

4-2012

# Inclusion Classrooms as it Relates to Self-Esteem, Behavior, and Social Skills

Rachel E. Trampler

*Southeastern University - Lakeland*

Follow this and additional works at: <http://firescholars.seu.edu/honors>



Part of the [Disability and Equity in Education Commons](#), and the [Educational Methods Commons](#)

---

## Recommended Citation

Trampler, Rachel E., "Inclusion Classrooms as it Relates to Self-Esteem, Behavior, and Social Skills" (2012). *Selected Honors Theses*. Paper 26.

Inclusion Classrooms as it Relates to Self-Esteem, Behavior, and Social Skills

By

Rachel E. Trampler

A thesis submitted in partial fulfillment of the requirements for the degree of  
Bachelor of Science in Social Work  
Honors Program  
Southeastern University  
Spring 2012

Major Professor: Velmarie Albertini, Ph.D., MSW

## **Acknowledgements**

I would like to take this time to thank the many individuals who got me through the strenuous journey known as the honors thesis. First, I would like to thank the Lord for blessing me with the stamina and focus needed to complete such a large task. Next I would like to thank my mom and dad for constantly calling and asking “How’s your thesis going?” and telling me to get it done. I would also like to thank my Mammy and many friends who supported me with encouragement. Thank you to Dr. Velmarie Albertini for guiding me through every step of this thesis with patience and grace, and to Dr. Gordron Miller for being an encouraging voice. Lastly, thank you, Starbucks, for allowing me to practically live at your establishment during the writing process and preparing energizing drinks to keep my energy up! Without everyone’s support and encouragement, I could not have completed this thesis. Thank you.

## Table of Contents

<b>Title Page</b>	i
<b>Acknowledgements</b>	ii
<b>Table of Contents</b>	iii
<b>Abstract</b>	1
<b>Chapter One: Literature Review and Research Question</b>	2
Problem Statement	3
Introduction of the Literature Review	4
History of ESE	4
Current Policy Information	8
Inclusion Classrooms	11
Important Theories and Concepts	12
Revisiting the Problem Statement	23
Purpose of the Study	23
Research Question	24
<b>Chapter Two: Research Methodology</b>	28
Goal of Research	26
Research Design	26
Data Collection	30
Data Analysis	31
Biases	32
Limitations of Research	33
Conclusion	34
<b>Chapter Three: Results</b>	35
Introduction	35
Data Table	36
Research Question	37
Schmidt & Cagran, 2008	37
Weiner & Tardif, 2004	38
Wilson, Ellerbee, & Christian, 2011	40
Analysis	41
Limitations	42
<b>Chapter Four: Discussion</b>	44
Revisiting the Research Questions	44
Implications and Suggestions	45
Future Research	46
<b>References</b>	47

## **Abstract**

According to the National Center for Education Statistics (NCES), in the 2007-2008 school year, 13.4% of public education students were enrolled in some sort of program under the Individuals with Disabilities Act of 2004, or IDEA (NCES, 2011). It is imperative to all students that they are placed in the classroom that best promotes academic success, good self-esteem, desired behavior and social skills. This qualitative study uses previously published literature to explore inclusion classrooms and its common practices as it relates to students' self-esteem, behavior, and social skills. Inclusion classrooms serve the general student body as well as Exceptional Student Education students. Three studies were examined and it was found that students involved in inclusion classrooms have a positive relationship on self-esteem, behavior, and social skills.

## **Chapter One: Literature Review and Research Question**

While interning as a Bachelor of Social Work student at an elementary school, my eyes were opened to different classroom practices. Every day I had the opportunity to build relationships with diverse students. One population of student is very special to me, those in the Exceptional Student Education, or ESE, program. They are students who are identified by some form of disability, but that is not what I see when I look at them. I see smiling faces and hear their contagious laughter. ESE students have so much to offer in the classroom that it is imperative that school personnel and parents collaborate to find the classroom type that best fits each student.

During my internship, I had several opportunities to meet with parents to determine the best placement for their ESE student. The school tries to place most of the ESE students in the inclusion classroom. Inclusion classrooms are defined as “educational settings in which students with disabilities have access to the general education curriculum, participate in school activities alongside students without disabilities, and attend their neighborhood school” (Loiacono and Valenti, 2010, 24). At initial meetings, we reviewed students’ progress in the classroom

and made adjustments if necessary. Two common questions from the parents were, “How will my child function in a regular classroom?” and “He has had social and behavior problems in the past, how will such issues be addressed?” Months after the initial meeting, the majority of parents credit the inclusion classroom and its practices, believing it was the only solution for their student. Parents said their students’ self-esteem, behavior, and social skills improved after being placed in the inclusion classroom. Those two questions have led me to conduct a literature review of inclusion classrooms and a possible relationship to improvements in students’ self-esteem, behavior, and social skills.

### **Problem Statement**

According to the National Center for Education Statistics (NCES), in the 2007 school year, 13.4% of public education students were enrolled in some sort of program under IDEA of 2004 (NCES, 2011). This statistic does not show what percentages of students were educated in the inclusion classroom versus the isolation classroom. The isolation classroom enrolls only students with disabilities, as opposed to the inclusion classroom which integrates all students (Kilanowski-Press, Foote, and Rinaldo, 2010). However, it is clear that a significant percentage of students were enrolled in ESE. Because ESE guidelines strive to place students in the least restrictive environment, it can be assumed that many of the students in the 13.4% were placed in inclusion classrooms (NCES, 2011). Furthermore, individualized education for students with disabilities did not exist until 1975, and more programs were added in 1990 and 2004 (Zettel and Ballard, 1979; Livestrong, 2009; U.S. Department of Education, 2011). With the

ESE programs being fairly new and such a large number of students participating in the programs, ESE programs and practices deserve evaluation to ensure continuing improvement.

### **Introduction of the Literature Review**

The literature review will discuss ESE as it relates to inclusion classrooms. The following elements of ESE will be discussed: the historical framework that led to the creation of IDEA of 2004, IDEA of 2004 and current practices, common inclusion class practices and how it influences self-esteem, behavior, and social skills. Lastly, community-oriented philosophy theory, self-efficacy, operant condition, and positive reinforcement theories will be discussed throughout the literature review as it relates to ESE inclusion practices.

### **History of ESE**

In order to comprehend the current practices of ESE inclusion classrooms, it is important to provide a historical overview of the development of the Individuals with Disabilities Education Act of 2004. The historical development of IDEA of 2004 lays the ground work for today's ESE practices (Kilanowski-Press, Foote, and Rinaldo, 2010).

Individuals with disabilities did not have legislation to ensure educational rights until 1975 (Zettel and Ballard, 1979). Before the creation of IDEA of 2004,

Education for All Handicapped Children Act (EHC) of 1975 was used to set the standard for how public education would be administered to children with disabilities. In 1974, the Children's Defense Fund stated that, "Out of school children share a common characteristic of differentness by virtue of race, income, physical, mental, or emotional 'handicap,' and age. They are, for the most part, out of school not by choice because they have been excluded" (as cited in Zettel and Ballard, 1979, 2).

Prior to 1975, students with disabilities were not given special accommodations at school, nor were they required to attend school (Zettel and Ballard, 1979). Many students with disabilities were not attending school and reaching their full potential.

EHC of 1975 was created so that children could have access to adequate public education (Zettel & Ballard, 1979). According to the Harvard Law Review (1979), EHC of 1975 ensured: nondiscriminatory testing, evaluations, and placement, instruction take place in the least restrictive environment, procedural due process of the law, free education, and appropriate education. However, this policy did not put in place an attendance policy; therefore, many students with disabilities were still not attending school. Furthermore, students with severe disabilities were denied education due to the fact there was limited training for educators (Zettel & Ballard, 1979). The EHC policy of 1975 was the first form of ESE. It addressed the concern that children with disabilities needed and deserved free, public education; however, it did not ensure their needs were fully met (Zettel & Ballard, 1979; Harvard Law Review, 1979).

In 1990, there was a title change for the Education for Handicapped Children of 1975 to reflect Individuals with Disabilities Act of 1990, or IDEA. IDEA in the early 1990s included the same basic provision of EHC of 1975, but added three important services. The three services were: early identification, Individual Education Plans (IEP), and early intervention preschools (U.S. Department of Education, 2011; Livestrong, 2009).

The first service policy added to this policy was early identification. Early identification means that school personal including teachers, aides, and administration must actively seek out students who exhibit signs related to special educational needs (Livestrong, 2009.) Actively seeking out students also meant looking through their class work, test scores, and academic progress to see if determined students were making adequate progress. The U.S. Department of Education determined what adequate progress was for each grade and the benchmarks students should meet based upon grade level. If a student was not making adequate progress, than teachers could refer the student to be evaluated to determine eligibility for ESE services (U.S. Department of Education, 2011; Livestrong, 2009). This change to IDEA allowed for more students to receive academic intervention and provided opportunities for them to achieve a higher educational success rate (Livestrong, 2009.)

The second service added to IDEA of 1990, was Individual Education Plans, or IEP (U.S. Department of Education, 2011; Livestrong, 2009). IEPs were designed for every student who qualifies for ESE services. They are extensive documentation used to determine how the student should be taught, what

interventions would be used, and how benchmarks used to be measured. Those plans were detailed in documents that included measurable goals and interventions to be used with each child (IDEA, 2004).

The third service created was early intervention (U.S. Department of Education, 2011; Livestrong, 2009). Early intervention preschools allowed for students to be exposed to structured education at an early age. The specialized preschools focused on overcoming academic barriers that students had so they might achieve greater success academically. Those preschools raised the academic success rate of children throughout the school years (Livestrong, 2009).

According to the U.S. Department of Education (2011), in 2004, under the George W. Bush, Jr. administration and congress, the IDEA Act was reauthorized in order to align with No Child Left Behind Act of 2001. More services were added to the policy after gaps in services was identified. The first gap that needed to be addressed was the professional certification of the teachers (Kilanowski, Foote, and Rinaldo, 2010). Prior to 2004, teachers were given the responsibility of educating students with disabilities, but were not required to have additional training (Kilanowski, Foote, and Rinaldo, 2010). Another gap that was indentified was that IDEA was meeting the needs of early childhood education and K-12 educations, but there were no services for students transitioning out of the school system. Based upon these gaps in services, IDEA of 2004 made amendments (IDEA, 2004; Kilanowski, Foote, and Rinaldo, 2010).

One of the most significant additions to IDEA of 2004 is the requirement of highly qualified teachers (IDEA, 2004; U.S. Department of Education, 2011). Teachers must be certified in core subjects, along with the special education curriculum. This amendment was added so educators would be more prepared to teach children with disabilities. Educators would receive training on specific interventions to help educate students with disabilities. This training helps the teachers to be more prepared; thus helping the students learn and achieve more (IDEA, 2004; Kilanowski, Foote, & Rinaldo, 2010).

Similarly, IDEA of 2004 required that school districts provide transitional services. Transitional services were designed to help students cope and adapt to post-high school life (IDEA, 2004; U.S. Department of Education, 2011). One of the most common forms of transitional services is the college programs for students. For example, public systems and local colleges collaborate to develop college programs, on college campuses, for former ESE students to further their education (IDEA, 2004; U.S. Department of Education, 2011). These programs allow for students to further their educations. These programs also aim to teach the students life skills needed for adulthood (IDEA, 2004; U.S. Department of Education, 2011).

### **Current Policy Information**

Currently, educators follow the policies in IEAD of 2004. The policy clearly states who qualifies who services, what services the school system offers, and how the services are to be received (IDEA, 2004).

To qualify for Exceptional Student Education services the student must meet certain criteria. For instances, students must identify with one of the following categories: mental retardation, hearing, speech, language impairments, orthopedic, visual, or other health impairments, emotional disturbance, traumatic brain injury, or specific learning disability (IDEA, 2004).

Students may be included in ESE programs based upon doctors' recommendations for physical disabilities, and testing for academic abilities (IDEA, 2004). Hearing, speech, language, orthopedic, visual, and other health impairments qualify for ESE services if referred by a doctor. The other categories for disabilities must be tested into ESE (IDEA, 2004). There are different ways in which the students may be referred for testing. A parent can refer his or her student for testing if he or she believes the student is showing signs of a learning disability or trouble academically. A teacher can request permission from the parents to have a student tested for ESE services if he or she believes based upon classroom performance the student would qualify for services. The school psychologist would then test the student to see if he or she would qualify for services (California Childcare Health Program, 2012).

After the student is deemed eligible for services, he or she would be further evaluated through classroom work and tests to see what type of ESE intervention is needed (Lamar-Dukes & Dukes, 2005). There are different combinations of classrooms and instruction students can receive in the ESE program. Some of the classroom and instruction combinations include:

1. Core instruction in a self-contained classroom. This classroom is solely for children with severe disabilities who cannot function in the general education classroom. This classroom is staffed with an Exceptional Student Educator who specialized in specific disabilities and is fully equipped to teach students with disabilities (Press & Foote & Rinaldo, 2010).
2. Core instruction in the resource and general education room. This combination is when an ESE student receives educational instruction in both the resource and general education classroom. The resource room is where a highly qualified teacher is staffed and can teach small groups of children at a time. This combination allows for students to interact with peers during part of the day, but receive specialized instruction in a controlled environment for part of the school day (Kilanowski, Foote, and Rinaldo, 2010).
3. Core instruction in the general education classroom with resource support. This combination is where the student is placed in the general education classroom for the full academic day, and the highly qualified resource teachers comes into the classroom to do small group work with the ESE students. This allows for individualized instruction without pulling with ESE student from the general population (Press & Foote & Rinaldo, 2010).
4. Core instruction in the general education classroom without resource support. This is the least restrictive possible environment. The student

is placed in the general education classroom for the full academic day without support from the resource teacher. The general education teacher provides all the instruction and interventions with the student (Press & Foote & Rinaldo, 2010).

These four types of inclusion classrooms are the most used (Lamar-Dukes and Dukes, 2005). A student is placed in one of the four classroom-instruction combinations based upon testing evaluations, type of disability, and parent preference. IDEA of 2004 states that students should be placed in the least restrictive environment. This means that students should be placed in some type of inclusion classroom if possible (IDEA, 2004; Lamar-Dukes and Dukes, 2005).

### **Inclusion Classrooms**

Ideally, inclusion classrooms should be supportive of every child's needs and take place in a supportive learning environment (Watkins, 2005). According to Watkins (2005), the environment should be engaging and stimulating. Due to the diverse population of inclusion classrooms, teachers need to be skilled beyond the general core curriculum; they must be highly qualified (IDEA, 2004 and Watkins, 2005). Highly qualified teachers have extra training on how to teach children with disabilities alongside children who are developmentally on-track. They know specific interventions, both academically and behaviorally (Watkins, 2005).

Throughout the school day, other highly qualified teachers can come into the general education classroom to offer extra support to ESE students

(Kilanowski-Press, Foote & Rinaldo, 2010). This instructional time can be both individual and in a small group with other ESE and non-ESE students (Press, Foote & Rinaldo, 2010). Furthermore, the highly qualified teacher can take the students from class for an allotted amount of time to do more instruction outside the general education classroom (Kilanowski-Press, Foote & Rinaldo, 2010). All of these options satisfy inclusion requirements.

Research shows that learning is most likely to take place in an environment that is empowering, success-orientated, motivating, and rewards socially expectable behavior (Watkins, 2005). Educators are challenged with creating this optimal atmosphere. The ideal inclusion classroom is geared to cultivate positive self-esteem and age-appropriate behavior and social skills for all students regardless of developmental level (Watkins, 2005, 155).

### **Important Theories and Concepts**

Different theories and practices are used to create the optimal inclusion classroom atmosphere. This section of the paper discusses: various theories, concepts, and ESE practices that influence students' self-esteem, behavior, and social skills.

#### ***Community-Oriented Philosophy Theory***

Friend and Bursuck (1999) found that ESE students tend to have difficulty participating in community of any sort. Some students lack the social skills to know how to relate to others in a group, which can inversely lower self-esteem. This shows that learning to thrive in community is crucial for the student. Wilson,

Ellerbee, and Christian (2011) believe the common link between all the ESE inclusion literature is community. The authors also discuss how community theory is at the heart of inclusion classrooms. There are different aspects of community such as place, interest, and communion. For inclusion classrooms, “community-oriented philosophy” guides teacher practice (Kilanowski-Press & Foote & Rinaldo, 2010). Irvine and Lupart (2006) use community theory to describe inclusion classes. They argue that every child should have “the opportunity to live and play with other children” (109).

Wilson, Ellerbee, and Christian (2011) report that schools should function in community. Community in the classroom occurs naturally in the exchange of between students. They further state that community theory is integrated into the classroom; children learn to respect one another regardless of differences.

The common place for this community of students to meet is at the school. The total school population makes up the larger community and consists of the administration, teachers, staff, students, and volunteers. Wilson, Ellerbee, and Christian (2011) argue that each classroom is a mini-community where the students get to interact on a more intimate level. In the classroom the students get a chance to form close friendships and learn to function with other people. The common interest of the community is ultimately education. However, as the students get to know one another, the community is a place to learn how to develop and assert self-esteem and behavior and social skills. Lastly, communion occurs as the children interact with one another. Community-oriented philosophy

sees the school and classroom as a community (Kilanowski-Press, Foote & Rinaldo, 2010; Wilson, Ellerbee, & Christian, 2011).

In the school and classroom, community can be created intentionally to form a particular atmosphere. In order for community to take place, teachers must take the lead. Teachers need to plan opportunities for the students to interact on a personal level (Wilson & Ellerbee & Christian, 2011). During these times friendships can be built and social interaction will occur. The teacher needs to model community living by including all students, ESE and non-ESE (Wilson & Ellerbee & Christian, 2011). Ideally, this theory believes the students will model their behavior after the teacher and strong friendships will be built within the classroom.

### ***Self-Esteem***

In an inclusive class students have the opportunity to meet a multitude of other students, meaning more friendships will be created (Irvine & Lupart, 2006, 108). Those with established friendships are more likely to have positive self-esteem. In their study, friendships were listed as the most important factor in whether a student responded well to an inclusion classroom (Irvine & Lupart, 2006, 114). This is because friendships bring a sense of belonging, which increases self-esteem (Irvine & Lupart, 2006, 108). Another way self-esteem is built is by feeling accepted. Students who are in a part of an inclusion classroom feel accepted by their peers when interacting with them (Wilson & Ellerbee &

Christian, 2011, 2). This friendship and peer acceptances raises the students' self-esteem.

Schmidt and Cagran (2008) believe that a school aged student's self-esteem is influenced by significant persons and social settings. Significant persons are people the student frequently interacts with, such as parents, teachers, and peers. Mrug and Wallander (2002) concluded that feeling either accepted or rejected by one's peers affects self-esteem. Students who are accepted by their peers feel better about themselves and have high self-esteems, as opposed to those rejected by their peers (Mrug & Wallander, 2002).

### ***Self-Efficacy Theory***

Bandura (1989) studied self-perception and self-efficacy, or one's belief that he can succeed in a particular situation, in children. He found that a child's expectations about his own capabilities determine how he behaves. Bandura (1989) also found that self-esteem influences motivation and effort a child will put into an activity. If a student believes he can achieve academically, he will be more likely to work hard and achieve his goal. After research, Mrug and Wallander (2002) made a theory that if students' self-esteems are greatly influenced by their peers and environment. Bandura (1989) and Mrug and Wallander's (2002) studies form the basic theory of how self-esteem influences behaviors.

Inclusion classrooms aim for all students, those with and without disabilities, to feel included and like they belong (Wilson, Ellerbee, and Christian,

2011). Bandura (1989) showed that self-esteem directly influences motivation and effort a student will put into work. Therefore, it is important for a student to have a strong self-esteem so he or she will want to achieve. Furthermore, Bandura (1989) showed that self-esteem influences behavior. If educators are trying to teach desired behaviors and social skills to students, it is easier to do so if they have a strong self-esteem. Students gain self-esteem, both positive and negative, through peer interactions in the classroom (Mrug and Wallander, 2002).

Therefore, educators should strive to create an environment and manage the inclusion classroom in such a way that students feel accepted and strong self-esteem and desired behaviors and social skills can emerge.

### ***Social Skills and Behavior***

Literature discusses the benefits a child with disabilities receives from being in the general education classroom. Loiacono and Valenti (2010) suggest that children with disabilities who are in the general education classroom have better social skills. Irvine and Lupart (2006) also agree that placing children is also good for their social skills. Social interactions provide these students with the opportunity to learn how to interact with a people different than themselves. Social skills are challenged and developed as the students with disabilities learn to interact with their non-disabled peers. Students are exposed to age-appropriate real life situations in the classroom (Wilson, Ellerbee & Christian, 2011). Social interaction teaches the students coping strategies, improved problem solving skills, a strong sense of self, a better grasp of life skills, and reduced behavioral

outbursts (Irvine and Lupart, 2006). Irvine and Lupart (2006) argue that social skills instruction creates desired behaviors in students.

### ***Social Skills Instruction***

According to the Council for Exceptional Children, social skills instruction for students with behavior challenges is difficult (Sayeski & Brown, 2011). Students with behavior challenges generally do not exhibit desired behaviors any frequency, or at all. For this study, desired social skills are (Sayeski & Brown, 2011):

1. Alternatives to aggression
2. Coping with feelings
3. Coping with stress
4. Interpersonal communication such as joining a group or conversation
5. Decision making or goal setting

The educator should customize instruction of social skills to meet the individual needs of students. Social skills instruction cannot be considered successful until the student exhibits the behavior in new settings (Schoenfeld, Rutherford, Gable, and Rock, 2008). For example, if a student learned to say “excuse me” before leaving a table at school, in order for the instruction to be successful the student would also say “excuse me” in places such as restraints or at home. Using behavior interventions, educators can begin to teach students desired social skills (Schoenfeld, Rutherford, Gable, and Rock, 2008).

### ***Response to Intervention and Positive Behavioral Support***

Two common ESE behavior interventions are Response to Intervention, or RTI, and Positive Behavioral Support, or PBS. According to Sayeski and Brown (2011), both interventions teach social skills and desired behaviors. The Response to Intervention framework allows “general and special educators alike a process for addressing students’ needs across a range of levels” (Sayeski and Brown, 2011, 10). RTI focuses on helping students grow in any areas the teachers and parents see fit. The most common areas of growth identified are academics and behavior (Sayeski and Brown, 2011). RTI is multi-tiered, used in the students’ IEPs, and used for evaluation of the students’ progress in the inclusion classroom (Sayeski and Brown, 2011). According to Sayeski and Brown (2011), the three tiers of intervention are:

1. Tier 1. This is universal support in which all students in the classroom receive the intervention.
2. Tier 2. This is small group support using evidence based intervention. This type of support is for students who need more guidance than the majority of the classroom, but not individual guidance.
3. Tier 3. This is individualized support based upon individualized assessment processes. The teacher and student uses tier 3 interventions when the other two interventions do not produce gains in the student.

Response to Intervention assumes that teachers put into practice effective interventions the majority of the classroom will make significant gains. Literature shows that RTI can be applied to behavior interventions. Tier 1 behavior RTI would be high expectations, clearly identified routines and procedures, and

engaging instruction. These simple interventions should be enough to encourage the majority of the students to behave (Sayeski and Brown, 2011).

When tier 1 techniques are not effective, the teacher should then use tier two interventions, or surface management techniques and reinforcement systems (Sayeski and Brown, 2011). Surface management techniques aim at changing surface behaviors. This intervention is thought to be effective with minor behavior problems. According to Sayeski and Brown (2011), examples of surface management techniques are:

1. **Planned Ignoring.** This intervention is used to stop attention seeking behaviors by ignoring them.
2. **Signal Interference.** This intervention uses non verbal signals to motion the students to stop the presenting behavior.
3. **Hypodermic Affection.** This intervention aims at making the students feel cared for within the classroom. In this intervention, the teacher would be kind to the student or give individualized attention to disarm a student when frustrated.
4. **Interpretation as Interference.** This intervention helps put behavior frustrations into perspective. This intervention is when the teacher explains the action taken in response to a particular behavior so the student can understand why he or she is receiving a consequence.
5. **Antiseptic Bouncing.** This intervention sends the student out of the classroom or on an errand as opposed to a time out. This gives the

teacher and student a break and may encourage positive behavior through leadership.

Reinforcement techniques can also be used with tier 2 interventions. Reinforcement techniques aim to teach and reinforce behaviors (Sayeski and Brown, 2011). Sayeski and Brown (2011), found several evidence based reinforcement techniques. The techniques are:

1. Token Economies. With this intervention, students earn tokens (stickers, coins, marks) in order to participate in a preferred activity or get a privilege. This aims to have students repeat positive behaviors so it becomes habit.
2. Group Contingency. This is where students either earn or lose privileges based upon individual and group behavior. This tends to reduce disruptive behavior because students do not want to “ruin” it for the whole class.
3. Good Behavior Game. This is a game where teachers track the number of times students exhibit disruptive behavior during a particular time frame. Students who receive less than four checks in the time frame win the game.

Under IDEA of 2004, in order for teachers to use tier 3 interventions for behavior, the student must take the Functional Behavior Assessment, or FBA (Sayeski & Brown, 2011). The FBA determines what type of behavior the student is exhibiting, such as attention seeking or avoidance, so the educator can best

choose an intervention to meet the student's needs. Tier 3 interventions differ from tier 2, because tier 3 is targeted for a specific student (Sayeski and Brown, 2011).

Positive Behavior Support, or PBS, is a research based application of Response to intervention (Sugai and Horner, 2009). PBS is a school wide program that uses the concept of RTI. According to Sandomierski, Kincaid, and Algozzine (2007), Positive Behavior Support is like Response to Intervention because it also uses the three-tiered approach to address behavior problems.

### ***Operant Conditioning and Positive Reinforcement Theory***

Two main theories underlie the RTI and PBS interventions used to teach ESE students behavior and social skills. B. F. Skinner used Watson's learning theory of operant conditioning to specialize a study about reinforcement (as cited in Ashford and LeCroy, 2010). Operant condition is a type of learning that happens when behaviors are manipulated by their consequences (Watson, 1925). B.F. Skinner expanded this learning theory by observing that behaviors are repeated when rewarded with positive consequences and not repeated when met with negative consequences (as cited in Ashford and LeCroy, 2010). B.F. Skinner (1953) created a theory about reinforcement and punishment. Positive reinforcement is seen in token economies and congratulating students for a job well done. Positive reinforcement encourages the students to keep repeating the desired behavior. Punishment is a negative consequence for an action. The goal of punishment is to get the undesired behavior to end. This is seen in educators

taking away privileges or giving time-outs. The theory of positive reinforcement is seen in behavioral and social skills interventions.

The second theory that gives merit to inclusion classrooms teaching behavior and social skills in observational learning (Bandura, 1977).

Observational learning theory believes children mimic behaviors they see in their environment (Bandura, 1977). Observational learning theory believes students can learn behaviors and social skills by them being modeled. Positive reinforcement and observational learning theories have strong implications for inclusion classroom practices (Sayeski and Brown, 2011; Sugai and Horner, 2009).

Based on research and theory, it is assumed that with correct intervention a student with disabilities can learn desired social skills. Positive reinforcement theory makes a strong case for interventions such as token economies. Educators can reward desired behaviors and social skills in hopes that the student will be able to translate the new skills to other settings (Sayeski and Brown, 2011).

Observational learning theory believes students can learn from simply observing their surroundings. Teachers can model desired behaviors and social skills for the students and they may start exhibiting them too (Sugai and Horner, 2009). Also, students with disabilities can learn social skills from interacting with peers and mimicking their behaviors. A combination of putting both theories into practice would be ideal. This would allow students to see the desired behaviors and social skills, and be rewarded for displaying the behavior and social skill (Sayeski and Brown, 2011; Sugai and Horner, 2009).

### ***Limitations of Previous Studies***

The primary limitation of the above research was the small sample sizes (Kilanowski-Press & Foote & Rinaldo, 2010, 54). Qualitative research is hard to accomplish with large numbers of people, which limits the results of the research.

Another limitation of the above literature review is that not all of the studies listed limitations (Wiener & Tardif, 2004; Schmidt & Cagran, 2008). This puts into question the researcher's evaluation of the results if they did not find any problems or compromising issues. Every study has room for improvement and it is a limitation to not list the needed improvements. This was accounted for by making sure the studies were grounded in research and theory, and checking the sources. Despite the listed limitations, the literature review is rooted in policy, theory, and evidence based practice. Therefore, it is beneficial to explaining the problem and understanding the study.

### **Revisiting the Problem Statement**

The primary purpose of placing ESE students in inclusion classrooms is to provide learning in the least restrictive environment. If the student is properly placed, there are thought to be many benefits to learning and interacting the inclusion classroom. These benefits go further than academic success. It is believed that inclusion classrooms increase self-esteem and help create and reinforce positive behavior and desired social skills in the students. This study will examine if this line of thought is valid through examining previously published research.

## **Purpose of Study**

The purpose of this study is to explore the relationship between self-esteem, behavior, and social skills in the inclusion classroom using previously published research. This study will explore whether the philosophy and practices of the inclusion classroom are translating into positive results. The intent of this study is to provide information to the students' support system and educators about the success of inclusion classrooms. By researching different inclusion interventions and practices, it will be possible to identify effective interventions.

## ***Rationale***

The Individuals with Disabilities Act of 2004 was created so that all students with special needs will be eligible to receive individualized services so he or she may thrive in the classroom setting. Part of IDEA of 2004 states that education must take place in the least restrictive environment, LRE (IDEA, 2004). This study will consider whether inclusion classrooms are beneficial for the student in a social aspect. It will look at self-esteem, behavior, and social skills and see if the child has positive level of self-esteem and age appropriate behavior and social skills.

## **Research Question**

Based upon the meta-analysis of three crucial articles, this study will answer a two-part research question related to the placing of ESE students in inclusion classrooms. Based on the studies have:

1. Participants in the inclusion classroom increased their self-esteem?
2. Participants in the inclusion classroom displayed desired behaviors and social skills?

### ***Significance of Study***

Studying Exceptional Student Education is crucial for the education of the United States children. It is important to know the effects of ESE programs so the programs can be evaluated and improved. This study includes students' self-esteem and social skills. The study is worth doing so that educators can know if inclusion classrooms increase a student's self-esteem and social skills. If self-esteem and social skills increase in the inclusion classroom, it can be concurred that inclusion classrooms are beneficial for the student. However, if self-esteem and social skills decrease, then it can be concluded that policies concerning inclusion classrooms need to be rethought.

## **Chapter Two: Research Methodology**

### **Goal of Research**

The primary goal of this study is to determine from the literature whether ESE students in inclusion classrooms have strong self-esteem and display desired behaviors and social skills. By meeting this goal, it will shed light on how ESE inclusion practices and interventions are meeting such goals.

### **Research Design**

This study will be conducted using a qualitative research design. Qualitative research emphasizes understanding the “deeper meaning of human experience” (Rubbin & Babbie, 2011, 628). Qualitative research is generally conducted through observation or interviews (Rubbin & Babbie, 2011). This study includes comparative review of previously published studies in order to answer the research question. This is a type of meta-analysis or “previously completed research studies in a particular field” (Rubbin & Babbie, 2011, 625).

Examining and comparing the results of previously published research qualifies this study as a qualitative meta-analysis.

Three pivotal studies will be used to gather data on inclusion classrooms and its relationship to self-esteem and behavior/skills. A comparison of the studies' participants, type of disability, findings, and limitations will be compiled, analyzed, and presented.

Past surveys and data tables concerning inclusion classrooms, self-esteem, behavior, and social skills will be used to obtain data. Some of the surveys will be numerical. The numerical surveys use Likert scales. This is a type of measurement used to standardize responses (Rubbin & Babbie, 2011). When responses are standardized they are easier to interpret because all of the answers are predetermined. Other studies that will be evaluated will consist of content analysis, using open ended questions. Content analysis is a research method that studies communication (Rubbin & Babbie, 2011). Coding is transforming raw data into standardized data (Rubbin & Babbie, 2011). The research studies being analyzed use different research methods to answer the research question.

In order to evaluate if students in ESE inclusion classrooms have strong self-esteem, and desired behaviors and social skills, some quantitative measures will also be used. The number of students who have strong self-esteem and desired behaviors and social skills will be counted and compared to the students who have low self-esteem and do not exhibit desired behaviors or social skills.

### *Components of Research Question*

One component of the research question is the inclusion classroom.

Inclusion classroom means that the student is primarily being taught in the general education classroom. Inclusion will mean that the student leaves the general education classroom for a period of time to receive individual instruction with an ESE resource teacher, or that the resource teacher comes into the general education classroom to do small group instruction, or that the student only receives intervention from the general education classroom teacher. In the literature, inclusion can also be referred to as mainstreaming.

Self-esteem of the ESE student is also being examined. Self-esteem is the student's beliefs about him or herself, his or her attitude in class and/or his or her confidence level (Wilson, Ellerbee, and Christian, 2011). Self-esteem of the student can also be reported by the parents/guardian or teacher of the student. This is representative of the student's self-esteem because since the student is a minor, he or she cannot legally reports for his or herself without parental consent. For this study, indicators of self-esteem are asking the student about his or her mood, observing the student's mood in class, and observing the student's confidence and assertiveness skills in social situations.

Desired behaviors and social skills are the last components being examined. The two variables are grouped together because they were found to be intertwined in the literature review. Desired behaviors and social skills are different for every stage of development, but commonly desired behaviors and

social skills were listed in the literature review. The desired behaviors and social skills are (Sayeski & Brown, 2011): alternatives to aggression, coping with feelings, coping with stress, interpersonal communication such as joining a group or conversation, and decision making or goal setting.

In the three studies, these components are be self-reported by the student, parent/guardian, or educator. The reporter will measure how often the student exhibits one of the behaviors to determine if the student has overall desired behaviors and social skills.

Information concerning inclusion classrooms, self-esteem, and behavior/social skills will be gathered by surveys and data tables previously completed and published in other studies. Surveys and data tables may be completed by teachers, parents/guardians, or the student themselves. There is no standardized survey, so each survey will be slightly different. That is because this research study is a meta-analysis of other studies. Although the studies will be different, they are focusing on the same concepts, which is why they can all be evaluated together. Surveys will all be older records because they are previously published. The studies will all examine self-esteem, behavior, and social skills in some aspect.

### ***Research Design Strengths and Limitations***

A strength of using previously completed and published surveys and data tables is that they will represent a longer time span than if surveys were administered in schools today. The studies will have longitudinal representative

data because they range from all different dates. Longitudinal data helps the study ensure because it will be shown that the results were proven over a significant time span. This will show how long, if ever, inclusion classrooms has had a relationship with self-esteem and social skills A weakness of using previously completed and published research is that there is not uniformity between all the surveys. Since each uses its own wording and phrasing, the questions can be interpreted differently for each study. However, as stated above, the studies all focus on the same concept, so they should be interchangeable to some extent.

### **Data Collection**

The surveys and data tables will be gathered by searching through academic databases for peer reviewed journals. All applicable education and behavioral sciences databases within the Southeastern University network will be searched. The data collection strategy is as follows:

1. Open a Southeastern University education journal database
2. Set journal limiters. The limiters are:
  - a. Peer-reviewed
  - b. Published in 2000 or later
  - c. English
  - d. Human subjects only
3. Enter a portion or combination of the specified key words. Key words are:
  - a. Exceptional Student Education or ESE

- b. Self-esteem
  - c. Self-Confidence
  - d. Self-concept
  - e. Social Skills, or classroom social skills
  - f. Behavior, or classroom behavior
  - g. Inclusion Classroom
  - h. Regular Education Classroom
  - i. Mainstreaming
4. Search for journal articles which used surveys or interviews to test the relationship between inclusion classrooms and the dependent variables.
  5. Studies will be collected and analyzed to make sure the concepts are the same (inclusion, self-esteem, behavior, social skills) until 30 participants have been gathered.

The data collection is feasible because the information can be directly accessed from the computer or inter-library loan. A strength is that information is easily accessible and will be current. A weakness is that there may be more than 30 surveys and data tables published and not all of them will be examined. This means there could be more information that is not analyzed, which would mean the results would be biased. A limitation of this study is that it is convenience because it will use the first 30 participants in the research studies that measure all three dependent variables. However, there is strategy to convenience sampling,

which is seen in steps one through five of the data collection process. Once the data is gathered, it will be analyzed

### **Data Analysis**

After data is collected from each study, all information will be transcribed into a chart. The following is an example of the chart:

Study	Number of Participants	Type of Disability	Self-Esteem	Behavior/Social Skills	Limitations
Schmidt & Cagran, 2008					
Wiener & Tardif, 2004					
Wilson, Ellerbee, & Christian, 2001					

If the study shows a positive relationship between inclusion classrooms and self-esteem, the box will be marked with a “1.” If the study shows a negative relationship, the box will be marked with a “0.” The chart will organize the data so it will be easy to interpret and analyze. The data chart allows for all the studies to be quickly compared.

After the data is analyzed in the form of a chart, a formal presentation will follow that discusses if inclusion classrooms were found to be beneficial, and why or why not. This will be a discussion and implications of the findings. This

section summarizes the data and will provide information to educators and parents about the best ESE practices that were researched.

### **Biases**

There are two major biases that could occur with this study. First, the researcher could be primarily searching for information that is in favor of inclusion classrooms. The researcher could solely gather information that advocates for inclusion classrooms and gives data to support its success. The research would only show the success of the inventions and practices used. The research could be one sided and only show how inclusion classrooms benefit the students' self-esteem, behavior, and social skills. This will be avoided by selecting the first studies that meet the research criteria before looking at the results. This would eliminate the researcher bias.

Another bias could be the researcher only gathering information that disproves the effectiveness of inclusion classrooms raising the student's self-esteem and social skills. The researcher could gather data that only shows the faults of the inclusion classroom. Again, this will be avoided by selecting the first studies that meet the research criteria before looking at the results.

### **Limitation of Research**

While the research will be representative of the ESE student population, a limitation is that the information will be so broad because the information will not be generalized to one specific disability or type/combination of classroom. This is a limitation because information will give glimpses into inclusion classrooms

from around the country, but no extensive information will be gained about the system as a whole.

Another limitation of the research is that it is limited to sources provided by Southeastern University. While the university has access to many different journal databases, it is limiting because not all sources about ESE inclusion are available.

## **Conclusion**

In conclusion, this study has been thoughtfully constructed. By setting specific procedures of data collection and analysis, it can be assumed that the research will be representative of the research question. Biases have been screened and filtered so the research will not be skewed due to the researcher. Because so many steps have been taken to create research process, the gathered data will be an accurate depiction of students' inclusion classroom experiences.

## **Chapter Three: Results**

### **Introduction**

Information concerning 137 ESE students was gathered from three research studies (Schmidt & Cagran, 2008, Wiener & Tardif, 2004, and Wilson, Ellerbee, & Christian, 2001) . The research studies were evaluated based on the participants' responses about self-esteem, behavior, and social skills. The research will be rated in two categories, social skills and behavior/social skills. Behavior and social skills is one category because the literature categorizes the two together. If the average amount of participants reported having strong self-esteem and displaying desired behaviors and social skills in comparison to the non-ESE students in the classroom or ESE students in self-contained classrooms, then the individual categories will be marked with a "1." After each individual study is evaluated, a total score (0-3) will be gathered for all three studies in both categories. The total scores will be evaluated and an analysis will be based on the scores. After the research studies are evaluated and analyzed, a discussion will follow with implications.

**Data Table**

*Table 1. Ratings of Studies as it Relates to Self-Esteem and Behavior/Social Skills*

Study	Number of Participants	Type of Disability	Improved Self-Esteem	Improved Behavior/Social Skills	Limitations
Schmidt & Cagran, 2008	3	Hearing Impairment	1	1	-Small sample size
Wiener & Tardif, 2004	117	Learning Disability	0	1	-Sample size not broad enough
Wilson, Ellerbee, & Christian, 2011	16	Not specified	1	1	-Small sample size -Disability not specified

*Table 2. Total Scores for Participants, Self-Esteem, and Behavior/Social Skills*

	Participants	Self-Esteem	Behavior/ Social Skills
Total	137	2	3

## **Research Question**

Based on the raw numerical data, the majority of ESE students placed in inclusion classrooms had appropriate self-esteem and behavior/social skills. More annotated explanation will be given to each individual study to help further explain the results.

## **Schmidt & Cagran, 2008**

In 2008, Schmidt and Cagran performed a study based on the assumption that self-concept is directly influenced by teachers' and peers' perception of the student. The researchers believed the feeling of acceptance would directly influence self-esteem. They studied three students enrolled in the Exceptional Student Education program. All three students were 7<sup>th</sup> graders and enrolled in inclusion classrooms. All the students had a hearing impairment. The researchers had a control classroom of students without hearing impairments. The researchers wanted to see if the students' self-concept was different from hearing students, thus making their social skills and behavior different. Schmidt and Cagran used a validated scale, the Self-Concept Scale, so their research would be reliable. It posed minimal risk, as students were only asked to answer 23 statements. The researchers found that there was not a significant different between the students

with a hearing impairment and those without. It was reported that all three students functioned appropriately within the class using desired behaviors and social skills. It was reported that one student had self-esteem below the average of the class, both ESE and non-ESE, but her behaviors and social skills were appropriate. The primary limitation of this study was that it only observed three students. Furthermore, extraneous variables were not addressed (outside classroom support, parent involvement) is it is impossible to definitively prove that self-esteem, social skills, and behaviors were directly affected by the inclusion classroom. Since such a small amount of participants was observed the findings cannot be generalized to the entire population. Since the average amount of students were integrated into the inclusion classroom and did not display problems in any of the categories, this study will receive a “1” rating for both self-esteem and behavior/social skills.

### **Weiner & Tardif, 2004**

Weiner and Tardif (2004) studied 117 students over a two-year period. The students were in grades four through eight and had some form of a learning disability. Weiner and Tardif studied inclusion classrooms and self-contained classrooms which one yielded more positive results in the areas of self-esteem, behaviors, and social skills. This allowed for a more reliable comparison to be made between the two classrooms. The researchers used five different evaluation tools to research the students' self-esteem and behavior/social skills. All the evaluations tools posed minimal risk. The first evaluation tool was the Friendship Interview and Questionnaire (Berndt, 1984), which coincided with the second

tool, Friendship Quality Questionnaire-Revised (Parker & Asher, 1993). This two assessments look at the students' social skills and self-esteem by asking questions about their friends. The Loneliness and Social Dissatisfaction Scale (Asher, Hymel, & Renshaw, 1984) and Self-Perception Profile for Learning Disabled Students (Renick & Harter, 1988) both looked at the self-esteem of the students. Lastly, the Social Skills Rating Scale (Gresham & Elliot, 1990) specifically evaluated the students' behaviors and social skills.

The researches compared scores from the questionnaires for the inclusion classrooms (or INC) and self-contained classrooms (or SCC). The researchers had a control group of a classroom without any learning disabilities. For quality of friendship tests the students self-reported. The results were significantly different, with the INC group reporting that they had stronger friendships. This is an indicator of higher social skills, because social skills are required to make and maintain friends. The students also self-reported for the self-esteem evaluations. It was found that the INC and SCC groups did not have statistically significant discrepancies in their perceived self-esteem. This indicates that the inclusion classroom did not help or hinder the students' self-esteem.

Lastly, the teachers reported about social skills and behavior problems. Teachers of the INC group reported having fewer behavioral problems than teachers of the SCC group. The INC teachers also reported that the students used desired social skills more often than SCC teachers. The researchers reported that the inclusion students had lower self-esteems and more behavioral issues than the control classroom without any learning disabilities, but it was not significantly

significant. The primary limitation of this study was that all participants were in one of 55 elementary classrooms; therefore, an exemplary classroom could skew the results.

In this study it was found that the inclusion classroom did not have a statistically significant effect on self-esteem so that category will receive a score of zero. The researchers found that there was a statistically significant difference between INC and SCC students for behavior/social skills so that category will receive a rating of “1.”

### **Wilson, Ellerbee, & Christian, 2011**

In 2011, Wilson, Ellerbee, and Christian surveyed 16 teachers about their ESE students in comparison to their non-ESE students. This study did not ask for the students' perceptions of their own self-esteem, behaviors, or social skills. The researchers based their study upon the theory that being in community with other students would positively influence the ESE student's self-esteem, behaviors, and social skills.

Each teacher had at least one ESE student in their inclusion classroom, making the sample size 16. All teachers taught kindergarten through fifth grade. The type of disability that the students had was not disclosed to the researcher. The researchers asked the teachers if students benefited from inclusion classrooms in the areas of self-esteem and behavior/social skills combined and if the students enjoyed being in the classroom. It was found that 12 of the 16 teachers (75%) reported that ESE students benefited from being placed in the inclusion

classroom. Furthermore, 13 of the 16 teachers (81%) reported that the ESE students enjoyed being in the inclusion classroom. According to the community theory, the students enjoyed being in the classroom because they were able to form friendships with the students, indicating strong self-esteem and desired behaviors/social skills. The limitation of this study was the small sample size, meaning the results cannot be generalized to the entire population. Also, the study did not list what type of disability was being studied. Furthermore, the questionnaire was self-designed, and not validated. Lastly, it can be assumed that the teachers' perceptions of behavior and social skills are accurate, but the teachers cannot give a true account of the students' actual self-esteem, just their perceived self-esteem. The categories of self-esteem and behavior/social skills will both receive a score of "1" because the majority of teachers reported that inclusion classrooms were beneficial for the ESE students.

### **Analysis**

Based on the data sample, there is a relationship between inclusion classrooms and self-esteem and behavior/social skills. Although the sample size is small, the majority of the respondents perceived inclusion classrooms to be beneficial to the student in some form. The results answered the original research question, does placing an ESE student in an inclusion classroom increase his or her self-esteem and help the students display desired behaviors and social skills?

Based on the data, it was not shown that ESE inclusion students had increased levels of self-esteem compared to ESE self-contained students.

However, the ESE inclusion students' self-esteem was not statistically significantly different from non-ESE students. Therefore, it can be concluded that inclusion classrooms do not increase self-esteem, but do not decrease it.

For the category of behavior/social skills, the data does show significant difference between inclusion and self-contained ESE students. Students placed in ESE classrooms more frequently exhibited desired behaviors and social skills, as compared to their peers in self-contained classrooms. Furthermore, ESE students and non-ESE students in inclusion classrooms did not have statistically significant different reports for behavior/social skills. From the data it can be concluded that inclusion classroom promote desired behaviors and social skills.

### **Limitations**

The primary limitation of this study is the limited amount of data. While information was gathered on 137 ESE students, individual reports were not given on each student. Therefore, the research was evaluated on the average of each study, as opposed to each student individually. This could have skewed the results, as every student's experience is different.

If this study were to be repeated, more individualized information would need to be gathered about students. This would allow for a more representative sampling of the student's experiences. Also, the survey and interview questions would need to be specific to self-esteem, behavior, and social skills. This would make the responses more focused and relevant to the topic. Lastly, the data would need to be compared to ESE self-contained students and non-inclusion classrooms

for control. This would allow for more valid data because it would be measuring exactly what it set out to measure. Repeating the study would give more insight into inclusion classrooms and how it affects self-esteem, behavior, and social skills.

## **Chapter Four: Discussion**

For the past year, I have had the opportunity to observe ESE students in self-contained classrooms, resources rooms, and inclusion classrooms. After much observation it became clear that the students placed in the inclusion classroom had better behavior and social skills, and outwardly appeared to have a higher self-esteem. I became convinced that, for some students, the inclusion classroom was a better placement.

In ESE meetings, numerous parents expressed concerns of their student being placed into the general education and if that would compromise their education and if they would function socially. The concern was valid, but I knew from much observation that the majority of students integrate fine into the inclusion classroom. However, observation is not enough to give a justified answer to parents; research was needed to support it.

So I set out to find the answer. Did inclusion classrooms have a positive relationship with the students' self-esteem, behavior, and social skills? Was the positive relationship a phenomena at my elementary school, or did literature support this finding in other schools and students?

### **Revisiting the Research Question**

The original research question was, does placing ESE students in inclusion classrooms:

1. Increase their self-esteem?
2. Help students display desired behaviors and social skills?

Based on the research, it can be concluded that inclusion classroom practices do have a positive relationship with social skills, and desired behaviors and social skills. The three studies examined different interventions such as RTI and PBS and evaluated their success with ESE students. The positive relationship between inclusion classrooms and self-esteem, and desired behaviors and social skills has many implications.

### **Implications and Suggestions**

After research and evaluation, it can be concluded that ESE inclusion practices are effective. The data shows that inclusion classrooms do not hurt a student's self-esteem and generally promote his or her desired behaviors and social skills. This gives merit to Exceptional Student Education practices and interventions that focus on self-esteem and desired behaviors and social skills. Practices such as RTI, PBS, and promoting classroom community have proved to be effective and beneficial for the student.

One suggestion is for schools to train staff on RTI and PBS. Research shows that both interventions are effective in the classroom and produce positive results. Formal training could better the intervention practices, thus helping the

students achieve and maintain good self-esteem, and desired behaviors and social skills.

Since ESE practices have been proved to be effective, another suggestion is for parents to tour the inclusion classroom and speak with different ESE professionals before enrolling their students into the class. This may alleviate some of the fears the parents have about integrating their students into the general education classroom.

### **Future Research**

It is recommended that this study be repeated with a larger population so more in-depth information can be gathered. The study needs to look at more participants with different disabilities. Furthermore, extraneous variables such as outside support, parent involvement, and type of classroom management needs to be examined to determine the specific factors that influence self-esteem, behaviors, and social skills. This would allow for results to be generalized to ESE inclusion students across the U.S. public school system.

## References

- Asher, S.R., & Hymel, S., & Renshaw, P.D. (1984). Loneliness in children. *Child Development, 55*(4), 1456-1464.
- Ashford, J. B. & LeCroy, C. W. (2010). *Human behavior in the social environment: A multidimensional perspective* (4<sup>th</sup> edition). Belmont, CA: Cengage Learning.
- Bandura, A. (1977). *Social learning*. Englewood Cliffs, NJ: Prentice Hall,
- Bandura, A. (1989). Regulation of cognitive processes through perceived self-efficacy. *Developmental Psychology, 25*, 729-735.
- Berndt, T.J. (1984). Sociometric, social-cognitive, and behavioral measures for the study of friendship and popularity. *Friendships in normal and handicapped children*. Norwood, NJ: Ablex.
- California Childcare Health Program (2012). *How to get a child tested: Guidelines for special education assessment*. Retrieved from [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org)

Enforcing the right to 'appropriate' education: The Education for all Handicapped Children Act of 1975. *Harvard Law Review*, 92(5)1103-1127. Retrieved from EBSCOhost.

Education for All Handicapped Children Act of 1975, Pub. L. No. 94-142

Gresham, F.M., & Elliot, S.N. (1990). *The social skills rating system*. Circle Pines, MN: American Guidance Service.

Friend, M. & Bursuck, W.D. (1999). Including students with special needs. (2<sup>nd</sup> ed.). Boston, MA: Allyn & Bacon.

Individuals with Disabilities Education Act of 2004, Pub. L. No. 108-446, 118 Stat. 2658. (2004)

Irvine, A. & Lupart, J. (2006). Social supports in inclusive settings: An essential component to community living. *Development Disabilities Bulletin*, 34(1-2), 107- 126. Retrieved from ERIC.

Kilanowski-Press, L. & Foote, C. & Rinaldo, V. (2010). Inclusion classrooms and teachers: A survey of current practices. *International Journal of Special Education*, 25(25), 43-56. Retrieved from ERIC.

Lamar-Dukes, P., & Dukes, C. (2005). Consider the roles and responsibilities of the Inclusion Support Teacher. *Intervention in School and Clinic*, 41(1), 55-61. Retrieved from ERIC.

- Livestrong (2009). *Federal laws governing education for exceptional students*. Retrieved from <http://www.livestrong.com/article/14755-federal-laws-governing-education-for-exceptional-students/>
- Loiacono, V. & Valenti, V. (2010). General education teachers need to be prepared to co-teach the increasing number of children with Autism in inclusive settings. *International Journal of Special Education*, 25(3), 24-32. Retrieved from ERIC
- Mrug, S. & Wallander, J.L. (2002). Self-concept of young people with physical disabilities: Does integration play a role? *International Journal of Disability, Development, and Education*, 49, 267-280. Retrieved from ERIC.
- National Center for Education Statistics. (2011). *Children 3 to 21 years old served under Individuals with Disabilities Education Act, Part B, by type of disability: Selected years, 1976-77 through 2007-08*. Retrieved from [http://nces.ed.gov/programs/digest/d09/tables/dt09\\_050.asp?referrer=list](http://nces.ed.gov/programs/digest/d09/tables/dt09_050.asp?referrer=list)
- Parker, J. & Asher, S. (1993). Friendship and friendship quality in middle childhood: Links with peer acceptance and feeling of loneliness and social dissatisfaction. *Developmental Psychology*, 29, 611-621.
- Renick, M.J. & Harter, S. (1988). *Self-perception profile for learning disabled students*. Denver, CO: University of Denver.

- Rubbin, A. & Babbie, E. (2011). *Research methods for social work* (7<sup>th</sup> Edition). Belmont, CA: Cengage Learning
- Sandomierksi, T., Kincaid, D., & Algozzine, B. (2007). Response to intervention and positive behavior support: Brothers from different mothers or sisters with different misters? *Positive Behavioral Interventions and Supports Newsletter*, 4(2), 1-8. Retrieved from EBSCOhost.
- Sayeski, K. L. & Brown, M. R. (2011). Developing a classroom management plan using a tiered approach. *Council for Exceptional Children*, 44(1), 8-17. Retrieved from EBSCOhost.
- Schoenfeld, N. A., Rutherford, R. B., Gable, R. A., & Rock, M.L. (2008). ENGAGE: A blueprint for incorporating social skills training into daily academic instruction. *Preventing School Failure*, 52(3), 17-27. doi: 10.3200/PSFL.52.3.17-28
- Schmidt, M. & Cagran, B. (2008). Self-concept of students in inclusive settings. *International Journal of Special Education*, 23(1), 8-17. Retrieved from ERIC.
- Skinner, B.F. (1953). *Science and human behavior*. New York: Macmillan.
- Sugai, G. & Horner, R. H. (2009). Responsiveness-to-intervention and school-wide positive behavior supports: Integration of multi-tiered system approaches. *Exceptionality*, 17, 223-237. doi: 10.1080/09362830903235375

U.S. Department of Education (2011). *Building the legacy: IDEA 2004*. Retrieved from <http://idea.ed.gov/explore/view/p/,root,statute>

Watkins, D. (2005). Maximizing learning for students with special needs. *Kappa Delta Pi*, 41(4), 154-158. Retrieved from ERIC.

Watson, J.B. (1925). *Behaviorism*. New York: Norton.

Wiener, J., & Tardif, C. Y. (2004). Social and Emotional Functioning of Children with Learning Disabilities: Does Special Education Placement Make a Difference?. *Learning Disabilities Research & Practice (Blackwell Publishing Limited)*, 19(1), 20-32.

Wilson, C. & Ellerbee, K. & Christian, S. (2011). Best practices of inclusion at the elementary level. Retrieved from ERIC.

Zettel, J. J., & Ballard, J. (1979). The Education for All Handicapped Children Act of 1975. *Journal of Education*, 161(3), 1-6. Retrieved from EBSCOhost.