dynamic.

However, while knowing your students as people helps in education them, teachers need *integrated expertise* to blend knowledge and practice across content areas in diverse ways, in order to differentiate the curriculum prior to and while delivering

instruction (*instructional flexibility*) (Woolf, 2019). One way to address the specific needs of teachers who interact with special education students is to have specific required continued education. The state of Texas recently implemented the House Bill 3 Reading Academies to teach the Science of Teaching Reading as a requirement for all K-3 teachers, special education teachers, and principals (Texas Education Agency, 2022). The program is a module-based practice, with observational videos and hands on learning opportunities where teachers are required to show video evidence of implemented practice. A district could create something that educated teachers on the science of learning which includes structured tutoring (meaning-focused instruction), coursework coupled with field experiences, performance feedback and reflection, peer coaching, and fostering collaboration and coordinated instruction (Leko et al., 2015).

In tandem with district trainings that give teachers information on the different facets of special education and the children who IDEA serves, the district could also endorse a pairing system of special education teachers and general education teachers to help them not only implement their new learning with fidelity, but also as a sounding board when they encounter a situation that may not be covered in the learning. Additionally, the pairing of teachers allows an opportunity to see students in the specific demographic they serve and could allow for more opportunities to support families and parents.

In addition to what districts need to do, this research revealed the critical need for leaders to create a more inviting environment for parents to make them feel more welcome and empowered to not only participate in a collaborative effort during yearly meetings, but to be a collaborative partner throughout their child's entire educational experience. One way to do that could be to have a Diverse Learner's Day which could include information on the different ways people learn (dyslexia, English language

learners, different forms of disabilities, visual vs auditory learners, deaf, etc.). Emphasis should be more so on addressing the learning needs of students than mere disability awareness. The day could include not only how learning experiences vary for children, but also ways in which the school supports those learners through the experiences offered. The school could have community organizations that support those different subpopulations at the night so parents not only have information, but outside resources to support their students on their educational path. Additionally, administrators need to create a clear plan for reciprocal communicative efforts between parents and teachers, to help increase parent satisfaction and decrease the stress of the family regarding their child's education (Hsiao et. al., 2017). Administrators have the responsibility to build parent-professional relationships and empower families (Passmore & Zarate, 2020), and creating a plan for their campuses that do that has the potential to have a positive relationship on student success (Johnson & Hull, 2014).

While teachers are the most important link for student success within the classroom (Sanders, 1998; Sanders and Horn, 1998), this study made clear that parents value parent-professional partnerships and open lines of communication. And while administrators can develop a plan, it is the responsibility of the teachers to implement it with fidelity and to be culturally responsive and respectful so that parents do not develop negative perceptions and a lack of desire to be active participants in their child's education (Gothberg et al., 2018; Hirano et al., 2018). Additionally, this study found that parents felt as though they were not being heard. Teachers may consider ways in which to not only effectively communicate, but strategies in which to do it more often. Parents in this study mentioned the overwhelming feeling of not knowing what was going on with their students. Teachers being able to find strategies to have the potential to be more proactive, especially for parents of students who receive special education services, could

yield more effective collaborative efforts and in turn more positive educational outcomes. Teachers could have conferences, phone calls, or email correspondence with families about their child's specific needs on a more regular basis so that parents feel more in loop. Additionally, teachers could meet with the special education staff in more regular intervals to discuss at length what the individual needs of the students are as well as their progress. This could both be a way to discuss current accommodations and modifications put into place for students, the fidelity in which they are offered, support needed by the teacher to implement them more effectively, and adjustments that can be made to better support the students. To better support the parents at home, teachers could provide videos, and explicit notes on not only what the children are learning, but the way in which the children are being taught the concept so that parents can help the student at home. Providing explicit instruction via online formats, as well as instructions for how to circumvent any challenges they students might have while completing assignments at home, has the potential for parents to feel as though they can support their child even if the concept is not something they remember or were ever taught.

Recommendations for Future Research

Findings from this study involved obtaining feedback (quantitative and qualitative) from parents of students who received special education services throughout the COVID-19 pandemic. Although the findings provided data and information about parents' perceptions during the pandemic, recommendations for future research could help expand the knowledge of relationships between parent-professional partnerships and parent empowerment as a whole. The following recommendations are based on data and results of this study.

In terms of expanding the scope of this study, future research should include other populations, as the results from this study are only applicable to similar cities or districts

in terms of size and demographics. Data collection from a larger population and sample may produce different results. A recommendation for future research would be to include a larger sample size or conduct the study at the middle or high school level to determine how the needs of those students and families differed through distance learning.

Replicating this study in more diverse districts would provide additional data to further develop the contributions of this work. Future research might explore the differences between students eligible for special education services and general education students who did not need as much support, to see if their parents also felt similarly to the current study's participants about the loss of learning they perceived to have occurred during distance learning.

In order to increase the depth of the current study, a longitudinal study could be conducted to follow the students over time. The current study was limited in terms of time and scope and therefore might not have been as revealing as one that follows the students over a longer time span. A longitudinal study with the current participants could shed a more definitive light regarding the impact of distance learning on student success and could establish an identifiable pattern that further demonstrates the relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. The findings of this type of study could lead to the creation of future plans by districts in order to ensure optimal student success should a situation arise where distance learning becomes a necessity again.

A third recommendation for further research on this topic would be to study the teacher perceptions of the importance of parent-professional partnerships on student success both in general and throughout the COVID-19 pandemic. Understanding the teacher perspectives could help to provide a larger scope of strategies they have seen to

be effective in building parent-professional partnerships, as well as provide insight into the educator viewpoint of how successful they felt distance learning was for their students. Seeing both the short term (during the pandemic) and then now seeing students and areas they may be missing foundational skills as a potential byproduct of distance learning. Further study could explore the different modes in which the teachers taught students while doing distance learning to see if there was a difference in student success by teaching method. Gaining insight into effective parent-professional partnership models and methods of online instruction that produced higher levels of student's success could guide instructional leaders to assess modifications needed within the professional learning with regard to relationship building and online teaching practices.

Conclusion

The dynamics between parent-professional partnerships and parental empowerment have been well researched. For the most part, the more involved and communicative parents are with the professionals who assist in their child's education, the more empowered they feel to speak up on their child's behalf and thus having the potential for more positive educational outcomes (DeRosia et al., 2021; Epstein, 2015; Johnson & Hull, 2014; Lynch, 2020; Price et al., 2021). Given that families, school and agency personnel, and at times the student with the disability themselves were expected to be collaborative partners in helping the student meet educational goals (U.S. Department of Education, 2018), it is essential that public education design opportunities in which primary stakeholders can be active participants. Creating a more balanced partnership between home and school teaching could potentially lend itself to future academic success for elementary students who received special education services should there be other disruptions with in-person learning such as severe weather events, or other health crisis.

This limited study could potentially provide insight on the importance of parent-professional partnerships and its relationship to parental empowerment, but more longitudinal and focused research would have to be conducted to know the true impact of distance learning on students who received special education services. Future findings are likely to suggest that school districts create ways to enhance parent-professional

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APPENDIX A:
SURVEY COVER LETTER

December 2022

Dear Parent or Guardian of Elementary Special Education Parents,

Greetings! I am requesting your participation in a study that will concentrate on investigating relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic.

In order to participate in this study, you must be parents/guardians of elementary students who received special education services on or prior to March 2020 through December 2022.

You are being invited to complete a survey that includes the *Family-Professional Partnership Scale* and *Parent Empowerment and Efficacy Measure*. Filling out the attached survey is entirely voluntary but answering each response will make the survey most useful. Please try to answer all the questions. This survey will take approximately 15-20 minutes to complete, and all your responses will be kept completely confidential. Only the researcher and University of Houston Clear Lake committee members will have access to the individual information you submit at any time. No obvious undue risks will be endured, and you may stop your participation at any time. In addition, you will also not benefit directly from your participation in the study.

Your cooperation is greatly appreciated and your willingness to participate in this study is implied if you proceed with completing the survey. Your completion of the *Family-Professional Partnership Scale* and *Parent Empowerment and Efficacy Measure* is not only greatly appreciated, but invaluable. Additionally, if you would like to participate in the interview portion of the study to provide further information of your experiences or if you have any further questions, please feel contact the researcher Dawn Wiedeman at [REDACTED] with any questions. Thank you!

Sincerely,
Dawn Wiedeman, M. Ed.
Doctoral Candidate
School of Education

University of Houston- Clear Lake

APPENDIX B:

FAMILY-PROFESSIONAL PARTNERSHIPS SURVEY

The *Family-Professional Partnerships Survey* uses a five-point Likert type scale to measure the level of satisfaction parents have with partnerships with the special education service providers. The Partnership scale consists of two subscales, (i) child-focused relationships and (ii) family-focused relationships. Respondents are asked to rate 18 items on a 5-point Likert scale based on how satisfied they are that their child's teacher does specific things from 1= very dissatisfied to 5= very satisfied (Hoffman et al., 2006).

How <u>satisfied</u> are you that your child's teacher....	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
1. Helps you gain skills or information to get what your child needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the skills to help your child succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides services that meet the individual needs of your child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Speaks up for your child's best interests when working with other service providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lets you know about the good things your child does.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is available when you need them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Treats your child with dignity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Builds on your child's strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Values your opinion about your child's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is honest, even when there is bad news to give.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Keeps your child safe when your child is in his/her care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Uses words that you understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How <u>satisfied</u> are you that your child's teacher....	<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither</i>	<i>Satisfied</i>	<i>Very Satisfied</i>
13. Protects your family's privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Shows respect for your family's values and beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Listens without judging your child or family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Is a person you can depend on and trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Pays attention to what you have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX C:

PARENT EMPOWERMENT AND EFFICACY MEASURE

The PEEM consists of twenty items where respondents are asked to use a 10-point scale to rate the degree to which each item relates to their perceived efficacy to parent and to connect; responses range from 1= Definitely not (it is a poor match for how they feel about themselves in relation to their role as a parent) to 10= Definitely (indicating a perfect match and describes exactly how they feel) (Creating Pathways to Prevention, 2015; Freiberg, et al., p. 7; Real Well, 2021).

1	I find it easy to talk to people like teachers, doctors and nurses about my children:
2	I know how to get useful information about how my children's needs change as they grow:
3	I feel good when I think about the future for my children:
4	I can work out what to do if any of my children have a problem:
5	We have clear rules and routines in my family:
6	I can find services for my children when I need to:
7	In my family there is more to enjoy than to worry about:
8	I stay calm and manage life even when it's stressful:
9	I believe my children will do well at school:
10	I can help make this community a better place for children:
11	I can help other families find help when they need it:
12	I have someone I can rely on to help with my children if I need it:
13	I know good parenting tips that I can share with others:
14	I feel that I'm doing a good job as a parent:
15	I feel good about myself:
16	I feel good about the way my children behave:
17	I feel part of a community:
18	I have good friends outside my family:
19	I can make time for my children when they need it:
20	I know my children feel safe and secure:

APPENDIX D:

INFORMED CONSENT

INFORMED CONSENT: ADULT RESEARCH PARTICIPANT

You are being asked to participate in the research project described below. Your participation in this study is entirely voluntary and you may refuse to participate, or you may decide to stop your participation at any time. Should you refuse to participate in the study, or should you withdraw your consent and stop participation in the study, your decision will involve no penalty or loss of benefits to which you may otherwise be entitled. You are being asked to read the information below carefully and ask questions about anything you don't understand before deciding whether to participate.

Title: INVESTIGATING THE RELATIONSHIP BETWEEN PARENT-PROFESSIONAL PARTNERSHIPS AND PARENTAL EMPOWERMENT FOR ELEMENTARY STUDENTS WHO RECEIVED SPECIAL EDUCATION SERVICES THROUGHOUT THE COVID-19 PANDEMIC

Principal Investigator(s): Dawn Wiedeman, M. Ed

Faculty Sponsor: Dr. Elizabeth Beavers

Purpose of the Study: The purpose of this study is to investigate relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic.

Procedures: You will be asked to participate in individual interviews to share your perceptions of parent-professional relationships and parental empowerment as it relates to perceived student success for your elementary special education students throughout the COVID-19 pandemic

Expected Duration: The total anticipated commitment will be approximately 20-30 minutes to complete the survey portion of the study, and 30-45 minutes to complete the individual interview.

Risks of Participation: There are no anticipated risks associated with participation in this project.

Benefits to the Subject

There is no direct benefit received from your participation in this study, but your participation will help the investigator(s) to better understand the relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic.

Confidentiality of Records

Every effort will be made to maintain the confidentiality of your study records. The data collected from the study will be used for educational and publication purposes, however, you will not be identified by name. For federal audit purposes, the participant's documentation for this research project will be maintained and safeguarded by the Principal Investigator or Faculty Sponsor for a minimum of three years after completion of the study. After that time, the participant's documentation may be destroyed.

Compensation

There is no financial compensation to be offered for participation in the study.

Investigator’s Right to Withdraw Participant

The investigator has the right to withdraw you from this study at any time.

Contact Information for Questions or Problems

The investigator has offered to answer all of your questions. If you have additional questions during the course of this study about the research or any related problem, you may contact the Student Researcher, Dawn Wiedeman by telephone at 832-715-1753 or by email at WiedemanD1304@UHCL.edu. The Faculty Sponsor, Dr. Elizabeth Beavers may be contacted by telephone at 281-283-3513 or email at BeaversEA@uhcl.edu.

Signatures

Your signature below acknowledges your voluntary participation in this research project. Such participation does not release the investigator(s), institution(s), sponsor(s) or granting agency(ies) from their professional and ethical responsibility to you. By signing the form, you are not waiving any of your legal rights.

The purpose of this study, procedures to be followed, and explanation of risks or benefits have been explained to you. You have been allowed to ask questions and your questions have been answered to your satisfaction. You have been told who to contact if you have additional questions. You have read this consent form and voluntarily agree to participate as a subject in this study. You are free to withdraw your consent at any time by contacting the Principle Investigator or Student Researcher/Faculty Sponsor. You will be given a copy of the consent form you have signed.

Subject’s printed name: _____

Signature of Subject: _____

Date: _____

Using language that is understandable and appropriate, I have discussed this project and the items listed above with the subject.

Printed name and title: _____

Signature of Person Obtaining Consent: _____

Date: _____

THE UNIVERSITY OF HOUSTON-CLEAR LAKE (UHCL) COMMITTEE FOR PROTECTION OF HUMAN SUBJECTS HAS REVIEWED AND APPROVED THIS PROJECT. ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UHCL COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (281.283.3015). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT UHCL ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

(FEDERALWIDE ASSURANCE #FWA00004068

APPENDIX E:

INTERVIEW PROTOCOL

Thank you for your interest in participating in the individual interview exploring the relationships between parent-professional partnerships and parent empowerment for elementary students who received special education services throughout the COVID-19 pandemic. I believe your perspective will be invaluable to my research and could serve to impact future special education students.

Today's interview will include open-ended questions to allow you to share your perspectives and should take approximately 30-45 minutes. Participation in this interview is completely voluntary. I will be recording your responses so that I can transcribe the interview and analyze it further. Your name will be changed in the transcriptions to maintain anonymity, and any information that might make you identifiable will also be omitted. All the data collected will be secured on my computer and on a flash drive within a locked box. At the completion of the study, the data will be maintained for five years as required by CPHS, and the contents of the file will be destroyed once the deadline has expired. All information will remain confidential.

Today I am going to ask you questions about parental voice and involvement. As I begin to ask you questions, I want you to share responses specific to your experiences as a parent who has a child who receives special education services.

1. Tell me a little about your family.
 - a. FU: District, age, how long in special education, how many children in SPED, eligibility.
2. How would you describe your relationships with people at your child's school (professionally, parents)?
 - a. FU: Can you describe a favorable relationship? On unfavorable relationship?
 - b. Who do you feel you interact with the most at your child's school?
3. How did the relationships with staff change during the pandemic?
4. How important do you feel relationships with those individuals are?
5. What impact do you feel your relationships with those individuals has on how comfortable you feel?
 - a. FU: give an example of when you didn't feel comfortable expressing how you felt about something.
6. What impact do you feel your relationship with those individuals on campus has with your child's success?
7. What does success to you look like for your child?
8. What are the things you think have helped your child reach or get closer to that level of success?
 - a. FU: What, if any, are some things that you think may have negatively impacted your child's success?
9. Can you describe your experience as a parent throughout the pandemic?
10. What did a typical day look like?

11. What impact do you think distance learning has on your child's success?
 - a. FU: What changes if any occurred during distance learning?
 - b. Do you think the relationship or lack thereof you had with the professionals at that time impacted your child's success?
 - c. How involved were you in your student's learning prior to the pandemic?
During the pandemic?
12. What impact did distance learning have on your understanding of your child's academic or social needs?
13. Has there been a time when you noticed a concern and you chose not to address it?
 - a. Why did you choose not to address it?
 - b. What was the result?
14. If d anything else that you would like to share?