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A Qualitative Study Investigating the Common or Shared Experiences of Saudi and American Parents of Students with Autism in the IEP-Process

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A QUALITATIVE STUDY INVESTIGATING THE COMMON OR SHARED
EXPERIENCES OF SAUDI AND AMERICAN PARENTS OF
STUDENTS WITH AUTISM IN THE IEP-PROCESS

by

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Nationally, research on special education has emphasized the importance of involving parents in the individual educational plan (IEP) process (Al-Herz, 2008; Angel, Stoner, & Shelden, 2009; Hebel & Persitz, 2014; Hobbs & Silla, 2008; Hui-Chen & Mason, 2008). The IEP is a blueprint for special education and related special education services in the United States and other countries (Alquraini, 2013; Hebel & Persitz, 2014; Martin et al., 2006; Tal, 2009; Yell, Katsiyannis, Ennis, & Losinki, 2013). Development and implementation of effective educational programs for students with autism spectrum disorder (ASD) involve collaboration with parents (Hebel & Persitz, 2014). However, the participation of parents in the IEP process continues to challenge schools (Hebel & Persitz, 2014). It is essential for teachers and school personnel to understand the experiences of families of children with autism, the interventions they access, and the important role that schools play in their lives (Hebel & Persitz, 2014; Martin et al., 2006; Tal, 2009; Yell et al., 2013). With these insights and a commitment to collaborate, parents and teachers can work together to create positive and effective educational programs for students.

The purpose of this qualitative study is to achieve an understanding of the perceptions and experiences of the IEP process of a sample of Saudi and U.S. parents of students with ASD by: (a) comparing their experiences and identifying factors

influencing their participation to infer whether the parents were involved in the IEP process; (b) assessing the similarities and differences between the two countries in the factors that affected parents' involvement in the IEP process; and (b) exploring the participants' perceptions of the IEP process to determine the best strategies that may have an impact on parental involvement in the IEP process in the context of the two different cultures.

Data collection in this study involved interviewing twelve parents representing ten cases of students with autism who have IEPs. Through analysis of parents' responses, five main themes related to the involvement of parents in the IEP process became apparent: (A) IEP as defined by parents, (B) factors influencing parents' involvement in the IEP, (C) parents' description of the IEP process, (D) barriers to parent involvement in the IEP, and (E) recommended strategies to increase parents' involvement.

Research findings indicate that parents in the U.S. tend to be more involved and more knowledgeable of the IEP process compared to Saudi parents. The results of this study also show that Saudi parents continue to struggle to participate meaningfully in the IEP due to the lack of communication with school personnel and the limitation of IEP meetings in the school. All parents further revealed that having ongoing communication, building positive relationships with educators, and being involved in different support groups are essential factors that influenced their participation in the IEP. Finally, findings highlight the need for more parental training and more public education in subjects related to IEP and special education procedures.

DEDICATION

My dissertation is dedicated to my family and many friends. A special feeling of gratitude to my great parents, Abdullah Alsaggaf and Maryam Safsouf, who first taught me the value of education and critical thought. My loving brothers and my little sister Amirah have never left my side and are very special. I also dedicate this dissertation to my incredible advisor, Dr. Elizabeth Whitten, whose words of encouragement and push for tenacity ring in my ears. Without their support, I would never have achieved my dream. Also, this dissertation is dedicated to all students with autism and their families who have inspired my work and taught me what hope, patience, and support means.

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CHAPTER I

INTRODUCTION

The purpose of this chapter is to identify the research problem, provide an overview of the study, state the rationale for the study, and present the research questions. The chapter concludes with an outline of the structure of this dissertation.

Over the last thirty years, there has been a strong movement to educate children with disabilities in their neighborhood schools, in general education classrooms, with nondisabled peers (United States Department of Education, 1999). Over many years, educators and researchers have described the importance and benefits of family–school partnerships in special education (Carter, 2002, 2003; Gould, 2011; Henderson & Mapp, 2002). With the passage of the Education for All Handicapped Children Act (EAHCA; Public Law 94-142) of 1975, later renamed the Individuals with Disabilities Education Act (IDEA; Public Law 108-446) of 2004, Congress identified parental involvement as one of the six foundational principles of this law (Yell, 2015). According to the IDEA, school systems should make sure that the individualized education program (IEP) team includes the parent of the child with a disability in the IEP process and decision-making (Staples & Diliberto, 2010).

IDEA Subpart B describes that educators should also create goals to "ensure that families of such children have meaningful opportunities to participate in the education of their children at school and at home" (Individuals with Disabilities Education Act of 2004, Section 601(c)(5) (B)). In addition, IDEA Subpart E now includes procedural safeguards "that stipulate parents are to be included as active team members during all stages of the IEP meeting." Crucially, international research on the education of students

with disabilities has emphasized the importance of involving parents in the planning and implementation of IEPs tailored to students' strengths and needs (Angel, Stoner, & Shelden, 2009; Hebel & Persitz, 2014; Hobbs & Silla, 2008; Hui-Chen & Mason, 2008).

Statement of the Research Problem

Nationally, research on special education has emphasized the importance of involving parents in the IEP process (Al-Herz, 2008; Angel, Stoner, & Shelden, 2009; Hebel & Persitz, 2014; Hobbs & Silla, 2008; Hui-Chen & Mason, 2008). The specific problem in the Saudi context is that poor involvement of parents in IEP meetings (Al-Herz, 2008; Alquraini, 2011) may affect the development of effective IEPs for students with disabilities and their inclusion in school (Hebel & Persitz, 2014). No recent studies have focused on collaboration between teachers, administrators, and parents in the IEP process in Saudi Arabia. In fact, the needs of children with disabilities are identified and IEP goals are set usually by special education teachers without the participation of parents and other service providers (Al-Herz, 2008; Alquraini, 2011). Studies have indicated that, in general, collaboration between teachers and parents is important for students' improvement in school (Englund, 2009; Hebel & Persitz, 2014; Thompson, Meadan, Fansler, Alber, & Balogh, 2007; Whitbread, Bruder, Fleming, & Park, 2007). Other studies have shown that a good relationship between the school and home has positive outcomes for everyone (Carter, 2002; 2003; Gould, 2001; Henderson & Mapp, 2002). In the Saudi context, few studies have examined the particular needs and perspectives of Saudi parents in working with special education staff to plan programs of services for their children with ASD (Alotaibi & Almalki, 2016; Alqahtani, 2011). In particular, little is known regarding the level of involvement of Saudi parents during the

process of collaboration while developing their child's IEP. Saudi researchers (e.g., Al-Kahtani, 2015; Al-Khashrami, 2001; Abdullah, 2003; Hanafi, 2005; Al-Herz, 2008) have identified the lack of parental involvement as one of the major barriers to IEP implementation. However, these studies focused on specific categories of disability in mainstream schools, such as intellectual disabilities, deaf, and blind. Despite the legal mandates, research in the area of family–school partnerships in special education continues to note a lack of parental involvement and parents' overall dissatisfaction with procedures and processes specific to the IEP meeting and the system at large (Spann, Kohler, & Soenksen, 2003; Stoner et al., 2005; Turnbull & Turnbull, 2015; Zeitlin & Curcic, 2014).

Rationale for the Study

The purpose of this qualitative study was to achieve an understanding of the perceptions and experiences of the IEP process of a sample of Saudi and U.S. parents of students with ASD by: (a) comparing their experiences and identifying factors influencing their participation to infer whether the parents were involved in the IEP process; (b) assessing the similarities and differences between the two countries in the factors that affected parents' involvement in the IEP process; and (b) exploring the participants' perceptions of the IEP process to determine the best strategies that may have an impact on parental involvement in the IEP process in the context of the two different cultures.

Autism spectrum disorders (ASDs) are neurodevelopmental disorders manifested in individuals who display deficits in the area of social communication as well as restricted and repetitive behaviors and interests (American Psychiatric Association,

2013). Prior to the amendments to special education law within the EAHCA Amendments (1990), also known as the IDEA, diagnosis of ASD in children was relatively uncommon. At that time, only four in 10,000 children were identified as having ASD (Christensen et al., 2016). In 2018, the Centers for Disease Control and Prevention (CDC) increased the estimate of autism prevalence by 15%, and emphasized that one out of 59 children in the United States has autism or disorders closely associated with ASD (CDC, 2018). In addition, data collected from 2004 to 2012 indicated that the number of children qualified for special education services under the category of autism nearly tripled (Baller, Stuart, McGinty, Fallin, & Barry, 2015). Despite the increase in identification for special education services, only 74% of school-aged children with ASD received special education services (Baller et al., 2015).

In the Saudi context, many efforts have been made to improve services for and research on children with ASD (Alnemary, Aldhalaan, Simon-Cereijido, & Alnemary, 2017). There are no data to confirm the number of students with ASD in Saudi Arabia; however, informal reports indicate that there is an increasing number of individuals with autism. The prevalence of ASD in Saudi Arabia is one per 167 (Aljarallah et al., 2007), "suggesting that the total number of individuals with ASD is over 167,000" (Alnemary et al., 2017, p. 592). Most of the students with ASD who have access to services receive them in private schools (Zahrani, 2013). In addition, some families travel abroad, either to other Arab countries (e.g., Jordan, Egypt, Kuwait, Bahrain, Qatar, and United Arab Emirates) or to the West (e.g., the United Kingdom and the United States), to receive better services for their children with ASD (Alnemary et al., 2017). Few studies have

examined services for children with ASD in Saudi Arabia, and, therefore, there is a lack of knowledge and understanding of this field (Alotaibi & Almalki, 2016).

One of the main purposes of the IDEA is to provide students with disabilities with free appropriate public education (FAPE) that meets their unique needs. Furthermore, this law protects the rights of children with disabilities to receive special education and related services that assist them in obtaining life skills to prepare them for further education and employment (Yell, 2015). The primary means of ensuring the provision of FAPE for children and youth with autism is the IEP (Simpson, 1995).

In Saudi Arabia, the Regulations of Special Education Programs and Institutes (RSEPI) were modeled on U.S. policies and introduced in 2001 (Al-Quraini, 2011). The RSEPI require schools to provide an IEP for each student with special needs. Therefore, the IEP has become an essential educational service provided for each child. However, there is limited research on the process of designing and implementing IEPs for students with special needs in Saudi Arabia (Al-Quraini, 2011). Both the IDEA and RSEPI have the same goal for providing free and appropriate education for students with special needs; "Both require that the schools should provide special education services for these students that include an individual education plan, related services, transition services, and early intervention programs" (Alquraini, 2013, p. 606). In addition, the IDEA includes the procedural safeguards that guarantee the right of students with special needs and their families to argue against some decisions; however, similar procedural safeguards are not mentioned in the RSEPI (Alquraini, 2013). Some Saudi families of students with special needs have limited knowledge or awareness of their children's rights "to obtain a high quality of special education services as guaranteed by the RSEPI"

(Alquraini, 2013, p. 608), and their rights to dispute any decision made by school staff (Alquraini, 2013).

The IEP is a blueprint for special education and related special education services in the United States and other countries (Alquraini, 2013; Hebel & Persitz, 2014; Martin et al., 2006; Tal, 2009; Yell, Katsiyannis, Ennis, & Losinki, 2013). Development and implementation of effective educational programs for students with ASD involve collaboration with parents (Hebel & Persitz, 2014). However, the participation of parents in the IEP process continues to challenge schools (Hebel & Persitz, 2014).

It is essential for teachers and school personnel to understand the experiences of families of children with autism, the interventions they access, and the important role that schools play in their lives (Hebel & Persitz, 2014; Martin et al., 2006; Tal, 2009; Yell et al., 2013). With these insights and a commitment to collaborate, parents and teachers can work together to create positive and effective educational programs for students.

Findings of previous research have confirmed that parental involvement in the IEP collaboration process has positive impacts on students' academic results. Findings have also confirmed that behavioral and social skills of students with special needs improve when parents are involved in the IEP process (Englund, 2009; Hebel & Persitz, 2014; Thompson et al., 2007; Whitbread et al., 2007).

Although there are only a few studies that have examined IEPs for students with disabilities in Saudi Arabia, they show that participation of the parents and other service providers in the IEP process is very limited. In fact, annual goals in the IEP are usually set by special education teachers, without the input from parents or students (Alquarini,

2011). Al-Herz (2008) investigated the achievement of IEP goals and related challenges in programs and special education schools in Riyadh, Saudi Arabia. The study found that families did not participate effectively with staff in determining the needs of the students and in the preparation and implementation of IEPs.

The IEP process provides an opportunity for highlighting any differences of opinion between the parents and the agency about the child's special educational needs (Simpson, 1995). Thus, "the process used to develop an IEP is designed to produce a cooperative document, that is, one based on input from some professionals as well as parents" (Simpson, 1995, p. 12).

By making comparisons, we can "provide policymakers and practitioners internationally with rich sources of information that they can draw upon to assist in the development of educational policy and practice" (D'Alessio & Watkins, 2009, p. 233). In this study, the researcher investigated the IEP process by comparing the perceptions of Saudi and U.S. parents of their involvement in IEPs. This study is the first to compare how parents from these two countries perceive their involvement in the IEP process.

Overview of the Theoretical Framework

There are multiple theories that contribute to an understanding of parental involvement in children's education. Because this study addressed parents' experiences during the IEP process in two different cultures, concepts and principles from several theories were used to frame it. The theoretical framework that led this study was based on Epstein's (2001) theory of parental involvement and Ajzen's (1991) theory of planned behavior.

Parental participation in the IEP is required by law in the United States and Saudi Arabia. Previous studies have shown that parents do not play an active role in the IEP process (Davis, 1983; Fish, 2006; Garriott, Wandy, & Snyder, 2000; Gilman & Coleman, 1981; Salett & Henderson, 1980; Yoshida, Fenton, Kaufman, & Maxwell, 1978). It is important to explore Epstein's theory of parental involvement to understand parents' level and type of participation in the IEP process. Epstein's efforts have significantly influenced the study of parental involvement in schools. The theory identifies different types of parental involvement and can assist in understanding the parent's experiences in this study. The Epstein model incorporates partnerships between the family, home, and community settings (Epstein, 2001). It uses six types of involvement, including parenting, communicating, volunteering, learning at home, decision-making, and collaborating with the community. Epstein's six categories of family involvement were used throughout this study by placing greater emphasis on communication and decision-making as essential aspects of the IEP process.

Epstein's theory provides a comprehensive framework to develop a strong partnership between families and schools. The framework stresses the importance of parental involvement in all aspects of the child's education, including involvement at school and in the community. Moreover, Epstein recommends detailed strategies that educators can use for helping parents to become more involved in their children's school. Most importantly, Epstein advocates shared decision-making, which is an essential element in the IEP process. In addition, Epstein's point of view regarding parental involvement matches my personal beliefs. We both acknowledge that a strong partnership between home and school would increase parents' opportunities to be involved in their children's education. Accordingly, the researcher believes that providing more opportunities and developing home–school

partnerships and strategies would increase parental participation in the IEP process. Epstein's theory is described in more detail in Chapter Two.

In addition, parents' personal experiences, beliefs, cultures, and individual perceptions about schooling can shape their involvement in IEPs (Lee, 2008; Park et al., 2001; Salas, 2004). For example, in Saudi Arabia, cultural attitudes to individuals with disabilities can impede families from seeking assistance or acknowledging that their child needs more support (Almasoud, 2013). Furthermore, Alqahtani, (2012) investigated cultural and religious interventions in his study and found that they were commonly used by Saudi parents of children with ASD. Ajzen's (1991) theory of planned behavior is "a theory designed to predict and explain human behavior in specific contexts" (p. 181). According to this theory, the reasons that lead to intentions should be understood first in order to be able to predict future behavior (Ajzen, 1991; Alghazo, 2016). For this study, therefore, understanding parents' cultural biases and traditions is very important. Studies have suggested that professionals' awareness of cultural biases and assumptions of families may foster more open communication between the two parties at IEP meetings (Park et al., 2001; Salas, 2004). In accordance with this theory, the researcher believed that it was important to understand parent's attitudes about their participation in IEPs. In addition, the theory should assist in identifying factors that explain why, or why not, some parents of students with ASD are more involved than others in the IEP process. Further details of this theory are presented in Chapter Two.

Research Questions

Based on its rationale and the theoretical framework discussed above, the study sought to understand how a sample of U.S. and Saudi parents engaged with school

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personnel regarding their child's IEP. The qualitative approach is the best choice to

provide a comprehensive description of phenomena shared by a group (Creswell, 2013).

In this study the phenomenon was parents' involvement in the IEP process for students

with autism in the United States and Saudi Arabia. The study used in-depth interview

methodology to gather information from participants, and analyzed the responses to the

following research questions.

RQ1: What are the factors influencing parents of students with ASD to become

involved in the IEP process in the United States and Saudi Arabia?

RQ2: What are the main differences, within each country and between each

country, in the IEP process experienced by parents of children with autism in the United

States and Saudi Arabia?

RQ3: How can the similarities and differences in parental experiences during the

IEP process improve the process and outcomes in both countries?

Significance of the Study

International collaboration and dialogue are important for obtaining a global and

comparative perspective on parental experiences of and involvement in education

provision for children with disabilities (Yssel, Engelbrecht, Oswald, Eloff, & Swart,

2007). Research in international trends in special education, involving students with

autism in particular, is critical (Alamri & Wood, 2016). Despite challenges to making

broad generalizations from this study, society has much to gain when research findings

can be synthesized. Collaborative research concerning families, teachers, administrators,

the IEP team, and the community will contribute toward best practice for educating students with autism (Alamri & Wood, 2016).

Overall, research has tended to explore educators' perceptions of IEP meetings, and studies on parental perceptions are limited, especially in the case of parents of children with autism. This study may add to the body of knowledge of parental involvement and parent–school collaboration in the IEP process. Hebel and Persitz (2014) suggested a similar significance to understanding parental perspectives of the IEP process in Israel. Findings from this study may assist special education staff and supervisors to better understand how to create a collaborative home–school partnership with parents of students with ASD in planning their children's IEPs. In addition, the findings of this study may lead to future research exploring strategies designed to improve parents' perceptions of the IEP meeting, as well as expanding the sample population to include parents from culturally and linguistically diverse backgrounds.

Crucially, the special education regulations in Saudi Arabia were modeled on U.S. initiatives (Alquraini, 2011), and the Saudi Ministry of Education (MoE) reviews its education system annually and compares it to the U.S. system (Alamri & Wood, 2016; Al-Faiz, 2006). The outcomes of this study may provide necessary information for the MoE to improve their guidelines on parental involvement in the IEP. This research can be viewed as a first attempt to explore comparatively Saudi and U.S. parents' experiences of the IEP process for students with autism. Understanding cultural differences between the two countries may help to improve current practices in each cultural setting. In addition, this study could help policymakers in Saudi Arabia and the United States to improve educational practices involving students with autism in their schools.

Definition of Terms

Collaboration "involves parents and educators working together to identify student needs, strengths, and present levels of performance" (Fish, 2004, p.19).

The *Individuals with Disabilities Act (IDEA)* of 2004 is a federal law that governs how state education agencies will provide interventions, services, and education for the special education population (Mattison & Blader, 2013).

An *Individualized education program (IEP)* is a written document required by the IDEA for every child with a disability. It includes statements of present performance, annual goals, short-term instructional objectives, the specific educational services needed, the extent of participation in the general education program, and evaluation procedures and relevant dates. It must be signed by the child's parent/s as well as educational personnel (Heward, 2009).

The *IEP process* includes both the IEP meeting and the resulting written document. The IDEA requires that (a) IEP meetings be scheduled at a mutually agreeable time and place, (b) the mandated team members participate in the process, and (c) certain components be included in the IEP (Kauffman, Hallahan, & Pullen, 2017).

A *parent* is the natural parent, guardian, or foster parent who represents the special education student during the IEP meeting (Brooks, 1984; Fish, 2004).

Parent's involvement is defined as "the extent to which parents are interested in, knowledgeable about, and willing to take an active role in the day-to-day activities of the children" (Wong, 2008, p. 497).

Parental participation, according to the IDEA, must include parental involvement in initial evaluation, IEP meetings, and placement decisions. The goal of this principle is

to have parents play a meaningful role in the education of their children and to maintain a partnership between schools and parents (IDEA, 2004).

The *Regulations of Special Education Programs and Institutes (RSEPI)* are the first regulations for students with disabilities in Saudi Arabia. The RESPI outline rights and regulations for students with disabilities requiring special education services. They were developed by the Saudi MoE in 2001 and were modeled on relevant U.S. policies (Alquraini, 2011).

Dissertation Structure

This study is divided into five chapters. A review of the pertinent literature regarding the importance of parental involvement in IEP-process is explained in Chapter II. The study's qualitative design, participants, setting, procedures, data analysis and trustworthiness are detailed in Chapter III. The results of the investigation are reported in Chapter IV. Chapter V offers a discussion of the findings, draws conclusions related to the questions investigated, provides implications for practice, and presents limitations and recommendations for future research.

CHAPTER II

LITERATURE REVIEW

Introduction and Organization

There has been a remarkable increase in the prevalence of autism spectrum disorders (ASD) over the past 30 years. Research on ASD continues to grow substantially. Perhaps no other special education category has received more attention than ASD; due to "the heterogeneity of characteristics within autism spectrum disorders, diagnosis, identification, and eligibility of children and youth with autism spectrum disorders is a multi-faceted, complex issue" (Conroy, Stichter, & Gage, 2011, p. 404). With increasing numbers of individuals with ASD, and research findings clarifying the causes, characteristics, and effective interventions, educators continue to be challenged to be aware of and implement recent research findings in their classrooms and schools (Conroy et al., 2011).

Today, the field of ASD faces many educational issues. However, most of these issues are also common across all categories of disabilities in special education (e.g., ensuring free appropriate public education, using valid and non-discriminatory assessments, and providing individualized educational programs; Kauffman, Hallahan, & Pullen, 2017). Under the Individuals with Disabilities Education Act (IDEA) of 1990, parents must be involved in evaluation, meetings for planning individualized educational programs (IEP), and placement decisions (Yell, 2015). However, despite these legal mandates, participation and involvement of parents in the IEP process continues to challenge schools worldwide (Al-herz, 2008; Angel, Stoner, & Shelden, 2009; Hebel, 2014; Hobbs & Silla, 2008; Hui-Chen & Mason, 2008). In response to these challenges,

researchers have continued to explore strategies to promote family engagement in schools (Anderson & Minke, 2007; Goldstein & Turnbull, 1982; Jones & Gansle, 2010; Minke & Anderson, 2003).

This chapter presents a discussion of theories that framed the present study and a review of the literature on parental participation in the IEP process and parents' perceptions of the IEP meeting. The chapter is divided into three sections. The first section presents theories relevant to the present study, including the theory of parental involvement and the theory of planned behavior. The second section is an overview of special education legislation in the United States and Saudi Arabia. The last section describes research on parents' perceptions of their involvement in the IEP. A summary of the literature addressing the need for the current study wraps up the chapter.

Theoretical Framework

There are multiple theories that contribute to an understanding of parents' involvement in their children's education, as discussed in chapter one. The two theories of parental involvement are described in this section.

Epstein's Theory of Parental Involvement

A study by Joyce Epstein (1990), from the Center on School, Family, and Community Partnerships at Johns Hopkins University, identifies six important types of cooperation between families, schools, and community organizations. Epstein's framework, which is the foundation of parent–educator partnerships and involvement, also incorporates family involvement in the home and community (Epstein, 2001). Epstein (2001) introduced a model for districts to implement with the intent to promote

parental involvement through six types of opportunities: (a) parenting, (b) communicating, (c) volunteering, (d) learning at home, (e) decision-making, and (f) collaborating with the community. These six types of parental involvement have been demonstrated to increase student achievement (Sheldon & Epstein, 2005), improve school attendance (Epstein & Sheldon, 2002), decrease behavioral problems (Vakalahi, 2001), and decrease drop-out rates (Barnard, 2003).

Epstein's framework of six types of involvement. *Parenting* includes helping all families establish home environments that support children as students. The various types of support include: education courses and other training for parents; assisting families with parenting skills; family support; understanding child and adolescent development; setting home conditions to support learning at each age and grade level; and assisting schools in understanding family backgrounds, cultures, and goals for children.

Communicating involves the development and implementation of effective forms of school-to-home and home-to-school communication about school programs and children's progress. It also involves creating effective and reliable two-way communication channels between school and home. These may be in the form of parent–teacher conferences, language translators to assist non-English speaking families, and a regular schedule of useful notices, memos, phone calls, and newsletters.

Volunteering is an important aspect of Epstein's framework. Schools should recruit and organize parents' help and support. This support can be in the classroom as a teacher's helper, in a parent room, or in a family resource center.

Learning at home involves providing information and ideas on how families can help students at home with homework and other curriculum-related activities, decisions, and planning. Schools should discuss information on homework policies and how to monitor homework at home, provide information for families on skills required for students at each grade level, and encourage families to participate in setting student goals each year.

Decision-making is another important element of the framework. Parents should be included in school decisions, and schools should work with parent organizations, groups, and community agencies to develop parent leaders and representatives.

Collaborating with the community involves schools and school districts identifying and integrating resources and services from the community to strengthen school programs, practices, and student learning and development.

Based on Epstein's framework, the context of special education, and involvement in the school setting, according to Goldman and Burke (2017) types of parental involvement include:

(a) participation at school events, meetings, or conferences; (b) collaboration through joint planning and decision-making; (c) communication between the parent and school staff via any mode; (d) partnership as evidenced by the parent-professional relationship; and (e) other types of traditional school involvement such as volunteering or attending school functions. (p. 99)

Existing studies on parents of students with disabilities focus on parental involvement in IEP meetings (Burke, 2012), often without considering other forms of engagement identified by the Epstein framework (Goldman & Burke, 2017). Epstein's

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description of parental involvement can and should apply to parents of children with disabilities. Additional experimental research is necessary to identify the types of engagement (including participation outside the IEP meeting context) that are beneficial for students with disabilities and how parental involvement may lead to positive outcomes (Goldman & Burke, 2017).

The Theory of Planned Behavior

Ajzen's (1991) theory of planned behavior (TPB) is "a theory designed to predict and explain human behavior in specific contexts" (p. 181). It is one of the most widely applicable theories, which is frequently used as a model of human behavior. The TPB provides a theoretical framework for assessing potential determinants of behavior; such information can then be used to guide the creation of targeted interventions (Rush, V. L., 2014). It has been used by a number of authors to explain and predict the behavior of parents involved in their children's education (Bracke & Corts, 2012; Perry & Langley, 2013).

Ajzen's psychological model of decision-making states that the most important determinants of intentional behavior are an individual's attitudes and beliefs, subjective norms, and perceived controls (Bracke & Corts, 2012**)**. According to Ajzen (1991), there are three classes of influences that function as a predictor for human behavior, including:

- *Attitudes and beliefs* about the roles of parents in education. Some parents may believe education is the school's responsibility, that they are unqualified to help, or they may not consider the possibility of getting involved. Other parents may have a sense of empowerment

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and believe that they can make a positive difference in their child's education.

- *Subjective norms* about the roles of parents in education. Parents may not be involved because they lack examples of parental involvement. They may come from a culture in which parents are not expected to be involved, or simply may not have role models that provide examples of parental involvement. Other parents may see their neighbors get involved and/or remember their own parents' contributions to the school experience.

- *Perceived behavioral control* over one's own level of involvement. Parents with higher incomes are more likely to have flexible working hours and access to other resources, such as childcare. In low-income families, it is possible that parents have more restrictive jobs. Additional obstacles to participation may be the availability of transportation and/or childcare (Bracke & Corts, 2012).

Bracke and Corts (2012) proposed a program of research on parental involvement. They used Ajzen's, theory of planned behavior as a framework to isolate any perceived barriers to parental involvement. According to Bracke and Corts, Ajzen's theory provided a specific framework that allowed them to evaluate the impact of attitudes, norms, and controls on human behavior (in this case, parental participation). Bracke and Corts (2012) reported that

the "new knowledge" that resulted from the measurement of these constructs affirmed that regardless of the perceived level of parental involvement, virtually

all parents believed that engagement in their child's education was important

(attitudes). Parents also shared a variety of "good intentions" in wanting to

participate in a range of scheduled school activities. In addition, the same

obstacles (or "controls") to these "good intentions" were shared between parents

deemed "involved" and parents deemed "not involved." There was a significance

difference in norms, however. Parents perceived as "not involved" were more

likely to note that friends and neighbors were not actively involved -and that a

majority of parents were unable or unlikely to be actively involved. This provides

a rationale for a norm-based initiative that might increase parental involvement (p.

188).

Overview of Special Education Legislation

Saudi Arabia and the United States both provide legislation that guarantees the

right of students with disabilities to free appropriate public education. In 2001, the Saudi

Department of Special Education developed special educational needs legislation, such as

the Provision Code for Persons with Disabilities in the Kingdom of Saudi Arabia

(PCPDKSA) and the Regulations of Special Education Programs and Institutes (RSEPI;

Alkahtani & Kheirallah, 2016). Saudi educators reviewed the U.S. special education laws

and regulations, including the Education for all Handicapped Children Act (Public Law

94-142) of 1975 and the IDEA of 1990 (Al-Quraini, 2011). As a result of this review, the

RSEPI were introduced and modeled after the U.S. special education policies (Al-

Quraini, 2011). For the purpose of this study, three major principles are described in the

following section—IEP process, parents' participation, and autism spectrum disorder.

The Individuals with Disabilities Education Act (1990)

In the early 1970s, students with disabilities in the United States had limited access to special education services. This affected their ability to obtain appropriate education (Yell, 2015). In 1975, the Education for All Handicapped Children Act was established to ensure high quality special education and related services for children with disabilities throughout the country (Yell, 2015). The EAHCA emphasized that IEPs should be provided for all students with disabilities to meet their unique needs (Yell, 2015). This Act was revised and renamed the IDEA in 1990; the IDEA 1990 was amended in 2004 as the Individuals with Disabilities Education Improvement Act (IDEIA). The purpose of the 2004 reauthorization was to increase the quality of special education programs and improve outcomes for students with disabilities (Yell, 2015). This law ensures that students with special needs receive free appropriate public education in the least restrictive environment (LRE) necessary to meet their needs. It helps students receive the extra assistance they need, but allows them to participate, whenever possible, in the same activities as children without special needs (Yell, 2015).

The IDEA has five key parts: A, B, C, D, and E. The IDEA, Subpart B, ensures that all students with disabilities aged 3–21 years residing in a state that accepts funding under the IDEA have the right to free appropriate public education (FAPE) (Kauffman, Hallahan, & Pullen, 2017; Yell, 2015). The obligation to make FAPE available to each eligible child residing in the state begins no later than the child's third birthday. This is the section with which special education teachers and administrators are most familiar (Kauffman, Hallahan, & Pullen, 2017; Yell, 2015). In addition, a student is eligible for FAPE if he or she has at least one of 13 types of disability listed specifically under the

IDEA, and who, therefore, needs special education and related services. The disability categories are autism, deaf-blind, deafness, emotional disturbance, hearing impairment, mental retardation, multiple disabilities, orthopedic impairments, other health impairment, specific learning disability, speech and language impairment, traumatic brain injury, and visual impairment including blindness (Yell, 2015).

Some scholars (Huefner, 2000; Turnbull, Turnbull, Stowe, & Huerta, 2006; Yell, 2006) have identified six major principles in Part B of the IDEA—zero reject, protection in evaluation, FAPE, LRE, procedural safeguards, and parent participation (the last two principles are described later in this chapter).

Zero reject. According to the zero-reject principle, all students with disabilities eligible for services under the IDEA are entitled to FAPE. This principle applies regardless of the severity of the child's disability. States must ensure that all students with disabilities, from age 3 to 21, residing in the state who are in need of special education and related services, or are suspected of having disabilities and in need of special education, are identified, located, and evaluated (the IDEA Regulations, 34 C.F.R. § 300.220).

Protection in evaluation. Before a student can receive special education and related services for the first time, he or she must have a full and individual evaluation administered by trained and knowledgeable personnel in accordance with instructions provided by the producer of the tests. Tests and other evaluation materials used to assess a child must be selected and administered so as not to be discriminatory on the basis of race or culture. A variety of assessment tools and strategies must be used to gather relevant functional and developmental information about the child, including information

provided by the parent, and information for enabling the child to be involved in and progress in the general curriculum, among other evaluation requirements (Kauffman, Hallahan, & Pullen, 2017).

Free appropriate public education. Students determined to be eligible for special education and related services under the IDEA have the right to receive FAPE. FAPE consists of special education and related services that (a) are provided at public expense; (b) are under public supervision and direction, and are without charge; (c) meet the standards of the State Educational Agency; (d) include preschool, elementary school, or secondary school education in the child's state; and (e) are provided in conformity with an IEP that meets the requirements of the IDEA (Kauffman, Hallahan, & Pullen, 2017).

Least restrictive environment. LRE refers to the educational placement that is closest to the general education classroom in which a student can receive FAPE. The IDEA mandates that students with disabilities are educated with their peers without disabilities to the maximum extent appropriate in the general-education classroom. In addition, students with disabilities cannot be removed from general-education settings, unless education in those settings cannot be achieved satisfactorily, and only after the use of supplementary aids and services are considered to mitigate the learning environment (Kauffman, Hallahan, & Pullen, 2017).

Regulations of Special Education Programs and Institutes (2001)

The provision of special education services in Saudi Arabia has changed significantly over the past 15 years (Alnahdi, 2013). Prior to 1958, individuals with disabilities did not receive any type of special education service. Parents were responsible

for assisting their children (Al-Ajmi, 2006; Alquraini, 2010). In the early 1960s and 1970s, changes in special education policies occurred when the Department of Special Education was founded to extend the provision of special education services for three categories of disability—blind, hearing impaired, and intellectual disability (Afeafe, 2000; Al-Mousa, 1999).

In the late 1990s, the Saudi Ministry of Education (MoE) began integrating students with disabilities into regular schools by designating certain classes in a number of schools to be used for students with disabilities. This was one of the turning points in the history of special education in Saudi Arabia. In 2001, the RSEPI were introduced as the first regulations for students with disabilities in Saudi Arabia, and were modeled after the U.S. regulations (Alquraini, 2010). The elements of the RSEPI are annually reviewed by the MoE and compared to the equivalent system in the United States (Alamri, 2016; Al-Faiz, 2006). The early movement to improve special education services led to an increase in the quality of special education services and the training of professionals who are qualified to provide these services (Alquraini, 2010).

The RSEPI support the right of children with disabilities and ensure that these students obtain free and appropriate education. This legislation requires the schools to "educate the students with disabilities in a general education setting to the maximum extent, taking into account a continuum of alternative placements" (Alquraini, 2013, p. 606). The RSEPI consist of 11 major elements (description of RSEPI principles in appendix A). The regulations define 10 categories of disability: cognitive disabilities, learning disabilities, autism, multiple disabilities, deafness, blindness, gifted, physical and health disabilities, emotional disorders, and communication disorders (Alquraini,

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2013; Ministry of Education [MoE], 2002). Furthermore, they describe the IEP process, elements of an IEP, and the professionals who should participate in planning and providing an IEP. They also include procedures for assessment and evaluation of students to determine their eligibility for special education services. According to Alquraini (2011), under the RSEPI,

> all children with disabilities are entitled to a free and appropriate education, individual education programs, early intervention programs, related services, and transition services. The RESPI also specifies how schools must provide these services to students with disabilities. Thus, RSEPI supports the quality of the special education services in Saudi Arabia. (p. 151)

Individualized Education Program

The IEP is at the core of the IDEA (2004). Its purpose is to make FAPE available to every child with a disability (Yell, 2015). The IDEA and the RSEPI both require schools to provide the necessary resources to implement an IEP for every child with a disability (Alkahtani & Kheirallah, 2016; Yell, 2010). Therefore, the IEP has become one of the most important educational services provided for each child. Since the special education policies of Saudi Arabia were modeled on U.S. legislation (Alquraini, 2010), the IEP processes of the two countries may have many similarities, as well as some differences.

The IEP in the United States. The key to providing FAPE is individualized programming. To ensure that each student covered by the IDEA receives FAPE, the US Congress required that school-based teams develop IEPs for all students with disabilities receiving special education services (Kauffman, Hallahan, & Pullen, 2017). The IEP

serves as a collaborative tool for cooperation between the parents and the school, in which each child's educational program is developed. It is also a written document that includes the important components of a student's educational program (Norlin, 2009). The main responsibility of the administrators of the IEP process is to ensure that the school district commits to providing the program of special education and related services as agreed by the parents and IEP team members, including the accommodations and modifications to be used in adapting the general curriculum, so that the student can benefit from his or her education (Bateman & Linden, 2012).

The IEP process. The IEP meeting and the resulting written document are both part of the IEP process. The IDEA requires that (a) IEP meetings be scheduled at a mutually agreeable time and place, (b) the mandated team members participate in the process, and (c) certain components be included in the IEP (IDEA Regulations, 34 C.F.R. § 300.324(b) (2006)).

IEP team participants. The IDEA requires that the IEP team includes: (a) the child's parents; (b) a regular education teacher, if the child is or may be participating in regular education; (c) the child's special education teacher or provider; (d) a representative of the public agency; (e) someone who can interpret the instructional implications of the evaluation results; (f) others the district or parent invites; and (g) the child, as appropriate (IDEA Regulations, 34 C.F.R. § 300.321(a) (2006)).

IEP content. The required IEP content is clearly delineated in the IDEA Regulations: (a) present levels of academic achievement and functional performance; (b) measurable annual goals; (c) a description of how progress toward meeting goals will be measured; (d) a statement of the needed special education and related services and

supplementary aids and services, based on peer-reviewed research to the extent

practicable, and a statement of needed program modifications or support for school

personnel; (e) an explanation of the extent, if any, to which the child will not participate

with children without disabilities in the regular class and in (other) activities; (f) a

statement of accommodations, if any, necessary in assessments and/or in assessment

standards; and (g) the projected date, frequency, location, and duration of services and

modifications (IDEA Regulations, 34 C.F.R. § 300.320(2006)).

Developing the IEP. The IDEA envisages that a team of parents and

professionals who know the child well, and who have knowledge of and the authority to

allocate district resources, will develop the IEP. It also requires that in the development

of the IEP the team must consider the child's strengths, concerns of the parents, and the

most recent evaluations of the academic, developmental, and functional needs of the

child. Most importantly, every IEP must be reviewed at least annually to determine

whether the annual goals are being reached. It must be revised to address reevaluation of

data or new information from parents and any lack of progress (IDEA Regulations, 34

C.F.R. § 300.324(b) (2006)).

The IEP in Saudi Arabia. Article 84 of the RSEIP policy document defines an

IEP as

a written description of all educational and support services required to meet the needs of

each student with disability (on the basis of the results of diagnostics and measurement)

and prepared by the IEP team at the school (MoE, 2002,).

IEP goals. The IEP seeks to achieve the following objectives: ensuring the right

of the student to educational and support services that aim to meet his/her needs by

following the procedures set out in the plan; ensuring the right of the parents to receive appropriate care for their child; determining the quality and quantity of educational services and support required for the needs of each student individually; identifying the necessary actions to provide educational and support services for each student individually; and achieving communication between the parties concerned to serve the student and the parents and to allow discussion of the appropriate decisions to enable a better understanding of the IEP procedures and, in particular, to ensure that the needs of children with special educational needs are met (MoE, 2002).

The IEP process. The RSEIP policy document specifies that the IEP should be prepared within two weeks of the end of the diagnosis. The RSEIP requires the implementation of the IEP to proceed as follows: firstly, the starting date should be no later than one week after its preparation; secondly, the plan should be implemented by IEP team members who are qualified to provide the services set out in the plan; and thirdly, there should be coordination between the IEP team members assigned the task of implementing the plan (MoE, 2002).

IEP team participants. The members of the team include special education teachers, the principal, parents, regular education teachers, and other specialists, who can be deemed useful in the preparation of the plan (MoE, 2002). The plan should be based on the work of the IEP team members. Equally vital, and usually overlooked in special education research, is the parents' position as a central element of the application of IEPs (Alkahtani & Kheirallah, 2016). Therefore, parents must participate in the preparation, implementation, and evaluation of the IEP at each stage (Alkahtani & Kheirallah, 2016; MoE, 2002).

IEP content. The IEP should include the following information: short- and long-term goals, appropriate teaching strategies, the provisions to be implemented, specific review date(s), and expected outcomes and criteria for success (MoE, 2002).

Evaluating the IEP. Each IEP is assessed to determine its effectiveness in meeting the individual student's needs and goals, at least once during each academic year, while the assessment of the student's performance aims to achieve the short-term objectives on an ongoing basis (MoE, 2002).

Similarities and differences between the IEPs from the two countries. The IDEA and the RSEIP both provide specific requirements for the IEP. Based on the description of major elements of the U.S. and Saudi IEPs discussed above, some similarities and differences can be inferred from the content of the legislation. Both laws identify similar elements in the preparation and development of the IEP, and some similarities can be seen in the IEP content, team members, collaboration process, parent's participation, and annual evaluation. However, some differences can be recognized in the curriculum, assessments, transition plans, and other issues.

Curriculum. The IDEA requires that students' IEPs must also address involvement and participation in the general-education curriculum (Yell, 2010). However, Alquraini (2010) pointed out that the IEPs in the Saudi special education schools are modified from a special education curriculum designed by the MoE for these students. "The IEPs often do not meet their unique and individual needs; instead these students should receive IEPs based upon the general curriculum" (Alqurain, 2010, p. 141).

Assessment. Although the RSEIP require that a multidisciplinary team should complete the process of assessment and diagnosis, this procedure is not generally undertaken in practice (Alnahdi, 2007, 2014). Instead, a psychologist typically completes the procedure and the interpretation of the results in order to determine eligibility for special education services (Al-Herz, 2008; Alnahdi, 2014; Alquraini, 2010). Most of the special education institutes, as well as public schools, lack multidisciplinary teams, IQ tests, adaptive behavior scales, and academic scales appropriate to the cultural standards of Saudi Arabia (Al-Nahdi, 2007). Assessment procedures for children with disabilities in Saudi Arabia are not team-based (Alnahdi, 2007; Alquraini, 2010).

Transition plans. Alnahdi (2014) explored the current situation for special education services for students with intellectual disability in Saudi Arabia. It was found that one of the main issues for IEP practice is that there are no transition plans from the IEP. Alnahdi (2014)recommended that the MoE establishes regulations requiring transition plans in special education programs by a certain age, as in the United States, where schools are required to have transition plans for all students with disabilities who are 16 years old (Johnson, 2005).

Other issues. One of the recently identified issues regarding the IEP in Saudi Arabia is the use of one IEP for a number of students (Alnahdi, 2014). According to Alnahdi (2014),

> due to complaints that teachers face difficulties in creating approximately ten IEPs for a classroom of students, students are divided into two levels based on their abilities, and two IEPs are made for the entire class, of which one is assigned to each student. This practice shows that there are misconceptions

regarding the concept behind the IEP because when copies of one IEP are made

for other students, it is no longer an IEP. (p. 88)

Parent Participation

Since the early days of special education litigation, parents of children with

disabilities have played an important role in helping schools meet the educational needs

of their children (Kauffman, Hallahan, & Pullen, 2017). According to special education

legislation in the United States and Saudi Arabia, active participation of parents in the

IEP process is essential (MoE, 2002; Yell, 2010). "The IDEA includes the procedural

safeguards that guarantee the right for students with disabilities as well as their families

to argue against some decisions; however, the procedural safeguards are not considered

in the RSEPI" (Alquraini, 2013, p. 607).

Parent's rights under the IDEA. Parents should be involved in the evaluation

process, IEP meetings, and placement decisions. The IDEA amendments of 1997 also

required that schools inform parents of their children's progress toward their goals. The

purpose of this principle is to have parents play a meaningful role in their children's

education and to ensure a partnership between schools and parents (IDEA, 2004; Christle

& Yell, 2006). The IDEA regulatory provisions ensuring full and equal parental

participation include: (a) providing adequate notice of purpose, time, and place of the

meeting; (b) scheduling the meeting at a mutually agreed upon time and place; (c) noting

who will attend by district request; and (d) informing the parents of their right to bring

others of their choice to the meeting (IDEA Regulations, 34 C.F.R. § 300.322, 2006;

Kauffman et al., 2017). Furthermore, the regulations that guide the implementation of the

IDEA require school districts to "take steps to ensure that one or both of the parents of a

child with a disability are present at each IEP team meeting or are afforded the opportunity to participate" (IDEA Regulations, 2006, p. 46788).

Procedural safeguards. Part B of the IDEA provides extensive details of procedural safeguards to ensure that all eligible students with disabilities receive FAPE. The main purpose of the procedures is to safeguard the student's right to FAPE by ensuring that parents are meaningfully involved in the development of their child's IEP (Kauffman et al., 2017). These safeguards include: (a) prior notice; (b) informed parental consent; (c) an opportunity to examine records; (d) the right to an independent educational evaluation at public expense; and (e) the right to request an impartial due process hearing (IDEA Regulations, 34 C.F.R. § § 300.500–515).

Parents' rights in Saudi Arabia. In the Saudi context, the RSEIP emphasize the active participation of parents by working on IEPs with school professionals. Parents can provide important information on their children's strengths and needs to support the development of IEPs (MoE, 2002). At the end of the IEP meeting, parents must give their approval of the education plan to be implemented (Al-Kahtani, 2012).

The RSEIP (2002) specify the following roles for parents:

- Responding to the school's invitation to participate in the preparation and implementation of the IEP and inform the assessment underpinning individual plans, individual intervention, or follow-up of student progress;

- Cooperating with the school by approving the preparation and implementation of the IEP and the referral of the student to another specialized institution if needed, with the parents having the right, in

some cases to refuse recommendations and actions; carrying out

tasks as requested by the school or IEP team, such as assisting

students with their homework and helping them to maintain a certain

type of behavior;

- Abiding by the school's requests for specific actions at home,

    especially in terms of assisting students to perform certain tasks;

- Respecting all people involved in the schooling of their child when

    communicating with them; and

- Informing the school of any change in circumstances of the family or

    the student, from which the student may have benefitted (MoE,

    2002).

Autism Spectrum Disorder

Although, there are differences between the special education systems and

services in Saudi Arabia and the United States, it is important to examine practices and

service delivery models of students with autism in both countries (Alamri & Wood,

2016).

Definition. Autism was first identified in the United States in 1943 by Kanner,

who labeled the characteristics associated with autism as a developmental disorder

(Horrocks, White, & Roberts, 2008). In Saudi Arabia, interest in ASD began formally in

1998, when the Saudi system of education established services for students with autism in

schools (Al-Faiz, 2006).

The IDEA (2004) defines autism as

A developmental disability significantly affecting verbal and nonverbal

communication and social interaction, generally evident before age three, that

adversely affects a child's educational performance. Other characteristics often

associated with autism are engagement in repetitive activities and stereotyped

movements, resistance to environmental change or change in daily routines, and

unusual responses to sensory experiences. (IDEA Regulations, 34 C.F.R, Section

300.8 [c][1] (I-iii))

Furthermore, the RSEPI described autism as "a disorder that is evident before a child's

third birthday". Characteristics associated with the disorder are (a) inability to develop

speech (communication); (b) inability to develop normal relationships with others

(social); and (c) repetitive, atypical, and aimless behavioral patterns (behavior; Al-Faiz,

2006).

Education of children with autism. In the United States, public education is

guided by federal legislation through the IDEA (2004) and the No Child Left Behind Act

(NCLBA) of 2001. The IDEA 2004 requires that students with special needs receive

education in the LRE, while the NCLBA 2001 requires that students receive access to the

general curriculum (Moores-Abdool, 2012, as cited in Alamri & Wood, 2016). Most

students with ASD in the United States are educated in public schools and inclusive

settings (Alamri & Wood, 2016; Hill & Sukbunpant, 2013).

In the Saudi context, many students with ASD receive services and interventions

in special institutions for students with severe learning difficulties, regardless of their

intellectual abilities or particular needs (Zeina, Al-Ayadhi, & Bashir, 2014). Special

education services are provided in order to meet the diverse needs of all children with

special needs. These service delivery models include residential schools, day schools, self-contained classes, resource room programs, itinerant teacher programs, teacher–consultant programs, and follow-up programs (Al-Mousa, 2010, as cited in Alamri & Wood, 2016). "The term 'Special Institutes' as they are known in Saudi, 'refer to separate schools, special schools, or special education schools'. Also, 'self-contained classroom programs' refer to special education programs in regular education schools" (Al-Mousa, 2010, as cited in Alamri & Wood, 2016, p. 17).

Furthermore, inclusion of students with ASD in regular education classrooms is one of the main issues for Saudi teachers and parents (Alamri & Wood, 2016; Al-Faiz, 2006). According to Haimor and Obidat (2013), the lack of inclusion occurs because of the lack of training and resources for parents and teachers who work with children with ASD. For instance, many students with high functioning autism, such as Asperger's syndrome, often remain undiagnosed or misdiagnosed because some teachers are unable to recognize the symptoms of autism (Alamri & Wood, 2016).

Summary

Based on the description of the three major elements (IEP, parent participation, and ASD) in the IDEA and the RSEPI, as discussed above, there are some similarities and differences between the two laws. Both the IDEA and the RSEPI have the same purpose for providing free and appropriate education for students with special needs. Both require that the schools provide special education services that include IEP, related services, transition services, and early intervention programs. Furthermore, the IDEA and the RSEPI require parents to be involved in their children's education. However, procedural safeguards are included and described only in the IDEA; they are not

considered in the RSEPI. In addition, students with special needs in Saudi Arabia are educated in special settings based on the severity of disability, rather than in general-education settings. Most skills specified for the students in their IEPs are developed solely from a special curriculum designed for each type of disability (Alquraini, 2013).

<p style="text-align:center">Review of Research on Parents' Participation in the IEP</p>

A review of the literature on parental participation in the IEP process and parents' perceptions of the IEP meeting is presented in this chapter. Research on the perspectives of parents from specific populations, including Saudi parents, culturally and linguistically diverse parents, and parents of children with autism, is also included. In addition, barriers to parental involvement and strategies for successful parental involvement are described. A summary of the literature addressing the need for the current study wraps up the chapter.

Importance of Parental Participation

Active parental participation is mandated by law in all aspects of educational programming for students who are receiving special education services. The reauthorizations of IDEA make it clear that parents are to be considered equal partners in the IEP process (Yell, 2015). Parental involvement and parental participation are terms that generally refer to a range of activities; often these terms are used interchangeably within the profession, literature, policy, and guidance. Other terms, such as parental engagement and family engagement, are increasingly and similarly used, and refer to an integrated strategy across multiple programs (McGuire, 2011). Wong (2008) defines parental involvement as "the extent to which parents are interested in, knowledgeable about, and willing to take an active role in the day-to-day activities of the children" (p.

497). According to Green et al. (2007), there are two types of parental involvement—home-based and school-based. Home-based parental involvement may include helping with homework, signing important forms and agendas, or other educational activities. School-based parental involvement includes different activities that parents may engage in at the school, such as conferences, parent–teacher association events, field trips, or community functions (Green et al., 2007; Staples & Diliberto, 2010).

Research on the link between parental involvement and outcomes for students is limited. However, some studies (e.g., Desimone, 1999; Landmark, Zhang, & Montoya, 2007; Poponi, 2009; Sheldon, 2003; Spann et al., 2003) have acknowledged a potential positive impact of parental participation. Desimone (1999) found that parental involvement, including parent–teacher communication, participation in school events, assistance at home, and participation in learning activities, correlate with positive student outcomes. In addition, positive outcomes associated with increased parental involvement include higher attendance and graduation rates for students (e.g., Landmark, Zhang, & Montoya, 2007). Similarly, Sheldon (2003) found that family and community involvement increased students' achievement in tests. Furthermore, the U.S. Department of Education (1994) stated that family involvement is more important to student success than parents' education and income. Poponi (2009) found that students whose parents attended IEP meetings had higher report card grades and a higher rate of attendance, both characteristics associated with individual student achievement. According to Spann et al. (2003), parental involvement leads to greater generalization of children with special needs and better maintenance of their skills.

Henderson and Mapp (2002) reviewed 51 research studies published between 1993 and 2000, which investigated the impact of parental involvement on student achievement. The authors described the importance of involving families in school activities. Their results showed that every study included in the review found clear benefits associated with parents working directly with the child, including growth in behavioral, social, and academic skills.

Early Research on the IEP Process

Following the passage of the Education for All Handicapped Children Actin 1975, researchers began investigating parents' experiences of special education services, including participation in IEPs. Research in the 1980s and 1990s indicated that parents were not being included in educational decisions (Goldstein, Strickland, Turnbull, & Curry, 1980; Lynch & Stein, 1987; Turnbull, Turnbull, & Wheat, 1982).

Goldstein, Strickland, Turnbull, and Curry (1980) were the first to explore parental participation at IEP meetings. They applied a coder–observer technique to record the frequency of parental involvement in IEP meetings and the topics discussed. After direct observation of 14 IEP meetings, they concluded that parents contributed less than 25% to the meeting discussion, and that special education teachers spoke more than the parents. In addition, no significant differences were found between participants concerning satisfaction with IEP meetings. They suggested that effective parental involvement in the development of the IEP should be more clearly defined.

In the 1980s, researchers also investigated the perceptions of parents from diverse backgrounds. Lynch and Stein (1987) examined parents' participation in their children's special education programs by ethnicity. They interviewed parents from three groups—

Mexican American, African American, and European American. The frequency and type of IEP participation were significantly different between the three groups of parents. More Mexican American and African American parents reported that they were not active participants in the development of their child's IEP, compared to European American parents. In addition, 45% of Mexican American and African American parents felt that they were less knowledgeable about what services their child was receiving. Results showed that "general communication concerns" (Lynch & Stein, 1987, p. 109) were a common barrier for both Mexican American and African American parents.

In the 1990s, researchers continued to investigate parents' perceptions of their involvement in IEPs. Lovitt and Cushing (1999) examined the perceptions of parents of young people with disabilities regarding their child's program. In a mixed-methods study, 43 parents were interviewed, of whom 11 completed surveys. The parents were asked about the role the IEP played in their child's education and for any recommendations for improvement. They disclosed different opinions about the education process and their involvement. Four major themes emerged from the data: (a) the lack of individualization of the IEP; (b) a disappointment with the special education system; (c) being tired of the special education system; and (d) minimal parental expectations. Parent feedback regarding the IEP process showed that many parents believed that the IEP document lacked individualization. Lovitt and Cushing (1999) reported one parent sharing her opinion as follows:

It is not really an individual education program. I mean it is not like they say, "OK, this is what we need to do for (student's name), and this is what he is going to be working on." I really don't feel that it is that way. I think it is just like, ah ... I

think it is a waste of time, actually. I am not sure that there has been any

difference. I think basically what it is, is a procedure to get down on paper, to

cover some law, or some process, that they say you have to do ... that educators

have to do, to fulfill the need for this child to be in special education. (p. 137)

During the 1980s and 1990s, in response to the challenges that parents faced,

researchers also investigated the impact of interventions on parental involvement in the

IEPs (Blietz, 1988; Brinckerhoff & Vincent, 1986; Goldstein & Turnbull, 1982; Plunge,

1998). Further details are described below in the section entitled *Promising practices and*

strategies.

Current Research

The focus of this section is to present current research on parents' perception of

the IEP process, relying specifically on literature published in 2000 and after. In addition,

this section includes a description of the experiences of parents from specific populations,

including parents from culturally and linguistically diverse groups, parents of children

with autism, and Saudi parents.

Perceptions of the IEP process. Fish (2008) studied parents' perceptions of IEP

meetings for their children receiving special education services. The author used survey

questions; 51 parents from one family support service agency participated in the study.

Parents were asked about (a) their perceptions of the IEP meetings, (b) knowledge of the

IEP process and special education law, (c) relations with educators, (d) IEP outcomes,

and (e) recommended areas for improvement. Results showed that most parents had a

clear understanding of the IEP process and special education law. Many parents indicated

that they received their knowledge through self-education. In addition, a majority of the

parents had positive perceptions of IEP meetings because of educators valuing their input, treating them with respect, and treating them as equal decision-makers. Conclusions from this study show that it is vital for educators to build a positive relationship with parents during IEP meetings by treating them as equals and valuing their input.

In another qualitative study, Bacon and Causton-Theoris (2013) interviewed and observed 17 families about parent advocacy during IEP meetings. The main purpose of this study was to investigate the parent–school relationship of parents fighting for more inclusive placements for their children. Bacon and Causton-Theoris (2013) described parents' experiences when they had issues and concerns about IEP meetings and reached a "breaking point"; the parents used words, such as "fight," "war," and "battle" (p. 693). The authors also described strategies that parent-advocates used to obtain adequate services for their children, including networking, bringing an advocate, and education. This study recommends that schools and families should work together and enhance parent–school collaboration throughout IEP planning.

Hebel and Persitz (2014) also investigated parents' experiences of involvement in the IEP process for their children with severe disabilities. Twenty parents from Israel participated in face-to-face interviews. Two were Arab, three were Orthodox Jewish, and 15 were secular Jewish parents. All participants were members of different nonprofit organizations for children with severe disabilities. Results from this study could be categorized into five themes: (a) child-centered focus; (b) parent self-efficacy; (c) parent–teacher communication; (d) parent–teacher collaboration; and (e) trust. There were no differences in perceptions and beliefs between parents from different cultural groups.

Hebel and Persitz (2014) recommended that "embracing a family-centered vision in special education programs supports the involvement of parents" (p. 65). Results showed that there were two essential components of parental involvement in the IEP process—a child-centered focus within the IEP process and strong parental sense of self-efficacy. The recommendations of this study include schools providing more training for parents, improved communication, increased parent–school collaboration, and building positive relationships and trust.

Zeitlin and Curcic (2014) interviewed 20 parents with similar experiences of the IEP as a process and document. It was conducted in the U.S. Midwest in a small suburban school district. The study aimed to learn from parents about the IEP process and outcomes to improve special education services. Analysis of participants' interviews found that parents felt depersonalized at IEP meetings, and that "two-thirds of participants thought that the document was deficit-focused, not parent-friendly, and was overwhelming, legalistic, and meaningless" (Zeitlin and Curcic, 2014, p. 381). Recommendations were offered by parents to make the IEP process and documents more meaningful, including more collaboration, improved communication, parent-friendly language, and a focus on progress in learning instead of a focus on deficits. In addition, the authors identified the need for further qualitative research.

Common findings among these studies include parents' desire for more communication, more training and education, more opportunities for involvement, and to be treated as partners and decision-makers at IEP meetings.

Special populations. The literature on parent participation in special education often focuses on the experiences of specific demographic groups—parents who are

culturally or linguistically diverse (CLD), immigrants, parents of students with specific disabilities, or parents with low education levels or low socioeconomic status (Fish, 2008; Jones & Gansle, 2010; Lo, 2008; Spann, Kohler, & Soenksen, 2003; Salas, 2004).

Culturally and linguistically diverse parents. Wolf and Duran (2013) conducted a systematic review of the literature investigating CLD parents' experiences of the IEP process. Studies eligible for this review were published between 2001-2011, focused on parents' experiences of IEP meetings, including those of CLD parents, and were conducted in the United States. Nine studies were identified; three studies focused only on the IEP process, and the other six studies investigated experiences of special education services in general, but separately reported perceptions of the IEP process. Four studies investigated the perceptions of Latino parents, three examined the experiences of Korean American parents, one focused on the perspectives of Chinese American parents, and one examined different ethnicities, including African American, Latino, and White parents. The review found several barriers common to the nine studies, including language barriers, cultural barriers, and insufficient information. The authors recommended that educators should engage more in culturally and linguistically responsive practices.

Salas (2004) explored the relationship between Mexican American parents and the special education system, especially the IEP. The author interviewed ten mothers of children with disabilities receiving special education services. Parents stated that their voices were not heard, and that they felt isolated and marginalized at IEP meetings. Parents also reported disrespectful behavior by school personnel and lack of engagement in making decisions for their child. Analysis of themes showed that although the parents wanted to be involved in the decision-making process regarding their children, their

voices were not valued. Overall, the women interviewed described their relationship with their child's special education team as "fragile" (Salas, 2004, p. 190), as their voices were often not heard, discounted, and not respected.

Cho and Gannotti (2005) examined Korean American parents' experiences and found similar results to Salas (2004). Twenty Korean American mothers were interviewed about their perceptions of their roles in IEP meetings. Results showed that many mothers experienced more stress when their "requests for services were denied in IEP meetings, creating a tension between their cultural values and advocacy for their children" (Wolf & Duran, 2013, p. 11). Although training was available for parents, it was offered in English. The authors reported that parents were unable to engage effectively with professionals even after workshops and training were provided. Many of the participants interviewed felt that their limited English proficiency and lack of knowledge of services were the reasons for the difficulty they had with IEP teams. Cho and Gannotti (2005) suggested that translators were needed with better training and professional awareness of the "culture clash" (p. 8) experienced by these Korean mothers.

Lo (2008) explored Chines parents' perceptions of their children's IEP meetings. Five Chines parents of children with disabilities were interviewed and observed during IEP meetings. Lo attended and observed 15 IEP meetings held over a two-year period. During the meetings, the author recorded information, such as (a) how parents were greeted, (b) the number of people in attendance at the meeting, (c) questions asked by parents, (d) the number of times parents responded to professionals' questions, (e) the number of comments initiated by parents, and (f) the purpose of the meetings. Following each IEP meeting, parents were interviewed using their native language. Results showed

that there were minimal interactions between parents and professionals. In addition, parents reported that they were dissatisfied with IEP meeting outcomes and translation services and that professionals did not value their input. Among the themes identified in this study, the language barrier was a serious challenge that prevented parents from actively participating in meetings. To improve the effectiveness of IEP meetings, Lo suggested that professionals should (a) meet with translators before the IEP meeting and review any terminologies, (b) listen more to parents' concerns to avoid misunderstandings, and (c) collaborate more with community organizations to develop training for parents.

Autism spectrum disorders. A number of studies have used interviews with parents of children with autism to understand their perspectives on IEP meetings. Spann, Kohler, and Soenksen (2003) conducted a telephone survey of 45 families of children with autism who were part of a parent support group and examined their involvement and perceptions of their children's special education services. The survey focused on the following areas: (a) the child's educational placement and type of special education services received, (b) the frequency and nature of parents' communication with school personnel, (c) parents' knowledge of and involvement in their child's IEP process, and (d) parents' priorities for their child and overall satisfaction with school services. Findings showed that the majority of parents (78%) believed that they had high to moderate knowledge of their child's IEP document. More than half (56%) reported moderate levels of involvement in the IEP process, and nearly three quarters (73%) reported moderate levels of satisfaction with the IEP process. In addition, parents of older children reported less input in the IEP process. Nearly half (44%) the parents believed

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that their child's school was doing little to nothing about addressing their child's most pressing current needs (Spann, Kohler, & Soenksen, 2003).

Stoner, Bock, and Thompson (2005) conducted a case study to examine the perceptions of parents of young children with autism spectrum disorder regarding their experiences, roles, and relationships with education professionals. Four cases participated and were part of a parent support group. Data were collected through multiple interviews, observations, and documentation. Findings indicated that the interaction between parents and education professionals was a dynamic and complicated process. Three major themes emerged: "(a) the important influences on parent perceptions, (b) common experiences that either reduced or enhanced parental trust, and (c) parental roles that were exhibited during parent interaction with education professionals" (Stoner, Bock, & Thompson, 2005, p. 39). Parents reported that entering the special education system was traumatic, initial IEP meetings were confusing, and obtaining services was complicated.

In a qualitative study, Fish (2006) investigated one family support group in North Texas for parental perceptions of IEP meetings for students with autism. Seven parents participated in semistructured interviews and were audio-recorded. Five open-ended questions were asked as follows: "Describe the quality of services that your child has received as a result of your child's IEP meetings,"; "How are you treated and perceived by IEP team members?"; "What changes would you desire pertaining to your child's IEP meetings?"; "What can school districts do to improve IEP meetings?"; and "What can parents do to improve IEP meetings?" (Fish, 2006, p. 59). According to the results, all the participants indicated that their overall initial IEP experiences had been negative. Findings also showed that parents of students with autism were not treated equally by the

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educators during IEP meetings. Parents believed that their input was not valued or welcomed by most educators. However, the study reported that school members treated parents more positively when parents brought an advocate to IEP meetings. "Several of the interviewees indicated that current relationships with educators had improved since the time their children were first placed in their respective school districts" (Fish, 2006, p. 61). According to the parents, objectives were not fully implemented for their children receiving special education services. Participants in this study believed that school districts could improve IEP meetings by educating families about special education law.

Saudi parents' perceptions. Few studies have examined parents' experiences of the IEP process in Saudi Arabia. Most existing studies have focused on special education teachers' perceptions and school personnel (Alamri & Wood, 2017; Al-Herz, 2008; Alnahdi, 2014). Others include only a general exploration of parents' perceptions of special education services for their children with autism (Alnemary, Aldhalaan, Simon-Cereijido, & Alnemary, 2017) and early intervention services (Alotaibi & Almalki, 2016). Although there are a few studies that examined IEPs for students with disabilities in Saudi Arabia, it is important to highlight existing studies conducted by Saudi researchers.

The lack of Saudi parents' involvement in IEPs was reported by Al-Herz (2008). The author investigated the achievement of IEP goals and related difficulties in special education institutes in Riyadh, Saudi Arabia. One hundred and thirty-three special education teachers participated and answered survey questions. The study reported barriers affecting the effectiveness of IEPs such as a lack of efficient multidisciplinary teams that include the special education teacher, the child's previous teachers, the child's

parents, and other members, as needed. Findings also indicated that "families do not participate effectively with other school staff in determining the needs of the students and in the preparation and implementation of IEPs" (as cited in Alquraini, 2011, p. 156).

In a mixed-methods study, Alnahdi (2014) explored the current situation in Saudi Arabia for special education services for students with intellectual disabilities to identify weaknesses and ways to improve services. The author included autism as one of the intellectual disabilities. Alnahdi (2014) recommended that four main issues must be addressed to enhance the inclusion of students with intellectual disability:

(a) programs that promote the segregation of students with intellectual disability and their teachers should be countered with more inclusive programs, (b) individualized educational plan practices must be appropriately implemented, (c) proper assessments and diagnoses must be made, and (d) a proper official curriculum for special education programs must be designed. (p. 83)

Results also showed that teachers had misconceptions about IEP implementation. Some teachers used the same IEP for 15 students in their classroom. According to the author, when one IEP is designed for several students, it is no longer an IEP as the requirement for the program to be individualized is not fulfilled. Another issue was that there were no transition plans arising from the IEP. Alnahdi recommended that the Saudi MoE should establish regulations requiring transition plans to be made by a certain age for students in special education programs, as is the case in the United States.

Alotaibi and Almalki (2016) examined parents' perceptions of early interventions and related services for children with autism in Saudi Arabia. Eighty parents took part in surveys that included open-ended questions. The investigators used six subscales in the

parental perceptions questionnaire: (a) earliest possible start to intervention, (b) individualization of services for children and families, (c) systematic plan of teaching, (d) specialized curriculum, (e) intensity of engagement, and (f) family involvement. Results showed that parents wanted to be involved in early intervention and other services required for their children. However, they reported that there were not enough service centers and specialists and that the cost of the services was high. The study found that parents desired more information and support regarding early intervention services, community services, and financial support for their children with autism. Parents' recommendations included six significant themes: providing more professional development, increasing the number of facilities, service centers, inclusion, funding, information, and service systems. Alotaibi and Almalki (2016) concluded that "Parents perceived that professional development was key for successful early childhood intervention with children with ASD" (p. 137).

Alnemary et al. (2017) examined parents' perceptions of the services provided for their children with autism in Saudi Arabia. The study included an online survey, which was completed by 205 parents of children who received ASD services. Three research questions were included in the survey: (1) What is the average age at treatment initiation in the KSA? (2) What are the services children with ASD receive in the KSA? and (3) What child, family and service characteristics are associated with the use of ASD services in the KSA? Results showed that, on average, children with autism began their services by the age of three. The majority of the children (94%) received at least one nonmedical treatment, 88% received biomedical treatments, and 84% received cultural and religious treatments. In addition, most of the children received ongoing treatment at private schools

and home, while only 14% received services at public schools. The study also found that income and parental education were associated with receiving ASD services, and that the family's geographical location influenced the use of ASD services. The study examined the factors related to the use of ASD services in Saudi Arabia. Parents used a number of interventions that lacked empirical support. Recommendations of the study underlined the importance of developing parent-friendly best practice guidelines to support parents in choosing the most appropriate treatments for their children.

Barriers to Parental Involvement

The focus on parents' participation in and perceptions of the IEP process has led to researchers identifying barriers to parental involvement in IEPs. Turnbull and Turnbull (1986) classified barriers as psychological, attitudinal, cultural, and logistical, while Lynch and Stein (1987) presented different categories—work, time conflicts, transportation problems, and childcare needs. Smith (2001) also identified similar barriers to parental participation in IEP meetings, including professionals' use of educational jargon, parents' lack of familiarity with the school system, and logistical difficulties such as work schedules.

In addition to the challenges faced in general, CLD parents experience other barriers, such as professionals' lack of cultural responsiveness, parents' limited English proficiency, disparate conceptions of disability, and the potential for cross-cultural miscommunication (Lo, 2012; Zhang & Bennett, 2003). Other studies of non-European families highlight several barriers to family involvement, including (a) communication differences, (b) cross-cultural miscommunications (non-verbal and verbal), (c) jargon, (d) different definitions of disability, (e) different perspectives on interventions, (f) lack of

meaningful access to interpreters/translators with a background in special education, (g)

overall lack of parental knowledge of the special education system, (h) cultural

assumptions, and (i) professionals' expectations for parents' involvement and

responsibilities (Cho & Gannotti, 2005; Kalyanpur & Harry, 2012; Lo, 2008, 2009; Salas,

2004).

A number of studies have found other barriers experienced by parents during IEP

meetings (Childre & Chambers, 2005; Fish, 2008; Goldstein et al., 1980; Goldstein &

Turnbull, 1982; Stoner et al., 2005; Vaughn, Bos, Harrell, & Lasky, 1988). Of the more

noticeable barriers, "parents report a lack of knowledge about special education,

including feeling powerless and excluded during IEP meetings. Each of these constructs

is not independent from one another, but rather they are integrated" (Kauffman, Hallahan,

& Pullen, 2017, p. 775).

Despite differences in terminology, researchers have documented that parents

reported obstacles to full, meaningful participation and decision-making at their child's

IEP meetings. In understanding these challenges, researchers have explored new

strategies and more promising practices to promote family engagement and involvement

(Anderson & Minke, 2007; Goldstein & Turnbull, 1982; Jones & Gansle, 2010; Minke &

Anderson, 2003).

Increasing Parental Participation in The IEP

Historically, family–school partnership models in special education have evolved

from an educator-driven approach to a collaborative model (Turnbull et al., 2004). Today,

educators should know that parental involvement is more than parents volunteering in the

school. "It is a partnership between the parents and the teachers to collaboratively educate

the child and foster meaningful educational experiences" (Staples & Diliberto, 2010, p. 60).

Characteristics of effective family–school partnerships. Summers et al. (2005) defined partnerships as "mutually supportive interactions between families and professionals, focused on meeting the needs of children and families, and characterized by a sense of competence, commitment, equality, positive communication, respect, and trust" (p. 3). Staples and Diliberto (2010) described three fundamentals of parental involvement for successful parent–teacher collaboration in the school environment: "(a) building parent rapport, (b) developing a communication system with a maintenance plan, and (c) creating additional special event opportunities for parent involvement" (p. 60). Cook and Friend (2010) also defined collaboration as a process that requires "mutual goals; parity; shared responsibility for key decisions; shared accountability for outcomes; shared resources; and the development of trust, respect, and a sense of community" (p. 3).

Blue-Banning et al. (2004) conducted a qualitative study that described definitions of family and professional partnerships according to stakeholder groups. The authors conducted 33 focus groups with family members of children with and without disabilities, educational professionals, and administrators. They then interviewed 32 non-English speaking families and their educational partners. Based on their findings, they identified six major components of collaborative partnership: (a) communication (e.g., frequent, clear, honest, open, and listening to families); (b) commitment (e.g., being accessible and available to the family); (c) equality (e.g., treating families as equal partners); (d) skills (e.g., demonstrating competence); (e) trust (e.g., being reliable and keeping the child safe); and (f) respect (e.g., valuing the family and child as partners).

Researchers have identified a number of major elements of the family–school partnership. Two important aspects of relationship-building between parents and educators are communication and trust.

Communication. Effective communication is vital for successful parental involvement in the IEP. Researchers have identified critical components for effective communication; it should be (a) frequent and ongoing, (b) honest, (c) clear, (d) reciprocal (i.e., listening to families), and (e) positive (Blue-Banning et al., 2004; Lake & Billingsley, 2000). Staples and Diliberto (2010) suggested that parent contact could be on a daily, weekly, monthly, and quarterly basis. Providing an ongoing and positive communication system is essential to bridge the gap between the home and the school. In Mueller's (2004) case study, one parent described an example of effective communication with the special education director by saying,

> She (director) listens. She takes me seriously. I do feel like she has our kids' best interests. She always seems to understand my point of view and I try to be reasonable. It's not like we're calling every other day about some little thing that's going on. (p. 197)

Trust. One of the commonest words that parents have mentioned in many interviews is trust. Parents want to trust their child's educators by sharing valuable information with the school. According to Blue-Banning et al. (2004), parents described the importance of trust in three different ways: "(a) reliability of the educator, (b) safety for their child, and (c) discretion with respect to sharing information amongst each other" (p. 179). Wellner (2012) categorized trust into three different themes—relationship building, interpersonal communication, and problem solving.

Promising practices and strategies. Many recommended practices and strategies
have been researched and developed to increase parents' involvement in their children's
education (Cook, Shepherd, Cook, & Cook, 2012; Mueller et al., 2008; Whitbread,
Bruder, Fleming, & Park, 2007). Goldman and Burke (2017) reviewed six studies that
investigated training interventions for parents of school-age students with disabilities to
increase their involvement, The review identified different forms of parent training,
including,

> video training (Plunge, 1998), handouts sent home with a follow-up phone call
> (Goldstein, 1980; Goldstein & Turnbull, 1982), and 1:1 parent training meetings
> with related training packets (Blietz, 1988; Brinckerhoff & Vincent, 1986; Hirsch,
> 2004; Jones, 2006; Jones & Gansle, 2010). All trainings included some variation
> of content on special education law, parents' rights at the IEP meeting, IEP team
> member roles, and how to participate at an IEP meeting. (p. 105)

Parent education. Many parents are not aware of the special education procedures
and processes that are available to their child (Phillips, 2008). Parents have also reported
that they often resorted to self-education about their child's needs, rights, and
responsibilities (Gorman, 2001; Hess, Molina, & Kozleski, 2006; Mueller & Buckley,
2014a; Valle, 2011). Plunge (1998) examined parents' knowledge of their legal rights,
the special education process, communication with school professionals, and IEP
development by using video training before the IEP meeting. Parents were divided into
two groups, a control group (n = 23) and treatment group (n = 21). Participants in the
treatment group were given a verbal explanation of the legal rights handout and watched
the training video. Following the intervention, the author used surveys and direct

observation to measure parents' oral contributions at the IEP meeting and their satisfaction, self-efficacy, and knowledge of special education law. The study found that, compared to parents in the control group, parents in the treatment group scored higher on a knowledge survey and reported higher levels of self-efficacy.

Hirsch (2004) examined the impact of parent education on participation and satisfaction in multidisciplinary meetings for specific learning disabilities. The author used an informational handout and one-to-one training with the parents. Forty-five parents participated and were divided into three groups: (a) the training group received the intervention, (b) the attention group received an unrelated informational handout about developmental milestones, and (c) the control group did not receive any additional information. Findings showed that parents in the one-to-one training group displayed significantly higher participation during the meeting. Parents in the training group also self-reported higher participation and demonstrated higher levels of posttraining knowledge. In addition, parents given the training reported higher levels of satisfaction than the other groups. Providing parents with informational resources that are free, understandable, and accessible is vital to increase their engagement in IEPs. Hebel and Persitz (2014) recommended "the school system to provide families with training programs to improve parents' understanding of special education issues and encourage parental involvement in IEPs" (p. 65).

Pre-IEP meetings. The concept of providing miniconferences or training and education for parents before the IEP meeting can be valuable for families of all cultural and language backgrounds. Researchers have investigated the impact of using a pre-IEP meeting with parents of students with special needs (Blietz, 1988; Goldstein & Turnbull,

1982; Jones and Gansle, 2010). Goldstein and Turnbull (1982) examined the effects of using pre-IEP meetings as an intervention with families. Forty-five parents of students with learning disabilities were assigned to three groups: (a) the training group was provided with questions before the IEP meeting, (b) the advocate group had a school counselor in attendance at the IEP meeting as a parent advocate, and (c) the control group did not receive an intervention. Findings showed that parents who were part of the intervention (training group and advocate group) made a significantly greater contribution to the IEP meeting, compared to the control group.

Jones and Gansle (2010) also evaluated the effectiveness of implementing miniconferences for increasing parental involvement during IEP meetings. Parents were randomly assigned to two groups; parents in the treatment group had a conference before the IEP meeting (n = 21), and the control group did not have a conference (n = 20). Parents in the miniconference group met with teachers during the week before the scheduled IEP meeting to discuss instructions and questions about the IEP. The miniconference used a script and lasted 20–30 minutes. Results showed that parents in the training group found the conference helpful for IEP meeting preparation. In addition, the conferences improved educator perceptions of parent participation during the IEP meetings.

Pre-IEP meetings may include (a) a positive review of the child's strengths and needs; (b) an overview of the IEP meeting agenda, including relevant vocabulary; (c) a discussion of expectations regarding IEP goals; and (d) opportunities for parents to ask questions and participate actively, including practice opportunities prior to the actual IEP meeting (Jones & Gansle, 2010).

Parent support groups and organizations. Parent support through advocacy is not new to the field of special education. Providing families with access to an advocate has many advantages. An advocate can assist family members to improve their knowledge and skills to be active IEP team members (Bacon & Causton-Theoharis, 2013). Smith (2001) stated that "an advocate can assist a family in building a child-centered, long-lasting partnership with district and school personnel" (p. 3). Nespor and Hicks (2010) described advocates as "bridging agents in generating networks, connecting parents with others, articulating their knowledge with other parents' knowledge, and bringing additional communicative resources to encounters" (p. 309).

In addition to advocacy organizations, the U.S. Department of Education, Office of Special Education Programs (OSEP) provides funds to more than 100 Parent Training and Information Centers (PTIs) and Community Parent Resource Centers (CPRCs) across the country, with the intent to provide information and training to families of children with disabilities (Kauffman, Hallahan, & Pullen, 2017). In 2012–2013, the National Parent Technical Assistance Center (NPTAC) collected data from 99% of the Parent Centers across the United States. Results showed that families and professionals used support from these Centers, and that many parents and professionals attended professional development opportunities. About 665,529 families attended training opportunities, and 27% were identified as culturally and racially diverse. One parent shared her experience of a PTI by saying, "the Parent Center gave me the most useful information I have received in my child's 13 years. It was so helpful" (PACER, 2013, p. 11). According to this study, Parent Centers provide accessible and helpful support to parents in every state in the United States.

Parent-to-parent support. This form of support focuses on creating support groups based on a specific need or identity. For instance, the group could be for particular types of disabilities (e.g., autism or significant learning disabilities), location-specific (e.g., region or district), and for different cultural/language backgrounds (e.g., Spanish). A qualitative study by Mueller, Milian, and Lopez (2009) investigated mothers' experiences of parent support groups. The authors interviewed eight Latina mothers who were born outside the United States, spoke Spanish as their native language, had children with severe disabilities, and belonged to a Spanish-speaking family support group. According to Mueller, Milian, and Lopez (2009), three significant benefits were identified by the mothers, including "(a) feeling like a family, (b) having a source of information, and (c) receiving emotional support. Findings indicated that information and assistance the parents were missing from the school system were offered through their group" (p. 113).

In summary, involving parents in their child's education can provide many benefits to the child through special education services (Carter, 2002, 2003). Studies on parent–school partnership continue to emphasize the importance of including the parent's voice (Mueller, Milian, & Lopez, 2009). Professionals in special education should provide more opportunities for parental involvement and promote family–school partnership to increase parents' engagement in the IEP.

Summary

This review of early and current research on parents' perspectives on IEP meetings suggests that, despite the legal mandates of parental involvement in the IEP process, parents report many challenges that affect their participation in their children's

education. Many parents want to be involved in IEPs and improve their children's

academic, social, and behavioral skills. However, provision of more training, knowledge,

and support is required to promote parent–school partnerships. Professionals should

consider factors, such as cultural aspects, associated with parents' involvement in the IEP

process. More studies are necessary for understanding Saudi parents' perceptions of their

experiences at their child's IEP meetings. The next chapter discusses research

methodology.

CHAPTER III

METHODOLOGY

Overview of Purpose

The purpose of this qualitative, phenomenological study was to explore the perceptions, attitudes, and beliefs of parents with autistic students regarding their experiences in the individual educational program (IEP) process in the United States and Saudi Arabia. The qualitative design was the best choice to provide a comprehensive description of a phenomenon shared by a group (Creswell, 2007; Moustakas, 1994). The phenomenon, in this case, was parents' involvement in the IEP process for students with autism in the United States and Saudi Arabia.

Qualitative research was the preferred method of gaining exploratory, in-depth information about the complexities of personal experiences (Marshall & Rossman, 2016). A phenomenological approach was selected to conduct the present study because of the focus of the qualitative research questions, which "attempt to understand how one or more individuals experience a phenomenon" (Johnson & Christensen, 2008, p. 48). More specifically, a phenomenological study allows exploration of "how human beings make sense of experience and transform experience into consciousness" (Patton, 2002).

In-depth interviews were chosen over other qualitative procedures because research has indicated that many parents experience the IEP process as a problem (Fish, 2006; Bateman & Herr 2003; Davern, 1996; Reiman, Beck, & Peter et al., 2007). According to Creswell (2013), the interviewing method provides the researcher with honest interaction and the opportunity to experience nonverbal communication that will enrich the details of the research.

The purpose of the study was to analyze the data provided in interviews to answer the following questions:

RQ1:   What are the factors influencing parents of students with ASD to become involved in the IEP process in the United States and Saudi Arabia?

RQ2:   What are the main differences (within each country and between each country) in the IEP process experienced by parents of children with autism in the United States and Saudi Arabia?

RQ3:   How can the similarities and differences of parental experiences during the IEP process improve the process and outcomes in both countries?

Overview of Qualitative Research

Qualitative research begins with assumptions and the use of interpretive/theoretical frameworks to inform the study of research problems, which address the meaning and perspective that individuals or groups ascribe to a social or human problem (Creswell, 2013). It involves an interpretive, naturalistic approach to the world. This means qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2011, p. 3). Qualitative research can be conducted for different purposes, such as to explore a specific group or population and to identify variables that cannot be easily measured statistically. According to Newton and Rudestam (2001), qualitative approaches are not intended to prove or test a theory; instead, the theory will emerge once the data are collected (p. 43). However, these might be condensed to fit under the National Research Council's categories of producing descriptive knowledge to answer questions, such as: "what is happening?" and "why or how it is happening?"

(Shavelson & Towne, 2002, p. 99). Descriptive information that exists in qualitative research "leads to an understanding of individuals with disabilities, their families, and those who work with them" (Brantlinger, Jimenez, Klingner, & Richardson, 2005, p. 196). The purpose of qualitative research is not only to study a few sites or individuals but also to collect extensive details about each individual study. The intent is not to generalize but to elucidate the particular and the specific (Pinnegar & Daynes, 2007).

Qualitative Research in Special Education

Qualitative research has had an important impact on the fields of special education and disability studies. Brantlinger et al. (2005) explored the history of qualitative designs in special education and discovered that qualitative studies by special education researchers often investigated the voices of recipients of special education services. For instance, many qualitative studies explored the voices of family members of individuals with disabilities (e.g., Davis, 1995, 1997; Dorris, 1989; Featherstone, 1980; Ferguson, 1994; Ferguson & Ferguson, 1986, 2001; Ferguson, Ferguson, & Taylor, 1992; Gabel, 1996, 1999, 2001; Kittay, 1999; Turnbull & Turnbull, 1979) by sharing their stories of special education and/or living with someone with disabilities. One of the benefits of these qualitative studies was that "these personalized accounts provide quite different views of classification and treatment than studies by scholars in academe" (Brantlinger et al., 2005, p. 199).

Research Design

Qualitative Phenomenological Research

Definition

Qualitative phenomenological research describes the meaning of experiences lived by several individuals and seeks to understand the essence of those experiences (Creswell, 2013). Phenomenological design focuses on describing what all participants have in common as they experience a phenomenon (Marshall & Rossman, 2016). According to Creswell (2003), phenomenological research does not focus on a specific theoretical orientation; instead, the researcher tries to build the essence of the experience from the point of view of the participants. "Lived experiences mark phenomenology as a philosophy as well as a method, and the procedure involves studying a small number of subjects through extensive and prolonged engagement to develop patterns and relationships of meaning" (Creswell, 2003, p. 15). According to Moustakas (1994), the qualitative researcher collects data from those who have experienced the phenomenon and develops a composite description of the essence of the experience for all of the individuals. Essentially, the researcher creates a description of what they experienced and how they experienced it (Moustakas, 1994). The main purpose of phenomenology is to reduce people's experiences with a phenomenon to a description of the universal essence (van Manen, 1990, p. 177).

Key Features of Phenomenology

Many authors (theorists) have expanded on the theory of phenomenology to make it more aligned with the qualitative research methodology of today (Alase, 2017). Several theorists have written about the usability of the theory of phenomenology, including

Moustakas (1994), whose theory was crafted from a psychological perspective, and van Manen (1990), whose ideas were based on human science orientation.

In his book *Qualitative Inquiry Research Design*, Creswell (2013) outlined specific key aspects of phenomenology. First, phenomenological design emphasizes the specific phenomenon to be explored and phrased in terms of a single concept or idea; in this study, that single concept or idea is parents' involvement in the IEP-process. Second, phenomenological design dictates that the exploration of the single idea should be with a group of individuals who have all experienced the phenomenon. Thus, a group "is identified that may vary in size from three to four individuals to ten to 15" (Creswell, 2013, p. 78). Also, in some forms of phenomenology, researchers bracket themselves out of the study by not discussing their personal experiences with the phenomenon; therefore, the researcher can focus more on the experiences of the participants (Giorgi, 2009).

In addition, Creswell (2013) as well as Marshall and Rossman (2016) have pointed out that the data collection procedure in phenomenology typically involves interviewing participants who have experienced the phenomenon. However, the researcher can use varied sources of data, such as observations and documents. In this study, the researcher conducted in-depth interviews with parents of children with autism to obtain their knowledge of the IEP process. Most importantly, data analysis can follow systematic procedures that start with narrow units of analysis (e.g., significant units) and move to broader units (e.g., meaning units), or more detailed descriptions. Finally, a phenomenological design ends with a descriptive passage that discusses the essence of the experience for individuals and describing what are the common findings (Creswell, 2013, p. 79).

Types of Phenomenology

Creswell (2013) highlighted two approaches to phenomenology: hermeneutic phenomenology by van Manen (1990) and empirical, transcendental, or psychological phenomenology by Moustakas (1994). In the first approach, van Manen discusses phenomenology as a dynamic interplay among specific research activities; however, van Manen does not approach phenomenology with a set of rules or methods (Creswell, 2013). The second approach, the transcendental approach, is more systematic and provides specific details in data analysis for gathering the textual and structural descriptions of participants' experiences (Moustakas, 1994). This approach allows the researcher to be engaged with participants through experiences that are current and ongoing rather than occurring in some past time (Moustakas, 1994).

For the purpose of this study, the transcendental approach was used. This approach focuses less on the interpretations of the researcher and more on a description of the participants' experiences (Creswell, 2013; Moustakas, 1994). It is essential for researchers using this approach to establish an *epoche* in which investigators set their experiences aside and take a fresh perspective toward the phenomenon under examination. Hence, transcendental means "in which everything is perceived freshly, as if for the first time" (Moustakas, 1994, p. 34).

In-depth Interview Defined

One of the most common forms of data collection in educational qualitative studies is interviewing participants (Merriam, 1998). Kvale (1996) described qualitative interviews as "a construction site of knowledge," where two or more individuals discuss a "theme of mutual interest" (p. 2). Seidman (2006), described three in-depth interview

approaches that concentrate on phenomenological inquiry: The first focuses on past experience with the phenomenon; the second focuses on present experience; and the third joins these two narratives to describe the individual's essential experience with the phenomenon. For this study, the researcher focused on the third option to gain more information about any of the parents' past and present experiences and involvement in the IEP process. Interviewing, as a form of qualitative data collection, has particular benefits; for instance, an interview quickly yields data in quantity and allows for immediate follow-up and clarification, if needed (Marshall & Roseman, 2016).

Phenomenological Interviewing

Marshall and Rossman (2016) defined phenomenological interviewing as "a specific type of in-depth interviewing grounded in the philosophical tradition of phenomenology, which is the study of lived experiences and the ways we understand those experiences to develop a worldview" (p. 153). The purpose of this type of interviewing is to describe the meaning of a concept or phenomenon that several individuals share (Marshall & Rossman, 2016). The primary advantage of phenomenological interviewing is that "it permits an explicit focus on the researcher's personal experience combined with those of the interview partners" (Marshall & Rossman, 2016, p.153). It focuses on the deep, lived meanings that events have for individuals, assuming that these meanings guide actions and interactions (Marshall & Rossman, 2016).

For this study, the researcher employed one-on-one interviewing. In this type of interview, the researcher desires individuals who are not hesitant to speak and share ideas and, therefore, needs to provide a setting in which this is possible. "The less articulate,

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shy interviewee may present the researcher with a challenge and less than adequate data" (Creswell, 2013, p. 164). Smith et al. (2009) suggested that "the most important thing at the beginning of the interview is to establish a rapport with the participant. They need to be comfortable with you, to know what you want and to trust you. Unless you succeed in establishing this rapport, you are unlikely to obtain good data from your participant" (p. 64).

Sampling

Twelve parents (six Saudi parents and six U.S. parents) participated in this study, representing ten cases of students with autism who have IEPs. Creswell (2013) recommended that when conducting a phenomenological study, the number of participants should range from 1 to 10 (p. 126). For this study, the number of targeted participants was 10 to 12 parents from two different countries.

Criterion sampling was employed in this study. Criterion sampling works well when all the individuals in the study represent people who have experienced the phenomenon (Creswell, 2013, p. 155). Accordingly, the researcher selected participants who met specific criteria: (a) have a child with autism in a school setting, (b) have experience with the IEP process, and (c) have recently participated in the IEP process between 2016 and 2018 (school calendar years).

Participants Recruitment

The researcher gained the approval of Western Michigan University's Human Subject Institutional Review Board (HSIRB) prior to contacting individuals for recruitment of potential participants for this study.

There are different methods to identify participants in implementation research. In this study, the researcher used the gatekeeper technique to identify parents of students with autism who met the aforementioned criteria and who were interested in participating in the study. Essentially, the gatekeeper assists the researcher in getting access to people who meet the study criteria in schools (Farber, 2006). In this study, the gatekeepers differed according to the setting. In the U.S., the special education director was the main person who assisted in obtaining access to U.S. participants. In Saudi Arabia, special education teachers were the gatekeepers who provided information about the Saudi participants.

There were different procedures to recruit participants in the U.S. and Saudi Arabia. In the U.S., the researcher contacted the school administration office, obtained permission to recruit potential participants, and was informed of the required process for making initial contact. Next, the school administrator provided names and details of parents of students with autism. These parents were contacted by phone and e-mail and were invited to participate in the current study. Rights to participation and confidentiality were assured.

Additional steps were taken to contact special education schools in Saudi Arabia due to the differences in the education system. Prior to contacting the special education administrator, the researcher obtained approval from the Saudi Ministry of Education, and the special education department at King Abdulaziz University, the researcher's academic institution, received their confirmation of this study. The researcher provided a letter in Arabic that described the importance of this study and the reasons for gathering data.

After contacting the school administrator, three steps were taken to achieve a satisfactory pool of twelve participants from two countries:

1. The recruitment e-mail letter was sent to the school administrator for approval and then forwarded to parents who met the study criteria. The letter provided the name and contact information of Alwiah Alsaggaf, the student researcher, and her advisor, Dr. Elizabeth Whitten. Parents could directly contact either researcher if they wanted more information regarding the study or were interested in becoming a participant.

2. The researcher responded by phone and e-mail to all parents from the pool who made contact. In the phone call and e-mail, the researcher provided a description of this study. For parents who were interested in participating, the consent form could be completed by electronic signature or downloaded and returned as a signed hard copy; alternatively, a hard copy could be mailed with a stamped return envelope.

3. After receiving the signed consent form, the respondent was confirmed as a participant in this study. The first twelve parents (six from the United States and six from Saudi) were confirmed for this study. Any further response from the pool, after confirming the total of twelve, were thanked for their interest and informed that the pool for this study was complete.

Setting

This study was conducted in two different countries: The United States and Saudi Arabia. In the U.S., it was conducted in southwestern Michigan. The participants have children with autism who were students in public schools that provide general education

and special education classes. In Saudi Arabia, the study was conducted in a public school that provides self-contained classrooms and is certified by the Saudi Ministry of Education. Most importantly, settings such as inclusive or self-contained classrooms provide IEPs for students with ASD. The schools met the following criteria: (a) an academic setting based on academic curricula; (b) the school has students with autism; (c) IEP services are provided; (d) parents are involved in the school system.

Data Collection Procedures

Personal, in-depth, face-to-face interviews with parents were the primary instrument because interviews "allow us to enter into the other person's perspective" (Patton, 2002, p. 341) and gather explicit and valuable details. A semi-instructed interview format was used, and an interview topic guide was designed to obtain open answers. The interviews were structured using an interview protocol. An interview protocol permits a more systematic and comprehensive interview, is essential for keeping focus on the issues to be explored, and allows for shared personal experiences to emerge (Kvale & Brinkmann, 2009; Creswell, 2013; Patton, 2002). An informed consent document guaranteed anonymity and confidentiality (Patton, 2002). To make the participants relaxed and comfortable, general questions were included at the beginning, such as *Tell me about your child and what he/she likes to do for fun?* All questions were open-ended, and parents were asked to express their feelings as completely and deeply as possible. Additionally, the interview included descriptive questions that explored personal dimensions, incidents, and people relating to the IEP experience (Moustakas, 1994).

The interview protocol consisted of 14 questions. In some questions, the researcher used probes to assist participants in understanding their experience. All questions were

edited and reviewed by the dissertation chair, Dr. Elizabeth Whitten, who also confirmed the final version of the interview protocol. Furthermore, the interview questions were piloted with two random parents prior to conducting the participants' interviews. Pilot testing helps to refine interview questions and procedures, if needed (Creswell, 2013). There were no changes required after the pilot testing.

Each interview took approximately 45–75 minutes. All interviews were tape recorded and transcribed. Also, interviews were conducted by the author using the community language (Arabic or English); interview questions, consent forms, and recruitment letters were written in two languages (English and Arabic), depending on the participants' first language. Participants from Saudi Arabia were interviewed and transcribed in Arabic, and then written transcriptions were translated to English. In order to enhance the parents' sense of comfort while sharing their experiences, the interviews took place in a private location that was chosen by parents.

Translation

Esposito (2001) noted that translation is "the transfer of meaning from a source language to a target language" and that the translator is "actually an interpreter who processes the vocabulary and grammatical structure of the words while considering the individual situation and the overall culture context" (p. 570). Research proposals must discuss the language for interviewing (and/or document review), indicating whether or not the researcher is fluent in the language and, if not, what strategies he will use to ensure accuracy and subtlety in translation (Marshall & Rossman, 2016)

As mentioned earlier, the present study took place in Saudi Arabia, where the community language is Arabic. Therefore, interview questions, consent forms, and

recruitment letters were written in English and Arabic. The researcher is fluent in both languages, but to ensure accuracy and subtlety in translation, all translated documents of transcriptions were reviewed by another bilingual colleague, who is also fluent in both languages. The second reviewer reviewed and verified the accuracy of the translations.

Data Analysis Procedures

Qualitative data analysis refers to the process and procedures that are used to analyze data and provide some level of understanding, or interpretation, of the studied phenomenon (Creswell, 2007).

Pre-analysis. Before the data for this study were analyzed, the researcher created Microsoft Word files for the transcribed interviews and field notes. The audio transcripts were stored in a locked file in the researcher's computer and destroyed once the transcription process was completed. Then the researcher gave each participant a coded name and organized the data in two main folders: U.S. participants and Saudi participants. Finally, the researcher used NVivo coding software for data organization and analysis.

Analysis. The analysis process started with transcribing interviews and then translating any Arabic transcriptions to English. The researcher began to analyze the data by reading and re-reading over all transcribed interviews. The data analysis process involved making sense of text data from audio-taped interviews. Thus, the researcher wrote field notes and memos after each interview to assist in understanding any nonverbal cues (e.g., facial expressions and body language); these notes helped to achieve a fuller sense of the participants' perspectives about their experiences.

To avoid bias, the researcher bracketed her feelings and experiences in a process called epoche. According to Creswell (2013), the process of epoche allows for a reader to better understand the researcher's personal experiences and how they might have affected the study. The epoche included in this chapter bracketed the researcher's personal experiences as a teacher and educator.

Coding. To effectively code and categorize data, the researcher used a computer program, NVivo coding software, to identify main themes and sub-themes. Computer programs help store and organize qualitative data. According to Creswell, NVivo helps analyze, manage, and shape qualitative data, and it helps make comparisons among code labels, as well (2014).

The process of coding involves "aggregating the text or visual data into small categories of information, seeking evidence for the code from different databases being used in a study, and then assigning a label to the code" (Creswell, 2014). The researcher highlighted any significant statements and grouped them into specific codes, and any repetitive codes were classified under specific categories. All selected categories were grouped into specific themes and sub-themes. All identified themes were organized based on the main research questions; however, some themes that were not directly related to the research questions were reported as *general themes*. The themes were used to write a textual and structural description of what the participants experienced. From the textual and structural description, the researcher interpreted the findings that presented the essence of the phenomenon being studied (Creswell, 2014).
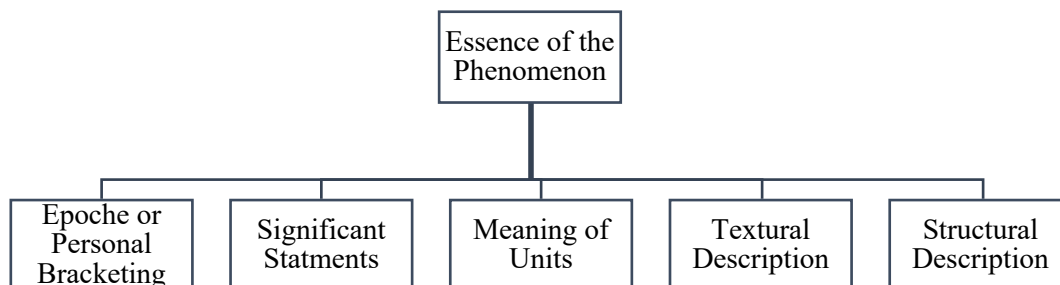
Figure 1. Template for coding a phenomenological study. Adopted from Creswell (2014).

Interview Analysis. Overall, during the data analysis procedure, the researcher focused on Creswell's (2013) approach. The Creswell approach, which is a simplified version of Moustakas' (1994) approach, has specific and structured methods of analysis:

1. Describe personal experiences with the phenomenon under study, beginning with a full description of the researchers' own experience with the phenomenon. This is an attempt to set aside personal experiences, which cannot be done entirely, so that focus remains on the participants in the study.

2. Develop a list of significant statements. The researcher finds statements, either in the interviews or other data sources, about how individuals are experiencing the topic. The researcher proceeds to list these significant statements, also known as horizontalization of the data, and treats each statement as having equal worth. Finally, the researcher works to develop a list of non-repetitive, non-overlapping statements.

3. Take the significant statements and group them into larger units of information, called "meaning units" or themes.

4. Write a description of what the participants in the study experienced with the phenomenon. This is called a "textural description" of the experience, specifically including what happened, and contains verbatim examples.

5. Next, write a description of how the experience happened in what is a called "structural description." The inquirer reflects on the setting and context in which the phenomenon was experienced.

6. Finally, write a composite description of the phenomenon, incorporating both the textural and structural descriptions. This passage is the essence of the experience and represents the culminating aspect of a phenomenological study. It is typically a long paragraph that tells the reader what the participants experienced with the phenomenon and how they experienced it (Creswell, 2013, p. 194).

Epoche

The literature has generally treated bracketing and epoche as interchangeable or synonymous (Beech, 1999; Ray, 1990; Spiegelberg, 1973). Epoche is defined as a process in which researchers put aside their own experiences and judgments on the topic being researched to collect unbiased data (Bednall, 2006).

My educational career began with educating students with severe disabilities in a self-contained center in Saudi Arabia. Later, I was promoted to educational administrator and supervised special education teachers as well as students' IEPs. Additionally, I was responsible for communicating and meeting with families and parents of the students. After completing my higher education in the U.S., I had many opportunities to work with students with special needs in public schools. My work experience in Saudi Arabia, and while studying abroad in the U.S., has inspired me to research students with ASD and

their families in public school settings. I wish to help others ensure the success of students with ASD in inclusive settings in Saudi Arabia by furthering my research.

Validity, Credibility, and Dependability

Enhancing validity and reliability in qualitative research is a critical aspect for the researcher. Qualitative research requires that researchers go through additional steps to ensure confidence in the conduct and results of the particular study (Creswell, 2013).

Credibility refers to the confidence that can be placed in the truth of the research findings (Holloway & Wheeler, 2002; Macnee & McCabe, 2008). Credibility for this study was achieved by using the validation strategies of peer debriefing and member checking (Li, 2004; Creswell & Miller, 2000).

Use of peer debriefing. Peer debriefing "provides inquirers with the opportunity to test their growing insights and to expose themselves to searching questions" (Guba, 1981, p. 85). During the research process, a qualitative researcher is required to seek support from other professionals willing to provide guidance. Feedback from colleagues helps the researcher to improve the quality of the inquiry findings (Marshall & Rossman, 2006). This researcher worked with two reviewers who have experience in qualitative research. Each colleague reviewed transcripts (participants' names were coded) and identified general themes and sub-themes. The researcher had several sessions with each individual, in addition to a group gathering, to ensure the accuracy of the findings. The researcher and reviewers achieved a high level of agreement when reviewing the transcriptions and finding interpretations. In compliance with Western Michigan University's HSIRB requirements, both colleagues had HSIRB training certificates.

For validity and credibility, Lincoln and Guba (1985) suggested that qualitative researchers share data and interpretations with participants, also known as a member checking. The researcher used member checking as an additional step "to elicit participants' feedback concerning the records of their input during the interview" (Creswell, 2013). Member checking occurred when the researcher asked four study participants to check their interview answers, and transcripts were e-mailed to those who agreed to review their responses.

Furthermore, to enhance the validity and reliability of this study, the researcher used theory triangulation. Researchers identified four types of triangulation: (a) method triangulation, (b) investigator triangulation, (c) theory triangulation, and (d) data source triangulation (Denzin, 1978; Patton, 2002). Theory triangulation uses different theories to analyze and interpret data. With this type of triangulation, different theories or hypotheses can assist the researcher in supporting or refuting findings (Carter et al., 2014). Because this study addressed parents' experiences during the IEP process in two different cultures, concepts and principles from several theories were used to frame it. The theoretical framework that led this study was based on Epstein's (2001) theory of parental involvement and Ajzen's (1991) theory of planned behavior. In Chapter V, the researcher discussed the main findings of participants' experiences based on these two theories.

Finally, dependability was achieved using the code-recode strategy. During the coding process, the researcher coded the same data (transcripts of interviews) twice. The researcher gave about two weeks between each coding and compared the results from the two coding sessions to see if the results were the same or different (Chilisa & Preece,

2005). If the coding results are similar, "it enhances the dependability of the qualitative inquiry. This helps the researcher gain a deep understanding of data patterns and improves the presentation of participants' narrations" (Anney, 2014, p. 278).

Summary

The goal of this chapter was to outline the research method used to answer the research questions. A discussion of the procedure, study participants, data collection, and interview questions outlined the specifics of how the study was conducted and who participated. This chapter covered the background to the phenomenological research and the concepts of studying the experiences of the respondent group. Chapter IV presents the findings and analysis of the data that were collected with the twelve parent participants.

CHAPTER IV

RESULTS

The purpose of this qualitative study was to explore the perceptions of parents of students with autism regarding their experiences in the individual educational plan (IEP) process in the United States and Saudi Arabia. Specifically, this study investigated how the sample of parents who have a child with autism spectrum disorder (ASD) engaged with the school personnel regarding their child's IEP. The aim was to examine the collaboration-process between parents, special education teachers, other members of the IEP team, and administrators in school settings. The data provided by the interviews were analyzed to answer the following questions: (1) What are the factors that influence parents of students with ASD to become involved in the IEP process in the United States and Saudi Arabia? (2) What are the main differences (within each country and between each country) in the IEP process experienced by parents of children with autism in the United States and Saudi Arabia? (3) How can the similarities and differences of parental experiences during the IEP process improve the process and outcomes in both countries?

Chapter four presents findings that evolved from data collected through interviewing a total sample of twelve involved parents of students with ASD selected from two counties: The United States and Saudi Arabia. The interview protocol provided a rich description of how parents experience and understand the IEP process. Careful analysis of the interview transcriptions enabled codes and thought patterns to be identified which set the stage for later theme emersion (Creswell, 2007; Marshall & Rossman, 2016; Smith, Larkin, & Flowers, 2009). Data analysis was begun by reading each transcription multiple times and then delineating units of meaning. This was

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accomplished by noting patterns in the way parent participants described experiencing and understanding their children's IEPs, following which meanings were clustered to support the formation of themes. Finally, after putting the data into categories based on the research questions, major themes and sub-themes were identified as they emerged.

Participant Profiles

This section provides more description of the participants' characteristics, including parents interviewed and their children. Twelve parents (six U.S. and six Saudi) participated in a semi-instructed interview representing ten cases of students with autism who have IEPs. Parents were identified through a coded, two-digit system. This system combined the country (Sa= Saudi Arabia; Am= U.S.) with the parent's assigned number (1, 2, 3, and so on). (See Table 1).

In the U.S. population, the six participants consisted of two mothers (Am 1 and Am 2) and two married couples (Am3, Am4) and (Am5, Am6) representing four students with autism. In the Saudi population, the six participants consisted of five mothers (Sa8, Sa9, Sa10, Sa11, and Sa12) and one sister (Sa7) representing six students with autism.

All parents were asked to complete *Participant Profile Questions*, (Appendix G) prior to each interview. The background characteristics that were collected about the participants portray a diverse sample relative to their age, education, work, income, marital status, and to whether they have received any parental training in subjects related to the IEP or special education services. The sample of the U.S. and Saudi parents ranged in age from 21 to 44 years old. The majority of participants have completed their education; of the 12 participants, 10 (83%) have finished their bachelor's degree and 2 (16.6%) have finished their master's degree. In addition, 10 (83%) were married, 1 (8%)

was divorced, and 1 (8%) was single, while 80% reported that their income was middle to high income, and 20% reported it as low income. In addition, 41% of the U.S. parents have either a full time or part-time job compared to Saudi parents. The majority of Saudi mothers reported that they are currently not working and are housewives. The parents' characteristics are displayed in Table 1 below.

Table 1. *Summary of Parents' Characteristics* (*N*=12)

Parent's number	Parent/s	Child's number	Nationality	Education	Work	Marital status
Am 1	Mother	P 1		Bachelor	Part-time job	Married
Am 2	Mother	P 2		Bachelor	Full-time job	Divorced
Am 3 *	Mother	P 3	U.S.	Bachelor	Part-time job	Married
Am 4 *	Father			Bachelor	Full-time job	
Am 5 *	Mother	P4		Bachelor	Unemployed	Married
Am 6 *	Father			Master	Full-time job	
Sa 7	Sister	P 5		Bachelor	Student	Single
Sa 8	Mother	P 6		Bachelor	Housewife	Married
Sa 9	Mother	P 7	Saudi	Bachelor	Housewife	Married
Sa 10	Mother	P 8		Bachelor	Housewife	Married
Sa 11	Mother	P 9		Bachelor	Housewife	Married
Sa 12	Mother	P 10		Master	Housewife	Married

✳ Participants (Am3 & Am4) are couples married representing one child (P 3).
✳ Participants (Am5 & Am6) are couples married representing one child (P 4).

In addition, all participants were asked, in the *Participant Profile Questions,* if they have participated in any parental training, including professional development, workshops, or informative sessions on topics related to the IEP, autism interventions, or special education services. Four options were given in these questions; if the training was received in school, out of school, in both, or no training. Of the 12 participants, 2 (17%) reported that they have participated in school district parents' training, 3 (25%) have received training in other school districts, 2 (17%) have received training in their child's

school and other organizations, and 5 (41%) reported that they did not receive any parental training (Figure 2).
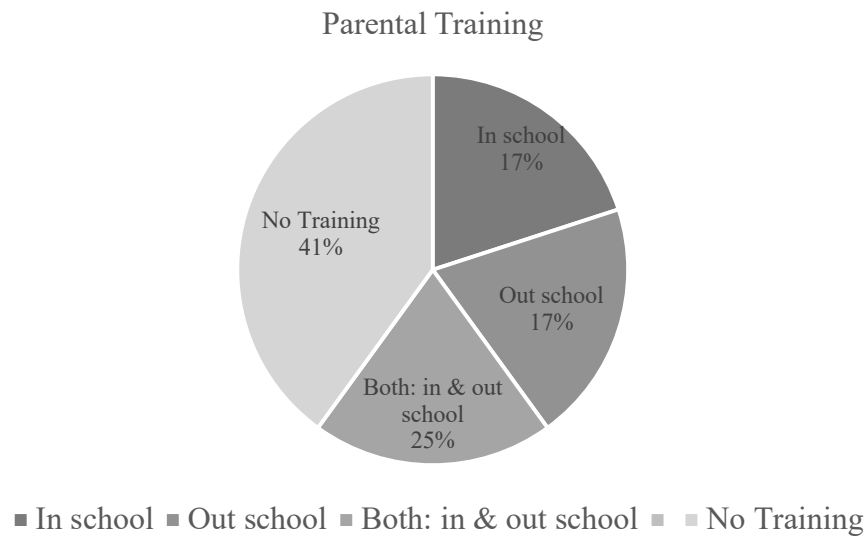
Figure 2. Participants' responses of parental training.

Participants' Children Demographics

It is essential to highlight the aspects of the participants' children demographics and the details of the students' academic settings because it was necessary that the qualitative results of this research be examined within the context of the participants' shared characteristics (Creswell, 2007; Marshall & Rossman, 2006). To ensure the confidentiality of the participants' children, a pseudonym was assigned to each child according to the following scheme: "Child 1" and "C1," and so forth.

Children's characteristics in the United States. The sample of the U.S. parents represented four children with autism. The four children consisted of three boys and one girl ranging in age from 11 to 16 years old. All children were diagnosed with autism and were students in public schools in South West Michigan. Two boys (C1 and C3) were in

fifth grade, one girl (C2) was in seventh grade, and the last boy (C4) was in tenth grade. Two students, (C2, C4), were taking classes in general education and special education settings, one student (C1) was taking classes in a special education setting all day, and one student (C3) was taking classes in a general education setting all day.

Children's characteristics in Saudi Arabia. The sample of Saudi parents represented six children with autism. All children were diagnosed with autism, and they were students in self-contained classrooms in a public school in Jeddah, Saudi Arabia. The six children consisted of four girls and two boys ranging in age from 6 to 10 years old. Three children (C5, C8, C9) were in third grade, two children (C6, C7) were in second grade, and one child (C10) was in first grade. The children's characteristics are displayed in Table 2 below.

Table 2. *Summary of Children's Characteristics* (*N*=10)

	Country	Gender	Age	Grade level	Type of academic setting	Diagnosis
C1		Boy	11	5th	Sped classes	
C2		Girl	13	7th	Mix of gen & sped	
C3	U.S.	Boy	11	5th	Gen Ed all day	
C4		Boy	16	10th	Mix of gen & sped	All children were diagnosed with ASD
C5		Girl	10	3rd		
C6		Boy	7	2nd		
C7	Saudi	Girl	10	2nd	Self-contained classrooms	
C8		Girl	10	3rd		
C9		Girl	10	3rd		
C10		Boy	6	1st		

Participants (U.S. and Saudi parents) provided more information about their children with autism, including academic history, diagnostic details, and IEP meetings. Additional information of the children of the parents interviewed is displayed in Table 3.

All parents reported that the age their children had been diagnosed with autism ranged between 1 year and 3 months to 9 years old. In addition, all children with autism were receiving special education services for about three years to nine years in different schools. Of the ten students with autism, six (60%) have transferred to different school districts. In the U.S. population, C1, C2, and C4 transferred once to a new school, whereas C3 has transferred twice to different schools. In the Saudi population, only C6 and C7 have transferred once to another school district. Furthermore, participants reported the number of IEP meetings they attended in 2018. Participants in the United States have participated in an IEP meeting at least once a year or more, whereas participants in Saudi Arabia did not attend any IEP meetings in 2018. Finally, during the interview, two Saudi parents mentioned they have other siblings with autism, (C5, C9), and they were former students in the same school.

Table 3. *Additional Information of Children of Parents Interviewed* (*N*=10)

Participant information	U.S.				Saudi					
	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
Age diagnosed with Autism in years	4	3 or more	9*	5**	3	2 years and 6 months	4	1 year and 3 months	3	2 years and 6 months
Years receiving special education services	4-5	7-8	3	8-9	6	3	6	4	4	3
Number of times transferred to different school district	1	1	2	1	0	1	1	0	0	0
Do you have a copy of your child's recent IEP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Number of IEP meeting/s attended by parent in 2018	1	3	3	1	0	0	0	0	0	0
Number of siblings with autism	0	0	0	0	1	0	0	0	1	0

*According to parents (Am3 & Am4), their child was diagnosed when "he was in third grade."
**According to parents (Am5 & Am6), their child was diagnosed with early childhood developmental delay when he was 3, and the diagnosis was changed to autism at the age of 5.

Participants Narratives

Parents were asked to provide more information about their children with autism. The researcher asked each parent at the beginning of the interview to start talking about their child. More description of these students with autism who have IEPs was described by the parents using their own voices and words (see Appendix I). Participants (P1, P2,

P3, and P4) are children with autism in the U.S. Participants (P5, P6, P7, P8, P9, and

P10) are children with autism representing the Saudi population.

Table 4. *Participants' Assigned Numbers*

Nationality	American				Saudi					
Parent's number	Am 1	Am 2	Am 3	Am 5	Sa 7	Sa 8	Sa 9	Sa 10	Sa 11	Sa 12
			Am 4	Am 6						
Child's number	P 1	P 2	P 3	P 4	P 5	P 6	P 7	P 8	P 9	P 10

Summary

The richness of the participants' responses was not impacted by their level of

education or number of years their children received special education services. Instead,

what did tend to influence the content was the experience of participants who have gone

through years of resistance from school districts. Also, participants who have been a

member of varying support groups tend to be more knowledgeable of their rights and the

IEP process. Participants' level of knowledge and awareness about the special education

procedures and laws impacted their experiences in the IEPs.

Presentation of Themes

The analysis of participants' interviews led to the emergence of five core themes

describing the phenomenon of interest. Sub-themes were also included under major

themes (see Table 5). Finally, a summary of the chapter provides closure for the research.

The five major themes were: (A) IEP as defined by parents, (B) Factors influencing

parent's involvement in the IEP, (C) Parents' Description of the IEP Process, (D) Barriers

to parent involvement in the IEP, and (E) Recommended Strategies to Increase Parents'

Involvement.

Table 5. *Themes Resulting from Data Analysis*

Research question	Major themes	Sub-themes	Number of responses
General theme	IEP as Defined by Parents	(a) Definitions by the U.S. participants (b) Definitions by the Saudi participants.	12
(1) What are the factors that influence parents of students with ASD to become involved in the IEP process in the United States and Saudi Arabia?	The Common Factors: Parent-Related factors	(a) Parent's knowledge, (b) Parents' beliefs of the IEP, (c) Parents past and new experiences, (d) Parent's satisfaction, (e) Parents support groups, (f) (f) Parent-advocacy.	113
	The Common Factors: School-Related factors	(a) Communication (b) Collaboration (c) Teachers	42
	Factors related to the U.S. participants	(a) Admin support (b) Advocacy group	14
	Factors related to Saudi Participants	(a) Inclusion	5

Table 5 - continued

(2) What are the main differences (within each country and between each country) in the IEP process experienced by parents of children with autism in the United States and Saudi Arabia?	Parents' Description of the IEP Process	(a) IEP process in the U.S. (b) IEP process in Saudi Arabia (c) Differences between the U.S. and Saudi Arabia.	108
(3) How can the similarities and differences of parental experiences during the IEP process improve the process and outcomes in both countries?	Barriers to Parental Involvement in the IEP	(a) Common challenges (b) Barriers related to the U.S. participants (c) Barriers related to the Saudi participants.	72
	Recommended Strategies to Increase Parents' Involvement	(a) Communication strategies (b) Relationship-building strategies (c) Increasing knowledge strategies (d) Skill-building activities.	58

Note: Number of times participants responded was drawn from NVivo coding software.

Before presenting the data analysis to answer the three main research questions, it is beneficial to first present each parents' definitions regarding the IEP. These are organized into two subcategories: (a) definition by the U.S. participants and (b) definition by the Saudi participants.

Theme One: IEP as Defined by Parents

Definition of the IEP

All participants were asked to define the IEP based on their experience. Parents shared different perspectives regarding this concept. Based on the responses of the U.S. and Saudi parents, 67% indicated the IEP provides needs and services for their children (Am1, Am2, Am3, Am4, Am5, Am6, Sa9, and Sa12). Even though each definition seemed unique from the others, U.S. participants stressed the power of the IEP as a legal right for their children, compared to Saudi participants. Some Saudi parents provided different IEP conceptions (e.g., assessments, lesson plans, and individual sessions). Overall, parents in the United States tend to have a clear understanding of the IEP compared to Saudi parents. On the other hand, Saudi participants showed hesitation and confusion in their definitions.

Definitions by the U.S. participants. Participants in the United States recognized the importance of the IEP as an individual educational plan and as legal documentation for their children. They shared similar responses, such as stating it is a legal document (Am1, Am2, Am6), it includes goals (Am1, Am5), it provides services and resources (Am1, Am4, Am6), and it is a set of rules (Am3).

IEP as a legal document. Some parents perceived the IEP as a legal document that protects their children rights regarding special education services. Am1 and Am6 stated that the IEP is "a legal document" and that many families do not recognize the power of this document. Am 1 also shared that, "an IEP to me is goals that we set, that needs to be obtained by [my child] by the end of the year. Also, in there, there are

resources that [my child] should be able to have access to and again to help with behaviors and schoolwork".

Am2 also stressed the importance of the IEP to protect the student and the school "to meet requirements for funding specific to special education." It used as "a guide for new personnel [and] new educators to see what has historically been done." She also mentioned that "it's a well-documented transcript of their education. I think it is a paper of good intentions."

IEP as a set of rules. Am3 shared that "to me, the IEP is a set of rules that the teachers have to follow and how are they treat [my child] and educate [my child]." She also added that "but I also look at it as a cathartic; they have to do that."

IEP as a plan. Am4 simply defined the IEP as an educational plan for what school and parents are going to do "to provide the services that [my child] needs to learn at and succeed at the same levels and all the kids."

IEP as a progress checking. Am5 shared that, "For me, I think it's a good chance every year to check up how far he is [coming]. The progress that [my child] has made and then what the goals are for the future; and it encourages me to know that they have his best interests at heart and that they are making goals."

IEP requires flexibility. Interestingly, Am6 mentioned that the IEP is not just a legal document, but it requires flexibility by parents. He explained:

> It is a legal document that says these are the services that the school is going to provide, and it is in; and when you get it that's binding on them and that is the other side and that's where that flexibility. I mean they have to do those things and if they if you give too much wiggle room in there they can end up you know

maybe not doing something the way you thought they were going to. But [we have] always had a good experience.

Definitions by the Saudi participants. Participants in Saudi Arabia shared different responses, such as the belief that it is a set of assessments (Sa 7), it is a lesson *plan* (Sa 8), it includes the child needs and services (Sa 9), it is an individual session (Sa 10, Sa 11), and it has goals (Sa 12). Only two participants (Sa 9 and Sa 12) shared similar definitions to the U.S. participants.

IEP as a set of assessments. Student's assessments and evaluation process are vital steps in special education. This evaluation process is conducted before writing the student's IEP. One participant defined the IEP as assessing child's skills. Sa 7 was hesitant regarding her response. She used different concepts in her answer such as child perception, eye contact, observation, occupational therapy, and sensory assessment.

IEP as a weekly plan. Sa 8 described the child's weekly goals and school agenda as an IEP. She shared that "I do not know what an IEP is. However, the teacher sent home weekly lesson plans and goals to know what they are going to learn this week or the following month."

Some parents realized the purpose of special education services but misunderstood the concept of the IEP. Sa 8 added that "I think, in my opinion, when my child was in an early intervention program, he had ADHD and he was non-verbal, so we tried to solve those problems by things that teacher do for him to decrease them."

IEP as individual educational plan. Each IEP must be designed for one student and must be a truly *individualized* document. Only two of the Saudi parents interviewed defined the IEP as an individual educational plan (Sa 9, Sa 12). Some Saudi participants

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expressed different meanings of the individualized plan. For example, participants Sa 9 and Sa 12 realized the importance of designing a specific plan for their child; however, participants Sa 10 and Sa 11 recognized it as providing individual sessions for their children. An example of defining the IEP as an individual educational plan is the following definition by Sa 9:

> Yes, I know what an IEP is! I heard it a lot. When the school writes a plan for the child to evaluate the child's needs and skills. For example, there are some kids [that] are verbal and others are non-verbal. So, they focus on the language part. They did many IEPs in pervious schools. It contains child's needs, strengths, ABA, accomplishments, long and short goals.

IEP as an individual session. Sa 10 explained that "my understanding is that the IEP is an individual session; [there are] no group classes. They teach my child personal and academic skills individually. This plan has short and long goals."

IEP provides services. Sa 11 is another example of a misunderstanding of the individualized plan. She noted that:

> What the school told me about the IEP, I thought it is an individual plan for my child. Based on my readings, the IEP means providing individual ABA sessions and speech therapy. However, the school only provides academic classes and teach[es] my child reading and writing. But, I need my child to learn how to behave before any academic skills.

IEP as group work. The importance of teamwork was mentioned by Sa 12, who explained that

it is a plan [that] contains goals such as social, academic, behavior, and early intervention. It is a plan to work with the teacher in every step to improve my child's needs. For example, my child's plan focused on teaching him social skills, working on his name, using bathroom, and teaching him language skills. So, the teacher and I have been working together on this plan.

Summary

The IEP creates an opportunity for teachers, parents, school administrators, and related services personnel to work together to improve educational results for children with disabilities. Each participant expressed their own definition of the IEP. The main difference between the U.S. and Saudi responses is their recognition of the power of this document as a legal right for their children more than just a written plan. In addition, all respondents highlighted the importance of working closely with teachers to improve their children's unique needs and succeed in their education. Understanding parents' perception of the IEP is a critical aspect to increasing their level of involvement in it.

Theme Two: Factors Influencing Parents' Involvement in the IEP

The first research question is about what factors influence parents of students with ASD to become involved in the IEP process in the United States and Saudi Arabia. Both U.S. and Saudi parents shared their experiences of the factors affecting their participation in the IEP process and their children's education. The purpose of this section is to discuss factors that are in common to or different between the participants. The survey did not include a direct question to identify these factors. However, participants' responses to the interview protocol and their stories could be used to identify the following three emerging subthemes: (a) common factors, (b) factors related to the U.S. participants, and

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(c) factors related to the Saudi participants. The first subtheme, the common factors, describes elements that were experienced by the majority of participants in both countries, and is divided into two groups: parent-related factors and school-related factors. The second subtheme presents specific factors that were described in the U.S. parents' input. The last subtheme includes other factors related to parents in Saudi Arabia (see Table 6).

Table 6. *Factors Influencing Parents' Involvement in the IEP*

(1) Common Factors		(2) U.S. Factors	(3) Saudi Factors
(a) Parent-Related	(b) School-Related		
Knowledge	Communication	Administrative support	Inclusion
Beliefs	Collaboration	Advocacy group	
Experiences	Teachers' treatment		
Satisfaction			
Support groups			
Parent advocacy			

Common Factors that Influenced All or Most Participants

Overall, Saudi participants showed a low level of involvement in the IEP compared to the U.S. participants. According to all Saudi respondents, they experienced only one IEP meeting or they did not participate in any meetings at the school. The lack of IEP meetings and the complexity of the Saudi school system may affect the number of factors. Despite the confusion in this particular school system, Saudi parents shared their experiences of their children's education. More information about the IEP process in Saudi Arabia is described in the third theme. This subtheme contains two sections: parent-related factors and school-related factors.

Parent-related factors. These include, (a) parents' knowledge, (b) parents' beliefs and perceptions of the IEP, (c) parents' past and new experiences, (d) parents' satisfaction, (e) parent's support groups, and (f) parent advocacy (Table 7).

Table 7. *Distribution of Parent-Related Factors*

Parent Factors	U.S. Participants							Saudi Participants				
	Am1	Am2	Am3	Am4	Am5	Am6	Sa7	Sa8	Sa9	Sa10	Sa11	Sa12
Knowledge	X		X		X			X	X	X	X	X
Beliefs	X	X	X	X	X	X	X	X	X	X	X	X
Experiences	X	X	X		X	X			X			
Satisfaction	X	X	X	X	X	X	X	X	X	X	X	X
Support groups	X	X	X	X	X	X	X	X	X	X	X	X
Parent advocacy	X	X	X	X	X	X		X	X			

Parents' knowledge. Of both U.S. and Saudi participants, 67% indicated that they had limited to zero knowledge about the IEP and special education procedures. The only difference found between the U.S. and Saudi participants was the level of knowledge about their rights. U.S. parents emphasized that they had limited knowledge and information about the processes at the beginning of their involvement, but they tended to become more knowledgeable about the IEP after years of experience. In contrast, Saudi participants expressed the need to have more knowledge and awareness of the IEP process.

Parents' beliefs and perceptions. Understanding parents' beliefs and perceptions of the IEP is important. In this study, all (100%) parents believed that their involvement in the IEP had a positive impact on their children's education. All parents agreed that (a) being involved in the IEP was critical and (b) it had an impact on the progress of

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children's grades, behavior, and IEP goals. The majority of parents shared similar responses about the importance of parental involvement in the IEP. Although the Saudi participants tended to have misconceptions about the IEP, more than the U.S. participants did, they expressed the same positive thoughts of being involved in the IEPs.

Parents' past and new experiences. Sixty-six percent of parents indicated that they had negative experiences in the previous schools that affected their participation in the IEP. Some parents mentioned that moving to a new school district was the only solution to receive better services for their children. Other parents emphasized that they became more aware of their rights and more involved in their children's IEP after years of having negative and positive experiences. According to Am1, who had problems with the IEP in the old school, "the old school did not follow the IEP protocol." She also mentioned the use of advocacy group services to support her:

> So I learned about my rights and responsibilities through the advocacy. There was a wonderful lady out there and she kind of helped educate some of us parents that were going through struggles within the school about what we could do to change it.

Similarly, Am2 shared her negative experience in the old school: "They didn't do anything. So, we learned to not trust them, not rely on them, and no one else is going to do it." She further described the new school experience:

> Now I feel like the whole program itself is better. But I feel like we're better at it too. We're better educating her, we're better at being more involved in schools and the meetings and the communication. So, we changed too based on our horrible experience here.

Am3 and Am4 also mentioned their problems with the old school. Am3 said that "at the last school where we moved away from, the principal it was not so receptive." Am3 compared the old and new school:

> … was really hard to get them moving, to go, as quick as I would want things to happen. Here, they tend to like [to] jump right on things. We'll do this, let's set this up within a week or two. At the previous school was like in a month.

In addition, Am5 and Am6, who moved to a new school district to get better services for their child, said:

> Sometimes you have to make a big change. We moved so quickly to be in a better district, a smaller. Even though at [city name] seemed huge to him, we were willing to make the move because we knew that he needed to be in a smaller district.

Similarly, Sa9 mentioned the lack of services provided for her child in the old school; she said, "the old school was [a] very bad experience for me and for my child. The new school is much better in providing services and support."

Parents' satisfaction. Parents' satisfaction about their children's IEPs and school services is another important factor that could affect their participation. All parents were asked to rate how satisfied they were with the IEPs. The U.S. parents tended to be more satisfied about the IEP process than the Saudi parents. When the parents were asked to rate their satisfaction with their role in the IEP on a scale of 1–5 (5 = very satisfied), the majority of the U.S. participants selected high scores; four participants (Am1, Am2, Am3, and Am4) rated their satisfaction as 5, and Am5, Am6 said that "we would say between 4 to 5." Some parents described their reasons for their rating. For instance, Am1

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mentioned that the communication "has been great with the school"; Am3, shared, "the IEP has been very beneficial for him. Overall, I've been very pleased with it, for the most part, here especially [new school]. It's been a whole different, the school system has been phenomenal."

From the Saudi participants' perspective, the schools did not provide enough services for their children. The majority of Saudi parents rated their satisfaction as middling to low; five participants (Sa7, Sa8, Sa9, Sa10, and Sa12) rated it 3, and one participant (Sa11) rated it 2. Some parents (Sa8, Sa9, and Sa10) said that they were not very satisfied because of the lack of services such as speech and behavioral therapies. Another parent, Sa11, said, "I did not have an IEP meeting, that's why I said two." Finally, Sa12 mentioned that "the satisfaction rate differs every academic year, based on the services provided and teachers' support."

School-related factors. These include (a) effective communication, (b) collaboration, and (c) treatment by teachers.

Table 8. *Distribution of School-Related Factors*

School Factors	U.S. Participants						Saudi Participants					
	Am1	Am2	Am3	Am4	Am5	Am6	Sa7	Sa8	Sa9	Sa10	Sa11	Sa12
Communication	X	X	X	X	X	X						
Collaboration	X	X	X	X	X	X		X	X			X
Teachers' treatment		X	X	X	X	X	X	X				

Effective communication. Fifty percent of the parents emphasized the importance of parent–teacher communication in the IEP process. The U.S. participants tended to have more positive communication with teachers and school personnel than the Saudi

participants. While all U.S. parents expressed more positive views than the Saudi parents, the latter had concerns about the school communication system. Saudi participants' concerns about parent–teacher communication are reported in theme four.

Communication Barriers. From the U.S. parents' perspective, constant and ongoing communication with teachers is vital for the IEP process. Many parents shared positive experiences of communication with their children's teachers. For instance, Am1 said "Communication has been great with the school. This school year, I haven't felt like anyone's like shutting doors in my face saying you know you can't do this can't do that we can't do that we can't do that." She added:

> The best is communication. There is a huge increase in communication between me and [the] teacher and that to me is huge. I like to be in constant contact with them. I like to know when there's issues and the positive things as well.

Similarly, Am2 mentioned that communicating about future goals and providing further options for her child was important:

> We have constant communication with the teachers; and if it was something that was not related to the classroom, like future goals, or what path is she going to be on, is she going to get a certificate, or is she going to get a GED, then we step outside of the teacher and we will go to that instead. So, yes, I would say the teachers have always been now in the last couple of years very receptive to meeting outside of an IEP meeting.

Other parents had both negative and positive experiences. Am3 and Am4 had some concerns about communicating with teachers in the old school, while they expressed more positive views about the new school. According to Am3 and Am4:

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I think we've had both experiences. Here (new school), I felt very good about it.

People return phone calls, they return text. They offer their cell phone numbers,

their emails. You know if you ever need anything that's the principle, that's the

special education teacher, or the behavioral specialist.

Likewise, Am5 and Am6 expressed their appreciation for their child's teacher:

We have a lot of communication with [child's name] teacher, special Ed teacher.

But what I have liked appreciated about [child's name] teachers, before we get

that official notice in the mail that here's your IEP, she always provides early

notifications and options to scheduling.

Am5 shared an example of how some teachers provided support after school hours:

You know we sent her messages yesterday asking about homework and on a

Sunday afternoon, she'll send back a message, here's what you got to do. So,

communication wise I notice that, as a principal I will get answers very quickly

from my staff. When I was no longer the principal that did not get answers very

quickly.

Positive communication with the special education administrator and school

personnel was reported by Am5 and Am6: "we've had no problem contacting and hearing

back from any administrator other person." They further added:

We e-mail is a big one, if we have a question will email them. But a lot of it is

even when he has gotten in trouble and we've had to meet with the principal.

Usually his teacher will either be there or she will have to talk to us before we go

into that meeting and stuff so that we feel like we're prepped for it.

The majority of Saudi parents agreed that communication with teachers was very important for their children's education. Although they mentioned more communication barriers, they also shared some positive examples of parent–teacher communication. For instance, Sa8 described how the special education teacher used a phone application, WhatsApp, to share classroom activities and homework. According to Sa8, "some teachers used WhatsApp group messages to share information with me and other parents as well." Similarly, Sa9, Sa10, and Sa11 mentioned the use of this application with other parents. All Saudi parents mentioned the use of Student's Notebook as the main form of communication. Sa11 said: "the school system prevents exchanging phone numbers with teachers. They [are] only allowed to use the notebook to keep us informed about the class requirements."

Collaboration. Of the U.S. and Saudi participants, 75% emphasized the significance of collaboration between parents, IEP team members, and administrators. For U.S. participants, communication and collaboration with the IEP team was important, while the Saudi participants focused more on home–school collaboration.

Some U.S. parents stressed that collaborating with new teachers was important while transitioning to a new school district. According to Am1:

I like to be able to collaborate and work together to resolve any issues that come up especially with it being a transition. It can be rough, and you know, things [are] just not what he's used to; he is very routine oriented, not strictly so, but once he gets he knows what he's got to do.

Am3 and Am4 highlighted the importance of having a team working together to support children with special needs. She mentioned that "the things that we decide

together as a group between the teachers and the parents, the best way to help [my child] through school." Am2 shared her feelings about the IEP team: "Now, I feel like everyone's a lot more attentive, more forward, and focused on the IEPs and communication. We've all come a long way together." Similarly, Am3 said, "So, unless we're on the same page and pushing him towards the same goals all the time, he's not going to be successful, because he will find the easiest loophole." In addition, Am5 and Am6 mentioned that the IEP meeting could be stressful, but having a team working together was encouraging. They shared:

> I think it's intimidating to be in a room with like sometimes as many as eight other people talking about your child. But yet it's encouraging [too] because you know that many people have an interest in your child and they want to see him succeed. So, they are going to do the best for him.

> For Saudi parents, parent–teacher collaboration was important to improve their children's skills. According to Sa8, teachers and specialists provided information about child's strengths and weakness, and supported parents to improve student's skills. She said:

> The speech pathologist described my son's difficulties in building verbal skills. So, I took notes and worked on by teaching him at home. Working with her closely helped to improve my child's verbal skills. The school will not be able to improve our kids without parents' support, and I can't help him if teachers are not working with me as well.

Likewise, Sa9 stressed the importance of working with a group of teachers and specialists to assure children's success: "Parents and school complete each other. We should walk

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together to help our children academically and behaviorally. Having a whole team

working together is the only way to improve students with autism." In contrast, Sa12

pointed out that working as one team is important, but "there is no teamwork at the

school. The school principal, teachers, and specialist are not working with parents as one

team."

Some U.S. participants stressed that parent–teacher collaboration requires two

important elements: a positive school environment and effort to build flexibility, and

trust. In terms of providing a positive environment, some parents indicated that school

culture plays an important role in building relationships with parents. Teachers and

school personnel should create a positive and welcoming environment for parents.

According to Am5:

> We have felt welcomed to [city name], and they want our input, and they want to
>
> work with us, that encourages us to have the confidence and courage to speak up.
>
> So how were treated you makes us feel better.

In addition, one of the commonest words mentioned in many interviews is trust.

Parents need to trust their child's teachers by sharing valuable information with the

school. Am1 shared an example of how she trusted her child's teacher when she provided

input to the IEP meeting:

> I wanted to make sure that it wasn't something that was huge that wasn't going to
>
> be able to hold them back. So, and you know that's her profession. So, I kind of
>
> trust her on that to make that judgment and it's not going to be something that's
>
> going to hold him back and mine. So, I definitely agree with the social skill, he

needs those. OK. And that is way more important than him being able to

necessarily do it T H because you can understand himself.

In addition, Am6 indicated that building flexibility was very important: "We understand

that when you build flexibility and if you don't have a trusted partner that could go the

other way."

   Treatment by teachers. Fifty-eight percent of parents shared positive examples of

teachers' support and their special treatment. According to Am2:

> Well I was very happy to learn that we were going to [city name]. So that set the
>
> tone for happiness the whole time. But I was pleased because this year the teacher
>
> that we had, I thought she was great. She was very collaborative with her
>
> academics. She was really nice, and [it was] refreshing to have somebody that
>
> recognizes the importance of an education for these children. So, I thought it was
>
> great.

> Another parent mentioned that working with teachers who had expertise in autism

was very helpful. Am4 said:

> The special Ed teachers that we hired at the time had more of expertise in autism.
>
> He came from an autism center when we hired him. So, he knew right away a lot
>
> to see and he was a very good guide for identifying.

> Am4 further described the new schoolteachers: "Here [new school], they've been

great. The staff that had zero experience with autistic children, and have just gone above

and beyond. They've reached out to find out what to do. [They were] very proactive in

finding solutions." Am3 talked about the same teacher:

Before, I had no knowledge. [The] [special Ed teacher] was great too on

answering those questions, you know, going through; OK, this is the benefits that

you are going to see. So, they didn't negate any fears. He was great about that,

because I had no idea what the process was.

Parents also indicated that good teachers were those who provided extra support

for students as well as their families. Am5 and Am6 talked about their child's teachers:

They just don't want him to go and sit all day at school. They're wanting him to be

pushed and stretched to learn and to someday be able to be in society and hold

some kind of a job and things like that.

Am5 further described how some teachers were supportive in scheduling IEP meetings:

It is been helpful where we've been able to arrange our schedules, and be like if

we could do it at this time, or this time, and we'll give her some options. Whatever

works with her. So, she's communicated with us even before we get the official

notice. And we've appreciated that so that it's easier on us to make it work.

Interestingly, another parent, Am6, shared an example of a special education

teacher who also provided extra support in the school:

She knows which general education teachers don't do well right. She knows that

you will be sitting there, maybe, at the IEP meeting, or maybe just at parent

teacher conferences, and we're talking, we're brainstorming about what classes do

you think he should push out, because when he started in ninth grade he was in

the special Ed class all the time. And it's been a slow push out into the general

education classes.

Two of the Saudi participants (Sa7, Sa8) also shared examples of teachers'

support. According to Sa7, "In the IEP meeting, there were some parents who felt sad and

disappointed, and there were teachers who tried to encourage them and provided support

to make them feel better." Likewise, Sa8 mentioned that teachers provided extra support

every semester prior to student assessment:

> My son improved 90%, and that's because of teachers' support. Before my son
>
> had any assessments or exams, they informed me and wrote some notes to prepare
>
> my son. Teachers have been very supportive and they care about their students'
>
> success.

Factors Related to U.S. Participants

Admin support. Five of the U.S. participants (Am1, Am3, Am4, Am5, and Am6)

emphasized the significance of parent–administrator support in the IEP process. Am1

mentioned that the special education director was the first person who contacted her to

get a new IEP for her child. Similarly, Am3 and Am4 stressed that if they needed any

assistance with their child's IEP, "our go-to-person is the special education director."

Parent–administrator communication is another factor that increases parents'

involvement in their children's education. Am5 and Am6 pointed out that communicating

with the special education director was very effective. Am5 said, "I really like [it] here

that I can send a message out and an e-mail and get a response very quickly. You know

from the special [education] director, or I get it from the principal or even his teacher."

Other parents recognized the importance of building good relationships with the

special education administrator. Administration support could enhance parents' trust and

confidence. According to Am5:

We were treated respectfully from the school administration and everyone that

helped like they weren't putting us down. And so that was one of the ways they

earned our trust. Even [when] our kid was having serious issues. They did not

make us feel like we are awful parents because our kid was throwing a computer

across the room.

Another parent shared an example of observing the special education director

providing support to teachers. Am4 said:

In fact, one conversation I remember, the special education director was talking

with the classroom teacher and it was like a learning moment for the teacher and

she was telling her about some different things you can do, and the teacher was

making notes. OK I can do this, and I can try that.

Factors Related to Saudi Participants

Inclusion. Inclusion was another factor that influenced Saudi parents to be more

involved in the school and discuss their children's needs. Five out of six Saudi parents

(Sa8, Sa9, Sa10, Sa11, and Sa12) pointed out that preparing their children to move to

inclusive schools was more important than other factors. Many participants discussed the

need to teach their children social and behavioral skills to prepare them for inclusive

classrooms by the next academic year. According to Sa8, "My child needs to learn social

skills, that's what he is missing right now, because I will transfer him to an inclusive

setting by the next year." Another parent, Sa9, mentioned the importance of providing

behavioral therapy for her child: "My daughter will go to inclusive school one day. I have

asked the social worker to provide behavior therapy in [the] summer. That might help my

daughter as well as other students. Focusing on academic skills is not enough." Similarly,

Sa10, Sa11, and Sa12 emphasized the need for providing more services. Sa10 stressed:

> social integration is critical for our children who are autistic. I want my child to
>
> play with her friends and cousins. She will not learn social skills if she stays in
>
> her classroom all day long with other students who are autistic as well. I have
>
> talked many times to teachers and the social worker about teaching our kids social
>
> and behavior skills. Social integration will help our children to improve their
>
> skills.

Theme Three: Parents' Description of the IEP Process

The second research question asks what the main differences are (within each

country and between countries) in the IEP process experienced by parents of children

with autism in the United States and Saudi Arabia. The majority of U.S. and Saudi

parents described their experiences of the IEP process, including diagnostic procedures,

evaluations, and IEP meetings. Some parents also clarified their role in the IEP by

discussing their rights and responsibilities in relation to the IEP. The main differences in

the IEP process were found in evaluation procedures, IEP development and

implementation, and parents' rights. This theme contains three subthemes: (a) the IEP

process in the United States, (b) the IEP process in Saudi Arabia, and (c) the differences

between the United States and Saudi Arabia.

The IEP Process in the United States

All U.S. participants shared their experiences of at least one aspect of the IEP

process. The processes were organized logically based on participants' responses, and by

looking at the whole picture. Accordingly, before an IEP could be created for a child with

autism, there is a process to determine eligibility for special education services. To start the process, a child needs to be evaluated for a disability. According to Am3 and Am4, "getting him either officially diagnosed or not with autism, because it will change the way [of] the IEP, you know, the services that we have available to him."

Referral and evaluation. Identifying students who need extra support and collecting data require parents, schools, and specialists to work together as partners. Only participants Am3 and Am4 described the process of their child's school for assessing and determining eligibility for special education services. According to Am4, his child was "identified by the child study team in the fall." He defined the child study team's roles as "they collected information and data; they looked at identifying children who need services; [then] communicated with parents right away." Following this, parents received data, and "we provided the information from the psychologist," and according to Am3, "then we met and discussed that, then, it was like every time we had a meeting, was like another month, and then another month." Am4 added, "So they were evaluating strengths and weakness."

Diagnosis. Based on the U.S. participants' responses, three aspects related to ASD diagnosis can be identified: (1) the age of the child, (2) specialists undertaking ASD assessments, and (3) meeting ASD milestones. First, the children of three parents (Am1, Am2, and Am5/Am6) had early diagnoses of autism before they were of school age. Only Am3/Am4 had their child diagnosed when he was in the third grade. Nevertheless, each child experienced a different diagnostic history before meeting ASD milestones. Am1's child "was diagnosed when he was 4 years old". According to Am2:

She started up early in the ECDD early childhood developmental delay. It took a

long time for someone to say it. I knew it. I thought it was obvious. She was colic,

so she was a very upset child from like two to four. She said she didn't meet her

milestones. So, we couldn't get an actual diagnosis until someone from the Health

Department came out.

Participant Am3 and Am4 had their child diagnosed when he moved to a public school:

We had him diagnosed in third grade. [He] had gone to the preschool that was a

private preschool. So, it's a very small class of five or six students. So, he [had]

the extra attention that he needed. So, there weren't huge red flags. Then when he

went to public school, and then like 'wow'! We need help with this.

Second, with regard to specialists who carried out ASD assessments, some

parents highlighted that their children were assessed by a pediatrician and psychologist

for an official diagnosis. For instance, Am3/Am4 mentioned:

We originally had him diagnosed as ADHD. We had him go see a therapist to

help with behavior. Our pediatrician recommended a psychologist and that's the

first time they tested it with ADHD and diagnosed him with that. Just through a

couple of years' processes, mostly when we are doing the IEP for the first time;

and that was why we looked into getting him officially diagnosed.

Third, other parents highlighted the need for meeting ASD milestones to get an

official diagnosis. Am4 and Am5 shared an example from their child's diagnostic history

describing the development of basic skills:

First, when he was three, he was first diagnosed with early childhood

developmental delay; and then they changed it to autism when he was five. [We]

came to them and said shouldn't he be growing out of this! I mean he had made

progress and they said we're starting to think it's autism, that there's something

more than just developmental delays. So, the problem was in order to have the

autism diagnosis you have to be able to check certain boxes. If there were five

boxes that had to be checked maybe three-year-old, they could only check three of

them. And he got into a program here in [name of city] county and they worked

with him and he actually within six months that first year he was speaking right

then. And [it was] as his verbal skills developed that some of those other boxes

were able to be checked out. [They] said yeah, we're noticing in his verbal skills

are now revealing thought patterns and so on this make us think this is autism.

Interestingly, Am3 and Am4 mentioned two types of diagnosis: medical and

educational. According to Am3 and Am4:

They made the medical diagnosis. So, they made the diagnosis for autism and for

Tourette together, and comorbid with the ADHD that our psychologist saw. So,

the medical diagnosis was autism and Tourette's the educational, IEP was written

for otherwise health impaired for OHI. They didn't feel that he qualified into the

educational setting for autism but still had plenty for otherwise health impaired.

Developing the IEP. Prior to the IEP meeting, parents received a copy of the IEP

to read and review, and make any changes to it if necessary. According to Am1:

Well, I typically like to get that IEP because, the school will write the IEP before

the meeting. So, I like to get that before that meeting, and they typically set the

goals and what they would like to have done. I go over, and I go through it; if I

agree with the goals, I tend to leave them. If I think something needs to change,

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then I make notes and I prepare for my meeting, so that when I go in there and

can advocate for my child.

Similarly, Am2 said, "They come up with goals, they tell us the goals, then they ask for

our inputs and suggestions if we agree, basically if you agree."

Scheduling the IEP. Early notification of the meeting is important to ensure

parents' participation in the IEP. Am5 and Am6 shared an example of scheduling their

IEP meeting and notifying them:

What I have liked to appreciate about [child's name] teachers before we get that

official notice in the mail, his teacher will email us, and be like, what is a good

day and what's a good time, because I know you will have to take off work. So

that's been helpful where we've been able to arrange our schedules and, be like, if

we could do it at this time, or this time, and we'll give her some options; whatever

works with her. So, she's communicated with us even before we get the official

notice. And we've appreciated that so that it's easier on us to make it work.

The purpose of the IEP meeting. All U.S. participants confirmed that they had

an IEP meeting at least once a year. According to Am1, "I would say one because there's

only one a year." The purposes of the IEPs and the discussions arising from them can

vary. For instance, some parents (Am2, Am3, and Am4) said that they had two to three

meetings every year. Am2 pointed out that "it looks like we have IEPs, and then we have

review of existing evaluations. So, I would say three for sure." Similarly, Am3 and Am4

said "We probably met three times."

Transitioning. Other parents highlighted that transitioning from school to school,

from level to level, or from program to program requires new IEP meetings. Am5 and

Am6 mentioned that "they have I believe it's 30 days to when you transfer from your school to develop a new IEP." Parents shared different examples of transitions. Am2, whose child transitioned to a new program, said, "she must have had one when we transitioned from ECDD to the program at [city name]." In addition, Am3 and Am4, whose child transitioned to an upper level, said, "So, we just had a transition meeting today where we discussed his IEP. Moving into middle school one of the big things was implementing a Homework Checklist Speak." Am1's child transitioned to a new school:

> So, transitioning from the school he was at last year, to the school he is at this year, I did not like the IEP that they had written at the end of last year. I knew he was transitioning. So, I contacted [the special education director] and said, hey, I want to set up another IEP. There are some goals in here I want to change, and then it gave me an opportunity to meet a teacher and other staff as well. So, I revised and said I want to change a few things.

The IEP team. All participants were asked about IEP team members. The majority (Am1, Am2, Am3, Am5, and Am6) confirmed that the IEP meeting included parents, special education director, school principal, special education teacher, general education teacher, occupational therapist, speech pathologist, psychologist, and social worker. Am4 added another member, "ASD consultant." Other parents emphasized that if one member could not attend the IEP, he or she would provide input before the meeting. For instance, Am2 said "The general Ed wasn't able to come, but she did submit her input in here." Similarly, Am5 said:

> They usually sent paperwork home for us to read and let them know if we have questions. Or like this past IEP, the school psychologist called and asked me a

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few questions before she did her report, because she was not going to be at the

IEP, so she interviewed me on the phone ahead of time.

IEP goals. All U.S. participants confirmed that they had experience of editing,

revising, changing, or adding IEP goals. For instance, Am1 and Am2 had requested new

IEP goals for their child. Am3 and Am4 had revised the IEP goals before their child

moved to upper grade level. Similarly, Am5 and Am6 mentioned discussing the IEP

goals and adding new goals: "If we feel there's something that needs to be added or we

don't like how something is worded or phrased we'll go ahead and bring it up." In

addition, parents stressed that they were informed if teachers changed the IEP goals or

considered further changes. According to Am5:

> If she (teacher) has changed it in the IEP, she's sending that paper home with him,
>
> today, if you could sign and send it back, so that we don't have to take time off
>
> work and schedule a formal IEP meeting and everything we can just sign it and
>
> send it back.

In addition to the above, communicating with parents and informing them about their

child's progress to consider further options was very important. A good example was

given by Am5 and Am6:

> Like a month ago, or so, she emailed us and said: Hey we just did some testing,
>
> and [child's name] tested really well in his reading in English, we might want to
>
> consider, because now they're registering for classes for next year. Do we want to
>
> do something different? Do we want to get him into an English class, again,
>
> general education English class next year? So, it started out with an e-mail, but
>
> then there's a special Ed teacher there who will team-teach some of the English

classes. And they, you know, try to have some special education kids; I say go there. And it happened to be just a normal time for parent–teacher conferences.

Parents' role and rights. The majority of the U.S. participants perceived their role in the IEP as important to support their children. For example, Am3 said:

> To me, I feel like it's important role about [child's name], you know, what works for him, and what doesn't work with him, and telling them the things that I need as a parent, the communication and stuff so that I can support them.

Likewise, Am2 mentioned:

> I feel like I'm the captain of the ship. And if I don't keep them all on task, because there's like six seven people in that meeting. There was a lot of focus on, you know, they're on their computer making sure that they're filling it out. I went to meetings; I need to make sure I cover these things. So, I go with my own agenda of this is what we need to discuss, this is what we need to talk about, and then getting everybody's input.

Am5 and Am6 also mentioned how important it was to provide their input to the IEP:

> We did a lot of listening and that the will usually offer some input and we know a little bit about what we want to say because of the information they've given us ahead of time, so we're not usually shocked by anything.

In addition, parents had rights and protections if the school did not follow the IEP. One participant (Am1) mentioned the use of an advocacy group: "I learned about my rights and responsibilities through the advocacy in [city name]. She added, "Two years ago I actually filed a claim against the state about his IEP, that they were not following him, and so they helped with that, helped me write them where to send it."

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The IEP Process in Saudi Arabia

Before detailing the process, it is essential to provide general information about the school system as described by Saudi parents. According to Sa12, "the school has three programs: early intervention, kindergarten level, and elementary level." The early intervention program is designed for younger children aged around four years or older (Sa8, Sa10, and Sa12). This program focuses on teaching adaptive skills, communication skills, and cognitive skills (Sa12). The kindergarten and elementary levels focus only on academic skills. The elementary program contains first, second, and third grades. Besides teaching the academic curriculum, the school provides speech therapy sessions (Sa10). All Saudi parents mentioned that once their children finished the third grade, they had to move to new schools, which were either public or private. The school provided a modified special education curriculum, as Sa8 described: "The curriculum at this school is a modified version of the general education curriculum. For example, students in the second grade at this school, they are studying topics that were given to first graders in a regular school."

Diagnosis. The majority of Saudi parents (Sa8, Sa9, Sa10, Sa11, and Sa12) obtained an official diagnosis from psychologists or psychiatrists. According to Sa11, "We went to a psychologist, and I got an official diagnosis when she turned three." Another parent, Sa8, said, "When our doctor ran some tests, he was first diagnosed with mild to moderate ASD and ADHD; then the doctor advised us to take him to a regular kindergarten school."

Transfer to ASD school. Of the six Saudi participants, two parents (Sa8 and Sa9) stated that their children had attended other schools before moving to the current school.

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In the case of the other parents (Sa7, Sa10, Sa11, and Sa12), their children had not

attended any school previously. Sa8 mentioned that her child went to a regular

kindergarten school before moving to the current school:

> When he was in kindergarten, and his teacher said that my son was not socialized
>
> and recommended to see an autism specialist. I found a specialist who told me
>
> about this school for autistic kids, and it is government sponsored. He is doing
>
> great now.

Another parent, Sa9, also mentioned that her daughter went to a private school for

students with disabilities: "My daughter went to a rehabilitation center for kids with

special needs before this new school. Then she was transferred to a public school because

she had good academic skills."

Evaluation and determination of eligibility. All Saudi participants described the

same procedure for determining a student's eligibility for special education services and

acceptance to school programs. The procedure was only needed for new parents. First,

parents obtained an official diagnosis from a certified public hospital or clinic, and

completed all medical tests required by the school. Then, the social worker interviewed

the parents to obtain more information, such as the medical history of the child, family

background, and the child's developmental history. Sa11 said, "The social worker gave a

checklist and some questions to fill out about my child's history."

Next, the school's evaluation processes were carried out by special education

teachers to determine the student's academic needs, by school psychologists to assess

cognitive skills, and by speech pathologists to assess verbal skills. Sa7 said, "In the first

week, my sister had assessments. She met a special education teacher, psychologist, and

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speech pathologist." The evaluation process took about one to two weeks. After that, parents were contacted by the school to inform them about the results and schedule the IEP meeting. According to Sa10, "They called me and told me that my daughter was accepted to this school; she was four years old. She went to the early intervention program." One parent described communication with the school during the evaluation process. According to Sa8, the school gave very little notice about starting the process: "We did not know when the evaluations were going to be done! They just called us a few days before the evaluation to come to school. I wish they had informed us earlier."

Providing the IEP. Based on the responses of Saudi participants, four aspects related to the IEP can be identified: (1) IEP meetings were conducted only for parents of new students, (2) not all parents had an IEP meeting, (3) other parents were present at the same IEP meeting, and (4) there were no annual IEP meetings. Of the six Saudi participants, four had an IEP meeting in their first year (Sa7, Sa8, Sa10, and Sa12), but two parents did not have an IEP meeting (Sa9 and Sa11).

First, IEP meetings were conducted only for parents of new students. According to Sa8:

> In the first year, we had maybe two or three meetings. The school focused more on the early intervention program and new parents in this program; because they were new, they gave them resources and provided more support. The meetings became less and less when your child moved to upper levels.

Second, the IEP meetings were not conducted for all parents. Sa9 said, "There was no IEP meeting because the administration office transferred me. They only said that they would provide her with comprehensive sessions, including speech therapy." Similarly, Sa11 added, "I did not have any meetings with the school. However, I do not want to say

anything wrong; I heard that the school met with new parents today, but not with me."

Third, other parents attended the same IEP meeting. According to Sa12:

 I was not the only one in the meeting. The school called other parents to discuss

their IEPs at the same meeting. We were new parents who had new students

registered in the same program, and it was the early intervention program.

Sa12 gave more details:

In the IEP meeting, they call the teacher, and she might have four students, so

they call us, the four parents, into one meeting. Then we discuss our IEPs with

teachers, social worker, school psych, speech pathologist, and the principal if she

is available.

Fourth, there are no annual IEP meetings at different grade levels, as confirmed by the

majority of participants (Sa7, Sa8, Sa10, Sa11, and Sa12). Sa8 said, "If the child finished

the early intervention program, no more IEP meetings and the school sent home the new

written plans every year. But we don't meet again." In addition, Sa12's case was an

example of how the school met with her when her child was a new student, but had

limited meetings when the child moved to the next grade level. According to Sa12,

Unfortunately, there is no annual meetings with teachers at different grade levels.

I only had one parent–teacher meeting in the first year for new parents. I did not

have any other meetings when my son moved to the first grade.

IEP team members. Sa7, Sa8, and Sa10 listed the members of the IEP team as

follows: special education teachers, social worker, psychologist, and speech pathologist.

However, "the principal was not there, or anyone from the principal's office." Sa12 also

listed the same IEP members, but she added "the principal" as one of the attendees. At

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the IEP meeting, Sa10 mentioned that "they reviewed the evaluation results and IEP goals. For example, they described some goals related to teaching her letters and reading. I remembered that I told them I want to focus on verbal and social skills."

IEP goals. Parents reported three aspects related to IEP goals. First, the majority of Saudi participants were not involved in writing or amending the IEP goals. Some parents (Sa7, Sa9, and Sa10) believed that it was not their right, for example as explained by Sa8: "I don't think that it is possible to write IEP goals or edit, because they are following the curriculum and the goals [are] only academic goals, like standards. I can't help with that." Second, parents were not asked for their input on adding or eliminating specific goals. Sa10 stated:

> They did not ask me if I want to add anything in the IEP. However, I added things that they don't provide at school, such as English. I am teaching her English at home because the school does not teach English to students.

Third, teachers added new goals to the IEP without confirmation from parents. Sa8 said: "Some teachers added new goals, and they did not inform me. I was shocked that when I got my boy's report, he did not accomplish one of the goals. It was playing basketball. Maybe it was an extra activity, but if I knew it before, I would have helped him." Sa8 gave further details about the student's progress report: "At the end of the year, they send [a] student's progress report. It is a document that explains what goals were met or accomplished, or [what] other goals were not accomplished. Also, what were his weaknesses or which areas."

Parents' role and responsibilities. Some parents highlighted that their involvement in the IEP meeting was a listening role rather than active engagement in planning. Sa10 shared:

> I was listening most of the time, during the meeting, because I wanted to understand what they were going to teach her and provide as services. You know, my child did not go to any school before; so, I was teaching her at home many things. The teachers were surprised when they saw her skills. She knew letters and numbers even before she got accepted to this school.

Similarly, Sa12 said:

> I was listening at the beginning of the meeting; when it was my turn to speak, I added more points to focus on, such as using the bathroom and working on his name. They wrote my notes. In the early intervention year, my son got much better.

In terms of understanding their rights and responsibilities, Sa8 and Sa9 mentioned that the school did not provide any information about parents' rights. According to Sa8: "In the first year, the registration day, the school should inform us about our rights. However, they only asked [us] to sign some written papers such as commitment to attend any meetings and work with teachers and collaborate with the school."

Similarly, Sa9 shared:

> The school did not provide me with resources. They only gave some written pledges to sign, such as commitment to attend parents' meetings. They also said that her acceptance for first grade was temporary; if she did not meet the standards, then they will move her to a lower level. I agreed.

Accommodations and related services. Some parents mentioned that they were

not asked directly for any accommodations in the IEP meeting. However, parents

requested accommodations during the academic year. For instance, Sa7, Sa11, and Sa12

requested chunking in reading long passages; Sa9 requested using a microphone with her

child to amplify her voice; Sa12 requested an individual assessment on reading instead of

reading in groups; and Sa8 requested using visuals and assistive technology in science

and mathematics. In terms of provision of related services, three parents (Sa9, Sa10, and

Sa11) highlighted speech therapy as the only service their children received. Lack of

services, such as behavioral therapy and social skills activities, are described in more

detail in theme four.

Differences between the United States and Saudi Arabia

Based on the information provided by U.S. and Saudi participants, some

differences in the IEP process between the two countries could be identified. First, in the

United States, assessing students' needs and determining eligibility for special education

services are a team-based approach. A multidisciplinary team evaluates students; parents,

teachers, and other specialists work together to determine the student's eligibility for

special education services. On the other hand, in Saudi Arabia, evaluation is a school-

based approach. Saudi parents confirmed that their students were evaluated by the school

only. Second, ASD diagnosis in the United States is conducted by a team of specialists,

including pediatricians, psychologists, and ASD specialists. In contrast, Saudi parents

mentioned going to only psychologists for an official diagnosis. Third, developing and

writing IEPs require parents' input and agreement in the United States, while Saudi

parents expressed more concerns about IEP goals. Fourth, U.S. parents have annual IEP

meetings, a review of existing evaluations, and transition plans, while there is only one

IEP meeting for Saudi parents. Fifth, U.S. parents are more aware of their rights and

responsibilities in relation to the IEP than Saudi parents (see Table 9).

Table 9. *Differences in the IEP Process Between the United States and Saudi Arabia*

IEP Process	United States	Saudi Arabia
Referral and evaluation	Team-based approach	School-based approach
ASD diagnosis	Pediatrician, psychologist, ASD specialist	Psychologist
Development of IEPs	Parents and IEP members	Special education teachers, speech pathologist, psychologist
IEP team	Parents, special education director, school principal, special education teacher, general education teacher, occupational therapist, speech pathologist, psychologist, social worker, ASD consultant	Parent, special education teachers, social worker, speech pathologist, psychologist
Writing IEP goals	Parents and IEP members	Special education teachers, speech pathologist, psychologist
IEP meetings	Annual meetings	One time for new students only
Re-evaluation	Yes	No
Transitioning	Transition plans and new IEPs	No transition plans
Parents' rights	Aware of their rights	Not aware of their rights

Theme Four: Barriers to Parental Involvement in the IEP

The third research question asks how the similarities and differences of parental experiences during the IEP process can improve the process and outcomes in both countries. All participants described some barriers that impacted their participation in the IEP process. In addition, participants suggested different ideas to overcome some of the challenges they faced during the IEP process. Parents of students with autism faced different challenges throughout the lifespan of their children, and this might have influenced their participation in schools. By presenting the challenges parents faced and the strategies they used from two different perspectives, this helps to improve the IEP process and outcomes in both counties. Theme four describes the barriers parents experienced during the IEP process in the United States and Saudi Arabia. There was no direct question asked to identify those challenges. However, participants' responses to the interview protocol led to the emergence of the following three subthemes: (a) the common challenges, (b) barriers related to the U.S. participants, and (c) barriers related to the Saudi participants. Each subtheme contains different barriers. (See Table 10).

Table 10. *Distribution of Theme Four*

Barriers	U.S. Participants						Saudi Participants					
	Am1	Am2	Am3	Am4	Am5	Am6	Sa7	Sa8	Sa9	Sa10	Sa11	Sa12
Communication	X	X	X				X	X	X	X	X	X
Lack of Knowledge	X		X		X		X	X	X	X	X	X
IEP-monitoring		X	X									
School conflicts		X	X	X								
Time and schedules			X	X								
Curriculum concerns							X	X	X			
Lack of services								X	X	X	X	X
Lack of training							X	X	X	X	X	X
Lack of IEP meetings							X	X	X	X	X	X

The Common Challenges

This section provides the common obstacles that were experienced by the majority of participants. The two common barriers identified are: Communication barriers and the lack of special education knowledge.

Communication Barriers. Based on the responses of the U.S. and Saudi parents, 75% of the parents indicated that they had some communication concerns in the past and recently with teachers and school staff. Communication barriers contained two main issues: limited communication with some teachers and limited parent-teacher conferences. Saudi participants tended to have more concerns about the forms of communication with special education teachers and the school principal, compared to the U.S. participants. Three of the U.S. participants reported that they had some challenges in communicating with the school (Am1, Am2, Am3). All Saudi participants, on the other hand, expressed complaints regarding the school communication system.

Several of the U.S. participants expressed some difficulties in communicating with general education teachers and with the school personnel, getting limited information about their child's education, and attending parent-teacher conferences (PTOs). The lack of communication with general education teachers was reported by Am1. She mentioned that communication is important with all teachers. However, "the only challenge I have had is with the [general education] teacher. She does not want to communicate with me; that how [its] was". Another parent (Am2) mentioned that "the communication coming from the school is not enough. Even now it would be nice to have more."

Some parents had concerns in communicating with the school principal and the general education teacher (Am1, Am3). According to Am1:

I've had a little communication with the principal this year. He also has a Gen Ed teacher that he's assigned to. And I've had little communication with her as well. That's been a little bit rough this year. But last year he never had a Gen Ed teacher. That was part of it. He's always just had his special ed.

Similarly, Am3 experienced a lack of communication in the old school with the principal and some teachers, explaining that:

At the last school, where we moved away from, the principal was not so receptive; and there [were] three teachers. Some were better than others, like, getting back to you [and] providing the information that you asked for. So, I definitely had a lack of communication with the teachers at his other school.

Am 2 also pointed out that it is important to know more information about their child's behaviors and learning in the school:

It seems like we have a lot because we have the behavior book. We do [have] the IEP. But I want to know more information like, with the homework, they will send home a worksheet she has her hand write [sic] on it. But how much of it [is] independence? And how much of it is, you know, the teacher feeding the information. Or when her behavior was really negative; what's triggering that behavior; not just what did they do about it. You were not allowed to go to a classroom. They said it was distracting to the student. So not only was there no information coming home, but you weren't allowed to go in the classroom.

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The impact of parent-teacher communication was described more by Am2. According to her, lack of communication with teachers might have a negative impact on the child's behavior. Am2 shared an example with her child: "we realized that there is a certain individual like teacher that was feeding into that negativity when [student name] was reacting, and her response was making it worse; not to any fault of her own. It just wasn't working. But unless you like pull that information out, it's hard to know the why."

Am2 also added that there is no two-way-communication. Lack of communication coming from teachers could impact the collaboration and our trust, as Am2 noted:

> You could only communicate with the teacher and not the pair prose, which made no sense to me whatsoever especially as a teacher was not there. It seemed very much like they were focusing on protecting themselves. Instead of actually getting information out to the parent. And that was one of the things that fuel the fire was you know. We don't know what's going on in this classroom. And we don't trust you. So. You're going to tell us what's going on and whether you like it or not. So that you have to make the parent feel like they are part of the team.

Another concern reported was the lack of PTOs. Am1 and Am 2 mentioned that one of the barriers in the past was meeting up with teachers. According to Am2, "I was surprised they didn't have a PTO until I just started it last year. PTO is important to know my child progress and to collaborate more with teachers." Am2 further shared the following:

> Before [PTOs] didn't happen often. And I thought that was so strange. [In] regular school they had a parent teacher conferences in November and in March, so that you know what is going on with your kid. They didn't have anything like that.

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And I thought that was strange that in an environment where you need more collaboration with teachers and parents and you need more information.

Likewise, the lack of parents' meetings was one of the barriers experienced by the majority of Saudi parents. Saudi parents reported two main related issues: First, there are limited parent-teacher conferences, and second, there is a lack of IEP meetings. For this theme, the lack of parent-teacher conferences is discussed below. The second issue, the lack of IEP meetings, is presented in a different category: *Barriers related to the Saudi participants*.

Most of the Saudi participants indicated a lack of PTOs in the school. The need to hold periodical meetings and the need for more support was highlighted by (Sa8, Sa9, Sa11, Sa12). Saudi parents also mentioned that the school conducts meetings with new parents only. According to Sa8, "the parents' meetings at this school is very limited. I was always asking them why there are no regular meetings for parents? We need more support and awareness. That's why I come sometimes to school without invitation. I force myself to be there." Another parent (Sa9) who transferred to the school explained that "I did not meet with any teachers. I was transferred to this school by the School Administration Office. Maybe that's why they haven't met with me."

In addition, some parents confirmed that the school only meets with new parents who have new students. Participant Sa11 explained that "I did not have any meetings with the school. However, I do not to say anything wrong; I heard that the school meets with new parents today. But not with me." Parent Sa12 was an example of how the school meets with a new parent but has had limited meetings with them when their child gets moved to the next grade level. According to Sa12 "unfortunately, there is no annual

meetings with teachers in different grade-levels. I only had one parent-teacher meeting in the first year for new parents only. I did not have any other meetings when my son moved to the first grade."

In addition, all Saudi parents highlighted more serious concerns regarding the school communication system with teachers. All Saudi participants reported that the school system prevents teachers from exchanging their phone numbers with parents. The only way to contact special education teachers is the use of a *students' notebook.* Teachers write their notes about the students and provide further instructions via students' notebooks. Saudi parents have complained about using this type of communication to inform parents about their children's progress. Parents mentioned that using this notebook is not an effective way to keep them informed about their children's' needs. Parents (Sa8, Sa9, Sa10, Sa11, and Sa12) mentioned that "the school prevents exchanging phone number with teachers. We are not allowed to ask for [the] teacher's phone number." According to Sa11, "we need to improve the communication with teachers. Using the notebook to read academic notes is not enough. We also need to know more about their behaviors at the classroom."

An example of a parent complaining about the notebook and how this way of communication impacts her collaboration with the teacher was given by parent Sa12, who explained that:

> When my son was in the early intervention program, 3 years ago, I was able to contact his teacher regularly by calling and texting. However, the school system prevented using phones or exchanging our numbers with teachers. So, the communication is rare now because we are only allowed to use the student's

notebook. Using this notebook is really make me nervous. Sometimes, his teacher wrote important notes regarding my child's behavior. So, I have to wait until the next day to see her answer! I cannot wait all that time to get her response. When I asked for teacher's number, she said sorry, but the system does not allow giving phone numbers to parents. In regular classrooms, general education teachers give their numbers and explain some assignments to parents. So, it is more important for us who have children with special needs to keep in touch with teachers.

Moreover, Saudi parents mentioned that some teachers tried to sympathize with parents and they have secretly exchanged their phone numbers without school approval. Other teachers voluntarily improved their forms of communication with parents by using different phone applications such as WhatsApp and Snapchat. Parents expressed their appreciation and excitement at the opportunity to see how their children is learning in the classroom.

An example of how teachers use different applications to communicate with parents was given by Sa8:

> Although the school system prevents teachers to give phone number to parents, my child's teacher gave me her number to keep me in touch with her. She always takes pictures and videos of my child in her classroom and shows how he is participating in class. She used Snapchat and sent me videos of my son's work. If my son did not do well or had any problems, she directly contacted me using WhatsApp and explained important information to help my kid. I am really glad of what she is trying to do to support my son and make him better.

Another parent explained that constant and effective communication is more important for children with autism. These children's characteristics and behaviors may impact their learning and participation in the classroom. Teachers should be informed directly if something occurred and understand any circumstances around it. Parent Sa10 opined that:

I am unconvinced [about] using the student's notebook specially for students with autism. Imagine if my child was angry or depressed of something and she is not going to respond to her teachers. If I wrote this important note in her notebook, so, I don't know when the teacher is going to read it. During the break? Or afternoon? At least, they can do for us is to use WhatsApp massages. I really understand their privacy and I will not contact her after school hours. We know our limits, but we need to be in touch more often.

Lack of Special Education Knowledge. The second common barrier experienced by the majority of participants was the lack of their knowledge regarding the IEP process and the special education services. As mentioned earlier, in Theme One, the majority of participants had limited knowledge in their first IEP meetings. However, the U.S. participants confirmed that their knowledge was increased after years of experiences. In contrast, Saudi parents indicated that they are not aware of their rights in regard to the IEP process. Examples of participants responses were presented in *Theme One*.

Barriers Related to The U.S. Participants

This section presents obstacles that were experienced by the participants in the United States. Based on the responses of the U.S. participants, three parents (Am2, Am3,

Am4) expressed other barriers related to the IEP process. This section contains three sub-groups: (a) barriers related to IEP-monitoring, (b) barriers related to school personnel, and (c) time constraints.

IEP-Monitoring. Monitoring students' progress toward meeting the IEP goals is critical. Students' progress should be monitored in a frequent and ongoing manner. However, some parents experienced difficulties in tracking their children's' progress at old schools. According to Am2, some teachers moved to new school districts and this impacted the monitoring of students' achievements. She explained that, "they [teachers] weren't tracking grades, achievements, goals, [or] anything. So, we tried so hard to work with a teacher, and then we expanded to the principal, and then we expanded to the school board."

Am 2 added another concern, which was the lack of follow up on the IEP. According to her:

> So we did it in March for the upcoming year. The program would change like 180 degrees a couple of months into the school year because now we don't have a teacher. We don't have this, which could make a lot of those items no longer even valuable. So not changing it when there's a significant. A change like that makes this a useless tool.

Another parent (Am3) highlights how the slow progress of tracking goals and services was a problem at the previous school: "[it] was really hard to get them moving, to go as quick as I would want things to happen. First, here (new school), they tend like to jump right on things, like OK, we'll do this, let's set this up within a week or two. At the previous school [it] was like in a month."

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In addition, some teachers were not following IEP protocols in the old school, as Am3 explained: "We had a little struggle at, you know, like with certain teachers that did not follow the protocols and we would have to remind them of these preferences of the IEP, this is what you need to be doing."

Barriers Related to School Personnel. Participants (Am2, Am3, and Am4) described more concerns related to teachers and the school principal in their previous schools. Am2, for example, highlighted that the constant rotation of teachers and working with sub-teachers, who were not certified on ASD, impacted her child's progress behaviorally and academically. Students with autism "need consistency, and they're not getting it." She further explained that,

> We didn't have a teacher for some of the time the rotating pair of crows; we had drama at the school. We worked with long term subs or people who didn't have an autism certification sometimes. Because it's so hard to fill that vacancy to find somebody that has that specialty has a degree but also wants to work for (city name) where it's not as much money as most of the bigger cities.

Other parents, (Am3, Am4), stressed that the principal's presence in the IEP meeting is critical. The absence of the principal negatively impacted their participation in the IEP meeting. They shared an example of how the principal at the previous school did not attend the IEP meeting. According to Am4,

> Before we moved here, I stepped to a different position, and I was no longer a principal. The new principal came in, and she was with no experience, and one was insincere. We didn't like [that] she didn't stay for the IEP. She was there just

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for a few minutes, got her started, and she left. That thing that made her (mom) very angry.

Participants (Am3, Am4) perceived the absence of the school principal in different ways. For example, Am4, who was a principal and the father of the child, explained that:

you know, myself, yes, I understand principals get pulled away to different things you know emergencies. But she wasn't there, and really, she wasn't there much for the support, or able to support the teachers or let the teachers know what has to be done.

Furthermore, Am3, the mother, had negative feelings when the principal left the IEP meeting: "oh, like she didn't care. I mean, I feel like she just blew it off like it wasn't important. I mean, this IEP identifies (child's name) educational experience. I mean, if it's not correct, then she's not on the same page. You know, on an agreement."

Time Constraints. Participants (Am3, Am4) identified time, meetings, and schedules as being challenging in some schools when arranging the annual IEP meeting. Am3 stressed how "that was a little challenging because you basically had to meet around their schedule. Which I understand is they're trying to get eight people together. But if you have a job, that was hard at times, like I would have to leave work. Sometimes relatively [with] a short notice because this was the time that they found it to fit." In addition, Am3 highlighted that, although it is difficult to see some teachers leave the school for other meetings during the day, it is part of their job. She noted that:

So, I don't know how to solve this any better. We're trying to get several people together, it's not easy. Especially when they're all spread out all over the school

district. It was frustrating at once seeing teachers pulled out of the school day, not just for (child name), but for other things. Like we had a field day once, and I was a volunteer. And (child name) teacher had to leave to go to a meeting. And it was just like they didn't have anybody to cover; she had to be there. So, I saw both sides of it.

Barriers Related to Saudi Participants

This section presents the common obstacles experienced by the majority of participants in Saudi Arabia. Based on the responses of the Saudi participants, all parents (Sa7, Sa8, Sa9, Sa10, Sa11, Sa12) expressed other barriers related to the IEP and their children's education. This section contains three sub-groups: (a) curriculum concerns, (b) lack of services, (c) lack of parent training, and (d) lack of IEP meetings.

Curriculum Concerns. Three participants, (Sa7, Sa8, Sa10), highlighted barriers related to the school curriculum. They explained that the content was difficult for their children in different subjects such as math, reading, writing, and science. They also mentioned the importance of sharing instructional strategies with parents to effectively teach their kids at home. According to Sa7, "the main problem with my sister's education is the content of some subjects. The curriculum is difficult. She has struggled in reading, writing, and math." She also described how it is important to share the needs of her sister with teachers:

My sister has difficulty paying attention to tasks and lacks attention to details. Teachers used to give her a lot of homework and many lessons in one week. For example, in reading, they gave her very long passages; that was difficult for her. So, I asked to break lessons for her.

Similarly, Sa8 and Sa10, stressed that "the school curriculum is difficult." It is important to know what strategies teachers used to help our children. According to Sa12, "some of the content in different subject is difficult to teach at home. I would like to know how they teach my child in the classroom, so I would be able to use similar strategies with her. I wish if teachers can show us more ways to help my kid."

Lack of Services. Four participants, (Sa9, Sa10, Sa11, Sa12), highlighted the lack of services at the school as a serious problem in improving their children's skills. Parents identified four limited services: speech therapy, behavioral therapy, social skills, and limited access to public places. Some parents also expressed the cost of getting extra services outside the school. The lack of services at the school led some parents to look for alternative options to get extra support.

The limitation of speech therapy sessions was mentioned by Sa9, Sa10, and Sa11. According to Sa9:

> teachers are doing their best, and I am not talking about my child's academic skills. However, my daughter has a low voice and limited verbal skills. She only gets one session per week, and she needs more. Because of the caseload of students who getting speech therapy, students are not receiving extra sessions.

Similarly, Sa10 emphasized the need for extra speech therapy sessions for her child. Nevertheless, they added:

> my child needs at least four session per week, and she only gets one per week at the school. When I asked the school for more sessions, they said that there are other students who need those sessions more than your child. So, I have to get

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extra sessions out of the school; but it is so expensive to pay for these sessions and I can't afford it.

In addition, Sa11 mentioned that "because of the limited speech therapy sessions at the school, I had to hire speech therapist who comes home weekly. I know that it cost me a lot, but I have to do it to help my kid."

Other parents stressed the importance of providing behavioral therapy for their children. Three participants (Sa8, Sa9, and Sa11) mentioned the lack of behavior therapy and the use of behavioral strategies with students at school. Parents also mentioned that teaching behavior and social skills is as important as academic skills. However, the school focuses more on teaching the curricula in classrooms and lacks a focus on other skills. The characteristic of the autism spectrum requires that the children improve their skills behaviorally and socially. According to Sa8:

> the problem sometimes is with the child's behavior. My child has behavioral problems, and I don't know how to deal with it. The school should hire behavioral specialist who can teach us and provide parental training on behavioral strategies. So, I am wondering why there is no behavior therapist? Or why they don't assign a teacher or a specialist to deal with parents in subjects related to behavior strategies? We need more informative sessions and workshops in such topics.

Likewise, Sa9 suggested that:

> I have talked to the school counselor and asked for providing behavior therapy sessions in Summer. I told her that our kids need to improve their behavioral skills before going to inclusive settings. If they are not well prepared

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academically, behaviorally, and socially for the inclusive settings, then they might

face more problems in the future.

Sa11 also mentioned:

this is a public school and it is sponsored by the government; so why there is no a

behavioral specialist? We need behavior therapy, not only me, other parents as

well. If they don't want to provide it at the school, at least they should hire a

certified specialist and teach us behavior strategies. We watch YouTube videos or

read different books to learn how to deal with behavioral problems.

Other parents indicated the importance of teaching their children social skills and

the need to have access to public spaces. According to Sa10,

the school should teach our kids social skills and be prepared for new inclusive

settings. Also, the school only teach[es] students with autism; so basically, my

daughter is not learning social skills with peers have the same problem. She needs

to go out and see normal kids. I felt sad one day when I picked her up from

classroom and saw her sitting alone in the class. So, why they don't take them to

field trips? For example, visiting other schools or invite different schools, things

like that!

Similarly, Sa8 and Sa12 emphasized the importance of having public activities,

services, and facilities for children with autism. Lack of services inside and outside

school might impact their children's social skills. For example, Sa12 noted that:

one of the most barriers that families of children with autism have is the lack of

public spaces and facilities outside the school. We don't have any options or

places to take our kids for fun or just to play. If they do provide some places, it is

expensive, and the price is doubled for kids with disabilities.

Likewise, Sa8 suggested that "the school should provide field trips for our kids. My son

never had a chance to be in a field trip."

Lack of Parents' Training and Support. All Saudi parents stressed the need for

more parental training and workshops in topics related to IEP, special education services,

parents' rights, and autism interventions. Furthermore, parents highlighted the need for

more support and communication with the school principal. The majority of Saudi

parents reported the lack of informative sessions and workshops in the school (Sa8, Sa9,

Sa10, Sa11, and Sa12). According to Sa12, "we need more lectures and informative

sessions. The school said that they will provide parents training; however, we did not see

anything. They just said it but never did it.". Sa10 had a similar response: "the school

sometimes provides lectures about different topics. However, I need more practical

training like workshops in behavioral strategies. I need to learn how to teach my child,

not just listening to a lecture about general topics." Similarly, Sa11 added "if I want to

improve my child, so it is better to improve myself first. I need more support and more

training. It is my right to get more training and learn how to deal with my child's

problems."

Other parents mentioned the lack of principal support. Communicating with the

school principal is important to increase parents' participation in the IEP. However, some

Saudi parents mentioned that there is limited communication with the principal. Parents

highlighted that the presence of the principal in the IEP was rare. Nevertheless, they only

communicate with teachers about their children's needs. For example, Sa8 explained that

"the principal did not attend the whole IEP meeting, she just came for a short time and left." Similarly, Sa9 and Sa10 mentioned the absence of the principal in their IEP meetings. In addition, Sa7 added that "the communication with the principal's office is important. However, when we want to say something to the principal, they directly ask teachers to communicate with us; so, we only communicate with teachers if we have anything to say."

Lack of IEP meetings. According to the regulations of special education in Saudi Arabia, students with special needs must have annual IEP meetings. All Saudi parents highlighted the lack of IEP meetings in the school. Based on their response, new parents only had IEP meetings in their first year. Some parents confirmed that the school only meet with parents of new students. Participant Sa11 shared that "I did not have any meetings with the school. However, I do not want to say anything wrong; I heard that the school met with new parents today. But not with me." Parent Sa12 was an example of how the school met with her when she was a new parent and had limited meetings when her child moved to the next grade level. According to Sa12 "unfortunately, there is no annual meetings with teachers in different grade-levels. I only had one parent-teacher meeting in the first year for new parents only. I did not have any other meetings when my son moved to the first grade."

Theme Five: Recommended Strategies to Increase Parents' Involvement

Within parents' responses to the interview questions, 100% of participants used and suggested different strategies that increased or would increase their involvement in the IEP. Theme five contains four subthemes: (a) communication strategies, (b) relationship-building strategies, (c) increasing knowledge strategies, and (d) skill-

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building activities. Each subtheme contains a variety of ideas and recommendations parents shared for how to be actively involved in the IEP and their children's education. (See Table 11).

Table 11. *Distribution of Theme Five*

Strategies	U.S. Participants							Saudi Participants				
	Am1	Am2	Am3	Am4	Am5	Am6	Sa7	Sa8	Sa9	Sa10	Sa11	Sa12
Communication		X		X	X			X		X		
Relationship-building	X			X	X	X		X				
Increasing knowledge	X	X	X	X	X	X	X	X	X	X	X	X
Skill-building		X			X			X	X			

Communication Strategies

Based on the U.S. and Saudi parents' responses, 50% of parents shared different ideas to increase home-school communication. Effective communication among the IEP team members is essential in providing the best possible programs for students receiving special education services. For example, Am5 explained that "we just want to try to keep everyone and open communication." Participants in the United States provided examples of keeping teachers informed about the child's daily routine and sharing similar techniques at home and school. Participants in Saudi Arabia used phone applications to improve communication with teachers.

Interestingly, the parent's background played an essential role in providing communication strategies. For example, Am4, who was a former principal, shared the following:

As [a] principal, it was always important to me that when we were going to do a child study and look at identifying children who need services that we need to

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communicate with parents right away. That was always my important part was

that they need to know where we are all the steps whether it leads to something or

doesn't lead to something, but they need to know what we're doing.

Similarly, Am5, who is a teacher, recognized the importance of parent-teacher

communication, noting that **"**I think part of it because I've been to school to be a teacher.

So, I know the importance of parent communication. So, that's a big one is just my

background as a teacher."

Communication regarding student's needs is also more important between special

education and general education teachers. Am5 emphasized the importance of informing

general education teachers about their child's skills and needs:

> I think [that] we know his teacher, his special education teacher, reaches out to his
>
> Gen Ed teachers and says this will work and this won't work. Please try this. So
>
> that helps them know how to better work with (child name) early. Even with
>
> testing do this kind of testing instead of your typical testing.

Home-school communication could impact children with autism behaviorally and

academically. Some parents stressed the significance of using similar strategies at home

and school, to improve the generalization of skills. According to Am2, "I want resources

available to (child name), so I continue teaching her things at home that the same

programs that she has at school." Likewise, Am5 used another technique with her child:

"we also do with the IEP is what term terminology are they using with (child name), so

that we can use the same thing at home so that he is hearing the same thing at school that

he's hearing at home, and that has made a big difference with him."

Monitoring student behavior is another important element in ensuring constant communication between parents and teachers. For example, Am5 mentioned the importance of texting and keeping teachers informed about the child's mood:

So, it's very hard for me to see her during the day. So, a lot of time we're texting back and forth like I will let her know like if he had an off morning, just so she can be prepared at school if he was upset about something, or she will text me and be like he's saying this, or this happened."

Building a communication system is another strategy that parents and teachers can use to keep themselves informed about the child's behaviors. For example, Am2 described how using a communication system is important for both parent and teacher:

So (child name) behavior is monitored by the reports coming home plus the date and the interaction between her dad and the teacher. We have a system that we use that if she has a good day in school and documented that she was good day no kicking and swearing. Things like that. She earns a star. When she gets to 20 stars, she gets a toy or something small or a movie. And that kind of incentive at home. They use that at school as well.

From the Saudi parents' perspectives, two participants (Sa8 and Sa10) identified the use of phone applications with teachers to improve communication. For example, Sa8 mentioned that her child's teacher used WhatsApp to explain homework and assignments. She also explained that

the teacher sent us short videos about my child's interaction and participation in the classroom. She used Snapchat with me and other parents as well. She did it

voluntarily, because we asked her to do so. However, the school system prevents using any applications with parents.

Another parent (Sa10) suggested that establishing a new application to keep parents informed about their children daily routine activities, behaviors, and needs would be helpful: "using WhatsApp is useful. However, I wish if the school can do more, like using parent-school application to know more about our children. If the school prevent contacting teachers via phone, so, it is better to provide alternative techniques."

Relationship-Building Strategies

All parents recognized the importance of building good relationship with teachers (Am1, Am2), administrators (Am3, Am4), and school staff (Am5, Am6) to effectively work together and ensure students' success. Some parents advised that building fixability and having a trusted partner is vital for parent-teacher relationships (Am1). Also, Am5 said, "[we] were thinking go smoothly. we've really purposely tried to build relationships." Participants (Am5 and Am6) identified two useful strategies in relationship-building:

School activities with students and staff. Building relationships also includes providing school activities for students and school staff. This strategy helps school personnel to know more about students with special needs and build a positive environment for students. Am5 shared an interesting example:

> **…** bring the other staff into their environment like for a holiday. They did a fancy lunch and invited the staff, and the staff could buy tickets for like five dollars [to] help pay for the food. And a lot of staff that they normally wouldn't interact. They

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came in to have lunch that day and eat with the kids, and so she's (principal)

bringing them into their world. And so that will help the staff some too.

Another parent described his enthusiasm when the principal got involved with

students and teachers at the school activities, as one team. Am6 said,

They know (child name), and they support (child name), right! I mean we know

that they're part of the team, and maybe they're not. I'm thinking specifically of

the administration, the principal system extra. I mean we know that they're not

necessarily as involved as the teacher, but you know, we know that they're part of

the team the teacher involves this the other in the classroom activities. We hear

that the principal came the day they did this cooking activity in class, and the

principal came in had lunch with them. So, I mean you feel like they're part of the

team and if [we] had a question for them we could ask.

Parents personal skills. Parents' interpersonal skills are required for effective

relationships with educators. Am5 mentioned that:

 one thing we have to be careful of too is our tone of voice our body language

when presenting it because if we come in snippy and angry about it then their

walls are going to be up and they're going to be more defensive. But if we're nice

about it and give reasonings as to why we think he needs this or why we don't

want him to do this then they're more understanding and more willing to work

with us. So how we present it makes a big difference.

 She also stressed the importance of showing appreciation to her child's

educators. For example, "we also try to make sure either the next time we see that

principal or through an e-mail, I'll be like; hey, (child name) has talked about you several

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times this weekend because you came to this lunch that they did or this activity. Thank you for making time for him and his class. So, we want that person to know that we appreciate it to encourage and to keep that."

Increasing Knowledge Strategies

Many interviewed parents mentioned the need for parents' education and training in topics related to the IEP and special education. Parents identified ways that increased their knowledge and impacted their involvement in the IEP. Participants in the United States highlighted the benefits of being a member in parents' support groups or other organizations. On the other hand, Saudi parents mentioned the limitations of parent support groups, and identified the use of a WhatsApp application to share information with other parents as group messages.

Pre-IEP meetings. Parents preferred regular communication between parent and educators outside of team meetings and recommended involving parents in pre-meeting organization and planning. Some parents, (Am3 and Am4) had the opportunity to meet teachers prior to the IEP meeting. They were asked what they thought of providing pre-meeting for parents, to which Am3 said, "that would have been help specially for me. So, I could better understand the process. Why it takes a while, taking so long to do that stuff." Am4 added, "I think that would be great!" In addition, Am1 mentioned the importance of meeting teachers before the IEP: "I get a feel for that person and how they like to see goals done."

Public education. Educating parents, students, school personnel, new teachers, and new administrators is also important. According to Am3, "I think the more we talked about, the more of public education, and what an IEP is." Furthermore, Am4 stressed that

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we need more "education for parents. I think because there's no manual for a parent."

Parents have access to many societies that are free and valuable. Participant Am2 mentioned the benefits of using the Autism Society: "I advise a lot of people to go to the Autism Society because It's such a good network of parents. The best information I've ever gotten is from other parents because they're the ones who are living it day to day. You can get information from schools and you can get information from other places."

Interestingly, participants (Am3, Am4) mentioned the need to train other students and new teachers about autism. For example, Am3 said, "I think student education. We've noticed a lot of empathy in this school." Am4 called this type of training "empathy training." According to Am3:

> That sort of training has been huge. Because we didn't have that in the old school. It's made a big difference for (child name). It takes a lot of the burdens sometimes, the teacher, because she can't hold his work one-on-one. So, when there is another student who's willing and care to help; and (child name) feels care about. He often responds very positively to that.

In addition, A4 indicated that new teachers and administrators need more awareness as well, noting that "you know that that awareness even with new teachers and with new administrators and their programs. If you're a special Ed teacher, you get a lot of training in that; but general Ed teachers don't get any."

Educators' support. Educators also can play an important role in increasing parents' knowledge prior to the IEP meetings. An interesting example was shared by Am3 and Am4 regarding how the special education director helped in understanding the IEP process. Am3 explained that,

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the Special Education Director showed me the process. I never asked for a written copy, but he had it, and he went through with me. We went through all the different categories that the IEP can fall under, went through that and the process. He had a chart, and certain things; he always offered to give me printouts of everything. So, he was very good about explaining everything to me.

Parent Training. Providing IEP training for parents (Am5, Am6) and participating in parents support groups (Am1, Am2) help in understanding their rights and responsibilities. Participants (Am5 and Am6) mentioned that they have participated in IEP training in the past. According to Am5,

it gave us more confidence, going in saying no we don't want that, or we want this, and we can push for that. Like when they've been wanted (child name) to do a certain class, or whatever, we're like no, we know he couldn't do that. But it gave us more confidence being in that training.

Similarly, Am3 shared her opinion of going to parent training:

I definitely would go, because there's always stuff that you can learn. There's always somebody who had gone through it before you. And I always feel like a lot of things I can share now with, especially, parents with younger children. We've been through that we live for it. You're going to be OK. But. Everybody needs to hear once a while.

Skill-Building Activities

Several parents recommended other activities to improve their children with autism skills and needs. Participants (Am2, Am5, Sa8, and Sa9) shared a variety of skill-building ideas that schools and communities can use.

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Summer school. Participants Am2 and Sa9 suggested that providing summer activities for children with autism would improve their academic, behavior, and social skills. For example, Am2 explained that:

I want access through over the summer because my argument is; if a regular Nero-typical child was having problems in school, they would go to summer school. If they were struggling [in] reading, they would go to summer school for reading. So, if (child name) needs extra these things need to be available to her in the summer. Why not!

Similarly, Sa9 noted that:

my child needs more behavioral therapy. So, I asked the school counselor to provide summer services that help with behavioral issues. Teaching academic skills is not enough if my child will go to an inclusive classroom next year. Also, to be more prepared and getting involved with people around her.

Wearing an Autism T-shirt. Interestingly, Am5 shared an example of increasing autism awareness by wearing an *Autism T-Shirt*:

I do not know if people know he has autism, or he has disability because he wears headphones all the time, to reduce the sound so they know that that makes him different and he will wear autism t shirts that say autism as my superpower or something like that.

She also shared examples of some students' interactions outside the school: "he doesn't have many good friends that are not out of his class, but it's not unusual for us to go into (grocery store) and have someone come up and give him a high five and be like; hi (child name)."

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Providing out of school activities. Some Saudi parents emphasized the importance of providing public activities for children with autism. For instance, Sa8 had the following wish: "I wish if the government sponsor different activities such as horseback riding, swimming, sports. I wish if they can provide weekly activities for our kids."

Summary

Findings were presented in chapter four according to major themes and sub-themes. Through analysis of parents 'responses, five main themes related to the involvement of parents in the IEP process became apparent: (A) IEP as defined by parents, (B) factors influencing parent's involvement in the IEP, (C) parents' description of the IEP process, (D) barriers to parent involvement in the IEP, and (E) recommended strategies to increase parents' involvement. The U.S. and Saudi parents shared their perceptions and experiences of the IEP process. Through it, they highlighted the critical factors, barriers, and strategies that impacted their involvement in the IEP process.

CHAPTER V

DISCUSSION

The purpose of this qualitative study was to achieve an understanding of the
perceptions and experiences of the IEP process in a sample of Saudi and U.S. parents of
students with autism spectrum disorder (ASD) by: (a) comparing their experiences and
identifying factors influencing their participation to infer whether the parents were
involved in the IEP process; (b) assessing the similarities and differences between the
two countries in the factors that affected parents' involvement in the IEP process; and (b)
exploring the participants' perceptions of the IEP process to determine the best strategies
that may have an impact on parental involvement in the IEP process in the context of the
two different cultures. The data collection in this study involved interviewing 12 parents
representing ten cases of students with autism who have IEPs. The interviews were
recorded, transcribed, and analyzed to answer the three research questions under
investigation. This chapter presents a discussion of the results and their implications,
limitations of the study, and recommendations for future studies.

The Implications of the Findings

From the researcher's standpoint, it was not surprising that there are some
differences between the U.S. and Saudi participant experiences in the IEP process. All
participants agreed that parent involvement in the IEP is critical, and the parent's
knowledge, effective communication, and collaboration with the school are essential
factors in fostering parent-school partnership. Additionally, the data showed other factors
impacting Saudi parents' involvement. In the context of Saudi literature, some
researchers mentioned a lack of Saudi parents' participation in the IEP process, but no

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existing studies clarified the reasons or the factors associated with their lack of participation. In this study, Saudi parents expressed their willingness to be involved in the IEP, and they further recommended additional parent training in subjects related to the IEP. The Saudi participants highlighted that their limited knowledge about the IEP process, the lack of services provided at the school, limited IEP meetings, and dissatisfaction with the school communication system were factors associated with their low level of involvement in the IEP process. The U.S. participants expressed more positive perceptions than Saudi parents, yet they all suggested useful strategies to improve their experiences in the IEP. An interesting finding was the use of smartphone technology and social media to improve parent-teacher communication as reported by the Saudi participants.

Research Questions

1) What are the factors that influence parents of students with ASD to become involved in the IEP process in the United States and Saudi Arabia?

2) What are the main differences (within each country and between each country) in the IEP process experienced by parents of children with autism in the United States and Saudi Arabia?

3) How can the similarities and differences of parental experiences during the IEP process improve the process and outcomes in both countries?

The findings presented below were organized using these three research questions. The connection between the study findings and previous literature were included. The findings were discussed according to major and sub-themes.

Parents' Overall Perception of the IEP

Participants in the U.S. were more knowledgeable of their rights, more involved in the IEP, and more satisfied with their role in the IEP, compared to Saudi participants. The majority of U.S. parents had positive perceptions of the IEP process indicating that communication, collaboration, teachers, the school culture, and parents' support groups were influencing factors. This relates to Fish's (2008) study, which revealed that a majority of the parents had positive perceptions of IEP meetings because of educators valuing their input, treating them with respect, and treating them as equal decision-makers. Data also showed that Saudi participants expressed more barriers impacting their level of involvement in the IEP, including their lack of knowledge, lack of services, lack of IEP meetings, dissatisfaction with the school system, and limited communication. There is no existing study in the Saudi literature investigating the factors associated with parental experiences in the IEP process. However, this finding is aligned with the literature, as described by Lovitt and Cushing (1999), who found that parents were disappointment with the special education system. Also, this is connected to the Al-Herz (2008) study which pointed out that families do not participate effectively with other school staff in determining the needs of the students and in the preparation and implementation of IEPs; but this study focused on special education teachers' perspectives, and parents' voices were not included.

First Research Question: What are the factors that influence parents of students with ASD to become involved in the IEP process in the United States and Saudi Arabia?

Parent-Related Factors

Data showed parents' knowledge about their rights and responsibilities toward the IEP is the most important factor that influenced participants in the IEP process. Data also showed parents' level of knowledge was associated with other factors including their IEP definitions, parents' past and new experiences, parents' satisfaction, parent-advocacy, collaboration, and communication. However, parents' beliefs and perceptions of the IEP were not related to their level of knowledge. Although Saudi parents tend to be less knowledgeable about the IEP process, all participants emphasized the importance of being involved in the IEP. This finding does not align with a statement by Hebel and Persitz (2014) indicating that "Knowledgeable parents valued the power of parents' awareness and commonly requested the advice of external specialists or searched for information on the web." In fact, all participants in this study suggested more training and awareness around such topics.

Parents' Knowledge

Data reported that 67% of the U.S. and Saudi parents had limited knowledge about the IEP and special education procedures. The only difference found between the U.S. and Saudi participants was the level of knowledge about their rights. Parents in the U.S. emphasized they had limited knowledge and information in the past. Still, they tend to be more knowledgeable about the IEP after years of experience. Unlikely, Saudi participants expressed the need to have more knowledge and awareness about the IEP process.

Three of the U.S. participants reported they had limited information about the IEP and misunderstood their role in first IEP meetings that impacted their participation in the IEP in the past. This connects to what Rock (2000) study, indicated that, if parents did not understand the jargon associated with special education, in the IEP, they perceive themselves as unprepared and unconfident. Further, U.S. participants became familiar with the IEP process and more aware of their rights that increased their willingness to provide support to other parents as well. This is aligned with Fish's (2006) results suggesting that although parents had negative experiences and limited knowledge, their relations with schools had strengthened over time through increased awareness of student disabilities among educators and through parents' becoming more knowledgeable about the IEP process.

Comparatively, data reported that the majority of Saudi parents had limited information about their rights and responsibilities toward the IEP. Five out of six Saudi parents indicated that the school must educate families of children with autism about their rights and other related subjects. Unfortunately, three parents also indicated some of the educators had limited awareness and knowledge regarding students with autism. According to Alquraini (2011), "Schools should educate families about their rights and emphasize that their participation will contribute significantly to the formulation of the IEP." Another point was reported by Saudi parents; despite their limited awareness of the laws and legislations, they recognized their responsibilities of teaching their children at home, attending school activities, and responding to teachers' requests. This is could be recognized as home-based parental involvement. According to Green et al. (2007), there are two types of parental involvement—home-based and school-based. Home-based

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parental involvement may include helping with homework, signing important forms and agendas, or other educational activities. School-based parental involvement includes different activities that parents may engage in at the school, such as conferences, parent–teacher association events, field trips, or community functions (Green et al., 2007; Staples & Diliberto, 2010). Most Saudi participants reported the lack of school-based activities which are described in more detail in Barriers Related to Saudi Participants.

Parents' Beliefs and Perceptions of the IEP

All U.S. and Saudi parents believed parents' involvement in the IEP had a positive impact on their children's education. All parents agreed that (a) being involved in the IEP is critical and (b) it impacts the progress of children's grades, behaviors, and IEP goals. The majority of parents shared similar responses in regard to the importance of parental involvement in the IEP. Although the Saudi participants tended to have misconceptions of the IEP compared to the U.S. participants, they expressed the same positive thoughts related to the IEPs. This is connected to what Poponi (2009) found. His study reported that students whose parents attended IEP meetings had higher report card grades and a higher rate of attendance, both characteristics associated with individual student achievement (Poponi, 2009).

Parents' Past and New Experiences

Within parent's responses, 66% of parents indicated they had negative experiences in old schools and impacted their participation in the IEP. The majority of U.S. and Saudi parents reported that without their taking the initiative to become knowledgeable about special education law, they would have been unaware of all the services school districts were entitled to provide for their children. Six of the U.S. parents

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indicated they selectively moved to a new school district that provide better services.

Also, four out of six U.S. parents reported they have become aware of their rights and

responsibility toward the IEP after going through negative IEP experiences with previous

schools. This is aligned with Fish's (2008) study, indicating that parents were able to

acquire educational resources and services they believed they would not have received if

not for their acquired knowledge in the IEP process.

IEP Definitions

Participants in the United States recognized the importance of the IEP as an

individual educational plan and as legal documentation for their children, while some

Saudi parents shared different IEP conceptions. Data showed that definitions reported by

the U.S. participants were associated with their negative and positive experiences. For

instance, two parents, who defined an IEP as a legal document and a protection for their

children's rights, had experienced conflicts with old schools. Other parents, who defined

it as a set of rules, complained that some teachers were not following the IEP protocol.

This finding is aligned with the literature, Esquivel, Ryan, and Bonner (2008) surveyed

parents about their positive and negative experiences at IEP meetings and found that past

and current relationships with educational professionals affected their experiences in IEP

meetings.

Also, Saudi participants showed hesitation and confusion in their definitions;

which could be associated with their lack of knowledge of the IEP process. This is

supported by Alquraini (2013): "Families of students with disabilities in Saudi Arabia

lack the awareness regarding the right of their children to obtain a high quality of special

education services." The main difference between the U.S. and Saudi responses is their

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recognition of the importance of this document as a legal right. Some Saudi participants were concerned about the individualization of the IEP, indicating their children's educational plans were not individualized. This point parallels with Lovitt and Cushing (1999) stating that parent feedback regarding the IEP process indicated the IEP document lacked individualization.

Parents' Support Groups

The majority of U.S. and Saudi participants had an opportunity to be involved in parents' support groups focusing on families of the autism spectrum. Data showed the types of sharing and providing support in the United States and Saudi Arabia are different. Participants in the United States mentioned that communities provide autism support groups in every city and county. In contrast, Saudi parents only used WhatsApp group messages to share information with other parents. Data showed parents valued these groups and that they positively impacted their experiences in the IEP. This is aligned with the findings of Mueller, Milian, and Lopez (2009) identifying three significant benefits identified by the mothers, including "(a) feeling like a family, (b) having a source of information, and (c) receiving emotional support. Findings indicated that the information and assistance the parents were missing from the school system were offered through their group" (p. 113).

From the Saudi participants' perspectives, sharing information via group messages is not sufficient. However, no existing studies in the Saudi literature have focused on the importance of parents' support groups in Saudi Arabia. All Saudi parents suggested school and communities work together in developing parents' groups and organizations to support parents of students with ASD. Similarly, Alqurani (2011) stated,

"School districts and professional associations, such as the Saudi Association of Students with Autism and others might work to develop skills and training for in-service teachers as well as for the families of students with disabilities."

Parent Advocacy

All participants indicated they are the best advocates for their children in schools. Some participants "fight" to get the best services for their children. It might sound negative to some researchers, but as Habing (2004) described, "One of the most negative aspects of the IEP process for parents is feeling as if they have to fight for the services their child needs." An important finding reported by two U.S. parents was teaching their children self-advocacy skills. This is aligned with McGoey (2008) which indicated that parents should encourage children to advocate for their own needs and teach them self-advocacy skills.

School-Related Factors

Data showed that U.S. participants were satisfied with their experiences with the IEP process because they were communicating effectively with the IEP team, collaborating with teachers and school personnel, building positive relationships with staff, and finding positive school environments. Each of these constructs is not independent from one another, but rather they are integrated. This is supported by Staples and Diliberto (2010) describing three fundamentals of parental involvement for successful parent–teacher collaboration in the school environment: "(a) building parent rapport, (b) developing a communication system with a maintenance plan, and (c) creating additional special event opportunities for parent involvement" (p. 60). In contrast, Saudi parents reported they were dissatisfied with the school communication system due to the form of

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communication the school required. Based on the Saudi parents' responses, the school system prevented calling/texting teachers, and they were only allowed using the student notebook to keep them informed about their children's' progress and needs. Five out of six Saudi parents complained about using the student's notebook to discuss important goals, rather than conducting regular IEP meetings.

Effective Communication

Within participants response to the interview questions, 50% of parents emphasized the importance of parent-teacher communication in the IEP process. Most of the U.S. participants described their current parent-teacher communication as open, ongoing, and constant. They reported the common forms of communication were emails, phone calls, texts, and face-to-face meetings. U.S. parents also mentioned that teachers contacted them to discuss future goals, suggestions for additional classes or services, and scheduling IEP meetings. Also, five out of six of the U.S. parents reported the importance of parent-administrator communication in the IEP process. This aligns with several studies from the literature (Fish, 2008; Houser, Fontenot, & Spoede, 2015; Spann et al., 2003; and Staples & Diliberto, 2010). According to Spann et al. (2003), many families reported they communicated on a regular basis with teachers, paraprofessionals, administrators, and school personnel and the interactions focused on a variety of different topics such as exchanging information related to the child's needs and performance and brainstorming to solve problems that arose at home or school (e.g., having difficulty with the school routine). According to Houser, Fontenot, and Spoede (2015), home-to-school communication is an important method for staying informed about children's school progress.

The majority of the Saudi parents agreed that communication with teachers is very important for their children's education. Although they expressed more communication barriers such as using one form of communication, limited parent-teacher conferences, or not informing them about future goals. For instance, on parent shared: "some teachers added new goals, and they did not inform me. I was shocked that when I got my boy's report, he did not accomplish one of the goals. It was playing basketball. Maybe it was an extra activity, but if I knew it before, I would have helped him." The lack of communication between parents and teachers in regard to implementing the IEP goals was one of the issues reported by Saudi parents. Further, Saudi parents also expressed appreciation for teachers who were willing to communicate about their children's needs. Currently, there is no existing studies in the Saudi literature focused on parent-teacher communication during the IEP process. The IEP is an ongoing process required constant communication with parents before, during, and after the development of the IEP.

Collaboration and Treatment by Teachers

Based on the responses of the U.S. and Saudi participants, 75% of parents emphasized the significance of collaboration between parents, IEP team members, and administrators. Participants in the U.S. perceived the importance the IEP team communication and collaboration, while Saudi participants focused more on home-school collaboration. The data showed that U.S. parents were treated with respect by teachers and school personnel during the IEP process. They also indicated that collaboration with teachers was more important while transitioning to new schools. Four of the U.S. participants reported meeting with teachers prior the IEP meeting helped in building

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rapport with their children's teachers. This is aligned with Fish's (2008) study, which reported similar results. Three of the U.S. parents (Am4, Am5, Am6) mentioned the importance of building relationships with teachers and the administration office as well during the IEP process. Similarly, Fish stressed the importance of building positive relationships between educators and parents by treating parents as equal partners in IEP meetings. Further, four of the U.S. participants stressed that parent-teacher collaboration during the IEP process requires two important aspects: a positive school environment and building flexibility and trust. Similarly, in 2007, Fiedler, Simpson, and Clark's pointed out that parent-teacher relationships require flexibility, trust, effective and open communication, and collaboration skills. Flexibility requires parents and school professionals to be willing to compromise. All of the six U.S. participants agreed that working as team during the IEP process benefit students and parents as well. One parent shared: "Unless we're on the same page and pushing him towards the same goals all the time, he's not going to be successful."

Comparatively, data showed that Saudi parents perceived the parent-teacher collaboration during the IEP process as identifying the child's strengths and weakness. From the Saudi parents' perspectives, parent-teacher collaboration is important to improving their children's skills. One parent shared: "the speech pathologist described my son's difficulties in building verbal skills. So, I took notes and worked on by teaching him at home. Working with her closely helped to improve my child's verbal skills. The school will not be able to improve our kids without parents' support, and I can't help him if teachers are not working with me as well." Further, Saudi parents realized that working as one team is critical for children's success. Another parent said: "Parents and school

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complete each other. We should walk together to help our children academically and behaviorally. Having a whole team working together is the only way to improve students with autism." This aligns with Houser, Fontenot, and Spoede's (2015) study, in which most participants indicated they had a positive relationship with their child's special education school personnel. They concluded that "parents of children with ASDs do have positive homeschool relationships and that they value communication between themselves and their child's special education school personnel" (p. 90).

In terms of teachers' treatments, 58% of the U.S. and Saudi parents shared positive examples of teachers' support and their special treatment. Five out of six U.S. participants reported that special education teachers will go above and beyond to support their students. Another parent mentioned that working with teachers who had expertise in autism was very beneficial. One of the U.S. parents shared that, "here (new school), they've been great. The staff that had zero experience with autistic children and have just gone above and beyond. they've reached out to find out what to do. [they were] very proactive in finding solutions." Also, two of the Saudi participants reported that teachers and specialists had been very supportive in ensuring student success. For instance, one Saudi parent said: "My son got improved 90%, and that's because of his teachers' support. Before my son had any assessments or exams, they informed me and wrote some notes to prepare my son. Teachers have been very supportive, and they care about their students' success."

Factors related to the U.S. Participants

Data showed that the majority of U.S. participants emphasized the significance of parent-administrator support in the IEP process. Parents also mentioned that parent-

administrator communication is another factor that may increase parent involvement in their children's education aligning with Mueller, Singer, and Draper's (2008) study. In their study, all of the participants mentioned the importance of maintaining positive relations between parents and school district members. Also, parents pointed out that administrative support could enhance parents' trust and confidence. Similarly, Mueller and Piantoni (2013), reported that one of the strategies that directors utilized with families was building trust through communication.

Other parents in the U.S. mentioned the use of advocacy group services to assist in conflicts between the IEP and the school. According to Bacon and Causton-Theoharis (2013), an advocate can assist family members in improving their knowledge and skills, which will enable them to be active IEP team members. Two parents of the U.S. participants reported that advocacy groups helped parents with their IEPs and provided support to solve any school conflicts. This is supported by Nespor and Hicks (2010); they described advocates as "bridging agents in generating networks, connecting parents with others, articulating their knowledge with other parents' knowledge, and bringing additional communicative resources to encounters" (p. 309).

Factors Related to Saudi Participants

Saudi parents pointed out that preparing their children to move to inclusive schools is most important. Based on their responses to interview questions, five out of six Saudi parents pointed out that preparing their children for inclusive settings and discussing additional IEP goals including behavioral and social skills is needed. The current Saudi school system, which is a segregated setting, focused on teaching academic skills and further the IEP goals were focused on academic goals. Also, four Saudi

participants discussed the need to teach their children social and behavioral skills to be

prepared for inclusive classrooms by the next academic year. According to Sa8, "My

child needs to learn social skills, that's what he is missing right now, because I will

transfer him to an inclusive setting by the next year." Similarly, Sa10, Sa11, and Sa12

emphasized the need for providing more services as well. Sa10 stressed that "She will not

learn social skills if she stays at her classroom all day long with other students who are

autistic as well. I have talked many times to teachers and the social worker about teaching

our kids social and behavior skills." Further, Saudi parents reported that inclusion

requires their children to be integrated more with society. This point parallels a study by

Alotaibi and Almalki (2016) that indicated inclusion is one of the reasons most parents

want to have their children included in regular classes. Most parents want schools to stop

discriminating against students with autism and look for ways of incorporating them into

the general education curriculum.

Second Research Question: What are the main differences (within each country and between each country) in the IEP process experienced by parents of children with autism in the United States and Saudi Arabia?

IEP process in the United States

The first step that all U.S. parents discussed was getting an official ASD

diagnosis. Five of the U.S. parents reported that getting an actual diagnosis might be

difficult due to the ASD chrematistics. Participants mentioned their children were

diagnosed with different disability categories (e.g., ECDD) because of the complexity of

meeting specific ASD milestones. Similarly, Stoner, Bock, and Thompson (2005)

reported that parents of ASD struggled to get a diagnosis for their children. They stated

that "In the process of seeking a diagnosis, parents learned that it was their responsibility to force the experts to focus on their child" (p. 43).

Four parents (Am3, Am4, Am5, Am6) reported that their students were evaluated by different assessment tools. This is aligned with IDEA requirements. IDEA states that a variety of assessment tools and strategies must be used to gather relevant functional and developmental information about the child, including information provided by the parent, and information for enabling the child to be involved in and progress in the general curriculum, among other evaluation requirements (Kauffman, Hallahan, & Pullen, 2017).

The majority of participants (Am2, Am3, Am4, Am5, Am6) reported that during the IEP process, they had been working with a team of teachers and specialists to assess, teach, and support their children at the school. According to IDEA, it is required for school-based teams to develop IEPs for all students with disabilities receiving special education services (Kauffman, Hallahan, & Pullen, 2017). Parents believed that the IEP serves as a collaborative tool for cooperation between the parents and the school. Also, participants expressed their appreciation for teachers who were flexible with scheduling IEP meetings. Stoner et al. (2005) recommended that being flexible in discussions about the location and duration of IEP meetings is important. This is supported by IDEA which requires (a) IEP meetings be scheduled at a mutually agreeable time and place, (b) the mandated team members participate in the process.

All U.S. parents confirmed they had annual IEP meetings, transition plans, re-evaluation meetings and that they had experienced the changing and editing of IEP goals. The U.S. participants also reported that when they provided additional information about the child, educators always welcomed their input. According to IDEA, every IEP must be

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reviewed at least annually to determine whether the annual goals are being reached. They must be revised to address reevaluation of data or new information from parents and any lack of progress (IDEA Regulations, 34 C.F.R. § 300.324(b) (2006)). This is also aligned with Fish (2008) indicating that participants encouraged parents to speak up during meetings and to be unafraid to ask questions and make suggestions.

The IEP process in Saudi Arabia

The majority of Saudi parents (Sa8, Sa9, Sa11, Sa12) reported the same procedures required in the IEP process were followed, including diagnosis, evaluation, placement, and IEP. The main difference was that some parents reported attending IEP meetings, while other parents did not attend. According to the Regulation of Special Education in Saudi Arabia, every child must have an IEP, and every parent must participate in the IEP. The school has a system of meeting with new parents only in the early intervention program; however, no IEP meetings occurred for returning students at different grade levels. Out of the six Saudi participants, four parents had an IEP meeting in their first year (Sa7, Sa8, Sa10, Sa12), and two parents did not have an IEP meeting (Sa9, Sa11). One parent shared that "in the first year, we had maybe two or three meetings. The school focused more on the early intervention program and new parents in this program; because they are new, they gave them resources and provided more support. The meetings became less and less when your child moves to upper levels."

Parents stressed their children would be transferred to inclusive schools once they finished their program at the current school. The current Saudi school for students with autism, it is a segregated school, has only three grade-levels (first grade, second grade, and third grade). Students will move to new school districts once they complete the third

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grade. Four Saudi parents also reported that there are no transition plans, so the school system might seem confusing for most parents. According to the Ministry of Education in Saudi Arabia, each IEP is assessed to determine its effectiveness in meeting the individual student's needs and goals at least once during each academic year, while the assessment of the student's performance aims to achieve the short-term objectives on an ongoing basis (MoE, 2002). Also, the IEP should be based on the work of the IEP team members. Equally vital, and usually overlooked within special education research, is the parents' position as a central element of the application of IEPs (Alkahtani & Kheirallah, 2016). Therefore, parents must participate in the preparation, implementation, and evaluation of the IEP at each stage (Alkahtani & Kheirallah, 2016; MoE, 2002).

Differences between the U.S. and Saudi Arabia

Data showed there are some differences in the IEP process between each country. However, no significant differences are found within each country. Firstly, in the U.S., assessing students' needs and determining eligibility for special education services involves a team-based approach. A multidisciplinary team evaluated students, parents, teachers, and other specialists' work together to determine the student's eligibility for special education services. On the other hand, evaluation in Saudi Arabia is a school-based approach. Saudi parents confirmed their students were evaluated by the school only. This is aligned with Al-Nahdi (2007) and Alquraini (2011) who stated that students are not assessed by a multidisciplinary team to define their unique needs of special education services because public schools lack a multidisciplinary team. Secondly, in the U.S., ASD diagnosis is done by a team of specialists, including pediatricians, psychologists, and ASD specialists. In contrast, Saudi parents mentioned going to

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psychologists to get an official diagnosis. Similarly, Alquraini (2011) pointed out that the

assessment of students is usually only performed by school psychologists and special

education teachers. Thirdly, Saudi participants mentioned the lack of services provided in

the school. This is connected to Al-Wabli's (1996) study, indicating that speech-language

pathologists, school counselors, psychologists, and social workers were available in these

institutes. However, occupational therapy and physical therapy services were less

available. Fourthly, parents in the U.S. have annual IEP meetings, reviews of existing

evaluations, and transition plans, while there was only one IEP meeting for Saudi parents.

Similar results were reported by Alnahdi (2014) showing that teachers had

misconceptions about IEP implementation and there were no transition plans arising from

the IEP. Saudi participants mentioned the presence of other parents in the same IEP

meeting. According to the Saudi Special Education Regulations, IEP meetings must be

conducted in a private location with the parent of the child and the IEP team. Finally,

U.S. participants liked their involvement in decision-making responsibilities in their

child's IEP meeting, while Saudi participants believed it was not their responsibility to

discuss the IEP goals because teachers have to follow the curriculum. Further, U.S.

parents felt their opinions were taken into consideration by the IEP team before decisions

were made. In contrast, Saudi parents reported there were some tasks implemented

without their approval. Al-herz (2008) and Alquraini (2011) mentioned that parents' lack

of knowledge about their rights and responsibilities toward the IEP might impact the

effectiveness of the IEP. Also, this is consistent with prior research wherein parents were

more involved as recipients of information rather than as providers and decision-makers

(Goldstein, Strickland, Turnbull, & Curry, 1980; Lynch & Stein, 1982; Garriott, Wandry,

& Snyder, 2000). In addition, many U.S. parents reported their role in the IEP required preparing themselves before the IEP meeting by taking notes, writing questions, and carefully reading the IEP document. Similarly, Fish (2008) stressed that parents should prepare before IEP meetings by educating themselves about special education laws and the IEP process. They also encouraged parents to speak up during meetings and to be unafraid to ask questions and make suggestions. Further, IDEA clearly defines parents' roles and responsibilities toward the IEP, while the Regulations of Special Education in Saudi Arabia did not clarify parents' rights and roles in the IEP.

Third Research Question: How can the similarities and differences of parental experiences during the IEP process improve the process and outcomes in both countries?

Improving the process and outcomes of the IEP required identifying barriers to parental involvement and suggesting strategies to increase their involvement. Most importantly, sharing ideas from two different perspectives could enhance the effectiveness of the IEP. Data showed that U.S. participants shared more strategies including communication, relationship building, and increasing knowledge strategies compared to the Saudi participants. In fact, Saudi parents expressed more concerns about their child's educational program and identified more barriers that impacted their involvement in the school. The majority of the U.S. and Saudi participants identified two common barriers: Communication and the lack of knowledge about the IEP. Smith (2001) also identified similar barriers to parental participation in IEP meetings, including professionals' use of educational jargon, parents' lack of familiarity with the school system, and logistical difficulties such as work schedules. Of the more common barriers

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parents reported is the lack of knowledge about special education, including feeling

powerless and excluded during IEP meetings (Kauffman, Hallahan, & Pullen, 2017).

Communication Barriers

Data showed that the majority of Saudi participants expressed more

communication concerns than the U.S. participants. Only two of the U.S. parents reported

that they had limited parent-teacher conferences in the old school and had limited

communication with general education teachers. The researcher inquired about parents'

communication with each individual teacher (special education teacher, general education

teacher, and paraprofessional). Parents mentioned that they commonly communicate with

special education teachers, social workers, and school counselors. This finding aligned

with a point made by Spann et al. (2003). They stressed home-school communication

occurred on a regular basis; however, parents made the most references to their child's

special education teachers, and few parents referred to the general education teacher in

their discussion of home-school communication. Parents also mentioned that the lack of

communication could impact their children's learning and behaviors. Teachers and

parents should have constant communication, especially for students with ASDs. This is

aligned with several studies from the literature, which emphasized that parent-teacher

communication and collaboration is more important for students with autism in

enhancing the generalization of skills being taught in the school environment. According

to Spann et al. (2003), parental involvement leads to greater generalization on the part of

children with special needs and better maintenance of their skills. In addition, most of the

Saudi parents complained about the school communication system. They reported that

there are limited forms of communication, which impacted their cooperation with

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teachers. This is connected to Staples and Diliberto's (2010) study, which recommended schools to develop positive communication systems with parents. According to the authors, it is important to have a variety of forms of parent-teacher communication in order to involve parents at different levels.

Barriers Related to The U.S. Participants

Three of the U.S. participants identified other barriers related to the IEP process, including IEP-monitoring, barriers related to school personnel, and time constraints. One parent reported difficulties in monitoring her child's school progress at her old school. Students' progress should be monitored in a frequent and ongoing manner. Another parent indicated that the constant rotation of teachers and hiring of sub-teachers who were not autism certified impacted her child's improvement and impacted the collaboration with teachers. This is aligned with Houser, Fontenot, and Spoede's (2015) study. They reported that there were challenges parents faced when collaborating with school personnel. According to the authors, several participants commented that their child's special education teachers were not properly trained to work with children with ASDs. Parents viewed this as a challenge to building collaborative relationships.

Barriers related to Saudi participants

Curriculum concerns. Saudi parents reported some concern related to the school curriculum, indicating that it was not designed to meet their needs. Similarly, Alquraini (2011) pointed out that "An additional essential issue is that students with disabilities in these institutes receive individual education programs (IEPs) that are modified from a special education curriculum and designed by the Ministry of Education for these

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students. The IEPs often do not meet their unique and individual needs; instead these students should receive IEPs based upon the general curriculum" (p.151).

Lack of services. Most Saudi parents reported that the services provided by the school were very limited. Similarly, Alqurani (2011) mentioned that private institutes lack related services such as occupational therapists, physical therapists, and speech and language pathologists who could enable these students to acquire more benefits from their IEPs and develop communicative, physical, and other skills. Also, Al-Ajmi (2006), mentioned the lack of occupational therapy, speech therapy, and physical therapy. These challenges result in children with ASD needing more support than they can access in the special schools. Saudi participants also reported that the lack of these services might impact their children's acquiring skills to be in inclusive settings.

Lack of Parents' Training and Support. All Saudi parents stressed the need for more parental training and workshops in topics related to IEP, special education services, parents' rights, and autism interventions. Many parents are not aware of the special education procedures and processes that are available for their child (Phillips, 2008). Providing parents with informational resources that are free, understandable, and accessible is vital to increasing their engagement in IEPs. Hebel and Persitz (2014) recommended that the school system should "provide families with training programs to improve parents' understanding of special education issues and encourage parental involvement in IEPs" (p. 65).

Recommended Strategies to Increase Parents' Involvement

The majority of participants reported different strategies to increase their involvement in the school. The recommendations were organized in the following categories: (a) communication strategies, (b) relationship-building strategies, (c) increasing knowledge strategies, and (d) skill-building activities.

Communication, Relationship-Building, and Skill-Building Activities

Data showed that parents valued parent-teacher communication for two reasons; communication is important to building positive relationships with the school and keeping informed about their child's school progress. Most of the U.S. and Saudi participants indicated that parent-teacher communication is vital for their children's success. Parents mentioned that they want to be informed about their children's progress academically, socially, and behaviorally. Other parents indicated that they have built a behavioral communication system with the teacher at the beginning of the school year to ensure greater generalization on the part of the children and better maintenance of their skills. This is in agreement with Staples and Diliberto's (2010) article. They provided useful strategies that teachers can use to increase communication and collaboration with families. Staples and Diliberto suggested that it is important to emphasize an open-door policy for communication throughout the school year. Also, teachers can encourage parents to eat lunch with their child and come in for classroom activities or join field trips. Further, it is a good idea to introduce the classroom behavior management plan and how the parents can carry the plan into the home environment. One Saudi parent suggested that establishing a phone application to track children's behaviors and progress

would be useful. In regard to relationship-building strategies, parents mentioned that providing more school activities for parents and teachers helps in building positive working relationships. According to Houser, Fontenot, and Spoede (2015):

> Educators are required to effectively communicate strategies that parents can utilize in the home environment to further enhance generalization of skills being taught in the school environment. This is especially important for students on the autism spectrum, as many skills require frequent reinforcement for the students to be successful academically, behaviorally, and socially (p. 84).

In terms of skill-building activities, few parents reported that providing summer services, such as additional academic support or behavioral services, would benefit their children in acquiring important skills. Further, some of the Saudi parents reported the importance of providing out-of-school activities that are free and government-sponsored for children with autism.

Increasing Knowledge Strategies

The majority of the U.S. and Saudi participants emphasized the significance of increasing parents' knowledge about IEP and special education procedures. Parents suggested that providing pre-IEP meetings, more public education, and parent training would be useful techniques. Some parents mentioned the benefits acquired after attending IEP training, such as feeling more confident. Further, some parents pointed out that providing pre-IEP meetings would help parents to understand the IEP protocol and acquire skills to be a more active parent. This is aligned with several studies from the literature (Goldstein, 1980; Goldstein & Turnbull, 1982; Plunge, 1998). These studies

reported that parents who received IEP training scored higher in knowledge and higher levels of satisfaction. Further, two of the U.S. parents reported the importance of providing more empathy training for students and more training for general education teachers and new school personnel. Data showed that the provisions of more training, knowledge, and support are required to promote parent-school partnerships.

Discussion of the Results Related to the Theories

This section explains how the results of this study are related to the theoretical framework. Because this study addressed parents' experiences during the IEP process in two different cultures, concepts and principles from several theories (educational theory and psychological theory) were used to frame it. The theoretical framework that led this study was based on Epstein's (2001) theory of parental involvement and Ajzen's (1991) theory of planned behavior. The major findings of this study are:

- The data in this study showed that U.S. participants were more involved in the IEP when compared with Saudi participants.

- Data also showed that the lack of Saudi parents' participation in the IEP process was related to the lack of their knowledge, the lack of services, the lack of IEP meetings, and their dissatisfaction with school system.

- Parents' beliefs and perceptions of the IEP were not related to their level of knowledge.

- Regardless of the perceived level of parental involvement, virtually all parents believed that engagement in their child's IEPs was important.

Epstein's Theory of Parental Involvement

Participants in the U.S. shared many examples of their experiences in the IEP that matched Epstein's concepts. For instance, the majority of the U.S. participants reported that (a) teachers and school personnel were supportive, (b) they had effective parent-teacher communication, (c) they built positive parent-teacher relationships, (d) the school provided parent-teacher activities, and (e) they were involved in a variety of support groups and organizations. In contrast, the data showed that most Saudi parents were not involved in the IEP process. It could be said that Epstein's framework could not be demonstrated due to the barriers reported by Saudi parents.

The theory identified different types of parental involvement and assisted in understanding the parent's experiences in this study. The Epstein model incorporates partnerships between the family, home, and community settings (Epstein, 2001). It used six types of involvement, including parenting, communicating, volunteering, learning at home, decision-making, and collaborating with the community. Based on the U.S. participants' experiences in the IEP, it seemed that there was a strong partnership between the home and school. Accordingly, researchers believed that the U.S. parents were more involved in the IEP process because the school developed strong home-school partnerships and provided more opportunities for parents.

Epstein's framework of six types of involvement. *Parenting* includes helping all families establish home environments that support children as students. The majority of U.S. parents reported that teachers were very suppurative and collaborative. Parents indicated that good teachers provided extra support for students and their families as well.

They all shared examples of how the school established positive parent-school relationships.

Communicating involves the development and implementation of effective forms of school-to-home and home-to-school communication about school programs and children's progress. Data also confirmed that one of the important factors that influenced the U.S. participants was effective communication with teachers. Parents described their parent-teacher communication as ongoing, constant, and two-way. In contrast, Saudi parents demonstrated parent-teacher communication as a barrier.

Volunteering is an important aspect of Epstein's framework. Parents in the U.S. also shared examples of how the school provided opportunities for parents to be involved in different school activities, while Saudi parents reported that they needed more volunteering opportunities at the school.

Learning at home involves providing information and ideas on how families can help students at home with homework and other curriculum-related activities, decisions, and planning. This was also demonstrated by the majority of U.S. participants. They shared examples of teachers and the IEP team provided support with curriculum-related activities. Also, a few of the Saudi parents mentioned that some teachers provided instructions related to students' homework.

Decision-making is another important element of the framework. Data from this study showed that U.S. parents were included in school and IEP decisions, while the Saudi parents reported that the school made most of the IEP decisions. In addition, *collaborating with the community involves* schools and school districts identifying and integrating resources and services from the community to strengthen school programs,

practices, and student learning and development. Many of the U.S. participants were members of parents' support groups and organizations connected to the school, while Saudi parents reported a lack of community services.

The Theory of Planned Behavior (Ajzen, 1991)

The researcher believed that it was important to understand parents' attitudes about their participation in IEPs. Studies have indicated professionals' awareness of cultural biases and the assumptions of families. It was anticipated that parents' cultural biases and traditions could influence participants' perceptions. However, there were no significant cultural differences in parents' perceptions of the IEP between parents of different groups. Ajzen's psychological model of decision-making states that the most important determinants of intentional behavior are an individual's attitudes and beliefs, subjective norms, and perceived controls (Bracke & Corts, 2012).

The "new knowledge" that resulted from the measurement of these constructs affirmed, regardless of the perceived level of parental involvement, that all parents believed that involving the IEP process was important for their child's success. Parents also believed that it impacted the progress of children's grades, behaviors, and IEP goals (attitudes). According to this theory, there were differences in parents' *attitudes and beliefs* about their roles in the IEP between parents of different groups. Most U.S. participants reported that they experienced discussing, writing, editing, adding, or revising IEP goals with the school, while some of the Saudi participants believed that it was not their responsibility to do so; instead, it was the school's responsibility. This might be associated with their lack of knowledge about their rights. Also, the majority of the U.S. and Saudi parents shared a variety of "good intentions" in wanting to participate in a

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range of scheduled school activities, informative sessions, and workshops in topics related to special education (subjective norms). Finally, data showed that there were some barriers that impacted Saudi participants' level of involvement, such as the lack of IEP meetings. Saudi parents were unable to be actively involved in the IEP due to the complexity of the Saudi school system (perceived behavioral control). Data also identified other factors that impacted Saudi participants' involvement.

Summary

Data showed that most U.S. participants were more active, more involved, and more satisfied with their role in the IEP process, compared with the Saudi participants. Further, Saudi parents expressed more concerns that impacted their experiences in the school. Data also reported that the U.S. parents were more knowledgeable about their rights and responsibilities toward the IEP process. Data also reported the factors associated with parents' experiences in the IEP process in the United States and Saudi Arabia. This is the first study to examine the factors associated with the IEP process in Saudi Arabia, and the first to compare it to the experiences of U.S. participants. Findings showed there were effective strategies shared by parents from both counties. Participants in this study provided valuable input assisting in understanding the perceptions of the U.S. and Saudi parents during the IEP process.

The majority of the U.S. participants believed their children were better served in IEP meetings when educators valued and listened to their input. They felt educators welcomed their input in determining their children needs and deciding the educational placement. All participants indicated the importance of becoming active participants in the IEP. The U.S. participants discussed to be an active parent, it is essential to become

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knowledgeable about special education laws, build positive relationships with teachers and school personnel, and communicate regularly with teachers. Further, parents indicated building trust between parents and professionals is an essential component of collaboration. As Friend and Cook (2007) explain, true collaboration comes only after some time in which trust and respect are established. Finally, data show that Saudi parents interviewed misunderstood the role they would play in their child's IEP due to their limited knowledge of the IEP process. Further, they indicated that schools should provide parental training and awareness in topics related to the IEP.

Recommendations

The special education regulations in Saudi Arabia should clearly define the role of the parent in the IEP and provide a thorough description of their rights and responsibilities. Data showed that Saudi parents were not effectively involved in their children's education. It was interesting that this finding was aligned with earlier research in the IEP. Research in the 1980s and 1990s indicated that parents were not being included in educational decisions (Goldstein, Strickland, Turnbull, & Curry, 1980; Lynch & Stein, 1987; Turnbull, Turnbull, & Wheat, 1982). Goldstein, Strickland, Turnbull, and Curry (1980) suggested that active parental involvement in the development of the IEP should be more clearly defined. This could be linked to Alquraini's (2011) statement, indicating that "even though these laws were passed almost a decade ago, they are not practiced in the real world with students with disabilities. The lack of effective implementation has created in a gap between the framework of these laws and the provision of the services, resulting in a lack of special education services for some students with disabilities" (p. 151). Further, schools and communities should work

together in establishing parents' training, support groups, and organizations that educate

parents of students with ASDs about their rights, evidence-based interventions, and

special education procedures. Also, schools should focus on parent-teacher

communication and collaboration strategies, such as providing additional modes of

communication and increasing the opportunities for parent involvement in schools.

Additionally, it might be important to evaluate the current services available for students

with autism and assess its effectiveness in Saudi Arabia. (See Table 12).

Table 12. *Summary of Key Findings and Parents' Experiences*

Key Findings	Parents' Experiences	Recommendations
Participants in the U.S. were more knowledgeable of their rights and the IEP process, compared to Saudi participants.	U.S. parents became familiar with the law and the IEP process after being involved in parents support groups, advocacy groups, autism organizations, and parental training.	It is recommended that Saudi schools provide more parental training, parent education, and the Saudi government establishes support groups and parents' associations focused on special education procedures.
Participants in the U.S. were more satisfied with their role in the IEP, compared to Saudi participants.	• U.S. parents reported that having open and ongoing communication, building relationships with educators, and positive school environment were factors associated with parents' satisfaction in the IEP. • U.S. parents highlighted the importance of building relationship with the special education directors.	• It is recommended that Saudi schools develop a constant communication system, (e.g., daily, weekly, monthly), between parents, teachers and IEP team. • Provide student education and awareness about ASD. • Increasing the role of special education administrators in Saudi Arabia by meeting parents in a regular basis.

Table 12 - continued

Participants in the U.S. were more involved in the IEP, compared to Saudi participants.	• U.S. parents reported they were involved in decision making, educators welcomed their input, and they were treated with respect in the IEP meeting. • U.S. parents highlighted that providing parent-school activities helped in improving home-school relationship prior the IEP meeting.	• It is recommended that encouraging Saudi parents to ask questions during the IEP and become more active. • Saudi educators can provide parent-teacher relationship strategies during the IEP process. • Creating opportunities for Saudi parents to increase their involvement can begin long before the actual IEP conference.
Two of U.S. participants reported limited communication with general ed teachers in regard to their children's progress and class participation.	Saudi parents reported the use of technology such as phone applications and social media by teachers in the classroom helped improving parent-teacher communication.	It is recommended that schools and teachers use new forms of communication such as recording and videoing applications.
U.S. participants shared more positive perceptions of the IEP process, compared to Saudi parents.	U.S. parents reported that understanding the law, working with the school as one team, and participating in parents support groups were three important elements associated with their positive experiences during the IEP process	Increasing parent involvement in the IEP process requires parents, schools, and communities working together to establish strong partnerships.

Limitations

This study consisted of limitations that should be taken into consideration when

reviewing the findings.

- This study was limited to one region in both the United States and Saudi Arabia.

   While this qualitative study investigated the perceptions of Saudi parents from

   one school that provide self-contained classrooms, further studies need be

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conducted across multiple school settings, (e.g., inclusive settings), multiple school districts, and multiple regions.

- Also, the findings cannot be generalized due to the small sample size of each country. While this study highlighted parent perceptions of the IEP process, educators' perceptions were not represented in this study.

- Data were collected through in-depth interviews only. Further studies should consider other data collection techniques such as observing IEP meetings and reviewing the IEP documents.

Questions for Future Studies

Further research could include the following questions:

- What are the factors that contribute to or hinder special and general education teachers' attitudes regarding the IEP process in their schools?

- How do parents of students with ASD experience the IEP meetings in inclusive settings in Saudi Arabia?

- How do Saudi special education teachers and parents perceive their roles in the IEP process?

- What are the factors that influence IEP team members to collaborate with parents of students with autism in Saudi Arabia?

- What improvements do teachers recommend for increasing parent-teacher collaboration during the IEP process in Saudi Arabia?

- How do IEP members describe their experiences when interacting with parents of students with ASD in Saudi Arabia?

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Appendix A

RSEIP Document

Appendix A

RSEIP Document

Regulations of Special Education Institutes and Programs (RSEIP) Document

Part One: A Definition of the Term Special Education. Under the First Article, the important definitions used in this legislation for teachers, administrators, and other service providers that should be familiar with them are explained. For instance, it defines the concept of disability, least restrictive environment, transition services, multidisciplinary team, IEPs, special education teacher, resource room and other aspects.

Part Two: Special Education Aims. in the Second Article of the RSEPI the goals of special education services are presented. For example, these services should be provided for students with disabilities to meet their unique needs and support them in obtaining the necessary skills that assist them in living independently and integrating appropriately in the society.

Part Three: Principles Underpinning Special Education Policy in Saudi Public Schools. Education policy in Saudi Arabia has included a number of principles associated with the field of special education. In addition, the unprecedented development and expansion of special education has necessitated the addition of a number of other principles that have evolved recently to form a combination of the fundamental premises on which Special Education is currently based. One of those premises is providing care (medical model) for intellectually disabled students and seeking to remove all core causes of this problem. This refers to society adapting to meet their needs (social model) as well as setting up short and long term special program according to their needs (Article 55, MOE, 2002).

Part Four: Special Categories: Concepts, Procedures and Requirements. 'Special categories' here refer to visual disability, hearing disability, intellectual disability, learning difficulties, talents and giftedness, autism, behavioral and emotional disorders, multiple disabilities, physical and health disabilities and communication disorders. Each of these categories includes an appropriate educational and teaching placement in order to provide special education services. In addition, it includes educational stages and plans, spatial, equipment and human requirements needed for each category and the admission requirements for each category of students with SEN.

Part Five: Transition and Rehabilitation Services. Transitional services aim to prepare pupils with special educational needs to move from one stage or environment into another. These transitional services are identified for each student through IEPs with the people responsible for the plans determining the nature, the method of delivery, duration and the extent to which students can benefit from them, according to Article (14,15) (MOE, 2002).With regard to the Medical Model, the different types of rehabilitation generally aim to enable individuals with disabilities to live as independently as possible through the appropriate use of a set of medical, social, educational, psychological and professional procedures (Article :17, ibid).

Part Six: Administrative and Technical Organization of Institutes and Programs. All members of the special education programs in mainstream schools should carry out the assigned tasks and responsibilities and co-operate effectively to ensure the goals of the educational process, as declared in the Education Policy in the Kingdom of Saudi Arabia (EPKSA), (Article 22, RSEIP, 2002: 44). It includes the tasks of the administrative body, such as the tasks of the principal, the school agent and the program supervisor, as well as the tasks of the technical body. This includes the residing educational supervisor, special education teachers, paraprofessionals and support service providers such as speech pathologists, communication disorders specialists, physical therapists, health supervisors, occupational therapists, counsellors, psychologists and parents.

Part Seven: Technical, Administrative and Financial Links with the Relevant Bodies. This includes relations between institutes and program and the Directorate General of Special Education. In addition, it includes the links between these institutes and programs and the

LEAs as well as their relationships with the family in terms of their respective duties and responsibilities towards each other.

Part Eight: Producers of Assessment and Diagnosis. This is intended to set formal procedures through which information can be collected from every student with SEN by means of formal and informal techniques. The data can then be analyzed and interpreted to identify the nature of the disability to be dealt with. This part consists of a number of objectives for the assessment and diagnosis process, the foundations upon which the process of assessment and diagnosis are based, the team in charge of measurement and diagnosis and, finally, the steps taken during the assessment and diagnosis process.

Part Nine: Educational Evaluation. This refers to the procedure through which the level of student performance can be determined in the field of information, skills and targeted behaviors that students may have learnt and in which they may have received training. This part explains the goals behind the evaluation process, the rules and the bases of evaluation, the general tools and methods of evaluation, the special evaluation tools and methods for each category separately, for example, the evaluation tools and methods for children with intellectual disabilities.

Part Ten: General Provisions. This part consists of ten Articles, of which Article 94, Article 98 and Article 101 have specific relevance to the current research. In relation to Article 94, education in the academic special education stages takes place according to the curricula, textbooks and units. These are approved for each stage by the relevant authorities in the Ministry of Education, in keeping with the set of educational plans and IEPs. Certain necessary amendments can be made depending on the capabilities and needs of each student. As for Article 98, the special education institutes and programs in regular schools undertake to employ techniques and computer programs for educational purposes, organizing activities and tasks, documenting

data and evaluating results. Finally, according to Article 101, the administration of the institute or program undertakes to form a multidisciplinary team under the supervision of the LEA for each region in line with specific regulations and standards set out by the Directorate General of Special Education.

Part Eleven: Individualized Educational Plans (IEP). In article 11 of the RSEPI, general rules for schools as well as school districts are explained, such as the fact that only the Special Education Department is responsible for the interpretation of the RSEPI.

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Appendix B

Letter to Special Education Administrators (English & Arabic)

Appendix B

Letter to Special Education Administrators

Letter to Special Education Administrators (English)

Dear […Name],

My name is Alwiah Alsaggaf and I am a doctoral candidate in the Special Education Department, Western Michigan University. Dr. Elizabeth Whitten, my doctoral adviser, has referred your name as a special education administrator in Michigan who might be willing to help to complete this study.

I am writing to ask if you know parents who might be interested in participating in a qualitative research study titled *A Qualitative Study Investigating the Common or Shared Experiences of Saudi and American Parents in The IEP-Process*. The purpose of this study is to explore parents of students with autism' perceptions, attitudes, and beliefs about their involvement in the individual educational plan collaboration-process in the United States and Saudi Arabia. It is important to understand parent's perspectives of their roles in the educational plan process to achieve better collaboration with special education teachers and the entire school in the future.

Participating in this study will include:

An interview conversation that should last approximately 45-60 minutes and that will be conducted before or after school hours in a private location in the school building or in a private room in a public library. Prior to this conversation, I will submit the interview questions to you and request your responses in advance that I might review them. This conversation will be recorded by a tape recorder, and I will also be taking written notes. If needed, a follow up meeting may occur which will allow me to check for the accuracy of my notes and to ask any follow up questions I had after reviewing the transcripts of our first meeting.

The criteria to participate in this study are as follows:

a) have a child with autism in a school setting, b) must have experience with the IEP process, and c) should have recently participated in the IEP process 2016-2018 (school calendar years).

Participation in this study is completely voluntary and there is no penalty for not participating or for withdrawing from the study. If you agree to participate in this study, your identity will be kept strictly confidential. Your name and school will not appear in the study. Your stories will be referenced by a pseudo name. All transcripts will be kept on a looked-computer in a secured office in the researcher's home.

Attached a copy of *Requesting Participation Letter* that should be sent to parents of students with autism who might be willing to participate.

If you are interested in learning more about participating, please contact me by replying by email to alwiahabdullah.alsaggaf@wmich.edu. Or you may feel free to contact me by phone at 818-217-9582. Also, you can contact the primary investigator, Dr. Elizabeth Whitten at 269-387-5940 or via email elizabeth.whitten@wmich.edu.

Thank you for your consideration of this request to be part of an important study. I would appreciate a response to this email, so I know that you received it. You can call me directly or email a contact number, date, and time for me to call you.

Sincerely,
Alwiah Alsaggaf

Letter to Special Education Administrators (Arabic)

خطاب الى ادارة التربية الخاصة

عزيزي (.... اسم)

اسمي علوية السقاف، انا طالبة مرشحة لنيل درجة الدكتوراه، من قسم التربية الخاصة في جامعة غرب متشجن بالولايات المتحدة الامريكية. اعمل حاليا مع المشرفة د. إليزابيث ويتن، لاستكمال هذا البحث العلمي لنيل درجة الدكتوراه. اكتب إليكم هذا الخطاب لطلب مساعدتكم لترشيح اسماء لأولياء امور من مدرستكم قد يهتمون للمساعدة والاشتراك بهذه الدراسة.

عنوان الدراسة:

دراسة نوعية للتحقق من الخبرات المشتركة في الخطة التعليمية الفردية لعينه من اولياء الآمور لمن لديهم طلاب من ذوي التوحد في المملكه العربيه السعوديه والولايات المتحده الامريكيه.

الغرض من هذه الدراسة النوعية هو فهم خبرات وتصورات عينة من أولياء الامور السعوديين والامريكيين لمن لديهم طلاب او طالبات من ذوي اضطراب التوحد. تحديدا، تسعى الدراسة الى فهم كيف يتفاعل أولياء الامور مع المدرسة في إعداد الخطة التربوية الفردية لأبنائهم.

المشاركة في الدراسة:

مقابله شخصية وفردية قد تستغرق من ٤٥-٦٠ دقيقة والتي قد تتم داخل المدرسة في غرفة خاصة او في مكان خاص حسب اختيار المشارك. قبل المقابلة: سيعطى كل مشترك نسخة من الأسئلة المفتوحة ويحق المشترك النظر فيها ومراجعتها. هذه المقابلة سيتم تسجيلها صوتيا ومن ثم كتابتها حرفيا، وسيقوم الباحث بكتابه ملاحظات جانبية. قد تكون هناك مقابلة اخرى لمراجعه بعض الاجابات إذا لزم الامر وقد تستغرق ٢٠-٣٠ دقيقه.

سيتم اختيار ولي الامر وفقا لمعايير محددة:

أ) لديه طفل من ذوي اضطراب التوحد في بيئة مدرسية،

ب) يجب أن يكون لديه خبرة سابقة في إعداد او المشاركة بالخطة التربوية الفردية

ج) ينبغي أن يكون قد شارك مؤخراً في الخطة التربوية الفردية عام ١٤٣٧-١٤٣٩ هجري

المشاركة في هذه الدراسة تطوعية ولا يوجد اجبار على أحد للاشتراك ولا يوجد اي عقوبات لعدم الاشتراك. إذا وافقت على المشاركة، اسمك واسم المدرسة ومعلومات ولي الامر ستكون سرية ولن يتم إظهارها او نشرها في هذا البحث. كل الاجابات المكتوبة، سيتم حفظها في ملف مغلق وسري في جهاز الكمبيوتر للباحث. كما سيتم ارفاق دعوة لمشاركة أولياء الامور لهذه الدراسة.

للاستفسار عن أكثر عن هذه الدراسة او الموافقة على الاشتراك يمكن التواصل مع الباحثة مباشرة او مع مشرف الباحث على البريد الالكتروني التالي:

اسم الباحث الرئيسي: علوية عبدالله السقاف

alwiahabdullah.alsaggaf@wmich.edu

اسم المشرف على البحث: د. إليزابيث ويتن

elizabeth.whitten@wmich.edu

شكرا لاهتمامك ووقتك للاطلاع على هذه الدعوة. وأقدر لك كثيرا هذا الاهتمام والتفاعل مع الطلب. يمكنكم الاستفسار والتواصل في اي وقت يناسبكم.

تحياتي...

الباحثة: علوية السقاف

Appendix C

Requesting Participation Letter (English & Arabic)

Appendix C

Requesting Participation Letter. (English & Arabic)

Requesting Participation Letter (English)

Dear Parent,

My name is Alwiah Alsaggaf and I am a doctoral candidate in the Special Education Department, Western Michigan University. I am writing to ask if you are interested in learning more about participating in a qualitative research study titled *A Qualitative Study Investigating the Common or Shared Experiences of Saudi and American Parents in The IEP-Process.* The purpose of this study is to explore parents of students with autism' perceptions, attitudes, and beliefs about their involvement in the individual educational plan collaboration-process in the United States and Saudi Arabia. It is important to understand parent's perspectives of their roles in the educational plan process to achieve better collaboration with special education teachers and the entire school in the future.

Participating in this study will include:
An interview conversation that should last approximately 45-60 minutes and that will be conducted before or after school hours in a private location in the school building or in a private room in a public library. Prior to this conversation, I will submit the interview questions to you and request your responses in advance that I might review them. This conversation will be recorded by a tape recorder, and I will also be taking written notes. If needed, a follow up meeting may occur which will allow me to check for the accuracy of my notes and to ask any follow up questions I had after reviewing the transcripts of our first meeting.

The criteria to participate in this study are as follows:
a) have a child with autism in a school setting, b) must have experience with the IEP process, and c) should have recently participated in the IEP process 2016-2018 (school calendar years).

Participation in this study is completely voluntary and there is no penalty for not participating or for withdrawing from the study. If you agree to participate in this study, your identity will be kept strictly confidential. Your name and school will not appear in the study. Your stories will be referenced by a pseudo name. All transcripts will be kept on a looked-computer in a secured office in the researcher's home.

If you are interested in learning more about participating, please contact me by replying by email to alwiahabdullah.alsaggaf@wmich.edu. Or you may feel free to contact me by phone at 818-217-9582. Also, you can contact the primary investigator, Dr. Elizabeth Whitten at 269-387-5940 or via email elizabeth.whitten@wmich.edu.

Thank you for your consideration of this request to be part of an important study. I would appreciate a response to this email, so I know that you received it. You can call me directly or email a contact number, date, and time for me to call you.

Sincerely,
Alwiah Alsaggaf

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طلب للمشاركة في بحث علمي

عزيزي ولي الامر،

اسمي علوية عبد الله السقاف، انا باحثة سعودية ومرشحة لدرجة الدكتوراه في قسم التربية الخاصة في جامعة غرب متشجن في الولايات المتحدة الأمريكية. أقدم إليك هذا الخطاب لدعوتك للمشاركة في بحث علمي لنيل درجة الدكتوراه.
عنوان الدراسة:
دراسة نوعية للتحقق من الخبرات المشتركة في الخطة التعليمية الفردية لعينه من اولياء الأمور لمن لديهم طلاب من ذوي التوحد في المملكه العربيه السعوديه والولايات المتحده الامريكيه.
الغرض من هذه الدراسة النوعية هو فهم خبرات وتصورات عينة من أولياء الامور السعوديين والامريكيين لمن لديهم طلاب او طالبات من ذوي اضطراب التوحد. تحديدا، تسعى الدراسة الى فهم كيف يتفاعل أولياء الامور مع المدرسة في إعداد الخطة التربوية الفردية لأبنائهم.

المشاركة في الدراسة:
مقابله شخصية وفردية قد تستغرق من ٤٥-٦٠ دقيقة والتي قد تتم داخل المدرسة في غرفة خاصة او في مكان خاص حسب اختيار المشارك. قبل المقابلة: سيعطى كل مشترك نسخة من الأسئلة المفتوحة ويحق المشترك النظر فيها ومراجعتها. هذه المقابلة سيتم تسجيلها صوتيا ومن ثم كتابتها حرفيا، وسيقوم الباحث بكتابة ملاحظات جانبيه. قد تكون هناك مقابلة اخرى لمراجعه بعض الاجابات إذا لزم الامر وقد تستغرق ٢٠-٣٠ دقيقه.
سيتم اختيار ولي الامر وفقا لمعايير محددة:
أ) لديه طفل من ذوي اضطراب التوحد في بيئة مدرسية،
ب) يجب أن يكون لديه خبرة سابقة في إعداد او المشاركة بالخطة التربوية الفردية
ج) ينبغي أن يكون قد شارك مؤخراً في الخطة التربوية الفردية عام ١٤٣٧-١٤٣٩ هجري

المشاركة في هذه الدراسة تطوعية ولا يوجد اجبار على أحد للاشتراك ولا يوجد اي عقوبات لعدم الاشتراك. إذا وافقت على المشاركة، اسمك واسم المدرسة ومعلومات ولي الامر ستكون سرية ولن يتم إظهارها او نشرها في هذا البحث. كل الاجابات المكتوبة، سيتم حفظها في ملف مغلق وسري في جهاز الكمبيوتر للباحث.

للاستفسار عن أكثر عن هذه الدراسة او الموافقة على الاشتراك يمكن التواصل مع الباحثة مباشرة او مع مشرف الباحث على البريد الالكتروني التالي:
اسم الباحث الرئيسي: علوية عبدالله السقاف

alwiahabdullah.alsaggaf@wmich.edu
اسم المشرف على البحث:د. إليزابيث ويتن

elizabeth.whitten@wmich.edu

شكرا لاهتمامك ووقتك للاطلاع على هذه الدعوة. وأقدر لك كثيرا هذا الاهتمام والتفاعل مع الطلب. يمكنكم الاستفسار والتواصل في اي وقت يناسبكم.

تحياتي...
الباحثة: علوية عبد الله السقاف

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Appendix D

Consent Forms (English & Arabic)

Consent Form (English)

Western Michigan University

Department of Special Education and Literacy Studies

Principal Investigator: Dr. Elizabeth Whitten
Student Investigator: Alwiah Alsaggaf
Title of Study: A Qualitative Study Investigating the Common or Shared Experiences of Saudi and American Parents in The IEP-Process.

You have been invited to participate in a research project titled: *A Qualitative Study Investigating the Common or Shared Experiences of Saudi and American Parents in The IEP-Process.* This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks and benefits of participating in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification.

What are we trying to find out in this study?

The purpose of this qualitative phenomenological study is to achieve an understanding of the perceptions and experiences of a sample of American and Saudi parents of students with autism spectrum disorder (ASD). Specifically, this study seeks to understand how the sample of parents who have an autistic child, engage with the school about their child's Individual Educational plan (IEP).

Who can participate in this study?

You can participate in this study if you are a parent of a child with autism who has an individual educational plan (IEP) in the U.S. schools (e.g., Michigan State Schools) and Saudi Arabia (e.g., Jeddah City's Schools). Participants must meet the following criteria:

Parents will be recruited according to specify criteria:
a) have a child with autism in a school setting,
b) must have experience with the IEP process,
c) should have recently participated in the IEP process 2016-2018 (school calendar years).

Additionally, the following disqualify you from participating in this study:
• Parents with no direct and recent participation in their child's IEP

Where will this study take place?

The interview for this study will take a place at a location that is convenient for you and also private, safe and comfortable for both you and the researcher. A private room in the

school building would be an option or a private room in a public library would be another option. You have a choice to select any other locations that are convenient for you.

What is the time commitment for participating in this study?

The interview total time commitment will be 45-60 minutes' in-depth interview. You and the researcher will engage in a conversation about your personal experience with your child's IEP process. You will have the opportunity to review the transcript of your interview and the time to do a member-checking might be 20-30 minutes. The member-checking is optional not required.

What will you be asked to do if you choose to participate in this study?

If you agree to participate, you will be asked to participate in 45-60 minutes' in-depth interview. You will be asked an open-ended question during the interview related to your experience as a parent of a student with autism in the IEP-process. The interview will be audio-taped and later transcribed.

What information is being measured during the study?

The focus of this interview is conducting a conversation about your personal experience as a parent of student with autism and your involvement in your child's IEP in the school. This information will not include your name or other identification that could be attributed back to you. You will be asked to describe your experience and your description will be compared to those of other study participants to identify common themes and/or ways in which parent's experiences differ from one another.

What are the risks of participating in this study and how will these risks be minimized?

There are no known risks for your participation in this study; however, the topic may stimulate emotional responses for some participants. If this occurs, the researcher may pause or stop the interview. You may also choose to pause or stop the interview if she/he feels overwhelmed.

What are the benefits of participating in this study?

There are no direct benefits to you for participating in this study. This study might add to the body of knowledge parental involvement and parent-school collaboration in the IEP process. Findings from this study may assist the special education staff and supervisors in better understanding how to create a collaborative home-school partnership with parents of ASD students in planning their child's IEP. In addition, benefits of research findings would help parents of autism in Saudi Arabia for future research.

Are there any costs associated with participating in this study?

There will be no monetary costs for participation.

Is there any compensation for participating in this study?

There is no compensation for participating in this study

Who will have access to the information collected during this study?

The principal investigator and the student investigator will be the only persons to have access to the information collected as part of this study. Once transcribed, the digital recordings the interviews will be deleted and the remaining transcription of or replaced will have all identifying information redacted or replaced by a participant number or code. The researcher will protect all the audio records in a locked-file computer, and they will be destroyed after written transcripts are produced.

What if you want to stop participating in this study?

You can choose to stop participating in the study at any time for any reason. You will not suffer any prejudice or penalty by your decision to stop your participation. You will experience NO consequences either academically or personally if you choose to withdraw from this study.

The investigator can also decide to stop your participation in the study without your consent.

Should you have any questions prior to or during the study, you can call me, the student investigator, at 818-217-9582, or via email at alwiahabdullah.alsaggaf@wmich.edu, or you can contact the primary investigator, Dr. Elizabeth Whitten at 269-387-5940 or via email elizabeth.whitten@wmich.edu. You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study. elizabeth.whitten@wmich.edu

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year.

I have read this informed consent document. The risks and benefits have been explained to me. I agree to take part in this study.

Please Print Your Name

_____
Participant's signature   Date

Consent Form (Arabic)
Western Michigan University

Department of Special Education and Literacy Studies

جامعة غرب ميشيغان ، الولايات المتحدة الأمريكية

قسم التربية الخاصة

نموذج طلب موافقة على المشاركة في بحث علمي.

عنوان الدراسة:

دراسة نوعية للتحقق من الخبرات المشتركة في الخطة التربوية الفردية لعينه من اوليا الآمور لمن لديهم طلاب من ذوي التوحد في المملكه العربيه السعوديه والولايات المتحده الامريكيه.

Title of Study: A Qualitative Study Investigating the Common or Shared Experiences of Saudi and American Parents in The IEP-Process.

اسم الباحث الرئيسي: علوية عبدالله السقاف

Student Investigator: Alwiah Abdullah Alsaggaf

اسم المشرف على البحث (إن ينطبق): د. إليزابيث ويتن

Principal Investigator: Dr. Elizabeth Whitten

لقد تمت دعوتك للمشاركة في مشروع بحثي بعنوان:

دراسة نوعية للتحقق من الخبرات المشتركة في الخطة التربوية الفردية لعينه من اوليا الآمور لمن لديهم طلاب من ذوي التوحد في المملكه العربيه السعوديه والولايات المتحده الامريكيه.

يشرح طلب الموافقة هذا الغرض من هذا المشروع البحثي ويتناول جميع الالتزامات الزمنية والإجراءات المستخدمة في الدراسة والمخاطر والفوائد المترتبة على المشاركة في هذا المشروع البحثي. يرجى قراءة نموذج الموافقة هذا بدقة وبشكل كامل ويرجى طرح أي أسئلة إذا كنت بحاجة إلى مزيد من التوضيح.

ما الذي نحاول اكتشافه في هذه الدراسة؟

الغرض من هذه الدراسة النوعية هو فهم خبرات وتصورات عينة من أولياء الامور السعوديين والامريكيين لمن لديهم طلاب او طالبات من ذوي اضطراب التوحد. تحديدا، تسعى الدراسة الى فهم كيف يتفاعل أولياء الامور مع المدرسة في إعداد الخطة التربوية الفردية لأبنائهم.

من يمكنه المشاركة في هذه الدراسة؟

يمكنك المشاركة في هذه الدراسة إذا كنت ولي امر لطالب من ذوي اضطراب التوحد ولديه خطة تربوية فردية، اما في مدراس الولايات المتحدة الامريكية (مثال: مدارس ولاية متشجن)، او مدارس المملكة العربية السعودية (مثال: مدارس مدينة جدة). يجب ان يستوفي المعايير التالية:

سيتم اختيار ولي الامر وفقا لمعايير محددة:

أ) لديه طفل من ذوي اضطراب التوحد في بيئة مدرسية،

ب) يجب أن يكون لديه خبرة سابقة في إعداد او المشاركة بالخطة التربوية الفردية

ج) ينبغي أن يكون قد شارك مؤخراً في الخطة التربوية الفردية عام ١٤٣٧-١٤٣٩ هجري

بالإضافة إلى ذلك، يتم استبعادك من المشاركة في هذه الدراسة إذا توفر التالي:

أولياء الأمور الذين لا يشاركون مشاركة مباشرة وحديثة في برنامج التعليم الفردي لطفلك

أين ستجري هذه الدراسة؟
سوف تأخذ المقابلة في هذه الدراسة مكانًا في مكان مناسب لك وأيضاً مناسبًا وآمنًا ومريحًا لك وللباحث. ستكون غرفة خاصة في مبنى المدرسة خيارًا أو ستكون غرفة خاصة في المكتبة العامة خيارًا آخر. لديك خيار لتحديد أي مواقع أخرى مناسبة لك.

ما هو وقت الالتزام بالمشاركة في هذه الدراسة؟
سوف يكون التزام الوقت الكلي المقابلة ٤٥-٦٠ دقيقة من اللقاء المتعمق. ستشارك أنت والباحث في محادثة حول تجربتك الشخصية حول إجراءات الخطة التربويه الفردية الخاصة بطفلك. ستتاح لك الفرصة لمراجعة نسخة المقابلة الخاصة بك ، وقد يكون وقت إجراء مراجعة الأعضاء ٢٠-٣٠ دقيقة. هذه المراجعه اختياريه وليست اجباريه.

ماذا سيطلب منك القيام به إذا اخترت المشاركة في هذه الدراسة؟
إذا وافقت على المشاركة ، سيُطلب منك المشاركة في مقابلة متعمقة لمدة 45-60 دقيقة. سيتم طرح اسئله مفتوحه خلال المقابلة المتعلقة بتجربتك كأحد الوالدين للطالب المصاب بالتوحد حول إجراءات الخطه التربويه الفردية. سيتم تسجيل المقابلة الصوتية ونقلها فيما بعد.

ما هي المعلومات التي يتم قياسها خلال الدراسة؟
ينصب تركيز هذه المقابلة على إجراء محادثة حول تجربتك الشخصية كأحد الوالدين للطالب المصابين بالتوحد ومشاركتك في برنامج التعليم الفردي لطفلك في المدرسة. لن تتضمن هذه المعلومات اسمك أو هويتك الأخرى التي يمكن إرجاعها إليك. سيُطلب منك وصف تجربتك وسيتم مقارنة وصفك بتجارب المشاركين الآخرين في الدراسة لتحديد الموضوعات الشائعة و/ أو الطرق التي تختلف بها تجارب الوالدين عن بعضها البعض.

ما هي مخاطر المشاركة في هذه الدراسة وكيف سيتم تقليل هذه المخاطر إلى الحد الأدنى؟
لا توجد مخاطر معروفة لمشاركتك في هذه الدراسة ؛ ومع ذلك ، قد يحفز هذا الموضوع الردود العاطفية لبعض المشاركين. في حالة حدوث ذلك ، يجوز للباحث إيقاف المقابلة. يمكنك أيضًا اختيار إيقاف المقابلة مؤقتًا أو إيقافها إذا شعرت بالإرهاق.

ما هي فوائد المشاركة في هذه الدراسة؟
لا توجد فوائد مباشرة لك للمشاركة في هذه الدراسة. قد تضيف هذه الدراسة إلى مجموعة مشاركة الآباء والتعاون بين الآباء والمدرسين في اعداد الخطه التربويه الفردية.
قد تساعد نتائج هذه الدراسة معلمين ومعلمات التربية الخاصة والمشرفين في هذا المجال على فهم كيفية تطوير التعاون المشترك بين الأسر من ذوي التوحد والمداس الخاصة لتخطيط وتطوير الخطط التعليمية للطلاب من ذوي التوحد.
بالإضافة الى ذلك، فإن فوائد هذه الدراسة ستساعد أبحاث التوحد في المملكة العربية السعودية مستقبلا.

هل هناك أي تكاليف مالية مرتبطة بالمشاركة في هذه الدراسة؟
لن تكون هناك تكاليف مالية للمشاركة.

هل هناك أي تعويض عن المشاركة في هذه الدراسة؟
لا يوجد تعويض عن المشاركة في هذه الدراسة.

من سيكون لديه حق الوصول إلى المعلومات التي تم جمعها خلال هذه الدراسة؟

سيكون الباحث الرئيسي والمحقق الطالب هم الأشخاص الوحيدون الذين يمكنهم الوصول إلى المعلومات التي تم جمعها كجزء من هذه الدراسة. وبمجرد أن يتم نسخ التسجيلات الرقمية ، سيتم حذف المقابلات وسيحتوي النسخ المتبقي على استبدالها على جميع المعلومات المحددة التي تم تصحيحها أو استبدالها برقم أو رمز مشارك. سيقوم الباحث بحماية جميع السجلات الصوتية في كمبيوتر مقفل ، وسيتم تدميرها بعد إنتاج النصوص المكتوبة.

ماذا لو كنت تريد التوقف عن المشاركة في هذه الدراسة؟

يمكنك اختيار التوقف عن المشاركة في الدراسة في أي وقت ولأي سبب. لن تعاني من أي إجحاف أو عقوبة بقرارك لوقف مشاركتك. لن تواجه أي عواقب سواء أكاديميًا أو شخصيًا إذا اخترت الانسحاب من هذه الدراسة. يمكن للمحقق أيضًا أن يقرر إيقاف مشاركتك في الدراسة دون موافقتك.

إذا كان لديك أي أسئلة قبل أو أثناء الدراسة، يمكنك التواصل مباشره مع الباحث، مشرف الباحث، او الرئيس ، مجلس مراجعة المواضيع البشرية.

you can call me, the student investigator, at 818-217-9582, or via email at alwiahabdullah.alsaggaf@wmich.edu, or you can contact the primary investigator, Dr. Elizabeth Whitten at 269-387-5940 or via email elizabeth.whitten@wmich.edu. You may also contact the Chair, Human Subjects Institutional Review Board at 269-387-8293 or the Vice President for Research at 269-387-8298 if questions arise during the course of the study. elizabeth.whitten@wmich.edu

تمت الموافقة على وثيقة الموافقة هذه لمدة سنة واحدة من قبل مجلس المراجعة للموضوعات البشرية تحت اشراف جامعه غرب متشجن الأمريكية. كما هو مبين في التاريخ المختوم والتوقيع لرئيس المجلس في الزاوية اليمنى العليا. لا تشارك في هذه الدراسة إذا كان التاريخ المختوم أقدم من سنة واحدة.

موافقة أو توقيع المشارك في البحث:

حصلت على شرح مفصل عن الدراسة وأهدافها وإجراءاتها، ومنافعها، والمخاطر المحتملة وعن الحرية الكاملة للمشاركة.

أفهم كل المعلومات التي قدمت ووصلتني إجابة على كل أسئلتي.

أوافق على أن أشارك في هذه الدراسة بطوعية وبدون أي نوع من الاجبار أو الضغوط. أفهم ان بإمكاني التوقف عن المشاركة في أي وقت. و أᴑعلم أنّه سيتم تسجيلي بالصوت كجزء من هذه الدراسة.

أوافق على (تسجيلي بالصوت) بطوعية وبدون أي نوع من الاجبار أو الضغوط. أفهم ان بإمكاني التوقف عن المشاركة في أي وقت.

اكتب الاسم كاملا

_____   _____
التوقيع   التاريخ

Appendix E

Arabic Letter to the Special Education Department, KAU

Appendix E

Arabic Letter to the Special Education Department, KAU

Letter to the Special Education Department, KAU (Arabic)

السلام عليكم ورحمة الله وبركاته...

اكتب الى سعادتكم هذا الخطاب انا الباحثة: علوية عبد الله عمر السقاف لطلب الموافقة على تطبيق بحث الدكتوراه بعنوان: دراسة نوعيه للتحقق من الخبرات المشتركة في إجراءات الخطة التعليمية الفردية لعينة من أولياء الامور الذين لديهم أطفال توحد في المملكة العربية السعودية والولايات المتحدة الأمريكية، كأحد متطلبات مرحلة الدكتوراه في جامعه غرب متشجن الامريكية. تسعى هذه الدراسة الى فهم الخبرات والتصورات التي يشترك فيها أولياء الامور من ذوي التوحد في إجراءات الخطة التعليمية الفردين لأطفالهم في السعودية وأمريكا.

لذلك أتمنى من سعادتكم الموافقة على طلبي لتطبيق هذا البحث وجمع المعلومات اللازمة، والذي يتطلب عمل مقابلات فرديه مع أولياء الامور في أحد مدارس او مراكز التوحد بجدة.

ولمزيد من المعلومات عن اهداف هذه الدراسة يمكن التواصل مع الباحث شخصيا او مشرف الباحث على البريد الالكتروني التالي:
اسم الباحث الرئيسي: علوية عبدالله السقاف

call me, the student investigator, at 818-217-9582,
or via email at alwiahabdullah.alsaggaf@wmich.edu

اسم المشرف على البحث:د. إليزابيث ويتن

Contact the primary investigator, Dr. Elizabeth Whitten at 269-387-5940
or via email elizabeth.whitten@wmich.edu

لكم مني جزيل الشكر،
الباحثة: علوية عبد الله السقاف

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Appendix F

Interview Protocol (English & Arabic)

Appendix F

Interview Protocol

Interview Protocol (English)

Project: A Qualitative Study Investigating the Common or Shared Experiences of Saudi and American Parents in the IEP-Process

Start Time of interview	End Time of interview	Date of interview
_____	_____	_____
Location	Participant #	Interviewer
_____	_____	_____

Thank you for consenting to participate in this study. I would like to record the interview so the study can be as accurate as possible. You may request that the tape recorder be turned off at any point of the interview. This interview will probably take 45-60 minutes to complete.

This is an interview protocol for the research question: How do parents of students with autism experienced the IEP process in the United States and Saudi Arabia.

Thank you for agreeing to participate in this study about how parents of autism experienced their child's IEP process in academic settings. Through interview with parent of autism who involve in the IEP process in schools, the researcher is seeking to understand the nature of collaboration between parents and IEP's team members.

For the purpose of this study, we are defining the IEP collaboration by being involved at the process of conducting an IEP, selecting your child's goals, discussing your child's skills, meeting with the IEP team members, and participating in the finalize student's goals.

In our interview today, we are interested in any experiences you have had where you found yourself involved in the IEP meetings or process with the school.

Again, thanks for letting me interview you about your experiences with IEP's parent involvement.

- Please could you start by telling me a little bit about your child, and what he/she likes to do for fun?

1. How long ago was your child identified as having autism?
2. Since your child has been identified as a student with an IEP, how many Individualized Education Program (IEP) meetings have you been a participant?
3. What do you know about your child's IEP, according to your experience?
4. Please could you tell me more about your role in the IEP?

   (Probe) Have you attended annual IEP meetings?

   (Probe) Have you met with your child's teacher prior to an annual IEP meeting? What was discussed?

   (Probe) Have you met with your child's teacher after an annual IEP meeting? What was discussed?

   (Probe) What type of contact (email, phone call, letter, etc.) have you had with your child's teacher before or after an annual IEP meeting?

   (Probe) Have you been involved in writing and/or revising IEP goals for your child?

5. On a scale of 1-5 (1 being very dissatisfied and 5 being highly satisfied) how satisfied were you with your part in your child's IEP?

   (Probe) How did your involvement in the IEP match what you expected it would be?

   (Probe) How did your child's IEP team receive your input?

6. Could you tell me if there is a specific process followed by the school when conducting an IEP? Did they provide you with a checklist or protocol of the process?

7. Where/how/when did you experience any communication or collaboration with the special education staff during the IEP process?

8. How about your rights, responsibilities and role within in the IEP process? Could you tell me more about them? Were you provided with any documents on your rights? Responsibilities or role as a parent? If so, who gave them to you and when?
9. How would you describe your experience in working with the special education staff during the IEP process?
10. Could you tell me if you have made any suggestions to the IEP team? If so, how were they received? If appropriate, were they implemented?

(Probe) Before annual meeting, during the meeting, after the meeting

11. Do you think that being involved in the IEP is important for your child, why? Could explain more?

(Probe) Impact on your child grades, behaviors, long term goals.

12. What are the barriers and challenges you faced in the IEP process?
13. Are you a member of any parents' organizations or groups (support groups)?

(Probe) are these organizations sponsored by the school?

(Probe) have you discussed anything about your child's IEP?

(Probe) what are the benefits of being involved in these organizations/groups?

14. Is there anything I did not ask that you would like to share about the experience you just described to me?

Thank you for sharing your experience with me. Your story will be of great value in helping me explore the issue of parental involvement during the IEP process.

جامعة غرب ميشيغان ، الولايات المتحدة الأمريكية
قسم التربية الخاصة
اسئلة المقابلة

عنوان الدراسة:
دراسة نوعية للتحقق من الخبرات المشتركة في الخطة التعليمية الفردية لعينه من اولياء الأمور لمن لديهم طلاب من ذوي التوحد في المملكه العربيه السعوديه والولايات المتحده الامريكيه.

انتهاء وقت المقابلة	بداية وقت المقابلة	التاريخ
ــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــ
مكان المقابلة	رقم المشترك #	القائم بالمقابلة
ــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــ

شكرا لموافقتك على المشاركة في هذه الدراسة. أود تسجيل المقابلة حتى تكون الدراسة دقيقة قدر الإمكان. يمكنك أن تطلب إيقاف تشغيل جهاز التسجيل في أي نقطة من المقابلة. من المحتمل أن تستغرق هذه المقابلة ٤٥ـ٦٠ دقيقة لإكمالها.

هذه استمارة مقابلة لجمع معلومات التي تساعد الباحث للإجابة على سؤال مشكلة البحث:
كيف يعيشون أولياء الأمور لمن لديهم أطفال ذوي التوحد خبراتهم الشخصية خلال إجراءات الخطة التعليمية الفردية في المملكة العربية السعودية والولايات المتحدة الامريكية.

نشكرك على موافقتك على المشاركة في هذه الدارسة حول كيفية تعامل أولياء امور ذوي التوحد مع الخطة التعليمية الفردية لأطفالهم في البيئة التعليمية. من خلال المقابلة مع أولياء الأمور لمن لديهم طلاب من ذوي التوحد الذين يشاركون في الخطة التربوية الفردية لأبنائهم في المدارس، تسعى هذه الدراسة الى فهم طبيعة التعاون والتفاعل بين أولياء الامور وأعضاء وفريق البرامج التعليمية الفردية في المدرسة.

للغرض من هذه الدراسة، فإننا نعرّف التعاون في إجراءات الخطة التعليمية الفردية كالآتي: من خلال مشاركة ولي الامر في عملية إجراءات الخطة التعليمية الفردية للطفل، اختيار الأهداف التربوية، مناقشة مهارات طفلك، مقابلة فريق العمل وأعضاء الخطة التربوية التعليمية، والمشاركة في وضع الأهداف الأكاديمية بصورة نهائية.

في المقابلة التي نجريها اليوم، نحن مهتمون بأية تجارب واجهتك حيث وجدت نفسك مشتركًا في اجتماعات خطة التعليم الفردي مع المدرسة. مرة أخرى، أشكرك على السماح لي بإجراء مقابلة معك حول تجاربك مع مشاركة أولياء الأمور لبرنامج التعليم الفردي.

هل يمكن أن تبدأ بإخبارنا قليلاً عن طفلك، وماذا يحب أن يقوم به من أجل المتعة؟

١. منذ متى تم تشخيص طفلك باضطراب التوحد؟

٢. بما انه قد تم تحديد طفلك كطالب لديه خطة تعليمية فردية، فما عدد الاجتماعات الخاصة بالخطة التعليمية الفردية لطفلك التي شاركت بها؟

٣. وفقا لتجربتك الشخصية، ماذا تعرف عن الخطة التعليمية الفردية الخاصة بابنك/ابنتك؟

٤. من فضلك هل يمكن ان تخبرني المزيد عن دورك في الخطة التعليمية الفردية لطفلك؟
<u>هل حضرت اجتماعات سنوية خاصة بالخطة التعليمية الفردية لطفلك؟</u>
<u>هل التقيت بمعلم طفلك قبل الاجتماع السنوي للخطة التعليمية الفردية؟ ماذا تم مناقشته؟</u>

هل التقيت بمعلم طفلك بعد الاجتماع السنوي للخطة التعليمية الفردية؟ ماذا تم مناقشته؟

ما نوع الاتصال الذي أجريته معلم طفلك قبل او بعد الاجتماع السنوي الخاص بالخطة التعليمية الفردية لطفلك (بريد الكتروني، مكالمة هاتفيه، خطاب خطي، وما الى ذلك)؟

هل شاركت في كتابة او مراجعة اهداف الخطة التعليمية الفردية الخاصة بطفلك في المدرسة؟

٥. على مقياس من ١-٥ حيث أنّ (١ تعني غير راضي تماما- و ٥ راضي للغاية) ما مدى رضاك عن دورك في البرنامج التعليم الفردي لطفلك؟

كيف تتوافق مشاركتك في الخطة التربوية الفردية مع ما كنت تتوقعه؟

كيف استقبل فريق الخطة التعليمية الفردية ملاحظاتك؟

٦. هل يمكن ان تخبرني إذا كانت المدرسة تتبع معك إجراءات محددة خاصة بالخطة التربوية الفردية؟ هل تم تزويدك بأي قائمة مراجعه او خطوات محددة يجب اتباعها؟

٧. أين/كيف/ متى جربت التواصل والتعاون مع طاقم العمل او موظفين التربية الخاصة اثناء إجراءات الخطة التربوية الفردية لطفلك؟

٨. ماذا عن حقوقك ودورك ومسئولياتك كولي امر في إجراءات الخطة التربوية الفردية؟ هل يمكن ان تخبرني المزيد عن هذه النقطة؟ هل تم تزويدك بأي وثائق تتعلق بحقوقك كولي امر؟ او ماهي مسئولياتك كولي امر؟ من الذي اعطاهم لك ومتى؟

٩. كيف تصف خبرتك الشخصية في العمل مع موظفين التربية الخاصة او طاقم العمل اثناء إجراءات الخطة التعليمية الفردية؟

١٠. هل سبق لك وان قدمت اقتراحات لفريق العمل الخاص بخطة طفلك التعليمية؟ إذا نعم، كيف كان تقبلهم لتلك الاقتراحات؟ وهل فعلا تم تنفيذها (إذا كان مناسبا لك للرد)؟

قبل الاجتماع السنوي، خلال الاجتماع، بعد الاجتماع

١١. هل تعتقد ان مشاركتك في إجراءات الخطة التعليمية الفردية لابنك امر مهم؟ لماذا؟ هل يمكن ان تفسر أكثر؟

التأثير على درجات طفلك، سلوكياته، الأهداف طويلة المدى

١٢. ماهي العوائق والتحديات التي واجهتك اثناء إجراءات الخطة التعليمية الفردية؟

١٣. هل انت عضو في اي جمعيات او مجموعات لدعم الآباء واولياء الامور؟

هل المجموعات تحت إشراف المدرسة؟

هل تم مناقشة اي شيء حول الخطط التعليمية الفردية؟

ماهي فوائد المشاركة في هذه الجمعيات او مجموعات الدعم؟

١٤. هل هناك اي سؤال او نقطة لم اتطرق لها، وتود المشاركة بها تخص تجربتك التي شاركتها الآن؟

شكرا لك على مشاركة خبرتك معي. ستكون قصتك وخبرتك ذات قيمة كبيرة لمساعدتي في فهم مسألة مشاركة الوالدين في الخطة التعليمية الفردية الخاصة بأطفالهم في المدارس.

Appendix G

Participant Profile Questions (English & Arabic)

Appendix G

Participant Profile Questions (English & Arabic)

Participant Profile Questions (English)

Additional Parents Participant Profile Questions
Place an X before each response that best describes you as a participant in this study.

a) What is your age?

18-34 years old   35-44 years old   45-55 years old   56- or more

b) What is your highest level of education?

High school level   University Level   Other (specify):

....

c) What is your marital status?

Single   Married   Widowed   Divorced

d) Number of children you have?
1 or 2   2 or 3   More than 3

e) Employment Status: Are you currently…?
Self-employed   Unemployed   Homemaker   Full time job   Part time job   Retired

f) What is your total household income?

Less than $20,000 $20,000 to $34,999 $35,000 to $49,999   Over $50,000

g) Have you received any parental training from your current school district or other districts/programs?

Yes, I have participated in a parent training in this district

No, I have not participated in a parent train this district

Yes, I have participated in training programs at other districts

No, I have not participated in other training programs

Participant Profile Questions (Arabic)

أسئلة الملف الشخصي للمشارك

قبل كل استجابة تصفك بشكل أفضل كمشارك في هذه الدراسة X ضع علامة

ما هو عمرك؟

١٨-٣٤ عام	٣٥-٤٤ عام	٤٥-٥٥ عام	٥٦ عام او اكثر

ما هو أعلى مستوى من التعليم؟

تعليم ثانوي	تعليم جامعي	اخرى(حددي):

....

ما هي حالتك الاجتماعية؟

غير متزوج	متزوج	ارمل	مطلق

عدد الأطفال لديك؟

١ – ٢	٢ - ٣	اكثر من ٣

حالة التوظيف: هل أنت حاليا ...؟

اعمل لحسابي الخاص	غير موظف	ربة منزل	وظيفة بدوام كامل	وظيفة بدوام جزئي	عد

ما هو إجمالي دخل الأسرة؟

اقل من ٣٠ الف ريال	ما بين ٣٠،٠٠٠ الى ٤٥،٠٠٠	ما بين ٤٥،٠٠٠ الى ٦٠،٠٠٠	اكثر من ٦٠،٠٠٠

هل تلقيت أي تدريب للآباء من منطقتك التعليمية الحالية أو غيرها من المناطق / البرامج؟

نعم، تلقيت برامج تدريبية في هذه المدرسة	، لم اشترك باي برامج تدريبية في هذه المدرسة

نعم، شاركت في برامج تدريبية خارج هذه المدرسة	، لم أشارك باي برامج تدريبية في مدارس اخرى

Appendix H

HSIRB Approval Letter

Appendix H

HSIRB Approval Letter

WESTERN MICHIGAN UNIVERSITY

Institutional Review Board
FWA00007042
IRB00000254

Date: March 28, 2018

To: Elizabeth Whitten, Principal Investigator
        Alwiah Alsaggaf, Student Investigator for Dissertation

From: Daryle Gardner-Bonneau, Ph.D., Vice Chair   *Daryle G. Gardner-Bonneau*

Re: HSIRB Project Number 18-03-22

This letter will serve as confirmation that your research project titled "A Qualitative Study Investigating the Common or Shared Experiences of Saudi and American Parents in the IEP Process" has been **approved** under the **expedited** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may **only** be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., *you must request a post approval change to enroll subjects beyond the number stated in your application under "Number of subjects you want to complete the study")."* Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

Reapproval of the project is required if it extends beyond the termination date stated below.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: **March 27, 2019**

Appendix I

Participants Narratives

Appendix I

Participants Narratives

Participant 1

Parent (Am 1) shared that about her child

> He is a loving 11 years old. He enjoys playing with trains. He likes to watch scary movies. He likes to jump on the trampoline (and) enjoys rock music. He's funny. He doesn't like school at all. And he was diagnosed when he was four-year-old. {He is in} the) fifth grade. He's got a younger brother and then he has two older step siblings that are in their 20s.

Participant 2

Parent (Am 2) said that

> {She} is my oldest. She is 13 and a half. Her birthday is in August. So I guess she's closer to where it can be scary. She's technically in seventh grade; finishing up that year. She was non-verbal for the first couple years. She she definitely has that fantastic brain that children with autism have where their strengths in certain areas are amazing. Like she can play piano by ear. And she has an awesome memory. She loves movies and musicals when she was like 5 or 6. She memorized Hairspray and Mamma Mia and would sing all the songs. But everyday conversation is difficult. She started up early in the ECDD early childhood developmental delay. She was in… district.

Parent (Am 2) explained more details about her child's diagnostic history by saying that

> It took a long time for someone to say it. I knew it. I thought it was obvious. She was colic so she was a very upset child from like two to four. She said she didn't meet her milestones. She didn't walk until she was 15 months. She learned some words. And then she lost them. About 1 year 9 months to one year she lost it and she couldn't do it again; and she used to eat lots of different foods. Then she stopped eating a lot of foods. She got very sense of the texture. So then I started doing the tickle technique building her language. And. We're not going to go down that conversation. But. She did receive her MMR and a flu shot at 18 months or pretty much 18 months and she completely lost it all again. Then she was sick for like a month. About 1 year 9 months to one year she lost it and she couldn't do it again; and she used to eat lots of different foods. Then she stopped eating a lot of foods. She got very sense of the texture. So then I started doing the tickle technique building her language. She did receive her MMR and a flu shot at 18 months; and she completely lost it all again. Then she was sick for like a month. I don't think she started like talking again until like 5 or 6. She wasn't putty trained until she was like 7. So we couldn't get an actual diagnosis until someone from the Health Department came out.

Participant 3

Participant 3

Parents (Am 3 and Am 4) are couples married said that

He's 11 and he loves Minecraft, Legos, books and Boy Scouts. He's very kind and very caring. He's a really sweet heart. {He} really cares and making sure everybody is OK. {He is} very strong concern for welfare of others, especially little kids. We had him diagnosed in third grade. {He} had gone to the preschool that was a private preschool. So it's a very small class of five or six students. So he {had} the extra attention that he needed. So there weren't huge red flags. Then when he went to public school, and then like 'wow'! We need help with this. {We have} to sit down and talk about this. Then we originally had him diagnosed as ADHD. We had him to go to see a therapist to help with behavior. Our pediatrician recommended a psychologist and that's the first time they tested it with ADHD, and diagnosed him with that. Just through a couple of years' process, mostly when we are doing the IEP for the first time; and that was why we looked into getting him either officially diagnosed or not with autism, because it will change the way the IEP, you know, the services that we have available to him.

Participant 4

Parents (Am 5 and Am 6) are couples married shared that

He's 16. His favorite activities are on trains. He is like a Lionel train set. He also likes to create things of paper or wire. Just be real crafty. He likes to build buildings like art stuff. He enjoys 3-D art in the sense that he'll take like a heavier paper or a cardstock or even index cards and build make out of them. He {has} been in an art class at school and he does enjoy drawing like three dimensional art. The other thing he likes to do is swim. And that's good for him because the pressure on his body that it hit the deep crash or the pressure of the water helps his sensory issues. Now he {has} very good verbal skills. At {age} three he was pretty early let's say three or four words and that's it wasn't put sentences together. What he could do with that point was label things. First when he was three, he was first diagnosed with early childhood developmental delay; and then they changed it to autism when he was five. {We} came to them and said shouldn't he be growing out of this! I mean he had made progress and they said we're starting to think it's autism that there's something more than just developmental delays. So the problem was there were in order to have the autism diagnosis you have to be able to check certain boxes. If if there were five boxes that had to be checked maybe three-year-old, they could only check three of them. And he got into a program here in (name of city) county and they worked with him and he actually within six months that first year he was speaking right then. And as his verbal skills developed that those some of those other boxes were able to be checked out. {They} said yeah we're noticing in his verbal skills are now revealing thought patterns and so on this make us think of this is autism.

Participant 5

Parent (Sa 7) shared that about her sister

> My sister is a very quiet girl and a shy person. She is a happy person who loves to go to coffee shops and theme parks. She loves to eat at restaurants as well, specially MacDonald. She was three years old when she diagnosed with ASD. She has older brother with autism as well.

Participant 6

Parent (Sa 8) said that about her son

> He is six years and eight months. He has an older sister who loves to help him all the time. My son loves playing with cubs and blocks. He always builds different characters like dinosaurs or animals, especially when he looks at the IPAD or TV. When he was younger around the age of two, he didn't speak or talk. He only used to catch my hand and point to things he wants. When I call him, he never answered or looked at me; like he acted as I was not there. However, when I turned the TV on to watch kids show, that was the only way to get his attention. Now his verbal skills much better. Also, when our doctor ran some tests, he was first diagnosed with mild to moderate ASD and ADHD; then the doctor advised us to get him in a regular kindergarten school. The doctor described some vitamins. I kept visiting private hospitals for about two years with no response. I didn't see any improvements at all. I started reading, checking the internet, and asking other parents who have kids with autism. I also followed a specific diet plan by avoiding some foods like any fast foods. Later, when he was in the kindergarten, his teacher said that my son was not socialized and recommended to see an autism specialist. I found a specialist who told me about this school for autistic kids and it was sponsored by the government. He is doing great now.

Participant 7

Parent (Sa 9) shared that about her child

> My daughter is not very sociable kid. She doesn't like being around other people, only with her brothers. She loves drawing. She is a very good painter. She is in the elementary level now. When she was around three years old, I have noticed that she didn't miss me and she was crying all the time. She only was watching kids' songs, nothing else. We went to many hospitals trying to know what was her problem. I have never believed that there was a problem actually; like I was ignoring other people's opinions. One day, her father got an official diagnosis and told me about her condition. I refused to believe at the beginning. When I started reading and asking around, I noticed that autism is not a big issue. I met one specialist who told me that by the time, you would feel that everything is fine, and your daughter will be great. She gave me hope. My daughter went to a rehabilitation center for kids with special needs before this recent school. Then she was transferred to a public school because she had good academic skills. She learned the

colors, names of objects, and numbers before moving her to the new school. So her old teachers recommend to transfer her to academic school.

Participant 8

Parent (Sa 10) said that

She is nine years and four months. My child is very quiet person. When other people look at her, they never know that she has autism. She loves going to the beach and theme parks with her brothers, but doesn't like playing with anyone else. When she was about one year and three months, we got her diagnosed as ASD. Before taking her to a doctor, she was like turning around herself in circles. She had unusual behaviors like playing alone, looking at the wall, not responding when I call her name, acting like she wasn't hearing me. The only thing that she loves is kids' songs. Then I took her to a doctor and told me about the signs of autism. I had some pregnancy complications before she was born. I think that might cause her autism.

Participant 9

Parent (Sa 11) shared that

My daughter is a nine years old. She is a normal kid, the only lack she has is communication. She had inappropriate behaviors before. With practice, she became much better. When she was younger, she didn't know the danger of running in streets between cars. By the time, she knows now what danger is. She has older brother with autism. He was a former student in the same school. My daughter was normal until the age of two. I noticed her behaviors were exactly like her older brother. So I knew it before taking her to a doctor that she is autistic. She got her official diagnosis when she was three years old.

Participant 10

Parent (Sa 12) said that about her child

My boy is a five-year-old; he is very quiet child. He became more active when he started his school. He loves his family and playing with them especially his grandfather's house. He likes playing with puzzles and pictures. This is his third year in his school. He was diagnosed with ASD around two years and six months. He was normal until the age of two. After that, he lost his words, stopped talking, not responding to my calls, didn't know his name. He only used to play with his iPad or iPhone. Then I noticed his problems.