In addition to the legal requirements of the Individuals with Education Improvement Act, (IDEIA) that families be included in the educational decision making for children receiving special education (IDEIA, 2004) effective family-school partnerships can lead to more positive outcomes for students. For young children, these partnerships contribute to academic performance, aid in the development of more positive attitudes toward schooling, prepare families to engage in effective partnerships across their child’s educational career, and support success in inclusive settings (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Childre & Chambers, 2005; Ratcliff & Hunt, 2009; Spann, Kohler & Soenksen, 2003; Summers, Hoffman, Marquis, Turnbull, Poston, & Nelson, 2005; Xu & Filler, 2008).

Evidence exists that some families of young children with disabilities have established trusting and open relationships necessary for full partnership in their child’s education (Allen & Cowdery, 2009). For other families, this family-teacher relationship is less strong. In today’s increasingly diverse society, identifying the expectations of each family and supporting effective partnerships is one of the greatest challenges facing teachers of young children. Each family’s expectations are not only influenced by the needs of the child but also by the family’s unique characteristics, prior experiences, frames of reference, culture, and resources (Beverly & Thomas, 1999; Lea, 2006; Smith, Romski, Sevcik, Adamson, & Bakeman, 2011; Xu & Filler, 2008). Families have expressed that, on many occasions, they feel left to passively agree or disagree with recommendations of the professionals. This is especially true when families believe that “the professionals” make placement and educational decisions in advance of the IFSP/IEP meeting or without considering the family’s point of view (Blue-Banning et al., 2004; Childre & Chambers, 2005; Hernandez, Harry, Newman, & Cameto, 2008).

Frequently, family–teacher communication processes hinge on a traditional perspective of
communicating about the needs and priorities of the teacher (Beverly & Thomas, 1999; Giovaaco-Johnson, 2009; Spann et al., 2003). This focus on teacher priorities may be partially responsible for families who feel that they are not full partners in their child’s education (Douglass, 2011; Reedy & McGrath, 2010; Souto-Manning & Swick, 2006; Spann et al., 2003). Of additional concern is the current trend toward standardization and accountability that may further move teachers toward more bureaucratic approaches and away from more family-centered practices (Douglass, 2011).

**Purpose**

The purpose of this study was to support teachers in their quest to establish effective family-teacher partnerships. Prior investigations have disclosed that even well-meaning teachers establish effective working partnerships with some families but struggle to connect with others (Alexander & Dore, 1999). In this study, we attempted to answer the following questions. Are there similarities in the expectations and priorities that families find important? Do the child variables of gender, race or disability type influence the families’ expectations? In answering the above questions, we strove to address practical issues faced daily by teachers. Are there similarities among what families expect from their child’s teacher? In general, do families of little boys and little girls have the same concerns and priorities? Does a family of a child with more severe disabilities have different expectations of their teacher?

In addition, the answer to these and similarly emerging questions can impact teacher educators in the preparation of pre-service teachers. It is hoped that the experiences of the participant families can add meaning and practical insight into such curriculum content as the legal rights of families, culture, and collaboration.

**Method**

**Informants**

This study represents initial inquiry into the expectations and potential influence on those expectations of families of young children who receive special education services. A convenience sample of 54 families of children with disabilities aged seven to nine was solicited from families who agreed to be a part of a larger interview process. In the majority of instances, the responder was the child’s mother; however, fathers, custodial family members, and foster family members were also responders. Most interviews were conducted face-to-face in English and most participants lived in relatively close proximity in the north east quadrant of a large southern state. All children received public school special education services.

The families interviewed represented children who were 72% male and 28% female. By race, the largest group of children was Caucasian (64%), with 16% African American, 2% Hispanic, 8% other than the above. Ten percent chose not to report racial background.

To obtain “type of disability,” interviewers relied on the family’s description of the child’s diagnoses or report of educational classification. This information was coded along the eight most frequently occurring disability descriptors. Families of children with autism represented 23% of respondents with the next highest frequency being children with physical disabilities or pre-maturity (22%). Attention Deficit Hyperactivity Disorder represented 15% of the families while children with intellectual disabilities made up 14% of the respondent families.
Procedures

The Interview

The investigation was coordinated by faculty members from two universities. Participant anonymity was insured as no identifying information on the family or the child’s school was recorded. Interviews were conducted by undergraduate students who had been trained in sensitivity in interviewing, legal and cultural influences in special education, and terminology, and training to utilize the semi-structured interview guide provided by the coordinators. Open-ended questions from the interview guide focused on family adjustment to having a child with a disability, family engagement with their child’s school, factors affecting family-school relationships, and family expectations. Example questions include:

• How has the child’s disability affected your family? Other children?
• How are you involved in determining your child’s IEP goals?
• How do you best communicate with the teacher / the school?
• What one thing would you tell your child’s teacher anonymously?

Development of Response Theme Matrix

Prior studies were located that explored ways to categorize family stories (Applequist, 2009; Blue-Banning et al., 2004; Quiocho & Daoud, 2006). From this review, common attitudes and concerns emerged and a matrix was developed to categorize responses. The matrix was reviewed by special and general educators, education administrators and families, who provided suggestions to wording and organization and provided content validity for the Response Theme descriptors. This exercise resulted in development of the Response Themes shown in Table 1.

Data Recording and Analysis

Family comments were documented by interviewers and coded by the lead investigators using the Response Theme matrix and entered into Excel for sorting and analysis. Approximately 25% were randomly selected for review of both coding and data entry by university graduate students. Accuracy in coding was scored when both raters read the family’s response and marked the same response theme. Inter-rater agreement of more than 90% was calculated by dividing the total number of agreements by the total number responses reviewed. Examples of family responses and coding follow.

• Coded as gratitude, from a family of a child with autism: “Thanks for all your effort to make the school experience as easy and normal as possible”
• Coded as encouragement and high expectations, from the family of a child with Cerebral Palsy: “Don’t sell him short. He’s just as smart as anyone.”
• Coded as open communication, “I wish the therapist and the teacher were better at communicating with each other. You would think they would know what each other is doing.”

Findings

In this study, we examined the dialogue of 54 families of young children in order to provide an increased awareness of family expectations and of factors that may influence the development of these expectations by diverse families. Qualitative analysis techniques of frequency or counting were used to analyze the finding of these research efforts. Counting is a technique found to be useful in educational research for making sense of qualitative data such as identifying a theme or pattern by isolating the number of times something happens (Lancy, 1993; Leedy & Ormrod, 2010). Table 2 illustrates the family comments received under each Response.
Theme. As many families made comments that encompassed more than one theme, the total number of responses (62) exceeds the total number of participating families. Results confirmed that there were consistencies among the expectations of these families. The largest percent of families expressed an expectation for their child’s teacher to practice open communication, respect, patience, and caring (34%) followed closely by 27% valuing their teacher’s expertise.

Gender

As shown in Figure 1, no clearly consistent differences were shown between the families of male and female children. Families of all children wanted their child’s teacher to demonstrate open communication, respect, patience and caring and to be encouraging and hold high expectations.

Families of little boys were more thankful (gratitude) and reported a higher value for knowledge and expertise, while families of little girls valued support and assistance. No prior research was located that analyzed family expectations based on the gender of a child with a disability.

Race

When examining Response Themes by race (Figure 2), we found that most families were concerned with the teacher having disability specific knowledge. Again, some consistencies were shown across ethnicities. Marked difference was seen in the high values that Hispanic families put on open communication, respect, and caring. African American families reported a somewhat higher value on gratitude and on encouragement and high expectations while none of the comments of their Hispanic counterparts reflected this sentiment. An interesting finding from qualitative review of responses was that a large percentage of Hispanic families and those coded as “other” were reluctant to “tell their teacher anything”. Perhaps, this is due to a cultural reluctance of families from non-mainstream cultures to be the provider of information to someone seen as the educational expert (Quicho & Daoud, 2006; Lea, 2006). Our finding that most families, regardless of racial background, wanted teachers to hold high expectations for their child supports previous findings that race was not a factor in the expectations families hold for their child (Ratcliff & Hunt, 2009).

Disability

In final analysis, we looked at the family responses relative to the child’s disability. As shown in Table 3, most families valued open communication, respect, patience, and caring, regardless of disabilities category. Of interest was that families of children with intellectual disabilities and those with physical disabilities did not place as high a value on a teacher’s “knowledge and expertise” as other categories, but wanted their child’s teacher to be hold to high expectations. Examples of these expressions include:

A mother of a child with Spina Bifida expressed both gratitude and high expectations: “We are appreciative of the treatment of teachers, but want no special treatment for our child”.

This value for high expectations was echoed by the family of a child with a medical condition who said “Continue to challenge him. Do not let him give in to the disability.”

A family of a young girl with Down syndrome agreed saying: “Don’t feel sorry or pass her along. She is capable of learning and should earn her grades.”

When commenting on open communication, one family said “I appreciate it when the teacher asks me how I handle (specific behaviors) at home.”
Discussion

A family’s expectations may be a relatively temporary state. There is no guarantee that, at a later date, these same families would respond similarly. Nonetheless, to support effective partnerships, teachers have a need to recognize varying concerns of families and respond with an awareness of “where a family is coming from”. A lack of knowledge about family expectations and skills in differentiating the range of expectations a family may experience, can be a barrier to effective teacher-family partnerships, possibly accounting for why teachers form effective partnerships with some families but not others (Alexander & Dore, 1999).

This investigation extends existing literature in several important ways. We found that many families appeared to be satisfied with their child’s early educational services as they expressed gratitude toward their child’s teacher. Nonetheless, our study revealed that there are several similarities among families of young children with disabilities, regardless of the child specific variables investigated. First and foremost, families value open communication, respectful relationships, and patience and caring. Additionally, they appreciate teachers who have, or can readily acquire knowledge and expertise about their child’s specific condition. They want teachers who are encouraging and hold high expectations for their child. Families prize teachers who want their child to achieve and are cheerleaders for both the child and the family. The following statements capture this sentiment.

“Do not teach according to his disability, but teach to his learning ability,” from the family of a seven year old with Autism Spectrum Disorder.

From the family of a child with Asperger’s Syndrome, “I wish that his more creative qualities were promoted. Don’t limit his capabilities.”

The fact that relatively little differences were found based on the child variables investigated is both encouraging and instructive. Teachers need to be aware of various possible expectations a family can have and recognize minor variations based on the child and family circumstances at any given time. Based on our results, families cannot be categorized. Our research provides evidence that family expectations are individualized – no two families are exactly alike, regardless of similarity of situations.

In the vein of families who value teachers who exhibit open communication, respect, patience and caring, it is imperative for teachers to be continually mindful of how both words and actions can convey either positive or negative attitudes. As example:

A mom of a child with Down syndrome said, “I would like for her teacher to be more optimistic. I would like for her to tell me good things, not constantly what she did wrong.”

A family Child with Sickle Cell anemia and ADHD said “I wish my teacher would be considerate and understand that the family is struggling too” while a family of a child with Asperger’s said “understand that the family is really trying”.

This study underlines the critical importance of teacher preparation curriculum embracing collaboration with diverse families, skills and the professional behaviors to effectively support family-school partnerships, skills in communicating about child development, and the commitment to recognize abilities and not focus on disabilities (Applequist, 2009; Douglass, 2011; Ratcliff & Hunt, 2009; Reedy & McGrath, 2010; Staples & Diliberto, 2010; Summers et al., 2005). These skills and dispositions are increasingly important for all teachers as the number of children receiving their education in inclusive classrooms is increasing, meaning that the development of family-school partnerships...
is no longer a mutually exclusive responsibility reserved solely for special educators (Patterson, Webb & Krudwig, 2009). All teachers need information about educating all children. The following comments expressed a need for teachers to possess disability specific knowledge and expertise.

“Just because he looks normal doesn’t mean he learns like everyone else” (a child with a learning disability).

From the mother of a child with visual impairment: “Understand and recognize when he’s struggling.”

The family of a child with a seizure disorder expressed both high expectations and knowledge and expertise: “Understand what he can and can’t do. Don’t sell him short. He knows when people lose faith in him.”

Limitations

No effort was made to randomize selection of families or to ensure that families were cultural or linguistic diverse. No family demographic information was solicited due to the overall nature of the interview. It was felt that questioning families concerning such personal variables as socio-economic status, education level, or family composition could compromise willingness to participate, although review of the literature indicates these may have an effect on family expectations (Bartel, 2010). Therefore, it is not known if any of these variables would compromise generalizability of findings or to a sample recruited differently.

Conclusions

In conclusion, the purpose of this study was to examine family expectations for their child’s early education as reported through discussions with an anonymous third party. Results revealed that there is a range of expectations with common themes identified, regardless of such child variables as gender, race, and disability. Families expect teachers to have open and respectful communication, and to demonstrate patience, and caring. Families appreciate and expect a teacher to have etiology specific knowledge concerning their child’s condition and want high expectations held for their child. An understanding of various possible themes of family expectations can support a teacher’s ability to demonstrate true collegiality and facilitate effective family-teacher partnerships.

References


Childefre, A., & Chambers, C. R. (2005). Family perceptions of student centered planning and


Figures

Figure 1
Percent Response Theme by Gender

Figure 2
Percent Response Theme by Race
## Table 1

**Definitions of Response Themes**

<table>
<thead>
<tr>
<th>Key Themes</th>
<th>Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assistance</strong></td>
<td>Families wanted their children to receive appropriate support to facilitate learning and to maximize potential. Concern was expressed by some families for teachers who did not provide support but “pushed too hard” in spite of obvious inability to perform some required tasks.</td>
</tr>
<tr>
<td><strong>Encouragement &amp; High Expectations</strong></td>
<td>Families wanted teachers to hold high expectations for their children regardless of special need. Families wanted teachers who expected their children to achieve, challenged them to try, encouraged them, and who supported and celebrated this achievement. Families wanted their children to be treated as full members of the school community and expected teachers to be instrumental in facilitating this. Families expressed desire for their child to have access to the same core curriculum available to all children.</td>
</tr>
<tr>
<td><strong>Gratitude</strong></td>
<td>These families used highly charged words to express thanks and gratitude to their child’s teacher. They expressed the role that teacher’s play not only in their child’s growth and development but also as a part of their entire family’s experience with a child with special needs.</td>
</tr>
<tr>
<td><strong>Teaching Dispositions: Open Communication, Respect, Patience &amp; Caring</strong></td>
<td>Families wanted to receive timely and frequent and straightforward communication in a manner understandable and accessible to them. They wanted to be kept appraised of schoolwork, conferences and school activities and be informed about problems in a timely manner. Frequently, remarks reflected the sentiment of “they just don’t ever tell us anything”. Families expressed a lack of respect when teachers don’t keep promises and undermine their information or requests. Families wanted to be treated as full partners in their child’s educational experience.</td>
</tr>
<tr>
<td><strong>Knowledge and Expertise</strong></td>
<td>These families expressed concern for the teacher’s knowledge of their child’s condition. They wanted teachers who were informed about the symptoms and characteristics of their child’s condition. These families wanted teachers to take the time to learn about the best techniques for teaching and motivating their child. They wanted teachers who were alert to symptoms and characteristics. They needed to know that the teacher possessed or was able to solicit current information and who would be a resource for them (the family).</td>
</tr>
<tr>
<td><strong>Patience and Caring</strong></td>
<td>Families want teachers who are patient and that they saw as caring. They wanted modifications used as appropriate and to see that he teacher had taken time to take the ramifications of the condition into account when planning instruction or arranging the environment. Families appreciate teachers who see strengths and not just needs.</td>
</tr>
</tbody>
</table>
Table 2
Family Comments by Response Theme

<table>
<thead>
<tr>
<th>Response Theme</th>
<th>Number Responses</th>
<th>Percent Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Encouragement &amp; High Expectations</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Gratitude</td>
<td>10</td>
<td>16%</td>
</tr>
<tr>
<td>Communication, Respect &amp; Relationship</td>
<td>21</td>
<td>34%</td>
</tr>
<tr>
<td>Patience &amp; Caring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge &amp; Expertise</td>
<td>17</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Total Comments</strong></td>
<td><strong>62</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 3
Percent Family Comment by Child’s Disability

<table>
<thead>
<tr>
<th>Physical Seizure</th>
<th>ADD/ADHD</th>
<th>Pre-Maturity</th>
<th>SLD</th>
<th>S/L</th>
<th>ASD</th>
<th>V.I.</th>
<th>EBD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance</td>
<td>NR</td>
<td>14%</td>
<td>5%</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Encouragement</td>
<td>29%</td>
<td>7%</td>
<td>27%</td>
<td>NR</td>
<td>NR</td>
<td>25%</td>
<td>NR</td>
</tr>
<tr>
<td>Gratitude</td>
<td>14%</td>
<td>14%</td>
<td>27%</td>
<td>NR</td>
<td>NR</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Communication,</td>
<td>43%</td>
<td>36%</td>
<td>32%</td>
<td>50%</td>
<td>NR</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Respect, Caring</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>14%</td>
<td>29%</td>
<td>9%</td>
<td>50%</td>
<td>100%</td>
<td>20%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Note. ID = Intellectual Disability; ADD/ADHD = Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder; SLD = Specific Learning Disability; S/L = Speech Language Disorder; ASD = Autism Spectrum Disorder; V.I. = Visual Impairment; EBD = Emotional and Behavior Disorders; NR = No Response

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