THE EFFECTS OF INCLUSIONARY PROGRAMS ON THE SELF-CONCEPT OF LEARNING DISABLED STUDENTS

by

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A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the
Masters of Science Degree
With a Major in

Education

Approved: 2 Semester Credits

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ABSTRACT

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The Effects of Inclusionary Programs on the Self-Concept of Learning Disabled Students
(Title)

MS in Education Dr. Ed Biggerstaff August, 2001 43
(Graduate Major) (Research Advisor) (Month/Year) (No. of Pages)

American Psychological Association
(Name of Style Manual Used in this Study)

The purpose of this study was to examine the relationship between the self-concept of middle school learning disabled students and inclusionary programming. The sample group (n=18) were middle school students grades 5-8 from a rural Wisconsin town. The Piers-Harris Self-Concept Scale was used to measure self-reported Total self-concept and the following cluster scales: Behavioral, Intellectual and School Status, Physical Appearance and Attributes, Anxiety, Popularity, and Happiness and Satisfaction. Individual education plans were studied to determine the

amount of time (FTE) each student participated in inclusionary programs over a three year period.

The null hypothesis stated that there would be no significant correlation between learning disabled students' self-concept, as reported on the Piers-Harris Self-Concept Scale Total and cluster scales, and the amount of time they participated in inclusionary programs. At the .05 level of significance the null hypotheses was rejected.

The null hypothesis was accepted on six out of the seven areas measured. There was no statistical significance when comparing the amount of time LD students spent in inclusion programs and their self-reported self-concept in the following areas: Total self-concept, Behavior, Intellectual and School Status, Anxiety, Popularity, Happiness and Satisfaction. The null hypothesis was rejected on the cluster scale which measured the relationship between Physical Appearance and Attributes self-concept and inclusion.

Acknowledgements

There are a number of people who I would like to thank for playing a major part in making this thesis a success. First, to my brother Clark for his huge amount of time and effort in his endeavors in helping me throughout the whole thesis project. I couldn't have done it without him! Words alone can not express the gratitude I owe to Dr. Ed Biggerstaff, my thesis advisor, for his wisdom and positive spirit. I would like to thank my friends for their patience and understanding, along with my Medford coworkers and classmates for their support, encouragement, and humor. You have made the journey to a Masters a memorable one. Finally, I would like to thank the parents who allowed their children to participated in the study, and the students themselves for taking the time to make this thesis study possible.

I dedicate this paper to my parents for the support they have always given me, and for teaching me that it take dedication, determination, and hard work to accomplish what you set out to do.

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Chapter One

Introduction

The education of students with special needs, including learning disabled children, has been an ever-changing process since the inception of identifying these students. Practices of separating students with learning disabilities in an educational setting different from their age appropriate peers is an educational strategy from the past. Boundaries that once separated LD students from their peers has become increasingly more invisible, since inclusion policies were implemented.

The passing of Public Law 94-142, the Education for All Handicapped Children Act (1975) and the renewed mandate of this law known as Individuals with Disabilities Act (IDEA) has assured that students with learning disabilities will be educated in the “least restricted environment” when appropriate (Including Students,1993). This brought a revolutionary change in special education. Learning disabled students were no longer being educated in a self-contained classroom separate from their age appropriate peers, but instead along side them in general education classrooms.

Learning disabled students are being included in the general education classrooms in accordance to the laws in many educational

settings. It is important for children to be able to work to their greatest potential, but also at a level that they can be successful. Research has been conducted on the academic benefits for both disabled and their non-disabled peers participating in inclusionary programming. However, reading, writing, social studies, science, math and related arts are not the only subjects schools need to be concerned with when it comes to education. What about a student's self-concept or social well being?

Self-concept has been simply defined by Rosenberg (1979) as the complete feelings and thoughts one has about themselves. A person's self-concept begins to develop at a young age when he/she is able to interact with their environment and possess the ability to interpret feedback from others.

By definition LD students have experienced academic failure at some point in their formal education, therefore, it is believed that they would have poorer feelings about themselves. Learning disabled students are at risk of developing a low self-concept because they are more insecure about their abilities (Becker 1982). Some studies has revealed that LD student report worse feelings about themselves compared to non disabled students (Alley & Deschler,1979; Black, 1974;Griffiths,1970; Rogers & Saklofske,1985; Rosenthal, 1972; Ribner, 1978). Yet, other

research has found no evidence to support these findings (Donnell, 1975; Endler & Minden 1972; Ribner, 1978).

It is important that we as educators take into consideration the consequences of denying special education students an appropriate education with their peers and the long lasting effects it could potentially have on the development of their self-concept. Self -concept is considered to be relatively fixed, and once developed it remains fairly consistent through life (Cooper, 1993).

It is the opinion of this researcher that not only should the academic issues related to inclusion be examined, but also the effects that inclusionary practices have on the self-concept of learning disabled students.

Purpose of the Study

The purpose of this study is to examine the relationship between self-concept and the amount of time spent in inclusion classes. Participants in this investigation will be middle school learning disabled students (grades 5-8). Examination of student files will be conducted to determine the amount of time students participated in an inclusion program determined by FTE over a three year period.

Null Hypotheses

There will be no significant correlation between learning disabled students' self concept, as reported on the Piers-Harris Children's Self-Concept Scale Total and cluster scales, and the amount of time of participation in inclusionary programs. At a .05 level of significance the null hypotheses will be rejected.

Assumptions

There are three assumptions that are apparent in this research. They are:

1. LD middle school students are able to self identify specifics relating to their self-concept and in a truthful manner.
2. Learning disabled students were correctly identified.
3. Records accurately reflect inclusionary programs students participated in.

Limitation

A limitation that has been identified by the researcher is that this study was conducted with a small sample group.

Definition of Terms

For clarity and understanding throughout this paper the following terms will be defined:

Full-time equivalent (FTE)- one FTE = minimum amount of time required by a district to be considered a full time participant of a given setting. For the purpose of this study FTE were calculated by multiplying the number of general education classes a given student participated in by 1.25 referring to an 8 period day.

Inclusion-the practice of providing a child with disabilities an appropriate education with his or her age peers within the general education classroom. Typically support is given to the child and the general education teacher through collaboration, modifications, accommodation and or direct intervention. Inclusion takes place at the public school the child would normally attend if he or she did hot have a disability.

Individual Education Plan (IEP)- a written education plan, mandated by law, for a school-aged child with disabilities developed by a team of professionals (teacher, therapists, etc.) and the child's parents that defines a child's disability, states current levels of educational performance,

describes the child's learning and educational needs, what services the child will need, and specifies annual goals and short-term objectives. It is reviewed and updated yearly.

Learning Disabilities (LD)- a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, or spell, or to do mathematical calculations.

Least Restrictive Environment (LRE)- an educational setting or program that provides for a student needing special education the chance to work and learn: it also provides the student with as much contact as possible with non-exceptional peers, while meeting the child's learning needs and physical requirements in a regular educational environment as much as is appropriate.

Self-concept-a relatively stable set of self-attitudes reflecting both a description and an evaluation of one's behavior and attitude Piers-Harris (1984).

Self-contained program-a special education program located in a regular or special school which serves students with exceptional educational needs in the majority of instructional areas, but in which individual pupils are integrated into other regular and/or special education programs. The teacher of the self-contained program provides consulting services to regular education and/or special education personnel. This program provides for control of the educational and environmental intervention variables based on the individual child's needs. The program operates 5 days a week on a full time basis.

Chapter Two
Review of Literature
Introduction

This chapter will discuss the current literature in two specific areas. The first area being inclusion, its background, the various inclusionary practices, and the advantages and disadvantages as related to learning disabled students. The second area will be self-concept, beginning with background, discussion of positive and negative effects, as it relates to academic performance in LD students.

Background on Inclusion

The basis for inclusionary education has been brought about from the beliefs that students with exceptional education needs would benefit both socially and academically in a learning environment with their age appropriate peers as opposed to being separated.

Initially LD students learned to adapt to their educational environment or chose not to participate in public education. With the compulsory school attendance laws, schools were forced to educate all students including learning disabled children.

Self-contained programs were introduced. LD children were educated in a classroom setting separate from their age appropriate peers

with smaller teacher pupil ratio, and with a specially trained teacher. Their non-disabled peers would not be hindered by slower learners.

As reported by Harwell, (1989) research findings in the 1960's showed that these practices were not considered educationally sound due in part to the following:

1. Self contained programs carried a negative stigma.
2. Behavior problems arose because special education students tended to imitate each others behaviors instead of their non-disabled peers.
3. Post high school integration of disabled and non-disabled individuals became almost impossible.
4. Individuals with disabilities were not receiving educational opportunities that were equal to non-disabled peers.

For more than a decade LD students were served in self-contained programs separate from their age appropriate peers until Public Law 94-142 in 1975 evolved . The passing of Public Law 94-142, Education of All Handicapped Children Act assured a free appropriate public education regardless of their handicapping condition, to all children in the "least restricted environment" (LEA) to the maximum extent possible (Lipsky &Gartner, 1998).

One practice brought about by this law was integration. Salisbury (1991) described integration as being an educational practice which allowed disabled students to participate in general education programming for some part of the day, and being excluded from other age appropriate activities. Even after the passing of PL 94-142 and special programming changes, the literature supported more inclusive programs for special education students to improve the quality of learning for both disabled and non-disabled students (Hardie,1993, Nathanson, 1992; Salisbury, 1991). The Education of All Handicapped Children Act was reestablished in 1991 as the Individuals with Disabilities Act (IDEA). Two issues brought to light again with the reestablishment of the act were least restricted environment and appropriate education. " All handicapped children have available to them a free, appropriate public education which emphasizes special education and related services designed to meet there unique needs in the least restricted environment...." (Kendall & DeMoulin,1993 p. 204).

"Special classes, separate schooling, or other removal of disabled children from the regular education environment occurs only when the nature and severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." (Fuchs & Fuchs, 1994 p. 22). ".....IDEA emphasizes two major principles: The education of students with

disabilities should produce outcomes akin to those expected in students in general and students with disabilities should be educated with their non-disabled peers." (Lipsky &Gartner, 1998 p.80). Hence, inclusionary practices have evolved from years of educational changes and mandated laws developed to protect the educational welfare of special needs children.

Inclusionary Practices

Legislation has mandated that special needs students be educated in the least restricted environment which has led school districts to adopt some inclusionary practices. But it appears that the interpretation of inclusion has been left up to the interpretation of individual districts, administration, teachers and parents. Currently numerous definitions and models of inclusion are practiced in our educational systems. In a broader sense Roger (1993) suggested not a specific physical placement ,but more of a philosophy on inclusion. He stated that inclusion is the acceptance of students with special needs as full member of their home base schools were all educators have responsibility for all the students in the school.

> "Some models propose the inclusion of literally all student with disabilities and define this as full inclusion. Others define full

inclusion as regular class placement for all students with disabilities, but for on a part time basis for some; still others propose the inclusion of students for whom it is appropriate or even suggest that separate, special schools are part of their inclusion plan." (Sack, 1997 p.23).

Sailor (1991) defines full inclusion as possessing the following characteristics:

1. Special needs students attend the school that they would if they did not have a handicapping condition.
2. A naturally occurring proportion of special needs students are served at each school site.
3. No student will be excluded for any educational opportunity because of a handicapping condition.
4. Schools as well as general education placement be in an age appropriate environment with no special education classes or self-contained programs operating at the site.
5. Practices including cooperative learning and peer tutoring are utilized.
6. Special education support is provided in the general education classroom.

Even though laws require that students with special needs are to be educated with their age appropriate peers in the general education setting when appropriate, the U.S. Department of Education reports that 55 percent of children with disabilities are not fully included in regular classes. (U.S. Department of Education, 1997).

It is evident from the research that inclusionary practices vary from state to state, even from district to district. Not one type of programming is used or defined consistently throughout the United States.

Positive Aspects of Inclusionary Practices

Living under the assumption that we are more alike than different, advocates for inclusion stress that inclusionary practices are more true to life. Children who learn together, learn to live together (Raschke, & Bronson, 1999). No matter what the program, be it full inclusion or resource room practices, educational research supports the integration of disabled students into the general education classroom (Friend & Cook, 1996; Graden, 1989; Phillips & McCullough, 1990, Pugach & Johnson, 1995; Salend, 1994; Sindelar, Thomas, Correa, & Morsink 1995).

Danial & King (1997) state that academic achievement is improved when disabled students are expected to adhere to higher standards that are usually evident in a general education classroom. In general, LD

students are more willing to put forth effort to comply with the standards in the general education classroom to fit in. Socially LD students have more of an opportunity to model appropriate behavior in the general education classes as compared to special education classrooms. Learning disabled students also have a better opportunity to establish friendships with non-disabled peers (Willis 1993). Furthermore, low acceptance by peers of LD students has been a persistent problem, and there is concern that non-inclusive programs contributes to this. Lack of membership in the classroom community, and overall low social status of LD students are also contribution of segregated educational practices (Taylor, Asher, & Williams, 1987).

After conducting a three year study on inclusion of disabled students Walther-Thomas(1997) concluded that a large majority of the students felt that inclusion helped improve their self-confidence and self-esteem. She also reported positive findings from teachers. Teachers reported that many disabled students acquired a better attitude about others and themselves; demonstrated improved motivation; were less defensive; and were more concerned about homework and physical appearance. Denton & Foley (1994) reported that inclusion improved students' self-concept, which led to more appropriate behavior, better attendance, and higher motivation. Through peer interaction opportunities

for learning new skills presented themselves more readily in the general education setting.

Gibb, Young, Allred, Dyches, Egan & Ingram (1997) reported their findings of parents whose children participated in inclusionary programs. Parents stated that their children enjoyed school more than when they were in a segregated environment, and that they had greater feelings of accomplishment. They continued by saying that inclusionary practices improved the self-image of children with disabilities. Children were more willing to socialize with non-disabled peers and appeared to have more non-disabled friends. Lowenbraun, Madge, & Affleck, (1990) found that parents of disabled children rated inclusionary classrooms and resource rooms equally in regard to academic growth, but considered inclusionary programs superior in the promotion of self-esteem and social opportunities: 87% of the parents whose children had participated in both inclusionary classrooms and resource rooms preferred the inclusionary setting.

Inclusionary programs are not only beneficial to children with disabilities, benefits for their non disabled peer have been documented also. Children are able to experience diversity in a small setting, which develops respect for diverse characteristic along with a sensitivity toward others' limitation. Including disabled students in the general education

classroom gives opportunity to teach as well as help other classmates (Raschke, & Bronson, 1999).

Negative Aspects of Inclusionary Practices

Advocates against inclusionary programs argue that inclusive programs are not able to meet the individual needs of disabled students. Originally both gifted and disabled students were segregated from their general education peers because they were better served in segregated programs (Kauffman 1995). Other advocates against inclusion stated that in an effort to make classrooms more suitable for disabled students, the curriculum may be watered down therefore neglecting the challenges of average or higher functioning students (Willis 1994).

Research indicates that some parents of children with disabilities who compared inclusionary programs with segregated programming felt that inclusive programs did not provide adequate individualized instruction for their LD child (Gibb, Young, Allred, Dyches, Egan & Ingram 1997). Other concerns were that their childs' self-image was poorer when they compared themselves to non-disabled peers.

Evidence suggest that LD students will not do well in general education classroom settings, where nonmodified instruction is the norm (Baker & Zigmond,1990), and where whole group instruction is the

teaching approach for the majority of the instructional time (McIntosh 1993; Klingner, Vaughn, Schumm, Cohen,& Forgan 1998). Furthermore, general education teachers do not feel that they are adequately prepared to meet the specific educational needs of LD students (Schumm & Vaughn, 1992). Extensive interventions for the general education teacher, along with appropriate modifications and accommodations for the disabled students must be provided in the general education setting to make it the most suitable learning environments for all involved.

Self-concept

Self-concept has been defined as the perception of ourselves in reference to our feelings, attitudes, and knowledge about our ability, appearance, skills and social acceptability (Byrne, 1984). The theory of self-concept can be traced back as far as 1644 when Rene Descartes wrote about existence depending upon perception in Principles of Philosophy. Sigmund Freud and his daughter Anna continued to investigate the theory of self-concept. Freud (1900) wrote about the internal mental processes, but did not make self-concept a primary psychological unit in his theories. Anna Freud, on the other hand, gave great importance to self-interpretation. As the process of the development of the self-concept theory continued, Carl Rogers became one of the most

influential voices. Rogers (1947) believed that the self was the most significant component in personal adjustment and human personality. He viewed the self as a social product that developed out of two components, interpersonal relationships and the need for consistency. He also believed that people posses a basic human need for a positive regard from oneself and from others (Purkey & Schmidt, 1987).

Self-concept is not an innate characteristic, but is developed through the repeated perceived experiences and the feedback of the interaction (Franken 1994). He suggests that this is an important aspect because it indicates that self-concept can be modified or changed. Purvey (1988) confirms this by stating that self-concept is learned early in life through the repetition of perceived experiences especially with people we see as being significant. Therefore, we begin to develop and maintain our self-concept at an early age through a complex process of taking action and then reflecting on what we have done and what others have told us about our interaction. Villa & Auzmendi (1992) agree that self-concept is for the most part stable, but specifies that between the ages of 5-11 a sense of self is developed and a traumatic experience during this period may have negative consequences in a child's self-concept in the future. Independence during this time is key in the development of their own individuality, yet they need to have a safety net of family and a secure

surrounding to fall back on. Brigham (1989) stated that we reflect on what we have done, plus what we can do, in comparison to what we expect and the expectations of others, alone with the characteristics and accomplishments of others.

Huitt (1998) reports that there are different aspects of self-concept: physical, academic, social, and transpersonal. The physical component relates to concrete aspects: what we wear, or look like, what type of material things we posses. Academic self-concept relates to how well we learn or how successful we are in school. Furthermore he believes that academic self-concept has two levels: general academic self-concept relating to overall success and specific content related self-concept which looks at success in specific academic areas such as math, reading, science, etc. The social aspect refers to how well we relate to other while transpersonal self-concept describes how we relate to the unknown.

Gonzales & Touron (1994) suggest that self-concept is comprised of three fundamental elements: self image, self-esteem and a behavioral component. Self-image being a persons perception of themselves in relation to cognitive aspects. Where as self-esteem refers to the values and individual attaches to specific manner in which they see themselves. The behavioral component relates to how self-concept influences an individuals behavior particularly related to the immediate environment.

Hence, self-concept and self-esteem are interrelated and complementary where as a positive self-concept implies a positive self-concept and vis versa (Marchargo 1997).

Brewer and Gardner (1996) identify the self as independent and social. The independent self views itself separate from others. When interacting, the independent self is mainly concerned with self interest, while self-worth is based upon how the self compares to others. On the other hand, the social self views itself in connection with others. The social self can be further defined into two areas: relational and collective. At the relational level individuals are more concerned with their specific attachments to others. The benefit of a specific other is an underlying motivation for behaviors. At the collective level attachment is more global, to a group, not specific others. The self is assessed in terms of the group, and intergroup comparison is the basis of self-worth.

School and family play an important role in the development of a child's self-concept. In the beginning a child learns values from the positive and negative interaction of people that they feel are important, usually family members. Later they depend less on family and more on peer relationships, along with other adults in the continuing development of self-concept (Martinez 1994).

Self-concept and LD Students

Research on self-concept and LD students is inconclusive. Conflicting research has been reported in this area in part due to underlying factors including the multiple facets of self-concept, and comparison groups. Students who have or continue to receive special services in school most likely experienced failure or difficulties that can effect their self-concept. If a child feels that they have little control over their academic performance it can lead to negative feedback. This may result in lack of motivation and performance to protect their self-concept (Ruble 1997). Repeated feelings of incompetence along with the need for special assistance may have an indirect negative effect on a child's self-concept, leading to the decline of motivation and cognitive function Goffman (1997).

Researchers often distinguish between academic self-concept (general school concept, reading, mathematics,) and non-academic areas such as social, physical abilities, physical appearance, peer and parent relations (Marsh & O'Neill, 1984). Separating self-concept into these two areas indicates that how one perceives oneself in one situation does not necessarily transfer to another.

Winne and Marx (1981) reported that students who did not excel academically frequently saw themselves as more successful in the

physical and social area of self-concept. Renick and Harter (1989 p. 637) state "LD students do not feel equally adequate in all areas of their lives." They continued by stating that LD students in their study reported higher self-concept in social acceptance, athletic competence and global self-worth compared to academics. These findings were confirmed by Kistner, Haskett, White and Robbins (1987). Pupils who receive academic support do not differ in their general self concept when compared to others due in part to the fact that even though their academic self-concept is weaker they put more importance on peer relations (Allodi 2000). Both academic and nonacademic aspects of self-concept should be considered when dealing with all students. When this approach is used a more accepting atmosphere is created in a classroom (Machargo 1997).

The relationship between self-concept and academic achievement is often debated. The common perception is that there is a correlation between self-concept and academic achievement. Byrne (1983,1986) reported that the relationship between academic self-concept and achievement is more positively correlated than general self-concept and achievement. If these findings are true, then one should be able to generalize that because of repeated academic failures LD students would report lower self-concept than their non-disabled peers when measuring academic self-concept. Research to support this theory is well

established. After reviewing twenty studies that compared academic self-concept in LD students with non-disabled students Chapman (1988) concluded that LD students scored significantly lower than non-disabled students in an overwhelming majority of the research. A study conducted by Montgomery (1994) of LD students participated in inclusion programs, found LD students reported lower academic self-concept then their no disabled peers, yet their global self-concept was comparable. " While the specific component of academic self-concept seems affected the global self-concept of pupils with support in integrated/inclusive settings seems unrelated to their school difficulties (Allodi, 2000 p. 75)

" In general there appears to be a moderate relationship between self-concept and measures of achievement with correlations increasing where specific school-related self-concepts are examined" (Chapman 1988, p 347).

(Silverman & Zigmond 1983) found that even though LD students report a lower overall self-concept in comparison to non-disable students, these findings are not supported when using the norm sample on the Piers-Harris Children's Self-Concept.

Chapter Three

Methodology

Introduction

This chapter will describe the subjects used within the study, the method of subject selection, instrument selection, data collection, analysis procedures and methodological limitations.

Subjects

The subjects for this study were 5th -8th grade students diagnosed with learning disabilities enrolled in a middle school in a rural Wisconsin community. All subjects had, or were currently receiving special education services in a resource setting while participating in inclusion classes in some capacity. Wisconsin state guidelines were utilized to determine each student's eligibility for placement in a LD program. Enrollment in an LD program for at least 3 years was also a criteria.

The subjects ranged in age from 10 years 2 months to 14 years 5 months. Gender by grade level was as follows. In 5th grade there were 0 females 2 males; in 6th grade 0 female 4 males; in 7th grade 2 females 5 males; and in 8th

grade 3 females 2 males.

These middle school students were selected on the basis of their availability to conduct the study and the larger number of learning disabled students at this particular school.

Students were asked to participate after consent forms were returned indicating approval for the testing instrument to be administered from each participants' parents. Students were given a brief explanation of what their participation in the study would necessitate, along with an overview of the testing instrument that was utilized.

Instrument

The Piers-Harris Children's Self-Concept Revised was utilized in this study to measure self-concept. The Piers-Harris is an 80-item, self-reporting questionnaire designed to assess how children and adolescents feel about themselves (Piers Harris, 1984). Children are shown a number of statements that tell how some people feel about themselves, and asked to indicate whether each statement applies to them using dichotomous "yes" or "no" responses (Piers Harris, 1984).

A total self-concept score is derived from six cluster scores: behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction. Scores between the 31st and 70th percentile are considered average scores (t-

score between 45 and 55). A higher score would represent a higher self-concept.

The Piers-Harris is a highly reliable and valid instrument. Internal consistency estimates the total score range from .88 to .93: and the retest-retest reliability coefficients range from .62 to.96. Information on the validity and reliability of the specific subtests are lacking.

Data Collection

Testing of participants was conducted in a classroom during May 2001. A total of 18 learning disabled students participated: two 5th graders; four 6th graders; seven 7th graders; and, five 8th graders. The Piers-Harris Children's Self-Concept Scale was administered to each grade level group..

The students were given a brief explanation of what the testing entailed. An explanation of what the scores would review was also covered. The participants were encouraged to respond as honestly as possible and reassured that the results from this evaluation would not affect their school grade. It was also explained to each group that the results for this questionnaire would be confidential and that their specific names would not be used.

Each student received an auto-score protocol with the outer sheet removed along with a ball-point pen. Participants were asked to write their name at the top of the form along with their grade level. Students were then asked to follow along as the standard directions were read. It was then explained that each question would be read twice orally after which, students were encouraged to respond.

After all participants were finished, it was stated that individual test scores and the interpretation would be available upon request after they were scored. A short discussion was conducted after the testing of inquiring thoughts of the evaluation. Students were also encouraged to ask any questions they had relating to the testing before they left.

Each individual test was hand scored according to specific direction given in the Pier-Harris manual. Raw scores on each individual cluster scale were calculated. They were then added to determine a Total self-concept score.

Records review

Each participants' individual education plan was reviewed to determine to what extent they received instruction in an inclusionary setting. Full time equivalence data was collected according to specific

information collected from each IEP for a three year period including the academic school years of: 1998 -1999, 1999-2000, and 2000-2001.

Data Analysis

The six cluster scale raw scores from the Piers-Harris Children's Self-Concept Scale were calculated for each student. Then they were added together to determine a individual Total self-concept score. Each cluster scale score along with the Total self-concept score from all student were then added together to determine a group score for each of the areas evaluated. A correlational regression was used to compare the group scores in the seven categories with the amount of time the group spent in inclusionary classes over a three year period.

Chapter Four

Results

The purpose of this study was to test the following null hypothesis: There will be no significant correlation between learning disabled students' self concept, as reported on the Piers Harris Self Concept Scale total and cluster scales, and the amount of time of participation in an inclusionary program. At the .05 level of significance the null hypotheses will be rejected. The amount of time each individual student participated in an inclusionary program over a three year period was collected through examination of anecdotal records.

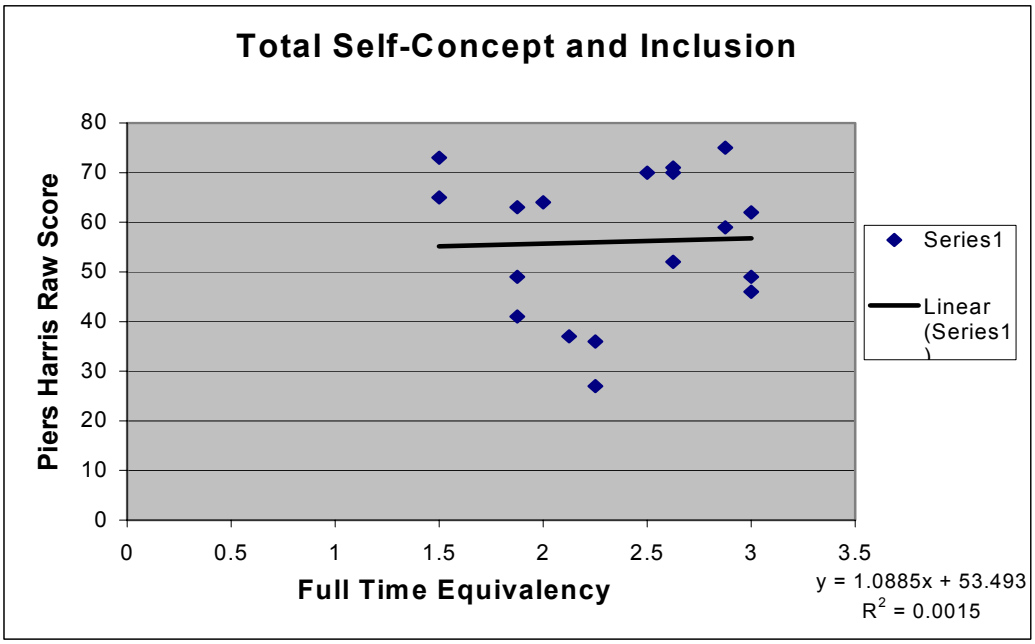
The subjects of this study were 18 middle school LD students, grades 5-8, from a rural Wisconsin town. A total self-concept score was obtained from six cluster scores: behavioral, intellectual and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction. Findings from these cluster scores along with a total self-concept score were measured using the Piers-Harris Children's Self-Concept Scale. Individual education plans were studied to determine the amount of time (FTE) each individual participated in an inclusionary program over a three year period.

Data Analysis

Since the purpose of this study was to determine if there was a relationship between self-concept and inclusionary programming a regression correlation statistical analysis was conducted using scores of the Piers-Harris and total full time equivalency numbers. The following data was compiled.

The null hypothesis was accepted for Total self-concept using a probability of .05 to determine the level of significance. If was found that there was no significant correlation between the amount of time LD students spent in inclusionary programs and their self reported Total self-concept (R^2=.0015) (see Figure 1).

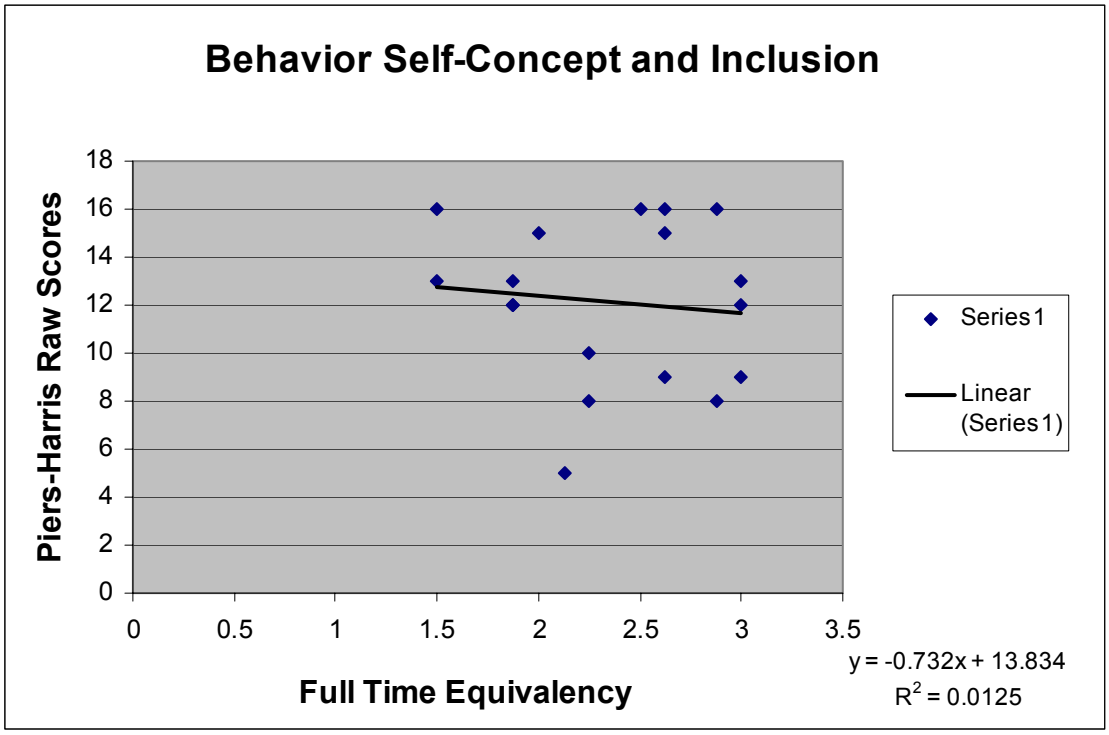
Figure 1



The null hypothesis was accepted on the Behavior self-concept cluster scale using the probability of .05 to determine the level of significance. It was found that there was no significant correlation between the amount of time LD students spent in inclusionary programs and their self reported Behavior self-concept (R^2=.0125). On the contrary,

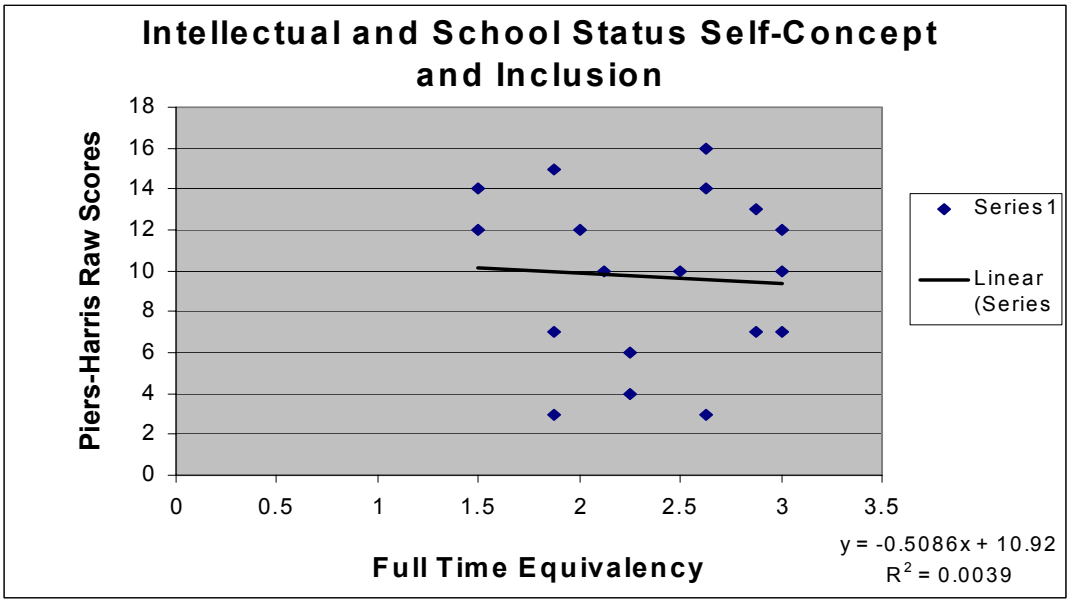
a slight negative correlation was found between these two variables (see Figure 2).

Figure 2



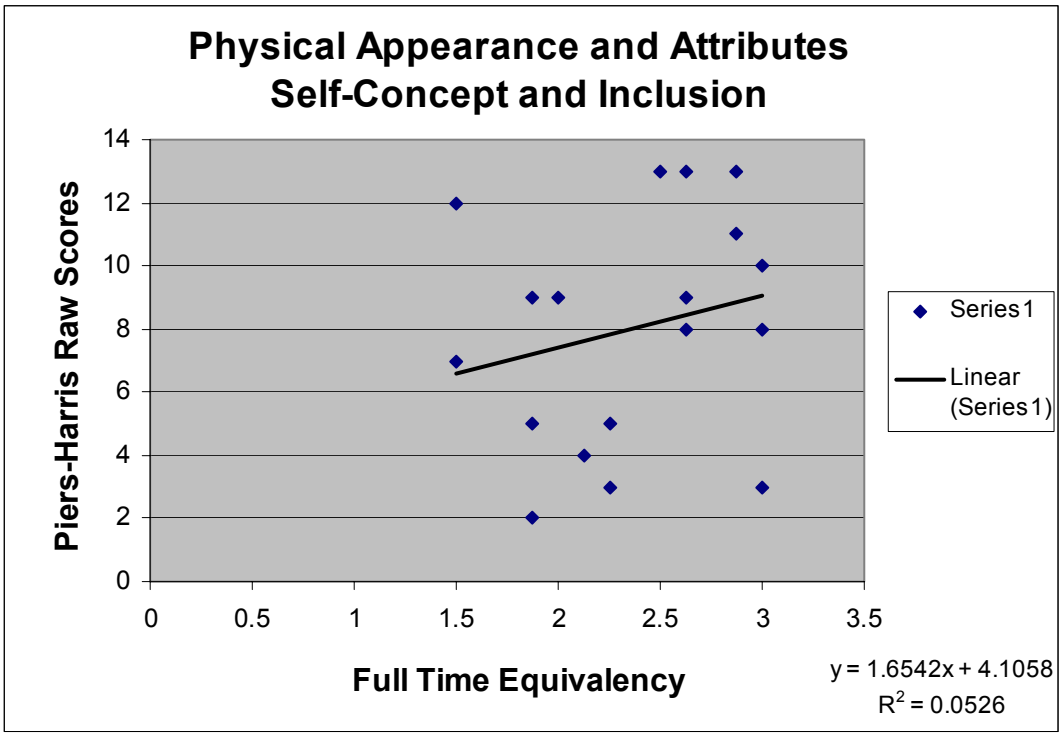
The null hypothesis was accepted on the Intellectual and School Status self-concept cluster scale using the probability of .05 to determine the level of significance. It was found that no significant correlation existed between the amount of time LD students participated in inclusionary programs and their self reported self–concept in reference to Intellect and School Status (R^2=.0039) (see Figure 3).

Figure 3



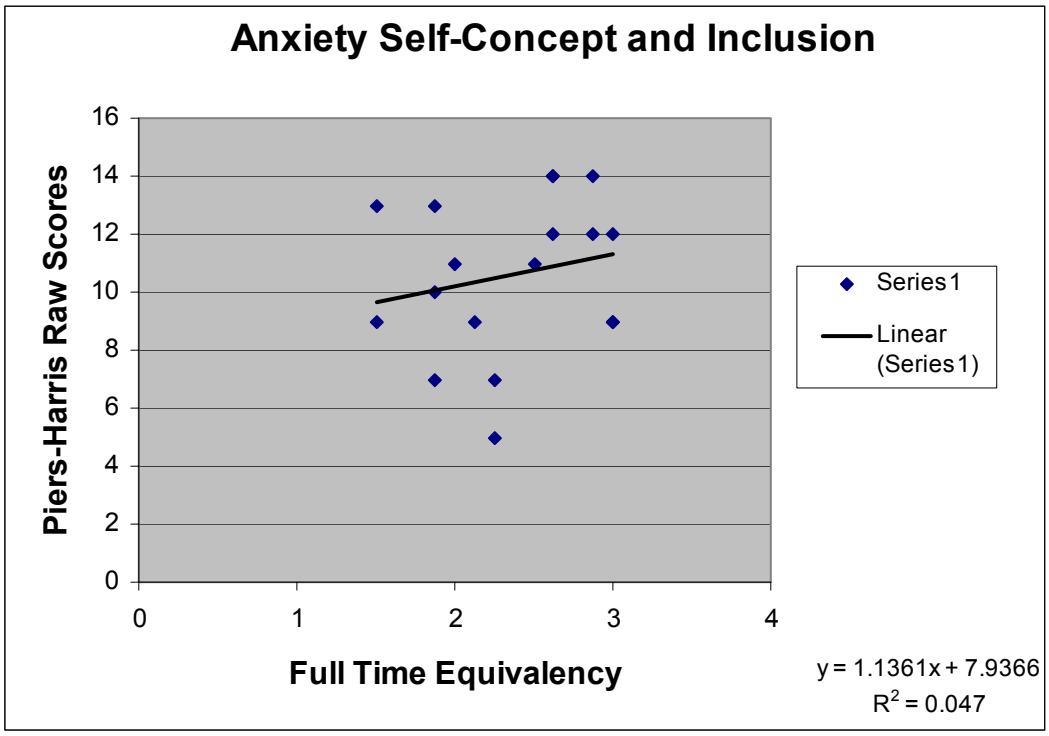
The null hypothesis was rejected on the cluster scale that measured Physical Appearance and Attributes self-concept and inclusionary programming. The probability level was set at a.05 level to determine the level of significance (R^2=.0526). Therefore, it was found that there was a correlation between the amount of time LD students spend in inclusionary programs and their self-concept of Physical Appearance and Attributes (see Figure 4).

Figure 4



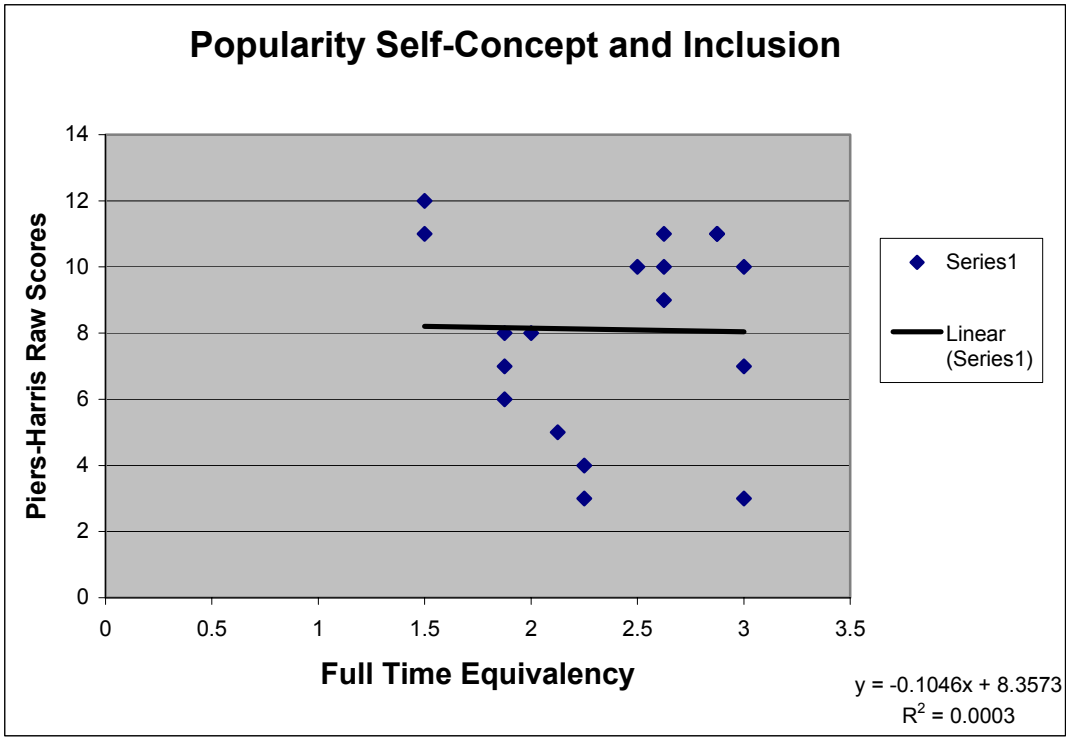
The null hypothesis was accepted on the Anxiety self-concept cluster scale using a probability of .05 to determine the level of significance. If was found that there was no significant correlation between the amount of time LD students spent in inclusionary programs and their self-reported Anxiety self-concept (R^2=.047) There was a slight tendency for LD students to have a favorable Anxiety self-concept when correlating it with the amount of time spent in inclusion programs (see Figure 5).

Figure 5



The null hypothesis was accepted on the Popularity self-concept cluster scale using a probability of .05 to determine the level of significance. It was found that there was no significant correlation between the amount of time LD students spent in inclusionary programs and their self-reported Popularity self-concept (R^2=.0003) (see Figure 6).

Figure 6



The null hypothesis was accepted on the Happiness and Satisfaction self-concept cluster scale using a probability of .05 to determine the level of significance.. This indicates no significant correlation between the amount of time LD students participated in

inclusionary programs and their Happiness and Satisfaction self-concept (R^2 =.0035) (see Figure 7).

Figure 7

Summary

The null hypothesis: There will be no significant correlation between learning disabled students' self-concept, as reported on the Piers Harris Self Concept Scale Total and Cluster scales, and the amount of time of

participation in an inclusionary programs. At the .05 level of significance the null hypothesis was accepted on a majority of the cluster scales. This research found that there was no statistical significance when comparing the amount of time LD students spent in inclusion programs and their self-reported self-concept in the following areas: Total self-concept, Behavioral, Intellectual and School Status, Anxiety, Popularity, Happiness and Satisfaction. The null hypothesis was rejected on the cluster scale which measured the relationship between Physical Appearance and Attributes self-concept and inclusion.

Even though no statistical significance was determined, a slight positive correlation was found in Total self-concept, Anxiety self-concept, and Happiness and Satisfaction self-concept and inclusionary programs.

Chapter Five

Discussion, Conclusions, and Recommendations

Discussion

Over the years numerous educational settings and strategies have been utilized to educate LD students. Which educational setting is the most suitable for both their educational and emotional needs? This researcher is not convinced that there is a "one size fits all" approach to educating LD students. But, we do know that when considering the best suitable education we should not focus solely on their academic needs.

Review of the literature did strongly recommend that education of LD students should be with their non-disabled peers (Friend & Cook, 1996; Graden, 1989; Phillips & McCullough, 1990, Pugach & Johnson, 1995; Raschke, & Bronson, 1999; Salend, 1994; Sindelar, Thomas, Correa, & Morsink 1995).

The review of literature did not reveal research that investigated inclusionary practices and LD students self–concept. But studies have disclosed different aspect of LD students' self-concept. Some researchers found that there was a correlation between self-concept and academic achievement (Byrne 1986). Others reported that the self-concept of LD

students differs greatly depending upon the areas that were being evaluated. Researchers also found that LD students reported higher self-concept in social acceptance, athletic competence, and global self-worth compared to academics (Renick & Harter 1989; Kistner, Haskett, White & Robbins 1987). Yet other research disclosed that the general self-concept of LD students was comparable to their non- disabled peers because even though academic self-concept was weaker they put more importance on peer relations (Allodi 2000).

Though research is inconclusive relating to self-concept and LD students it is a belief of this researcher that self-concept, be it academic or non-academic, plays a significant role in their educational success. Inclusionary programs need to be looked at on an individual basis to determine if all aspects of a student's self-concept is being addressed appropriately.

Conclusions

This research found that there was no statistical significance ($p<.05$) when comparing the amount of time LD students spent in inclusion classes and their self-reported self-concept on six out of seven areas evaluated. The null hypothesis was accepted on Total self-concept and on the following cluster scales: Behavioral, Intellectual and School Status,

Anxiety, Popularity, Happiness and Satisfaction. Even though a statistical significance was not disclosed, a slight positive correlation was found between inclusionary practices and Anxiety self-concept as well as Happiness and Satisfaction self-concept.

The null hypothesis was rejected on the cluster scale which measured Physical Appearance and Attributes. This results indicated a significant correlation between Physical Appearance and Attributes self-concept and the amount of time LD students participated in inclusionary programs over a three year period. Based upon the data collected in this study inclusionary practices appeared to have little impact on LD students' self-concept.

Recommendations

To further understand the effects inclusionary programs may have on the self-reported self-concept of LD students the following recommendations for further studies are suggested:

1. A larger sample group using a similar study to determine significance may yield different findings than this current study.
2. It may be desirable to examine other variables such as peer rating

scales, parental perception scales, and teacher perception scales along with others to determine the various aspects that may be involved in what contributes to the development of a learning disabled child's self-concept.

3. Other evaluation techniques along with the Piers-Harris Children's Self-Concept Scale should be used to determine a more accurate measurement of self-concept.

Additional recommendations specific to classroom application are:

1. Education of LD students should be with their non-disabled peers

whenever possible with appropriate academic and non-academic support.

2. Programs and teaching strategies to help develop a positive self- concept in students should be a fundamental part of the curriculum.
3. Teaching strategies that promote sensitivity and respect should be utilized.

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