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Involvement in Early Childhood Special Education
Among Chinese and Non-Chinese American Parents

by

Tanya SooHoo

A dissertation submitted in partial satisfaction

requirements for the degree of

Joint Doctor in Philosophy
with San Francisco State University

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in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

Professor Susan Holloway, Co-Chair

Professor Marci Hanson, Co-Chair

Professor Susan Stone

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Abstract

Involvement in Early Childhood Special Education Among
Chinese and Non-Chinese American Parents

by

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Doctor of Philosophy in Education

University of California, Berkeley

Professor Susan Holloway, Co-Chair

Professor Marci Hanson, Co-Chair

The purpose of this study was to gain more information about parents' involvement in their children's learning and special education. The study examined specific factors and their association to parent involvement among 48 Chinese and 47 non-Chinese parents who have a young child with a disability. The factors investigated were parents' belief on the expert role (e.g., parent is the expert in their child's education or teacher is the expert), parents' perceived partnership effort from their child's teacher/school (e.g., parent-professional collaboration), and parents' beliefs on causes of disability (e.g., biological, environmental, and spiritual causes). T-test analyses were used to compare the amount and type of parent involvement (i.e., overall total, PIT; home-based, PIH; school-based, PIS; and community-based involvement, PIC) between the two parent groups. The results indicated that all parents were involved with their children's education; however, this sample of Chinese parents were more involved, had a stronger belief that teachers are the experts, and had a stronger belief in spiritual causes of disability than the non-Chinese parents. Correlational analyses were used to examine the relations of the factors and parent involvement for the Chinese parents, as well as for the non-Chinese parents. The results indicated that involvement is higher for both groups when parents perceived more partnership effort given from the school and when parents had a stronger belief that they are the expert in their children's education. Regression analyses were used to describe how well the factors predicted PIT, PIH, PIS and PIC, while controlling for ethnicity. The most common predictors of parent involvement across the four different models were perceived partnership effort from the school and belief in parent as the expert. Interpretations of the findings are discussed and implications for practice are provided.

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CHAPTER ONE

Introduction

The parents, or primary caregivers, of young children with special needs play an integral role in the children's developmental growth and education. Many young children (i.e., between the ages of three years through six years old) with disabilities are involved in early childhood special education to receive an education and services to meet their developmental needs. Early childhood special education philosophy and federal law (Individuals with Disabilities Education Act, 2004) recognize that parent involvement is important for providing effective and successful services, as well as educational instruction to young children with special needs (Warger, 2001). Parent involvement has been associated with the children's successes in reaching developmental and educational goals (Turnbull & Turnbull, 2001).

Parent involvement in education (both general and special education) is linked to more positive child outcomes. While this association has been found consistently in the literature, the manner in which parent involvement is defined has been more varied. Researchers have conceptualized the notion of parent involvement in multiple ways. In general, parental involvement has been described in the research literature as consisting of multiple constructs representing the behaviors of parents to support and facilitate their children's learning in home, school and community contexts (Epstein, 2001). These multiple constructs are defined by varied parent behaviors that range from physical activities (such as attending parent-teacher meetings) to psychological support (such as giving praise to their children).

Type and Intensity of Parent Involvement in Early Childhood

Even with a growing push towards involving families in education, a common finding within the literature for school-aged children is the relatively low amount of parent participation in special education programs, particularly among culturally and linguistically diverse¹ (CLD) parents (Harry, 2008; Kalyanpur & Harry, 2004). Why do some families participate less in their children's special education process than other families?

It is not uncommon to find that the level of parent involvement in a child's education varies among individual families (Shriver, Kramer, and Garnett, 1993). Some parents may choose to participate in every aspect in the special education process, yet others may chose to limit their direct and active participation. All parents are involved with their children and make decisions but some actions are more visible and measurable in research than others. Turnbull and Turnbull (1982) suggested that rather than expecting all parents to participate in their child's education equally or in the same fashion, school professionals and service providers should perceive parent participation as variable in type and intensity; participation may range from very little involvement to full and equal decision making. The type and intensity of participation can be influenced by each family's unique constellation of personal and demographic factors, such as culture, home language, race/ethnicity, socioeconomic status, values, beliefs, and experiences with the school or service providers (Bennett, Zhang, & Hojnar, 1998).

Parent involvement in early childhood special education has received less research attention than has the topic of parent involvement in general education. Studies that have focused

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on this issue in regard to parents of color and of non-native English speakers remain even more scant. Several quantitative studies (Hernandez, Harry, Newman, & Cameto, 2008; National Center for Special Education Research, 2010) examined the patterns of parent involvement in special education categorized by race/ethnicity. With quantitative analyses, it was found that parents' self-report of participation in Individualized Education Program (IEP) meetings varied significantly by race/ethnicity among families of color. Hernandez and his colleagues conducted a telephone survey study that measured parent involvement of school-aged children with special needs. Parents of color (i.e., African American and Latino) and non-native English speakers were less likely to attend their child's IEP meetings than White/Caucasian parents. The National Center for Special Education Research conducted a longitudinal study and found similar results when they examined the preschool and early elementary school experiences of 3-, 4-, and 5-year-old children with disabilities. Families of color (e.g., Black/African American, Latino, Asian, Pacific Islander, and Native American Indian) reported that they attended and participated in their child's IEP meeting less than White/Caucasian families. It was unclear whether socioeconomic status (SES) was confounded with membership in a race/ethnicity group because income was not statistically controlled for when comparing the amount of parent involvement across ethnic groups.

Race/ethnicity and SES are variables that are often closely associated but not always addressed. The two studies mentioned above (Hernandez et al. and National Center for Special Education Research) collected information regarding the families' race/ethnicity and SES/household income, but examined its effects on parent involvement independently. Both studies found that lower income families participated in their child's IEP meetings less frequently than higher income families.

A few qualitative studies (Lo, 2008; Park, Turnbull, & Park, 2001; Salas, 2004) exist in which parents of color (i.e., Chinese, Korean, and Mexican) were interviewed about their personal experiences in the IEP process. Several recurring themes or challenges surfaced as these parents recounted their experiences that provided potential explanation for their lower parent involvement. Some of the challenges that these parents mentioned were language barriers, feeling disrespected because there were no interpreters, not feeling that their input was valued or welcomed by some professionals (Lo, 2008) and lack of understanding the system and terminology (Childre & Chambers, 2005). These perceived challenges of the parents can be reality if the services offered to them are inadequate (such as not providing parents with information in their preferred language).

While the quantitative studies inform us about who is more involved, they do not explain what those factors are that determine the amount or intensity of parent involvement. The qualitative studies bring forth the factors that influence parent involvement, but they do not examine how these factors are connected or which is more salient for influencing parent involvement. In addition, most of the reviewed studies only measure parent involvement with respect to the IEP meeting. Few studies have investigated other important aspects of parent involvement such as coordinating services, volunteering in the classroom, or attending support groups. The current study attempted to address these gaps in the research mentioned above. More specifically, the current study used quantitative methods to explore: 1) which group of parents (Chinese or non-Chinese) are more involved in their child's special education, 2) what type of

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involvement (home-, school-, and community-based involvement) beyond attending the IEP meeting are parents involved, and 3) specific predictor factors (perceived partnership effort, expert role, and cause of disabilities) that are associated with parent involvement.

Overview of the current study

The first aim of this study was to focus on the understudied parents of Chinese descent and compare the amount and type of parent involvement to non-Chinese American parents. Parent involvement was measured and differentiated by school-based, home-based, and community-based activities parents engage in regarding their children's education and services. Few studies have focused on Chinese-American parents' involvement; this study aimed to provide more detailed information about a community of Chinese-American parents of children with special needs.

Due to the growing Chinese community in the United States and in the local area in which the study was conducted, a special focus was placed on Chinese-American parents because this is a population that is understudied regarding their perspective on certain factors that influence their amount of parent involvement in early childhood special education. Few studies have asked parents to describe their experiences (mainly challenges and barriers) about parent involvement in special education but none asks parents to quantify their specific role beliefs regarding teachers as experts, beliefs about causes of disability, and perception of the school's partnership effort as it relates to parent involvement.

The second aim of this study was to examine differences between the Chinese and non-Chinese groups regarding three factors (guided by the Bennett, Zhang, and Hojnar model, 1998): 1) belief in the teacher (or the parent) as the expert, 2) beliefs about the causes of disability, and 3) perception of the school's partnership effort. One cultural convention that has been associated with the Chinese community among the literature is viewing "teachers as the expert." This socially and/or culturally constructed notion is explained by Kalyanpur, Harry, and Skrtic (2000) as the paradigm of professionalism. The paradigm of professionalism is a social rule that posits the authority figure, in this case the teachers, are the experts in the children's education while the parents are recipients of their services. Some parents follow the lead of the special educators (or other service providers) and let them determine final decisions regarding the children's development and education. This orientation may predominate for some parents who come from lower socioeconomic status and/or immigrant status (Hernandez, Harry, Newman, & Camto, 2008; Olivos, Gallagher, & Aguilar, 2010). The Chinese community tends to view teachers as the authority due to even more specific cultural beliefs based on Confucianism and common traditional Asian values (Kim & Hong, 2004). No studies have provided quantitative data on Chinese-American parent's beliefs regarding teachers as experts in their children's special education. The purpose of this study was to contribute specific information about whether this community shares in this belief and how it may influence parent participation in their children's special education.

Parents' beliefs about the causes of disabilities are developed socioculturally; one community may have a commonly shared belief that is more biomedical based (e.g., genetics) while another is more spiritually based (e.g., God's will). Parents' beliefs, which are culturally

bound, have an effect on child development in terms of how parents chose treatment, intervention, and possibly parental participation (Danseco, 1997). Studies and reviews have reported that it is not uncommon for families of Chinese descent to believe that disabilities are caused by spiritual, religious, or metaphysical explanations (Ryan & Smith, 1989; Chan & Lee, 2004). Some attribute causation to demons or evil spirits; fate or as punishment for a violation of a religious, ethical, or cultural code; the hot-cold dichotomy based on the yin/yang Chinese cosmology; and failure to follow traditional dietary or health practices. Limited studies examine the association between Chinese-American parents' beliefs about causes of disabilities and parental involvement in their children's special education. This study hoped to attain a global perspective regarding parents' beliefs and how it relates to parents' participation.

The third aim of the study was to contribute to the field by examining predictive cultural factors such as belief that a teacher is the expert in children's learning and education via quantitative measure; more specifically, it was hoped that the analyses would show how these factors are interconnected and which factor might be more salient for influencing parent involvement of parents with children in early childhood special education. The relation of parent involvement and the three factors (i.e., expert role, causes of disabilities, and perception of school's partnership effort) were investigated for Chinese and non-Chinese Americans.

This study provided a very specific look at a Chinese-American community's culturally bound beliefs and practices in early childhood special education. It provided information that is unique to this sub-sample of Chinese-American parents of children with disabilities. Also, comparing this group of Chinese parents with other parents (which did not include other Asian parents) provided even more distinctive information regarding parent involvement among this sample of Chinese parents. The findings can provide special educators and other related service professionals with information to enable them to have a better understanding of some of the culturally bound factors that influence parents' behaviors and beliefs.

Literature Review

This literature review introduces the topic of parent involvement with a focus on the ways in which parents of young children with disabilities are involved in their children's development and education. First, I provide a brief summary of the national legislation stipulations regarding parent involvement in special education. Second, I examine how parent involvement has been studied in the literature for typically developing children in general education; more specifically, I review the theoretical model of Hoover-Dempsey and Sandler (1995, 1997) that addresses how and why parents are involved with their school-aged children's education development. Then, I detail how parent involvement has been studied in the literature for children in special education. Finally, I review the literature of parent involvement in special education that considered various factors (i.e., ethnic/racial background, values and beliefs, and experiences with the school and its service providers) as influencing parental participation. The goals of this review were to present: (1) the models of parent involvement within general and special education that serve as a guiding framework for the current study and (2) the parent involvement experiences of parents of color and non-native English speakers.

The Public Law for Special Education in the U.S.

Since 1975, the United States government has protected the educational rights of children with disabilities via public law. The public law and its many amendments include the Education for All Handicapped Children Act (1975), Individuals with Disabilities Education Act (IDEA, 1990), IDEA Amendments of 1997, and Individuals with Disabilities Education Improvement Act of 2004. As the public law and its amendments have been revised over the years, the concept of family involvement in children's education and learning has become a pivotal component of the special education legislation.

The purposes of the special education law, Individuals with Disabilities Education Act (IDEA; P.L. 108-446 (2004)) as stated in section 601(d) are fourfold: 1) "to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living; that the rights of children with disabilities and parents of such children are protected; and to assist States, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities; 2) to assist States in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families; 3) to ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting system improvement activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services; and 4) to assess, and ensure the effectiveness of, efforts to educate children with disabilities (p. 5)."

Part B of IDEA (2004) focuses on eligible individuals, ages 3-21 years, and ensures that they receive comprehensive special education services. Parents must consent to all aspects of the service delivery process in order for the children to receive the specified services included in the child's Individualized Educational Program (IEP). The IEP is a primary component of IDEA and addresses the (a) educational needs, (b) long term goals, (c) placement, (d) evaluation criteria, (e) present levels of educational performance, and (f) duration of programming modifications for students who receive special education services. The IEP team consists of parents/guardians of a student with a disability, at least one regular education teacher (if appropriate), special education teacher, local educational agency representative, campus administrator, the student with a disability if he or she is at least 14 years of age, and other individuals who are familiar with the student, including related services personnel (IDEA, 2004). Members of the IEP team meet to develop an educational plan based on a student's needs and to determine placement based on the most effective delivery of instruction in a least restrictive environment (LRE).

IDEA (2004), as written by the U.S. Congress, states that "the education of children with disabilities can be made more effective by strengthening the role and responsibility of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home (p. 3)." IDEA ensures that procedures are put in place to allow parents access to participate in all aspects of educational programming for students who are receiving special education services (Fish, 2008). IDEA creates an opportunity for schools and parents to share responsibility in ensuring that students who are receiving special

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education services have access to appropriate educational opportunities. IDEA also requires that cultural sensitivity must be observed throughout the special education process.

The special education law supports a family-centered approach to services based on the assumptions that families are the primary social systems whereby children develop as individuals, and that increased levels of family involvement can positively influence developmental progress in children (Hughes, 2002). This focus on the family— which considers their concerns, strengths, needs, and resources— entitles parents the opportunity to share in their children’s educational program (Kummerer & Lopez-Reyna, 2006). Although IDEA seemingly encourages parent participation in the education of children with disabilities, the law does not define specifically what constitutes parent participation. With the exception of giving/denying parental consent for their child’s IEP, the law does not explicitly state what parent involvement entails in terms of type or amount.

The intent of the law is to provide parents, especially parents with young children, opportunities to be involved in the special education process but due to systemic or personal belief factors, parents may not always seek these opportunities of involvement. It is assumed that parent involvement would be high among all parents because of the law but research studies have repeatedly found that parents of color are less involved in their children’s special education in spite of the encouragement of parental participation from the legislation. The current study attempted to explore the trends of parent involvement among Chinese and non-Chinese parents whose children are involved in an educational programs guided under the special education law. Again, parent involvement may not be explicitly defined in legal documentation, however, educational research attempts to be more specific in describing and measuring parent involvement. The current study attempted to operationalize parent involvement in the more specific terms of home-based, school-based, and community-based parent involvement. The next sections concentrate on how parent involvement is conceptualized and studied in both general and special education for children without and with disabilities, respectively.

Parent Involvement in General Education

For many decades, parental involvement in education has been a topic of interest for those concerned with optimal developmental and educational outcomes for school children. It is an important topic to many because parental involvement in children’s education has long been associated with a range of enhanced student outcomes in terms of learning and school success including academic achievement and motivation for schoolwork (Grolnick & Slowiaczek, 1994). The research literature for parent involvement in education not only seeks to describe what parent involvement is, but how much parents are involved, and why parents get involved.

One of the best known models of parent involvement in education is that of Hoover-Dempsey and Sandler (1995, 1997), who proposed a theoretical model of the parental involvement process [Figure 1]. Taking a psychological perspective, the model explains why parents become involved in their children’s education and how their involvement makes a difference in student outcomes (Walker, Wilkins, Dallaire, Sandler, & Hoover-Dempsey, 2005). This model was examined on parents of typically developing school-aged (or elementary age)

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children; it did not necessarily consider parents of younger children or parent of children who have special needs.

The model was constructed into five sequential levels. The first level distinguished four psychological contributors to parents' decisions to become involved in their children's education. The psychological contributors include "1) parental role construction, or parents' beliefs about what they should do in the context of their child's education; 2) parental self-efficacy for helping their children succeed in school, or how much parents believed they could improve children's school outcomes; 3) parents' perceptions of general invitations for involvement from the school; and 4) perceptions of general invitations for involvement from the child" (p, 87, Walker et al.). Once the parents made a decision to become involved, the second level of the model addresses contextual factors (e.g., skills and knowledge of the parents, time and energy, perceptions of specific invitations for involvement from the child and the child's teacher) that influence parents' choice of type of involvement (i.e., school-based or home-based behaviors). The third level of the model describes mechanisms of parental involvement's influence (i.e., modeling, reinforcement, and instruction) that affect children's school outcomes. The fourth level postulates that certain mediating variables influence the "goodness of fit" between the parents' behaviors and the child's developmental needs, and between the parent's actions and the school's expectations for involvement. The fifth level of the model explains student outcomes that include skills and knowledge, and self-efficacy for school success.

The original model has since been revised to strengthen the reciprocal relationship between theory and measurement (Walker, Wilkins, Dallaire, Sandler, & Hoover-Dempsey, 2005) and levels 1 and 2 have been modified. The researchers aimed to create a more analytical framework to examine not only parental beliefs, but also the actual behaviors of parent involvement in their children's education [Figure 2]. The ideas originally positioned across levels 1 and 2 are now under three overarching constructs at level 1. More specifically, parental role construction and self-efficacy comprise one overarching idea of parents' motivational beliefs. Parents' perceptions of general invitations for involvement from the school (formerly at level 1) and perceptions of specific invitations for involvement from the child and from the child's teacher (formerly at level 2) are placed under a second general construct of parents' perceptions of invitations for involvement from others. The third overarching idea of parents' perceived life context contains two constructs (parents' perceptions of their available time and energy, and specific skills and knowledge for involvement) originally at level 2. "These three overarching constructs represent the psychological underpinnings of parents' involvement behavior" (p. 87). Another change to the model is the direct link of psychological factors to parents' choice of involvement forms. This construct is defined as parents' home- and school-based behaviors. The revised model is a more dynamic representation that links hypothesized relations within and between levels. That is, the link between what parents think they can and should do, and what they actually do is influenced by their perceptions of the resources they have.

Although the revised Hoover-Dempsey and Sandler model has been applied many times in the field of parent involvement, it still is limited to typically developing school-aged children. The Hoover-Dempsey and Sandler model can serve as a reference for research involving young children with disabilities, but it is not the best match. Research on parent involvement in special

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education would be more appropriate and meaningful if it used specifically tailored theoretical models and measurements for individuals with special needs. Parents of children with disabilities have different experiences and ways of being involved in their children's learning and education than parents of typically developing children. The children's disability requires parents to engage in participation behaviors or to take into account beliefs that are specific to children in special education. For example, parents' perception of disability would not be a factor included in a theoretical model for parents with children in general education. On the other hand, addressing how parents view disability or their beliefs about disability is an appropriate component in a parent involvement model for parents of children with special needs.

Parent Involvement in Special Education

In accordance with the parent involvement literature in general education, parent involvement in special education is found to be positively associated to child outcomes. Families, particularly parents, of young children with special needs play an integral role in the children's development and growth. Parental involvement has been viewed as a crucial component of children's general development, intervention, and education (Warger, 2001) because of its associations with children reaching their developmental and educational goals (Turnbull & Turnbull, 2001). Only a few research studies that investigate parent involvement in special education use specific definitions, measurement tools, or theoretical model specific to parents of children with disabilities.

Shriver, Kramer, and Garnett (1993) state that "the rationale for believing that parent involvement is desirable in a child's education is primarily based on the simple assumption that because children spend the majority of their time with parents or family, children will benefit to the extent that parents are involved in services to the child" (p 265). They suggest that parental participation may include the decision-making process by giving input in placement team meetings, giving input in the assessment process, giving consent to changes after becoming fully informed of all options, participating in services recommended by the IEP, consenting to the IEP, and following through with recommendations provided as part of an indirect service delivery model. Goals in the IEP should be determined by families and in response to family and child's needs, resources, and cultural norms (Turnbull & Turnbull, 2001). Other types of parent involvement suggested can occur in the classroom as other researchers have mentioned. This type of involvement may include being a classroom aide or room parent, helping with field trips, monitoring cafeteria, showing up for parent-teacher conferences, and assisting with a child's school work at home.

The amount of involvement a parent chooses or is able to provide in his or her child's education varies based on individual differences of the parent/family, family resources and stressors, child characteristics, the school's expectations, and many other variables. Shriver and colleagues emphasize that defining parent involvement can be very difficult. When service providers and parents discuss parent involvement, everyone needs to have a similar understanding of how parent involvement is defined and conceptualized. Parents and teachers may have differing expectations about what parents should contribute (i.e., the type and amount of involvement) to their child's education. Teachers might also have different expectations of

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what type and amount of parent involvement they believe is most effective for their classroom or individual student.

The importance of parent involvement in early education for children of diverse backgrounds (culturally and economically) was highlighted in a study by Miedel and Reynolds (2000). Their study evaluated the association between parent involvement in early intervention and children's later school competence. Over 700 parents of children with all types of disabilities or developmental delays participating in the Chicago Longitudinal Study were interviewed retrospectively about their school involvement in preschool and kindergarten. Parents reported on the activities in which they participated along with the frequency of program participation when their children attended preschool and kindergarten. Some examples of parent involvement from this study include attending programs in the parent resource room, attending school meetings, attending school assemblies, volunteering in classroom (help the children or teacher), receiving home visit from teacher or other staff member, and having a parent-teacher conference. The results signified that even after controlling for family background, the number of activities in which parents participated in preschool and kindergarten was significantly associated with higher reading achievement, with lower rates of grade retention at eighth grade, and with fewer years in special education. These findings support the benefits of parent involvement in early childhood programs and are congruent with the family-centered philosophy and laws that the special education system, in particular early childhood special education, follows.

Cone, Delawyer, and Wolfe (1985) developed an instrument that measured the extent to which parents are involved in their child's special education program. The measure, called the Parent/Family Involvement Index (PFII), was based on the following three assumptions: 1) the overall level of involvement should be assessed, 2) specific types of involvement should be assessed, and 3) mothers and fathers should be assessed separately. Cone and colleagues searched for the conceivable ways parents could be involved in special education programs. Examples included attending conferences with the teacher, receiving home visitors, and assisting in fund raising efforts. Once an extensive list had been prepared, entries were organized into categories on the basis of the apparent similarity of the activities. Twelve categories resulted: 1) contact with teacher, 2) participation in the special education process, 3) transportation, 4) observations at school, 5) educational activities at home, 6) attending parent education/consultation meetings, 7) classroom volunteering, 8) parent-parent contact and support, 9) involvement with administration, 10) involvement in fund raising activities, 11) involvement in advocacy groups, and 12) disseminating information. Although these categories have not been deemed as the official method of operationally defining parent involvement in special education, they are common behaviors that parents of children with disabilities would engage in as reported by teachers and parents.

The PFII was used to obtain data from teachers reporting the involvement of 229 families. The results yielded that mothers reported to be significantly more involved than fathers in involvement. Also, parent education levels and family income were positively correlated with involvement for both mothers and fathers. However, while child's grade level was generally negatively correlated with mothers' involvement, it was unrelated to fathers' involvement.

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A parent involvement model specific to families of children with special need was produced by Bennett, Zhang, and Hojnar (1998). This conceptual model provided a framework for understanding the participation of culturally and linguistically diverse (CLD) families who have children with disabilities in the early childhood special education process.

Although this model presents a psychological approach to studying parent involvement like the Hoover-Dempsey and Sandler model (1995, 1997), the two models were conceived for differing groups. The Bennett, Zhang, and Hojnar model (1998) was conceptualized specifically for families of children with disabilities (including very young children under one year). It provides a more appropriate framework for this particular group because families of young children with disabilities often possess different characteristics from other families with typically developing school-aged children. For example, some of the unique issues that parents of children with disabilities are faced with that other parents do not have to consider are listed as follows: the acceptance of their child's disability; the potential of added emotional, mental, and physical stressors connected with their child's disability; and the consideration of their beliefs about disability and how to teach their child with the disability. While the Hoover-Dempsey and Sandler models present a unidirectional pathway, the Bennett, Zhang, and Hojnar model differs because it includes several interactive factors that lead to the outcome of level of parent participation. Another significant difference between the two models is that Bennett, Zhang, and Hojnar included the factor, perception of disability. This factor distinguished apart the two models that have otherwise similar conceptual factors of that contribute to parent involvement.

The Bennett, Zhang, and Hojnar model [Figure 3] starts with the predisposing family factors or family characteristics that include ethnicity, education, acculturation, socioeconomic status, and family structure. These variables influence the family's willingness and ability to participate in their child's education and are connected to the family's perception of disability. Perception of the child's disability influences the family's perception of the need for services and includes both interpretation of disability and health and healing beliefs. Enabling factors are derived from the individual level (family-professional collaboration) and the administrative level (systemic support). The family's child-rearing beliefs, knowledge of special education, help-seeking and communication styles all influence the interaction with professionals and the level of participation. Professionals' cultural competence, knowledge of early intervention, and help-giving style affect the effectiveness of the collaboration with the family. Family-professional collaboration can help how families view their child and the disability. Systemic support can facilitate family-professional collaboration by enforcing culturally sensitive policy and practices. Again, Bennett and colleagues show that the level of parental involvement is affected by many variables that interact regarding the development of a family-centered and culturally sensitive special education process.

Parent Involvement in Special Education and Families of Color

Even though the special education system emphasizes the importance of parent participation and cultural sensitivity, very little research on parental involvement for young children with disabilities who come from families of color and non-native English speakers has been published. While research shows that involving families in educational planning is critical to both school and post school success (Childre & Chambers, 2005), parent involvement does not

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always happen seamlessly. Despite the significance of family involvement, barriers may exist that limit family participation in educational program (i.e., lack of understanding of the planning process, limited involvement options offered, terminology and language barriers); however, barriers have been noted for parents of color and non-native English speakers (Kalyanpur & Harry, 1999).

Some studies indicate that parents of color who have school children in special education tend to exhibit less active participation in the process (Harry, 2008), especially those who are immigrants and those with a lower socio-economic status (Thorp, 1997). One study conducted by The National Center for Special Education (2010) found that parents of White, non-Hispanic children were significantly more likely than parents of Black or Hispanic children to report that they participated in IEP meetings. Parents in higher income households were more likely to report that they participated in IEP meetings than those in lower income households. This study provided quantitative data regarding the amount of parent participation; however, it did not investigate the reason for these differences.

The following section will review the literature that provides possible explanations to these differences. Most of these studies took a qualitative approach to gather data, others took the survey method and some used mixed methods. The general theme that comes through the literature review for parents of color and non-native English speakers is that they face many challenges when dealing with their children's special education process. The type and amount of parent involvement may vary among parents of children with special needs due to certain factors (i.e., systemic supports, parent-professional collaboration, and family factors) as outlined by the Bennett Zhang, and Hojnar model.

Systemic support influencing parent involvement. The following studies address systemic related issues that influence parent involvement of families of color who have children with disabilities. The results of these studies reveal similar findings in that parents' knowledge and previous experiences with the educational system (general or special education) affected their participation in their children's educational process. In general, when parents encountered negative experiences and did not feel support from the systemic level, they were less likely to participate in their children's schooling.

Many parents of color and non-native English speakers, particularly immigrants, have not attended school in the United States and may be even less familiar with its special education system, services, placement options, and regulations than general education. The combination of family factors (i.e., ethnic background, SES, and language) and the lack of knowledge about school systems may make it difficult for these parents to be actively involved in the manner the schools want them to be involved. Thorp (1997) reported that families' negative experiences may be the single most important factor challenging family participation. The families' negative experiences included not feeling particularly welcome by the educators and professionals. Prior experiences are carried into new interactions with professionals and can contribute to a climate of mistrust. Interviews with families repeatedly indicate that families want to be involved in their children's education; however, it is difficult to gain or maintain a partnership with the schools if trust is missing.

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Hammond, Ingalls, and Trussell (2008) reported the findings of a study completed by the U.S. Department of Education (2001): among school-aged children's families, the perception of the special education process varied among racial/ethnic groups. Results showed that family members' attendance at the IEP meeting and their agreement on IEP goals and services were similar in percentages among all groups. However, the family members' evaluation of their involvement in the IEP process varied between different racial/ethnic groups. Approximately 50% of the parents surveyed (i.e., individuals from African American, Hispanic, and Asian backgrounds) rated their involvement as less than desirable when compared to family members who were White.

In their study, Hammond, Ingalls, and Trussell (2008) surveyed 212 parents who had a child in early childhood or elementary school regarding their experiences of the initial IEP meeting. Eighty-five percent of the sample had a Mexican background. Of the total sample, about a third of the parents expressed negative comments regarding the meeting. Three themes were apparent: 1) poor meeting structure (e.g., the meeting was too fast, there was no administrator present, or the meeting was held at an inconvenient time for the parent), 2) negative interactions (e.g., negative talk about their child and family, parents were unsure of terms, parents felt intimidated, parents felt the team was not interested in what they had to say and did not feel supported by the team), and 3) negative meeting outcomes (e.g., professionals at the meeting seemed to disagree with each other, parents felt as though the plan was to get rid of their child in their child's current setting, parents felt as though decisions were made prior to the meeting, and parents felt that the overall decisions made at the meeting were poor). When parents feel a lack of systemic support, their perception of the quality of the parent-professional collaboration could be compromised.

Parent-professional collaboration influencing parent involvement. The following studies represent parent-professional collaboration experiences of families of color who have children with special needs. Using qualitative methodology, researchers chronicled parents' feelings and attitudes regarding their interactions with professional service providers and educators. The results of these studies reveal that many parents of color (i.e., Mexican-, Latino-, and Chinese-Americans) face similar challenges regarding communication and trust issues, when working with professions in special education.

A group of Mexican American parents of preschool through fifth grade children with disabilities were interviewed on their relations with the school system, in particular during the IEP meeting. The two major themes that prevailed in this study were language alienation and lack of respect (Salas, 2004). These parents wanted to be involved in the decision-making process regarding their children; however, they were often silenced by overt and covert messages that told them their voices were not valued. "With little or no opportunities to engage in the process of having their language validated, the Mexican American women in this study were not heard, resulting in marginalization and isolation from participating in the IEP meeting" (p.187). The parents reported that they were often anxious about attending and did not want to attend IEP meetings because the professionals would tell them only what their child was doing wrong. They felt their participation was limited by their lack of knowledge in understanding the medical jargon used by professionals during the IEP meetings. These Mexican American mothers did not feel respected either; rather, they felt betrayed and neglected on behalf of the special education

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system because the professionals would often negate or reject the skills and resources they had or wanted to offer.

A study that surveyed 44 Latino families and interviewed 16 families about their experiences with their child's special education services in preschool through fifth grade yielded somewhat similar results (Hughes, Valle-Riestra, & Arguelles, 2002). The results showed that most families were satisfied with some aspects of communication but some also expressed areas of needed improvement regarding parent-family collaboration. A small group of families expressed frustration about communication with the educators. These families claimed they felt out of touch with what was going on in the class and were unaware of what they could do to assist their children. Within this group of families, the majority of them did not speak English and cited that as the primary source of difficulty. They reported that even if a translator was available during parent-teacher meetings, families did not always feel comfortable discussing their child's problems through a person they were not familiar with. Families provided suggestions on how school and home interactions could be improved. Families indicated that they wanted to be more informed about the classroom activities and to be offered specific suggestions on how to continue these activities at home with their children.

Another group expressed challenges in parent involvement due to perceived poor parent-professional collaboration. Chinese American parents (who emigrated from China) of school-aged children with disabilities were interviewed about the parents' level of participation and experiences with IEP meetings (Lo, 2008). The level of parent participation among this group was minimal according to the researcher. The Chinese parents expressed several parent-professional collaboration barriers that limited their participation in their child's IEP meeting: 1) language barriers, 2) not feeling that their input is valued or welcomed by some professionals, and 3) feeling disrespected because there were no interpreters and professionals would arrive late or leave early. These parents did not feel as if a partnership existed between them and the professionals.

Family factors influencing parent involvement. The parent involvement studies reviewed below take into account the family characteristics of language, socioeconomic status, and race/ethnicity. Hernandez, Harry, Newman, and Cameto (2008) measured perceptions of parent involvement in and satisfaction with the individualized education program processes through a systematic telephone survey of parents of preschool, elementary, middle, and high school students with disabilities. To measure parent participation in the special education process, parents were asked about their attendance at their child's last IEP meeting, as well as their participation in various dispute resolution proceedings. English-speaking parents reported only slightly higher rates of attendance than other groups. When examined by race/ethnicity, these differences are much larger and statistically significant, particularly in comparing African American and Latino parents with White parents.

Hernandez and his colleagues suggest that the lower rates of attendance for families of African American and Latino parents reflect a pattern that has been interpreted by scholars in terms of African American families' historical alienation from school systems and the difficulty of building mutual respect and trust. In the case of Latino families' rate of attendance, it seems likely that both language and cultural aspects of ethnicity could be the reason for the pattern. In

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addition, Latino parents tended to be the least aware of special education rights and resources, especially related to IDEA and the right to dispute the school district's recommendations regarding their children's education. They were also the least likely to have participated in due process proceedings. Income level was clearly related to family responses; that is, the lowest income group experienced the most distance from or difficulties with the special education system. This group of parents reported significantly less attendance at IEP meetings, and those who did attend were less likely to report receiving the informational guide and being involved the right amount in IEP decision-making.

Unfortunately, a common finding within the literature is the relatively low patterns of parent participation in special education programs, particularly for parents of color and of lower income (Harry, 2008; Kalyanpur & Harry, 2004). These trends are commonly interpreted by some educators as indicating such parents are uninterested or apathetic about their children's educational careers (Greenen, Powers, & Lopez-Vasquez, 2001; Harry, 2008). Olivos, Gallagher, and Aguilar (2010) argue that these "families are too frequently viewed by educators as passive in their involvement in their children's education, compliant with authority figures, uninformed about school procedures and their own rights and duties as parents, and overwhelmed with their life circumstances. When school professionals situate deficiencies within families of color, a cultural disconnect is created that interferes significantly with family-school collaboration of any merit and shortcomings in schools that may block collaboration can go ignored" (p. 29).

One group of researchers, Park and colleagues, conducted studies that addressed several family factors such as race/ethnicity of the parents and home language of the parents as influences on parent involvement. Park and Turnbull (2001) interviewed Korean American mothers regarding their participation in their children's special education process. One area of interest was the exchange of communication with professionals. Four sub-themes were identified from the analysis concerning the exchange of information, including (a) a desire to know about their child's school life, (b) limited English proficiency, (c) the IEP meeting, and (d) the communication style coming from a compliant culture. Despite a desire for knowing more about their child's school life, many parents expressed hesitation in visiting the child's classroom because they were afraid the teacher might feel uncomfortable if they were there. During meetings, educators and professionals may use specific terminology or jargon from the special education system; parents may be unaware of the meaning of the terms. This issue can be further complicated when the parents are not native speakers of English. Because parents may not have an understanding of the terms used in the field, conversation in special education meetings tends to be led by professionals with uninformed agreement from parents. Also, many abbreviations (such as IEP or LRE) that parents may never have heard are commonly used in the meetings. In spite of increasing awareness in perceiving themselves as team members, as was described in the first theme, many Korean parents admitted that they were still influenced by traditional values which placed emphasis on respect for authority.

Park, Turnbull, and Park (2001) found similar findings in another study. Korean American mothers were interviewed and several themes were highlighted to address limited parental involvement. These barriers included cultural and linguistic factors (e.g., a language barrier, feelings of discrimination, and different values and practices such as in non-questioning

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discussion style and childrearing), a lack of prerequisites (e.g., a lack of connection, information, and advocacy), interpersonal factors (e.g., weak professional expertise, and a lack of commitment, respect, and trustworthiness from the professionals), and structural factors (e.g., finance, professional turnover, and caseload).

Lo (2008) found that many Asian families respect teachers as authority figures and do not believe in challenging or questioning the authority of teachers and the school. They think the role of decision maker should fall upon the teachers and school. Thus, these families defer their option to become fully active participants in their children's IEP process.

Asian Families and Their Beliefs

The above studies (Lo, 2008; Park & Turnbull, 2001; Park, Turnbull, & Park, 2001) emphasize how family factors, including ethnic and cultural diversity can determine the level or type of parent involvement that families display. The Asian parents from the studies (in these cases, Chinese and Korean parents) mentioned holding ethnic/cultural views and practices regarding socialization and beliefs in disability that may differ from Anglo-American parents. Before that discussion begins, I will highlight some paramount descriptors that are usually considered when characterizing Asian communities; these include immigration, language, and religious philosophy.

The Chinese community has a well-documented history of immigration into the U.S. The Chinese were one of the first Asian groups to voluntarily emigrate from China to the U.S. in large numbers during the 1840's California gold rush era (Chan & Lee, 2004). Tens of thousands Chinese immigrants entered the U.S. until the passage of the Chinese Exclusion Act of 1882. That Act was not repealed until China became an ally of the U.S. in 1943 during World War II. In 1965, the Immigration and Nationality Act Amendments emphasized family reunification and it resulted in a "second wave" of Asian immigrants seeking permanent residency. The majority of these Chinese immigrants settled in California and New York (Chan & Lee), establishing prominent Chinatowns. To this day, many Chinese individuals—the first in their families—continue to take new residency in the U.S. and are considered new immigrants as compared to Anglo-European Americans whose lineage could date back to several generations.

Being a new immigrant has many challenges. One of the biggest challenges is not speaking and understanding the language of his or her new residence. Those who are fortunate to have an established community, like a Chinatown, to join may have support during this time of transition but undoubtedly, the immigrants will face the predominately English speaking operations of the U.S. at some point. As reviewed in the literature above, individuals from China may experience barriers in connecting with teacher or the school due to language issues. It is very difficult to interact or to participate in activities with others when the two parties involved do not share a common language. The spoken Chinese language is very different than the English language, in terms of the multiplicity of dialects, the monosyllabic words, the tonal pronunciation, and the linguistic structure. The written Chinese language is also very different than the English language; the former uses ideograms, or symbolic characters, that represent an object or an idea and the latter uses the English alphabet to create words.

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Historically, the Chinese culture has been influenced by the doctrines and philosophies of Confucianism, Taoism, and Buddhism. These “three teachings” serve as the basis for many facets of Chinese life (Chan & Lee, 2004). They shape the traditional collectivist values that are common among Asian cultures. It should be noted that while some values are shared among Asian or Chinese communities, I acknowledge that no two Asian individuals or no two Chinese persons are exactly alike. Both between and within group differences exist among Asian American groups (especially, among Asian American who have lived in the U.S. for a long time); however, the literature provides some examples of social values (i.e., group orientation, strong family ties, and respect for authority and the elderly) and beliefs about disabilities that are often shared (Asian American Heritage, 1995).

Social values. One predominant value that serves as a guideline for living in the Asian culture pertains to family. The family engenders interdependence, loyalty, and cooperation. It is among the family that Asian individuals share a mutual obligation to each other (Chan & Lee, 2004). For example, some Asian American individuals, including Chinese parents, may believe that problems (including their children’s learning or educational issues) should be dealt with privately among the family. Some Asian American families may be more inclined to participate if there is a high level of trust and guaranteed confidentiality.

Another predominant value that guides the lives of many Asian communities pertains to harmony. Some Asian individuals may avoid direct confrontation, conform to the rules, or give respect to other even if they do not agree. Politeness is a social behavior valued by most individuals; however, some Asian Americans manifest this behavior externally (e.g., smiling and nodding) to others to avoid being rude or confrontational. Some Asian American people may smile even if they do not agree with or understand the situation. While being polite and exerting self-control in adverse situations are desired abilities (Asian American Heritage, 1995), these abilities can create misunderstanding or conflict within a context that is incongruent with their familiarity.

Beliefs about disabilities. Like all families, Asian American families have their own distinct beliefs about their children with disabilities and explanations for why children are born with disabilities (Chiang & Hadadian, 2007; Diken, 2006). These beliefs can stem from different cultural, spiritual and/or religious beliefs and affect the family's child-rearing practices and utilization of intervention services. The child rearing practices as well as perception of people with disabilities can also influence the implementations as well as interpretations of intervention services.

Among various Asian communities, including the Chinese, severe disabilities (e.g., developmental disabilities, physical impairments, or serious emotional disturbance) are often viewed with much stigma. The stigma is connected to beliefs linking disabilities to various causes (e.g., spiritual or environmental causes). For example, some Chinese individuals may believe that a child is born with a disability because it is a divine punishment for an indiscretion from a past life or because an evil spirit has embodied the child. An example of an environmental cause of disabilities derives from dietary practices; the mother may have eaten a specific food that the Asian community deems as dangerous and causes disabilities for the unborn child.

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Some Asian parents view their children's disability as fixed; they do not believe that intervention or treatment can change or better their children's development. Due to the stigma surrounding disabilities, other Asian parents may be reluctant to acknowledge their children's disability and might attribute their developmental differences as the children being lazy or overtly aggressive. These views pertaining to the causes and nature of disabilities may create shame and embarrassment to the family; thus these parents may not seek out, accept, or participate in intervention services for their children.

A potential scenario would portray a pair of Chinese parents sitting quietly at an IEP meeting, smiling and nodding in response to the spoken words of the other IEP team members even if they did not understand or agree with anything said. Educators and professionals who are unfamiliar with these social behaviors (e.g., not confronting or questioning another person) might not ask the Chinese parents if they truly understand the process or agree with the educational plan. It can be challenging for all parties involved to have their desires and expectations met when social cues are made by an individual to mean one thing while the same cues are misinterpreted by another.

Families defining parent involvement

Although encouraging parents to participate fully in their children's special education process is seen as a beneficial practice, professionals also need to respect the families' wishes if they choose not to participate in certain activities such as attending IEP meetings or helping create their child's educational goals. The level of parent involvement in a child's education may vary dramatically among individual families (Shriver et al., 1993). Parents may choose to participate fully in the entire decision-making process as defined by the school or law. At the other extreme, parents may choose to limit their participation or be involved in a manner that is not expected by the school. For example, some parents will not give input in placement team meetings; they will consent to whatever the school recommends for in the IEP without asking about options; they will not participate in the assessment process; they will not consent to the development of an IEP; and they want services provided directly to their child, rather than indirectly through the family. Parents do many things for their children's learning and development that practitioners may not acknowledge or be aware of—it is rare that parents do nothing for their children's education.

Turnbull and Turnbull (1982) suggested that rather than expecting all parents to participate in their child's education equally or in the same fashion, service professionals should perceive parent participation as a continuum, ranging from very little involvement to full decision making. The type and amount of involvement may be defined differently by both parties. The family factors and beliefs, their perceived relationship with the service providers, and their experiences with systemic support should be considered because these factors influence parent involvement for all families. Too often professionals assume that good parents will become involved with whatever parent activities are offered, regardless of the parents' needs or desires.

The Present Study

The goal of the present study was to build on previous research by examining the influence of family factors and perceived parent-professional collaboration on parent involvement in Chinese American as compared to non-Chinese American parents. More specifically, the present study attempted to address research questions that have not been asked about Chinese American parents of young children with special needs in terms of parent involvement (i.e., type and amount) as it relates to family factors (e.g., beliefs about who the expert is in their child's education and cause of disabilities) and perceived parent-professional collaboration (e.g., providing appropriate information, ways to communicate, and cultural sensitivity).

As evident in the review above, the research literature on parent involvement of Chinese American parents who have young children with disabilities in early childhood special education is not plentiful. In addition to the meager number of studies on this Chinese American community, there are other limitations of the current literature in terms of clear and precise independent and dependent variables, appropriate theoretical framework, and methods. First, although the studies that were reviewed examined how much involvement parent engage in their children's education, most of them did not address the type of parent participation other than in the IEP meeting. The present study specified the type (i.e., school-, home-, and community-based) and the amount (i.e., how much relative to the sample) of parent involvement that were measured. Specific factors (e.g., belief of expert role, cause of disability, and perceived partnership with professionals and systemic support) were analyzed to see if they influence parent involvement.

Second, previous studies also did not use a theoretical framework or model specific to early childhood special education to explore the factors that relate parent involvement. The present study used the Bennett, Zhang, and Hojnar model as a guide to test if family factors, perceived parent-professional collaboration and systemic support influence Chinese American parents' and non-Chinese American parents' amount and type of involvement in their children's special education. The Bennett, Zhang, and Hojnar model is an organized model that includes the many recurring factors (i.e., family beliefs/practices, family characteristics, family-professional collaboration, beliefs about disability) that other parent involvement studies investigated in a less structured manner.

The Bennett Zhang, and Hojnar model (BZH model) served as the general frame for the present study but the Hoover-Dempsey and Sandler model (HDS model) also was an influence for this study. I did not use or investigate every factor that was mapped out in the BZH model, however, the factors that were included in the study were chosen with purpose. I used the HDS model to determine which specific factors to include in my study. This was possible because of the parallels the two models share in terms of the possible factors that contribute to parent involvement: 1) "parents' motivational beliefs" which is partially defined as parental role construction (from the HDS model) is similar to "family" which is partially defined as view of the expert's role (from the BZH model) thus, yielding the "expert role" factor from this study; and 2) "parents' perceptions of invitations for involvement from others" (from the HDS model) is similar to "the professional" and "systemic support" (from the BZH model) thus, yielding the

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“perceived partnership effort” factor for this study. Again, I used the BZH model and not the HDS model, for this study because it was created specifically for parents of young children with disabilities. The “perception of disability” factor that is included in BZH model distinguished itself from the HDS model thus, yielding the “cause of disability” factor for this study.

Third, the majority of the studies reviewed used qualitative methods and had small samples sizes that are difficult to generalize across larger samples. The present study used quantitative methods to explore how specific variables influence parent involvement among a larger group of Chinese American parents of young children with special needs. The present study attempted to discover which factors—the family factors, perceived parent-professional collaboration or systemic support—influence parent involvement for Chinese American and for non-Chinese American parents of young children with disabilities. It is hoped the results of the present study will contribute useful information to the field of early childhood special education so that service providers will have more nuanced information regarding how family factors and beliefs influence parent involvement for some Chinese American families, thus resulting in more effective partnerships with parents.

The following research questions were addressed:

1. Do Chinese American and non-Chinese American parents differ with respect to how much they are involved in their young child’s special education?
2. Do Chinese American and non-Chinese American parents differ with respect to the type of involvement listed below in their young child’s special education?
 - a. Home-based parent involvement
 - b. School-based parent involvement
 - c. Community-based parent involvement.
3. Do Chinese American and non-Chinese American parents differ with respect to the degree that they believe an individual (listed below) is the expert?
 - a. The teacher is the expert in child’s learning and education
 - b. The parent is the expert in child’s learning and education
4. Do Chinese American and non-Chinese American parents differ with respect to perceived partnership effort from the school?
5. Do Chinese American and non-Chinese American parents differ with respect to the degree that disabilities are cause by a specific reason (listed below)?
 - a. Belief in biological causes for disabilities
 - b. Belief in environmental causes for disabilities
 - c. Belief in spiritual causes for disabilities
6. For each group, Chinese and non-Chinese, is there an association between each of the factors listed below and parent involvement?
 - a. Belief that the teacher is the expert in child’s learning and education
 - b. Belief that the parent is the expert in child’s learning and education

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- c. Perceived partnership effort from the service providers
 - d. Belief in biological causes for disabilities
 - e. Belief in environmental causes for disabilities
 - f. Belief in spiritual causes for disabilities
7. Which factors listed below is a predictor of parent involvement while controlling for ethnicity?
- a. Belief that the teacher is the expert in child's learning and education
 - b. Belief that the parent is the expert in child's learning and education
 - c. Perceived partnership effort from the service providers
 - d. Belief in biological causes for disabilities
 - e. Belief in environmental causes for disabilities
 - f. Belief in spiritual causes for disabilities

CHAPTER TWO

Method

This chapter includes a detailed description about how the study was conducted. First, I provide information regarding the demographic characteristics of the parent participants (ethnic background, immigration status, education, and income) and of their children (age and disability). Second, I discuss how the participants were recruited for this study. Next, I briefly report on the research design and study procedures. Then, I provide the description of the measures and analyses.

Participants

Criteria for participating in the study included being the parents or legal guardians of a young child (3-6 years old) with a diagnosed disability. The classification of disabled was operationalized as the child having an individualized educational program (IEP). A total of 108 individuals were recruited according to these criteria. However, 13 non-Chinese Asian individuals were dropped from the sample in order to illuminate the contrast between Chinese and non-Chinese parents².

The final sample included 95 parents or legal guardians of a young child with a disability (Table 1). A majority of the participants were female ($n = 80$; 84.2%). All but five of these women were the child's mother ($n = 75$; 78.9%); five females did not indicate how they were related to the children. The remaining participants of the sample were male ($n = 15$; 15.8%) and identified as the child's father. The mean age of parents was 37.1 years with a range from 23 to 50 years.

Approximately half ($n = 48$; 50.5%) of the sample self-reported as Chinese. The other half self-reported as White/Caucasian ($n = 36$; 37.9%), White and Native American Indian ($n = 2$; 2.2%), White and Latino ($n = 3$; 3.2%), and Latino ($n = 6$; 6.3%). Approximately half of the participants were born in the U.S. ($n = 45$; 47.4%) and half were born in another country. More than half of the participants reported having lived in the U.S. more than 10 years ($n = 55$; 57.9%), while the remainder reported having lived in the U.S. for fewer than 10 years ($n = 33$; 34.8%) or did not indicate how long they have lived in the country ($n = 7$; 7.3%). English was the primary language spoken at home for 47 (49.5%) of the participants, Chinese was the primary language spoken at home for 43 (45.3%) of the participants, and Spanish was the primary language spoken at home for 3 (3.2%) of the participants. Two parent participants did not report their primary language spoken at home.

Parent participants reported on the highest level of formal education they had completed (Table 1). Almost 25% of the parent participants responded that they completed high school or less than high school, almost 55% of the participants completed college, and about 20% of the participants completed graduate/professional school. All but three parent participants reported their annual household income (Table 1). With respect to income categories the distribution, approximately 20% of the parent participants made under \$30,000, almost 45% of the participants made between \$30,001 and \$75,000, and about 30% of the participants made over

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\$75,001. Parent participants also reported the number of people living in their household. A large majority (over 85%) of the participants lived in a house consisting of three to four people.

Chinese and non-Chinese groups. In terms of parent characteristics (Table 1), the Chinese and the non-Chinese groups were similar for the following characteristics: mean age, highest level of school completed, annual household income, and the number of people living in their house. The percent distribution between the Chinese and non-Chinese groups that were notably different were: immigration status, the number of years living in the U.S., their primary language spoken at home, their skill level of spoken English, and their skill level of written English. All but one Chinese parent participant was born in another country other than the U.S., while all but three non-Chinese parent participant was born in the U.S. While a majority of the Chinese parent participants has lived in the U.S. for less than 10 years, the large majority of the non-Chinese parent participants have lived in the U.S. for more than 10 years. English was the primary language spoken at home for over 90% of the non-Chinese parent participants and another language other than English was the primary language spoken at home for just under 90% of the Chinese parent participants. For both spoken and written English skills levels, over 90% of the non-Chinese parent participants reported having good or very good skills and over 70% of the Chinese parent participants reported having not good or somewhat good skills.

In terms of child characteristics (Table 2), the average age of the children was 4.0 years with a range from 3 to 6 years. Parents reported their children's disabilities as classified as the primary disability on the IEP. Parents indicated that the child's primary disability fell into the following categories: autism spectrum disorder ($n = 34$; 35.8%), speech/language impairment ($n = 28$; 29.5%), intellectual disability ($n = 11$; 11.6%), other health impairment ($n = 9$; 9.5%), multiply disabilities ($n = 3$; 3.2%), orthopedic impairment ($n = 3$; 3.2%), traumatic brain injury ($n = 3$; 3.2%), hearing impairment ($n = 2$; 2.1%), deafness ($n = 1$; 1.1%), and visual impairment ($n = 1$; 1.1%). The Chinese group and the non-Chinese groups were similar except for the type of program the children used. This characteristic was not exclusive as one or more type of program could be reported and parents indicated all the types of program their children were enrolled. Chinese parents reported that their children were involved in more programs (110 count in total) compared to the non-Chinese group (57 count in total). The Chinese children were involved in more of the other programs (e.g., childcare, center, and home) in addition to school, and the non-Chinese children were mainly involved in only school.

Recruitment of Participants

The participants were recruited from a variety of service agencies serving young children within and surrounding the San Francisco Bay Area: four public preschools, five Head Start programs, one private preschool, one non-profit organization, and five therapy-based centers. Three organizations, one school district, and two centers within hospitals that work with young children with special needs were contacted but the directors declined to join the study due to various reasons. More specifically, the director of one large private, non-profit corporation declined because he or she was new to the position and did not want to be involved with the study; however, this director provided referral to other organizations. One school district declined because they did not want to bother their parents. Both directors of the centers within hospitals declined because of strict hospital regulations. The directors of the other two

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organizations did not reply to my attempts (via telephone messages or emails) to speak with them about the study.

I contacted many programs in the San Francisco Bay Area that served or supported young children with disabilities. I contacted three large organizations that were well known locally or highly publicized within the early childhood special education circle. I targeted eight of the centers and organizations that I found via online searches. I contacted four programs in which I knew someone who worked at those establishments. I contacted three preschools from fellow university graduate students who taught in classrooms of children with special needs. I contacted four programs that were referred to me by the other organizations.

I spoke and met with the directors who were interested and supportive of my study. I gave a presentation to the directors of each of the programs that described the study and its purpose. I explained my desire to survey the parents of the children in their programs and asked for assistance in locating the eligible parents. Once I had the approval from the directors, materials were distributed to the parents. Parents were informed and invited to participate in the study either from someone at the programs (i.e., family advocate, therapists, or teachers) or from myself.

Parents who had a young child between (3-6 years of age) with a diagnosed disability (i.e., child has an IEP) enrolled in the above programs were invited to participate in the study. To be able to participate in this study, parents were expected to speak and read English or Chinese (i.e., Mandarin or Cantonese) in order to complete the written survey. If parents indicated interest in participating in the study, the study was verbally described to them. They also received a written cover letter describing the study and an explanation of participant consent (Appendix A). They were told that if they chose to fill out the anonymous survey, they could withdraw from the study at any time without penalty.

Research Design

This quantitative, cross-sectional study was designed to provide comparative, correlational, and predictive results from the data collected regarding parent involvement in early childhood special education. The study aimed to provide the comparative information between Chinese and non-Chinese parents. The specific comparisons were regarding the following: the amount of parent involvement, the type of parent involvement, teacher as the expert, parent as the expert, belief in specific causes for disabilities, and perceived partnership effort from service providers. The study also sought to examine the relation between parent involvement and other variables (e.g., teacher as the expert, parent as the expert, and perceived partnership effort from service providers) for Chinese and also for non-Chinese parents. Finally, predictors of parent involvement were examined on the variables of teacher as the expert, parent as the expert, perceived partnership effort from service providers, and causes for disability.

Procedure

Participants were given a written survey in their preferred language of English or Chinese. Most of the participants took approximately 15 to 20 minutes to complete the survey.

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Parents could either fill out the survey immediately, or they could take it home to fill out and then return it later. Once the surveys were returned, the participants received a \$10 gift card to a local supermarket for their time to complete the survey.

In ten instances where I was unable to meet the parents at a program who were interested in participating in the study, the program director provided me with the addresses of those parents at their request. I mailed the cover letter and survey to them and provided a self-addressed stamped envelope for them to return the survey to me. Once I received the survey, I mailed the gift card to the participants.

Participants were asked to fill out a written survey composed of questions that inquired about descriptive demographics of the parent participants and of their children. The survey also included questions that addressed the following variables: parent involvement, adherence to Asian values, role of expert, causes of disabilities, and perceived partnership effort of the school.

Survey Instrument

The 60-item survey was comprised of four separate subscales addressing the aforementioned variables and one section on demographic characteristics. The five subscales were made up of 42 items in the form of Likert-style questions and rating scale answers (e.g., Question: Indicate how often you engage in these activities-- "I coordinate my child's services." Answer choices: "Never," "Rarely," "Sometimes," or "Always."). Again, these subscales items measured 1) adherence to Asian values parent involvement, 2) role of expert, 3) perceived partnership effort, 4) beliefs of causes if disabilities, and 5) parent involvement (which is further broken down into three types of parent involvement—home, school, and community). The other section on descriptive demographics consisted of 18 items that were multiple choice questions and answers (e.g., Question: "What is your primary language spoken at home?" Answer choices: a) English, b) Chinese, c) Spanish, d) Other, specify) that addressed descriptive participant demographics information. See Appendix B for the complete survey. Below, I describe the different sections of the survey labeled according to the section or the subscale for each variable.

Descriptive Demographics

Parent Demographics. Participants self identified their ethnicity by circling one of the listed ethnic categories used in the U.S. census. These responses helped determine which category they fell under for the comparative analyses: Chinese or non-Chinese groups. Participants indicated their birthplace and the number of years they have lived in the United States. These two variables were coded as binary variables: born in the U.S. or born in another country, and lived in the U.S. for more than 10 years or lived in the U.S. for less than 10 years. The answers to these questions help revealed information regarding immigration and acculturation, respectively. Parent participants also indicated the highest level schooling they completed and their annual household income. These two variables were coded as interval variables: ranging from completed less than high school to complete graduate/professional school, and ranging from makes less than \$15, 000 to makes more than \$100,000 annually. The answers to these questions help provide information about the participants' socioeconomic status.

Child Demographics. Parent participants reported the descriptive demographics of their children. Some of the information gathered in this section includes the following: child's age, primary disability as listed on the IEP, current grade level, type of program child attends, type of environment where child receives services, and the received number of hours of services.

Subscale 1: Adherence to Asian Values. To determine how much participants adhered to Asian values, I modified the Asian Values Scale-Revised (AVS-R; Kim & Hong, 2004) and used seven of the 25 items. The seven items were chosen because they reflected relational contingencies relevant to this study (e.g., "One should be able to question a person in an authority position."). Participants indicated their agreement using a 4-point scale (i.e., 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree*).

The AVS-R is an updated version of the Asian Values Scale (AVS; Kim, Atkinson, & Yang, 1999). The original AVS is a 36 item survey that uses a 7-point Likert-type scale (1 = *strongly disagree*, 2 = *moderately disagree*, 3 = *mildly disagree*, 4 = *neither agree nor disagree*, 5 = *mildly agree*, 6 = *moderately agree*, and 7 = *strongly agree*). The AVS was developed to empirically examine the construct of Asian cultural values and its relation to other psychological concepts. Kim et al. (1999) reported coefficient alphas of .81 and .82 and a 2-week test-retest reliability coefficient of .83. Support for the AVS score's construct validity was obtained by identifying, via a nationwide survey and focus-group discussions, items that reflect cultural values commonly observed across various Asian American ethnic groups; items were retained that were more highly endorsed by first-generation Asian Americans than by European Americans. The AVS was revised to improve the measurement quality of the scale. The results led to the establishment of a 25-item measure named the Asian Values Scale-Revised that used a 4-point Likert-type scale (1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree*). The 11 deleted items either lacked construct homogeneity or were redundant. Kim and Hong (2004) reported that despite the elimination of about 30% of the original AVS items, the AVS-R score still retained adequate reliability (i.e., person separation reliability of .80). A higher score on this measure indicated that the respondent endorsed the Asian values more strongly than someone who obtained a lower score.

For the current study, the mean of the seven items was calculated to generate a composite mean for an AVS score. The reliability of the modified 7-item scale was adequate (Cronbach's alpha = .68).

Independent Variables

Subscale 2: Expert Role. The participants answered six questions about how strongly they felt an individual was the expert, in other words, was responsible and should take the lead in their children's learning and education. I created the six questions specifically for this study because previous studies had not posed these questions in quantitative form. Participants indicated their agreement using a 4-point scale (i.e., 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree*) regarding the expert role (e.g., "I am the expert in my child's education and learning.").

Three questions referred to the belief that the teacher or service provider is the expert, is responsible, and should take the lead in children's learning and education. The mean from these

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three statements was taken to yield a score for the belief that the teacher is the expert. Three questions referred to the belief that the parent is the expert, is responsible, and should take the lead in children's learning and education. The mean from these three statements was taken to yield a score for the belief that the parent is the expert. The higher average score on each of these measure meant that the respondent held a stronger belief that the teacher is expert (or the parent is expert) than someone who yielded a lower score. The beliefs "teacher is expert" and "parent is experts" are mutually exclusive and not directly inverse. One can believe strongly in both concepts (e.g., both teacher and parents are experts) or one can believe strongly in only one of the concepts (e.g., teacher is the expert and parent is not the expert).

The reliability of the 3-item cluster of "teachers as the expert, as being responsible, and should take the lead" was adequate (Cronbach's alpha = .77). The reliability of the 3-item cluster of "parent as the expert, as being responsible, and should take the lead" was also adequate (Cronbach's alpha = .71).

Subscale 3: Perceived Partnership Effort. The participants answered 10 questions regarding the perceived partnership effort of their children's service providers toward them. The 10 questions taken from a larger subscale of the NCSEAM Parent Survey-Preschool Special Education (NCSEAM, 2005) addressed respondents' perceived partnership effort and quality of services from their child's preschool special education. These questions were specifically chosen with the intention that they would address how the service providers were interacting directly with the parent. Participants indicated their agreement using a 4-point scale (i.e., 1 = *strongly disagree*, 2 = *disagree*, 3 = *agree*, and 4 = *strongly agree*) regarding the perceived partnership effort (e.g., "My child's service providers/teachers provide me with information based on my individual needs."). A higher average mean score meant that the respondent perceived that the school was putting more effort into the partnership with the parent than someone who reports a lower score.

It was reported that several kinds of evidence are available for the validity of data obtained from use of the NCSEAM scales (www.accountabilitydata.org, 2006). First, parents and other key stakeholders in early intervention and special education suggested the items pertaining to the scale. These items were then appraised by family support organizations and experts in the field of early intervention and special education. Second, data analyses indicated that each of the scales is essentially unidimensional, meaning that it is appropriate to consider the items as addressing a single construct rather than grouping them into subscales. Third, measures on the scales demonstrate expected relationships to measures of related constructs. When estimated through the Rasch model, the reliability of measures for NCSEAM scales, based on state-level data, has consistently been on the order of .94-.98.

For the current study, the mean was computed by averaging the 10 selected items to yield a perceived partnership effort score. The reliability of the modified 10-item subscale was adequate (Cronbach's alpha = .87).

Subscale 4: Cause of Disability. The participants answered three questions about their beliefs regarding the causes of disability on a global level. I created the three questions specifically for this study to gain information on how much the participants agree or disagree

that the cause of disability is due to biological, environment and spiritual reasons. Each question is measured independently. The means for each of the causes were computed by taking the average to yield scores for each cause. The higher the score meant the respondent had a stronger belief in each of the particular causes of disability. Reliability and validity could not be tested because each construct had only one item.

Dependent Variables

A total of 16 items were used to determine the type and amount of parent involvement in which the participants engage. The 16 items were taken from two sources: the subscale Parent Participation of the NCSEAM Parent Survey-Preschool Special Education (NCSEAM, 2005) and the subscale Type of Parent Participation by Sontag and Schacht (1994). The validity and reliability for the NCSEAM scale was discussed earlier. The psychometric measures for the Type of Parent Participation were not reported. However, the items in the NCSEAM scale were created via interviews of 536 families who discussed perceptions of their information needs and their sources for information, and the nature of parent participation in early intervention. These items represent parent involvement behaviors that a majority (65%-89%) of the sample participated in regards to their children's learning and education.

Subscale 5: Parent Involvement Total (PIT). The parent involvement total is the composite score of the parent involvement – home, school, and community (PIH, PIS, and PIC, respectively). This composite score takes the mean average of the 16 items combined from PIH, PIS, and PIC. The higher average score the PIT score meant the respondent reported more parent involvement than a lower score. For the current study, the reliability of the modified 16-item scale was tested with Cronbach's alpha statistic. The results yielded an internal consistency of .71.

Parent Involvement Home (PIH). Participants were asked five times to indicate how often they engage in a particular activity at home (e.g., "How often do you engage in reading materials sent to you by your child's school/center/childcare?"). Participants indicated their answer using a 4-point scale (i.e., 1 = *never*, 2 = *rarely*, 3 = *sometimes*, and 4 = *always*). For the current study, the mean was computed by taking the average of the five items which yielded a PIH score. The higher average score the PIH score indicated that the respondent engaged in more home parent involvement than someone who obtained a lower score. The reliability of the modified 5-item subscale was tested with Cronbach's alpha statistic. The results yielded an internal consistency of .56.

Parent Involvement School (PIS). Participants were asked seven times to indicate how often they engage in a particular activity at their children's school/center (e.g., "How often do you engage in attending school/center/childcare meetings about your child?"). Participants indicated their answer using a 4-point scale (i.e., 1 = *never*, 2 = *rarely*, 3 = *sometimes*, and 4 = *always*). For the current study, the mean was computed by taking the average of the seven items which yielded a PIS score. The higher average score the PIS score indicated that the respondent engaged in more school parent involvement than someone who obtained a lower score. The reliability of the modified 7-item subscale was tested with Cronbach's alpha statistic. The results yielded an internal consistency of .38.

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Parent Involvement Community (PIC). Participants were asked four times to indicate how often they engage in a particular activity within the community (e.g., “How often do you engage in attending support groups for parents who have children with disabilities?”). Participants indicated their answer using a 4-point scale (i.e., 1 = *never*, 2 = *rarely*, 3 = *sometimes*, and 4 = *always*). For the current study, the mean was computed by taking the average of the four items which yielded a PIC score. The higher average score the PIC score indicated that the respondent engaged in more community parent involvement than someone who obtained a lower score. The reliability of the modified 4-item subscale was tested with Cronbach’s alpha statistic. The results yielded an internal consistency of .82.

Data Collection

Over a period of six months, I distributed 150 surveys to parent participants and 108 of the surveys were returned. The response rate was 72.0%. Of the 108 returned surveys, a majority of the respondents filled out the English version of the survey ($n = 98$; 90.7%) and a small number of respondents filled out the Chinese version of the survey ($n = 10$; 9.3%). However, it should be noted that 10 of the Chinese respondents (all from the same center) who returned an English version of the survey had translators ($n = 10$; 9.3%). The translator was a bilingual, female family advocate who was fluent in both Mandarin Chinese and English. The family advocate worked with each of the 10 parent participants individually. She translated verbally the cover letter and survey to the participant. She translated the survey directions; then, she translated each survey item one at a time. The family advocate would let the parent participant reply, then she circled the responses on the English version of the survey. These 10 Chinese participants chose this method instead of filling out the Chinese version of the survey themselves.

There were 15 surveys with some missing data. For those surveys, there were no more than three missing items on any given survey. No surveys had to be omitted from the study due to missing data.

Analyses

The analyses were conducted using SPSS version 20. Missing data were addressed by using listwise analyses; that meant if a respondent had missing data for an item, SPSS did not compute that one respondent for that particular item. Therefore, the sample size was not 95 for those items with missing data.

Comparative analyses. First, *t*-tests were conducted to determine if there were differences between the Chinese group and the non-Chinese group in term of the following variables: adherence to Asian values, the amount of parent involvement and the type of parent involvement, perceived partnership effort, teacher is expert, parent is expert, biological cause for disabilities, environmental cause for disabilities, and spiritual cause for disabilities.

Correlation analyses. Pearson’s *r* correlations were conducted to determine if there were significant associations between parent involvement and each of the following factors: perceived

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partnership effort, belief in teacher is the expert, and belief parent is the expert. A correlation matrix was generated for these variables among the Chinese American group. A second correlation matrix was created for the same variables among the non-Chinese American group.

Regression analyses. Four multiple regressions were conducted to determine which factors (i.e., perceived partnership effort, belief in teacher is the expert, belief in parent is the expert, biological causes for disabilities, environmental causes for disabilities, and spiritual causes for disabilities) predicted parent involvement while controlling for family characteristics such as ethnicity. More specifically, the regression analyses examined two ordered sets of predictors of parent involvement. Set 1 included the subset of family characteristics that were statistically associated with the respective outcome parent involvement variables (i.e., PIT, PIH, PIS, and PIC). Set 2 included the subset of family characteristic and the substantive predictor variables. Each regression used the family characteristics plus the substantive predictor variables to test how well the variables predict parent involvement, while controlling for specified family characteristics.

CHAPTER THREE Results

Preliminary analyses

A *t*-test was conducted to test whether the Chinese group differs from the non-Chinese group on endorsement of Asian values. The results showed that the Chinese parents scored higher ($M = 2.85, SD = .47$) on the AVS than the non-Chinese parents ($M = 2.45, SD = .40$), $t(93) = 4.49, p = .00$. As expected, the Chinese group endorsed the Asian values more than the non-Chinese group. The result that Chinese parents endorse Asian values more than their counterpart suggests that ethnicity could be a variable that needs to be controlled for in the multiple regression analysis (which includes the entire sample) because this group difference is based on a potential culturally bound predictor of Asian values.

Research Question 1: Differences between Chinese and non-Chinese parents regarding how much they are involved in their young child's special education

A significance mean difference for overall parent involvement (PIT) was found between the Chinese and non-Chinese groups. Chinese parents reported significantly higher amount of parent involvement ($M = 3.47, SD = .29$) than non-Chinese parents ($M = 3.35, SD = .27$), $t(93) = 2.00, p = .04$. Table 3 displays the results for the *t*-tests for research questions 1, as well as for research questions 2 through 5.

Research Question 2: Differences between Chinese American and non-Chinese American parents regarding the type of involvement in their young child's special education

Chinese parents ($M = 3.70, SD = .31$) and non-Chinese parents ($M = 3.62, SD = .30$) did not differ significantly on parent involvement in the home (PIH), $t(93) = 1.26, p = .21$. Likewise, Chinese parents ($M = 3.54, SD = .28$) and non-Chinese parents ($M = 3.51, SD = .23$) did not differ significantly on parent involvement in the school (PIS), $t(93) = .52, p = .61$. A significance mean difference for parent involvement in the community (PIC) was found between the Chinese and non-Chinese groups. Chinese parents reported more parent involvement in the community ($M = 3.06, SD = .74$) than non-Chinese parents ($M = 2.74, SD = .73$), $t(93) = 2.12, p = .04$.

Research Question 3: Differences between Chinese American and non-Chinese American parents regarding the degree that they believe an individual is the expert

Chinese parents ($M = 3.36, SD = .44$) scored significantly higher in belief that the teacher is the expert in their children's learning and education than non-Chinese parents ($M = 2.74, SD = .55$), $t(92) = 6.02, p = .00$. Chinese parents ($M = 3.31, SD = .48$) scored lower on belief that the parent is the expert in their children's learning and education than non-Chinese parents ($M = 3.55, SD = .50$), $t(93) = -2.32, p = .02$.

Research Question 4: Difference between Chinese American and non-Chinese American parents regarding perceived partnership effort (PPE)

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Chinese parents ($M = 3.38$, $SD = .40$) and non-Chinese parents ($M = 3.52$, $SD = .38$) did not differ significantly on perceived partnership effort from the school, $t(93) = -1.73$, $p = .09$.

Research Question 5: Difference between Chinese American and non-Chinese American parents regarding the degree that disabilities are caused by a specific reason

Chinese parents as a group ($M = 2.79$, $SD = .36$) scored significantly lower score in belief that disabilities are caused by biological reasons than the non-Chinese parents ($M = 3.39$, $SD = .54$), $t(92) = -5.12$, $p = .00$. Chinese parents ($M = 2.90$, $SD = .63$) and non-Chinese parents ($M = 3.00$, $SD = .42$) did not differ significantly on the belief that disabilities are caused by environmental reasons, $t(92) = -.94$, $p = .35$. Chinese parents ($M = 2.08$, $SD = .77$) scored significantly higher in belief that disabilities are caused by spiritual reasons than non-Chinese parents ($M = 1.45$, $SD = .65$), $t(93) = 4.35$, $p = .00$.

Research Question 6: Associations between parent involvement and other factors for the Chinese group and for the non-Chinese group, separately

Chinese group. The results for the Chinese parents showed significant correlations for parent involvement and independent variables. Among the Chinese parents, parent involvement total (PIT) and perceived partnership effort from the school (PPE) were significantly correlated, $r = .40$, $p < .01$. PIT and belief in parent as expert were significantly correlated, $r = .74$, $p < .01$. In addition, PIT and belief in environmental causes for disability were significantly correlated, $r = .30$, $p < .05$.

PPE and Teacher is Expert were significantly correlated, $r = .42$, $p < .01$. PPE and Parent is the Expert were significantly correlated, $r = .49$, $p < .01$. Teacher is Expert and Parent is the Expert were significantly correlated, $r = .52$, $p < .01$. Table 4 displays the results for the correlations in a matrix form and provides the significance levels for the Chinese parents group.

Non-Chinese group. The results for the non-Chinese parents showed significant correlations for parent involvement and independent variables. Among the non-Chinese parents, parent involvement total (PIT) and perceived partnership effort from the school (PPE) were significantly correlated, $r = .35$, $p < .05$. PIT and Teacher is Expert were significantly correlated, $r = -.37$, $p < .05$. Also, PIT and Parent is Expert were significantly correlated, $r = .32$, $p < .05$. PIT and biological cause in disability were significantly correlated, $r = .33$, $p < .05$.

Teacher is Expert and Parent is the Expert were significantly correlated, $r = -.31$, $p < .05$. Table 5 displays the results for the correlations in a matrix form and provides the significance levels for the non-Chinese parents group.

In sum, these correlation analyses indicated that the Chinese group and the non-Chinese group were similar; both groups yielded statistically significant positive correlations of 1) parent involvement total (PIT) with perceived partnership effort from the school (PPE) and 2) parent involvement total (PIT) with the belief that parent is the expert. Parent involvement was higher for both groups when parents perceive more partnership effort from the school and when parent have a stronger belief that they are the expert in their children's learning and education. One

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major difference between the Chinese group and the non-Chinese group was reflected in the association of PIT and Teacher is Expert. While no association of these two variables was found for the Chinese group, a statistically significant negative correlation was found for the non-Chinese group. Another difference between the two groups was shown in the association of PIT and certain cause of disability (i.e., environmental causes for the Chinese group and biological causes for the non-Chinese group).

Research Question 7: Which belief factors are predictors of parent involvement while controlling for ethnicity

After testing for multicollinearity for the independent variables (or belief factors), regression analyses were used to describe how well the belief factors predicts parent involvement, controlling for ethnicity. It was possible to run regression analyses because the correlations among independent variables were low and not significant, while the correlations for independent variables and the dependent variables (PIT, PIH, PIS, and PIC) were significant. Also, for each dependent variable, only one regression model was generated with the entire sample because of the sample size. Running separate models for each of the groups (Chinese and non-Chinese) would be statistically unsound due to the small sample size of less than 50 per group.

For each of the four outcome variables (i.e., parent involvement total, parent involvement home, parent involvement school, and parent involvement community), I conducted a two-step data analysis process:

Step 1: To determine which subset of family characteristic control variables (such as ethnicity, parent education, and income) to include in the regressions, I analyzed relations between the complete set of family characteristic control variables and the outcome variables (PIT, PIH, PPIS, and PIC) using correlation and *t*-test analyses.

Step 2: I conducted four multiple linear regressions using those family characteristics that were statistically associated with the respective outcome variables. To examine the unique relations between each of the six parent involvement predictors (i.e., perceived partnership with the school, teacher is the expert, parent is the expert, biological cause for disabilities, environmental cause for disabilities, and spiritual cause for disabilities) and each of the outcome variables, I conducted the multiple linear regression analysis for two ordered sets of predictors. The first ordered set, or block 1, included the subset of family characteristics. The second ordered set, or block 2, included the subset of family characteristics and the substantive predictor variables. Although the family characteristic, ethnicity, was not statistically associated with all four of the outcome variables, it was included in each of the regression analyses because this study aims to explore and control for ethnicity when examining the predictors of parent involvement. These analyses examined which variables predict parent involvement. More specifically, these analyses examined how well the variables predict parent involvement, controlling for specified family characteristics.

First, to determine a specific set of demographic variables to include in the subsequent regression analyses, I examined the relations among the demographic variables and the three outcome variables using Pearson correlations (Table 6) and *t*-tests (Table 7). Parent involvement total (PIT) was statistically associated with parent's education ($r = .27, p < .01$) and hours of

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received services ($r = .24, p < .05$). Parents who reported more overall parent involvement, also reported that they completed higher levels of education and that their children received more hours of services. Parent involvement home (PIH) was not statistically associated with any of the family characteristics. Parent involvement school (PIS) was statistically associated with parent's education ($r = .37, p < .01$) and annual household income ($r = .21, p < .05$). Parents who reported more school parent involvement, reported that they completed higher levels of education and that they have higher incomes. Parent involvement community (PIC) was statistically associated with years lived in the US ($r = -.26, p < .05$), skill level of spoken English ($r = -.25, p < .05$), skill level of written English ($r = -.24, p < .05$), and hours of received services ($r = .38, p < .01$). Parents who reported more community parent involvement, also reported that they have lived in the U.S. longer, have a lower skill level of spoken and written English, and their children received more hours of services.

The correlations for the four parent involvement outcomes (i.e., PIT, PIH, PIS, and PIC) and the six substantive predictors (i.e., perceived partnership effort from the school, teacher is the expert, parent is the expert, biological cause for disabilities, environmental cause for disabilities, and spiritual cause for disabilities) were conducted with Pearson's r analyses (Table 7). Significant associations were found between parent involvement and a higher belief that the parent is expert for all four parent involvement outcomes: PIT, $r = .46$; PIH, $r = .32$; PIS, $r = .43$; and PIC, $r = .28$.

Mean comparisons in parent involvement using t -tests were conducted for ethnicity and for child's disability. The result of the t -test for ethnicity and parent involvement yielded a significant mean difference between Chinese ($M = 3.47, SD = .29$) and non-Chinese parents ($M = 3.35, SD = .27$) in overall parent involvement (PIT), $t(93) = 2.00, p = .04$. The result of the t -test for ethnicity and parent involvement yielded a significant mean difference between Chinese ($M = 3.06, SD = .74$) and non-Chinese parents ($M = 2.74, SD = .73$) in community parent involvement (PIC), $t(93) = 2.12, p = .04$. No differences in home (PIH) and school parent involvement (PIS) were found between the Chinese and non-Chinese groups. The results of the t -tests for child's disability (i.e., intellectual/behavior disabilities versus the other disabilities) did not yield any significant mean differences for parent involvement (i.e., PIT, PIH, PIS, and PIC).

Second, in order to understand how well the variables predict parent involvement, controlling for specified family characteristics, I conducted four multiple regressions with two ordered sets of predictors (i.e., set or block 1 included the family characteristics; and set or block 2 included the family characteristics plus the six substantive predictors). These analyses evaluate how well parent involvement is predicted by family characteristics (set or block 1), and how well the substantive predictors (set or block 2) predicts parent involvement over and above the family characteristics. The analyses in the second set of the regression also determine the unique effect that each predictor has on the outcome variables.

For overall parent involvement (PIT), the first set of predictors included three family characteristics (i.e., parent education, hours of received services, and ethnicity); and the second set of predictors included the same three family characteristic plus the substantive predictors (i.e., perceived partnership with the school, teacher is the expert, parent is the expert, biological cause for disabilities, environmental cause for disabilities, and spiritual cause for disabilities).

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The first set of predictors accounted for a significant amount of the overall parent involvement variability, $R^2 = .17$, $F(3, 88) = 5.84$, $p = .00$. This result indicates that parents who completed higher levels of school, whose children received more hours of services and who identified as Chinese tended to have reported more overall parent involvement. The second set of predictors which included the six substantive predictors accounted for a significant proportion of parent involvement after controlling for the effects of the family characteristics, R^2 change = $.27$, $F(9, 82) = 6.98$, $p = .00$. The results of the regression indicated that perceived partnership effort, teacher is expert, parent is expert, ethnicity, and hours of received services accounted for a significant amount of the variation in overall parent involvement (PIT) and were strong predictors of PIT: parent perceived more partnership effort from the school ($\beta = .32$, $p = .00$), parent has lower belief that the teacher is expert ($\beta = -.27$, $p = .01$), parent had higher belief that the parent is expert ($\beta = .35$, $p = .00$), parent identified as Chinese ($\beta = .43$, $p = .00$) and parent reported their child received more hours of services ($\beta = .27$, $p = .00$). This result indicated that parents who have similar family characteristics are more likely to be involved if they have reported higher perceived partnership effort from the school, less belief that the teacher is expert, stronger belief that the parent is expert.

For home parent involvement (PIH), the first set of predictors included one family characteristic (i.e., ethnicity); and the second set of predictors included that one family characteristic plus the substantive predictors (i.e., perceived partnership with the school, teacher is the expert, parent is the expert, biological cause for disabilities, environmental cause for disabilities, and spiritual cause for disabilities). The first set of predictors did not account for a significant amount of the home parent involvement variability, $R^2 = .01$, $F(1, 91) = 1.04$, $p = .31$. This result indicates that ethnicity was not a predictor for home parent involvement. The second set of predictors which included the six substantive predictors accounted for a significant proportion of parent involvement after controlling for the effects of the family characteristics, R^2 change = $.15$, $F(7, 85) = 2.40$, $p = .03$. The results of the regression indicated that parent is expert and ethnicity accounted for a significant amount of the home parent involvement (PIH) variability and were strong predictors of PIH: parent had higher belief that the parent is expert ($\beta = .29$, $p = .01$) and parent identified as Chinese ($\beta = .40$, $p = .01$). This result indicates that parents who have similar family characteristics are more likely to be involved if they have reported stronger belief that the parent is expert and as being Chinese.

For school parent involvement (PIS), the first set of predictors included three family characteristics (i.e., parent education, income, and ethnicity); and the second set of predictors included the same three family characteristic plus the substantive predictors (i.e., perceived partnership with the school, teacher is the expert, parent is the expert, biological cause for disabilities, environmental cause for disabilities, and spiritual cause for disabilities). The first set of predictors accounted for a significant amount of the school parent involvement variability, $R^2 = .16$, $F(3, 87) = 5.30$, $p = .00$. This result indicates that parents who completed higher levels of school, who reported higher incomes, and who identified as Chinese tended to have reported more school parent involvement. The second set of predictors which included the six substantive predictors accounted for a significant proportion of parent involvement after controlling for the effects of the family characteristics, R^2 change = $.12$, $F(9, 81) = 3.36$, $p = .00$. The results of the regression indicated that ethnicity accounted for a significant amount of the PIS variability; it

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was found that parents identifying themselves as Chinese was a predictor for school parent involvement, ($\beta = .29, p = .04$).

For community parent involvement (PIC), the first set of predictors included five family characteristics (i.e., years lived in U.S., level of spoken English, level of written English, hours of received services, and ethnicity); and the second set of predictors included the same three family characteristic plus the substantive predictors (i.e., perceived partnership with the school, teacher is the expert, parent is the expert, biological cause for disabilities, environmental cause for disabilities, and spiritual cause for disabilities). The first set of predictors accounted for a significant amount of the community parent involvement variability, $R^2 = .18, F(5, 78) = 5.30, p = .01$. The second set of predictors which included the six substantive predictors accounted for a significant proportion of parent involvement after controlling for the effects of the family characteristics, $R^2 \text{ change} = .30, F(11, 72) = 60, p = .00$. It was found that the following variables accounted for a significant amount of the community parent involvement (PIC) variability and were strong predictors of PIC: parent perceived more partnership effort from the school ($\beta = .35, p = .00$), parent has lower belief that the teacher is expert ($\beta = -.30, p = .01$), parent had higher belief that the parent is expert ($\beta = .22, p = .03$), parent had a higher belief in environmental causes for disabilities ($\beta = .22, p = .04$) and parent reported their child received more hours of services ($\beta = .33, p = .00$). This result indicated that parents who have similar family characteristics were more likely to be involved if they reported having higher perceived partnership effort from the school, less belief that the teacher is expert, stronger belief that the parent is expert, stronger belief in environmental causes for disabilities.

Summary of results

Research questions 1 and 2. With regards to group differences between the Chinese and non-Chinese parents on overall or total parent involvement (PIT) and community parent involvement (PIC), the results showed that Chinese and non-Chinese parents were different when mean scores were compared. Unexpectedly, Chinese parents were more involved with their children's learning and education in terms of overall parent involvement and community parent involvement. The two groups did not differ for home parent involvement (PIH) and school parent involvement (PIS).

Research question 3. When mean comparisons between the Chinese and non-Chinese groups were made regarding the belief that the teacher is the expert in their children's learning and education, a significant difference was found. As expected, the Chinese group believed the teacher is the expert more than the non-Chinese group. When mean comparisons between the Chinese and non-Chinese groups were made regarding the belief that the parent is the expert in their children's learning and education, a significant difference was found in the opposite direction. As expected, the Chinese group believed less that the parent is the expert than the non-Chinese group.

Research question 4. With regards to group differences between the Chinese and non-Chinese parents on perceived partnership effort from the school, the results did not yield a difference. In other words, one group did not feel higher or lower perceived partnership effort from the school over the other group.

Research question 5. When comparisons between the Chinese and non-Chinese groups were made regarding causes of disabilities, the results showed significant differences for two of the three specific causes (i.e., biological and spiritual causes). As expected, the Chinese group believed less in the biological causes for disabilities than the non-Chinese group. Also as expected, the Chinese group believed more in the spiritual causes for disabilities than the non-Chinese group.

Research question 6. Two statistically significant positive correlations were found for the Chinese group: 1) parent involvement total (PIT) with perceived partnership effort from the school (PPE) and 2) parent involvement total (PIT) with the belief that parent is the expert. These same associations were found for the non-Chinese group. Parent involvement was higher for both groups when parents perceived more partnership effort from the school and when parent had a stronger belief that they were the expert in their children's learning and education. In addition, a statistically significant negative correlation was found for the non-Chinese group regarding parent involvement and teacher is the expert. Those in the non-Chinese group who reported higher scores for parent involvement also had lower reported scores for belief that the teacher is the expert in children's learning and education. Among the Chinese group, the results showed a positive correlation of parent involvement and environmental causes for disabilities. Among the non-Chinese group, a positive correlation was found for parent involvement and biological causes for disabilities.

Research question 7. The regression analyses yielded several significant results regarding the substantive predictor variables on parent involvement. For overall or total parent involvement (PIT), the results of the regression indicated that perceived partnership effort, teacher is expert, parent is expert, ethnicity, and hours of received services predicted PIT after controlling for the effects of the family characteristics (i.e., parent education, hours of received services, and ethnicity). For home parent involvement (PIH), the results of the regression indicated that parent is expert and ethnicity predicted PIH after controlling for ethnicity. For school parent involvement (PIS), the results of the regression indicated that ethnicity predicted PIS after controlling for family characteristics (i.e., parent education, income, and ethnicity). For community parent involvement (PIC), the results of the regression indicated that parent perceived more partnership effort, teacher is expert, parent is expert, environmental causes for disabilities, and received hours of services predicted PIC after controlling for family characteristics (i.e., years lived in US, level of spoken English, level of written English, hours of received services, and ethnicity).

CHAPTER FOUR

Discussion

This chapter begins with a summary of the study. A discussion and interpretation of the results then follows. Next, limitations of the study are listed as well as suggestions for future research. Finally, implications for practice are presented.

The literature shows that children, with and without disabilities, benefit in many areas of development when their parents are involved in their learning and education. To date, the research on parent involvement in early childhood special education has not received as much attention as has parent involvement in general education. The findings on parent involvement in early childhood special education regarding the relationship of parent involvement and child outcome (i.e., more involvement relates to more positive child outcomes) are similar to those in general education. However, one common theme that persisted in the sparse literature revolving around families of color and non-native English speakers within early childhood special education is that these families were found to be less involved in their children's education when compared to English speaking, Anglo-European families.

The present study was designed to address the gaps in research (as described in the introduction chapter) by exploring the factors that influence and that are associated with parent involvement in early childhood special education. The overall purpose of this study was to examine parent involvement of Chinese and non-Chinese families who have young children with disabilities and gain more information about predictive factors of parent involvement that can be shared with service providers in early childhood special education. More specifically, this study aimed to answer several research questions regarding parent involvement in early childhood special education via comparison analyses (i.e., comparing the Chinese and non-Chinese groups on parent involvement and other beliefs), correlation analyses (i.e., exploring associations of parent involvement and other variables for both the Chinese and non-Chinese groups separately), and regression analyses (i.e., investigating predictive factors on parent involvement controlling for family characteristics).

The findings in this study yielded some expected results and several surprising, unexpected results. The common trend of research literature investigating parent involvement in special education is that parents of color tend to be less involved when compared to Anglo-European parents (Hammond, Ingalls, and Trussell, 2008; Harry, 2008; Lo, 2008; Park and Turnbull, 2001). Contrary to what was expected, the findings from this study show that Chinese parents are more involved in overall or total parent involvement (PIT) than non-Chinese parents. When it comes to the type of parent involvement, the findings from this study show that Chinese parents reported more community parent involvement than non-Chinese parents. Although the results show Chinese parents as being more involved their children's special education, it is important to note that mean averages for PIT was high for both the Chinese and non-Chinese groups, 3.47 and 3.35, respectively, out of a maximum of 4.00. The range of possible scores was as follows: 1 = *never*, 2 = *rarely*, 3 = *sometimes*, and 4 = *always* engaging in certain activities that determine parent involvement. The two PIT mean scores fall within the same category as "sometimes" engaging in certain PIT activities. The non-Chinese are involved in their children's learning and special education, but in this sample, the Chinese parents are even more involved

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than them in PIT. However with community parent involvement (PIC), the results can be interpreted slightly differently because the mean averages for Chinese parents and non-Chinese parents, 3.06 and 2.74, respectively, fall into different categories. The Chinese parents “sometimes” engage in PIC activities while the non-Chinese parents “rarely” engage in PIC activities.

I suggest two reasons for the PIC differences: 1) the non-Chinese parents have the personal resources and do not need to engage in an many PIC activities as the Chinese parents and 2) the Chinese parents, many who are immigrants and have lived in the U.S. for less than 10 years, might use the PIC activities as a way of connecting with others in the same community. I speculate that the immigrant Chinese parents are more inclined to live or engage in enclaves that have resources to help meet their needs (e.g., programs with professionals that speak the same language). All most all of the Chinese parents from this study had children who were enrolled in programs and schools that were specifically catered to serve Asian families. These programs aimed to create an environment that connects parents to other Chinese parents in the program or in the community. Because some of the Chinese parents were new to the country and do not know how to navigate the special education process, these programs specifically encouraged and planned PIC activities, such as attending support groups or workshops, and sharing information or spending time with other families who have a child with a disability. Thus, the Chinese parents who were able to get connected to these certain programs probably had more opportunities of parent involvement than the non-Chinese parents who are not affiliated with these programs. As a result, these Chinese parents from these programs may have skewed the findings. The non-Chinese parents, a large majority of whom were born in the U.S., probably were not involved in such programs as the Chinese parents.

As previous research has shown (Lo, 2008), some Chinese parents respect teachers as authority figures and do not believe in challenging or questioning the authority of teachers and the school. They believed the role of decision maker should fall upon the teachers and school. As expected, the results from the current study show similar findings. The Chinese parents had a stronger belief that the teacher is the expert in their children’s learning and education than non-Chinese parents. Also, the Chinese parents had a weaker belief that the parent is the expert in their children’s learning and special education than non-Chinese parents. These results suggest that this sample of Chinese parents hold the belief that teachers are the authority in making decisions about children’s learning and special education.

Another common trend for the research literature for why families of color tended to show less involvement in their children’s education is because the parents did not feel the school was providing enough partnership support (Hughes, Valle-Riestra, & Arguelles, 2002; Park, Turnbull, & Park, 2001; Salas, 2004). These parents of color reported that they did not feel respected or that translators were not provided by the school. The results from the current study show that there was no difference between the Chinese parents and the non-Chinese parents in terms of perceived partnership effort from the school. Because there was no difference, there was not a deleterious effect on parent involvement especially for the Chinese group.

As noted earlier, historically, many Chinese parents have attributed the cause of disabilities to spiritual reasons (Chan & Lee, 2004; Chiang & Hadadian, 2007; Diken, 2006). As

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expected, the Chinese parents in the current study held similar or congruent beliefs. The Chinese parents reported a stronger belief that disabilities are caused by spiritual reasons than the non-Chinese parents. On the other hand, the non-Chinese parents had stronger beliefs that disabilities are caused by biological reasons than the Chinese parents.

As expected, when parents feel a stronger perceived partnership effort from the school (PPE), they are more likely to engage in more parent involvement total (PIT). This finding suggests that for both Chinese and non-Chinese parents, when the teacher or school puts out the effort to make parents feel like they are partners in the children's special education, then parents will more likely be engaged in PIT. In addition, when parents have a stronger belief that the parent is the expert in children's learning and special education, then the parents will more likely be engaged in PIT. This finding suggests that for both Chinese and non-Chinese parents, when they feel empowered or have the self-efficacy to take responsibility as the expert in the children's special education, then the parents are more engaged in PIT. For the non-Chinese group, the results yielded a negative correlation in PIT and teacher is the expert. This suggests that when the non-Chinese have a stronger belief that the teacher is not the expert, then these parents engage in more PIT. An interpretation of this finding is that non-Chinese parents do not necessarily view the teacher as the authority in making decisions in their children's special education, thus, the non-Chinese parents take on the responsibility and are more involved in their children's special education.

The Bennett, Zhang, and Hojnar (1998) model for facilitating parent involvement of families of color who have a young child with a disability served as the framework to investigate predictive factors for parent involvement. Having a higher perceived partnership effort from the school, weaker belief that the teacher is expert, stronger belief that the parent is expert, identifying as Chinese, and their child receiving more hours of services were significant predictors of total parent involvement for the parents in this study. The factors that were significant predictors of home parent involvement were stronger belief that the parent is the expert and identifying as Chinese. Parents identifying as Chinese was a significant predictor for school parent involvement. Having higher perceived partnership effort from the school, weaker belief that the teacher is expert, stronger belief that the parent is expert, stronger belief in environmental causes for disabilities, and their child receiving more hours of services were significant predictors of community parent involvement for these parents.

These findings suggested that the most common predictors of parent involvement across the four different models were perceived partnership effort from the school, parent is expert, and ethnicity. The correlation analyses seem to support this finding, that is, parents were more likely to be involved in the children's special education when they have a higher perceived partnership effort from the school and when they have a stronger belief that the parent is the expert in their children's special education. The mean comparison analyses supported the finding (i.e., ethnicity or identifying as Chinese predicts parent involvement) in that the Chinese parents were more involved in PIT than the non-Chinese parents.

The findings that the Chinese parents were more involved in PIT than the non-Chinese parents and that ethnicity (i.e., identifying as Chinese) predicts PIT were not expected and were actually in the opposite direction than anticipated. One explanation for these findings is the select

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sample from this study. Although I tried to recruit participants from a wide range of locations and types of organizations, it was difficult to achieve this especially for the Chinese group. The non-Chinese parent participants were from ten locations throughout the San Francisco Bay Area and in contrast, most of the Chinese parents were from four locations. The four locations of the Chinese parents were areas that were highly populated by Chinese communities. Due to the large number of Chinese families that live in these areas, these four locations were organizations (e.g., schools and programs) designed to support these families specifically. These schools and programs, as mentioned before, provide ample opportunities for community involvement that the parents can engage. The skewed findings can be explained by the fact that a majority (46 out of 48) of the Chinese parents were from these four schools and programs.

The distribution of the type of programs is another potential reason for the skewed results. Between the two groups of parents, the distribution of the type of programs where they were recruited was not comparable. Of the 47 non-Chinese parents, 34 of them came from public schools that their children were enrolled for school and services. Of the 48 Chinese parents, 29 of them came from a private school or specialized therapy-based centers that their children were enrolled. I speculate that this difference in program types influenced the unexpected finding that the Chinese parents were more involved than were the non-Chinese parents. The private school and the specialized therapy-based centers required the parents to pay for the education/services their children received. This subgroup of Chinese parents may have been more affluent than the other parents with children enrolled public school and programs. In addition, about half of the Chinese families (26 of 49) had a child with more severe disabilities (i.e., autism spectrum disorders, intellectual disability or mental retardation, and traumatic brain injury) and attended the specific organizations that aim to serve Asian families. These Chinese parents might have already been stronger and more active advocates for their children, especially those 15 parents who were paying for the private, inclusion preschool than the other parents. Thus, these Chinese parents may have been potentially more active in parent participation in their children's education. Again, the non-Chinese parents were mostly from the public preschools and did not attend as many addition program types as did the Chinese parents. Once more, it should be noted that the private school and the specialized therapy-based centers

Another related explanation is that the Chinese families from this study reported that their children attended more types of program than the non-Chinese families (i.e., 110 count in total for the Chinese and 57 count total for the non-Chinese), thus the Chinese families possibly received more services and had more opportunities for parent involvement. The children of the Chinese parents were participating in two types of programs each compared to the children of the non-Chinese parents; in other words, the Chinese parents had about twice as many opportunities to be involved in their children's learning and education than the non-Chinese parents.

The self-selected sample from this study was not representative of all Chinese families. The San Francisco Bay Area hosts a large community of Asians in particular the Chinese. It was not surprising that these organizations exist so that they can support these Chinese families. Many of the Chinese families who participated in this study were affiliated with organizations that cater and support Asian families. My select sample could have skewed the findings that the Chinese parents were more involved in their children's special education than the non-Chinese parents because of the explicit support the organizations provide for the Chinese families.

Limitations. There are several limitations to the present study; the limitations pertain to the sample as well as the research instrument and design. The sample size was moderate and only came from the San Francisco Bay Area, which prevents the results of this study to be generalized to all Chinese and non-Chinese parents of children with disabilities. The parent participants in this study volunteered to participate thus, it is possible that they were different from parents who chose not to volunteer. While it is impossible to know why parents chose or decline to participate, it could be that parents who had less time, lower skill level in spoken or written English, or more reservation about research did not volunteer to participate in this study. For Chinese families, the possibility of stigma or fear could be attached to participating in research involving personal family information.

Furthermore, capturing the reliability and validity of the complex variables in this study was difficult. One limitation is the limited type of questions that can be asked on a written survey. Although the quantity of each variable was captured, the quality was not. For example, the study was able to record how often (on a continuous 4-point scale ranging from *rarely* to *always*) parents were involved in a given activity but it did not describe how being involved in that activity affected them or their child. Also, the study did not gather information on why parents were involved in some activities more than other activities. Another limitation pertaining to the research instrument was the utilization of portions (rather than the whole) of an established instrument tools or creating a new instrument tool specifically for this study. Finally, there were inevitable limitations to using a cross-sectional research methods design since this method cannot capture the dynamic and complex nature of parent involvement from one occurrence of data collection.

Future research. Future research can be focused in four areas. First, quantitative research that includes larger, nationally representative sample should be conducted on Chinese and non-Chinese parents of young children with special needs. This would allow the findings to generalize to more Chinese parents of young children with disabilities. Second, including a qualitative design (possibly interviews or observations) in the research could be useful in examining the quality of parent involvement in early childhood special education and in unearthing other potential types of parent involvement in early childhood special education. Because parent involvement is complex and dynamic (especially as the children grow and develop), a longitudinal research approach could help capture the parent involvement over time. Third, a future study could focus on one (or a cluster of disabilities that are given the same level of severity) of the children's disabilities in contrast to this study which included every different types of disability. This would give more concise information about parent involvement for a group that may share more similarities within their special education experiences (e.g., types of services being offered to their children or the number of hours the children receives services). Fourth, this study only assessed one parent's involvement in his or her child's special education; gathering information about the other parent (if present) and exploring the differences and similarities of parent involvement within the family, as well as different models of parent involvement between the two would examine the family unit instead of just the parent-child dyad. The next section will discuss the implications of the research findings by offering suggestions for practice.

Implications. The findings of the current study provide implications that service providers can put into practice when working with all parents. First, practitioners should not assume that parents of color are less involved in their children's learning and special education than other parents. As the results from the comparative analyses showed, the Chinese parents from this sample were more engaged in overall parent involvement than the non-Chinese parents. Service providers need to keep in mind that parents may exhibit parent involvement in different ways. This is supported by the finding that the Chinese parents participated in more community parent involvement than the non-Chinese parents.

Second, service providers can facilitate parent involvement if they put in effort in making parents partners in the child's special education process. The results from the correlation analyses regarding perceived partnership effort and parent involvement illustrate how powerful this association is for all parents. The IDEA requires school personnel to provide opportunities for meaningful parental involvement or active participation in the early childhood special education process (Salas, 2004). But service providers can go beyond the law and build that trust to garner a partnership with parents. Quality service provider–parent collaboration beyond minimal legislative compliance is necessary to establish effective educational programs for the children (Kummerer & Lopez-Reyna, 2006). If parents have negative experiences with the school-home partnership or are given limited involvement options, then parents' participation in their children's special education will decrease over time (Greenen, Powers, Lopez-Vasquez, 2001). Thus, it is important for service providers to create positive working relationships with parents.

Third, service providers may be more effective if they value the culturally specific beliefs, such as teacher is expert, that parents hold. In practice, many educators value the need for cultural competence when working with all children with disabilities and their families to address the inequity of power (Lynch & Hanson, 2011). Learning to provide services in a culturally competent manner can serve as the foundation that makes it possible to serve members from all cultural groups and to improve the development of all children. Valuing each family's cultural beliefs also demonstrates the service providers' efforts in building a good partnership with the parents.

Fourth, service providers can empower parents to believe they are experts in their children's learning and special education. Since the findings confirm that belief in “teacher is the expert” and belief in “parent is the expert” are mutually exclusive, service providers would not be devaluing parents' cultural belief that the teacher is the authority in making decisions. Service providers can reassure parents that they are the expert and can be responsible for their children's learning and special education. This allow parents to know that they can take ownership and simultaneously, parent involvement may be increased. Educators and professionals can practice strategies of cultural competence and of empowering parents with confidence to take charge; with time and trust, a good relationship with the families can be achieved.

Conclusion. The current study makes three key contributions to the field of early childhood special education. First, Chinese American parents of young children with disabilities was a main focus of this study. Some new and some reconfirming information about parent involvement among the Chinese American community was gained via this study. Second, this

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study examined parent involvement in early childhood special education by specific types (i.e., home, school, and community parent involvement) and potentially unique cultural specific predictive factors (i.e., teacher is expert and spiritual causes of disability) of parent involvement. This begins to help researchers acknowledge that we need to identify and describe parent involvement more specifically. Third, this study used a framework or model specific to parents of color with a child in early childhood special education to guide the examination of purposefully chosen predictor factors that might influence parent involvement. Few studies had explicitly used a theoretical model to guide and ground the research. In sum, the findings from this study, although some were unexpected, shed new light into the parent involvement literature especially regarding parents from the Chinese American community. This study found that all parents report involvement in their children's learning and special education. In addition, all parents, but especially the Chinese parents, partook in more parent involvement when given the proper supports (i.e., perceived partnership effort from school) from service providers/schools and when parents are empowered (i.e., parent is expert) to make decisions. This study can be used as a catalyst for rethinking how parents' beliefs can be fostered to help facilitate more parent involvement from all parents.

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Parent Involvement in ESCE

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Footnotes

¹The term, culturally and linguistically diverse, has been used frequently in research to describe people of color and non-native English speakers but it can be a confusing term because it is rarely defined explicitly (Langdon, 2008) and it implies inappropriate exclusivity that only people of color have a distinct culture and language (and that Anglo-Europeans do not have distinct cultures and languages). While the CLD term may not be ideal, many researchers continue to use it. For the purposes of consistency, I use the designation CLD when describing studies that used the CLD term specifically; otherwise, I use the term “people of color” to describe those who are not of Anglo-European ancestry. When possible, I refer to a community of people specifically by their race/ethnicity (e.g., Chinese, Mexican, or White).

The term CLD may not be effective in capturing its true description for people of color and non-native English speakers. The way CLD has been used implies that only people of color and those who speak a language other than English are diverse. In reality, all people, including Anglo-European descendents, have diverse cultures and languages represented within their communities. The term’s inappropriate exclusivity may have resulted from the historical research perspective that prescribed the Anglo-European culture as the dominant culture as compared to all other racial or cultural groups. For example, one overly simplistic definition refers CLD people living in the United States as the children and families that are not considered “mainstream American” (i.e., those who are not of or identify with Anglo-European descent and who might also speak a language other than English; Langdon, 2008; Olivos, Gallagher, & Aguilar, 2010). This definition shows how Anglo-European dominant culture themes may have influenced American education and special education research and practices. As racial and ethnic demographics in the United States have evolved, along with research and practices, the notion of a “majority,” “dominant,” or “mainstream” group becomes more obsolete. As Gjerde (2004) stated, in research, categorization in forms of group comparisons are necessary but it must be kept in mind that boundaries given to a group are “unstable, historical, emergent, and indeterminate.” A community and its culture require comparison with others, but it also is dynamic and fluid.

²After thoughtful evaluation and analyses, 13 non-Chinese Asian individuals were not counted in the final sample. These individuals self reported as belonging to the following ethnic backgrounds: Japanese (4), Korean (4), Filipino (2), South East Asian (2), and Thai (1). An argument for not including these 13 Asian individuals comes from the comparative design of this study (i.e., Chinese group versus non-Chinese group). The Asian individuals would have been categorized into the non-Chinese group; thus, potentially influencing the group scores to reflect more congruence to the Chinese group due to these Asians for holding similar values and beliefs as the Chinese. Therefore, the two groups (i.e., Chinese and non-Chinese) created in this study are more distinctively clear by not using the data collected from the 13 Asian individuals. This was true for the analyses which measured adherence with Asian values between the two groups. In other words, including the 13 Asian individuals in the non-Chinese group would have affected the results to read that the two groups (Chinese and non-Chinese) were more similar than when these individuals were not included in the group.

Parent Involvement in ESCE

Table 1

Descriptive Statistics of Parent Demographic Characteristics for Chinese and Non-Chinese Participants

Parent Characteristics	Chinese Parent (<i>n</i> = 48)		Non-Chinese Parent (<i>n</i> = 47)		Overall Sample (<i>N</i> = 95)	
	n	(%)	n	(%)	n	(%)
Age (year) [Mean (SD)]	37.4 (6.4)		36.9 (6.1)		37.1 (6.2)	
Education level completed						
Less than high school	1	(2.1)	1	(2.1)	2	(2.1)
High school	16	(33.3)	5	(10.6)	21	(22.1)
College	21	(43.8)	31	(66.0)	52	(54.7)
Graduate/Professional school	10	(20.8)	10	(21.3)	20	(21.1)
Immigrant to the U.S.						
Born in U.S.	1	(2.1)	44	(93.6)	45	(47.4)
Born in another country	47	(97.9)	3	(6.4)	50	(52.6)
Lived in U.S.						
Less than 10 years	30	(62.6)	3	(6.3)	33	(34.8)
10 years or more	13	(27.1)	42	(89.4)	55	(57.9)
Primary language spoke at home						
English	3	(6.3)	44	(93.6)	47	(49.5)
Another language	43	(89.6)	3	(6.4)	46	(48.5)
Skill level of spoken English						
Not good	16	(33.3)	1	(2.1)	17	(17.9)
Somewhat good	18	(31.3)	1	(2.1)	19	(20.0)
Good	9	(18.8)	2	(4.3)	11	(11.6)
Very good	5	(10.4)	43	(91.5)	48	(50.5)
Skill level of written English						
Not good	19	(39.6)	1	(2.1)	20	(21.1)
Somewhat good	15	(31.3)	1	(2.1)	16	(16.8)
Good	9	(18.8)	3	(6.4)	12	(12.6)
Very good	5	(10.4)	41	(87.2)	46	(48.4)

Parent Involvement in ESCE

Annual household income						
Less than \$15,000	6	(12.5)	1	(2.1)	7	(7.4)
\$15,001 to \$30,000	9	(18.8)	4	(8.5)	13	(13.7)
\$30,001 to \$50,000	10	(20.8)	7	(14.9)	17	(17.9)
\$50,001 to \$75,000	13	(14.6)	11	(23.4)	24	(25.3)
\$75,001 to \$100,000	7	(14.6)	10	(21.3)	17	(17.9)
More than \$100,000	2	(4.2)	12	(25.5)	14	(14.7)
Persons living in household						
2 people	8	(16.7)	0	(0.0)	8	(8.4)
3 – 4 people	37	(77.1)	46	(97.9)	83	(87.4)
More than 5 people	3	(6.3)	1	(2.1)	4	(4.2)

Note. When numbers do not sum to n = 95 or percentages do not add up to 100%, it is a result of missing data (i.e., participants did not respond to the questions).

Parent Involvement

Table 2

Descriptive Statistics of Child Demographic Characteristics of Chinese and Non-Chinese Parents

Child Characteristics	Chinese Parents (<i>n</i> = 48)		Non-Chinese Parents (<i>n</i> = 47)		Overall Sample (<i>N</i> = 95)	
	<i>n</i>	(%)	<i>n</i>	(%)	<i>n</i>	(%)
Age (year) [Mean (SD)]	3.9 (0.7)		4.2 (1.0)		4.0 (0.9)	
School grade						
Preschool	41	(85.4)	40	(85.1)	81	(85.3)
Kindergarten	4	(8.3)	4	(8.5)	8	(8.4)
1 st grade	2	(4.2)	3	(6.4)	5	(5.3)
Primary disability						
Autism spectrum disorder	17	(35.4)	17	(36.2)	34	(35.8)
Deafness	0	(0.0)	1	(2.1)	1	(1.1)
Hearing impairment	1	(2.1)	1	(2.1)	2	(2.1)
Intellectual disability/MR	6	(12.5)	5	(10.6)	11	(11.6)
Multiple disabilities	2	(4.2)	1	(2.1)	3	(3.2)
Orthopedic impairment	2	(4.2)	1	(2.1)	3	(3.2)
Other health impairment	5	(10.4)	4	(8.5)	9	(9.5)
Speech/language impairment	12	(25.0)	16	(34.0)	28	(29.5)
Traumatic brain injury	3	(6.3)	0	(0.0)	3	(3.2)
Visual impairment	0	(0.0)	1	(2.1)	1	(1.1)
Program (not exclusive)						
Childcare	6	(12.5)	2	(4.3)	8	(8.4)
Center	25	(52.1)	4	(8.5)	29	(30.5)
Home	16	(33.3)	4	(8.5)	20	(21.1)
Private school	17	(35.4)	5	(10.6)	22	(23.2)
Head Start	19	(39.6)	8	(17.0)	27	(28.4)
Public school	27	(56.3)	34	(72.3)	61	(64.2)
Environment						
Inclusion	28	(58.4)	18	(38.3)	46	(48.4)
Special day class	35	(72.9)	23	(48.9)	58	(61.1)
One-to-one	9	(18.8)	8	(17.0)	17	(17.9)
Therapy services	39	(81.3)	39	(83.0)	78	(82.1)

Parent Involvement

Hours of received services

Less than 2 hours	8	(16.7)	2	(4.3)	10	(10.5)
3-5 hours	7	(14.6)	17	(36.2)	24	(25.3)
6-10 hours	5	(10.5)	11	(23.4)	16	(16.8)
11-20 hours	10	(20.8)	9	(19.1)	19	(20.0)
More than 20 hours	18	(37.5)	7	(14.9)	25	(26.3)

Note. When numbers do not sum to $n = 95$ or percentages do not add up to 100%, it is a result of missing data (i.e., participants did not respond to the questions). Type of program and type of environment are not exclusive (i.e., participants had the option of choosing one or more answers).

Parent Involvement

Table 3

Means Differences for Parent Involvement between Chinese and Non-Chinese Parents

	Chinese		Non-Chinese		<i>t</i> value	<i>p</i> value
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
PIT	3.47	.29	3.35	.27	2.00	.04*
PIH	3.70	.31	3.62	.30	1.26	.21
PIS	3.54	.28	3.51	.23	0.52	.61
PIC	3.06	.74	2.74	.73	2.12	.04*
Teacher is Expert	3.36	.44	2.74	.55	6.02	.00**
Parent is Expert	3.31	.48	3.55	.50	-2.32	.02*
PPE	3.38	.40	3.52	.38	-1.73	.09
Bio Cause	2.79	.58	3.39	.54	-5.19	.00**
Env Cause	2.90	.63	3.00	.42	-0.94	.35
Spirit Cause	2.08	.77	1.45	.65	4.35	.00*

Note. *Mean difference is significant at the 0.05 level. **Mean difference is significant at the 0.01 level. *M* = mean, *SD* = standard deviation, PIT = parent involvement total. PIH = parent involvement at home. PIS = parent involvement at school. PIC = parent involvement in the community. PPE = perceived partnership effort from the school. Bio Cause = biological cause for disabilities. Env Cause = environmental cause for disabilities. Spirit Cause = spiritual cause for disabilities.

Parent Involvement

Table 4

Correlations between Perceived Partnership Effort, Causes of Disabilities, and Parent Involvement among Chinese Parents (n= 48)

	PIT	PPE	Teacher is Expert	Parent is Expert	Bio Cause	Env Cause	Spirit Cause
PIT	-	.40**	.25	.74**	.14	.30*	-.06
PPE		-	.42**	.49**	.20	.11	-.13
Teacher is Expert			-	.52**	.15	.07	.12
Parent is Expert				-	.04	.32*	.02
Bio Cause					-	.52**	.23
Env Cause						-	.33*
Spirit Cause							-

Note. *Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed). PIT = parent involvement total. PPE = perceived partnership effort from the school. Bio Cause = biological cause for disabilities. Env Cause = environmental cause for disabilities. Spirit Cause = spiritual cause for disabilities.

Parent Involvement

Table 5

Correlations between Perceived Partnership Effort, Causes of Disabilities, and Parent Involvement among Non-Chinese Parents (n = 47)

	PIT	PPE	Teacher is Expert	Parent is Expert	Bio Cause	Env Cause	Spirit Cause
PIT	-	.35*	-.37*	.32*	.33*	.07	.21
PPE		-	.21	.26	.21	.22	-.27
Teacher is Expert			-	-.31*	-.20	.16	-.04
Parent is Expert				-	.32*	.19	.01
Bio Cause					-	.20	-.08
Env Cause						-	.08
Spirit Cause							-

Note. *Correlation is significant at the 0.05 level (2-tailed). PIT = parent involvement total. PPE = perceived partnership effort from the school. Bio Cause = biological cause for disabilities. Env Cause = environmental cause for disabilities. Spirit Cause = spiritual cause for disabilities.

Parent Involvement

Table 6

Correlations (Pearson's r) between Parent Involvement and Family Characteristics for Total Sample (N = 95)

Family Characteristics	Parent Involvement			
	PIT	PIH	PIS	PIC
Parent's Age	-.13	-.09	-.03	-.13
Years Lived in U.S.	-.04	.17	.19	-.26*
Spoken English	-.13	-.06	.14	-.25*
Written English	-.11	-.05	.15	-.24*
Education	.27**	.18	.37**	.09
Income	.04	-.03	.21*	-.05
Asian Values	.02	.02	-.10	.08
Ethnicity	.20*	.13	.05	.22*
Child's Age	-.17	-.11	-.04	-.17
Child's Disability	.11	.01	-.01	.18
Hours of Received Services	.24*	-.09	.05	.38**

Note. *Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed). PIT = parent involvement total. PIH = parent involvement at home. PIS = parent involvement at school. PIC = parent involvement in the community. Spoken English = skill level of spoken English. Written English = skill level of written English. Education = parent's highest education level completed. Income = annual household income. Asian values = parent's score on the AVS. Ethnicity = Chinese or non-Chinese. Child's disability = intellectual/behavior disabilities (Autism Spectrum Disorders, intellectual disability/mental retardation, and traumatic brain injury) or other disabilities (deafness, hearing impairment, multiple disabilities, orthopedic impairment, other health impairment, speech/language impairment, visual impairment). Hours of received services = the number of hours the child receives services.

Parent Involvement

Table 7

Correlations (Pearson's r) between Perceived Partnership Effort, Expert Role, Causes of Disabilities, and Parent Involvement for Total Sample (N = 95)

Predictors	Parent Involvement			
	PIT	PIH	PIS	PIC
PPE	.33**	.16	.19	.31**
Teacher Expert	.04	-.03	-.01	.09
Parent Expert	.46**	.32**	.43**	.28**
Bio	.11	.09	.05	.09
Env	.20	-.06	.12	.25*
Spirit	.14	-.03	-.01	.23*

Note. *Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed). PIT = parent involvement total. PIH = parent involvement at home. PIS = parent involvement at school. PIC = parent involvement in the community. PPE = perceived partnership effort from the school. Bio = biological cause for disabilities. Evn = environmental cause for disabilities. Spirit = spiritual cause for disabilities.

Parent Involvement

Figure 1 Hoover-Dempsey Sandler Model for Parent Involvement

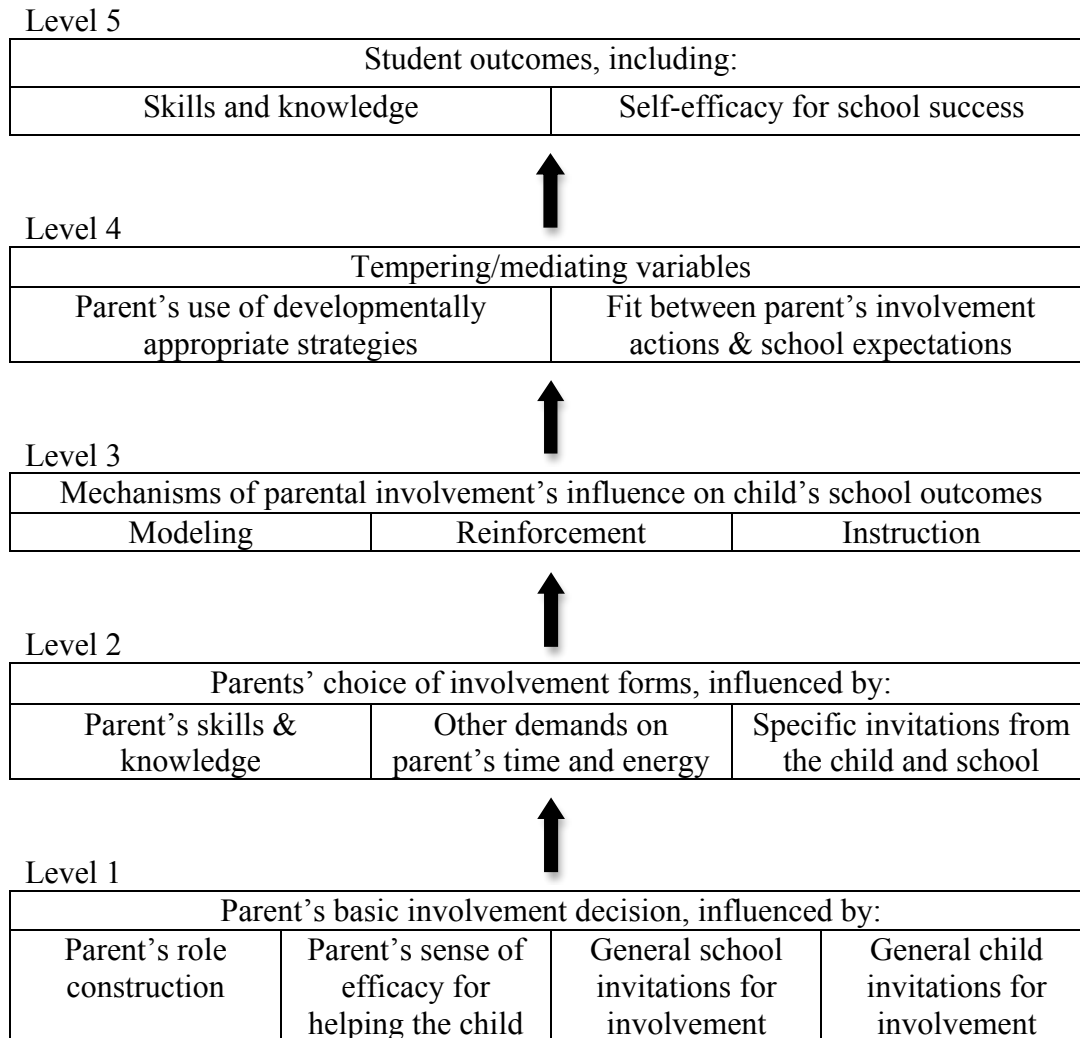


Figure 1. Hoover-Dempsey and Sandler's original theoretical model that explains the process of parent involvement. Modified from "Parental involvement: Model revision through scale development," by Walker, J.M., Wilkins, A.S., Dallaire, J., Sandler, H.M., & Hoover-Dempsey, K.V., 2005, *Elementary School Journal*, 106, p. 86.

Parent Involvement

Figure 2 Revised Section of the Hoover-Dempsey Sandler Model for Parent Involvement

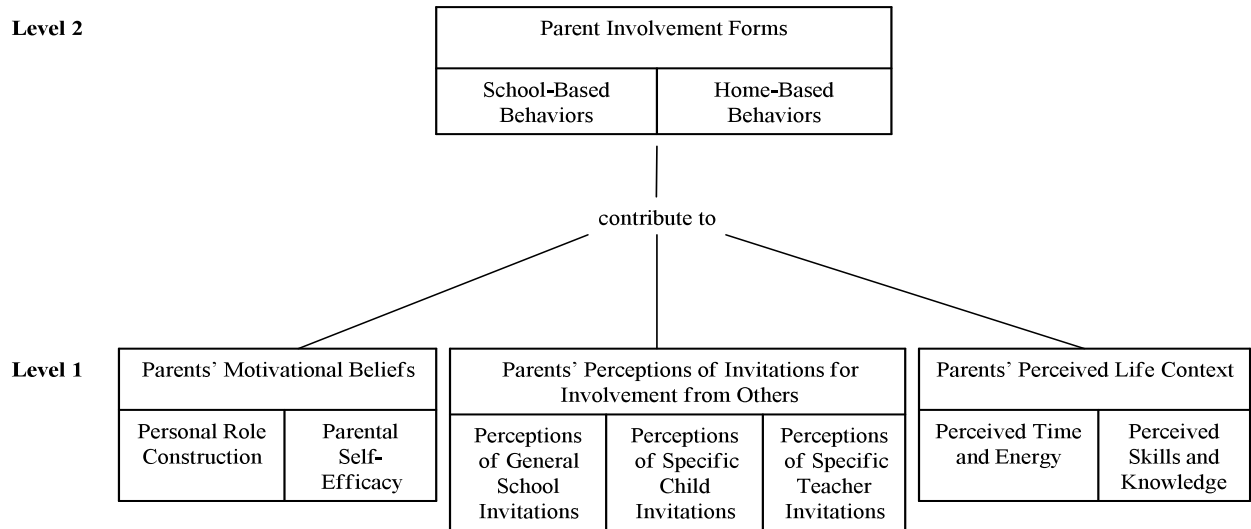


Figure 2. Levels 1 and 2 of Hoover-Dempsey and Sandler’s revised theoretical model of the parent involvement process. Modified from “Parental involvement: Model revision through scale development,” by Walker, J.M., Wilkins, A.S., Dallaire, J., Sandler, H.M., & Hoover-Dempsey, K.V., 2005, *Elementary School Journal*, 106, p. 88.

Figure 3 Bennett, Zhang, & Hojnar Model for Facilitating Parent Involvement for Families of Color who have Children with Disabilities

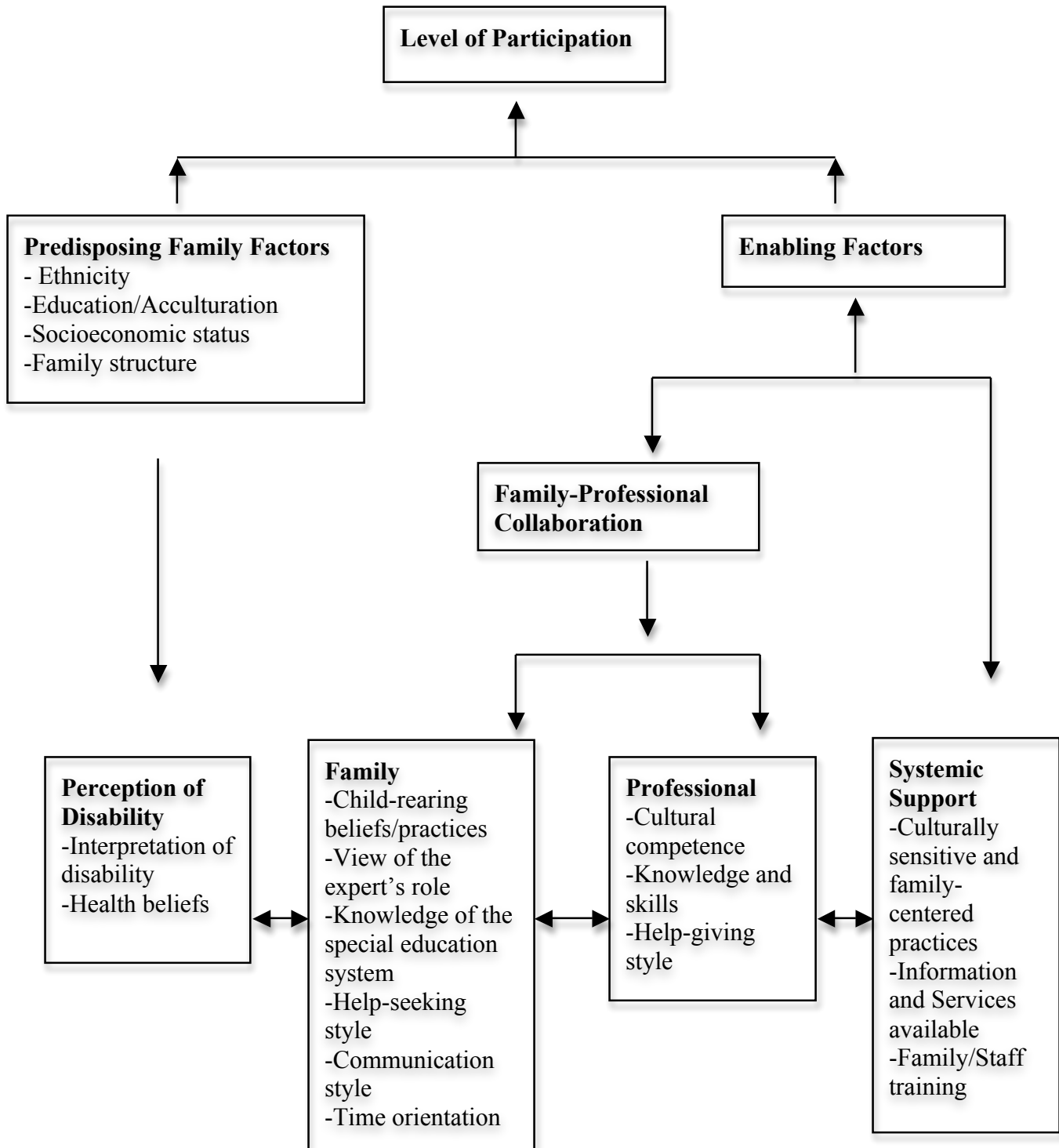


Figure 3. Parent involvement model. Modified from “Facilitating the full participation of culturally diverse families in the IFSP/IEP process” by Bennett, T., Zhang, C., & Hojnar, L., 1998, *Infant-toddler Intervention: The Transdisciplinary Journal*, 8, p.229.

Appendix A

Parents Activities and Beliefs Survey

Date: _____

Dear Parent or Guardian,

You are being invited to participate in this study about the activities and beliefs of parents who have a young child with special needs. You were selected as a possible participant in this study because you are a parent/guardian of a young child (age 3-6 years) with a diagnosed disability.

This study is being conducted by Tanya SooHoo, a graduate student at the University of California, Berkeley (UCB) and San Francisco State University (SFSU) working with faculty advisors, Dr. Susan Holloway in the Graduate School of Education (UCB) and Dr. Marci Hanson in the Department of Special Education (SFSU). This study is being conducted for a dissertation.

Purpose

The purpose of this study is to learn more about what parents do and believe in regards to their children's disability and received services.

Procedure

You will be asked to fill out a survey. The survey lists questions and you will answer each question by circling or writing in a response.

Study time

Study participation will take a total of approximately 20 minutes.

Consent

By filling out this survey, you are consenting to participate in this study.

Benefits

There is no direct benefit to you anticipated from participating in this study. However, it is hoped that the information gained from the study will help improve how families of children with disabilities and service providers work together.

Risks/Discomforts

There are no known risks if you decide to participate in this research study. However, some possible minimal risks, though unlikely, of participating in this study are feeling slightly uncomfortable but you are free to decline to answer any questions you do not wish to answer.

Confidentiality

This survey is anonymous. Your study data will be handled as confidentially as possible. No identifying information such as your name will be asked or linked to the study data. Only the researcher will see the study data.

Parent Involvement

Compensation

In return for your time, you will be given a gift card worth \$10.00 to Safeway (supermarket) for taking time to participate in this study.

Rights

Participation in research is completely voluntary. You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled. Your answers on the survey will NOT in any way influence your present or future status/services at your child's program/organization.

Questions

If you have any questions or concerns about this study, you may contact Tanya SooHoo at tsoohoo@berkeley.edu. If you have any questions or concerns about your rights and treatment as a research subject, you may contact the office of UC Berkeley's Committee for the Protection of Human Subjects, at 510-642-7461 or subjects@berkeley.edu.

Thank you for your time.

Appendix B

Parent Activities and Beliefs Survey

Thank you for choosing to participate by filling out the survey below.

This survey asks about your activities and beliefs as a parent/guardian of a young child (ages 3 through 6 years old) with a disability. If you have more than one young child with a disability, please pick only one child to think about while answering the questions below.

Indicate how often you engage in these activities (Circle one answer per line):

	Never	Rarely	Sometimes	Always
I read material sent to me by child's school/center/childcare (ex., teacher or service providers).	1	2	3	4
I support what my child is learning at school/treatment during family activities at home.	1	2	3	4
I do some of the therapy for my child at home.	1	2	3	4
I transport my child to school/center/childcare and treatment.	1	2	3	4
I coordinate my child's services.	1	2	3	4
	Never	Rarely	Sometimes	Always
I attend school/center/childcare meetings about my child (ex., IEP/IFSP meetings or parent-teacher conferences).	1	2	3	4
I make decisions about my child's education and services.	1	2	3	4
I observe my child during school/center/childcare and treatment.	1	2	3	4
I volunteer or assist in my child's school/center/childcare.	1	2	3	4
I respond to communications I receive from school/center/childcare staff and service providers.	1	2	3	4
I let people from school/center/childcare know right away if I have a concern about my child.	1	2	3	4
I participate in activities sponsored by the school/center/childcare.	1	2	3	4
	Never	Rarely	Sometimes	Always
I attend support groups for parents who have children with disabilities.	1	2	3	4
I speak or spend time with other families who have children with disabilities.	1	2	3	4
I help give information and support to other parents.	1	2	3	4
I attend training workshops related to the needs of children with disabilities and their families.	1	2	3	4

Parent Involvement

Indicate how much you agree/disagree with the following statements (Circle one answer per line):

	Strongly Disagree	Disagree	Agree	Strongly Agree
The teacher/service provider is the expert in my child's education and learning.	1	2	3	4
I am the expert in my child's education and learning.	1	2	3	4
The teacher/service provider is responsible for making decisions about my child's education and learning.	1	2	3	4
I am responsible for making decisions about my child's education and learning.	1	2	3	4
The teacher/service provider should take the lead in my child's education and learning.	1	2	3	4
I should take the lead in my child's education and learning.	1	2	3	4

Indicate how much you agree/disagree with the following statements (Circle one answer per line):

	Strongly Disagree	Disagree	Agree	Strongly Agree
One should be able to question a person in an authority position.	1	2	3	4
One need not remain reserved and tranquil.	1	2	3	4
One should not make waves.	1	2	3	4
One should think about one's group before oneself.	1	2	3	4
One should be humble and modest.	1	2	3	4
One should consider the needs of others before considering one's own needs.	1	2	3	4
Modesty is an important quality for a person.	1	2	3	4

Indicate how much you agree/disagree with the following statements (Circle one answer per line):

	Strongly Disagree	Disagree	Agree	Strongly Agree
Disabilities are caused by biological factors (ex., genes or inherited from parents).	1	2	3	4
Disabilities are caused by environmental factors (ex., pollution, foods/liquids/drugs consumed).	1	2	3	4
Disabilities are caused by spiritual or supernatural factors (ex., higher spiritual being's will, ancestor's or own past, test or punishment from God, gift from God).	1	2	3	4

Parent Involvement

Think about the primary setting or place where your child is receiving services, then indicate how much you agree/disagree with the following statements (Circle one answer per line):

	Strongly Disagree	Disagree	Agree	Strongly Agree
<i>My child's service providers/teachers/childcare at this setting or place...</i>				
...provide me with information based on my individual needs.	1	2	3	4
...are available to speak with me (in my language).	1	2	3	4
...care about my child and his/her needs.	1	2	3	4
...encourage me to participate in the decision-making process.	1	2	3	4
...understand my culture.	1	2	3	4
...value my ideas.	1	2	3	4
...communicate regularly with me regarding my child's progress.	1	2	3	4
...offer parents different ways of communicating with people from school (ex., face-to-face meetings, phone calls, e-mail, written notes).	1	2	3	4
...explain what options parents have if they disagree with a decision made by the special education program.	1	2	3	4
...give me information about the approaches they use to help my child learn.	1	2	3	4

Please answer the following about yourself (Circle or write in the answer):

What is your gender?	a) Female ; b) Male
What is your ethnicity? (circle all that apply)	a) Chinese; b) White/Caucasian; c) Latino; d) Black/African American; e) Indian/South Asian; f) Japanese; g) Filipino; h) South East Asian i) Korean; j) Native American Indian; K) Other _(specify)_____

Parent Involvement

What is your age?	_____ years old
How long have you lived in the U.S.?	a) Less than 1 year; b) 1-3 years; c) 4-10 years; d) More than 10 years
Were you born in the U.S.? If no, write which country.	a) Yes b) No, Country born: _____
What is your primary language spoken at home?	a) English; b) Chinese; c) Spanish; d) Other (specify) _____
What is your skill level in spoken English.	a) Not good; b) Somewhat good; c) Good; d) Very good
What is your skill level in written English.	a) Not good; b) Somewhat good; c) Good; d) Very good
What is your highest completed level of education?	a) Less than high school; b) High school; c) College; d) Graduate/Professional school
What is your household annual income?	a) Under \$15,000 b) \$15,001-30,000 c) \$30,001-50,000 d) \$ 50,001-75-000 e) \$75,001-100,000 f) Over \$100,000
What is the number of people living in your household?	a) 2 b) 3-4 c) 5 or more
What is your relation to the child?	a) Mother; b) Father; c) Legal guardian; d) Other (specify) _____
How old is your child?	_____ years old; Child's Date of birth: _____
What is your child's primary disability listed on the IEP?	a) Autism Spectrum Disorder; b) Deafblindness; c) Deafness; d) Emotional disturbance; e) Hearing impairment; f) Intellectual disability/Mental retardation; g) Multiple disabilities; h) Orthopedic impairment; i) Other health impairment; j) Specific learning disability; k) Speech or language impairment; l) Traumatic brain injury; m) Visual impairment n) Other (specify) _____
What type of program is your child in?	a) Childcare; b) Center; c) Services at Home; d) Private school; e) Early/Head Start Preschool; f) Public school g) None; h) Other (specify) _____
If your child attends school, what grade level is your child in?	a) Preschool; b) Kindergarten; c) 1 st grade; d) Other (specify) _____ b)

Parent Involvement

What is the environment in which your child receives services? (circle all that apply)	a) Inclusion; b) Special day class; c) One-to-one; d) Head Start e) Therapy services (ex, speech, hearing, vision, physical therapy) f) Other _(specify)_____
How many hours of services does your child receive per week?	a) Less than 2 hours; b) 3-5 hours, c) 6-10 hours; d) 11-20 hours; e) More than 20 hours

Thank you, again, for taking the time to fill out this survey. Your participation will provide useful insight about parents of young children with special needs, which may help improve how professionals and families work together.

After you have completed the survey, make sure to receive a Safeway gift card from the researcher.