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Parent Reactions to Individualized Education Program (Iep) Meeting Vignettes: the Effect of Jargon and Labels on Emotional Reactivity and Feelings of Collaboration

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PARENT REACTIONS TO INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING VIGNETTES: THE EFFECT OF JARGON AND LABELS ON EMOTIONAL REACTIVITY AND FEELINGS OF COLLABORATION

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This study focused on the emotional responses of parents of school-aged children who read a vignette describing an Individualized Education Program (IEP) meeting. The vignette used either specific or generic language to label the participants' relationship to the child who meets the eligibility criteria for Specific Learning Disability. The label used was either a specific "Your Child" description or a generic description of "A Child." Further, the vignettes were presented either with or without technical professional jargon commonly used in an IEP setting.

In a pilot study, parents provided emotional response ratings for the 13 Individuals with Disabilities Education Act (IDEA) eligibility categories. Eligibility categories were rated more negatively in the Your Child condition compared to the Control condition, demonstrating the impact of label on parents' perception of IEP categories. *Specific Learning Disability* (SLD) was chosen as the IDEA eligibility category for use in Study 2 vignette because it is common in schools and it was not rated as emotionally negative as other eligibility categories, thus allowing a realistic but not overly negative context within which to examine the effects of label type and professional jargon on emotional reactivity and feelings of collaboration.

In Study 2, four vignettes describing a child with a SLD in reading (i.e., dyslexia) were created by manipulating Label ("Your Child" vs. "A Child") and Jargon (Yes vs. No) and were

divided into five blocks: (1) *Identifying Concerns*, outlining the reading concerns; (2) *Labeling the Problem*, using the name of the suspected disorder, dyslexia; (3) *Assessment Methods*, either specific validated and normed copywritten assessment methods in the jargon condition vs. nonspecific generic methods in the no jargon condition; (4) *Qualifying for IEP*, stating eligibility for an IEP because of SLD; and (5) *Accommodations Proposed*, describing the help to be provided. Participants rated their emotional response after each block. Participants then rated their feelings of collaboration with school personnel using a 12-item scale developed for this study. I hypothesized that parents in the "Your Child" group would report more negative emotions and lower feelings of cooperation compared to those in the "A Child" group. Further, I hypothesized that the presence of Jargon would have an impact on both emotional reactivity and feelings of cooperation relative to an IEP meeting described using everyday language.

The Jargon and Label manipulations had different effects depending on the type of information in the vignette. When considering Assessment Methods, parents' emotional responses were more positive when Jargon was used compared to everyday language. The effects of jargon were evident with respect to feelings of collaboration. Parents who read vignettes without jargon reported greater feelings of collaboration than those who read vignettes with jargon. Parent reactions were also influence by whether or not they already had a child with an IEP or 504 Plan. Those with an IEP/504 Plan background reported more negative emotions and lower feelings of collaboration when presented with jargon. Participants who reported they had an immediate family history of dyslexia also responded more negatively to jargon and reported lower feelings of collaboration. Implications for practice are outlined.

KEYWORDS: emotional response; cooperation; collaboration; Individualized Education Program

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CHAPTER I: INTRODUCTION AND REVIEW OF LITERATURE

The Individualized Education Program (IEP) was first introduced through the Individuals with Disabilities Education Act (IDEA, 1990, 1997). Children who qualify for special education services are allotted accommodations and modifications under IDEA and parents are allowed specific procedural safeguards (Garriot et al., 2000; IDEA, 1990, 1997). The main purpose for IDEA was to create a system for schools and parents to work collaboratively to ensure that students who receive special education services have access to the most appropriate interventions and services (Fish, 2008). As outlined by IDEA, the IEP is intended to work as an outline for the specific child's educational plan, including specific goals, accountability measures, and specific responsibilities of the educators. The IEP document generated is based on team decision making, and as per IDEA (2004) regulations. IEP teams typically consist of the child's parents, at least one of the child's special education teachers, at least one of the child's regular education teachers (if the student is participating in the regular education environment), a representative of the school system, an individual who can interpret the evaluation results (e.g., school psychologist), the student (as appropriate), and other individuals with expert knowledge about the child (e.g., speech and language pathologist, occupational therapist). Collaboration is an essential component for creating a successful IEP (Huefner, 2000). The IDEA regulations require parent collaboration as part of the IEP process (Fish, 2008).

Public Law 94-142, a precursor to IDEA, was passed in 1975 (PL 94-142, 1975). This law established one key tenet of IDEA (1990, 1997), namely, that each child with a disability is guaranteed a free appropriate education. The law thus had a dramatic positive impact on the educational climate for millions of children across the United States. Public Law 94-142 did not, however, mandate parental participation in the development of children's educational

programming. Research conducted around the time PL 94-142 was passed showed that most parents assumed a passive role, and that most educators believed that parental involvement should also be that of a passive participant (Yoshida et al., 1978). It is not surprising, therefore, that Public Law 94-142 assigned no active role to parents in the development, implementation, and evaluation of their child's IEP.

Another way to think of Public Law 94-142 is that it allowed a culture to develop in the special education sector of public schools in which parent participation was essentially an afterthought. A survey of educators conducted eight years after the law's passage indicated that nearly half viewed the IEP meeting as "strictly a formality" (Gerber et al., 1986, p. 160). Research from 1985 found that at least one parent typically was missing from IEP meetings, and that the parent who was present usually played a passive role, with school personnel being the active participants (Vacc et al., 1985). This evidence shows that by the time IDEA was passed in 1990, parents had been systematically marginalized in the IEP process for 15 years.

Currently, parents and IEP team members are expected to utilize data and multiple sources of information to make decisions to determine appropriate placements, goals, and accountability measures for the student. It is important to understand how the roles and expectations for parents function within the IEP setting because research has shown the frequency of identification for special education has increased over time. Understanding parent behavior is essential considering the increasing number of students receiving special education services. According to the National Center for Educational Statistics (2018), the number of students receiving special education services has increased in the last 30 years. NCES (2018) reported that 6.3 million students were receiving special education services through IDEA during the 2000-2001 school year, or 13% of children enrolled in public school. During the 2018-2019

school year, more than 7.1 million children, ages 3-21, received special education services as the result of IDEA. Thus, in recent years, 14% of the public-school population in the United States qualify for services under IDEA. Of those children with an IEP, 33% were reported to have a Specific Learning Disability. Despite increasing numbers of children identified for special education services, and legal safeguards in place to facilitate parental participation and increase parental collaboration, research demonstrates that parents perceive the IEP process as a negative experience (Fish, 2008). In particular, parents view the process negatively when IEP meetings are perceived as rushed and focused on skill or performance deficits rather than allowing time to acknowledge areas of growth and communicate to parents the purpose for the meeting and specific areas their child has improved upon. According to Fish (2008), IEP meetings go well when parents are included in the IEP procedure and acknowledged as experts in the needs of their own child.

With each IEP, the child and parents are provided with specific safeguards and rights. Many of the parental procedural safeguards allotted by IDEA sought to address parental concerns surrounding the IEP process. IDEA (2004) provided 10 key parental procedural safeguards:

1. *Procedural Safeguards Notice*: Schools must provide written explanation of rights both under IDEA and state law.
2. *Parent Participation*: Parents have a legal right to participate in meetings regarding their child's education – including IEP meetings.
3. *Access to Educational Records*: Parents have the right to review their child's educational records with explanations provided by school personnel. Parents have the

right to ask for corrections. These rights are protected by IDEA and Family Educational Rights and Privacy Act (FERPA, 1974).

4. *Confidentiality of Information*: Schools must protect students' confidentiality. Including: personal information (i.e., name, address, social security number, other personal information) associated with FERPA.
5. *Informed Consent (or Parental Consent)*: Before an evaluation or providing special education services for the first time, the school must provide written notice and obtain written consent from parent(s) or guardian(s) before an evaluation or services can begin.
6. *Prior Written Notice:* Schools must give parents written notice before changes can be made to an IEP, including the addition or denial of services. Schools must communicate proposed changes and explanations for changes to current an IEP to parents.
7. *Understandable Language*: When providing prior written notice to parents, schools are obligated to use language that is understandable to the general public. The notice must also be in the native language of the parent – including Braille.
8. *Independent Educational Evaluation (IEE)*: If parents disagree with the school's evaluation results, they have the right to get an independent educational evaluation (IEE). An IEE is an evaluation of the child's current skills and needs by an outside provider. The school must consider the results of the IEE; however, the school is not required to accept the findings.
9. *"Stay Put" Rights:* In the event parents disagree with a proposed change to their child's IEP services or placement, the "stay put" protection keeps the current IEP in

place while parents and the school can work to come to an agreement. Parents must act within 15 days of being told about a proposed change to use a "stay put" right.

10. *Dispute Resolution Options*: Parents have the right to disagree with schools about what is best for their child. IDEA provides several dispute resolution options. Parents can negotiate and talk through disagreements with the school. Mediation with a neutral third party is another option. Due process, which begins with a written complaint and ends with a decision after a hearing, is another step. Parents also have the right to file a complaint with their state if the school is violating IDEA. The complaint can be filed with the Office for Civil Rights for the U.S. Department of Education if parents believe there has been discrimination against their child.

Insights into the Parent Experience

Despite having these formal safeguards in place, research by Fish (2006) illustrates the perspective of parents of children with autism, who describe feeling metaphorically left out of the IEP setting. Parents often feel as though they are not a welcomed member of the IEP team for their child; they report having a difficulty sharing information about their child and feeling as though the actual decision making is up to the school (Fish, 2006). Even with federal law requiring parent collaboration in the development of the IEP, research by Turnbull and Turnbull (1997) has shown that many parents feel alienated because educators dominate the decision-making process, rather than educators working collaboratively to make decisions *with* parents and families. Many families feel that the information they bring to the meetings is seen by school professionals as anecdotal rather than objective and is not taken into consideration as heavily as assessment information or expertise from the professionals brought to the meetings to discuss a child's (lack of) progress (Fish, 2008). Parents report feeling that IEP meetings are a one-way

exchange of information (school personnel to parents) about the shortcomings of their child, rather than a meeting where ideas can be exchanged, and genuine brainstorming can take place about how best to help the child. School professionals tend to view the meeting itself as only a formality of the law (i.e., IDEA) requiring parent permission for assessment or interventions (Garriot et al., 2000).

Dabkowski (2004) has shown that these perceptions are not strictly subjective appraisals. Even after IDEA (1990, 1997) was passed and implemented educational professionals still tend to dominate the actual decision-making process of the IEP. With this situation, starts the breakdown in the family-school relationship, parents often feel that there is not enough communication in general, and only when problems have become worse will communication be initiated between them and their child's teacher, stressing the relationship further (Munk et al., 2001). Because of these potentially already strained relationships, going to an IEP meeting where parents are being given an exhaustive list of deficits and challenges their child is facing and feeling that their opinions are not valued, it is difficult for a parent to leave feeling like a valued member of the "IEP team."

Overall, research has shown that although IDEA was designed specifically to try to increase parental participation in the IEP setting, it has created depersonalized meetings in which parents feel the focus is on paperwork, the relationships between parents and school staff are unequal, and more attention is placed on labeling child deficits than enhancing child welfare (Zeitlin & Curcic, 2013). Not surprisingly, parents are often left feeling dissatisfied and distrusting towards the teaching teams because they often do not agree with the outcomes decided on at the IEP meetings (Slee, 2003). It is important to stress, however, that this is more than a disagreement over facts. Parents tend to perceive the relationships between themselves

and school personnel as confrontational rather than collaborative due to the imbalance of knowledge and authority (Zeitlin & Curcic, 2013). The resulting parent experience of IEP meetings involves considerable emotion, and a common parent complaint is that the meeting's emotional charge is not addressed or acknowledged by school personnel. To parents, school personnel often project that the IEP meeting is just business as usual, whereas for parents the process is a painful indictment of the heartbreaking deficits of *their child* (Zeitlin & Curcic, 2013). Parents describe feeling powerless, "beat up," and incompetent as a parent. One participant described her IEP experience as feeling a loss of personhood when completing the IEP experience. She described the experience as feeling "like a little gazelle that was being shot at one-by-one by each of the twelve staff members at the meeting" (Zeiltin & Curcic, 2013, p. 377). Similar feelings of guilt or negative emotionality are common among parents (Goldstein, 1993; Kroth & Edge, 1997).

In these aversive circumstances, some parents may make a conscious decision to limit participation, not just because they feel educators actively discourage participation during IEP meetings, but also because they are made to feel ill-equipped to make educational decisions for their child (Fish, 2006). Indeed, Rock (2000) reported that parents who felt poorly equipped in making educational decisions for the children allowed educators to convince them that decision-making should be left to them, even when parents did not feel comfortable with the end results. This outcome undermines the intent of IDEA (1990, 1997) to guarantee that all children with disabilities are entitled to a free and appropriate public education (FAPE, 1973) *as defined collaboratively by school and parents.* Clearly legislation is not enough to assure full parental involvement (Valle & Aponte, 2002).

The Role of Jargon in the Parent Experience

Parents who attend IEP meetings must work hard to familiarize themselves with complicated legal and technical jargon that is commonly utilized in the IEP setting. These terms, which may be freely thrown around by professionals who are familiar with them, describe symptoms, behaviors, and levels of child academic performance. Jargon is, by definition, a specialized vocabulary intended to provide a means of economical and precise communication among experts (Critchfield et al., 2017). To non-experts, however, jargon carries at least two liabilities. The first is that jargon has specialized meanings that the non-expert may not understand; that is, jargon may fail to communicate. The second is that jargon may be experienced as emotionally abrasive.

A number of studies have been conducted to determine how members of the general public perceive words that serve as technical jargon. In one method, words are presented one at a time, and participants rate each word for its valence, that is, the general positive or negative emotion that the word evokes (Boucher & Osgood, 1969; Warriner et al., 2013). Measured in this way, many words that serve as technical jargon are experienced as highly unpleasant (Critchfield et al., 2016; Critchfield et al., 2017; Gallaway, 2018).

Gut-level "word emotion," as described above, can affect the way in which people respond to the individuals who use these words. Those who use pleasant words are regarded as familiar, competent, and trustworthy; listeners tend to remember their messages and share them with acquaintances (Avey et al., 2011; Floh et al., 2013; Garcia-Marques et al., 2004; Norman et al., 2010; Petty et al., 1993). The opposite is true of people who use unpleasant words. Those who use unpleasant words are regarded as unapproachable, difficult, and untrustworthy; listeners have a difficult time comprehending their messages and are unable to share their messages with

others (Avey et al., 2011; Floh et al., 2013; Garcia-Marques et al., 2004; Normon et al., 2010; Petty et al., 1993). People who use more familiar words are more likely to have positive reciprocal interactions with unfamiliar people, whereas those who utilize unfamiliar words, often technical jargon, are perceived as abrasive, leading to shorter and less constructive interactions with unfamiliar people.

Researchers have suggested two reasons to explain why people have emotional responses to words. One explanation concerns *phonaesthetics*, the possibility that certain phonetic units contained in words may simply sound emotional (Crystal, 1995). It is possible that some technical jargon includes, or is comprised of, sounds that strike listeners as angry, hostile, or unpleasant. A second explanation concerns possibly non-conscious word associations. Much jargon is built from repurposed common words or word parts that have been assigned new and specialized technical meanings (e.g., Foxx, 1991; Lindsley, 1991). If the original words have unpleasant connotations, the resulting technical terms will inherit these. For example, Foxx (1991) pointed out that *extinction* – the technical term for both a learning process and a learning-based therapeutic intervention – is exactly the same word that to most people denotes the termination a species and other unpleasant outcomes. Although people may not consciously think about the death of the dinosaurs when therapeutic *extinction* is mentioned, they may nevertheless have an unpleasant emotional reaction.

Gut-level emotional responses may help to explain why, as Kroth and Edge (1997) reported, many parents feel alienated by the specialized language that school professionals use. It is important to note that an IEP meeting is a legal process that yields a legal document, and because of the legal ramifications a number of specialized terms, phrases, and descriptors will necessarily be used. Although unenthusiastic parent participation might result partly from the

fact that parents simply do not "speak the language" used in IEP meetings (Deslanders et al., 1999; Valle & Aponte, 2002), it is possible that negative emotional reactions to IEP jargon may disrupt the intended collaborative atmosphere of the meeting.

Emotion effects have been documented where professional jargon is presented in isolation (e.g., Bueno, 2018; Critchfield et al., 2017) and in the context of vignettes about psychological treatments (e.g., Reiher, 2019). Gallaway (2018) showed that word emotion effects documented for jargon in other psychological or therapeutic contexts also apply to jargon commonly used in IEP meeting contexts. Parents provided valence ratings for a number of words and phrases, including some that serve as IEP technical jargon. For example, "Other Health Impairment" is a label that educational and mental health professionals know describes a variety of conditions (e.g., anxiety, ADHD) that can affect a student's academic functioning and may therefore require attention in an IEP meeting. Gallaway (2018) found that such terms were rated as especially unpleasant. Interestingly, parents' age and level of education were not significant predictors of parents' emotional responses, suggesting that the effects of IEP jargon may be quite general. However, Gallaway's (2018) research was limited to IEP jargon presented in isolation and so it is important to confirm jargon effects in context.

Insights from Labeling Theory

Scheff's (1966) Labeling Theory may provide additional insights into the parent experience of IEP meetings. Labeling Theory was originally proposed to shed light on how members of society react to those with mental illness and how these reactions can in turn affect persons with mental illnesses. The theory proposes that bystanders tend to assign pejorative labels to individuals who are behaviorally atypical. Such labels tend to connote that the individual is irreparably damaged (e.g., "crazy") and are to be responded to accordingly. That is,

nothing else about the person is valued or important to know. Labels, once assigned, serve a publicly stigmatizing function, communicating to others that the individual is to be responded to in a polarizing way. Finally, confronted with these reactions from everyone around them, persons with mental illness feel generally devalued and increasingly conform to the "mentally ill" role assigned to them by society.

Scheff's (1966) primary worry was that societal stigmatizing magnifies and perpetuates the consequences of mental illness. This may be the case, but for present purposes my interest is in how labels communicate that an aspect of a person is "broken" or "damaged." A more recent extension of Scheff's (1966) theory by Link and colleagues (1989) emphasizes that persons to whom stigmatizing labels have been assigned not only feel devalued but assume that they will be discriminated against as a result. Link et al. (1989) found evidence for such feelings in a survey of psychiatric patents. Importantly, these researchers found that members of the general population also assumed the individuals to whom such labels were applied would receive stigmatizing treatment. It is this latter finding that informs the present discussion.

There are two reasons that parents of children with a disability may be particularly sensitive to the ways in which people have been socialized to react to individuals who are behaviorally atypical (e.g., a child with a specific physical, behavioral, or mental health disability). First, both casual observation and systematic research support the notion that parents often care more about the well-being of their children than about their own self-interest (e.g., Garriot et al., 2000). Specifically, parents are willing to engage in behaviors that are supportive of their child's best interests despite normative social expectations. This tendency may lead to conflict or strained social situations in that parents are willing to overlook their own needs to meet the best interest of their child. Garriot et al. (2000) described accounts from parents going

to extreme lengths to ensure attendance at their child's IEP meeting. One parent reported walking over a mile and a half in difficult weather conditions to attend an IEP meeting for it to only last approximately six minutes with her passive involvement. According to Garriot et al. (2000), 26% of parents reported feeling as though they were not involved with the decision-making process enough by stakeholders at the IEP meetings.

Second, by the time a child enters the IEP process, parents have had considerable experience observing how people react to their child's atypical behavior. Link and colleague's (1989) modifications to Labeling Theory and empirical research support the idea that parents may experience, by proxy, some of the same adverse effects of the labels that are attributed to their children. That is, parents of children with an IEP may experience *stigma by association*. Stigma by association is described as the process through which the companions (e.g., parents) of a stigmatized person (e.g., a child with disabilities) are discredited by those around them due to the undesired differences or characteristics observed in the stigmatized person (Pryor et al., 2012). Because of the notable differences in expected performance, behavior, or appearance, people experience deliberate or reflexive reactions to the individual *and* those who the individual is close to (Broady et al., 2005). According to Pryor et al. (2012), the more "controllable" the stigmatizing atypical behavior is perceived to be, the more socially acceptable it is to engage in directing negative responses toward the stigmatized individual and those closely associated with them.

"Controllable" behaviors have typically been described as ones in which a person is *choosing* to engage in specific stigmatizing behaviors (i.e., substance use). Within the context of parents and their children with disabilities, parents are often stigmatized for others' lack of understanding about their child's needs or limitations. For example, friends, family, and school

personnel may think negatively of parents with a child with Attention-Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) who struggles with behavioral concerns or meltdowns, assuming such behaviors are a function of poor discipline practices in the home (Broady et al., 2015). Thus, it is common for parents to be accused of failing to "control" their child with a disability.

Another assumption of Labeling Theory proposed by Link et al. (1989) is that persons to whom stigmatizing labels are a threat tend to become overly cautious in sharing information that could been seen as supporting the threatening label. As applied to the IEP process, this perspective suggests that parents of children with disabilities will feel generally disempowered, which may undermine their participation in team problem solving. They may actively seek to avoid engaging in conversations that appear to focus on their child's limitations and difficulties or on potential judgments about a lack of "control" of their child. Both outcomes are consistent with the observation of parent passivity at IEP meetings.

In order to qualify for the protections guaranteed under IDEA, a child must first meet an eligibility criterion by falling into one of 13 diagnostic categories (see Table 1). That is, IDEA was created to serve persons with these specific 13 types of identifiable criteria, so the child must be shown to have a specific identifiable concern/deficit. The labels for these challenges are widely understood to share features with stigmatizing labels. Category labels that include words such as "disturbance," "impairment," and "disability" focus attention strictly on a child's behavioral atypicalities. In other words, there is good reason to think that the IDEA categories are examples of the stigmatizing labels on which Labeling Theory focuses (Link et al., 1989; Scheff, 1966). Gallaway (2018) provided some support for this assumption. When rating their emotional reactions to a variety of everyday words and technical terms, parents reserved some of

their most negative ratings for several psychodiagnostic labels. For example, *Emotional Disturbance*, *Intellectual Disability*, and *Other Health Impairment* were rated significantly more negatively compared to other psychological jargon (e.g., *Baseline*, *Condition*, *Reinforcement*).

Table 1

The Rate of 13 Eligibility Categories for Special Education Services for Children Aged 3-21 under IDEA (1997, 2004), according to NCES (2018)

Category Label	Percentage Distribution of Children Served
Autism	12.7%
Deaf-Blindness	< 1.0%
Deafness	< 1.0%
Emotional Disturbance	5.0%
Hearing Impairment	1.0%
Intellectual Disability	9.2%
Multiple Disability	1.9%
Orthopedic Impairment	0.5%
Other Health Impairment	14.7%
Specific Learning Disability	33.2%
Speech/Language Impairment	19.3%
Traumatic Brain Injury	0.4%
Vision Impairment	0.4%

Note. Based on total public-school enrollment in prekindergarten through 12th grade for the 2018-2019 school year.

Preview of the Current Study

The present investigation was designed to provide a better understanding of the emotional reactivity and feelings of collaboration experienced by parents in an IEP setting. In particular, two key features of IEP meetings – stigmatizing labels and technical jargon – are hypothesized to contribute to parent disenfranchisement. In order to understand the parent perceptions of common IEP situations, the current study consisted of a pilot study (Study 1 in Chapter II) and the Main Study (Study 2 in Chapter III), which employed a vignette methodology.

The purpose of Study 2 was to determine differences in parent emotional reactivity and feelings of collaboration when confronted with a type of information that is normally shared in an IEP meeting. One prediction, derived from Labeling Theory**,** is that parents will interpret information shared in the meeting – especially regarding eligibility criteria – as a stigmatizing label. Therefore, as the person most responsible for protecting their children, a parent is likely to feel threatened by a stigmatizing label applied to their child and/or the stigma-by-association that comes with the application of labels to one's child.

Study 1 was a pilot study that was designed to inform details of Study 2. The Main Study assumes that a context in which labels used generically vs. specifically (i.e., to "Your Child") will affect participant ratings. The pilot study tested this assumption by employing the word-emotion rating procedure (Boucher & Osgood, 1969). Parents provided emotional response to the 13 IEP eligibility labels. For some parents, instructions specified a "Your Child" perspective. For others, the IEP labels were presented without context. To preview, ratings were more emotionally negative when parents rated IEP labels in the context of their own child compared to no context.

In Study 2, parents read a vignette describing a child with a condition that meets one the eligibility criteria for an IEP. Specific Learning Disability, focusing on dyslexia, was found to be rated relatively negatively but not so negatively that the other planned manipulations in Study 2 would allow for variability in emotional response. Four vignettes were created by manipulating the use of generic vs. specific labels and the presence or absence of technical jargon. Based on predictions derived from Labeling Theory (Link et al., 1989; Scheff, 1966), vignettes using a context that directs the participant to apply the IEP label to their own child (i.e., the "Your Child" condition) are expected to make parents to feel more personally invested compared to vignette contexts in which a child is described generically. Thus, I predict that emotional reactivity ratings will be more negative when a specific label (i.e., Your Child) is use compared to when a generic label (i.e., A Child) is used. Similarly, I predict that feelings of collaboration will be stronger in the generic label (A Child) condition.

Based on previous studies showing that jargon is experience aversively (e.g., Critchfield et al., 2017; Deslanders et al., 1999; Valle & Aponte, 2002), I expected that the presence of jargon would result in more negative emotion ratings and decreased feelings of collaboration, relative to vignettes without jargon. I also explored the possibility that vignettes which include IEP jargon and primed the participant to consider their own child, would lead to the most negative emotional ratings and lowest feelings of collaboration.

CHAPTER II: PILOT STUDY

The purpose of Study 1 was to determine whether a parent's emotional reactivity to descriptive words differs depending on whether or not the words were applied to that parent's child. Parents were randomly assigned to one of two groups. Parents in the *Your Child* group were presented words and asked to rate how they felt to have each word applied to their own child. Parents in the *Control* group were presented with the same words but without the "your child" context and asked to rate how the word made them feel generally. The procedure for the Control group was based directly on normative methods in the word-emotion literature, from which large word-emotion corpora had been derived (e.g., Warriner et al., 2013). A second goal of the pilot study was to obtain emotional reactivity ratings to IEP category labels to provide support for the creation of the vignettes for the main study.

Study 1 Research Questions

The goal of the pilot study was to address the following questions:

(1) *Do parents react differently to descriptive words as a function of label?* Based on predictions derived from Label theory (Link et al., 1989; Scheff, 1966), it was expected that words with existing emotion rating norms would differ for parents in the Your Child and Control conditions, such that positive words would be rated more positively and negative words more negatively by parents who were applying the word to their own child.

(2) *Do parents react differently to IEP eligibility terms as a function of label?* It was expected that IEP terms would be rated as more emotionally negative in the Your Child context relative to the Control (no label) condition.

Method

Participants

Parents were randomly assigned to one of two conditions. There were 36 participants in the Your Child condition and 45 participants in the Control condition. Further information about participant characteristics will be described in the Results section after a discussion of Data Trimming methods.

Materials

Demographics. All participants completed the same demographics questionnaire (see Appendix A). The demographics questionnaire included level of education, age, gender, ethnic background, the current number of children in Pre-K through 12th grade, and the language that they were most comfortable speaking in. Participants who provided responses indicating that they do not currently have a child in Pre-K through 12th grade or that English is not their primary language were not utilized for the data analyses (see Data Trimming for additional information).

Stimulus materials. Participants in each group rated the same set of words. These included 11 training items (see Appendix B) and 39 target words or terms. The target words/terms included the 13 categories for IEP eligibility as determined by the Individuals with Disabilities Education Act (IDEA, 2004).

The 11 words used on training trials were chosen from the Warriner et al. (2013) corpus to (a) be familiar to most capable speakers of English and (b) to reflect the broad range of plausible ratings in the word-emotion scale. Table 2 presents the training words and their normative valence ratings as reported by Warriner et al. (2013). Note that in the Warriner corpus no word received a mean rating as low as 1 or as high as 9, so the extreme valences of the control training words are represented by “pollute” = 1.88 and “free” = 8.25 rather than 1 and 9,

respectively. Because emotional norms were available for the control words, a secondary purpose of these words was to provide an objective basis for identifying individuals who failed to follow study instructions, as discussed later in the Data Trimming section.

The remaining 26 words (see Appendix C) were randomly interspersed among the 13 eligibility categories and were selected from the Warriner et al. (2013) corpus. These 26 control words were chosen as particularly "happy" or "unhappy" words, defined as at least ±1 SD from the mean ratings of English words as described by Warriner et al. (2013).

Data Collection Environment

Participants were recruited through the Amazon Mechanical Turk (MTurk) system. MTurk has been utilized as means of a data collection tool in many areas of behavioral science (Arditte et al., 2016; Crump et al., 2013; Keith et al., 2017; Shapiro et al., 2013; Summerville & Charier, 2013). MTurk allows researchers to draw from samples that are more diverse in terms of education and age compared to the college samples that are often used as a convenience sample for research (Berinsky et al., 2012; Keith et al., 2017). Compared to undergraduate participants, MTurk participants also have been found to be more attentive and better able to complete and follow instructions (Hauser & Schwarz, 2015).

Potential participants who qualified for the study were transferred from MTurk to the Qualtrics® survey platform to complete the survey. Because no personal identifying information was requested in the Qualtrics® survey, and no personal information tied to Amazon MTurk accounts were imported into the Qualtrics® survey, the present data obtained complied with IRB standards for data anonymity. Potential participants were offered monetary compensation (called a "reward" in MTurk). The advertised $1.00 reward was transferred to a participant's electronic account in Amazon.com no later than two days after the participant completed the study.

Eligibility to participate. Within MTurk, criteria were established to assure that all participants were familiar with the operation of MTurk and had a track record of completing prior Human Intelligence Tasks (HITs). Participants were required to have completed at least 50 prior HITs. Participants were required to have *successfully* completed more than 80% of prior HITs (i.e., fewer than 20% instances in which instructions were not followed properly or a HIT was left unfinished). This established a track record of high-quality participation. Such restrictions are standard precautions in MTurk research (Keith et al., 2017). Participants were eligible for the study if they self-identified as having a at least one child in Pre-K through 12th grade, were a U.S. resident (because laws and policies governing students with special needs differ across jurisdictions) and identified as a native English speaker as emotional responses may vary as a function of familiarity with the language.

Procedure

Once eligible participants were identified in the MTurk system, they were directed to the Qualtrics® survey, where they provided informed consent to participate utilizing a check box. Those who provided consent then completed the demographics questionnaire. Participants were then randomly assigned to one of the Label conditions (Your Child vs. Control). Standard initial instructions for how to rate words were based on the instructions and procedures used previously by Warriner et al. (2013) and Gallaway (2018) and are reproduced in Appendix D. The instructions contained two key features. First, they explain the 9-point word-emotion rating scale. Second, they emphasize the importance of working quickly and registering a gut-level, first-feeling rating rather than deliberating over each word.

After the initial instructions, the training portion of the emotion-rating procedure began. On each trial, one word or term was presented at the top of the participant's screen. Below it

appeared a rating scale with anchors ranging horizontally from 1 (left) to 9 (right). The labels *Unhappy*, *Neutral*, and *Happy* served as anchors above options 1, 5, and 9, respectively. Note that the use of the “Unhappy” and “Happy” anchors was fully explained in the instructions (see Appendix D).

The 11 words used for the training trials were presented in a randomized order for each participant. Following training, participants were presented additional instructions before rating the 39 target words/terms. Participants in the Control group were presented with instructions to continue providing valence ratings for the remaining words at a rapid rate just as they had previously done with the training words. In other words, they were to complete the remaining 39 trials exactly as the first 11. In contrast, participants in the Your Child group were presented with instructions that emphasized that the remaining words were to be rated under the assumption that they had been used to describe "Your Child" (Appendix D).

Interspersed among the 39 target words were three attention checks that were intended to maintain high quality data. For each attention check, participants were shown the instruction, "If you are paying attention, select X," with X representing one of the nine options on the rating scale. A participant who was unsuccessful in completing any of the attention checks was automatically exited from the survey and their data were not included in the final data set. Participants who failed an attention check were shown a message thanking them for their time and effort but indicating that, due to unsuccessful completion of the task, they would not be able to continue with the HIT and would not be paid. Upon completion of the survey, the participant received a code that, when entered into MTurk, provided payment for successful participation.

Results

Data Trimming Methods

Data were first trimmed by deleting participants who did not successfully complete the attention checks provided throughout the study. In the Your Child survey, six potential participants failed to correctly respond to attention check questions. The Control survey had seven potential participants who did not correctly attend to the attention checks. If a participant was unable to successfully complete an attention check, none of their data collected prior to that was retained in the data set.

Participants who provided atypical ratings of the 11 training words from the Warriner et al. (2013) corpus were dropped. For each participant, a correlation was calculated between the normative ratings reported by Warriner et al. (2013) and the ratings provided by the individual. Those who produced a correlation of less than +0.35 were judged as atypical and were then dropped from further analysis. This criterion is based on Gallaway (2018). Warriner et al. (2013) and utilized a less stringent criterion of +0.10. There were no atypical ratings that requiring trimming.

Further, participants who did not report parenthood status as currently having a child in Pre-K through 12th grade were also dropped from analyses. This criterion trimmed 42 potential participants from the Your Child survey and 73 potential participants from the Control survey. Additional trimming methods of English as preferred language was used. Due to interest in the emotional valence of the words presented, English language speakers were preferred, dropping nine potential participants from the Your Child survey and 15 potential participants from the Control survey. Other potential participants chose to end their participation during the study. Four potential participants ended their participation in the Your Child survey, whereas five

potential participants ended their participation in the Control survey. Of the 91 respondents to the Your Child survey a total of 36 participants were included in the final analyses. Of the 138 Control survey respondents, 93 were excluded from the final analyses. The Control survey included a total of 45 participants in the final analyses.

Participant Characteristics

Your Child condition. Of the 36 participants who completed the Your Child survey, 17 were women (47.22%) and 19 were men (52.78%). The average age of the participants was 39.17 years (*SD* = 9.56). A majority of participants identified as white (*n* = 27, 75%), 19.44% identified as Asian (*n* = 7), and one participant identified as Black and one participant preferred to identify as Other.

Control condition. Of the 45 participants in the Control study, 23 were women (51.11%), and 22 (48.89%) were men. The average age of the participants was 35.98 years old (*SD* = 8.71). A majority of participants identified as white (*n* = 28, 68.22%). There were 11 participants who identified as Asian (24.44%), 4 participants who identified as Black (0.09%) and 2 participants who identified as Latinx (0.04%).

Research Question 1

I compared the ratings of the 26 words (13 positive and 13 negative) provided by participants in the Your Child and Control conditions using two-tailed *t*-tests. As can be seen in Table 2, parents in the Your Child condition rated positive and negative words more extremely than those from the Control condition. That is, parents who rated words as though they were being used to describe their own child rated the common English language words (i.e., “proficient,” “inferior”) significantly more positively or more negatively compared to parents in the Control group, who were providing a general emotion rating of the words.

Research Question 2

I hypothesized that the participants in the Your Child condition would rate the IEP terms more emotionally negative than participants in the Control condition. As can be seen in Table 3, this hypothesis was supported. Parents who rated IEP terms in relation to their own child had mean emotional response ratings that were significantly more negative than parents in the Control condition for 11 out of the 13 terms.

Table 2

Means and Standard Deviations for the Emotion Ratings for Positive and Negative Words as a Function of Label Condition

Target Word	Your Child Condition *M* (*SD*)	Control Condition *M* (*SD*)	Comparison
Active [a]	7.89 (1.26)	7.73 (1.32)	$p = .06$
Dazzling [a]	7.61 (1.42)	6.00 (2.45)	$p \leq .001$
Entertainer [a]	7.39 (1.44)	7.02 (1.76)	$p = .032$
Hardworking	8.11 (1.56)	7.64 (1.23)	$p = .15$
Humble [a]	7.58 (1.34)	6.87 (1.74)	$p = .04$
Innocent [a]	7.28 (1.61)	6.29 (1.85)	$p = .01$
Memorable	7.81 (1.37)	7.47 (1.53)	$p = .30$
Peachy [a]	7.25 (1.70)	6.38 (2.09)	$p = .04$
Perfection	7.42 (1.61)	7.09 (1.41)	$p = .34$
Powerful	7.11 (2.04)	7.36 (1.55)	$p = .55$
Proficient [a]	7.67 (1.59)	6.87 (1.62)	$p = .03$
Visionary [a]	7.53 (1.38)	6.67 (1.86)	$p = .02$
Worthy [a]	8.19 (1.06)	7.11 (1.89)	$p = .002$
Careless	2.61 (1.78)	3.18 (1.77)	$p = .16$
Clingy	3.03 (1.63)	3.64 (1.99)	$p = .13$
Clueless [b]	2.50 (1.65)	3.36 (1.76)	$p = .03$
Controlling [b]	2.75 (1.95)	4.22 (2.57)	$p = .004$
Embarrassed [b]	2.61 (1.76)	4.07 (2.51)	$p = .003$
Indecisive	3.25 (1.78)	3.84 (1.87)	$p = .15$
Inexperience	3.67 (1.91)	4.02 (1.74)	$p = .39$
Inferior [b]	1.89 (1.58)	3.36 (2.08)	$p \leq .001$
Loner [b]	2.72 (1.85)	3.71 (2.16)	$p = .03$
Maniac [b]	2.17 (1.92)	3.42 (2.03)	$p = .01$
Problem	2.58 (1.92)	3.18 (2.09)	$p = .19$
Rigid	3.19 (1.85)	3.71 (1.75)	$p = .21$
Sloppy [b]	2.64 (1.81)	3.53 (1.91)	$p = .03$

Note. Emotion ratings were made on a 9-point scale.

[a] *Your Child* condition means significantly greater than the *Control* condition means.

[b] *Your Child* condition means were significantly less than the *Control* condition means.

Table 3

Means and Standard Deviations for the IEP Categories as a Function of Label Condition

IEP Categories	Your Child Condition *M* (*SD*)	Control Condition *M* (*SD*)	Comparison
Autism [b]	2.56 (1.93)	3.53 (2.03)	$p = .03$
Deaf-Blindness	2.17 (2.01)	2.49 (1.95)	$p = .47$
Deafness [b]	2.00 (1.71)	3.51 (2.12)	$p \leq .001$
Emotional Disturbance	2.17 (1.86)	2.82 (1.90)	$p = .12$
Hearing Impairments [b]	2.25 (1.73)	3.29 (2.23)	$p = .02$
Intellectual Disability [b]	2.22 (2.68)	3.09 (2.08)	$p = .04$
Multiple Disabilities [b]	1.83 (1.59)	2.64 (2.02)	$p = .05$
Orthopedic Impairment [b]	2.14 (1.71)	3.33 (1.88)	$p = .004$
Other Health Impairment [b]	2.19 (1.55)	3.91 (2.57)	$p \leq .001$
Specific Learning Disability [b]	2.56 (1.96)	3.53 (2.11)	$p = .03$
Speech/Language Impairment [b]	2.31 (1.85)	4.29 (2.47)	$p \leq .001$
Traumatic Brain Injury [b]	1.64 (1.66)	2.78 (2.42)	$p = .01$
Visual Impairment [b]	2.31 (1.67)	3.56 (2.37)	$p = .01$

Note: Emotion ratings were made on a 9-point scale.

[a] Words for which the *Your Child* condition means were significantly greater than the *Control* condition means.

[b] Words for which the *Your Child* condition means were significantly less than the *Control* condition means.

Study 1 Discussion

The goal of the pilot study was to confirm that, as predicted by Labeling Theory (Link et al., 1989; Scheff, 1966), parents do respond to information differently when they consider that information in the context of their own child. The study demonstrated that parents reacted both more positively and negatively when presented with instructions to consider everyday common English words as descriptors for their child ("Your Child") as compared to parents who were asked for an emotional response to the words without context (Control). Parents who were given the Your Child instructions also responded more negatively when shown the 13 IEP categories compared to Control parents, further demonstrating the importance of context and label. The ratings provided by parents were used to guide the creation of the vignettes for Study 2.

In addition to emotional reactivity, another interesting consideration is the rate of IEP eligibility categories in the school setting. Although some IEP eligibility categories were rated more negatively than others, the rates of children needing services on the basis of some IEP categories occur more frequently than others. For example, parents in the Your Child condition rated *Emotional Disturbance* more negatively than *Specific Learning Disability*. According to the National Center for Educational Statistics (2018), the percentage of children ages 3-21 meeting eligibility requirements for Emotional Disturbance is only 5%, compared to 33% of children ages 3-21 meeting eligibility requirements for Specific Learning Disability in the 2018-2019 school year.

Specific Learning Disability is the IDEA (2004) eligibility category most frequently identified, at a rate of 33% of students (National Center for Educational Statistics, 2018). Because of the prevalence of this category, parents are likely to encounter information related to concerns surrounding reading disabilities such as dyslexia, written language disabilities, and

math disabilities during eligibility meetings and throughout their exposure to the special education system. While noting that the parents in the Your Child condition reacted both more positively to positive words, and more negatively to negative words, I was interested in investigating the impact that both jargon and label would have on parents' emotional responses in the main study (Study 2) of this project. Because the objective was to understand the impact of all professional jargon, not just an IEP eligibility label, Specific Learning Disability was chosen for two main reasons. First, it is the most commonly identified IEP category, making it the most ecologically valid as a vignette to describe an IEP meeting. Because Specific Learning Disability is a broad umbrella term, a commonly known exemplar of SLD, dyslexia, was used to make the vignette more realistic. Additionally, the Specific Learning Disability category provides an opportunity to accurately assess the effects of the jargon manipulation. Although Specific Learning Disability is not as emotionally reactive as other categories, choosing this IEP category will allow for a rating of emotional response to professional jargon, that will not be overly influenced by the emotional reaction to the IEP eligibility label. The inclusion of dyslexia provides additional information that parents may perceive as stigmatizing surrounding academic performance as well as increasing specific jargon used within the IEP context.

Conclusions

Based on the pattern of findings, the main study will (a) incorporate the use of generic versus specific language in the creation of vignettes; (b) use the IEP label Specific Learning Disability (SLD) as the presenting concern; and (c) include *dyslexia* as an exemplar of SLD.

CHAPTER III: STUDY 2

The purpose of Study 2 was to investigate the influence of two factors on parent emotional reactivity and feelings of collaboration towards school personnel when confronted with an IEP-like situation. Participants were presented with a single vignette describing an IEP meeting. The vignettes were created using a 2 (Jargon: Yes vs. No) x 2 (Label: A Child vs. Your Child) between-subjects design. Based on information gathered in the pilot study, I hypothesized that participants would respond more negatively and feel lower levels of collaboration than when considering the information presented in the IEP vignette in the "Your Child" condition compared to the "A Child" condition. Based on my prior research (Galloway, 2018), I expected that parents would respond more negatively and feel lower levels of collaboration with the school personnel when the vignette described the IEP meeting with technical jargon. Previous research has shown that parents report the IEP process to be an overall negative experience, and that when comparing parent conceptualization of what would be best for their child vs. educators' implementation of interventions, there was very little overlap (Fish, 2008). Based on this information, it was also expected that parents who have previous experience with the IEP process would respond even more negatively compared to parents without IEP experience when presented with jargon.

Study 2 Research Questions

This study addresses the following questions:

(1A) *Does the presence of Jargon and Type of Label used in a vignette about an IEP have an impact on parents' emotional reactivity?* Parents were expected to report more negative emotion in the "Your Child" context relative to the generic "A Child" context. The presence of jargon was expected to result in more negative emotion ratings compared

to when everyday language is used.

(1B) *Do Jargon and Label interact to influence emotion ratings?* Although there is no specific research or theory to suggest that these factors would interact, it seems possible that the combination of a stigmatizing label *and* jargon could interact to produce the most negative emotional ratings; however, this is an open empirical question.

(2A) *Does a parent's IEP History have an impact on emotional reactivity?* Based on research looking at parents' experiences during IEP meetings, I predicted that parents would have overall more negative emotional responses comparted to parents who have not had experience with school professionals through the IEP or 504 Plan process.

(2B) *Do Jargon and a parent's IEP History interact to influence emotion ratings?* I predicted that parents with a history of IEP exposure would have more negative emotional response ratings when presented with vignettes with jargon compared to when everyday language is used.

(3A) *Does the presence of Jargon and Type of Label used in a vignette about an IEP have an impact on parents' feelings of collaboration?* Parents were expected to report lower feelings of collaboration in the "Your Child" context relative to the generic "A Child" context. The presence of jargon was expected to result in lower feelings of collaboration compared to vignettes written using everyday language.

(3B) *Do Jargon and Label interact to influence feelings of collaboration?* As with RQ 1B, this is an open empirical question.

(4A) *Does parental IEP History have an impact on parents' feelings of collaboration?* Based on past research, I predicted that parents who have had IEP experience would feel more cooperative than parents who have never attended an IEP meeting.

(4B) *Do Jargon and IEP History interact to influence feelings of collaboration?* Based on research looking at parents' experiences during IEP meetings, I predicted that parents with IEP meeting experience would have lower feelings of collaboration when presented vignettes with jargon compared to when everyday language is used.

Method

Participants

A total of 326 participants who were at least 18 years of age were recruited via a message posted on Social Media. Participants were parents of children currently enrolled in Pre-K through 12th grade, United States residents, and native English speakers (see Appendix E for Demographics Questionnaire). Of the 326 participants who volunteered for the study, 22 were eliminated from analyses for one of the following reasons: (a) not agreeing to the terms of informed consent; (b) reporting zero children currently enrolled in Pre-K through 12th grade, or (c) providing ratings to short story ratings that were inconsistent with normative ratings (see Appendix F for Positive and Negative Short Stories).

Of the 304 remaining participants, most were female (n = 296, 97.4%). The average age of participants was 33.76 (SD = 6.53; range from 24 to 58). A majority of participants were white (n = 283, 93.1%). A bachelor's degree or beyond was reported for 79.3% of the participants (n = 241). Participants were asked if they were aware of an immediate family history of dyslexia, 89.5% (n = 272) reported "No," whereas 10.2% (n = 31) reported "Yes." Participants were asked to identify whether their child currently has an IEP or 504 Plan using response choices "No," (n = 211, 69.4%), "Yes," (n = 83, 27.3%), or "I don't know" (n = 10; 3.3%). Participants who identified a child with a current IEP or 504 Plan were asked approximately how many meetings

they had attended; responses ranged from 0-30 meetings attended, with an average of 6.46 (*SD* = 6.54).

Materials

Vignettes. Four vignettes were created to represent the combination of a 2 (Label: Your Child vs. A Child) x 2 (Jargon: Jargon vs. No Jargon) between-subjects design. Recall, "Your Child" represents specific language used to describe the participant's own child, whereas "A Child" uses generic language describing an anonymous child unknown to the participant. (See Appendix G for "Your Child" and "A Child" vignette instructions. See Appendices H-K for vignettes.) Participants were randomly assigned to a vignette. The information in each vignette was divided into five blocks. Participants were shown information related to: (1) the identifying concerns, (2) provided a label for concerns, (3) assessment methods, (4) special education eligibility, and (5) accommodations as the vignette progressed. After each block of information, participants used a nine-point scale to provide an emotional valence rating (*1 = Unhappy, 9 = Happy).*

Feelings of collaboration scale. For the purpose of this project, I created a 12-item scale to measure feelings of collaboration specifically focused on the parental perspective at an IEP meeting. The participants were asked to consider the vignette they had just read about professionals sharing information at an IEP and rate on a 9-point scale (*1 = Not at All Likely, 9 = Very Likely)* how likely they are to engage in specific behaviors related to agency and collaboration. For example, participants were asked questions surrounding collaborative behaviors such as; sharing input about behavior, academic performance, work towards compromises, and share opinions about generated recommendations. All items are presented in Appendix L.

Procedure

Participants were recruited via an IRB-approved message posted on Social Media (i.e., Facebook). The study advertised that volunteers must be at least 18 years of age, United States residents, identify as native English speakers, and report currently having at least one child enrolled in Pre-K through 12th grade. A link was provided to a Qualtrics® survey. After providing informed consent participants answered demographics questions. Participants were then presented the six short stories, individually and in random order, and asked to rate their emotional responses using a 9-point scale. After completing the short stories, participants were asked an attention check question. Those who successfully answered the attention check were randomly assigned to read one of the four vignettes. The vignette was shown in five blocks as described above. Participants provided their emotional response after the information in each block. Participants then completed the 12 randomly presented items from the Feelings of Collaboration questionnaire. Items were presented one at a time and rated using a 9-point scale. Participants were then shown a debriefing statement which provided an opportunity to enter into a voluntary anonymous gift card raffle.

Preliminary Analyses

Data Trimming Methods

Of 326 responses to the survey, 22 were trimmed from final analyses. Data were not collected from participants who did not provide consent to complete the study. One participant was dropped from analyses for not providing consent to continue in the study. Participants who did not successfully complete the attention check would have been trimmed; however, all participants passed the attention checks. Participants who reported that they did not have a child currently in Pre-K through 12th grade were excluded. Seventeen participants were excluded from

the analyses for reporting 0 children currently in Pre-K through 12th grade. Participants who did not rate the eight short stories as expected were dropped from analyses. Participants were expected to rate the four "negative" short stories with a mean at or below 4 and rate the four "positive" short stories with a mean at or above 6 on a 9-point scale. Four participants were trimmed from analyses on the grounds that they did not employ the rating scale normatively. This step was directly analogous to the practice in Study 1 of dropping participants who did not rate training words consistent with established norms.

Preliminary Analysis: Bivariate Correlations

In order to address Research Question 1, a multivariate analysis of variance (MANOVA) was planned. The emotion ratings for each of the five blocks were entered into a 2 (Jargon: Yes vs. No) x 2 (Label: Your Child vs. A Child) MANOVA. As a preliminary step, it was necessary to examine the bivariate correlations among the emotional response ratings for the five dependent variables: (a) Block 1: Identifying Concerns; (b) Block 2: Labeling the Problem; (c) Block 3: Assessment Methods; (d) Block 4: Child Qualifies for IEP; and (e) Block 5: Accommodations.

The means, standard deviations, and bivariate correlations are presented in Table 4. The emotion ratings for Blocks 4 and 5 were highly correlated. For correlations that are .60 or above, Leech and colleagues (2008) recommend making a composite variable by summing or averaging the highly correlated variables or eliminating one of the variables. I created a composite variable by taking the average of Blocks 4 and 5. This new variable will be called Block 4 and will be used in subsequent analyses to answer Research Questions 1 and 3. The overall average rating for the new Block 4 was 6.68 (SD = 1.55).

Table 4

Summary of the Intercorrelations, Means, and Standard Deviations for Emotion Ratings for the Five Blocks of the Vignette

Measure	*1*	*2*	*3*	*4*	*5*
1. Block 1 Identifying Concerns	--				
2. Block 2 Labeling the Problem	.16**	--			
3. Block 3 Assessment Methods	.37**	.38**	--		
4. Block 4 Child Qualifies for IEP	.02	.55**	.27**	--	
5. Block 5 Accommodations	.01*	.45**	.08	.65**	--
M	2.86	5.38	3.58	6.29	7.07
SD	1.40	1.83	1.56	1.86	1.56

Note. * $p < .05$, ** $p < .01$. Because the correlation between Blocks 4 and 5 ratings was above .60, a composite variable was created using the average. This will now be referred to as "Block 4 – Special Ed Accommodations."

Preliminary Analysis: Feelings of Collaboration Scale

In order for the IEP process to be successful, it is essential that parents and caregivers are collaboratively involved in the process (Fish, 2006; Turnbull & Turnbull, 1997). I was interested in understanding how the type of information was presented to parents may impact their feelings of collaboration towards school personnel in the IEP context. I was interested in determining specific ways to improve home-school collaboration as well as identifying specific themes parents may find easier or more difficult to communicate to school personnel to improve communication and supports for parents.

The Feelings of Collaboration Scale is a 12-item scale developed for this study to understand how parents' feelings of collaboration with school personnel (see Appendix L). Parents were asked to rate on a 9-point scale how likely they felt they were to engage in specific

collaborative behaviors with school personnel after reading an IEP inspired vignette. Parents were asked information surrounding sharing their expertise with both academic and behavioral functioning, as well as themes surrounding parental agency and cooperation with others.

A reliability analysis was conducted on the Feelings of Collaboration scale. The scale was found to be reliable (12 items; $\alpha = .84$). However, the value for Cronbach's alpha would increase to $\alpha = .87$ if item 9 were removed ("*How likely are you to defer to the expertise of the other individuals at the IEP meeting?*"). To support the decision to remove item 9, an exploratory factor analysis (EFA) was conducted. The EFA revealed a single factor, but also flagged potential issues with item 9 (for factor loading, see Appendix L). Thus, to examine parents' feelings of collaboration in subsequent analyses (Research Questions 2 and 4), a composite variable was computed using the average of the remaining 11 items from the scale.

Results

Research Questions 1A and 1B

The first research question addressed the effect of Jargon and Label on Emotional reactivity. For this analysis, the emotion ratings for the four vignette blocks were analyzed with a 2 (Jargon: Yes vs. No) x 2 (Label: Your Child vs. A Child) MANOVA. The Box's Test indicated a violation of the assumption of equality of covariance matrices; therefore, Pillai's Trace was used to analyze the data further. Levene's Test was not significant, therefore there was no violation of the homogeneity of variances assumption. Condition means are presented in Table 5.

Table 5

Means and Standard Deviations for Emotion Ratings as a function of and Jargon and Label

	Generic ("A child")		Specific ("Your Child")	
	Jargon (n = 77)	No Jargon (n = 72)	Jargon (n = 78)	No Jargon (n = 77)
Block 1 Identifying Concerns	2.87 (1.45)	3.07 (1.33)	2.68 (1.41)	2.82 (1.37)
Block 2 Labeling the Problem	5.77 (1.82)	5.94 (1.54)	4.99 (1.90)	4.88 (1.81)
Block 3 Assessment Methods	4.36 (1.67)	3.58 (1.31)	3.41 (1.55)	2.95 (1.34)
Block 4 Special Ed Accommodations	6.87 (1.34)	7.00 (1.58)	6.33 (1.73)	6.55 (1.46)

Note. Standard deviations are shown in parentheses. Emotion ratings were made using a 9-point scale (*1 = Unhappy, 9 = Happy*)

The multivariate main effect for Jargon was significant, Pillai's Trace = .08, $F(4, 297) = 6.05$, $p \leq .001$, $\eta_p^2 = .075$. The multivariate main effect for Label (A Child vs. Your Child) was significant, Pillai's Trace = .10, $F(4, 297) = 7.84$, $p \leq .001$, $\eta_p^2 = .096$. The multivariate interaction between Jargon and Label was not significant, Pillai's Trace = .01, $F(4, 297) = .72$, $p = .58$, $\eta_p^2 = .01$. The pattern of results is presented in Figure 1.

Follow-up ANOVAs were examined to further explore differences for each Block of the vignettes (see Table 6). Although the multivariate main effect of Jargon was significant, this finding is driven by the emotional responses at Block 3, which described the assessment methods used to make an eligibility determination for special education services. As can be seen in Figure

1, the effect of Jargon at Block 3 is in the opposite of what was predicted. Although Jargon normally has a negative effect, in this case the presence of Jargon resulted in higher emotion ratings compared to no jargon. The implications of this finding will be outlined in the Discussion section. The expected main effect of Label was apparent for the emotional response ratings made after Blocks 2, 3, and 4.

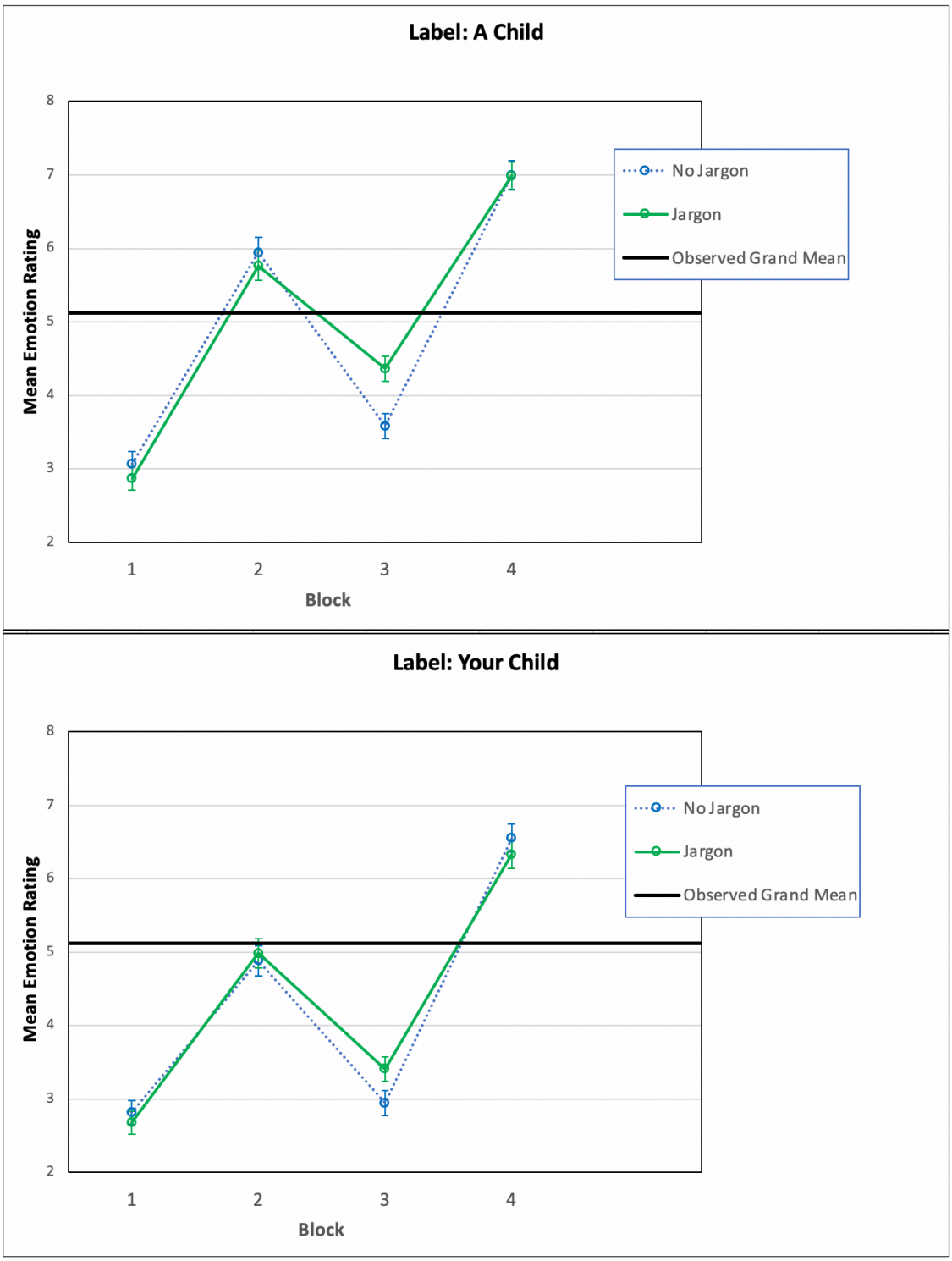
Table 6

Effects of Jargon and Label on Emotion Ratings for the Four Blocks of the Vignette

Source	Dependent Variable	*df*	*F*	η_p^2	*p*
Jargon	Block1 Identifying Concerns	1	1.099	.004	.295
	Block 2 Labeling the Problem	1	.033	.001	.856
	Block 3 Assessment Methods **	1	13.401	.043	.001
	Block 4 Spec Ed Accommodations	1	.977	.003	.324
Label	Block1 Identifying Concerns	1	1.879	.006	.171
	Block 2 Labeling the Problem **	1	20.334	.063	.001
	Block 3 Assessment Methods **	1	21.909	.068	.001
	Block 4 Spec Ed Accommodations *	1	7.803	.025	.006
Jargon × Label	Block1 Identifying Concerns	1	.035	.001	.490
	Block 2 Labeling the Problem	1	.478	.002	.490
	Block 3 Assessment Methods	1	.878	.003	.349
	Block 4 Spec Ed Accommodations	1	.063	.001	.801
Error		300			

Figure 1

Mean Emotion Ratings as a Function of Jargon and Vignette Block for Generic and Specific Labels



Note. Block 1 = Identifying Concerns; Block 2 = Labeling the Problem; Block 3 = Assessment Methods; Block 4 = Special Ed Accommodations. Error bars represent +/- 1 SE.

Research Questions 2A and 2B

This research question addresses the emotional reactivity of parents who already have experience with the IEP or 504 Plan process, Specifically, those parents who have already worked with school professionals to develop accommodations and modifications for their child(ren). For this analysis, I selected the participants who were in the "Your Child" condition (n = 155) as this is a more ecologically valid approach to consider the information in the vignette. Parents reported whether they had prior experience with a child needing a 504 or IEP; this served as a quasi-independent variable in this analysis. Of the 155 "Your Child" participants, 133 parents reported no history with an IEP or 504 Plan, and 42 parents reported a history of an IEP or 504 Plan. The emotion ratings from the four blocks were entered into a 2 (Jargon: Yes vs. No) x 2 (IEP/504 Status: Yes vs. No) MANOVA. Box's test indicates no violation of the assumption of equality of covariance's matrices. Levene's test also indicated no violation of the assumption of homogeneity of variances.

As with the analysis for Research Question 1, the multivariate main effect for Jargon was significant, Wilk's Lambda = .91, $F(4, 148) = 3.51$, $p = .009$, $\eta_p^2 = .087$. The multivariate main effect for IEP/504 Status was significant, Wilk's lambda = .91, $F(4, 148) = 3.71$, p = .007, $\eta_p^2 = .091$). The interaction between Jargon and IEP status was marginal, Wilk's lambda = .94, $F(4, 148) = 2.20$, $p = .07$, $\eta_p^2 = .056$). The pattern of findings is displayed in Figure 2.

Follow-up ANOVAs were used to further explore differences for each Block of the vignettes (see Table 7). As was found in the analysis in Research Question 1, Jargon had an effect on emotion ratings, but only for Block 3. Again, positive emotions were associated with the presence of jargon, compared to no jargon. The differences for IEP status were evident for Blocks 3 and 4 (Block 2 was marginal). A univariate interaction between Jargon and IEP status

was found (see Figure 3). Parents who reported a History of IEP also responded more positively to special education accommodations without technical jargon when compared to any other group.

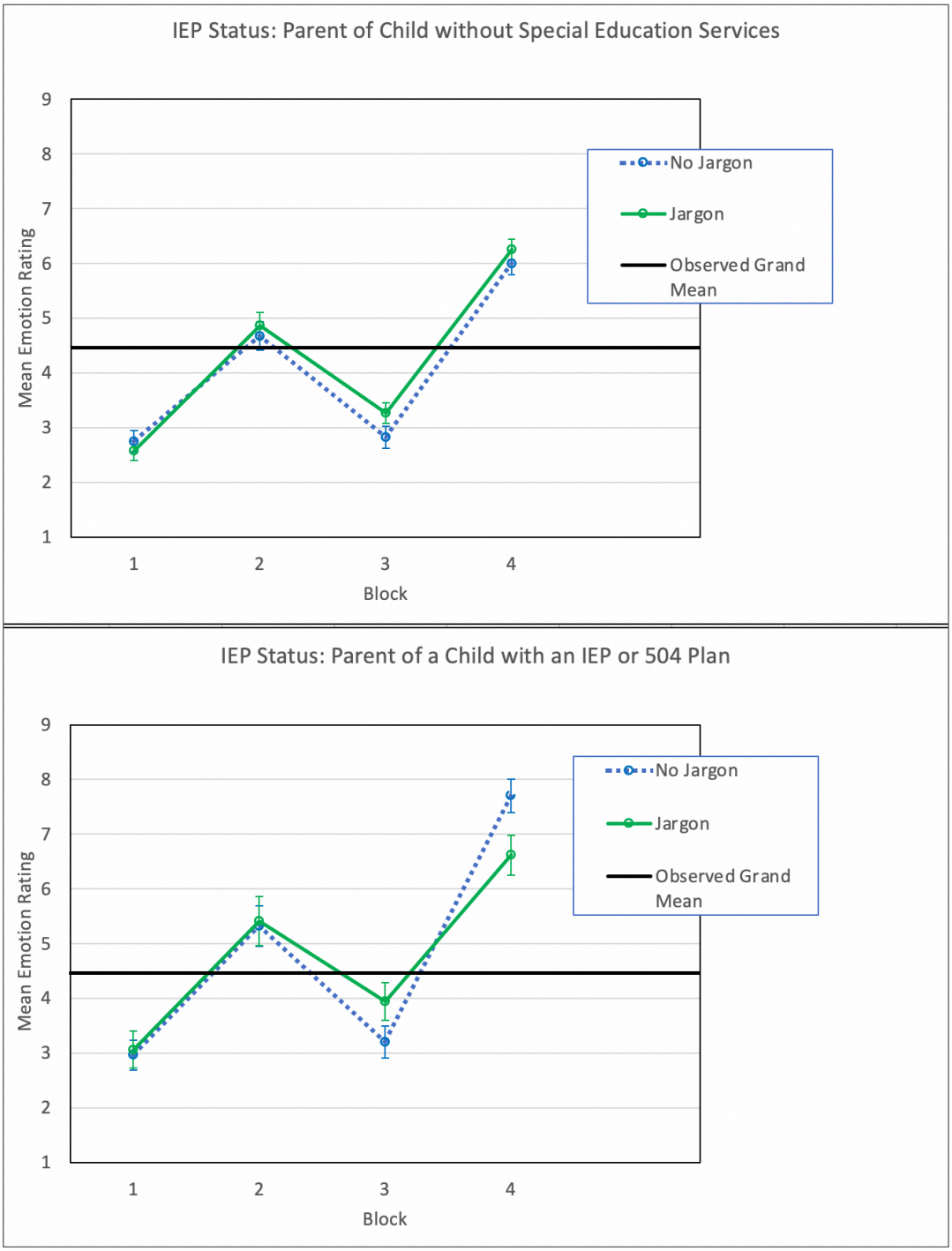
Table 7

Effects of Jargon and IEP Status on Emotion Ratings for the Four Blocks of the Vignette for Parents in the Specific ("Your Child") Condition

Source	Dependent Variable	*df*	*F*	η_p^2	*p*
Jargon	Block1 Identifying Concerns	1	.023	.000	.880
	Block 2 Labeling the Problem	1	.179	.001	.673
	Block 3 Assessment Methods *	1	4.948	.032	.028
	Block 4 Spec Ed Accommodations	1	2.259	.015	.135
IEP Status	Block1 Identifying Concerns	1	1.855	.012	.175
	Block 2 Labeling the Problem	1	3.070	.020	.082
	Block 3 Assessment Methods *	1	3.956	.026	.049
	Block 4 Spec Ed Accommodations **	1	14.022	.085	.001
Jargon × IEP	Block1 Identifying Concerns	1	.290	.002	.591
Status	Block 2 Labeling the Problem	1	.023	.000	.878
	Block 3 Assessment Methods	1	.334	.002	.564
	Block 4 Spec Ed Accommodations *	1	5.881	.037	.016
Error		151			

Figure 2

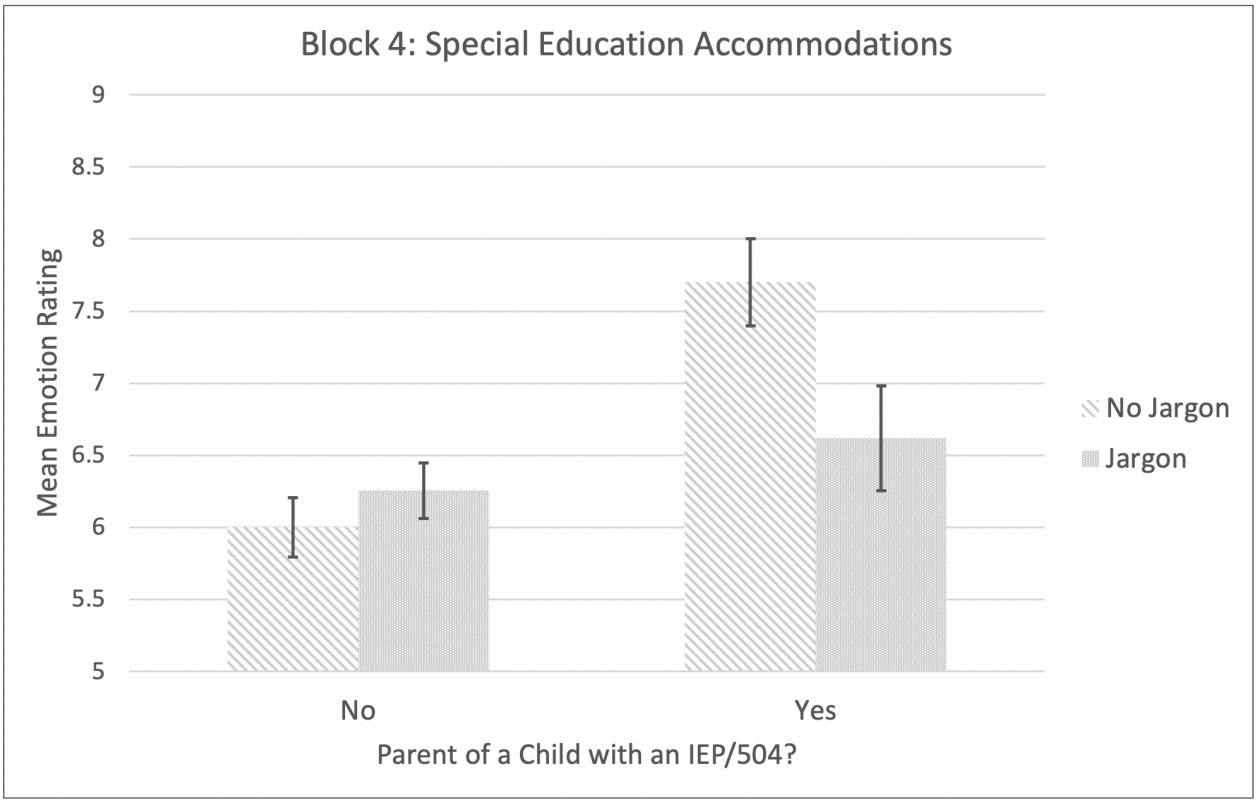
Mean Emotion Ratings as a Function of IEP Status and Jargon and Vignette Block for Generic and Specific Labels



Note. Block 1 = Identifying Concerns; Block 2 = Labeling the Problem; Block 3 = Assessment Methods; Block 4 = Special Ed Accommodations. Error bars represent +/- 1 SE.

Figure 3

Mean Emotion Ratings as a Function of IEP Status and Jargon for Vignette Block 4



Note. A follow-up univariate ANOVA revealed a significant IEP Status x Jargon interaction for Block 4. Only parents who were in the "Your Child" condition are included. Error bars represent +/- 1 SE.

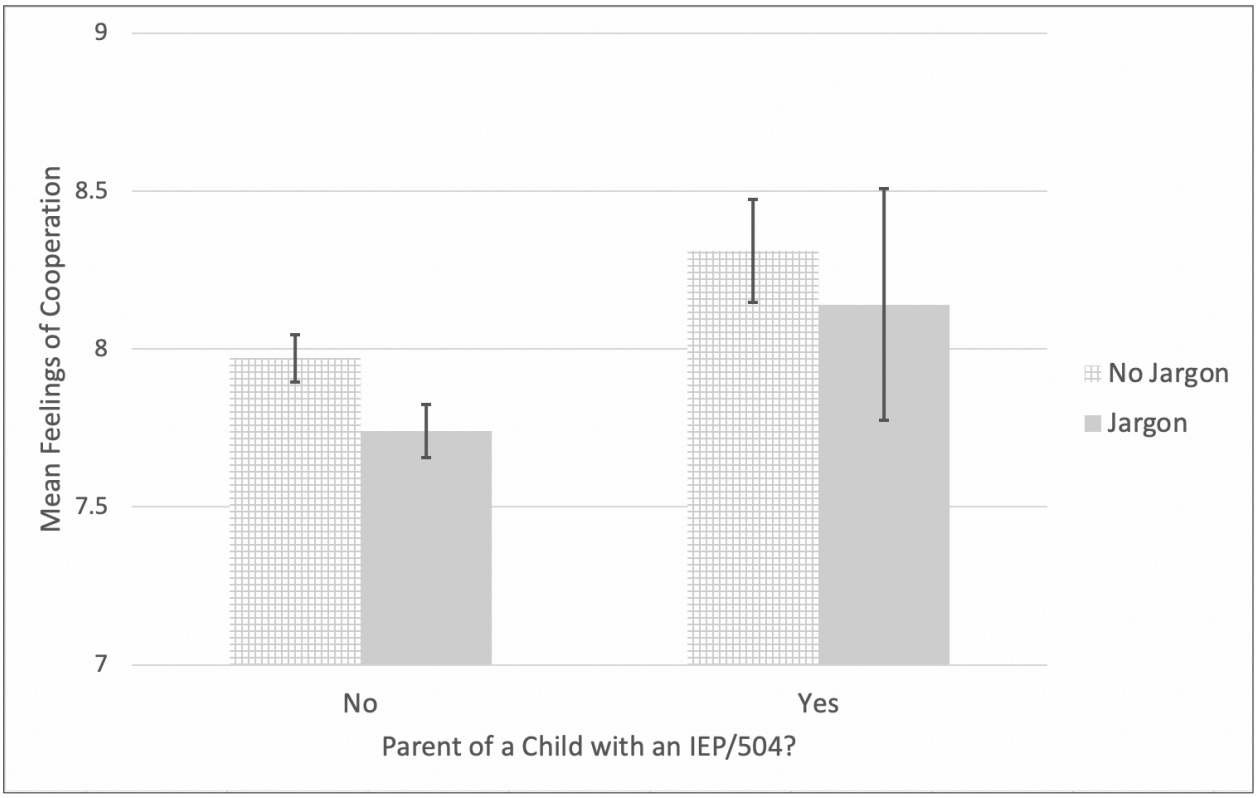
Research Questions 3A and 3B

The third research question focuses on the effect of Jargon and Label on Feelings of Collaboration. The feelings of participant collaboration with professionals were analyzed with a 2 (Jargon: Yes vs. No) x 2 (Label: Your Child vs. A Child) ANOVA. The main effect for Jargon was significant, $F(1, 300) = 5.20$, $p = .023$, $\eta_p^2 = .02$. Participants who read No Jargon vignettes ($M = 7.99$, $SD = .84$) had higher ratings of feelings of collaboration with school personnel than those who read the Jargon vignettes ($M = 7.74$, $SD = 1.05$) (see Figure 4). The main effect for

Label (Your Child vs. A Child) was not significant, $F(1, 300) = 2.84$, $p = .09$. Participants did not differ significantly in their feelings of collaboration when comparing participants from Your Child vignettes ($M = 7.95$, SD .87) and A Child vignettes ($M = 7.77$, $SD = 1.04$). There was no interaction of Jargon and Label, $F(1, 300) = .004$, $p = .95$.

Figure 4

Mean Feelings of Cooperation as a Function of Jargon and IEP Status for Parents in the "Your Child" Condition



Note. Error bars represent +/- 1 SE.

Research Questions 4A and 4B

I was also interested in understanding the potential effect that previous exposure to IEP/504 Plan meetings may have on parental feelings of collaboration. Those who have had

previous exposure to these legal meetings may have significantly different views than the novice parent. For this analysis, I again selected all participants who completed the "Your Child" vignette (n =155), using a 2 (Jargon: Yes vs. No) x 2 (IEP Status: Yes vs. No) ANOVA. Unlike the overall pattern of findings, the main effect for Jargon was not significant, $F(1, 151) = 1.65$, $p = .20$. Participants who read vignettes without Jargon ($M = 8.08$, $SD = .74$) did not provide a significantly different rating than those who read a Jargon vignette ($M = 7.83$, $SD = .98$).

The main effect for IEP Status was significant, $F(1, 151) = 5.46$, $p = .02$, $\eta_p^2 = .04$. Participants who identified as having a child with an IEP/504 Plan ($M = 8.24$, $SD = .66$) provided higher ratings for feelings of collaboration than those who did not have a child with an IEP/504 Plan ($M = 7.85$, $SD = .92$) . There was no significant interaction between Jargon and IEP Status for feelings of collaboration, $F(1, 151) = .05$, $p = .83$.

Exploratory Analysis: History of Dyslexia

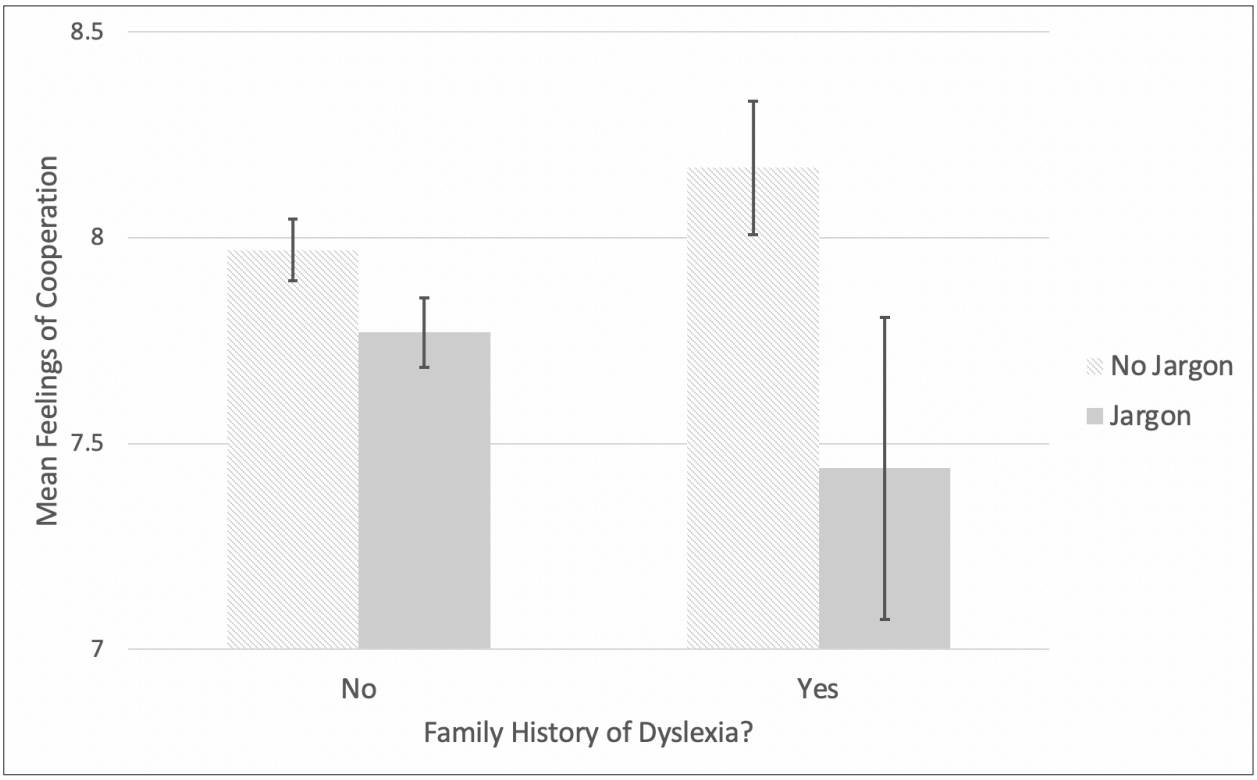
Because this study focused on an eligibility meeting surrounding concerns with Dyslexia, I was also interested in understanding the potential impact having a family member with Dyslexia may play in parent feelings of collaboration with professionals compared to parents who did not have a history of Dyslexia in the family and if these responses varied by jargon.

For this analysis, I selected the participants who were in the "Your Child" condition as this is a more ecologically valid approach to consider the information in the vignette. The emotion ratings from the four blocks were entered into a 2 (Jargon: Yes vs. No) x 2 (Dyslexia Status: Yes vs. No) ANOVA. The main effect for Jargon was significant, $F(1, 299) = 5.97$, $p = .011$, $\eta_p^2 = .02$. Participants who read No Jargon vignettes ($M = 7.99$, $SD = .84$) provided a higher rating of feelings of collaboration with school personnel than those who read the Jargon vignettes

(*M* = 7.74, *SD* = 1.05) (see Figure 5). The main effect for Dyslexia was not significant, *F*(1, 299) = .09, *p* = .76. Participants did not vary significantly in their feelings of collaboration when comparing participants who reported family history of Dyslexia and those who did not. There was no significant interaction between Jargon and Dyslexia when considering the Feelings of Collaboration Scale, *F*(1, 299) = 2.13, *p* = .15.

Figure 5

Mean Feelings of Cooperation as a Function of Jargon and Family History of Dyslexia



Note. Error bars represent +/- 1 SE.

Study 2 Discussion

My first research question addressed whether Jargon and Label would have an effect on the emotional reactions of participants. Counterintuitively, participants rated the vignette with Jargon more positively than those who read the vignette without Jargon. In examining the four

different blocks of the vignette, it was only the Assessment Method Block of the vignette where participants provided more positive emotion ratings when professionals used Jargon compared to common everyday descriptions of the Assessment Methods. This finding demonstrates how parents perceive the expert relaying the message. At times, jargon can be helpful to provide reassurance and competence.

This finding is noteworthy because prior research has demonstrated the negative effects of jargon in contexts that include both professionals and non-professionals. Zeitlin and Curcic (2013) discussed the emotional reactivity parents experience during the IEP process and how the jargon associated with the legal process often becomes repelling. The pattern of findings here, in contrast, lends support for the idea that professionals in IEP settings should be cognizant of their use of professional jargon when meeting with parents. In this case, when making an important determination about the special education status of any child, the presence of jargon may indicate to parents "gold standard" assessment methods were utilized, conveying care and expertise in the professional's given area.

With respect to the manipulation of Label, participants rated the vignette with "A Child" language more positively than those assigned to the "Your Child" condition. This finding was predicted by Labeling Theory; there is an extra emotional burden when stigmatizing information is attributed to oneself or one's child. Practically, parents who participate in an IEP meeting while discussions of deficits and labels such as "disability," "disturbance," or "impairment," are used may experience similar emotional effects of labeling. I was also interested if there was an interaction of Jargon and Label on the emotional responses of participants However, there was not a significant interaction between Jargon and Label on the emotional responses of the participants. Therefore, no further analyses were conducted on these variables.

My second research question focused only on participants from the "Your Child" condition. This question addressed whether Jargon and a parent's IEP History would have an effect on the emotional responses. As expected, participants responded more positively when providing emotional ratings for vignettes with no jargon. Participants did report more positive feelings for jargon in the area of Assessment Methods, again illustrating the importance of the context in which the jargon is utilized by the professional. The question surrounding IEP History was also supported. Parents who reported a child with an IEP/504 Plan reported more positive emotional responses compared to participants who did not have IEP History. The interaction between Jargon and IEP History was marginal. Parents who had reported no IEP History provided the most negative responses to the jargon-filled vignettes, while parents who had an established IEP History reported more positive emotional responses, particularly without the presence of Jargon. This interaction illustrates the importance of using familiar words to novice listeners.

My third research question focused on the effect of Jargon and Label on feelings of collaboration. Recall that this scale was developed for the current study and 11 of the 12 items were used to assess participant's feelings of collaboration after reading the vignette. As expected, the predicted pattern of findings for the effect of Jargon was supported. Participants who read vignettes with Jargon reported lower feelings of collaboration. Deslanders and colleagues (1999) and Valle and Aponte (2002) have discussed the repelling nature of jargon within a collaborative context, noting that due to breakdowns in effective communication, jargon easily disrupts the collaborative atmosphere. Other research has illustrated that jargon can have negative effects on a variety of measures, but the current study confirms that jargon reduces feelings of collaboration

in an IEP context. The single factor scale could be used in future research in examining participant's feelings of collaboration surrounding IEP meetings.

My fourth research question focused on participants from the "Your Child" condition, considering the effect of Jargon and a parent's IEP History ratings of collaboration. The hypothesis for Jargon was not supported. Participants did not provide significantly different ratings of collaboration when presented with a jargon or no jargon vignette. The hypothesis for IEP History was supported. Participants who identified as having a child with an IEP or 504 Plan reported higher levels of collaboration than participants who did not have a child with an IEP or 504 Plan. Participants who have experience with the special education system appear to be more willing to engage in the collaborative process required for a successful IEP. For practitioners, understanding that parents who are inexperienced in the special education process may experience resistance associated with lack of understanding and knowledge base will be helpful when building foundational relationships for collaboration (Fish, 2008). There was no interaction between Jargon and IEP History found.

CHAPTER IV: CONCLUSIONS

Summary of Key Findings

There are four key findings to highlight in the current study. The first concerns the effect of Label on the emotional responses to the vignettes. Parents who were assigned to provide ratings from the perspective of the "Your Child" vignette responded more negatively than those who were assigned to the "A Child" condition. This pattern of findings illustrates the power of the label, and the additional emotional burden caused by parents internalizing information as it relates to *their own* child. Thinking about information within this context amplifies the emotional reactivity parents experience. Pryor and colleagues (2012) explained the effect of stigma by association by describing how stigma can spread from one person to another. Understanding the role of stigma by association in IEP contexts helps to explain how and why parents can feel negative responses as the result of discussions surrounding deficits or shortcomings of *their* child being associated with specific IDEA (2004) eligibility terms such as "disability" or "impairment."

The second key finding concerns the unexpected effect of Jargon. When considering the effect jargon has on parental emotional responses, previous research has shown jargon's negative effect (e.g., Critchfield et al., 2017; Gallaway, 2018). In the current investigation, emotional responses were more positive when made by parents to the block of the vignette using jargon to describe specific assessment methodologies for identification of eligibility of special education services. It appears that parents interpreted the jargon associated with the assessment methods as more appropriate within this context. The present study shows that the context in which jargon is presented to parents matters, and that within the same vignette, jargon is perceived both

negatively (Blocks 1: Identifying Concerns, 2: Labeling the Problem, and 4: Spec Ed Accommodations) and positively (Block 3: Assessment Methods).

Third, feelings of collaboration were affected by the presence of Jargon throughout the present study. Participants who read vignettes with technical jargon reported lower feelings of collaboration with school professionals. This finding supports previous research in which parents report finding it difficult to engage in collaborative behaviors with school personnel during the IEP process (Zeitlin & Curcic, 2013).

Finally, parents who reported having a child with an IEP or 504 Plan, and thus prior experience engaging with school professionals to collaboratively create accommodations for their child, reported having higher feelings of collaboration when compared to parents without experience with IEP or 504 Plans. However, when parents with an IEP History were presented with the Jargon vignette, they experienced lower levels of collaboration compared to parents with an IEP History but who were presented with the No Jargon vignette.

An exploratory analysis examined whether a family history of Dyslexia, in particular, contributed to feelings of collaboration. Although a preliminary finding due to a relatively small sample size, it is notable that participants who reported a family history of Dyslexia and read a vignette without technical jargon reported the highest feelings of collaboration. Perhaps these increased feelings of collaboration may vary depending on past history with the IEP system, or because the vignette was focused on providing special education services for a child with a *Specific Learning Disability in reading* (i.e., Dyslexia). It would be helpful to understand the generalizability of these findings. Specifically, would parents who have experience with other IEP eligibility categories (e.g., Autism, Other Health Impairment, Speech/Language Impairment), rate feelings of collaboration in a similar way?

General Discussion

Parents of children with disabilities have often had negative experiences associated with the IEP process (Zeitlin & Curcic, 2013). Parents report feeling left out of the decision-making process, and have a difficult time disclosing information about their child with school personnel (Fish, 2006). Parents have reported negative emotions when thinking about collaborating with the school personnel responsible for facilitating the IEP process, describing the experience as abrasive and alienating despite. Federal law requires parental collaboration in the development of the IEP (Turnbull & Turnbull, 1997) but when parents participate in the IEP process, they describe difficulties associated with collaborating with "experts" in the meeting. Parents interpret their information about their own child is viewed as being more anecdotal while others at the meeting continue to focus on a child's (lack of) progress throughout the meeting with specific data and expert opinions (Fish, 2008). Zeitlin and Curcic (2013) demonstrated how emotionally reactive the IEP process is for parents.

Parents described the contrast between their emotional responses to the information shared in the IEP meeting, feeling as though they are incompetent, beaten up, and experienced difficulties sitting through a list of deficits of *their child,* compared to the business as usual attitude of the school personnel attending the meetings. This disconnect between professional and parent appeared to increase negative emotions experienced by parents.

The current study was motivated by research showing that parents report feelings of judgment and stigma associated with their child's disability or deficits as well as negative emotions associated with IEP meetings (Zeitlin & Curcic, 2013). There are two possible sources that may be responsible for the negative emotions that occur at IEP meeting: labels and jargon. Parents who experienced the negative or stigmatizing labeling from others as a result of the close

association with their child creates negative emotional responses for parents (Link et al., 1989). Due to the behavioral expectations within society, when a child (i.e., a child with a disability) violates normative behavior, these behaviors become stigmatized. Research has shown that parents will often put the wellbeing of their child above their own self-interest. This action has the potential to intensify experiential stigma by association (Garriot et al., 2000). For example, parents of children with autism spectrum disorder have described their experiences as lonely and frustrating. These parents feelings are the result of others assuming the observable behaviors of their child were the result of their poor parenting rather than a neurological disorder (Broady et al., 2015).

The rate of special education services under IDEA for children ages 3-21 has increased from 13% of the public-school population (6.3 million children) during the 2000-2001 school year to 14% (7.1 million children) during the 2018-2019 school year. Of those children who qualified for an IEP, 33% qualified for special education services due to a Specific Learning Disability (NCES, 2018). This is helpful information when considering the present investigation. Parents are the most likely to be involved with special education services for a suspected Specific Learning Disability, as this IEP category occurs with the highest frequency under IDEA (NCES, 2018). While considering the negative responses to the IEP process, particularly to the eligibility meetings, it is important to be aware of ways to effectively collaborate with parents to decrease negative emotional responses (Zeitlin & Curcic, 2013) and to increase feelings of collaboration and self-efficacy.

Research has shown that jargon within the context of the IEP experience creates a negative response from parents (Critchfield et al., 2017). When professionals use unpleasant words, the person relaying that message is regarded as unapproachable, difficult, and even

untrustworthy. The listener has a more difficult time comprehending the intended message and cannot share the information with others due to the complicated nature of the technical jargon used (Avey et al., 2011; Floh et al., 2013; Garcia-Marques et al., 2004; Normon et al., 2010; Petty et al., 1993). When individuals use technical jargon rather than common everyday words or terms, they create an atmosphere that leads to less constructive and collaborative discussion by repelling the listener from engaging in reciprocal conversation. When parents feel they are unable to collaborate effectively with school personnel during an IEP meeting, important information regarding their child's current functioning, including behavioral and academic functioning, may be overlooked.

Strengths and Limitations of Current Study

One limitation of the current study is related to general criticisms of vignette studies. Vignette studies have been criticized for not being able to fully capture the reality that is meant to be illustrated in the vignette, calling to question the validity of the responses (Parkinson & Manstead, 1993). Research has shown participants have reported concerns surrounding the lack of information in the vignette. Because of this concern, participants have reported an inadequate knowledge base for responses to vignettes (Hughes, 1998). Although information may be ambiguous or appear hypothetical, participants may generate their own meaning by drawing on their own experiences to create interpretation (Hughes, 1998). Although such critiques of the vignette methodology exist, vignettes represent a context beyond reactions to single words or terms, allowing for further development from my previous research (Gallaway, 2018), in which parents rated emotional responses to professional jargon and IEP eligibility categories and terms in isolation.

Another limitation of the current study is the homogeneous sample. The participants in Study 2 identified as mostly white women. Future research would benefit from focusing on the experiences of parents of color. This type of research would be particularly timely and relevant as research has shown concerns surrounding the over-representation of minority students in special education programs (Gaviria-Soto & Castro-Morera, 2005). Minority students are reported to be identified for special education services for both academic and behavioral concerns at a higher rate than their white peers (Gaviria-Soto & Castro-Morera, 2005). The parents of the over-represented children are then required to complete IEP meetings with school professionals, which research has shown is typically an emotionally charged event.

Future research is necessary to provide insight to the experiences of parents who have the additional burden of feeling *othered* before the professional meeting begins. *Othering*, as described by Johnson and colleagues (2009), identifies individuals who differ or are thought to be different from oneself or the mainstream. When this singling out occurs, it can reinforce ideas of domination and subordination within the context that those who are different from the majority must submit to the majority. School professionals should take necessary steps to mitigate any perceptions of *othering* to decrease emotional reactivity within the already emotionally charged IEP setting. Future research can inform best practices for teachers and psychologists to help parents who experience this phenomenon and provide support in IEP or 504 Plan meetings.

A strength of this study is that it recruited participants from 42 of the 50 states across the country, allowing for a diverse sample with respect to geographic location. The study also recruited participants who reported currently having a child in pre-k through 12th grade, ensuring a parental perspective for the emotional and collaboration ratings to increase ecological validity.

There was also diversity with respect to the age of the participants the amount of their experience with the IEP process.

An additional strength is the experimental manipulation of two important factors related to the IEP process. Previous research has demonstrated the importance of parental involvement in the IEP process, while also noting the emotional reactivity and difficulties to engage with school professionals associated with these meetings (Zeitlin & Curcic, 2013). Given the importance of effectively delivering information to parents during what is often described as an abrasive meeting (Fish, 2006), I wanted to determine the extent to which professional jargon played a role in creating negative feelings in parents. I was interested in discovering potential areas where professionals may improve delivery of information and how this may inform future practices and if this varied by the type of information discussed. This study examined the effect professional jargon can have on both emotional reactivity and feelings of collaboration.

The current study also examined the important effect labeling creates in emotional responses and feelings of collaboration by including an experimental manipulation. Pryor and colleagues (2012) discussed the effect of stigma by association, which may explain the negative emotional responses and lower feelings of collaboration parents reported when in the "Your Child" condition. The additional emotional burden of stigma associated with information describing *their* child. Given the importance of generic vs. specific language when referring to one's own child, illustrated by the effect of stigma by association, I examined parents who already had exposure to the IEP/504 Plan process by identifying as a parent with at least one child with an IEP or 504 Plan to look for differences in emotional responses and feelings of collaboration to the vignettes than parents who did not have a child who is currently in need of special education services or 504 Plan accommodations, and if these responses varied by the

presence of jargon. A potential criticism of this methodology is that in the vignette context, "A Child" is not ecological valid, as a parent would not typically have no relationship with a child described in this way and in this context. That is, it is unlikely that in the real world, parents would be in this type of context discussing a generic child. However, an argument can be made that this condition may be similar to the way that other school personnel react in IEP meetings, because for them, the student is just "A Child." That is, the child is just one of many whom they routinely discuss in IEP contexts. Despite this critique, the experimental manipulation allowed a control group against which to examine the ways in which parents' reaction when the "Your Child" label is applied.

Directions for Future Research

Future research should focus on the parental experiences surrounding the IEP process, focusing on understanding how individual differences affect parent perceptions of the IEP process. Such research will better inform best practices for school professionals. In order to develop cultural competence and sensitivity to various cultural backgrounds, religions, and language barriers, additional research must be completed to capture a more complete picture of how each of these factors may have an impact on responses to parent-school collaboration. For example, discussions surrounding specific eligibility categories or recommendations to consult with primary care physicians (e.g., recommendations to consult with primary care physician for concerns surrounding ADHD), may be met with more resistance or negative emotional response depending on specific cultural values.

Another direction for future research would be to increase the focus on parental history with special educational systems, broadly defined. Parents who have a personal history with requiring special education supports when they themselves were children may have a biased

view of school systems or school personnel, in either a positive or negative direction. Those who had positive experiences with their special education teacher(s) and/or the accommodations they received will bring one set of bias and experience. Such experiences will contrast with those who have had negative schooling experiences, whether related to a history of harsh discipline practices from school personnel, or from negative social or academic experiences. Such experiences may create primacy effects to view interactions with their child's school as particularly negative. Additionally, experience with having been bullied or ostracized by classmates surrounding their own need for special education support may prime parents for anticipating a negative experience for their child. Understanding the potential effects of parental history with special education can help inform future research and practice.

Additionally, further understanding of parents' experience with IEP meetings, regardless of their own experience with special education, would be helpful. Understanding the relationship between the type and number of IEP meetings attended in emotional responses to technical jargon and feelings of collaboration would be helpful. It would also be important to consider the type of disability or disorder one has experience with. As Pryor and colleagues (2012) described, *reflexive* reactions to stigma are often perceived as more stigmatizing . For example, behaviors that are perceived to be controllable are met with more stigma than those out of one's control. That is, a parent with a child with externalizing behaviors associated with ADHD, for example, may be subject to criticism of bad parenting, whereas a parent of a child with a visual or hearing impairment would not be subject to this type of criticism. Other stigma is associated with disorder/disability status requiring treatment with medication (e.g., psychiatric medications). Kranke and colleagues (2010) discussed emerging themes with Link et al.'s (1989) Labeling Theory when examining the stigma adolescents experience while taking psychiatric

medicines. Kranke and colleagues (2010) describe adolescents as experiencing secrecy, shame, and limiting social interaction. Additionally, family members and school environments were found to serve as either a protective or a risk factor in accentuating the degree of stigma reported due to the level of support received.

With respect to amount of previous experience parents bring to the IEP context, do parents become more accustomed to the practices of school personnel due to exposure to the IEP process, thus feeling higher levels of cooperation? How can school personnel facilitate IEP meetings to increase parental involvement and improve collaboration while reducing negative emotional responses in practice? Similarly, future research surrounding parents' history with special education services and understanding may impact their perception of collaboration. Understanding the evolution of special education services, as described by Slee (2003), from "push-in time" vs. "self-contained classrooms" so that schools are meeting the "least restrictive environment" requirement may help in reducing the stigma that was what associated with special education services.

Implications and Conclusions

Children with disabilities are protected under federal law (IDEA, 2004) to allow for individualized accommodations within the public-school setting. By law, parents are required to be a part of the IEP process. However, it has been established that the IEP process often creates negative reactions from parents, causing them to feel powerless and question their competence. The current study examined the effects of jargon and label on emotional responses and feelings of collaboration on parents within an IEP vignette. Parents' emotional reaction to the label of their child, professional jargon, and feelings of collaboration were examined in the current study. Previous research has noted that parents experience stigma by association as a result of

interactions with their children with disabilities (Broady et al., 2015). The pattern of more negative emotional ratings of parents in the "Your Child" conditions compared to those in the "A Child" condition lend support to the idea that stigma by association may be part of the parent experience. Previous research has shown parents often experience negative emotions and do not feel included in the decision-making process associated with the IEP process (Fish, 2008). Although the use of jargon is typically off-putting; when describing the basis use of assessment methods for making eligibility decisions, an explanation of the specific validated methods might bolster parent trust in evidence for provider competency and implementation of effective services. This finding lends support to the idea that it is important to consider the context (and even "context within a context") in which technical jargon is used by professionals. Parents reported higher levels of collaboration when everyday language was used in vignettes. In order to improve and facilitate collaborative communication between schools and parents, professionals must be cognizant of the emotional burden parents experience as a function of participating in the IEP process.

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APPENDIX A: PILOT STUDY DEMOGRAPHICS QUESTIONNAIRE

Q1: Please indicate your highest degree or level of school you have completed. *If currently enrolled, highest degree received.*

- Up to 8th grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

Q2: What is your age?

- (Typed in their current age)

Q3: What is your gender?

- (Typed in their identified gender)

Q4: Please specify your ethnicity.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian
- Native Hawaiian or Pacific Islander
- Other

Q5: Please provide the number of children you currently have in grades Pre-K through 12th Grade.

- (Typed in their response or provided a response of 0, 1, 2, 3+)

Q6: Please provide the language that you are most comfortable speaking in.

- (Typed in their preferred language)

APPENDIX B: PILOT STUDY TRAINING WORDS

Word	*M*	*SD*
Free	8.25	1.36
Beautiful	7.61	1.74
Anniversary	6.95	2.03
Workshop	6.35	1.31
Information	6.33	2.09
Accountable	5.70	1.69
Load	4.43	1.47
Contradiction	3.79	1.72
Gloomy	3.15	1.63
Terrified	2.51	1.55
Pollute	1.88	1.17

Note. Normative Mean Emotion Ratings for the Words Used in the Training Trials selected from the Warriner et al. (2013) Corpus. Emotion ratings were made using a 9-point scale.

APPENDIX C: PILOT STUDY TARGET WORDS

	M	*SD*
Visionary	6.60	1.54
Perfection	6.59	1.88
Hardworking	6.58	2.09
Worthy	6.56	2.15
Innocent	6.55	1.23
Memorable	6.54	1.18
Humble	6.52	1.91
Dazzling	6.50	1.37
Entertainer	6.48	2.32
Active	6.47	1.35
Peachy	6.47	1.87
Powerful	6.46	1.64
Proficient	6.44	1.76
Clingy	3.39	1.20
Sloppy	3.42	1.89
Inferior	3.43	1.47
Controlling	3.45	1.15
Rigid	3.47	2.09
Maniac	3.50	2.48
Loner	3.50	1.67
Inexperienced	3.50	1.32
Clueless	3.50	1.37
Embarrassed	3.51	1.72
Problem	3.52	2.04
Indecisive	3.52	1.83
Careless	3.53	1.81

Note: Normative Mean Emotion Ratings for the selected from the Warriner et al. (2013) Corpus

Emotion ratings were made using a 9-point scale

APPENDIX D: PILOT STUDY INSTRUCTIONS

General Instructions

We are studying people's emotional responses to different types of words. We'll present several words, one at a time, and you'll rate your reaction to each one. To do this you will use a scale to rate how you felt while reading each word. The scale ranges from 1 = Unhappy to 9 = Happy.

At one end of this scale, you feel completely unhappy, annoyed, unsatisfied, melancholic, despaired, bored. When you feel completely unhappy, you can indicate this by selecting 1. The other end of the scale is when you feel happy, pleased, satisfied, contented, hopeful. When you feel completely happy you should indicate this by choosing rating 9.

The numbers allow you to describe intermediate feelings of pleasure. If you feel completely neutral, neither unhappy nor happy, select the middle of the scale (rating 5).

You may come across a word that you are unfamiliar with, but please work at a rapid pace and don’t spend too much time thinking about each word. Rather, make your ratings based on your first and immediate reaction as you read each word.

Your Child Instructions

For the remaining items, we ask that you think of these words as being used to describe your own child or children when completing the ratings.

APPENDIX E: STUDY 2 DEMOGRAPHICS QUESTIONNAIRE

Q1: Please indicate your highest degree or level of school you have completed. *If currently enrolled, highest degree received.*

- Up to 8th grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctorate degree

Q2: What is your age?

- (will type in their current age)

Q3: What is your gender identity?

- Male
- Female
- Transgender
- Non-binary
- Genderfluid
- Other (will type in their self-identified gender identity)

Q4: Please provide the language that you are most comfortable speaking in.

- English
- Spanish
- Other (will type in their self-identified language)

Q5: Please specify your ethnicity.

- White
- Hispanic or Latinx
- Black or African American
- Native American or American Indian
- Asian
- Native Hawaiian or Pacific Islander
- Other (will type in their self-identified ethnicity)

Q6: Please provide the number of children you currently have in grades Pre-K through 12th Grade.

- 0
- 1

- 2
- 3+

Q7: Have any of your children qualified for an Individualized Education Program (IEP) or a 504 plan?

- Yes
- No
- I don’t know

Q8: If you said yes to Question 7, approximately how many IEP/504 meetings have you attended?

- (will type in a response)

Q9: Do you or anyone in your immediate family have a diagnosis of dyslexia?

- Yes
- No
- I don’t know

Q10: Please provide the current state you reside in.

- (will type in their current state)

APPENDIX F: POSITIVE AND NEGATIVE SHORT STORIES

Positive Short Stories
"In his youth, Peter was severely abused by his father, after which he tried to find comfort in alcohol and drugs. Peter has now been clean for five years, is married to Esther, and is the happy father of a daughter."
"The Polen family house was badly damaged in a storm, but the family didn't have any friends to ask for help. One morning, people from the entire neighborhood gather to help make the house livable again."
"Leon had not been able to work for months, and he was afraid that he would get fired when he returned to work. When Leon arrived at the office, his colleagues sang a welcome song and had a cake decorated with the line, "We missed you."

Note: Ratings were given on a 9-point scale of emotional response ranging from 1 (*unhappy*), to 9 (*happy)*. Stories were modified from Strick and Volbeda (2018).

Negative Short Stories
"Matthew has barely slept for the past few months while writing a paper that he needs in order to graduate. When he comes home in the evening and turns on his laptop, his hard drive appears to be irreparably damaged and all of his work has been lost."
"Hannah is a mother of two young kids, but she has been exhausted for the past few months, and she decides to go to the doctor. The doctor reveals that she is terminally ill."
"Isabelle is terminally ill and has one last wish: to take one last trip to her favorite city, Paris. When she gets off the airplane at the airport, she breaks her ankle and cannot continue her trip."

Note: Ratings were given on a 9-point scale of emotional response ranging from 1 (*unhappy*), to 9 (*happy*). Stories were modified from Strick and Volbeda (2018).

APPENDIX G: STUDY 2 VIGNETTE INSTRUCTIONS

"Your Child" Instructions

Next you are going to read a passage. This passage will be presented in several sections. Please read this information as though it is describing **your own child** during a meeting at school. This meeting includes your child's teacher, a school psychologist, and other school professionals. The purpose of this meeting is to discuss an Individualized Education Program, also known as an "**IEP**." The goal of the meeting is to determine if your child has a disability. After you finish reading each section you will be asked to rate how the information made you feel.

"A Child" Instructions

Next you are going to read a passage. This passage will be presented in several sections. Please read this information as though it is describing a child who is being discussed at a meeting at school. This meeting includes the child's teacher, a school psychologist, and other school professionals. The purpose of this meeting is to discuss an Individualized Education Program, also known as an "**IEP.**" The goal of the meeting is to determine if the child has a disability. After you finish reading each section you will be asked to rate how the information made you feel.

APPENDIX H: STUDY 2 "YOUR CHILD" JARGON VIGNETTE

Block 1: Identifying Concerns

Your child has been having difficulty with decoding, graphemic awareness, and reading fluency when completing assignments in class. There has been a noticeable drop in reading and writing test scores. Additionally, your child has comprehension issues in other subjects now that reading is a major focus throughout the day. Math used to be your child's favorite subject, but we have noticed that your child is also having a hard time in math. This reading difficulty may explain the decrease in grades on worksheets and math tests, now that word problems are a focus in math lessons.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 2: Labeling the Problem

We know that you had been worried about Dyslexia, and the comprehensive evaluation shows that your child does have trouble with reading. Your child meets the eligibility criteria for *Specific Learning Disability* under the Individuals with Disabilities Education Act (IDEA).

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 3: Assessment Methods

We administered several cognitive and academic assessments using validated screening instruments. Using age-based norms from the Woodcock-Johnson Cognitive Assessment, and grade-based norms from the Woodcock Reading Mastery Test-III and the Gray Oral Reading Test-5, your child struggles with decoding words, word fluency, and overall difficulty with comprehension.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 4: Child Qualifies for IEP

Because your child has a *Specific Learning Disability* in reading, your child qualifies for special education services and we would like to begin an IEP.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 5: Accommodations

As a part of the IEP, we think it would be helpful to provide individualized reading interventions, three times a week. We will employ progress-monitoring assessments once per week to track your child's identified targeted reading skills. With respect to accommodations, we will provide texts -- as needed -- in audiobook format. We think it would be helpful to give your child extended test time and to have tests administered in a private room.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

APPENDIX I: STUDY 2 "YOUR CHILD" NO JARGON VIGNETTE

Block 1: Identifying Concerns

Your child has been having a lot of trouble with reading and with completing assignments in class. There has been a noticeable drop in reading and writing test scores. Additionally, your child is starting to have difficulties in other subjects now that reading is a major focus throughout the day. Math used to be your child's favorite subject, but we have noticed that your child is also having a hard time in math. This reading difficulty may explain the decrease in grades on worksheets and math tests, now that word problems are a focus in math lessons.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 2: Labeling the Problem

We know that you had been worried about Dyslexia, and the comprehensive evaluation shows that your child does have trouble with reading. Your child meets the eligibility criteria for *Specific Learning Disability* under the Individuals with Disabilities Education Act (IDEA).

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 3: Assessment Methods

Your child was given a variety of reading tests, and the results from these evaluations show that your child's scores are not what we would expect based on age and school performance. Compared to other children of the same age, your child's scores are approximately a grade below grade level.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 4: Child Qualifies for IEP

Based on this pattern of reading difficulties, we would like to start special education services, and begin an IEP for your child.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 5: Accommodations

As a part of the IEP, we think it would be helpful to provide individualized help with reading, three times a week. We want to monitor your child's progress each week and work to help your child understand what they read. To help with your child's reading, we will provide texts -- as needed -- in audiobook format. We think it would be helpful to give your child additional time to takes test and to take tests in a private room.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

APPENDIX J: STUDY 2 "A CHILD" JARGON VIGNETTE

Block 1: Identifying Concerns

A child has been having difficulty with decoding, graphemic awareness, and reading fluency when completing assignments in class. There has been a noticeable drop in reading and writing test scores. Additionally, the child has comprehension issues in other subjects now that reading is a major focus throughout the day. Math used to be the child's favorite subject, but we have noticed that the child is also having a hard time in math. This reading difficulty may explain the decrease in grades on worksheets and math tests, now that word problems are a focus in math lessons.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 2: Labeling the Problem

One possible explanation was Dyslexia, and the comprehensive evaluation shows that the child does have trouble with reading. The child meets the eligibility criteria for *Specific Learning Disability* under the Individuals with Disabilities Education Act (IDEA).

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 3: Assessment Methods

We administered several cognitive and academic assessments using validated screening instruments. Using age-based norms from the Woodcock-Johnson Cognitive Assessment, and grade-based norms from the Woodcock Reading Mastery Test-III and the Gray Oral Reading Test-5, the child struggles with decoding words, word fluency, and overall difficulty with comprehension.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 4: Child Qualifies for IEP

Because the child has a *Specific Learning Disability* in reading, the child qualifies for special education services and we would like to begin an IEP.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 5: Accommodations

As a part of the IEP, we think it would be helpful to provide individualized reading interventions, three times a week. We will employ progress-monitoring assessments once per week to track the child's identified targeted reading skills. With respect to accommodations, we will provide texts -- as needed -- in audiobook format. We think it would be helpful to give the child extended test time and to have tests administered in a private room.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

APPENDIX K: STUDY 2 "A CHILD" NO JARGON VIGNETTE

Block 1: Identifying Concerns

A child has been having a lot of trouble with reading and with completing assignments in class. There has been a noticeable drop in reading and writing test scores. Additionally, the child is starting to have difficulties in other subjects now that reading is a major focus throughout the day. Math used to be the child's favorite subject, but we have noticed that the child is also having a hard time in math. This reading difficulty may explain the decrease in grades on worksheets and math tests, now that word problems are a focus in math lessons.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 2: Labeling the Problem

One possible explanation was Dyslexia, and the comprehensive evaluation shows that the child does have trouble with reading. The child meets the eligibility criteria for *Specific Learning Disability* under the Individuals with Disabilities Education Act (IDEA).

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 3: Assessment Methods

The child was given a variety of reading tests, and the results from these evaluations show that the child's scores are not what we would expect based on age and school performance. Compared to other children of the same age, the child's scores are approximately a grade below grade level.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 4: Child Qualifies for IEP

Based on this pattern of reading difficulties, we would like to start special education services, and begin an IEP for the child.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

Block 5: Accommodations

As a part of the IEP, we think it would be helpful to provide individualized help with reading, three times a week. We want to monitor the child's progress each week and work to help the child understand what they read. To help with the child's reading, we will provide texts -- as needed -- in audiobook format. We think it would be helpful to give the child additional time to takes test and to take tests in a private room.

- Question: Please rate on a scale of 1 (unhappy) to 9 (happy) how this made you feel.

Unhappy				Neutral				Happy
1	2	3	4	5	6	7	8	9

APPENDIX L: FEELINGS OF COLLABORATION SCALE

Instructions

Consider the vignette you just read about professionals sharing information at an Individualized Education Program (IEP) meeting.

Please consider the following set of questions and use this rating scale to rate your feelings about each.

Not at All Likely				Neutral				Very Likely
1	2	3	4	5	6	7	8	9

Results from a Factor Analysis of the Items from the Feelings of Collaboration Scale

FCS Item	Factor Loading
8. How likely are you to make your voice heard?	.831
1. How likely are you to share your opinions about [your child] [the child] and what he or she needs from the IEP?	.781
10. How likely are you to provide your input about [your child] [the child]'s academic performance with the other individuals at the IEP meeting?	.780
11. How likely are you to provide your input about [your child] [the child]'s behavior with those in the meeting?	.758
2. How likely are you to share your opinions about the recommendations generated at the IEP meeting?	.726
5. How likely are you to feel comfortable in disagreeing with information shared by those at the meeting?	.668
12. How likely are you to feel comfortable disagreeing with the recommendations shared the other individuals at the IEP meeting?	.560
3. How likely are you to ask for clarifying information from those attending the meeting?	.528
4. How likely are you to want to cooperate with the individuals at the IEP meeting?	.490
7. How likely are you to work towards a compromise?	.444
6. How likely are you to want to cooperate with [your child's teacher] [the child's teacher] at and following the IEP meeting?	.400
9. How likely are you to defer to the expertise of the other individuals at the IEP meeting?	*.065*

Note. $N = 306$. The extraction method was principal axis factoring with varimax rotation. Only one factor was extracted.