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Inclusive Education for Preschool Learners with Autism: A Program Evaluation

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by

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Dr. Susan Isenberg, Dissertation Chair — Date: 11/10/17

Dr. John Henschke, Committee Member — Date: 11/10/17

Dr. Stephen Sherblom, Committee Member — Date: 11-10-17

Declaration of Originality

I do hereby declare and attest to the fact that this is an original study based solely upon my own scholarly work here at Lindenwood University and that I have not submitted it for any other college or university course or degree here or elsewhere.

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Abstract

This is an exploration of the perceptions and perspectives of early childhood leaders and practitioners with regards to preschool learners with autism engaged in inclusive educational settings. At a time when inclusive education is acknowledged as best practice, there is still a concern that many preschool learners with disabilities are receiving most of their supports in a segregated setting. Additional concerns noted in the current research relate directly to the beliefs, values, and attitudes towards inclusive education for learners with disabilities. No distinct study has been done with regards to this age group, nor to pinpoint the perceptions and perspectives on the outcomes and process of teaching learners with autism in inclusive settings.

The main research question was, How, if at all, can andragogy learning theory be applied to inclusive education for preschool learners with autism? To answer this question, the researcher set up a standalone intervention experience for the study participants, utilizing two self-assessments and discussion group, with time for self-reflection. The stakeholders of the project included leaders, those that are in positions of authority in providing supports to preschool learners within the early childhood center; and practitioners, who are responsible to implement the supports for preschool learners in the early childhood center. A qualitative program evaluation was the research design utilized to measure both the program outcomes and processes.

The leaders and practitioners took the two self-assessments and from the second self-assessment tool, MIPI-PLA, individuals volunteered to participate in a focus group discussion. Eight themes emerged from the research analysis as barriers for inclusive education: support and preparedness, team collaboration, defined roles and

responsibilities, learner engagement, communication differences, valuing learners with autism point of view, belief in learners with autism, and transformative learning/change.

The program evaluation found that andragogy learning theory provides support towards transformative change in beliefs, attitudes, and values with regards to preschool learners with autism engaged in inclusive opportunities. Ultimately, the experience of critical self-reflection through self-assessment provided the leaders and practitioners a different perspective regarding their assumptions of the preschool learner with autism and their capabilities in participating in an inclusive education experience.

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Chapter One: Introduction

Background

One of the first major transitions that families raising children with autism experience is when their child exits out of the Early Intervention (EI) program into the Early Childhood Special Education (ECSE) program. The EI program is the state and federally funded program, which provides young learners with a developmental delay/disability services to the birth – 3 years of age, focusing on family centered outcomes with supports/services provided in the natural environment. The ECSE program is the state and federally funded program which provides learners with a developmental delay/disability services from the ages of 3 – 5 years, the focus is on the individual learner's educational needs within the educational setting. Due to the major differences between the two programs regarding philosophy, setting goals, and family engagement; this transition may cause many families to feel highly unprepared to participate fully in the process.

The EI program utilizes The Individualized Family Service Plan (IFSP) as the road map to guide the family through the program. The IFSP is led by the family, outcomes are written based on the natural routines of the family, and supports are provided in the child's natural environment. The ECSE program uses The Individualized Education Program (IEP) as the plan and is led by the early childhood team, which includes the parents, and acts as the road map for individualized learners' educational supports. The goals are written for the individual learner versus for the family routines, must be educationally relevant, and services are provided in the least restrictive environment (LRE) determined by the IEP team.

Since early childhood education is not a requirement by law unless a child of the preschool age is found eligible for special education supports and services, this potentially creates a barrier in providing an inclusive education experience. The EI program promotes, encourages, and empowers families to support their children in their natural environments and routines. The ECSE program, by law, has to provide the least restrictive environment (Education for All Handicapped Children Act, 1975) which could end up meaning placement in a segregated classroom for a portion or majority of the day due to low or no enrollment of "typical" peers. Lack of opportunity is only one potential barrier for preschool learners with autism once they enter the ECSE program. Looking at the history of both the EI program and the ECSE program will assist in understanding other major barriers we continue to face today with regards to beliefs, attitudes, and valuing inclusive practices for preschool learners with autism.

The ECSE program was the first program enacted into law, with the EI program becoming mandated 11 years later. In 1975, the Education for All Handicapped Children Act (P.L. 94-142) required that every learner receiving supports and services through special education be provided an IEP established by an interdisciplinary team. Parent participation was written into the law; however, the implication seemed to be that the parents take on more of a passive role with educators being the decision makers. Over the next 15 years that followed, extensive research was conducted regarding the IEP process. Gallagher and Desimone (1995) found several concerns with the IEP document as well as with the process for writing and implementation of the program. The four main areas of concern were (a) missing data, (b) inadequate written goals, (c) poor monitoring efforts and ambiguous connections between goals and the assessment, and (d)

program and evaluation process. The development and application of the IEP had its own concerns with lack of support from administration and staff, perception that the IEP document was just extra paperwork with little meaning, unreasonable demands on the teachers' time, the possibility of creating a more rigid curriculum, and the consistent and apparent absence of parent involvement (Gallaher & Desimone, 1995). Roles and responsibilities for the IEP team members were not clearly defined, which remains a concern to this day, and a lack of value in the process was noted.

In 1986, 11 years after the inception of the IEP, the Education for All Handicapped Children Act (P.L. 99-457) was introduced. This new law extended special education services to the age group birth – 3 years. Prior to 1986, special education services were not mandated for this age group, leaving a gap of services and supports that were much needed. The EI program was seen as an opportunity to play an instrumental role in laying the foundation for a great family and professional relationship. The EI program was designed to make families the decision makers with the EI professionals to provide the tools needed to support their child in the natural environment. The EI program promotes empowerment, family facilitated planning, and education to parents to enhance future outcomes as their child grows within the educational system. The ECSE program focuses on how the child's developmental deficits adversely affect them in the education setting led by the educational team, of which the parents are a part of but typically play a more passive role.

Having two programs that are set up with conflicting philosophies makes for a complicated transition for families and their children, moving from services provided in the natural environment to more than likely a more restrictive setting in the ECSE

program. In the State Performance Plan, the Missouri Department of Elementary and Secondary Education (DESE) reported that over 70% of children receiving special education services were receiving the majority of their services outside of the regular education setting (DESE, 2014, p. 39). The system is placing children with developmental delays/disabilities in a more restrictive setting before they have had the opportunity to prove otherwise. I was curious about why we were promoting the support of children prior to the age of three in their natural environment and then once they turn three-years-old we were promoting an unnatural more restrictive setting in supporting these children.

As a former early interventionist for over nine years, I have extensive experience with the transition process between these two programs, both as a professional in the field and as a parent of a child with autism. My son has journeyed through many educational and personal transitions over the years and to this day, the transition out of EI and into ECSE has been the most difficult. As a family, we went through working with the EI program where everyone believed in our son and his capabilities while building off his strengths to the ECSE program that focused on his diagnosis of autism and his deficits, wanting to place him in a more restrictive environment. I was told that because my son did not know the routine of a classroom he would be better off in a more restrictive setting to work one on one with an adult to learn the routine. This would be my son's first real experience in a school setting, learning a new routine, and adapting just like his peers in a new learning opportunity. A decision regarding placement for my son was based on his diagnosis and prior and initial assessments without most of the team meeting him in person. A pre-judgment was made based on communication and learning

differences to accommodate the educators and learning environment. When inclusive opportunities are not provided to a learner, the appropriate age level peer models are not present to understand the true preschool classroom experience. I saw firsthand the underlying issue—the culture and mind-set of inclusive practices/education of leaders and practitioners that work within an early childhood learning center.

While in the master's degree program at Lindenwood University, I was introduced to the word andragogy—an adult learning theory with a focus on self-directed competency-based learning. The parallels between andragogy and The Individuals with Disabilities Education Improvement Act of 2004 (IDEA, 2004) were remarkable. The IDEA (2004) stated after more than 30 years of research, that the education of learners with disabilities is more effective when maintaining high expectations and having access to age level curriculum in the general education setting (p. 4). It is important to empower parents and collaborate with them as they prepare their child for independent adulthood as an inclusive and contributing member of society (IDEA, 2004, p. 4).

Purpose of the Study

The purpose of this study was to evaluate both the process and outcomes of one suburban early childhood program in the Midwest regarding inclusive education for preschool learners 3-5 years of age who have a diagnosis of autism. The program outcomes were measured by the questionnaire that was based on the DEC recommended practices referred to as the Inclusive Practices Questionnaire for Preschool Learners with Autism (IPQ-PLA) (see Appendix C). The IPQ-PLA was used to gain the perceptions of both the leaders and practitioners within the early childhood learning center on how their program includes preschool learners with autism.

The Modified Instructional Perspectives Inventory for Preschool Learners with Autism (MIPI-PLA) created by Dr. John Henschke and with permission adapted for the purposes of this research, was utilized to measure the process by way of exploring the perspectives of leaders and practitioners on how they facilitate learning for preschool learners with autism in inclusive settings (natural environments) (Henschke, 1989, 2016). The MIPI-PLA was utilized for the first time as a standalone intervention with a follow-up focus group to discuss the results. This program evaluation was a qualitative research design with descriptive statistics. There was a lack of research done on beliefs, values, and attitudes regarding inclusive practices/education, especially in the early childhood field and for preschool learners with autism.

Rationale

There have been many different terms used throughout history to define "early childhood inclusion - such as preschool mainstreaming, reverse mainstreaming, and integrated special education" (Odom, Buysse, & Soukakou, 2011, p. 345). In the early 1990s, the term inclusion emerged— the philosophy for inclusion meant more than just a physical placement. Odom and colleagues (2011) expressed that children with disabilities should be engaged and invited to be an active part of the same classroom as children without disabilities. All children should have "a sense of belonging and membership, positive social relationships and friendships, and development and learning" (Division for Early Childhood/National Association for the Education for Young Children [DEC/NAEYC], 2009, p. 2). The new interpretation of inclusion placed more emphasis on engagement, participation, learning outcomes, and building friendships for

all students versus simply the placement of students with disabilities in the least restrictive environment (Odom et al., 2011).

The DEC (2014) recommended practices states, "All young children with disabilities should have access to inclusive high-quality early childhood programs, where they are provided with individualized and appropriate support in meeting high expectations" (p. 4). The IDEA supports a Free and Appropriate Public Education (FAPE) in the LRE with access to grade level curriculum for all children, yet over 70% of preschoolers in the State of Missouri who are receiving special education supports and services receive them outside of a regular education program (DESE, 2014, p. 39).

The U.S. Department of Health and Human Services' policy statement on inclusion of children with disabilities in early childhood programs (2015) is as follows:

> Inclusion in early childhood programs refers to including children with disabilities in early childhood programs, together with their peers, without disabilities; holding high expectations and intentionally promoting participation in all learning and social activities, facilitated by individualized accommodations; and using evidence-based services and supports to foster their development (cognitive, language, communication, physical, behavioral, and social-emotional), friendships with peers, and sense of belonging. This applies to all young children with disabilities, from those with the mildest disabilities, to those with the most significant disabilities. (p. 3)

There have been many research studies conducted in the field of special education with regards to perspectives on inclusive practices of Kindergarten through 12th grade (K – 12) stakeholders, but little done at the preschool level. Several research studies on

stakeholder perspectives with regards to inclusive practices have been conducted in an attempt to understand the barriers to inclusive education. In 2015, several studies focused on leader and practitioner perspectives and six emerging themes came to light: (a) conflicting definitions of inclusive education; (b) understanding and being able to implement inclusive practices; (c) the context in both schools and districts; (d) the role that family communication and support play; (e) how inclusion affects students; and (f) need for ongoing professional development for inclusive practices (Kozleski, Yu, Satter, Francis, & Haines, 2015; Sailor, Lyon, McCart, & Shogren, 2015). The National Center on Inclusive Education (NCIE, 2011), stated that after 30 years of knowledge and research in the field of education with regards to children with disabilities, holding high expectations and guaranteeing them access to not only the general education classroom but also age level curriculum to the greatest extent is best practice.

According to Sailor et al. (2015), the family and community perspectives from the research studies conducted resulted in six emerging themes that represent barriers: (a) beliefs, values, and attitudes towards inclusive education practices; (b) stakeholders not agreeing on the same definition of inclusive practices; (c) how to replicate school culture; (d) lack of financial resources; (e) openness to collaboration; and (f) taking the risks of trying something new. "Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation independent living, and economic self-sufficiency for individuals with disabilities" (Jorgensen, 2011, p. 1, para. 4). Successful inclusion is more about creating collaborative partnerships among all the stakeholders involved in the decision-making and less about the diagnosis or characteristics of the students (Odom et al., 2011). Lieber

et al. (1997) identified seven characteristics of collaboration that were linked with effective inclusive practices: "joint participation in planning, shared philosophies, shared ownership of all children, communication, professional roles, stability of relationships, and administrative support" (Odom et al., 2011, p. 348).

The results of this study may provide a new way of thinking about critical self-reflection, utilizing the IPQ-PLA (outcomes as measured by perceptions) and MIPI-PLA (process as measured by perspectives). The adapted MIPI-PLA was used as a standalone intervention for the very first time in this study, providing participants the ability to self-assess their own perspectives. I utilized content analysis to analyze the data. "Content analysis is a technique that enables researchers to study human behavior in an indirect way through an analysis of their communications" (Hyun, Wallen, & Fraenkel, 2014, p. 476).

Research Questions

The research questions were as follows:

RQ#1: What are the perceptions of the Leaders taking the IPQ-PLA?

RQ#2: What are the perceptions of the Practitioners taking the IPQ-PLA?

RQ#3: Is there a difference in perceptions between the Leaders and the Practitioners regarding the results of the IPQ-PLA?

RQ#4: What was the experience of the Leaders and Practitioners participating in the self-assessment intervention – MIPI-PLA?

RQ#5: How, if at all, can andragogy learning theory be applied to inclusive education for preschool learners with autism?

RQ#6: What is the impact of the self-assessment intervention MIPI-PLA, if any, on Leaders and Practitioners perspectives regarding inclusive practices of preschool learners with autism?

Limitation

This study is only about the perceptions and perspectives of the leaders and practitioners who work within the early childhood learning center with preschool children with autism related to inclusive classroom practices, not the perceptions and perspectives of preschool children with autism nor their families.

Delimitation

This study is not a direct measurement of classroom practices for preschool children with autism. It is instead an indirect measurement of the practices by way of perceptions and perspectives of the leaders and practitioners who work in an early childhood learning center with preschool children diagnosed with autism.

Assumptions

There will be an underlying assumption in this study that a change in the way one thinks must precede a change in the way one acts.

Definition of Terms

Autism Spectrum Disorder – "Deficits in social communication and social interaction across multiple contexts and restricted, repetitive patterns of behavior, interests, or activities" (Association, 2013, pp. 27-28).

Department of Early Childhood (DEC) – "The professional organization for the field of early intervention/early childhood special education" (DEC, 2015, p. 1).

Free Appropriate Public Education (FAPE) – "A free appropriate public education is available to all children with disabilities residing in the State between the ages of 3 and 21, inclusive, including children with disabilities who have been suspended or expelled from school" (Education for All Handicapped Children Act, Pub. L. No. 94-142, 20 U.S.C. § 1412, 5B [1975]).

Least Restrictive Environment (LRE) – To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (Education for All Handicapped Children Act, 20 U.S.C. § 1412, 5B [1975]).

Inclusive Education – "All young children with disabilities should have access to inclusive high-quality early childhood programs, where they are provided with individualized and appropriate support in meeting high expectations" (DEC, 2014, p. 2).

Early Childhood Special Education (ECSE) – For the purpose of this study, ECSE is defined as a program that supports and serves preschool learners who have or are at risk of having developmental delays and disabilities.

Andragogy – "The art and science of helping adults learn" (Knowles, 1984, p. 6).

IPQ-PLA – The Inclusive Practices Questionnaire for Preschool Learners with Autism is a newly formed instrument to identify perceptions of leaders and practitioners, based on the Division of Early Childhood recommended practices document (2014), that

typically apply to their early childhood program for preschool learners with autism while engaged in inclusive learning opportunities.

MIPI – The Modified Instructors Perspectives Inventory is an "Instrument to identify trusting behaviors, beliefs, and feelings demonstrated by the teacher/facilitator from the students'/learners' perspective" (Boden, King, Russ & Cavazos, 2014, p. 4). The instrument will be provided as a standalone intervention in this study, a self-reflection tool that allows the participants to self-assess their own perspective.

Leaders – According to the DEC (2014),

> Those in positions of leadership or authority in providing services to all young children who have or are at risk for developmental delays/disabilities and their families. Examples of such leaders include local administrators; early childhood coordinators; building principals; and assistant directors and coordinators. (p. 4)

Practitioners – According to the DEC (2014),

> Those who are responsible for and paid to enhance the optimal development of young children who have or are at risk for developmental delays/disabilities. This includes providing care, education, or therapy to the child as well as support to the child's family. (p. 4)

Program Evaluation – "A social science activity directed at collecting, analyzing, interpreting, and communicating information about the workings and effectiveness of social programs" (Rossi, Lipsey, & Freeman, 2004, p. 2).

Schoolwide Integration Framework for Transformation (SWIFT) – A theoretical framework led by researchers McCart, and Sailor (2014) with the vision to reform inclusionary school across the country. "Research shows when students with

different support needs learn together, they experience better academic and behavioral outcomes, social relationships, high school graduation rates, and post-school success" (SWIFT, 2016, home page, better together tab).

Transformative Learning Theory – A theoretical framework seen as teaching for change which involves the learner to self-asses and challenge their own values, beliefs, feelings, ideas, and attitudes; critically evaluating their own hidden assumptions; examining their justification through analytical discussions; and looking for collaborative decision-making (Mezirow et al., 2009).

Summary

A review of the research literature has shown barriers to inclusive education for learners with disabilities, universally, in attitudes, beliefs, and value system. The biggest barrier I, as the researcher, have experienced with my own son's access to inclusive education has been the lack of belief in him within the educational system. Much of the research has been focused on the K-12 population and very little has been done at the early childhood level. This study took an in-depth look at both the outcomes and process of inclusive practices for preschool learners with a diagnosis of autism. Capturing all stakeholder's perceptions and perspectives that are employed within the early childhood learning center, provides invaluable insight into the culture and climate of the organization.

Chapter Two: The Literature Review

The movement towards inclusive education for all students is not a new concept. Since the inception of IDEA in 1975, the goal continues to be that all students, regardless of their disability, receive FAPE in the LRE alongside their typically developing peers. I have been able to find many research studies with regards to inclusive practices, strategies, and in setting up welcoming classroom environments for learners 3-21 years of age. Regarding beliefs, values, and attitudes towards inclusive education, I found a lack of evidence-based research studies. In some states, like Missouri, the law does not mandate preschool. This reality further limits research opportunities on inclusive settings for children with disabilities.

The topics reviewed in this chapter begin with the key historical events, terminology, and perceptions and perspectives on inclusive education. The journey through the literature will then move from general to specific topics connecting theoretical frameworks that build on each other to suggest a basis for improvement. The topics reviewed are as follows: (a) Schoolwide Integration Framework for Transformation (SWIFT), (b) engagement of every preschooler, (c) current instrumentation, (d) andragogy, (e) transformative learning, (f) school leadership, and (g) making the connection between leadership and transformational change.

Historical Perceptions/Perspectives on Inclusive Education

The implementation of IDEA in 1975 was a historical moment in time for children with disabilities to receive FAPE in the LRE alongside their typically developing peers while receiving the appropriate supports. This law covered supports and services for children 3-21 years of age. Since the inception of IDEA, the law has been

reauthorized two times, once in 1997 and again in 2004. For purpose of this study, I will only be addressing the changes in the law that directly align with LRE and inclusive practices. The reauthorization in 1997 addressed the definition of LRE and changed it to the following:

To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (Education for All Handicapped Children Act, 20 U.S.C. § 1412, 5B (1975).

In 2004, IDEA was again reauthorized and renamed as H.R. 1350: Individuals with Disabilities Education Improvement Act of 2004. The major changes in this update were focused on improving transitions. Regarding the LRE section, there were a few updates implemented which included wording to reflect that children with disabilities determined to need "supplementary aids and services . . . and necessary for the child to participate with nondisabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of that child" (Wright & Wright, 2006, p. 3).

Since the inception of IDEA law, there has been much discussion and disagreement over what "including" children with disabilities in the educational system truly means. Many terms have surfaced over the years to define inclusion such as, mainstreaming, integration, reverse mainstreaming, and full inclusion. None of these

terms have ever appeared or have been defined in any statutes at the federal and state levels. These terms were created and utilized by educators to fulfill the requirements of LRE within IDEA law. Disability Rights California (2012) suggested that four main terms have been utilized throughout history to describe the word "including" that is stated in the law: (a) mainstreaming, which referred to placing a student with a disability into activities within the general education classrooms with nondisabled peers; (b) integration, which took a step further including children with disabilities into general education classrooms such as art, music, computer class, etc. with non-disabled peers; (c) reverse mainstreaming, which meant bringing nondisabled peers into a segregated setting in order to have access to inclusive practices; and (d) full inclusion, which meant placement is in the general education setting with nondisabled peers and the students with disabilities having access to grade level curriculum with support and being seen as a full member of the general education classroom all day (Disability rights California, 2012, Chapter 7, pp. 7-1-7-2). With so many varying definitions on inclusion, leaders and practitioners in the field are susceptible to being confused about not only the definition of inclusion but also about how to implement those inclusive evidence-based practices as may be evidenced by their perceptions and perspectives.

In understanding the perceptions and perspectives of the leaders and practitioners in the early childhood field regarding inclusive practices for preschool learners with autism, the potential lack of inclusive opportunities must be examined first. Lieber et al. (2000) found that inclusive programs varied for preschool learners from those learners in the school-aged programs as "many public-school systems do not have classes of 3 to 5-year-old typically developing children into which children with disabilities may be

included" (p. 89). Due to a lack of inclusive opportunities, preschool learners with disabilities are provided their services and supports in a variety of different settings depending on availability, which can include in-home programs, community-based programs, Head Start, or public school setting (Lieber et al., 2000). It would appear, that due to a lack of available inclusive opportunities for children with disabilities, looking at the relationships of the IEP team members and how they collaborate would be of great benefit to the learner in the decided-upon setting.

Lieber et al. (1997) documented that the collaborative partnerships between the adults is a bigger factor for successful inclusion than the characteristics of the preschool learner. There are seven key collaborative strategies identified that were found to correlate directly with successful inclusive practices: "joint participation in planning, shared philosophies, shared ownership of (i.e., responsibility for) all children, communication, professional roles, stability of relationships, and administrative support" (Odom et al., 2011, p. 348). Perhaps taking these key collaborative strategies, which enhance the relationships between and among IEP team members, and engaging with the preschool learner with autism in an equivalent manner would increase positive teacher-child interactions and decrease unwanted behaviors.

One of the most current research studies showed that "effective teacher-child relationships form through repeated interactions characterized by shared emotional engagement, teachers' sensitivity and responsiveness, and low conflict" (Williford et al., 2016, p. 1). Research by Baker, Grant, and Morlock (2008) supported Williford's findings as follows: when preschool learners who were exemplifying unwanted behaviors (e.g., disobedience, impulsivity, excitability, and aggression) were assigned teachers who

create a positive, mutual respectful, and trusting relationship with the learner and have met their sensory and behavioral needs, the researchers saw a decrease in aggression and an increase in social-emotional advancement. Conceivably, as more and more inclusive opportunities for preschool learners with autism are provided, changes in roles and responsibilities for leaders and practitioners in early childhood centers are inevitable.

The process of learning alongside a preschool learner with autism is so much more important than just the content or materials used. In this study, the current perceptions and perspectives of the leaders and practitioners in a Midwest early childhood learning center were investigated focusing on values, beliefs, attitudes, and how engaged the learner with autism is during inclusive opportunities. In the rest of this chapter, the framing literature on the following topics will be reviewed: endorsed theoretical frameworks, evidence-based assessments, adult learning theory, transformative learning, and school leadership as they relate to inclusive practices for preschool learners.

Schoolwide Integration Framework for Transformation (SWIFT)

After more than four decades of working on creating a climate of inclusivity within in the public education system, a new framework emerged in SWIFT, which is a technical assistance center led by Dr. Wayne Sailor and Dr. Amy McCart from Kansas University. The SWIFT program holds a national grant for grades K-8 to increase school capacity so that all students improve academically and behaviorally through equity-based inclusion (SWIFT, 2016, homepage). "Equity-based inclusion is about creating schools where all students, including those with extensive needs, are fully valued, welcomed, well supported, and engaged in learning" (SWIFT, 2016, All Means All). This new

framework has redefined inclusion for children with disabilities not based on the learner's characteristics but instead focused on interventions and setting up a safe climate in which to learn (McCart & Sailor, 2014).

McCart and Sailor (2014) suggested allocating resources for school leadership and capacity building focused on evidence-based research versus one focused on students and placement options. The SWIFT Center created an alternative approach to inclusive education, "driven by a multi-tiered system of support (MTSS), guided by design teams of both general and special educators, utilizing universal design for learning (UDL) principles, and implemented in a manner resulting in demonstrable gains for all students" (Sailor & McCart, 2017, p. 2). There are three key factors in the UDL design of both instruction and curriculum: "(a) multiple means of teaching (i.e., multi-modal); (b) multiple means of expression (e.g., oral and written tests); and (c) multiple means of student engagement (i.e., maximizing student motivation to tackle difficult material)" (Sailor & McCart, 2017, p. 3). Sailor (2016) suggested that the MTSS framework has begun to be accepted within the public education system, but has not yet emerged as a systematic framework in professional practice. To understand the framework of SWIFT, why it was created, and the barriers that still exist, it is important to look at the paradigms that have shaped inclusive education over the years.

In understanding the epistemology of inclusive education, professionals in the field looked towards the contributions from mainly four different disciplines: anthropology, sociology, biology, and psychology (Sailor, 2016). Of the four disciplines, psychology has emerged as the dominant paradigm, which inferred that disability is a part of an individual's personality with potential long-term impacts on functionality (Bogdan,

& Kugelmass, 1984; Skrtic, 1993). One researcher, Skrtic (1993), pointed out that the dominant discipline of psychology along with the profession of medicine "place the root cause of deviance within the person, and exclude from consideration causal factors that lie in the larger social and political processes external to the individual" (p. 170). Thus, as Schön (1984) suggested, disability can be addressed through scientific knowledge, by way of the medical profession in a prescriptive remedy through diagnosis based on biological properties of an individual. Based on such logic, Sailor and Paul (2004) found learners afflicted with a diagnosis of disability could benefit from receiving special education supports based on their diagnosed characteristics labeling them special children with special needs. Thus, Sailor (2016) pointed out that with the culture shifting to a need for more highly trained specialized teachers, curriculum, and life skills training, came a shift to specialized classrooms and entire schools for special education.

The U.S. mind-set shifted (McKnight, 1996) after World War II to more of a service economy where special education was seen as a way to make money. For example, there has been an expansion from three decades ago on the definition of the label "autism", which now has subcategories of diagnosis, specialized certifications for professionals, unique strategies and modifications, and specific proven evidence based practices (Sailor, 2016, p. 4). Special education had taken on a life of its own, more and more programs began taking shape for learners with disabilities to gain access to the public education system, and Skrtic (1993) suggested,

> Real progress in special education will require a different frame of reference. At a minimum, it will require that special education take seriously the critics of its theoretical and applied knowledge, and thus of its take-for-granted assumptions.

> It will require criticism in the classical sense—self-reflective examination of the limits and validity of special education knowledge. But the problem is that the professional community of special education will not readily accept theoretical criticism, precisely because it contradicts the field's taken-for-granted assumptions about the nature of disability, diagnosis, special education, and progress. (p. 171)

There are four domains that the SWIFT (2016) Center identified as being critical for the implementation and preservation of the efficiency and effectiveness of the MTSS framework, which are as follows: (a) engaged and active administrative leaders devoted to the shift away from the traditional academic practices converting to true inclusive education; (b) the creation of community and family partnerships, whereas families are actively involved as leaders regarding their child's education as well as the culture of their school; (c) unified educational framework where collaborative teaching in every grade level is the norm and "silos" (p. 3) dissipate within the school system; and (d) a supportive and trusting relationship between the administration and each individual school within the district resulting in mutual respect as well as aligned policy structure supported by the district level removing barriers and misunderstandings around effective implementation (Sailor, 2016, p. 3). The shift in priorities has yielded very interesting preliminary data results, including barriers and challenges that are still left to resolve.

The theoretical framework of SWIFT is still new, and ongoing data is continually being collected in order to improve the framework and implementation. Several recent research studies on stakeholder perspectives with regards to inclusive practices have been completed utilizing focus groups, from which themes have emerged: (a) the definition of

inclusive education, (b) the ability to understand and implement inclusive practices, (c) the context in both schools and districts, (d) the role of family communication and support, (e) how inclusion affects students, and (f) the need for ongoing professional development for inclusive practices (Kozleski et al., 2015; Shogren, Lyon, & Kurth, 2015). Further, Shogren et al. (2015) reported that the family and community member study participants identified what they perceived as the most important issues regarding inclusive practices: (a) need for a change in beliefs, values, and attitudes towards inclusive education practices; (b) lack of agreement among stakeholders on a definition of inclusive practices; (c) lack of understanding how to replicate school culture;(d) lack of financial resources; (e) yet, an openness to collaboration, and (f) a willingness to take risks to trying something new.

At the core of an exceptional learning experience is valuing the trusting relationship built between the teacher and the student, which can lead to risk taking in the learning process. "Schoolwide MTSS involves comprehensive school structures and interventions that support all students, regardless of their characteristics, including those with significant learning or behavior support needs and those at risk for school failure due to other circumstances" (Sailor & McCart, 2017, p. 2). The current research continued to gather perceptions and perspectives of all the stakeholders involved without offering an intervention to begin to challenge current perceptions and perspectives from an intrinsic point of view. "In our view, the reason inclusion has been such a hard sell, is that general educators and sometimes parents have not seen the value of it, given the required departure from traditional teaching practices" (McCart & Sailor, 2014, p. 60).

Engagement of Every Preschooler

The engagement construct theory (McWilliam & Bailey, 1992) has existed for over 25 years and applies to all children, however much of the research focused on the following definition, conducted with children ages birth to five-years-old. McWilliam and Casey (2008) defined engagement as "the amount of time a child spends interacting with the environment in a developmentally and contextually appropriate manner at different levels of competence" (p. 125). This theory looks at three dimensions in which children interact with their environment, "adults, peers, and materials" (p.126) as most behaviors in young learners can be directly correlated to interactions within these three dimensions (McWilliam & Casey, 2008). McWilliam and Casey took a deeper dive into engagement, and nine levels within five categories were created (see Figure 1).

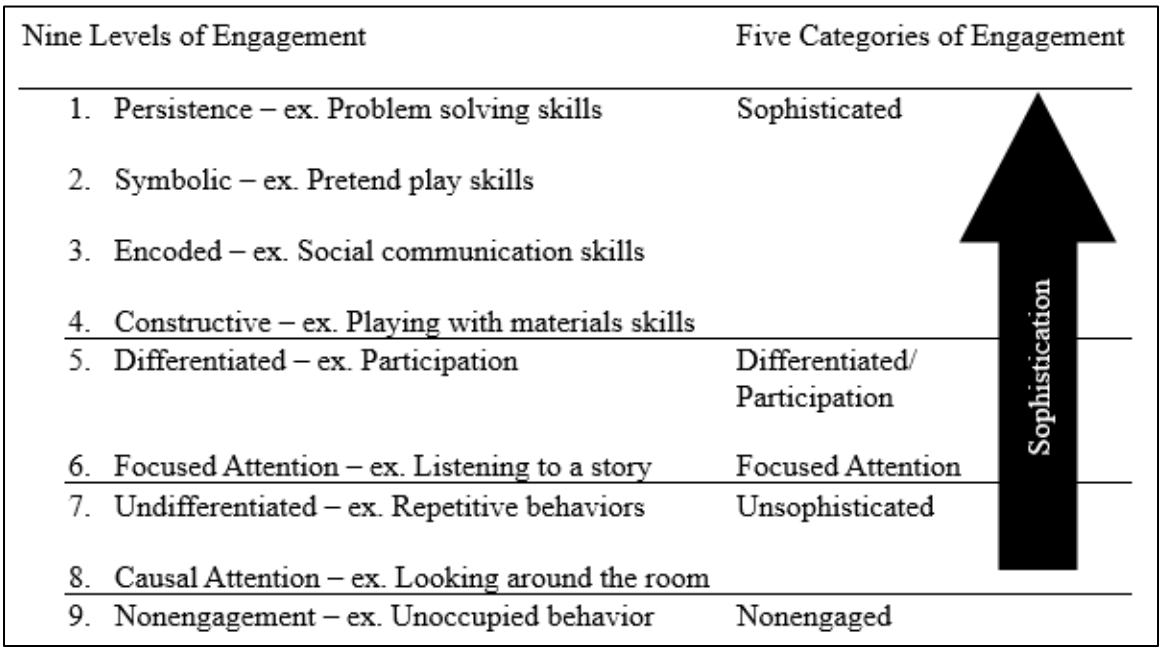

Figure 1. Engagement of Every Child in the Preschool Classroom. Adapted from McWilliam and Casey (2008, p. 127, Fig. A4).

Contrary to McWilliam and Casey's (2008) engagement theory, other researchers in the field have shared a different perspective when it comes to engagement. Harcourt and Keen (2012) suggested that by judging the engagement of a child only through observations and teacher reports, it "raises some important issues in that it relies on the perspective of only one of the participants in the learning environment (i.e., the teacher)" (p. 73). Furthermore, it has been "noted that the observer can only perceive the child to be engaged and there is yet no absolute criterion as to what constitutes an acceptable degree of engagement" (Kishida, & Kemp, 2009, p. 113). Research relating specifically to preschool children two to five years of age and having a diagnosis of ASD are showing that "little is known about the social engagement patterns of children with ASD, and the relationship between engagement and specific features of preschool classrooms" (Reszka, Odom, & Hume, 2012, p. 41).

Researchers suggested potential environmental influences on the social behaviors of learners with autism, indicating that when social opportunities were made available with peers present, learners diagnosed with a disability, such as ASD, may not participate in the social activity, therefore, missing the social opportunity (Lieber & Beckman, 1991; Reszka et al., 2012). "Engagement identifiers such as curiosity, enthusiasm, concentration, and satisfaction are clearly internal states which must be inferred by teachers based on their observations of student behaviours" (Harcourt & Keen, 2012, p. 74). When a student with ASD is not observed to be engaged, the focus shifts to complying with a teacher's task taking the student away from potentially a greater learning need (Kluth, 2003). Social engagement of learners with ASD was found to be much lower in social opportunities with peers across all routines; therefore, "future

research should examine possible relationships among child characteristics and social behaviors across environmental features (academic skills, social skills, age, other developmental characteristics)" (Reszka et al., 2012, p. 53).

As noted in the DSM-5, (American Psychiatric Association, 2013), autism is partially defined as potentially displaying "persistent deficits in social communication across multiple contexts, such as reciprocity, reduced shared interests, difficulties adjusting behavior to suit various social contexts, imaginative play or in making friends" (p. 29). As inclusive education for preschool learners with autism gained momentum, researchers expressed concern over a lack of resources and training for teachers and staff, specifically with regards to joint attention, symbolic play, and engagement (dichotomous definition) (Naber et al., 2007; Wong & Kasari, 2012). McWilliam and Casey (2008) suggested that the engagement construct theory looks beyond the characteristics of the learner, the environmental set-up, and curriculum into not only the engagement of the interactions with adults, peers, and materials, also the level of engagement that is taking place. Furthermore, McWilliam and Casey (2008) suggested that prior to their research, engagement was considered to be a "dichotomous variable—engaged or not" (p. 127). The hallmark study led to changes in both the Vanderbilt University and University of North Carolina's (UNC) early childhood programs.

Researchers have demonstrated the importance of working with young learners on active versus passive engagement (Dunst, McWilliam, & Holber, 1986). Even with all the research backing the importance of the engagement theory, "current students of engagement appear to gravitate toward the theoretical backgrounds familiar to them; American special education researchers tend to concentrate on the American behavioral

roots" (McWilliam & Casey, 2008, p. 131). As educators, self-reflecting on one's own behavior and making changes within oneself can be the influence and inspiration needed for changes in student behavior (Scheuermann & Webber, 2002). "Establishing a learning environment that supports the varied needs of young learners with ASD involves challenging our perceptions of appropriate behavior, and recognizing, proactively creating, and taking advantage of social communication opportunities when they occur" (Hart & Whalon, 2012, p. 261). Theoretical models with regards to attitudes about inclusive education for those students with disabilities has power to bond this nation's educational system with outdated and counterproductive frameworks or to emancipate the system from that thinking, urging all players to recognize different pathways (McCart & Sailor, 2014). Harcourt and Keen (2012) concluded that the current early childhood curriculum guidelines have a lack of focus on the learner's perspective and to gain insight into the learner's perspective a focus on their lived experience should be included.

History of Early Childhood Classroom Assessments

The inclusion of children with disabilities in the early childhood field is considered as best practice and well documented in the recommended practices guidelines (DEC, 2015). Including learners with disabilities in a preschool classroom has led researchers to examine the status of engagement at different levels: How the learner engages within their environment, the different levels of sophistication in a social construct, how the learner engages in a group, program efficacy, and/or how engaged the learner is during a structured activity with the research purpose in mind as an apparent influencer (Kishida & Kemp, 2006). The terms inclusion and engagement are often words that complement each other in the literature and both are critical for all learners to

be successful during inclusive opportunities; however, measuring the reliability and validity has proven to be difficult and further research on this topic has been identified (Kishida & Kemp, 2006). For the purpose of this study, three different early childhood classroom assessments were examined with regards to inclusion and engagement of preschool learners that have a disability within an early childhood setting.

Early Childhood Environment Rating Scale (ECERS-R). The Early Childhood Environment Rating Scale (ECERS) was an assessment that directly looked at the quality of the environment, materials, and interactions within an early childhood setting and was utilized in both research and for program improvement (Harms, Clifford, & Cryer, 2005). The ECERS was revised and renamed the Early Childhood Environment Rating Scale Revised Edition (ECERS-R) in 2005 from the original, which was published in 1980 (Harms et al., 2005). Over the years, there have been numerous research studies conducted using this assessment tool, through which the development of three additional assessment scales were born: "Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989), Infant/Toddler Environment Rating Scale (ITERS; Harms, Cryer & Clifford, 1990), School-Age Care Environment Rating Scale (SACERS; Harms, Jacobs & White, 1996)" (Harms et al., 2005, p. 1).

The ECERS-R utilized the same rationale and constructs of the original assessment and contains seven subscales: "(a) space and furnishings, (b) furnishings, (c) personal care routines, (d) language-reasoning, (e) activities, (f) interaction, (g) program structure, and (h) parents and staff" (Harms et al., 2005, p. 1). When looking at the revised assessment for reliability and validity "the correlations between the two observers were .921 product moment correlation (Pearson) and .965 rank order (Spearman), and the

interclass correlation was .915", therefore making the assessment scores and subscale scores quite high in the levels of agreement (Harms et al., 2005, p. 2).

The ECERS-R is an observational tool with data collection coming from the perspective of only the observer, which may not take into consideration the true engagement levels with regards to preschool learners with severe disabilities in inclusive settings (Kishida & Kemp, 2006). In learners with autism, it has been implied (Hart & Whalon, 2012) that the lack of social reciprocity is acknowledged as the origin and defining characteristic of autism. In current research, there appears to be a lack of studies gaining insight into the perspective of the learner with disabilities, therefore encouraging the creation of new assessment tools to address this concern (Kishida & Kemp, 2006).

Scale for Teachers' Assessment of Routines Engagement (STARE). The Scale for Teachers' Assessment of Routines Engagement (STARE) was developed by McWilliam in 2000 and provides an observational tool for teachers to assess one preschool learner at a time, in intervals of 10 minutes, during all daily routines, and looking at both the amount of time the learner is engaged as well as the level of the learner's sophistication of engagement (McWilliam, 2000). Casey and McWilliam (2007) suggested that the ECERS-R assessment moderately correlates with the engagement hierarchy of the STARE.

McWilliam (2000) directed teachers to observe how engaged a child is with "adults, peers, and materials" (p. 1) as well as the sophistication level during: (a) arrival time, (b) circle time, (c) free play/centers, (d) teacher -facilitated activity, (e) snack/lunch time, and (f) recess/outside time. For each activity, there is a 5-point Likert scale to rank complexity of engagement, "nonengaged, unsophisticated, average, advanced, and

sophisticated" (p. 1). Data collection for the STARE is very user-friendly, takes less than a minute to complete each section, is utilized whenever deemed necessary, and captures the impressions of the teachers with regards to the learner's engagement (Casey & McWilliam, 2007). "The subjectivity of STARE ratings, although problematic from a scientific point of view, is a bonus to teachers looking for a way to document, in a manageable way, what they see" (Casey & McWilliam, 2007, p. 7).

The STARE scoring grid takes the observational ratings from the activities and requires no calculations, rather creates a profile of each learner's daily engagement which summarizes the experience of the learner's classroom participation on that day of observation (Casey & McWilliam, 2007). Furthermore, the STARE can be a very useful assessment, gathering information that can easily be reported out in a user-friendly manner to open the door to collaboration with parents and other team members, but can be tedious in data collection, and subjective in nature (Casey & McWilliam, 2007). Often, learners with disabilities/autism may communicate differently (through behavior) and what appears to be an inappropriate behavior is truly serving a purpose for them; their outward behavior is representing communication and/or a function for that learner which may create misinterpretation (Hart & Whalon, 2012).

Inclusive Classroom Profile (ICP). The Inclusive Classroom Profile (ICP) is a tool to assess, through observations, the daily use of inclusive practices within an early childhood classroom setting, and was designed for learners with disabilities ages 2-5 (Soukakou, 2016). "Ratings on the ICP items indicate the extent to which classroom practices intentionally adapt the classroom's environment, activities, and instructional supports in ways that encourage access and active participation in the group" (Soukakou,

2016, p. 1). "Common agreement exists that specialized instruction focusing on the individual needs of children in inclusive settings is important" (Odom et al., 2011, p. 348). The need for high-quality early childhood inclusion classrooms is very much a priority and "there has been a lack of reliable and validated observation instruments that can be used to assess the implementation of inclusive practices aimed at improving the quality of classroom practices" (Soukakou, 2016, p. 2).

Therefore, Soukakou (2016) suggested that the ICP was developed based on the need for additional measures regarding the quality of research-based classroom and instructional supports. "The administration of the ICP involves direct observation of the physical environment, daily routines, and activities both inside and outside of the classroom" (Soukakou, 2016, p. 37). Soukakou (2016) found that the instrument's 12 practices correlate with the strongest research supporting preschool learners with disabilities within an inclusive classroom:

> (a) adaptations of space, materials, and equipment; (b) adult involvement in peer interactions; (c) adults' guidance of children's free-choice activities and play; (d) conflict resolution; (e) membership; (f) relationships between adults and children; (g) support for communication; (h) adaptations of group activities; (i) transitions between activities; (j) feedback; (k) family-professional partnerships; and (l) monitoring children's learning. (Soukakou, 2016, p. 9)

The ICP was field tested twice, once in the United Kingdom in 2012, which included "45 inclusive preschool classrooms" (p. 5), and another study was conducted in the United States in 2014 with "51 inclusive preschool classrooms" (Soukakou, 2016, p. 5). The ICP as measured against the ECERS-R, an evidence-based instrument, came out

as having a high correlation, inferring that the two assessment tools are not identical but similar in construct (Soukakou & Sylva, 2010). The assessment requirements consist of, 2 ½-3 hours of observation of learners with disabilities within an inclusive setting, an interview with the lead teacher, and the review of documentation to complete the process (Soukakou, 2016). The ICP is an observational assessment tool that is based on a 7-point Likert scale, rating overall quality of an inclusive classroom (rating of 1 equates to inadequate and a rating of 7 equates to excellence) with which a report can be generated to show separate scores for the 12 practices within the tool to assist staff with making improvements (Soukakou, 2016).

Early childhood assessments regarding inclusion and engagement of learners with disabilities continue to evolve due to the make-up of classroom interactions between and among, teachers, support staff, students, group work, and free play time (Burke & Sutherland, 2004). Several researchers have noted that observational assessment tools that study inclusion and engagement of learners with disabilities have one key component missing in the data collection, and that is the perspective of the learner with a disability and their lived experiences being considered (Harcourt & Keen, 2012; Kishida & Kemp, 2009). Finding research and assessment tools that address the perspective of the learner have not been found and research on the attitudes, values and belief systems of leaders and practitioners on the specific topic of inclusion for preschool learners with autism spectrum disorders is rare.

Avramidis and Norwich (2002) suggested that for inclusion of learners with disabilities to be successful, it is critical that the attitudes of the teachers reflect the acceptance, commitment, and implementation of the policies in place for least restrictive

environment for all. Furthermore, Johnson (2001) implied that the attitudes of teachers may have a harmful effect on learners with disabilities and for inclusion to be positively endorsed within the public educational system, all members involved must be open to collaboration; including the students, parents, administrators, educators, and support staff. Burke and Sutherland (2004) suggested that teachers who are willing to be flexible with their style of teaching and adapt curriculum to fit each individual learner's needs will have greater success teaching in an inclusive setting.

Andragogy – Adult Learning Theory. Andragogy is defined as "the art and science of helping adults learn" (Knowles, 1984, p. 6). The term andragogy originates from "the Greek word aner (meaning adult) and is the body of theory and practice on which self-directed learning is based" (Knowles, 1980, p. 390). Malcolm Knowles (1980) was one of the earliest pioneers for the growing field of andragogy, starting back in the late 1960s. Knowles (1989) suggested that the format for the andragogy model was based on the process of learning, whereas the pedagogical model is based on a content plan design. Pedagogy, also known as the "art and science for teaching young children, from the Greek words paid (meaning child) and agogus (meaning guide or leader)" (p. 390), is the term most widely utilized to describe "the body of theory and practice on which teacher-directed learning is based" (Knowles, 1980, p. 390). Therefore, Knowles (1980) suggested assumptions be looked at when choosing the best model for specific learners and within each learning opportunity. Table 1 compares pedagogical and andragogical assumptions.

Table 1

Assumptions of the Pedagogical and Andragogical Models of Learning Comparison

About	Pedagogical	Andragogical
Need to know the reason for learning something	Do what the teacher asks	A reason that makes sense to the learner
Concept of the learner	Dependent personality	Increasingly self-directing
Role of the learner's experience	To be built on more than used as a resource	A rich resource for learning by self and others
Readiness to learn	Uniform by age-level and curriculum	Develops from life tasks and problems
Orientation to learning	Subject-centered	Task- or problem-centered
Motivation	By external rewards and punishments	By internal incentives, curiosity

Note. Adapted from Exhibit K-14 (Knowles, 1980, p. 390; Knowles, 1995).

"The six principles of andragogy are (1) the learner's need to know, (2) self-concept of the learner, (3) prior experience of the learner, (4) readiness to learn, (5) orientation to learning, and (6) motivation to learn" (Knowles, Holton, & Swanson, 2012, p. 3). Knowles suggested that adapting to the learner's uniqueness and learning environment is best practice in andragogy (Knowles et al., 2012, p. 3). There are seven phases identified in the andragogical process (in both application of individual learning and programming): (a) establishing a safe climate for all learners, (b) engaging all learners in the planning process, (c) engaging all learners in self-assessment for diagnosing personal learning needs, (d) engaging all learners in recognizing and creating their individualized learning objectives, (e) encouraging all learners to locate specific resources and identify strategies for utilizing their resources to achieve their learning objectives, (f) supporting and empowering all learners to continue their learning

objectives, and (g) encouraging all learners to continually self-assess their learning needs (Knowles, 1980). Furthermore, Knowles (1980) suggested looking at all seven process elements of both the pedagogy and andragogy models to assess the learning situation prior to choosing which model will be in the best interest of all learners (see Table 2).

Table 2

Process Elements of the Pedagogical and Andragogical Models of Learning Comparison

Elements	Pedagogical	Andragogical
Preparation	Wait to be told in class the purpose	Gain insight – understanding of what is to come
Climate	Tense, low trust Formal, cold, aloof Authority-oriented Competitive, judgmental	Relaxed, trusting Mutually respectful Informal, warm Collaborative, supportive
Planning	Primarily by teacher	Mutually by learners and facilitator
Diagnosis of needs	Primarily by teacher	By mutual assessment
Setting of objectives	Primarily by teacher	By mutual negotiation
Designing learning plans	Teachers' content plans Course syllabus Logical sequence	Learning contracts Learning projects Sequenced by readiness
Learning activities	Transmittal techniques Assigned readings	Inquiry projects Independent study Experiential techniques
Evaluation	By teacher Norm-referenced (on a curve) With grades	By learner-collected evidence Validated by peers, experts, facilitators Criterion-referenced

Note. Adapted from Exhibit K-14 (Knowles, 1980, p. 390; Knowles, 1995).

Behavioral theorists, such as Skinner (2003), suggested that teaching controlled the learning process through management of reward and that both teacher and student

must know the definition of expectation with mistakes being pointed out so not to repeat them as "a student learns what he or she performs" (p. 202). Furthermore, Skinner stated "learning by doing, learning from experience, and learning by trial-and-error" (p. 384) were strictly theories of the past that hold "very little current value" (p. 384). Behavioral theories and practices, most notably "Applied Behavior Analysis (ABA) has been the most widely studied treatment method" (p. 329) and utilized evidence-based practice for learners with autism with a focus on behavioral task compliance (Volkmar, Koenig, Klin, Scahill, & White, 2006). Additionally, Volkmar et al. (2006) suggested further research be focused on the learning processes such as, why and how differences in joint interactions become entangled with other forms of communication, sensory needs, and cognitive learning for learners with autism.

Knowles (1984) suggested growing evidence that andragogical assumptions could also apply to children, as they have shown outside of the traditional school walls, to be very self-directed within their own learning when intrinsically motivated rather than being told what and when to learn something, "it is schools that have conditioned them to be otherwise" (p. 13). Knowles (1975) found himself redefining a new role for teachers from being "content transmitters" (p. 31) to "facilitators of learning" (p. 33). For the learner to become a self-directed learner, the role of the teacher needed to change. Furthermore, Knowles (1984) recommended that all educational systems should be coordinated around lifelong, life wide adult learning theory, with the core values and mission of the public education system to develop and support all learners to become self-directed in nature.

Instrumentation. Adults prefer to be very active and interactive within the learning process in creating a safe climate for learning, planning collaboratively, self-assessing their own needs, creating goals for themselves, establishing a plan, taking charge of activities, and evaluating their own progress (Henschke, 2015). "Education emphasizes the educator, whereas learning emphasizes the person in whom the change occurs or is expected to occur" (Knowles et al., 2012, p. 16). For the purpose of this study, two self-assessment instruments were utilized to capture the perceptions (IPQ-PLA, which measured program outcomes) and perspectives of the leaders and practitioners working in an early childhood learning program with preschool learners with autism.

IPQ-PLA – The Inclusive Practices Questionnaire for Preschool Learners with Autism was a newly formed instrument to identify perceptions of leaders and practitioners, based on the DEC (2014) recommended practices, that typically applies to their early childhood program for preschool learners with autism while engaged in inclusive learning opportunities.

MIPI-PLA – The Modified Instructors Perspectives Inventory for Preschool Learners with Autism was modified for the participants in this study and was an "Instrument to identify trusting behaviors, beliefs, and feelings demonstrated by the teacher/facilitator from the students'/learners' perspective" (Boden et al., 2014, p. 4). The instrument was provided as a standalone intervention and was a self-reflection tool, which allowed the participants to self-assess their own perspective on their role in the learning process specifically with their learners with autism.

Identifying one's own teaching style and educational philosophy directly correlates to one's role as either more "teacher-centered or learner-centered" (p. 77) and serves as the foundation of what is believed, valued, and one's attitude about the learning process (Conti, 2003). Additionally, Conti (2003) stated that although the teacher-centered approach is more widely utilized within the adult education field, the learner-centered path is vigorously supported in the research and literature and is closely aligned with the writings of Abraham Maslow and transformative learning theory.

Transformative Learning

The transformative learning process is a theoretical framework pioneered by Jack Mezirow in the 1970's. His research studies focused on social change for education in addition to adult learning practices and theory (Mezirow & Associates, 2000). Mezirow has written several books on the topic of transformative learning theory and has led seminars and presentations across the U.S. and internationally (Mezirow & Associates, 2000).

> His findings established ten phases in the learning process:
>
> (a) a disorienting dilemma, (b) self-examination, (c) a critical assessment of assumptions, (d) recognition of a connection between one's discontent and the process of transformation. (e) exploration of options for new roles, relationships, and action, (f) planning a course of action, (g) acquiring knowledge and skills for implementing one's plan, (h) provisional trying of new roles, (i) building competence and self-confidence in new roles and relationships, and (j) a reintegration into one's life based on conditions dictated by one's new perspective. (Mezirow et al., 2009, p. 19)

One of the main theoretical premises behind Mezirow's theory was that learners become increasingly self-directed in their learning, and he valued autonomy (Hoggan, Mälkki, & Finnegan, 2017). In addition to increased autonomy, another core element to cultivating transformative learning was encouraging critical self-reflection; questioning one's own integrity of tightly held beliefs, values, and attitudes based on previously lived experiences which in turn can lead to a transformational change in perspective (Taylor et al., 2009). Taylor (2007) argued that transformative learning seemingly has replaced andragogy as the recognizable educational paradigm for adult learning theories. There is ample support for the claim that Mezirow's perspective with regards to transformational learning is a theory in progress that "arguably remains the most robust theoretical elucidation of learning in the whole corpus of the literature . . . and a great asset to the research and scholarship in the field of adult education" (Hoggan et al., 2017, p. 49).

As a rebuttal to this point, it could be argued that the term transformative learning has been overused and not transformative at all but just plain good learning (Newman, 2012). In addition, Kegan (2000) and Brookfield (2000) suggested that Mezirow's theory has been made so enticing that it is not only over utilized, but refers to all types of learning, change, and process; in all essence lost its original meaning. It has, therefore, taken on a whole new existence, veering from its roots. However, it is notable that Newman (2012) challenged the transformative learning theory based solely on Mezirow's work and neglected all other perspectives on the topic. Cranton and Kasl (2012) claimed that Mezirow's 10 stages of transformative learning demonstrate a process and open-mindedness to ongoing change.

Current research appeared to validate the view that learner-centered teaching is in line with transformational learning; emphasizing the balance of power for co-decision making throughout the learning process and where the teacher is more of a facilitator of learning, in fact is a learner himself while building autonomy and self-direction (Weimer, 2002). A key reform in the educational system with regards to individuals with disabilities, builds on a notion of increased self-determination best characterized as one's abilities and attitudes which are learned over a life time (Gee, Sailor, & Skrtic, 1996). Mezirow et al. (2009) shared an important premise that the learners lived experience, classroom activities, and self-reflection from both learners and facilitators are important for cultivating transformative learning. Person-centered planning for individuals with disabilities is prominent in the literature with regards to curriculum development and future systemic planning, which emphasizes the importance of integrating natural supports and encouraging self-determination towards independence (Gee et al., 1996; Rainforth, York-Barr, & MacDonald, 1992; Turnbull & Morningstar, 1993).

The closest available evidence, or lack thereof, with regards to transformational learning for adults with regards to their values, beliefs, and attitudes while engaged in the learning process with learners with autism was linked to experiential learning and contact theory (Wozencroft, Pate, & Griffiths, 2015). The primary goal of the study was to provide a meaningful and engaged learning opportunity for college students to interact in a camp setting with children diagnosed with severe disabilities in outdoor activities (Wozencroft et al., 2015). The 12–week course consisted of in class course work with one of those weeks working in an outdoor camp with campers ages 7-21 with severe disabilities to gain an experiential learning experience (Wozencroft et al., 2015). The

college students were surveyed 3 times (beginning, before the first day of camp, and at the end) and the available evidence seems to suggest that experiential learning through both the in class and out of class 1-week camp experience "yielded positive attitude changes in college students toward people with disabilities" (Wozencroft et al., 2015, p. 138). There is insufficient research with regards to values, belief systems, and attitudes of leaders and practitioners in early childhood inclusive learning settings working with preschool learners with autism.

Furthermore, the research in this study provided new data with regards to perceptions and perspectives of leaders and practitioners, specifically in the field of early childhood, working with preschool learners with a diagnosis of autism. Through andragogical and transformative learning theory, the two self-assessments utilized in this study provided a fresh perspective, looking at the learning styles, interactions between the learners with autism and their teachers, and the process of learning that is taking place. "Fostering transformative learning in the classroom depends to a large extent on establishing meaningful, genuine relationships with students" (Cranton, 2006, p. 5). Mezirow et al. (2009) put forward the view that the learner's confidence is directly aligned with trusting relationships with their teachers which supports them in dealing with taking the risk of learning something new effectively.

School Leadership

Since the enactment of PL 94-142 in 1975, many successes have taken place with an increase of over 1.4 million students with disabilities being supported in the public education system under this law (Lipsky & Gartner, 1997). Specifically, the law stated that early childhood special education services are required for all children who are found

eligible (IDEA, 2004). Although more students with disabilities have been supported since IDEA law went into effect, Lipsky and Gartner (1997) found that those students with disabilities placements had largely remained the same, in a more restrictive environment versus the general education classroom. Current data appears to validate such a view in that the Missouri State Performance Plan reported that over 70% of children receiving special education services were receiving most of their services outside of the regular education setting (DESE, 2014, p. 39). In this section, the discussion will point to the role of school leadership and the impact it has on inclusive education for students with disabilities.

The principal role, as school administrator and policy leader, is highly influential with regards to reform, implementation, allocation of resources, and holding a supervisory position over practitioners; therefore, a need for a clear concise definition and vision for inclusion are needed (Horrocks, White, & Roberts, 2008). Research data on students with disabilities placed in segregated settings does not support successful outcomes for those students in adult life, thus providing a strong argument for reform in this area (Lipsky & Gartner, 1997). "The principal's values, attitudes, and behaviors have a significant influence on the culture of the school" (Tschannen-Moran, 2014). Notably, the attitudes of school administrators are prominent in the literature with regards to inclusive practices of students with disabilities, and suggests that positive attitudes and belief that the principals have for their students with disabilities tend to promote recommendations for a more inclusive setting and is seen as a key for success (Horrocks et al., 2008; Praisner, 2003). Praisner (2003) propounded the view that "it is important

that principals exhibit behaviors that advance the integration, acceptance, and success of students with disabilities in general education classes" (p. 135).

The ECSE leaders recommended making connections with community support agencies and specialists in the field of early childhood with the practitioners in order to build bridges for the learners with disabilities and their families to gain access to inclusive opportunities in and outside of the school environment (DEC, 2015). At the heart of ECSE are the connections and collaborations among and between the practitioners and the learners and families themselves (DEC, 2015). The practitioners that work within the early childhood learning centers hold a responsibility to collaborate with the families of their students and co-workers that provide supports in inclusive and natural settings while influencing the climate and culture of the environment to improve the family and learner outcomes (DEC, 2015). Leaders in early childhood came together to revise the DEC recommended practices in 2014 to reinforce how important inclusion was for all preschool learners and address the role of all team members.

The main theoretical premise the revised DEC (2015) recommended practices has put forth are recognizable in seven core components of inclusive practices: (a) assessment, (b) environment, (c) family, (d) instruction, (e) interaction, (f) teaming and collaboration, and (g) transition, thee practices may reflect the outcomes from specific research topics or are based on characteristics of specific groups of learners; therefore, suggesting further research be conducted. Most recommendations from the leadership within DEC (2015) revolved around internal planning with a shared mission and vision, all while adapting to the ever-changing environment and circumstances. The consensus view appears to be that the greatest need to improve the outcomes of students with

disabilities is within the professional development and training programs for educators (Lipsky & Gartner, 1997). A new focus on promoting and building positive interactions and relationships with learners and their families is key.

There is growing support for the claim that the key to positive interactions between adults and learners is directly related to, the adult's empathy and sensitivity to the learner's emotions, responsiveness to the learner's emotions, interests, and understanding of the differences in communication styles (DEC, 2015). The data appeared to suggest that one of the core components from the DEC (2015) recommended practices, "responsive interaction," is taken only from the perspective of the adult in the learning process, interpreting the way the learner is acting, then responded based solely on their subjective interpretation. This suggested to me, the researcher, that research needs to be done on the learner's perspective as well as the values, attitudes, and belief systems of the adults supporting these learners. There have been dissenters to the view of inclusive education among general education teachers as well as some parents that do not value inclusion over the traditional teaching methods; thus, making inclusion a hard sell with all team members (McCart & Sailor, 2014; Stolber, Gettinger, & Goetz, 1998). Noticeably missing in the discussions and literature around inclusive education are the values, beliefs, and attitudes of parents, educators, and administrators (Stolber et al., 1998).

The available evidence seems to suggest that the DEC (2015) recommended practices reflect a vision for leaders to create a safe climate and culture in which practitioner's support and embrace the vision and mission of the organization fully. Further evidence supported creating and administering: professional development around

current policies and structures, evidence-based practices that are encouraging collaboration in decision making with all team members, and including family members (DEC, 2015). Beliefs, values, and attitudes are influential with regards to standard practices as well as the evolution of systemic change, which require further investigation for true reform (Stolber et al., 1998). Tschannen-Moran's (2014) findings lend support by adding another layer of leadership quality with being trustworthy, which requires applying five characteristics of trust: (a) establishing a shared vision, (b) modeling trustworthy actions, (c) providing mentoring, (d) regulating the climate, and (e) reconciling failures of trust. Further evidence supporting trustworthiness may lie in the findings of Bryk and Schneider (2002). The authors expanded the research suggesting that trust among a whole school community permeates the daily routines of a school day and is most critical as leadership formulates improvement plans. Defining inclusion and providing a concrete explanation that everyone can get on board with remains a work in progress and "the debate surrounding inclusion will influence how the concept of inclusion is perceived within public circles, educational systems, and community programs" (Stolber et al., 1998, p. 108).

Connection Between Leadership and Transformational Change

Educational reform continues to be an ongoing process, with which transformational change could be utilized as a strategy for reform to take effect. Northouse (2004) argued, "Transformational leadership involves an exceptional form of influence that moves followers to accomplish more than what is usually expected of them" (p. 169). The available evidence seems to point out that building a culture of shared leadership revolving around the school's vision is an effective strategy (Wong,

Guthrie, & Nicotera, 2007). In this section, the research literature on the connection between leadership and transformational change is reviewed with regards to systemic changes for inclusive education in both the public education system as well as at the university level with a focus on attitudes, beliefs, values, and perspectives.

Lipsky and Gartner (1997) discussed three waves of reform within the educational system, of which the first two waves have left the core of the educational system unscathed. The first wave of reform focused on increased graduation requirements, higher standards, attendance, and external factors whereas the second wave of reform, continually progressing, concentrated on roles and responsibilities of adults such as empowering educators, collaboration among team members including parental choice, charter schools, etc. (Lipsky & Gartner, 1997). Byrk and Schneider (2002) concurred with the notion that educators must engage more than with the subjects they teach—they must also be engaged and collaborate with their students, co-workers, parents, and other professionals within the field to be one of influence and inspiration to their students to take risks in the learning process and want to attend school.

The third wave that Lipsky and Gartner (1997) proposed requires a paradigm shift within the educational system which rejects separate schooling for special and general education settings and favors a unitary system that educates all students in an inclusive setting, together as one. "A successful inclusive learning community fosters collaboration, problem solving, self-directed learning, and critical discourse" (Skrtic, Sailor, & Gee, 1996, p. 150). The words autonomy and self-determination are synonymous with the word self-directed, defined as students managing and taking responsibility for one's own learning while realizing how to self-identify resources,

learning styles, and planning activities (Taylor, 1986). Further evidence supporting this paradigm shift suggested reform movements are "arguing for a consumer-oriented, interdisciplinary form of professionalism in the field of education" (Skrtic & Sailor, 1996, p. 146). This unitary system would be characterized as "a strength-based design, active learning, moving from student to life-long learner, striving for success from the start, parents and community as partners, new roles for school adults, and viewing differences as strength" (Lipsky & Gartner, 1997, pp. 235-236).

In 1994, Syracuse University addressed the issue of inclusive education systematically by announcing the merge of leadership, teaching, and special education departments and "the first class of its Inclusive and Elementary Special Education Program graduated" (p. 16) recognizing them as one of the few universities to offer a comprehensive program (Lipsky & Gartner, 1997). "If we wish to substantially improve student learning, we must transform the intellectual dynamics of the classroom" (Bryk & Schneider, 2002, p. 5). As the nation moves towards inclusive education, Lipsky and Gartner's (1997) findings lend support to the "importance of leadership, collaboration across the lines of general and special education, the need for changes in pedagogy and school staffing, and financial issues" (p. 113). Lipsky and Gartner (1997) illustrated the evolution of supports and services throughout the decades for individuals with disabilities focusing on beliefs, values, and attitudes (see Table 3).

Table 3

Evolution of Services and Supports

Focal questions	Era of Institutions	Era of deinstitutionalization	Era of community membership
Who is the person of concern?	The patient	The client	The citizen
What is the typical setting?	An institution	A group home, workshop special school, or classroom	A person's home, local business, Neighborhood School
How are services organized?	In facilities	In a continuum of of options	Through an array of supports tailored to the individual
What is the model?	Custodial/medical	Developmental/behavioral programs	Individual supports
What are the services?	Care	Programs	Supports
How are services planned?	A plan of care	An individualized rehabilitation plan	A personal futures plan
Who controls the planning decision?	A professional	An interdisciplinary team	The individual
What is the planning Context?	Standards of Professional practice	Team consensus	A circle of friends
What has the highest priority?	Basic needs	Skill development, behavior management	Relationships, Self-determination
What is the objective?	Control or cure	Changed behavior	Changes in attitudes and environment

Note. Adapted from Bradley (1994) by Lipsky and Gartner (1997, p. 81).

Summary

Based on the review of literature, it seems fair to suggest that overall the perspectives of the stakeholders around the topic of inclusive education for learners with disabilities emphasized a must have positive school culture, clearly identifying the importance of the why, how and where of inclusive practices (Shogren et al., 2015). There is overwhelming evidence for the critical importance regarding values, beliefs, attitudes, collaboration, school culture, and communication for inclusive education for students with disabilities among and between all educational team members, which are also noted barriers and stressors when beliefs and values differ (Francis, Blue-Banning, Haines, Turnbull, & Gross, 2016; Haines, Francis, Satter, Yu, & Kozleski, 2015; Kozeleski et al., 2015; Shogren et al., 2015).

"From the White House to the schoolhouse, there is agreement that fundamental reform is needed in our schools" (Lipsky & Gartner, 1997, p. 375). Furthermore, the school leadership was identified as the key to reforming inclusive education, highlighting the significance that professional development plays for practitioners to be able to grow and learn collaboratively around the school's mission and vision (Shogren et al., 2015). "Beliefs about inclusion appear to be a complex phenomenon that evolves based on various situations and experiences" (Stolber et al., 1998, p. 121).

Chapter Three: Methodology

The goal of the early childhood program at the time of the study was to provide an inclusive education for all preschool learners with autism, but the how eluded them. Few studies have been done on this topic with regards to inclusive practices for preschool learners with autism in an early childhood program. The purpose of this study was to evaluate both the process and outcomes of the current early childhood program at special school district regarding inclusive education for preschool learners 3-5 years of age that have a diagnosis of autism. The program outcomes were evaluated qualitatively, as measured by a questionnaire that collects perceptions of leaders and practitioners based on the DEC recommended practices referred to as the Inclusive Practices Questionnaire for Preschool Learners with Autism (IPQ-PLA). The process was evaluated qualitatively, as measured by the adapted self-assessment intervention tool (MIPI-PLA) that collects perspectives of leaders and practitioners, and a focus group conducted after the participants engage in the intervention MIPI-PLA.

The research questions were as follows:

RQ#1: What are the perceptions of the Leaders taking the IPQ-PLA?

RQ#2: What are the perceptions of the Practitioners taking the IPQ-PLA?

RQ#3: Is there a difference in perceptions between the Leaders and the Practitioners regarding the results of the IPQ-PLA?

RQ#4: What was the experience of the Leaders and Practitioners participating in the self-assessment intervention – MIPI-PLA?

RQ#5: How, if at all, can andragogy learning theory be applied to inclusive education for preschool learners with autism?

RQ#6: What is the impact of the self-assessment intervention MIPI-PLA, if any, on Leaders and Practitioners perspectives regarding inclusive practices of preschool learners with autism?

To answer the research questions, stakeholders' perceptions and perspectives were collected using two surveys and one focus group conducted from individuals who volunteered to participate. This chapter describes the methodology, data collection, and analysis procedures used to uncover stakeholder perceptions and perspectives on inclusive practices for preschool learners with autism.

Research Method

This qualitative program evaluation looked at both the outcomes (IPQ-PLA) of an early childhood program as well as the process (MIPI-PLA) of learning for preschool learners with autism. As Mertens and Wilson (2012) suggested, a program evaluation can be "defined as a social science activity directed at collecting, analyzing, interpreting, and communicating information about the workings and effectiveness of social programs" (p. 9). The program outcomes were evaluated qualitatively, as measured by the questionnaire based on the DEC recommended practices referred to as the Inclusive Practices Questionnaire for Preschool Learners with Autism (IPQ-PLA). The process was evaluated qualitatively, as measured by the adapted self-assessment intervention tool (MIPI-PLA) and one focus group conducted after the participants engaged in the standalone intervention MIPI-PLA.

This program evaluation was qualitative utilizing descriptive statistics defined by Fraenkel, Wallen, and Hyun (2015) as "data analysis techniques that enable the researcher to meaningfully describe data with numerical indices or in graphic form" (p.

G-2). There were no statistical tests performed on any of the survey responses. The survey data was reported out by only utilizing graphical illustration for comparison.

Two Likert rating scale surveys, the IPQ-PLA and MIPI-PLA, were distributed via Qualtrics database to all early childhood program stakeholders in one school district (administrators, teachers, paraprofessionals, support staff). The IPQ-PLA looked at the outcomes (perceptions of the culture) of the early childhood program. The second survey (MIPI-PLA) evaluated the process (as measured by perspectives) of how they interact with the preschool learners with autism. Both surveys collected data utilizing the same ranked response system using a range of rating scale letters (A-E) (A indicating almost never and E indicating almost always).

One focus group was conducted at the early childhood learning center and all participation was voluntary. The data collected was audio-recorded for transcription. Focus group participants had to have at least taken the second survey (MIPI-PLA) to qualify for the focus group discussion. Participation in both the surveys and focus group were strictly voluntary.

Participants

The method for selecting participants was best described by Mertens and Wilson (2012) as purposeful sampling based on specific criteria that were set forth by the researcher, which was aligned with a specific purpose. The participants had to be willing to not only participate in self-assessments but be able to then self-reflect on their own results as well as look at the dynamics as a group. It was important to give all stakeholders within the early childhood program that worked with preschool learners with autism the opportunity to participate.

The early childhood program had to be willing to allow all employed stakeholders to volunteer. No employee was excluded from volunteering for the research study. One of the conceptual frameworks of the program evaluation was Mezirow's transformative learning theory. The transformative participatory evaluation was utilized and defined by Mertens and Wilson (2012) as "an evaluation in which the focus is on engaging all stakeholders, especially those who have traditionally been excluded from evaluations and from the decisions associated with evaluation studies" (p. G-562).

At the start of the research study, there were 23 employees at the early childhood learning center. All 23 employees were emailed both surveys (IPQ-PLA and MIPI-PLA) to fill out through the Lindenwood University approved database Qualtrics. All the participants that completed the second survey (MIPI-PLA) were invited back to the focus group to discuss their results. The purpose of the focus group was to seek additional insight into the participants' beliefs, values, and attitudes beyond the data gathered in the survey by reflecting on the experience of taking the survey.

The Division of Early Childhood recommended practices included leadership developing a vision of shared decision-making among all practitioners (DEC, 2015). Understanding perceptions and perspectives of all stakeholders within an organization was an important factor in this research study. These stakeholders consisted of administrators, coordinators, general education teachers, special education teachers, paraprofessionals, nurse, psychological examiner, and support staff (occupational therapists, speech pathologists, physical therapists, parents as teachers, etc.).

Procedure

This research study took place in an early childhood program in a Midwestern school district. As the researcher, I was granted permission from the school district to conduct my research study with the early childhood center. To maintain confidentially, the permission letter signed by the school district was not included in the appendixes. Phase I entailed sending out an email recruitment letter (Appendix A) with a description of my research to all stakeholders within the early childhood program. Stakeholders included any individual that was employed in the early childhood program.

A consent form and the initial survey, IPQ-PLA, was distributed to all early childhood program stakeholders to complete (Appendix B & C). Lindenwood University approved the database Qualtrics, which was utilized to distribute the consent form and IPQ-PLA (Appendix B & C). There were reminder emails sent out by both the head administrator at the early childhood learning center and myself as the principal researcher. As an incentive, there were $10 gift cards handed out to the first 10 people that completed the IPQ-PLA survey. Once the minimum (10) amount of surveys was completed, the second phase began.

For Phase II, the participants received a second email through the Qualtrics approved database. A consent form and the second survey, MIPI-PLA, were distributed to all early childhood program stakeholders to complete (Appendix D & E). There were reminder emails sent out by both the head administrator at the early childhood learning center and myself as the principal researcher. As an incentive, there were $10 gift cards handed out to the first 10 people that completed the MIPI-PLA survey.

Once the minimum number (10) of participants completed the MIPI-PLA, second survey, the head administrator was contacted and the focus group date was set. It was requested by the head administrator that I, the researcher, score the self-assessments for the staff to save on time. I scored each survey and made copies of the completed MIPI-PLA (Appendix E), scoring sheet (Appendix F), the take home results form (Appendix G) as well as the factor descriptions (Appendix H) for each participant and delivered these results to them personally. Dr. John Henschke gave me permission (Appendix I) to adapt his self-assessment tool, MIPI. To maintain the confidentially of each participant, I asked them to assign themselves a 4-digit number that identified only them which was a required question at the beginning of each survey.

Phase III was planned by the head administrator and myself, the researcher. For those participants that completed the second survey, MIPI-PLA, we held a focus group to discuss the results. The focus group was held at the early childhood learning center during their hour lunch break. Informed consent was given (Appendix J) by all participants and signed prior to the focus group taking place. I, the researcher, brought in lunch for them as well as a $25 gift card for each of them for their participation and incentive for participating. This focus group was conducted to gain additional insight into the beliefs, attitudes and values of inclusive practices for preschool learners with a diagnosis of autism that the survey did not capture. The focus group was audio-recorded utilizing my iPad and was then transcribed by REV (transcription company) for accurate reporting.

This research study was conducted on a voluntary basis for all three phases. No stakeholder was penalized for not participating nor were they penalized for dropping out

of the study at any time throughout the process. Upon completion of Phase III, all data collected was utilized and analyzed and was reported out using descriptive statistics. For confidentiality reasons, names were not utilized, however roles within the early childhood program were acknowledged to show the diversity in data collected. A comparison, if any, between practitioners and leaders were identified.

Instrumentation

The first survey was created by me, the researcher, based on the current Division of Early Childhood (DEC, 2014) Recommended Practices. This newly formed instrument was utilized to gauge the stakeholder's perceptions on current inclusive practices for preschool learners with autism within their own program. "The DEC Recommended Practices support children's access and participation in inclusive settings and natural environments and address cultural, linguistic, and ability diversity" DEC, 2014, p. 2). The DEC recommended practices were broken up into eight categories of which, for the purposes of this study, only seven categories were used in the development of the new survey: (a) leadership, (b) assessment, (c) environment, (d) family, (e) instruction, (f) interaction, and (g) teaming and collaboration.

The survey tool was designed to gauge stakeholder perceptions specifically with regards to inclusive practices for preschool learners with autism within each of these categories. The new survey has been named the Inclusive Practices Questionnaire – Leaders and Practitioners working with Preschool Learners with Autism (IPQ-PLA). The survey tool consisted of 35 questions with a focus on the DEC recommended practices statements that focus on inclusive practices. I, the researcher, aligned the statements from the recommended practices by utilizing the letters in the category name with the

statement number in the document for ease of referencing. There were five questions in the leadership (L) category, five questions in the assessment (A) category, the environment (E) category was made up of four questions, the family category (F) had five questions, the instruction (INS) category consisted of seven questions, four questions made up the interaction (INT) category, and five questions in the teaming and collaboration (TC) category.

The second survey, Modified Instructional Perspectives Inventory (MIPI), utilized in this study was adapted specifically to be used as a standalone intervention. Permission (Appendix L) was granted by the author, John Henschke, EdD., to adapt the survey tool to match the specific needs of this research study. The survey tool was adapted to gain the perspectives of the stakeholders on how they were engaging preschool learners with autism in the learning process within the early childhood learning center. The assessment was made up of 45 questions and seven factors: (1) teacher empathy with learners, (2) facilitator trust of learners, (3) planning and delivery of instruction, (4) accommodating learner uniqueness, (5) teacher sensitivity toward learners, (6) learner-centered (experience-based) learning process, and (7) facilitator-centered learning process. Factors 1, 3, 6, and 7 all consisted of 5 questions each. Factors 4 and 5 were made up of 7 questions. Factor 2, trust of learners, made up 11 questions of the assessment.

Reliability and Validity

Qualitative research does not utilize statistical data and takes on more of a naturalistic approach. Corbin and Strauss (1991) suggested that qualitative research produces findings from real-world experiences that unfold in a naturalistic manner versus of a quantification method of gathering data. Unlike data that is reported out in a

quantitative manner that seeks to generalize, qualitative findings seek the relational dynamics of the social world (Hoepfl, 1997).

In qualitative research, the criteria for reliability can be measured in terms such as: "credibility, neutrality or confirmability, consistency or dependability and applicability or transferability" (Golafshani, 2003, p. 601). Henschke's instrument, MIPI, has been tested using the Cronback's alpha coefficient technique for reliability in many dissertations (J.A. Henschke, personal communication, November 8, 2016), "including Stanton (2005), McManus (2007), Moehl (2011), and Vatcharasirisook (2011)" (Lubin, 2013, pp. 61-62).

Lubin (2013) stated that the Cronbach's alpha coefficient technique was used in both Stanton (2005) and Moehl's (2011) research studies and they both measured the reliability for all 45 items on the MIPI. The reliability standard for the Cronbach's alpha is a measure of .70 and Stanton's study calculated a high score of .88 and Moehl's a score of .90 (Lubin, 2013, p. 62). The reliability measure for the MIPI-PLA survey tool, for purposes in this qualitative research study, were in terms of applicability and transferability. I checked for reliability by (a) scoring each MIPI-PLA taken by the participants myself, (b) sitting in on the focus group, run by my chair Dr. Susan Isenberg, and (c) listening to the audio-recording myself after transcription was completed, in its entirety, to ensure accuracy of the transcription.

"The MIPI has been validated utilizing factor analysis by many previous researchers such as Henschke (1989, 1994), Stanton (2005), and Vatcharasirisook (2010)" (as cited in Lubin, 2013, p. 60). Lubin (2013) stated that Vatcharasirisook also piloted his instrument to check for validity prior to his research. To check for validity for

my research study, I piloted the MIPI-PLA as a standalone self-assessment in two different workshops that I presented prior to my research study. As a result, I modified two of the factor titles that caused some confusion when taken as a standalone self-assessment during the self-reflection process. I scored the MIPI-PLA for each participant once they completed the self-assessment and returned the scores back to them in sealed envelopes coded with the 4-digit number they assigned themselves for confidentially purposes.

The last check for validity was in the focus group, held a couple weeks after scores were delivered to the research participants to give time for self-reflection. The focus group was led by my dissertation chair, Dr. Susan Isenberg, in my presence as well as audio-recorded for accuracy. Face-to-face interaction was very limited to keep the validity and integrity high in this research study. This was the first time the MIPI was utilized as a standalone intervention in a research study.

Data Collection

The participants for this research study, program evaluation, were defined by two separate categories within the overall stakeholder group at the early childhood learning center. The first category of stakeholders was labeled Leaders defined by DEC (2014) as "local administrators; early childhood coordinators; building principals; and assistant directors and coordinators" (p. 4). The second category of stakeholders was labeled Practitioners defined by DEC (2014) as: "someone providing care, education, or therapy to the child as well as support to the child's family" (p. 4).

The first survey tool, IPQ-PLA, was distributed via email through an approved Lindenwood University database called Qualitrics. All 23 employees of the early

childhood learning center were sent the email and given the opportunity to participate. Out of the 23 employees, 12 employees participated in completing the survey (52.2%) of which 4 employees (33%) were categorized in the Leader category and 8 employees (67%) were categorized in the Practitioner category.

The second survey tool, MIPI-PLA, was also distributed via email through Qualitrics and all 23 employees had the opportunity to participate in completing the survey. Out of the 23 employees, 11 employees participated in completing the survey (48%) of which 4 employees (36%) were categorized in the Leader category and 7 employees (64%) were categorized in the Practitioner category.

The focus group conducted was only open to those participants that completed the second survey, MIPI-PLA, as the questions all focused on their experience with engaging in this specific intervention. Out of the 11 participants that completed the MIPI-PLA, 8 participants (73%) volunteered to engage in the focus group portion of the research study. In the Leaders category, 2 employees (25%) participated, and 6 employees (75%) from the Practitioner category engaged in the discussion. The focus group was led by my dissertation chair, Dr. Susan Isenberg, and was audio-recorded and transcribed for accuracy. I was present in the room when the focus group was conducted to support the validity of the study. The research study met the minimum (10 participants) requirements with regards to each of the two survey tools, IPQ-PLA and MIPI-PLA that were distributed via Qualtrics set forth by the approved IRB. The focus group also met the minimum (5 participants) requirements set forth by the approved IRB.

Data Analysis

Utilizing descriptive statistics, the survey data for both the IPQ-PLA and MIPI-PLA were collected and reported out in Chapter Four utilizing bar graphs illustrating each category and participant role for comparison. Discrepancies were noted among and between leaders and practitioners with regards to both perceptions and perspectives. The qualitative data of the focus group questions were collected via audio-recording. I was present during the focus group to observe and answer any questions from the participants. The audio-recording was sent off for transcription (rev.com) on December 28, 2016 and the final report was emailed back the same day. The transcriptions were read over while I listened to the recording to make any corrections (miss-spelled names). The second time the transcriptions were read, highlighting of key words or phrases that stood out was completed.

The transcription responses were coded based on the focus group question and whether the participant was a leader or practitioner. Open coding method was utilized to analyze all the focus group data to acquire emerging themes. Each participant's unique thoughts were assigned a code (Strauss & Corbin, 1998) and complementary data from other participants were recorded in an excel spreadsheet for organizational purposes and ease of comparisons. When ideas or thoughts were consummately aligned they were identified and placed in the same code. As analysis progressed, comparable codes were then grouped together to form brand-new code groups making other code groups no longer needed, therefore eliminating them from the data (Patton, 2002). In the end, the final code groups were at the core in developing the themes for this study.

Alignment of IPQ-PLA with the MIPI-PLA. The seven categories of each of the survey's, IPQ-PLA and MIPI-PLA, were analyzed and compared to find any potential barriers to inclusive education, between and among leaders and practitioners. Questions within the seven categories were also evaluated among and between leaders and practitioners, and survey questions to find any potential barriers between outcomes and the process. Comparisons between the two assessment tools were conducted, analyzing the similarities and/or differences.

Alignment of the Focus Group Questions with the MIPI-PLA. The focus group questions were aligned with the MIPI-PLA survey questions and overall experience. The discussion revolved around how the participants felt about the questions, impact of taking it, attitudes towards the assessment, and if any changes took effect after self-reflection. The MIPI-PLA results along with the focus group questions were analyzed to see the correlations, if any, amidst the scores on the assessment and the answers given during the discussion.

Summary

A qualitative study utilizing descriptive statistics and purposeful sampling was used to explore inclusive education and practices in a Midwestern early childhood learning center. Data was collected using two assessment tools, IPQ-PLA and MIPI-PLA, and one focus group discussion for both leaders and practitioners within the learning center. By analyzing the perceptions and perspectives in a qualitative manner, an understanding of how important ones' own beliefs, values, and attitudes with relation to inclusive education and practices for preschool learners with autism can be. Results were analyzed and are reported in Chapter Four.

Chapter Four: Results

The data from the two assessment tools and focus group discussion were analyzed to understand the perceptions and perspectives of both leaders and practitioners regarding inclusive education and practices for preschool learners with autism in a Midwestern early childhood learning center. Participants included both leaders and practitioners working with preschool learners with autism as the specific purpose of this study in which the research was conducted. Leaders, as defined earlier by DEC (2014), are those individuals in positions of authority in implementing supports to all learners who have or are at risk for disabilities and their families. Practitioners are those that are responsible for enhancing the development and providing the direct care of all learners who have or are at risk for disabilities and their families (DEC, 2014). The results were determined utilizing descriptive statistics and focus group questions in which their responses were aligned with predetermined survey categories.

The first survey tool, IPQ-PLA, was distributed via email to all 23 employees of the early childhood learning center. Out of the 23 employees, 12 employees participated in completing the survey (52.2%) of which 4 employees (33%) were categorized in the Leader category and 8 employees (67%) were categorized in the Practitioner category. The second survey tool, MIPI-PLA, was also distributed via email to all 23 employees. Out of the 23 employees, 11 employees participated in completing the survey (48%) of which 4 employees (36%) were categorized in the Leader category and 7 employees (64%) were categorized in the Practitioner category.

The focus group conducted was only open to those participants that completed the second survey, MIPI-PLA, as the questions all focused on their experience while engaged

in this specific intervention. Out of the 11 participants that completed the MIPI-PLA, 8 participants (73%) volunteered to engage in the focus group portion of the research study. In the Leaders category, 3 employees (37%) participated and 5 employees (63%) from the Practitioner category engaged in the discussion.

This study only collected the perceptions and perspectives of the leaders and practitioners who worked within the early childhood learning center and not the perceptions and perspectives of preschool children with autism nor their families. This study was not a direct measurement of classroom practices for preschool children with autism. It was instead an indirect measurement of the practices by way of perceptions and perspectives of the leaders and practitioners who work in an early childhood learning center with preschool children diagnosed with autism. Admittedly, the participants in this study were a young staff, newly formed, and had only worked together as a team for couple of months prior to this study being implemented.

Outcome Data: IPQ-PLA

The outcome data, as measured by the IPQ-PLA, were used to analyze the perceptions of leaders and practitioners with regards to inclusive practices specifically for preschool learners with autism within an early childhood learning center. The survey tool consisted of 35 questions captured from the DEC recommended practices statements with a focus on inclusive practices. Overall, the IPQ-PLA data results showed that both leaders and practitioner perceptions were favorable towards including children with autism in general education settings. Leaders scored an average of 4.5 out of 5 (1=almost never, 5=almost always) and practitioners scored an average of 4.3 out of 5 for their total score of the seven categories (See Appendix K for complete data results).

The IPQ-PLA was created to align with categories recommended by the DEC (2014) in seven out of the eight categories. Each question within the categories recommended by the DEC (2014) was adapted to gauge the stakeholder's response specifically towards inclusive practices for preschool learners with autism (see Figure 2).

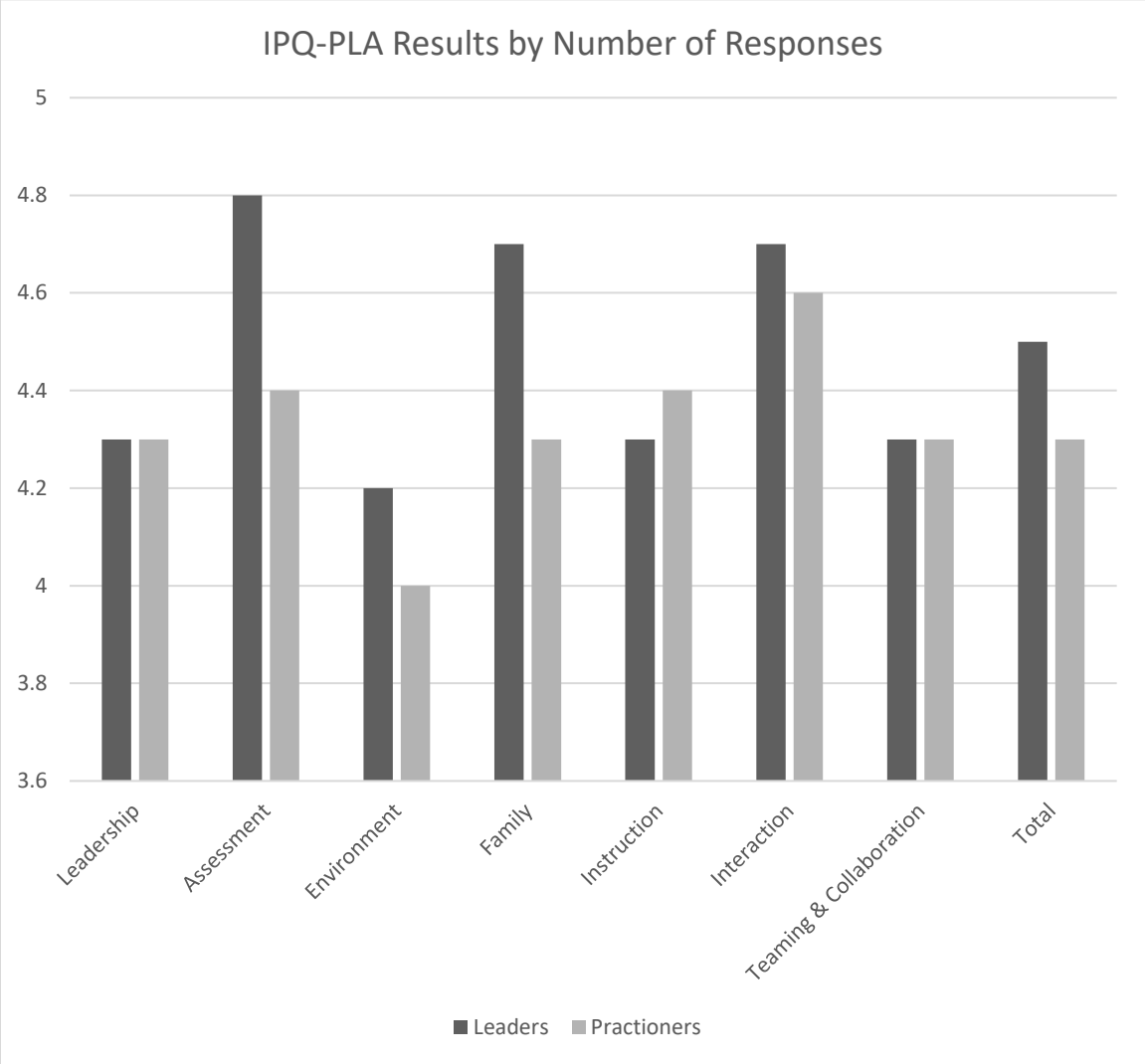

Figure 2. Comparison of the number of leaders' and practitioners' responses in each of the seven categories of the IPQ-PLA.

The seven categories were reported out are as follows: (a) Leadership, (b) Assessment, (c) Environment, (d) Family, (e) Instruction, (f) Interaction, and (g) Teaming

and Collaborating. There were 5 questions in the Leadership (L) category, 5 questions in the Assessment (A) category, 4 questions in the Environment (E) category, 5 questions in the Family (F) category, 7 questions in the Instruction (INS) category, 4 questions in the Interaction (INT) category, and 5 questions in the Teaming and Collaboration (TC) category. The survey collected data utilizing the same ranked response system using a range of rating scale letters (A-E) (A indicating almost never and E indicating almost always). For reporting purposes, the letter scale was transposed into a number scale represented by: A=1, B=2, C=3, D=4, E=5 (see Figure 2).

Leadership Category. The leadership category of the IPQ-PLA was made up of five questions resulting in a total average of 4.5 out of 5 for the leaders and a 4.3 out of 5 for the practitioners (1=almost never and 5=almost always). The first question (L1), that addressed the culture and climate in which leaders, practitioners, and families support inclusive practices for learners with autism, showed an overall average of 4.8 for both leaders and practitioners. The third question (L4), that assessed participation in evidence-based professional development specific to inclusive education for learners with autism, yielded an average of 4 for the leaders and 3.6 for the practitioners with two practitioners reporting a 1 (almost never) and 2 (not often) respectively. The data appeared to suggest that a lack of practitioner preparedness may be a factor and/or barrier to inclusive education for learners with autism.

Assessment Category. Five questions made up the assessment category of the IPQ-PLA, which generated a total average score of 4.8 out of 5 for the leaders and a 4.4 out of 5 for the practitioners. Taking a closer look at the data within this category showed one practitioner noting a 1 (almost never) for question (A9), implementing

ongoing assessment to identify learning goals, plan activities, as well as monitor the learners with autism progress in inclusive learning environments. Another practitioner reported a 3 (sometimes) for all assessment category questions, indicating an inconsistency with being included as a team member with regards to assessment. The data provided a strong suggestion of lack of support, preparedness, and collaboration among team members.

Environment Category. The lowest average scores were recorded in the environment category of which was made up of four questions. The average score for the leaders was a 4.2 and the practitioners reported an average of 4 (usually). The first question (E1), to provide supports in natural and inclusive learning environments during all daily routines and activities to promote the learners with autism access to and participation in all learning experiences, yielded an average score of 4.7 (5= almost always) overall for both leaders and practitioners. Yet, two practitioners gave a 2 (not often) to the second question (E2), utilize universal design for learning (UDL) practices in order to create accessible inclusive learning environments for learners with autism. One practitioner responded with a 1 (almost never) when asked question (E5), work with families and community resources to acquire or create appropriate assistive technology to promote learners with autism access to and participation in inclusive learning experiences. A fourth practitioner averaged a score of 2.8 for the whole category, reporting a 2 (not often) for both questions E2 and E3 which focused on working with and collaborating with families to modify and adapt the environment for their learners with autism to be included. When taking a closer look at individual questions and overall

averages in this category, it denoted a larger gap between perceptions of the leaders than the practitioners.

Family Category. The family category included five questions around perceptions of collaboration, building trusting relationships, and encouraging family participation. The average score of leaders was 4.7 out of 5 and the practitioners recorded a 4.3. The data generated by question (F4), engage in collaborative meetings with all stakeholders in order to develop outcomes/goals for the learners with autism to participate in inclusive learning opportunities, provides additional insight not seen in the overall averages. One practitioner scored a 1 (almost never) and a second practitioner scored a 2 (not often) on this question, illustrating a possible disconnect in team collaboration. One practitioner scored an average of 2.6 for the entire category, responding with three 3s (sometimes) and two 2s (not often), providing further evidence of a potential break down in team collaboration between the perceptions of leaders and practitioners.

Instruction Category. The instruction category was made up of seven questions, the largest suggesting a high importance in inclusive education for learners within the DEC recommended practices. Overall, the leaders averaged a 4.3 out of 5 (5=almost always) and the practitioners reported a 4.4. There were two questions that showed lower scores with regards to utilizing peer-mediated interventions (INS8) and family coaching strategies (INS13) for intentional purposes to promote engagement in inclusive learning environments. One practitioner reported a 2 (not often) for both questions, and another practitioner scored a 1 (almost never) for the family coaching question (INS13). One

practitioner scored a 2.7 for the entire category, attributing to possible barriers in lack of support, preparedness, and team collaboration among all team members.

Interactions Category. There were four questions that made up the interactions category. This category represented promoting the learners with autism: communication, social development, cognitive development, problem-solving skills, and growing autonomy and self-regulation within the inclusive learning environment. The leaders recorded an average of 4.7 out of 5 (5=almost always) and the practitioners responded with an average of 4.6. The average for the whole category for both leaders and practitioners showed a 4.7 concluding a consistent perception among all participants for this category. There were no outliers for any of the responses for this category, suggesting a positive collaboration among and between the leaders and practitioners.

Teaming and Collaboration Category. The teaming and collaboration (T&C) category included five questions and recorded the second lowest overall average among the seven categories with a score of 4.3 out of 5 (4=usually, 5=almost always). Both the leaders and the practitioners scored an average of 4.3 in this category. One practitioner reported a 2 (not often) for question (TC3), utilizing communication and group facilitation strategies to enhance team function and interpersonal relationships among all team members. This same practitioner scored an average total of 2.8 for the whole category. One leader scored a 2 (not often) with regards to question (TC4), support and assist each other to discover and access community-based services and resources to meet family identified needs. Despite consistent overall averages in this category, the data seems to be illustrating a potential barrier in perceptions of team collaboration, and clearly defined roles and responsibilities.

To summarize, the leaders scored highest in the assessment category (avg. 4.8) (4=usually, 5=almost always) with family and interaction coming in a close second (avg. 4.7). The lowest scores reported by the leaders were in the environment category (avg. 4.2) with instruction and teaming and collaboration coming in second (avg. 4.3). Overall the leaders recorded a high average of 4.5 with regards to perceptions of inclusive practices for preschool learners with autism in their program. The practitioners reported their highest score in the interaction category (avg. 4.6) with assessment and instruction coming in second (avg. 4.4). The lowest score for the practitioners was in the environment category (avg. 4) with the leadership, family, and teaming and collaboration categories coming in second (avg. 4.3). Ultimately, the practitioners scored a high average of 4.3 overall regarding their perceptions of inclusive practices for preschool learners with autism in their program. Despite the high overall averages, a closer look at the data appeared to suggest possible barriers in perceptions between leaders and practitioners regarding: team collaboration, defined roles and responsibilities, and the lack of preparedness of practitioners.

Process Data: MIPI-PLA and Focus Group

The process data, as measured by the MIPI-PLA and the focus group discussion, was analyzed to gather the perspectives (process of teaching learners) of leaders and practitioners with regards to inclusive practices specifically for preschool learners with autism. The focus group conducted was made up of 6 questions and specifically addressed the experience the leaders and practitioners had of taking, and self-reflecting on their results of the MIPI-PLA standalone intervention. Overall, the MIPI-PLA data resulted in the leaders scoring an average of 3.7 out of 5 (4=usually, 5=almost always)

and the practitioners scoring an average of 3.9 out of 5 when it pertained to the process of teaching preschool learners with autism in an inclusive setting. The focus group discussion led to a consensus of easement and flow of taking the assessment tool. Ultimately, several participants shared their surprise specifically in the sensitivity, learner-centered, and facilitated-centered factors with respect to their scores. An internal struggle with figuring out why their scores were lower than expected took place and a great discussion ensued.

MIPI-PLA Results. The MIPI-PLA is made up of 45 questions and specifically adapted for leaders and practitioners to focus on how they interact with the learners with autism during inclusive opportunities. Overall, the MIPI-PLA data resulted in the leaders scoring an average of 3.7 out of 5 1=almost never, 5=almost always) and the practitioners scoring an average of 3.9 out of 5 when it pertained to the process of teaching preschool learners with autism in an inclusive setting (See Appendix L for complete data results).

The following is a reporting out of the results of the MIPI-PLA Likert scale survey tool. The MIPI-PLA is an adapted assessment tool that is made up of 45 questions and seven factors: (a) teacher empathy with learners, (b) facilitator trust of learners, (c) planning and delivery of instruction, (d) accommodating learner uniqueness, (e) teacher sensitivity toward learners, (f) learner-centered (experience-based) learning process, and (g) facilitator-centered learning process. Factors 1, 3, 6, and 7 all consisted of 5 questions each. Factors 4 and 5 were made up of 7 questions. Factor 2, trust of learners, made up 11 of all the questions on the assessment. As mentioned earlier, both surveys collected data utilizing the same ranked response system using a range of rating scale letters (A-E) (A =almost never, E =almost always). For reporting purposes, the

letter scale was transposed into a number scale represented by: A=1, B=2, C=3, D=4, E=5 (see Figure 3).

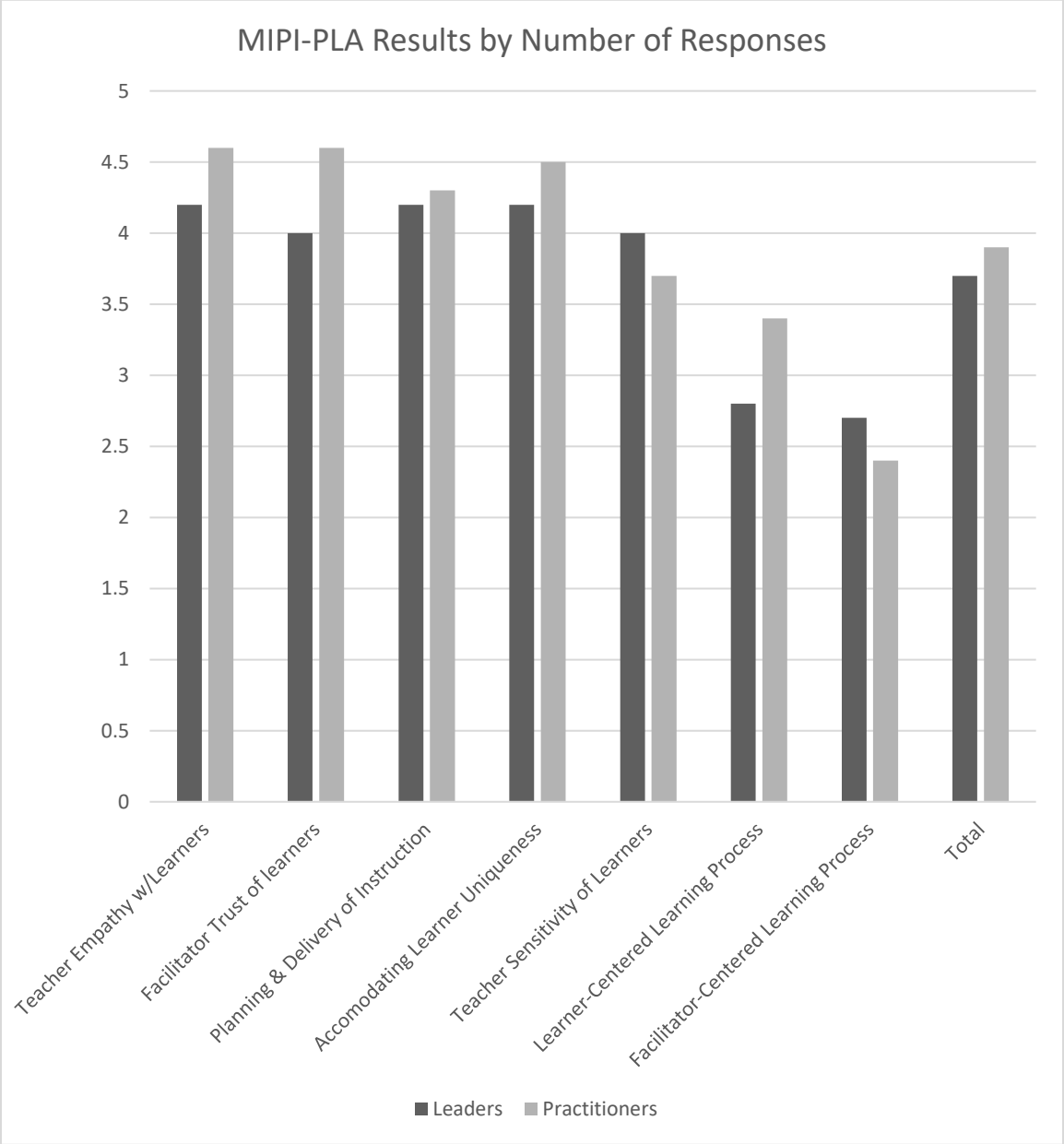

Figure 3. Comparison of leader and practitioner number of responses in each of the seven categories of the MIPI-PLA.

Factor 1: Teacher empathy with learners. The first factor of the MIPI-PLA, teacher empathy with learners, was made up of five questions resulting in a total average of 4.2 out of 5 for the leaders and a 4.6 for the practitioners (4=usually, 5=almost always). The five questions addressed within this factor were to see if leaders and practitioners expressed appreciation, acknowledged positive changes, and promoted positive self-esteem in the learners. The data yielded by this study provided strong evidence that overall the leaders and practitioners had a positive perspective within this factor with no one response suggesting otherwise.

Factor 2: Facilitator trust of learners. The facilitator trust of learners, second factor of the MIPI-PLA, consisted of 11 questions regarding the relational trust between the learner with autism and the leaders and practitioners of which work with them. The leaders scored an average of 4 (usually) with the practitioners reporting out an average of 4.6 (5=almost always) in this factor. One leader scored an average of 3.6, another scored a 3.7 average and a third leader reported out a 3.9 average within this factor. A closer look at the data indicated that the practitioner's perspectives on trusting learners with autism to be increasingly self-directed are higher than the leader's perspectives. This suggested that there may be a barrier in developing trust of the learners with autism to be increasingly self-directed in their learning due to defined roles and responsibilities, lack of collaboration, attitudes, and beliefs.

Factor 3: Planning and delivery of instruction. Factor three represented the planning and delivery of instruction and had five questions within the factor. The leaders reported out an average of 4.2 out of 5 (5=almost always), whereas the practitioners scored an average of 4.3. Yet it should be noted that two practitioners reported a 2 (not

often) when asked the question (#22) if they establish instructional objectives for the learners with autism. Another practitioner and one leader noted a 2 (not often) for question (#23) regarding using a variety of instructional media when engaging with learners with autism. The available evidence seemed to suggest that some participants have a perspective of not be included in the planning and delivery of instruction for the learners with autism that they interact with. Furthermore, the data gathered suggests a potential barrier in team collaboration and confusion regarding roles and responsibilities.

Factor 4: Accommodating learner uniqueness. Accommodating learner uniqueness, factor four, was comprised of seven questions. The leaders reported an average of 4.2 out of 5 with the practitioners recording an average of 4.5 (4=usually, 5=almost always). There is overwhelming evidence that both leaders and practitioners have a very positive perspective when it relates to accommodating the learner with autism uniqueness in the educational setting. Nevertheless, there was one practitioner that reported a 2 (not often) when asked (#37) if they were involved with individualizing the pace of learning for each learner with autism. One leader answered with a 2 (not often) and a second leader recorded a 1 (almost never) for the question (#40), on whether they ask the learners with autism how they would approach a learning task. The data gathered for this factor showed possible impediment regarding collaboration between leaders and practitioners, and valuing the learners with autism role in the learning process.

Factor 5: Teacher sensitivity toward learners. There were seven questions that make up factor five, teacher sensitivity toward learners, with the scoring reversed to maintain validity and reliability of the assessment tool (1=almost always, 2=usually,

3=sometimes, 4=not often, and 5=almost never). The leaders recorded a total average of 4 and the practitioners reported an average of 3.7. When taking a deeper dive into the data, one practitioner scored an average of 2.6, answering a 1 (almost always) for two questions in this category. The first question was (#27) do you experience frustration with the apathy of learners with autism? The second question (#32) noted difficulty with the amount of time learners with autism need to grasp various concepts. Another practitioner recorded a 2 (usually) for question #32.

The data yielded in the sensitivity factor with regards to two specific questions, provided convincing evidence that barriers of belief, value and attitude towards learners with autism are prevalent. The total average for both questions (#5 and #13) for leaders and practitioners generated a 3.1. The questions asked were, do you have difficulty understanding the learners with autism point-of-view? Do you have difficulty getting your point across to the learners with autism? Many participants scored a 3 (sometimes) for both questions with the exception of one practitioner reporting a 2 (usually) for both questions.

Factor 6: Learner-centered learning process. Factor six, learner-centered (experience-based) learning process, was made up of five questions. The leaders scored a total average of 2.8 and the practitioners reported an average of 3.4. The two questions that scored the lowest total averages of 2.4 and 3.1 (3=sometimes) had to do with having learners with autism listening for specific purposes (e.g., circle time, and discussing their thoughts). The consensus view seemed to be that most of the time both leaders and practitioners are not engaging the learners with autism in these types of learning opportunities.

Factor 7: Facilitator-centered learning process. There were five questions that comprise factor seven, facilitator-centered learning process. The leaders reported a total average of 2.7 with the practitioners recording an average of 2.4 for this factor out of 5. As in factor five, factor seven was also scored in reverse to maintain validity and reliability of the assessment tool (1=almost always, 2=usually, 3=sometimes, 4=not often, and 5=almost never). The lowest total average score was with regards to the question (#3) do you believe that your primary goal is to provide learners with autism as much information as possible? All but one participant reported either 1 (almost always), or 2 (usually), for this question, validating a perspective of pedagogical teaching methods versus the andragogical theoretical framework.

The second lowest total average within this factor was a 2 (usually) regarding the question, (#20) do you try to make your presentation clear enough to forestall all questions the learner with autism may have? Eight participants out of the 11 scored either a 1 (almost always) or 2 (usually) with regards to this question, propounding the view for possible barriers for engaging learners with autism within the early childhood center. It should be noted that a third question (#11), do you teach exactly what and how you have planned, reported a total average of 2.5. Six of the 11 participants scored a 1 (almost always) or 2 (usually) suggesting more of an emphasis on compliance versus engagement of learners with autism in the educational setting.

In summary, the leaders scored highest or best in three different factors: teacher empathy with learners, planning and delivery of instruction, and accommodating learner uniqueness with an average of 4.2 in these factors. The lowest or worst score reported by the leaders were in the facilitator-centered learning process factor with an average of 2.7

with learner-centered learning process factor coming in a close second with an average of 2.8. Overall the leaders recorded a total average of 3.7 with regards to perspectives on the learning process for preschool learners with autism. The practitioners reported their highest scores in both the teacher empathy and trust of the learner factors with a total average of 4.6 with accommodating learner uniqueness coming in a close second with an average of 4.5. The lowest score for the practitioners was in the facilitator-centered learning process with an average of 2.4 with learner-centered learning process coming in second with an average of 3.4. Overall, both the leaders and practitioners scored in the average range for the MIPI-PLA. Despite the high overall averages, a closer look at the data showed lower than average scores for both leaders and practitioners within the learner-centered and facilitator-centered learning process factors. This data suggested possible barriers in perspectives among leaders and practitioners regarding learner engagement, positive attitudes, valuing learners with autism point of view, and belief in learners with autism capability to be a self-directed learner.

Focus Group Results

The focus group was facilitated by my dissertation chair, Dr. Susan Isenberg, on December 9, 2016 at the site of the early childhood learning center that participated in the research study. Only the research participants who completed the MIPI-PLA were eligible for the focus group discussion due to the questions being directly related to the experience of taking the survey tool. Eight of the 11 participants who completed the MIPI-PLA volunteered to participate in the focus group discussion. The focus group discussion lasted one hour and addressed six questions. Since this was a small sampling,

the participants will not be labeled as either a leader or practitioner but rather as a participant to maintain anonymity.

Focus Group Question 1: What was your experience of completing the self-assessment intervention, MIPI-PLA?

After completing the MIPI-PLA, participant 1 shared the following comments 'It makes you think what else can I try to do. Some people don't always look at that, and you need to look at yourself and see what you can change to see the progress.' An interesting perspective and view that validates that a change in the way one thinks precedes a change in the way one acts. Participate 1 continued on saying that the assessment 'asked a lot of good questions I didn't think about, there was a couple questions where I was like, Oh, I didn't think about it that way.' A follow-up question was proposed by Dr. Isenberg, 'Made you think about things maybe in a different way?' Participant 1 shared how some questions on the assessment caused critical thinking (intrinsic motivation) that impacted her to change (transformational) her own behaviors,

> Yeah, or change the way I prepped for my sessions with kids. I always have my lesson planned and I try to make sure I'm really well prepared, but you always try to find what's the next thing you can try to do, because sometimes you don't have a lot of success when you use data to manipulate your session.

Participant 2 reflected on a particular question noting the following,

> Looking at number 41, feeling irritation at the learners, in the learning setting. I mean, I'm not always irritated with them, but there are times when you need a break. That just made me realize sometimes you do get frustrated and you need to take a minute.

This viewpoint appears to validate a need for increased preparedness and positive attitudes towards learners with autism.

The view that Participant 8 shared is in line with showing barriers in lack of preparedness, no time for collaboration, defined roles and responsibilities, and learner engagement.

> There are times that we are pretty limited within public school settings, especially in the early childhood setting to be able to work outside of the confines of our school day. We're busy, we have a lot going on, we're evaluating. We have them here for a limited amount of time, and just trying to make sure we get into some of the basic skills of the IEP goals.

The ongoing theme of lack of preparedness and lived experiences continued with Participant 3 stating, 'I would probably respond a little differently now and in six months when I get a little more experience with these families and get to know the families, my response will be changing as time goes on.'

Participant 4 put forward the viewpoint looking at the whole group and culture of the early childhood learning center, sharing:

> I was kind of seeing where if we had sat down and done this as a group, it would kind of guide how we work together...I did see where my attitude towards circle time will help her, you know? I can see where it interplays with that in that way for a budding young staff.

Discussing the assessment tool, participant 4 responded with the following: 'If we used it as a tool for learning more insightful things about how we respond as a team, I think that would be very valuable.' As participant 4 continued, the view that time for

collaboration is limited was expressed the following as a barrier: ‘We never really have time all as a team to sit down and say, Hey, let's look at this. How can we do this better? If we used it for that, I think it would be really helpful.’

Participant 4’s views, regarding question 5 on the MIPI-PLA, rests on the assumption that people without autism cannot understand the learners with autism point of view connecting a barrier with regards towards attitudes, beliefs and values of learners with autism. Participant 4 shared the following:

> There was one question that really made me stop and pause. Question number five, have difficulty understanding the learner with autism's point of view. I felt like all of us can't . . . I mean, all of us can't understand what a kid with autism feels, you know? When I see a kid and he's totally focused and working and then the next thing he's just gazing at the light. I'm just like, ‘Where did you go? What happened in that moment?’ I can't grasp that perspective. I can't understand what made the shift or what made the attention. There's so many experiences, so I think that one kind of felt like there's no way you could answer. I mean, it's almost like it can't be answered if you truly work with kids with autism.

The consensus view on lack of preparedness continued with Participant 5 stating, ‘Not very much experience with special needs. A little, but not enough to really analyze it and think about it as much as this was going into.’ Participant 6 added,

> Well, this kind of applies to any special needs or any of our kids in general. All of our kiddos come with their own little quirks and their own little habits, so even though it was about autism, I was like this kind of applies to everybody.

There was one participant that voiced an internal battle when answering the MIPI-PLA due to being involved with two very different environments within the early childhood setting. Participant 7 shared the following:

> I think the inventory itself was extremely easy to follow, but the issue that I had was I teach two very different classes. When I was answering these questions, I was like, well, I'm talking about this class, I might answer it this way. In this class, I might answer it completely differently. I might do this sometimes in one class and all the time in the other class for very different reasons. I had a hard time with that, but not with the inventory itself, just with my internal battle of how to answer it.

The data appeared to show a different approach, attitude, belief and value system depending on the classroom of learners. Participant 7 put forth the view that depending on the "significant level of needs," a different teaching style is used.

Focus Group Question 2: Were the results of the MIPI-PLA what you expected?

The consensus view with regards to expectation was that the participants viewed this as a learning opportunity, not really knowing what to expect. Participant 4 shared, 'I just thought it was interesting and insightful. It was just a learning opportunity.' Another viewpoint shared a deeper insight with Participant 3,

> I actually participated because I felt like I didn't have much knowledge with autism, so I felt like if I participated, I hoped my answers would be beneficial, but they would be limited, and I hoped I would learn more by participating.

Participant 8 added, 'I didn't go in with any expectations. It's just here's the information, let's see how it flows.'

Two participants shared their experience as being pleasantly surprising and learning more about themselves. Participant 6 stated, 'I did think it was kind of neat to have it all broken down and you can kind of see everything and be like, "Oh, look at this, and maybe I can change them.' Another participant, number 5, shared 'There's a lot that was surprising. The experience based was very low . . . I don't have much background. The trust of learners was high. Sensitivity, I would think that would have been higher, but apparently not.' These results provide confirmatory evidence that self-reflection impacts the transformative learning process in order to make changes.

One reflection on the assessment spoke of factor two regarding trust of learners in which Participant 2 shared, 'My highest one (score), teacher trust of learners, we are working really hard on trying to get one of our kiddos to trust us at a time whenever I did all of this. So, that was probably the most on my mind when I was doing this.' Related to the factors on empathy and sensitivity, Participant 8 added, 'I've grown too in not even just autism but being able to try to figure out what's going on within this little guy or girl and how can we tap into what they have to pull it out?' This perspective adds to the validation of valuing the learner's point of view and individualized way of learning.

The discussion changed direction when Participant 8 stated, 'I think that sometimes we get focused on the wrong things, not necessarily on the child's goals but on our own. It's easy to become frustrated. Does that make sense?' Dr. Isenberg, facilitator, asked for clarification from Participant 8, whether the frustration was with the child or themselves? The response was as follows:

> Both, you know. I think it's really easy even when talking about behaviors or this in general, and I've seen it a lot, and I've thought it a lot too. You cycle with a

> child. Then, it's like this battle of the wits. Let's stop because it never goes well, because you're constantly in this battle. I think teachers sometimes forget who they're battling against. You know? They shouldn't be battling with the child. They should be working to achieve higher goals. Then, as years go on, we kind of get aggravated and irritated and frustrated. This is what I've seen happen. We've had these conversations here a lot too. Let's remember we're talking about a three-year-old here. That's somebody's love of their life. Let's refocus our focus and try to figure out what we need to do to get this person from here to here. I know it happens to a lot of kids as they get older and older within the school systems, you know? People get frustrated and aggravated. They don't know how to help. They don't know what to do. They don't get the right support. I mean, does anybody agree with that?

Confirmation from two additional participants was reported following Participant 8's statement, providing validation that a lack of support, preparedness, and collaboration for staff is evident. Participant 8 put forward the view that the system is broken at all levels and the students are caught in the middle. Time working together as a collaborative team came up often and Participant 8 stated, 'We wish we had more time together. We, at an early childhood center, probably have the least amount of time as a group than any school program out there, K-12.'

The view that Participant 1 shared was in line with the theme of transformative learning, a change in the way one thinks must precede a change in the way one acts:

> I would say there's a couple of areas that I definitely went back and they were kind of low and below average range. I was like, 'Wait a minute, what's this all

> about?' It made me go back and look at it and rethink, forget about what I'm doing and what my lesson is like. It was good to go back and take a pause and look at what you're doing. I feel, at this stage too, because we're the first person trying to figure out these kids. This is their first experience at school usually unless they've been in first steps. I'd say this is kind of good for us to look back and kind of look at ourselves and see what we can do together to help this process.

The internal struggle for Participant 7 was present in her self-reflection statement providing insight that the focus was on the classroom environment and dynamics of the learners placed in each classroom versus the participants' role as a facilitator of learning:

> I guess I just have trouble deciphering okay, was I answering this for which class, again. Because I think it would change the outcome of a lot of these things if I just based it on one class versus trying to think about both of them. I don't know. I'd like to take it again, like one for one class and one for the other and then see, because I don't know how accurate this is in terms of my world.

The MIPI-PLA is an evidence-based assessment tool that has been around for over 25 years, this is the first time is has been utilized as a stand-alone intervention. There is growing support, from this study, that using the MIPI-PLA assessment as a sole intervention promotes great critical thinking and self-reflection from the participants involved.

Focus Group Question 3: Among the seven factors under the MIPI-PLA, which score, if any, surprised you the most and why?

One of the participants pointed out that the participant felt due to a lack of experience, and lack of preparedness, may be the reasoning of why the score was lower than the participant expected. Participant 5 shared, 'I think mine was the sensitivity one. I thought I was sensitive to most people, but the score didn't show it. I think that's probably part of the background too.'

Much of the conversation with regards to the assessment and surprising scores revolved around factor six, learner-centered learning process, and factor seven, facilitator centered learning process. There appeared to be a great deal of disorientation and confusion as to what the score meant. Participant 7 shared,

> Well, I guess when I first looked at this facilitator center learning, I was like, Oh my God. That's so low. I'm a terrible teacher. You know, yes, I plan, prepare, and feel prepared, but I go along with what the interests are of the students at the time. I meet them where they're at. A lot of times, yeah, I plan for this and I want this to happen, but that's just not where we're at. I guess the score looks bad, but I have a reason for it, justifying it.

Participant 1, 4, and 8 concurred with being surprised by the low scores they received with regards to factor seven, facilitator-centered learning process. The participants showed an internal struggle and a great deal of justification for their responses. Participant 1 stated,

> Sometimes I have small groups of two or three kids, or just one on one, and one of these questions was something about I guess presentations are clear enough for

> all. Some kids really need visuals; some kids don't need visuals. Some kids need to be up and moving to grasp the stuff. When you have two or three kids that you're trying to do this with, it can be very hard to accommodate all three, so that's where I guess maybe the questions can have, again, how you interpret those.

Participant 4 added their experience as the following:

> Yeah, exactly. One of the questions was number 20, try to make your presentation clear enough to forestall all questions the learner with autism may have. Some of my students who have autism are completely unable to express their basic needs let alone to ask me to clarify something. I think that's kind of going along with what everybody else here is saying, that the challenges we have of just trying to express a yes or a no to a choice without melting down in between, there leaves little room for even asking them to be able to even ask a question. Yeah, if we're just trying to get them to say more. That the way we present things, I know what it's trying to tease out, but a lot of my kiddos with characteristics of autism are much lower communication level.

The viewpoint of one particular participant (8) responded to both factor six and seven at the same time and addressed the culture of the whole early childhood learning center:

> It's because my experience based learning techniques was lower, and facilitator center, and I was not doing about what I do with learners, because I'm not teaching, I'm doing it based on what I think is currently happening, and it can't be . . . I wanted to be honest. There are, within our center, yeah, I know not everybody is teaching exactly how what they planned. You know, and there are

> days that we have kiddos that we are dealing with that day, they're not engaging at that particular time in the activity. They've had a really rough night. They haven't slept at all. They haven't eaten anything. They come in here and they're ready to fight, throw down. We're there to hug and love on them and try to help regulate them. Did the lesson go as planned? No. Usually, it does. That's what they put. Yeah, usually, that's what we want.

Many participants' views appeared to rest on the assumption that the learners with autism are not capable of communicating their own wants and needs. These perspectives of the participants create possible barriers with regards to capabilities, beliefs, attitudes, and values for the learners with autism to be a part of an inclusive educational setting.

There were several participants that addressed factor six, learner-centered learning process, as a surprise score for them. Participant 2 responded with, 'My experience based learning techniques was right in the middle of all my other scores, I guess I am learning things.' Participant 6 added, 'One of my lowest ones is just kind of experience based learning techniques, but that wouldn't surprise me if I'm not in the classroom.' Participant 8 interjected this statement:

> There was another question, like ten, the real life, you know, sometimes we do it, not that we don't want to. Yeah, I'd love to do it better all the time, but in the reality of the situation, no. The way I answered those questions, then the other ones is because what I know now, it was more of what's really happening. Not that I don't think it should. It should happen all the time, but not enough time, not enough funding, not enough, too many regulations. Autism, there's mental health included in that, there's trauma within the home. We're talking about coming up

> with plans on okay, we're going to go to the house on the bus, get the kid, you know, so just getting them here. We're even talking about going over there and getting the kid and bringing them. Schools have a lot of different challenges.

During the discussion, additional barriers that were not foreseen were brought up as challenges when working with families and the community. Many times, preschool is the first experience with the education system learners with autism and their families have. The importance of inclusive education and engagement of learners with autism in this setting are realized with all the participants of this study. Participant 8 shared a great insight into their own lived experience in the field:

> All right, well I'll say we do have children, and with the diagnosis and some without a diagnosis, but they have characteristics of autism, and at a very young age, a couple of them haven't had any level of first step services prior, so when they're coming in here, they're nonverbal, and we're just trying to get them to be part of this world. It's hard having conversations with them, or an exchange. They're not talking, so we're trying to tap in to those and trying to figure out how to pull that information out; but, you know, that's a difficult place to be too as far as . . . We start strategically, you know. I don't know how many times in my career as an early childhood professional, we introduced autism or introduced characteristics of for the first time for many families. I mean, I've done it, you know, lots. Just being, you know, thoughtful and strategic and empathetic.

Overall, the participants reported that the assessment was easy to follow and had little trouble interpreting the results with the exception of factor seven regarding facilitation of learning. There were many participants that were disorientated and

confused about that factor and the questions that made it up. There were many justifications as to why the scores were low, however, all of the participants showed a passion for change and a sensitivity towards learners with autism to do better.

Focus Group Question 4: What impact, if any, did completing the self-assessment, MIPI-PLA have on you?

Participant 7 shared a positive experience taking the MIPI-PLA, reporting out, 'That I picked the right job for me. Where I feel like I'm good at, and what I feel I could work on, it showed that too, so I felt like I had a good idea of myself as a teacher.' Another insightful response from Participant 8 responded with the following:

> Just the impact is how much I really wish we had more time to work as a diverse group, because my philosophy is everybody's important here. It doesn't matter what your role is here, we need you. We need you to be on, and you're part of a team, a larger unit, but making sure that as a team that we all work together and know what the expectation of what is our total vision, what is our goal, and how we're going to get there, and we can't do that a lot of times without that level of time and how important that is to work through and have these types of discussions, you know? It's just hard. We're coming up with ways that we can rearrange schedules. We just did last week. We've even, with our teaching assistants too, we have plan time that we put in place for them. It's not the greatest in the world, but probably no other places have plan time for teacher assistants so they can work together to come up with activities.

Participant 8 propounded the view that transformative learning through taking the MIPI-PLA as a standalone assessment had positive outcomes within their early childhood

learning center by the implementation of adding time to collaborate with teaching assistants. The view that Participant 2 shared was in line with the theme that changing the way you think, precedes a change in the way you act by responding with, 'It just reminded me that I'm still learning, like even though I get in the routine of the day, I just learn different kids teach you different things every day, so it just made me realize that.'

Focus Group Question 5: What, if anything, will you do differently as a result of completing the MIPI-PLA?

Many of the participants shared that since taking the assessments, they have already made a change in thinking and/or practice. Participant 4 put forth the following view:

> I think I already did something differently after taking this set of surveys. I have been, when it works out with our schedules, taking a typically developing peer with some of my kids that it's appropriate to go through the same fine motor task that I picked up on that. I'm like, 'Oh, that's a good thing.' To me, sometimes it seems like oh my gosh, then I'm chasing around two kids trying to get them to do their sensory motor break, but no, I think that's a really good thing, especially for those kids that peer modeling is so important. I've already kind of given myself that laterality to grab somebody else, or even someone who still has an IEP but isn't struggling with the same thing this student is. I'm able to match them together too.

One of the participants had not yet implemented new strategies but was reminded of a strategy that she had forgotten about due to taking the MIPI-PLA. Self-reflection from taking the assessment suggested this participant could remember strategies from

another environment that may work in this new environment and sparked a collaboration training with other staff members. Participant 7 shared,

> I remembered something I did several years ago in a different classroom that I had that I was like, 'Oh, I need to bring that back.' We do a lot of role playing, like with a baby doll, kind of real life situations in that way. We used to do a ton of video modeling, and we would do a point of view, so they would just see over the shoulder of how to do a task, and then we would fade it out after they were getting the concept of it. It helped so many of those kids, like nonverbal, any kind of kid, it helped them. I completely forgot that I did that, so that real life question was like, 'Oh, my gosh, I really need to do that,' and I totally want to train them, because I went through a whole training on it, and I still have all the paperwork and stuff, and I think it would be a great thing for the paras to use when they're working one on one with kids too.

Participant 6 shared a unique perspective with her role in the early childhood center, 'I think for me it's just that sometimes, you just got to slow down a little bit and give them a little more time and maybe build that little relationship with them.' Furthermore, the view of focusing on building trusting relationships with the learners as well as attending to building collaborative partnerships among all team members is important to these participants.

Focus Group Question 6: How are you different as a result of completing the MIPI-PLA?

The consensus was very strong towards making a change in the way each participant thinks. The emerging theme was transformative change as seen in the

responses. Participant 1 shared the following, ‘I try to be more patient and see the other point of view. It's one thing to try and pause and take a break and think about that a little more than I used to.’ Another response from Participant 5, yielded, ‘I think it makes you more aware, you got to remember they're three and four, sometimes you get frustrated and you forget that.’ Participant 7 shared,

> I think it made me question why I'm doing something versus, I'm just doing this because I know it's what I should do. Why am I doing it? Why am I reacting this way to this situation right now? Why would I react differently to a different kid who does the exact same thing? You know what I mean? I might, yeah, I have these typical behavior strategies that we use across the board, but you might not use this for this kid even in the same situation because of God knows why, you know what I mean, but why? That kind of hit me hard, because I feel like I instinctively know what to do, but I don't always think about the reason behind it. I'm very automatic. I've been doing it for so long that it's just like kind of rote, but I don't always look back and think about why I'm responding that way. Yeah, because you think you look at a kiddo who's way down here, and then you look at your highest one, and if that's your highest expectation, you're still shooting low, but you forget that sometimes.

The view that Participant 3 gave is in the line with reflecting on what they can do differently, ‘It's given me more time to pause and think about the child part of the activity that we do. Am I really meeting what they need the most right now as far as their development?’ Participant 8 responded with a self-reflection back on her own lived experiences as a professional in the field:

> Since I've been doing it so long, some things do become automatic. I had to go help out in a situation of a child with significant behaviors in the elementary school, and the para that was working was just crying. I'm thinking, 'Why is she crying? What happened?' I don't know if it's bad, because I'm kind of desensitized to what's going on. I'm like, 'Everybody's crying.' What is the problem? When I was a teacher, I didn't have any resources. We didn't have anything. Re-evaluating them is not the key either all the time, because you may or may not get good information with that.

The group of participants shared a passion for supporting learners with autism in inclusive settings. They appeared to be open-minded and shared freely their perspectives on their current learning process for the learners with autism in their early childhood program. They shared their struggles with finding time to collaborate as a team, lack of preparedness, and differences in belief, attitude, and value for their learners with autism.

Emerging Themes

This study is an attempt to address the issue of why inclusive education eludes the public education system for preschool learners with autism. The DEC recommended practices put forth detailed evidence that inclusive education is in the best interest of all preschool learners. In the State of Missouri, many preschool learners with autism and other disabilities that are on an IEP do not have access to inclusive opportunities (DESE, 2014, p. 39). The National Center on Inclusive Education (NCIE, 2011), stated that after 30 years of knowledge and research in the field of education with regards to children with disabilities, holding high expectations and guaranteeing them access to not only the general education classroom but also age level curriculum to the greatest extent is best

practice. The research on perceptions and perspectives with regards to inclusive education has primarily been conducted on grades K-12, with very little focus on early childhood with which is the first educational experience for children with disabilities.

This study took direct aim at finding out the current perceptions and perspectives of the leaders and practitioners with the thought of detecting the barriers at the core of the issues specific to the beliefs, values, and attitudes towards inclusive practices for learners with autism. Eight themes emerged as the data was analyzed indicating possible barriers for inclusive education for preschool learners with autism: (a) support and preparedness, (b) team collaboration, (c) defined roles and responsibilities, (d) learner engagement, (e) communication differences, (f) valuing learners with autism point of view, (g) belief in learners with autism, and (h) transformative learning/change.

Emerging theme #1: Support and preparedness. The average score for both leaders and practitioners with regards to the IPQ-PLA question L4, participate in evidence-based professional development specific to inclusive education for learners with autism, was a 3.8 out of 5 overall. The leaders scored an average of 4 and the practitioners scored a 3.6. When looking closer at the data there were two practitioners that scored a 1 (almost never) and 2 (not often). Creating an inclusive environment starts at the leadership level with embracing the mindset that all learners can learn, learn at a high level, and be included wholly alongside their peers. It should be noted, there were several participants that were new to the field and brought little to no experience with working with learners with autism.

The DEC recommended practices put forward that inclusive education is best practice for all learners. A few participants shared being frustrated with the learners with

autism due to a lack of communication and behaviors. Participant 8 shared, ‘People get frustrated and aggravated. They don't know how to help. They don't know what to do. They don't get the right support.’ Two other participants agreed with this statement and that it is a real concern. Participant 5 added, ‘I think it makes you more aware, you got to remember they're three and four, sometimes you get frustrated and you forget that.’ When looking at the question, number 41, do you feel irritation with the learners with autism inattentiveness in the learning setting? Participant 2 shared, ‘That just made me realize sometimes you do get frustrated . . . I'm like oh, I do need a minute.’

With regards to learners with autism and providing the right support, Participant 1 reported,

> We're kind of in a different spot, because a lot of early childhood kids, they aren't really diagnosable yet, or they're in the process or we're still just trying to figure them out a little bit. Can they have it and we don't know it yet or there's something not quite right and we're still trying to come through and figure out what's going on. It's kind of hard for us, I feel, at this stage too, because we’re the first person trying to figure out these kids. This is their first experience at school usually unless they've been in first steps.

The consensus view appeared to be that support and preparation for leaders and practitioners are very critical for successful inclusion to take place for learners with autism in the early childhood setting.

Emerging theme #2: Defined roles and responsibilities. In this study, there were many participants working in different roles within the early childhood learning center. Several participants shared in the focus group discussion that certain questions,

due to defined roles and responsibilities, did not apply to them. For example, para professionals are typically not involved with working directly with the assessment process for learners, not interacting with parents nor attending IEP meetings. Occupational, Physical and/or Speech Therapists role may provide assessments for planning as well as individualized supports in and/or out of the classroom setting. A special education teacher may teach in an integrated classroom, learners with and without IEPs, as well as a segregated classroom with only learners on an IEP.

The MIPI-PLA assessment gave pause to some participants on looking beyond their defined role and responsibilities to how they could collaborate. Participant 4 reported, 'some of the questions didn't apply to me, but I did see where my attitude toward circle time will help her.' The participant continued by saying, 'I have specific IEP objectives on every kid. Those questions, totally applied towards me, but then how could I look across the questions of how we can work together with these kids.' Another participant, number 7, had an internal struggle with answering the questions on the assessment as it depended on what classroom she was reflecting on as her role was different for each classroom. Participant 7 shared, 'well, I'm talking about this class, I might answer it this way. In this class, I might answer it completely differently.' Participant 8 propounded the view by sharing, 'we get focused on the wrong things, not necessarily on the child's goals but on our own.'

Many participants seemed to directly relate back to their roles and responsibilities as far as their attitudes concerning application of the questions asked in the assessment tools. The day-to-day responsibilities can be a barrier for team collaboration if there is an attitude of 'doesn't apply to me' as I have other duties to attend to. A consideration to

add flexibility within defined roles and responsibilities so that everyone can share valued lived experiences and expertise across roles.

Emerging theme #3: Team collaboration. One of the strongest emerging themes within this study was a lack of time to collaborate as a team. Participant 8 recorded the following statement, 'Not enough time, not enough funding, too many regulations.' Upon critical self-reflection, Participant 1 shared their experience with taking the MIPI-PLA:

> I do a lot of evaluations, and I'm usually that first person, well with other people, but we're combing through trying to figure out in elementary, and middle school aged. We've already done the work for them so they don't have to do that as much. I'd say this is kind of good for us to look back and kind of look at ourselves and see what we can do together to help this process.

Participant 8 propounded this view by sharing incredible insight into how their early childhood learning center operates daily:

> We wish we had more time together. We really wish, and I think at any school we've been in a long time, there's just not enough time to spend time together even if you have TLCs. We, at an early childhood center, probably have the least amount of time as a group than any school program out there, k-12. We meet on Mondays at 7:30 to go over who's coming down the pipe for an evaluation, parents as teachers, numbers, things like that. We were doing weekly meetings. We'll go back to bi-weekly, 7:15 in the morning. You know, but this is, and we have had one full staff meeting and it was at the beginning of the year, because we always have people engaged with children always. From 6:30 in the morning

until 6pm at night. Then, we have staff who share buildings and are moving, so it becomes a real challenge.

All study participants agreed that team collaboration was key for the success of inclusive education for learners with autism. The concern lies in how to make team collaboration more of a priority with limited time, resources, and funding.

Emerging theme #4: Communication differences. Learners with autism may communicate differently, not less, than others. It is important to consider how they best communicate and find their preferred method of communication. Many times, I see parents and educators utilizing a form of communication that they, themselves, are comfortable with versus involving the learner in choosing what works for them. I think the assumption that because a learner with autism is labeled 'non-verbal' that they are non-communicative and non-thinking. When asked the question, #40, if the learners with autism are asked how they would approach a learning task the total average score of all the participants was a 3.3. Two leaders reported a 1 (almost never) and a 2 (not often) for this specific question. Participant 2 shared, 'we are working really hard on trying to get one of our kiddos to trust us.' Due to communication differences, the participants reported difficulty connecting with the learners with autism.

Emerging theme #5: Learner engagement. Engagement of the learner with autism was a common theme that emerged from this study. One of the specific strategies was encouraging peer modeling. For learners with autism, peer modeling is a natural support and when the peers are prompted by adults to interact and engage with the learner with autism, the natural flow of play begins. After taking the two self-assessments, participant 4 shared what they have already done differently:

I have been taking a typically developing peer with some of my kids that it's appropriate to go through the same fine motor task that I picked up on that. I'm like, 'Oh, that's a good thing.' To me, sometimes it seems like oh my gosh, then I'm chasing around two kids trying to get them to do their sensory motor break, but no, I think that's a really good thing, especially for those kids that that peer modeling is so important. I've already kind of given myself that laterality to grab somebody else, or even someone who still has an IEP but isn't struggling with the same thing this student is. I'm able to match them together too.

An additional strategy emerged after taking the MIPI-PLA, specifically the question that sparked this idea was question #23 asking if one used a variety of instructional media such as video modeling. One of the participants shared that she remembered a training session on this technique and had forgotten about till this question was proposed. The early childhood center now recognizes an expertise in this staff member with which could provide training to other staff. Participant 7 shared, 'I totally want to train them, I still have all the paperwork and stuff, I think it would be a great thing for the paras to use when they're working one on one with kids too.'

It appears from the focus group discussion, the MIPI-PLA assessment questions prompted intrinsic motivation from within the participants to make positive changes in strategies and interactions with learners with autism.

Emerging theme #6: Valuing learners with autism point of view. There were two questions within the sensitivity factor of the MIPI-PLA assessment that many of the participants in the study self-reflected on deeply. Questions 5 and 13 of the assessment, having difficulty understanding the learners with autism point of view, and having

difficulty getting your point across to learners with autism. The average score on both questions for leaders and practitioners was a 3.1 out of 5. Participant 4 shared her viewpoint on these two questions:

> I felt like all of us can't . . . I mean, all of us can't understand what a kid with autism feels, you know? When I see a kid and he's totally focused and working and then the next thing he's just gazing at the light. I'm just like, 'Where did you go? What happened in that moment?' I can't grasp that perspective. I can't understand what made the shift or what made the attention. There's so many experiences, so I think that one kind of felt like there's no way you could answer. I mean it's almost like it can't be answered if you truly work with kids with autism.

Difficulty in valuing learners with autism point of view seems to be a barrier and thus emerged as a theme.

Emerging theme #7: Belief in learners with autism. Due to communication and learning differences, learners with autism present as if they are not capable of learning at the same age level as their peers. Currently, formal assessments are not normed for learners with disabilities. Assessments do not provide all the information needed to be able to show exactly what an individual learner truly knows. Participant 7 shared, 'you look at a kiddo who's way down here, and then you look at your highest one, and if that's your highest expectation, you're still shooting low, but you forget that sometimes.' There appears to be an assumption and stigma related to learners with autism regarding their cognitive level and ability to learn at a high level. This study

suggested a lack of trust in the learners with autism to be engaged with age level curriculum.

Although the scores reflect a high average overall in factor 7, teacher trust of the learners, a closer look at the data reveals lower than average scores in engaging learners in experiential based learning, factor 6. These study results reflect perspectives of the participants having a high level of trust in learners with autism to comply rather than engage in learning opportunities.

Emerging theme #8: Transformative learning/change. The IPQ-PLA and MIPI-PLA were both utilized as self-assessment tools to see if the participants experienced transformational change based off taking the assessments. A change in the way one thinks must precede a change in the way one acts. The focus group discussion unveiled some great transformational experiences.

Participant 1 shared, 'It makes you think what else can I try to do. Some people don't always look at that. Sometimes you need to look at yourself and see what you can change to see the progress.' Participant 7 reported, 'I'm very automatic. I've been doing it for so long that it's just like kind of rote, but I don't always look back and think about why I'm responding that way.' Participant 3 added the following:

> I probably look at the kids more trying to figure out why are you doing . . . What's going on in there? Try to look at them as a person not just to go in. We have a component to talk with the families and make sure their wellbeing and activity with the child and it's given me more time to pause and think about the child part of the activity that we do. Am I really meeting what they need the most right now as far as their development?

Participant 2 responded, ‘It just reminded me that I'm still learning, even though I get in the routine of the day, I learn different kids teach you different things every day, so it just made me realize that.’ Participant 6 shared, ‘A reminder that sometimes you just got to slow down a little bit and give them a little more time and maybe build that little relationship with them in just that couple of minutes.’ Adults are driven to learn by intrinsic motivators, a need or reason to learn something new that is meaningful and applicable to their everyday life.

Summary

The participants included both leaders and practitioners within an early childhood learning center. The results were reported out utilizing descriptive statistics. The IPQ-PLA assessment tool was broken up into seven categories and the total averages between leaders and practitioners were compared. The results of the MIPI-PLA were reported out by factors, which were predetermined by the instrument utilized in this study. Focus group questions were aligned with the MIPI-PLA to gather the participant experiences taking the stand-alone intervention tool. A discussion of the focus group questions was done and facilitated by my chair, Dr. Isenberg. The data was collected from both surveys and the focus group discussion with the results illustrated with bar graph figures comparing the two study groups (leaders and practitioners). An accompanying analysis of the two surveys and focus group discussion data was provided utilizing descriptive data.

The IPQ-PLA category (perceptions/outcomes) results were reported in the following order: (a) leadership, (b) assessment, (c) environment, (d) family, (e) instruction, (f) interaction, and (g) teaming and collaboration. Within each category,

specific questions were analyzed to provide additional insight into possible barriers. The MIPI-PLA (perspectives/process) factor results were reported in the following order: (a) teacher empathy with learners, (b) facilitator trust of learners, (c) planning and delivery of instruction, (d) accommodating learner uniqueness, (e) teacher sensitivity of learners, (f) learner-centered learning process, and (g) facilitator-centered learning process. Within each factor, specific questions were analyzed to provide additional insight into possible barriers.

Eight themes emerged when the data were analyzed indicating possible barriers for inclusive education for preschool learners with autism: (a) support and preparedness, (b) team collaboration, (c) defined roles and responsibilities, (d) learner engagement, (e) communication differences, (f) valuing learners with autism point of view, (g) belief in learners with autism, and (h) transformative learning/change.

Chapter Five: Discussion and Reflection

The purpose of this study through a program evaluation design was to gain insight into the perceptions (outcomes) and perspectives (process) of the leaders and practitioners that work with preschool learners that have a diagnosis of autism in an early childhood setting. More specifically, looking at how and if learners with autism were being included within the educational setting alongside their peers. The perceptions and perspectives of the leaders and practitioners were not just limited to whether they were including learners with autism in inclusive opportunities, but also focused on the teacher trust, empathy, sensitivity, accommodation, and level of engagement of the learner. Additionally, information was gathered in relation to leaders and practitioner's attitudes, values, and beliefs in learners with autism capabilities within an inclusive setting.

Discussion of Outcome Results

The current literature abounded with examples suggesting several barriers with regards to inclusive education for learners with disabilities: (a) beliefs, values, and attitudes towards inclusive education practices; (b) stakeholders not agreeing on the same definition of inclusive practices; (c) how to replicate school culture; (d) lack of financial resources; (e) openness to collaboration; and (f) taking the risks of trying something new (Sailor et al., 2015). The results from this study provided confirmatory evidence that these barriers were present at the time of the study with regards to including preschool learners with autism in the early childhood learning environment.

There is ample support in favor of instruction as a priority set forth by the DEC recommended practices, which was evident in the IPQ-PLA assessment tool. The instruction category included seven questions whereas the environment and interaction

categories were only comprised of four questions each. The emphasis on assessment, instruction, and data collection of goals was very prominent in the answers for both leaders and practitioners to the questions in the IPQ-PLA. The lowest scores for both leaders and practitioners were within the environment, and teaming and collaboration categories, which aligned favorably with the barriers defined in the research literature.

The data gathered in this study with regards to beliefs, values, and attitudes of the leaders and practitioners towards learners with autism suggests corroboration with the research literature. Recalling two participant quotes from Chapter Four: 'I can't grasp that perspective, I felt like all of us can't . . . I mean, all of us can't understand what a kid with autism feels.' Participant (#7) confirmed a change in attitude when they shared, 'you think you look at a kiddo whose way down here, and then you look at your highest one, and if that's your highest expectation, you're still shooting low.' How one thinks, talks to and about them, views their capabilities, and values them as a member of their community is critical and at the core of inclusive education for any learner. The data yielded by this study provides convincing evidence that beliefs, values, attitudes, school culture, and lack of collaboration are key barriers to inclusive education for preschool learners with autism.

Discussion of Process Results

Although there has been relatively little research on inclusive practices for preschool learners with autism, this study took aim at the leaders and practitioner perspectives on the process of learning. The MIPI-PLA and the focus group discussion were utilized in this program evaluation study for collecting data on the process of how leaders and practitioners view and interact with learners with autism during inclusive

opportunities. There is one main argument in this study that can be advanced to support the lack of engagement of leaners with autism during inclusive opportunities. There was rapidly growing literature on engagement which indicated potential environmental influences on the social behaviors of learners with autism, indicating that when social opportunities were made available with peers present, learners diagnosed with a disability, such as ASD, may not participate in the social activity, therefore, missing the social opportunity (Lieber & Beckman, 1991; Reszka et al., 2012).

This study draws on research conducted by Harcourt and Keen (2012), "Engagement identifiers such as curiosity, enthusiasm, concentration, and satisfaction are clearly internal states which must be inferred by teachers based on their observations of student behaviours" (p. 74). The MIPI-PLA scores overall showed a high level of teacher trust in the learner, empathy, and accommodating learner uniqueness while planning and delivering of instruction. The lowest scores on the MIPI-PLA were in teacher sensitivity of learners, leaner-centered learning process, and facilitator-centered learning process. In this study, teacher compliance seemed to be more importance than engaging the learner with autism in the inclusive learning opportunities, which is in keeping with Kluth (2003). When a student with ASD is not observed to be engaged, the focus shifts to complying with a teacher's task taking the student away from potentially a greater learning need (Kluth, 2003).

Research relating specifically to preschool children 2-5 years of age and having a diagnosis of ASD showed that "little is known about the social engagement patterns of children with ASD, and the relationship between engagement and specific features of preschool classrooms" (Reszka et al., 2012, p. 41). The results of the MIPI-PLA and

focus group discussion propounds the view that understanding the view point of the learner with autism is critical for successful engagement within the inclusive classroom. Recalling the following participant comment, 'When I see a kid and he's totally focused and working and then the next thing he's just gazing at the light. I'm just like, where did you go? What happened in that moment?' Acknowledging that a difference in social engagement does not equal lack of cognitive nor communication ability, but rather a different point of view seems to be key to successfully implementing inclusive practices.

Discussion of the Emerging Themes

There were eight themes that emerged as barriers for inclusive practices for preschool learners with autism: (a) support and preparedness, (b) team collaboration, (c) defined roles and responsibilities (d) learner engagement, (e) communication differences, (f) valuing learners with autism point of view, (g) belief in learners with autism, and (h) transformative learning/change. Every emerging theme encompasses beliefs, values, and attitudes, which lies at the heart of the discussion on inclusive practices for preschool learners with autism. The following is a discussion of the alignment of each theme with the research literature.

Support and preparedness. There is rapidly growing literature on inclusive education for preschool learners with autism, and there is a concern over a lack of resources and training for teachers and staff (Naber et al., 2007; Wong & Kasari, 2012). The environment category within the IPQ-PLA reflected the lowest scores for both the leaders (4.2 out of 5) and the practitioners (4 out of 5), sharing an important premise of concern in preparation. This theme supports the research on a lack of support and preparedness; among the data, four practitioners reported a low participation rate (either a

1 = almost never or a 2 = not often) when asked if they were included in (a) setting up accessible inclusive learning environments, (b) working with families to modify and adapt the environment to promote inclusive opportunities, and (c) collaborating with the team on creating assistive technology to promote access in all-inclusive learning experiences. Overall, leaders scored high within this category, propounding the view of disconnect between leader and practitioner perceptions.

This study was conducted with a brand-new early childhood center and newly formed staff. The staff had only worked together for a few months prior to the start of the study. The available evidence suggests a lack of support and preparedness could be due in part to (a) insufficient time working together as a team, (b) new staff having never worked in the field, and (c) staff having little lived experience with learners with autism. The consensus view appears to be that the greatest need to improve the outcomes of students with disabilities is within the professional development and training programs for educators (Lipsky & Gartner, 1997). Beliefs, values, and attitudes are influential with regards to standard practices as well as the evolution of systemic change, which require further investigation for true reform (Stolber et al., 1998). In summary, the underlying argument in favor of increased support and preparedness for staff is very prominent in this study and is consistent with the research literature.

Team collaboration. Most recommendations from the leadership within DEC (2015) revolved around internal planning with a shared mission and vision, all while adapting to the ever-changing environment and circumstances. Lieber et al. (1997) found that the collaborative partnerships between the adults are a bigger factor for successful inclusion than the characteristics of the preschool learner. The beliefs, values, and

attitudes towards collaboration are key components for successful inclusion and were prevalent as barriers in this study, which align with the current literature.

There are seven key collaborative strategies identified that were found to align directly with successful inclusive practices: “joint participation in planning, shared philosophies, shared ownership of (i.e., responsibility for) all children, communication, professional roles, stability of relationships, and administrative support” (Odom et al., 2011, p. 348). The consensus view seems to be that both the leaders and practitioners would like to collaborate more and see the benefits; however, finding the time is a challenge for them and ends up falling to the wayside.

Defined roles and responsibilities. Conceivably, as more and more inclusive opportunities for preschool learners with autism are provided, changes in roles and responsibilities for leaders and practitioners in early childhood centers are inevitable. One of the most current research studies showed that “effective teacher-child relationships form through repeated interactions characterized by shared emotional engagement, teachers’ sensitivity and responsiveness, and low conflict” (Williford et al., 2016, p. 1). Paraprofessionals tend to be the least trained support staff, yet are the ones with the learners the most and have the time to build those trusting relationships needed for effective teacher-child bonding.

The study data supporting the theme ‘defined roles and responsibilities’ show a barrier to understanding roles and responsibilities as two practitioners reported (IPQ-PLA) that they either almost never or not often attended evidence-based professional development specific to inclusive education. Two additional practitioners recorded lower scores in the family category, sharing a lack of engagement in attending IEP meetings to

develop outcomes for the learners they interact with daily. These study results align with current research studies showing a lack of training, discussion, and inclusion around roles and responsibilities, as the whole team in this study is not involved in all aspects of planning and delivery of the instruction.

Research by Baker et al. (2008) supported the Williford et al. (2016) findings as follows: when preschool learners who are exemplifying unwanted behaviors (e.g., disobedience, impulsivity, excitability, and aggression) are assigned teachers who create a positive, mutual respectful, and trusting relationship with the learner and have met their sensory and behavioral needs, there is a decrease in aggression and an increase in social-emotional advancement. The results of this study show a disconnection between leaders and practitioners when it comes to assessing and planning for learners with autism. The results yielded the overall perceptions from the IPQ-PLA to be that, the leaders assess and plan with some of the practitioners involved and then the plan is passed on to practitioners (including para professionals and other support staff) to implement.

Including all perceptions and perspectives at IEP meetings seems to be a natural time for collaboration and keeps everyone informed on specific roles and responsibilities allowing flexibility for adjustment as needed. Defining inclusion and providing a concrete explanation that everyone can agree upon remains a work in progress and "the debate surrounding inclusion will influence how the concept of inclusion is perceived within public circles, educational systems, and community programs" (Stolber et al., 1998, p. 108).

Learner engagement. There is rapidly growing research on the engagement of learners with autism in the inclusive classroom. The current research relating specifically

to preschool children 2-5 years of age having a diagnosis of ASD showed that "little is known about the social engagement patterns of children with ASD, and the relationship between engagement and specific features of preschool classrooms" (Reszka et al., 2012, p. 41). In addition, Harcourt and Keen (2012) suggested that judging the engagement of a child only through observations and teacher reports "raises some important issues in that it relies on the perspective of only one of the participants in the learning environment (i.e., the teacher)" (p. 73). The focus group data directly align with the current research. Recalling Participant 4's comment, 'When I see a kid and he's totally focused and working and then the next thing he's just gazing at the light. Where did you go? What happened in that moment? I can't grasp that perspective.' This perspective lends support to the current research that loss of attention is the perspective of the teacher only, not the learner.

When a student with ASD is not observed to be engaged, the focus shifts to complying with a teacher's task, taking the student away from potentially a greater learning need (Kluth, 2003). Social engagement of learners with ASD was found to be much lower in social opportunities with peers across all routines (Reszka et al., 2012). In this study, the MIPI-PLA addressed the positive experiences of utilizing peer mediation as a strategy for one participant. When asked in the focus group, if anything, will you do differently as a result of completing the MIPI-PLA standalone intervention, Participant 4 shared, 'I've already kind of given myself that laterality to grab somebody else, or even someone who still has an IEP but isn't struggling with the same thing this student is. I'm able to match them together too.'

Beliefs, values, and attitudes lie at the heart of the discussion on learner engagement. The MIPI-PLA assessment tool provides additional insight into the perspectives of the leaders and practitioners on learner-centered practices and adds to the already growing research in this field. The overall score in the learner-centered factor for the leaders was a 2.8 and for the practitioners was a 3.4. A closer look at the data within this factor indicates low scores for both leaders and practitioners in: (a) using peer discussion groups including learners with autism, (b) discussion groups between teachers and learners with autism, and (c) learners with autism grouped together to listen for a specific reason during circle time. Regarding this study's results, it seemed to be the case that one's own beliefs, values, and attitudes towards the capabilities of leaners with autism drives the decision-making process related to engaging them in inclusive learning opportunities.

Communication differences. The terms inclusion and engagement are often words that complement each other in the literature and both are critical for all learners to be successful during inclusive opportunities; however, measuring the reliability and validity related to these terms has proven to be difficult and further research is needed (Kishida & Kemp, 2006). This study took a deeper dive than the current research and the results demonstrated communication differences between the learner with autism and the leaders and practitioners working with them.

Observational assessment tools used to explore inclusion and engagement of learners with disabilities have one key component missing in the data collection, and that is the perspective of the learner with a disability and the consideration of their lived experiences (Harcourt & Keen, 2012; Kishida & Kemp, 2009). There is a stigma

regarding learners with autism who are non-verbal that was very apparent in the study results, reflecting an attitude that the learners are "completely unable" to communicate and are presenting with a "deficit in communication". How one talks to and about someone with autism reflects what they believe about that learner's capabilities in an inclusive learning environment. Johnson (2001) implied that the attitudes of teachers may have a harmful effect on learners with disabilities and for inclusion to be positively endorsed within the public educational system, all members involved must be open to collaboration including the students, parents, administrators, educators, and support staff.

Burke and Sutherland (2004) suggested that teachers who are willing to be flexible with their style of teaching and adapt curriculum to fit each individual learner's needs will have greater success teaching in an inclusive setting. This study adds to the existing knowledge of research in that communication differences do not equa**l** communication deficits. The belief that all students can communicate is at the core of discovering each learner with autism's preferred communication methods. It seems important, that preferred communication methods be decided by each learner and not just what works for the adults working alongside them.

Valuing learners with autism point of view. There was little research literature with regards to the learner with autism's point of view, the only research found specifically on this topic was out of Australia. Harcourt and Keen (2012) suggested that by judging the engagement of a child only through observations and teacher reports, it "raises some important issues in that it relies on the perspective of only one of the participants in the learning environment (i.e., the teacher)" (p. 73). Furthermore, it has been "noted that the observer can only perceive the child to be engaged and there is yet

no absolute criterion as to what constitutes an acceptable degree of engagement" (Kishida & Kemp, 2009, p. 113).

Valuing the perspective of the learner is a key component to engaging them in a positive learning activity. Although learners with autism communicate differently than what teachers are used to, this does not mean they do not have a valid and valued perspective. It could be very beneficial if it was the job of teachers and parents to continue to find what works for each individual learner. At the core of any good relationship is mutual trust, if that is present, you can both take a risk in learning something new. "In our view, the reason inclusion has been such a hard sell, is that general educators and sometimes parents have not seen the value of it, given the required departure from traditional teaching practices" (McCart & Sailor, 2014, p. 60). McCart and Sailor's (2014) findings align with valuing learners with autism within the inclusive setting as an emerging theme.

The data generated by factor five of the MIPI-PLA, teacher sensitivity towards learners, yielded some interesting results when it came to learners with autism point of view. When asked question number 5, do you have difficulty understanding the learners with autism point of view? The overall scores for both leaders and practitioners came out to be 3.1 (sometimes) out of a possible 5. During the focus group, many participants noted an internal struggle with answering this question. These results could lead one to conclude that teachers who have difficulty understanding a learner with autism's point of view will also have difficulty valuing it. Based on my experience as a parent of a child with autism and my knowledge and experience working with other families with children

who have autism, valuing the point of view of the learner with autism seems to be a key component of successful inclusion in an early childhood learning environment.

Belief in learners with autism. Research suggested potential environmental influences on the social behaviors of learners with autism, indicating that when social opportunities are made available with peers present, learners diagnosed with a disability, such as ASD, may not participate in the social activity, therefore, missing the social opportunity (Lieber & Beckman, 1991; Reszka et al., 2012). Based on the results of this study and my experience with children with autism including my own, environmental influences can be barriers for successful inclusion for learners with autism.

Focus group results indicated a frustration with learners with autism. Recalling a participant's comment, 'we kind of get aggravated and irritated and frustrated'. This is in keeping with the current research on environmental influences. There is support for the claim that teachers' lack of understanding, sensitivity, and awareness of belief in a learner with autism directly impacts the relationship between teachers and learners, thus diminishing time spent in the inclusive classroom.

"Engagement identifiers such as curiosity, enthusiasm, concentration, and satisfaction are clearly internal states which must be inferred by teachers based on their observations of student behaviours" (Harcourt & Keen, 2012, p. 74). Furthermore, it has been "noted that the observer can only perceive the child to be engaged and there is yet no absolute criterion as to what constitutes an acceptable degree of engagement" (Kishida, & Kemp, 2009, p. 113). Accepting only the perspective of the teacher with regards to engagement of the learner with autism seems limited. Everyone, including learners with autism, has a perspective that is valuable to the learning process. If,

according to Harcourt and Keen (2012), engagement identifiers must be "inferred by teachers" (p. 74) through observations of their behaviors, it would seem to follow that belief in the child with autism as a learner—one who can learn at a high level--must be in place before the teachers can begin to infer engagement.

Transformative learning/change. According to Weimer (2002), learner-centered teaching is in line with transformational learning; emphasizing the balance of power for co-decision making throughout the learning process where the teacher is more of a facilitator of learning, in fact the teacher is a learner himself while building autonomy and self-direction in the learner. This study's results seemed to portray an early childhood center implementing pedagogical learning theory with a focus on teacher-centered learning. The leaders scored an average of 2.8 out of 5 (2= not often, 5=almost always) and practitioners overall scored a 3.4 (3=sometimes) on the MIPI-PLA for factor 6, learner-centered learning process. On factor 7, facilitator-centered learning process, leaders scored with an average of 2.7 with the practitioners reporting a 2.4 average. The consensus view seems to be focused on compliance and teacher direction versus engagement of the learners in a learner-centered format.

A key reform in the educational system with regards to individuals with disabilities, builds on a notion of increased self-determination best characterized as one's abilities and attitudes which are learned over a life time (Gee et al., 1996). Mezirow et al. (2009) found that the learners' lived experiences, classroom activities, and self-reflection from both learners and facilitators are important for cultivating transformative learning. The view that several of the participants shared in the focus group discussion regarding

their lack of experience working with children with any kind of disability is in line with the current research on attitudes being learned over a life time of experiences.

It seems to be the case that positive change in one's own beliefs, values, and attitudes towards learners with autism is a key component for successful inclusion. Several participants shared how being involved with this research study has transformed their own thinking in a positive manner.

There is ample support for the claim that leaders and practitioner's own beliefs, values, and attitudes towards learners with autism directly impact their ability to access inclusive opportunities within an early childhood learning center. The perspective of the learner with autism is not being valued nor acknowledged when determining placement, age level curriculum, nor outcomes in the planning process. Due to communication differences, this study puts forth the claim that important information is missing, therefore skewing the decision-making process of the IEP team.

Answering the Research Questions

The six research questions were addressed in all three phases of the research study. The following questions are answered based on analysis of the findings from the IPQ-PLA, MIPI-PLA, and the Focus Group.

Research Question One: What are the perceptions of the Leaders taking the IPQ-PLA?

The IPQ-PLA results showed that leader perceptions of including preschool children with autism were that inclusion was usually taking place. Leaders scored an average of 4.5 out of 5 for their total score of the seven categories. The leaders scored highest in the assessment category (avg. 4.8) with family and interaction coming in a

close second (avg. 4.7). The lowest scores reported by the leaders were in the environment category (avg. 4.2) with instruction and teaming and collaboration coming in with an average of 4.3. Overall, the leaders had a very positive perception that the culture at their learning center was embracing inclusive practices for learners with autism.

Research Question Two: What are the perceptions of the Practitioners taking the IPQ-PLA?

Overall, the IPQ-PLA results showed that practitioner perceptions of including preschool children with autism were that inclusion was usually taking place. The practitioners reported their highest score in the interaction category (avg. 4.6 out of 5) with assessment and instruction coming in second (avg. 4.4). The lowest score for the practitioners was in the environment category (avg. 4) with the leadership, family, and teaming and collaboration categories coming in second (avg. 4.3). Ultimately, the practitioners scored a high average of 4.3 overall regarding their perceptions of inclusive practices for preschool learners with autism in their program.

Research Question Three: Is there a difference in perceptions between the Leaders and the Practitioners regarding the results of the IPQ-PLA?

Despite the high overall averages for both leaders and practitioners, a closer look at the data appears to suggest possible differences in perceptions between leaders and practitioners regarding: team collaboration, defined roles and responsibilities, and the lack of preparedness of practitioners.

Research Question Four: What was the experience of the Leaders and Practitioners participating in the self-assessment intervention – MIPI-PLA?

The overall opinion of taking the self-assessment as a stand-alone intervention seems to be very positive. The participants found the assessment easy to follow and interpret their scores, except for factor seven, facilitated-centered learning process. Overwhelmingly, there were many participants confused by their score and questioning their teaching styles and strategies. The participants were very open-minded to this new learning opportunity and were very forth coming with their responses in the focus group.

They openly shared their frustration with the lack of (a) time to collaborate, (b) training, (c) understanding the learners with autism point of view, (d) learners with autism understanding their point of view, and (e) understanding differences in communication. These emerging themes were barriers for learners with autism to engage in inclusive opportunities.

Research Question Five: How, if at all, can andragogy learning theory be applied to inclusive education for preschool learners with autism?

Andragogy can provide a theoretical framework for critical professional development that is missing for both the leaders and practitioners that work within the early childhood field. Two of the barriers that have emerged from this study are a lack of collaboration and preparedness among the staff that work with learners with autism. The culture and climate of an educational setting is critical to the success of the learners within that setting. The andragogical model can provide adult learning guidelines that attend to the assumptions of the adult learner and the process by which they learn best. This young staff's professional development seems to be key to supporting the vision and mission that will provide inclusive education to all learners (including those diagnosed with autism) within their setting.

The continued research on why inclusive education is not taking place on a consistent basis points to barriers in, attitudes, values, and belief systems of the adults working with these child learners. The andragogy (adult) learning theory and practices provides the evidence-based methods to fill this gap in the research and practice within a very pedagogical public education system. When adults have the need to learn something new it comes from an intrinsic motivation not an external one; therefore, andragogical methods seem to apply directly to addressing core barriers that resulted from this study.

Placing learners with autism in the "least restrictive environment" is the law, but if one does not believe that a student with autism is capable of being in a general education classroom, it will become a barrier for that learner's success. The beliefs, attitudes, and values of the adults working with learners with autism are critical for that learner to be successful.

Research Question Six: What is the impact of the self-assessment intervention MIPI-PLA, if any, on Leaders and Practitioners perspectives regarding inclusive practices of preschool learners with autism?

Many of the participants that engaged in both taking the MIPI-PLA and attending the focus group discussion, shared positive stories on how they have changed with regards to inclusive practices for their learners with autism. One participant shared an increase in peer-mediated interventions during inclusive opportunities. Other participants reported that the assessment has given them pause to re-think how they view their learners with autism and has motivated them to research new ways of reaching them.

The group shared many obstacles with regards to inclusive practices for learners with autism including: (a) communication differences, (b) no time to collaborate, (c)

frustration with behaviors, (d) understanding the capabilities of the learners with autism, and (e) building trusting relationships.

Personal Reflections

As an educational consultant working in the field of special education, the stigma with regards to individuals with disabilities remains intact. There has been tremendous progress within research, evidence-based practices, and placement within schools and communities for people with disabilities over the past four decades. Although much progress has been made, there is growing support for the claim that the stigma revolving around learners with disabilities has remained stagnant. The culture and mindset regarding individuals with disabilities is what needs to be addressed. I believe that the beliefs, values, and attitudes of the adults working alongside learners with autism should be at the forefront of professional development in this field. Compliance does not breed curiosity in learners, engagement does. The barriers that resulted from this study have validated that beliefs, values, and attitudes with regards to learners with autism are critical for a successful inclusive educational experience.

As a mother of a son with autism and other co-occurring conditions, I have found our biggest barrier for inclusive education has continually been the lack of belief, value, and attitude towards my son and his capabilities. The “special education” system is set up as a deficit based system building off what the child “can’t” do, versus building off the strengths of the learner. I have witnessed firsthand, the stigma that is part of our current culture with regards to learners with disabilities. The focus has become on the evidence-based strategies and fixing people with disabilities versus reflecting on our own beliefs, values and attitudes. The most difficult, but the only, behavior you can change is your

own. It is not about compliance, but rather about engagement of learners to be self-directed learners, and about gaining their autonomy. Inclusion should not be considered a placement option, but rather a process, which is driven by building mutual trusting relationships. When mutual trust is present, then a risk in learning can take place. When parents, educators, and learners have self-trust and have the same high expectations success will happen. One must think differently to do differently.

Recommendations for the Program

The early childhood team that participated in this study was an enthusiastic group to work with and appeared to be very open and honest with all three phases of the study. Overall, the team appeared to be very collaborative and open to any suggestions that may support them in improving any areas within the early childhood learning center. Throughout the study, the data gathered showed some areas of needed improvement that could be barriers for learners with autism that need to be included in inclusive opportunities.

Consider natural teaming times, like IEP meetings, to make sure that all team members, including para professionals, can share their voice and expertise for the benefit of the learner. The consideration of the learner's point of view, interests, and preferred mode of communication should be gauged for the purposes of maximizing the learner's engagement. Perhaps, collecting additional ongoing informal observations from all team members, especially para professionals, could assist in the assessment process.

Incorporating the participants' own ideas that were a result of the focus group discussion—peer mediation, video modeling, and technology—as strategies in the learning process. These are natural supports that can be used to promote social

communication within an inclusive setting. When implementing peer mediation, it is suggested that the adult begin with prompting the peer to initiate with the learner with autism and the adult support backing out of the interaction. Video modeling is another great natural support providing individual steps (ex. backwards chaining) to complete an activity. An example would be to use a YouTube video showing how to pretend play feeding a baby, then generalize to actually feeding a baby doll.

Understanding the learner's perspective is critical for success in the inclusive classroom. Building trusting relationships while having high expectations with the learner with autism is a key component to understanding their perspective. The beliefs, values, and attitudes with regards to learners with autism should always be the presumption of competence. Creating transparency within and IEP team is critical for trust to be extended and increase confidence in all team members.

Utilize the IPQ-PLA and MIPI-PLA as tools for professional development and when hiring new staff to assist in creating an inclusive culture and safe climate for all learners to be included at the early childhood center. Incorporate professional development for all team members that focus on building the capacity of beliefs, values, and positive regard for all learners with disabilities, so they can learn at a high level and are a valued member of the inclusive classroom.

Recommendations for Future Research

With relation to the eight themes discussed within this study, the following are recommendations for future studies that may revolve around inclusive practices for preschool learners with autism.

Support and preparedness. A consideration of increased training in the field of autism and professional development, specifically focused on inclusive practices for all staff. Para professionals tend to receive the least amount of training, yet are with the learners with autism the most throughout the school day. Due to the small sample size in this study, I suggest continued research regarding the perceptions and perspectives of early childhood leaders and practitioners on inclusive practices. Since there is ample support for the claim that continued barriers to inclusive education are beliefs, values and attitudes more research is needed to continue the discussion.

Defined roles and responsibilities. Consider setting forth specific and clear job descriptions for each leader and practitioner that supports the vision and mission of the school district and building. Further research in this area may include a study focused on leaders' and practitioners' viewpoint on the vision and mission of their organization and if and how their role supports it. Due to the small sampling in this study, additional insight and research would be beneficial.

Team collaboration. Further guidance and instruction should be considered for team collaboration to take place. All team members, including para professionals, should be present at all IEP meetings for true collaboration to take place. This study validated the view that there is a break down in team collaboration for this early childhood team. The data showed that the perceptions of the teaming and collaborating category was one of the lowest averages on the IPQ-PLA assessment. Within the focus group discussion, a 'lack of time' was acknowledged by most participants, as well as an attitude of 'not applicable' to my job description. Additional research studies focusing on perceptions and perspectives regarding team collaboration for including learners with autism in

inclusive education would be highly beneficial. I suggest that professional development, specifically regarding team collaboration for early childhood leaders and practitioners, be implemented.

Learner engagement. The current research findings with regards to learner engagement suggest future research be aimed at looking deeper into the learner's perspective. The current inclusive classroom assessment (ICP) is based only on the observer's report without gathering the perspective of the learner. Without the other perspective, one cannot truly know if the learner is engaged. In my own personal experience, my son focuses best in the classroom being placed by a window that he can look out during lecture time. To an outside observer, they would say he is not focused, nor is he paying attention to the teacher as he is looking out the window. In reality, my son is totally focused and able to take in the whole lecture. My son's input into how he learns and prefers to communicate is how we learned how best he focuses and is able to be included in the classroom setting. Further research should be focused on gathering the perceptions and perspectives of learners with autism to advance learner engagement in the inclusive classroom setting.

Communication differences. Social communication across the globe has changed since the inception of technology. The biggest deficit within the definition of autism is social communication. Technology, in my opinion, has made us as a society a lot less social, which in turn has leveled the playing field for individuals with autism. It is critical to include the learner with autism in choosing the best mode of communication for them. Ongoing assistive technology assessment of the communication mode used for the learner as they get older should be monitored so as to not limit communication.

Further research in the field of technology and communication differences is much needed and suggested.

Valuing learners with autism point of view. Applying the knowledge and education one has learned about autism is not enough when working with these exceptional learners. As the saying goes, if you have met one person with autism, then you have met one person with autism. Each learner with autism is unique, therefore has a unique point of view. My suggestion to anyone that is interacting with a learner with autism is to first build a trusting relationship and respect his or her point of view. Strive to accept, understand and learn how best the learner communicates. Valuing and building off the strengths of any learner is at the core of engagement and reciprocity in inclusive learning opportunities. This study reported data that the participants struggled internally with being able to understand the learners with autism point of view as well as getting their point across to the learner with autism. Additional research is suggested in the area of understanding the perceptions and perspectives of leaders, practitioners, and learners with autism with regards to point of view.

Belief in learners with autism. Although in this study the scores for teacher trust in the learner were high, learner and facilitator-centered factors were scored low, indicating to me that the learner is trusted to comply rather than engage in reciprocal learning. Based on personal experience working in the field of special education for the past 15 years, there is a lack of belief in learners with autism cognitive capabilities. Further research is suggested on gathering the perceptions and perspectives of leaders and practitioners with regards to belief in learners with autism cognitive and communication

capabilities. Beliefs, values, and attitudes drive decision-making and should be considered for further research regarding inclusion for learners with autism.

Transformative learning/change. This study utilized the MIPI-PLA assessment tool for the first time as a standalone intervention. There were 11 participants that took the assessment, and overall it was reported to be easy to follow and understand. There was some confusion for the participants on their results in the facilitator-centered factor. It is suggested that the take home description sheet be updated to reflect greater detail in the definition of facilitator-centered learning process for clarification purposes. Many of the participants agreed that taking both self-assessments as an entire staff in addition to professional development, would be very beneficial. Participant 4 shared,

> If we used it as a tool for learning more insightful things about how we respond as a team, I think that would be very valuable. If we took it and all applied it together, like this is the first time. We never really have time all as a team to sit down and say, 'Hey, let's look at this. How can we do this better?' If we used it for that, I think it would be really helpful.

This study was limited by the number of participants; therefore, future research is suggested in transformative learning.

Conclusion

The results of this program evaluation study were mixed. The relationship between the perceptions and perspectives of leaders and practitioners relating to inclusive education for learners with autism did not vary greatly. The data did not convey significantly different responses within any category or factor of the two self-assessment tools between leaders and practitioners. This study was only about the perceptions and

perspectives of the leaders and practitioners who work within the early childhood learning center with preschool children with autism related to inclusive classroom practices, not the perceptions and perspectives of preschool children with autism nor their families.

Overall, the leaders and practitioners reported high scores on the newly formed self-assessment, IPQ-PLA, looking at perceptions of inclusive practices for learners with autism. One can conclude that within the categories presented, there were small variations among leaders and practitioners about leadership, assessment, and family. The MIPI-PLA self-assessment tool resulted in high overall average scores for both leaders and practitioners in factors on empathy, trust, planning, delivery of instruction, and accommodating learner uniqueness. In factors on teacher sensitivity of learners, learner-centered learning process, and facilitator-centered learning process, the overall averages for both leaders and practitioners were average to below average.

Though leaders and practitioners showed high levels of trust, empathy, and in accommodating uniqueness, and positive attitudes toward learners with autism, it is without the perspective of the learner with autism. The practitioner's trust of the learner with autism was based on learner with autism's level of compliance versus his or her engagement and reciprocity within the learning process. Ultimately, the stigma with regards to practitioner beliefs, values, and attitudes towards learners with autism and their cognitive and communication capabilities appears to still be a major barrier in accessing inclusive education.

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Appendix A – Email Recruitment Letter

Email Recruitment to Leaders & Practitioners

Dear Leaders & Practitioners in the Early Childhood Program of Special School District (SSD),

My name is Rachel Morgan, and I am a doctoral student at Lindenwood University. As part of my doctoral research, I am requesting your voluntary participation in completing a questionnaire, phase I, regarding your perceptions from the Division of Early Childhood recommended inclusive practices for preschool learners with a diagnosis of autism who receive special education services in your program. Your responses to questions in this questionnaire are extremely valuable to my doctoral research and the exploration into the role of leader's and practitioner's beliefs, values, and attitudes towards inclusive practices for preschool learner's with autism. This questionnaire is entirely anonymous, and completion time may vary depending on your answers, no longer than a half hour. I would be extremely grateful for your participation.

At the end of the questionnaire, you will find an opportunity to volunteer to participate in phase II of my doctoral research. I am looking for volunteers to participate in a more in-depth step to my research. The Modified Instructor's Perspectives Inventory (MIPI-PLA) is a self-assessment tool that will provide additional insight into your interactions with the learners. Taking the self-assessment intervention MIPI-PLA will vary, however should take no longer than a half hour to complete and will be provided as an electronic survey. Phase III, voluntary participation, consists of participating in a focus group to discuss further your perspectives, no longer than an hour. The information

collected throughout the research study will be kept confidential and no personal information will be collected nor publicized.

Questionnaire Informed Consent

You are invited to participate in a research study conducted by Rachel Morgan under the guidance of Dr. Susan Isenberg. The purpose of the program evaluation is to explore the current inclusive practices for preschool learners with autism in both process and outcomes of the program initiatives based on The Division of Early Childhood recommended practices.

Your voluntary participation will involve three phases:

- Phase I - The completion of an electronic questionnaire: Early Childhood Inclusive Practices Perceptions Inventory (IPQ-PLA). The amount of time involved in your participation will vary for the completion of the questionnaire, no longer than a half hour.
- Phase II – The completion of a second electronic questionnaire: The Modified Instructor's Perspectives Inventory (MIPI-PLA). The amount of time involved in your participation will vary for the completion of the intervention, no longer than a half hour.
- Phase III – The participation in a focus group to discuss your perspectives further which will be conducted and led by Dr. Susan Isenberg from Lindenwood University, no longer than an hour.

There are no anticipated risks associated with the questionnaire (IPQ-PLA), self-assessment intervention (MIPI-PLA), nor the focus groups. All identifying information that could be linked to a participant will not be used or shared in the research. The researcher will ask you to identify your role as an employee and will be provided a participant number, information such as this as well as other questions will be used to help categorize and analyze data.

The possible benefits to you from participating in this research includes learning how you perceive your program outcomes based on recommended practices, and identify how you interact and engage with the learners with autism that you provide supports to.

Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate in this research study or withdraw.

We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication or presentation that may result from this study and the information collected will be destroyed upon completion of the study. In some studies, using small sample sizes, there may be risk of identification.

If you have any questions or concerns regarding this study, or if any problems arise, you may call the investigator, Rachel Morgan at 636-399-0269 or the supervising faculty, Dr. Susan Isenberg at 314.495.9478. You may also ask questions of or state concerns regarding your participation to the Lindenwood Institutional Review Board (IRB) through contacting Dr. Marilyn Abbott, Provost at mabbott@lindenwood.edu or 636-949-4912.

Thank you in advance for your participation in my study.

If you are ready to start the questionnaire, please proceed.

Sincerely,

Rachel Morgan, MA, CAS

Appendix B – Informed Consent Letter - IPQ-PLA Assessment

INFORMED CONSENT FOR PARTICIPATION IN: Inclusive Practices Questionnaire Leaders & Practitioners working with Preschool Learners with Autism (IPQ-PLA)

Inclusive Education for Preschool Learners with Autism: A Program Evaluation.

Principal Investigator: Rachel Morgan, MA, CAS

Telephone: 636-399-0269 E-mail: rm358@lindenwood.edu

Participant _____ Contact info _____

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1. You are invited to participate in a research study conducted by Rachel Morgan under the guidance of Dr. Susan Isenberg. The purpose of this research is to evaluate both the process and outcomes of the current early childhood program at special school district regarding inclusive education for preschool learners 3-5 yrs. of age that have a diagnosis of autism.

2. a) Your participation will involve:

   Phase I - The completion of an email questionnaire: Inclusive Practices Questionnaire - Leaders & Practitioners working with Preschool Learners with Autism (IPQ-PLA).

   b) The amount of time involved in your participation will vary for the completion of the questionnaire, no longer than an hour.

3. There are no anticipated risks associated with this research.

4. There are no direct benefits for you participating in this study. However, your participation will contribute to the knowledge about inclusive education for preschool learners with a diagnosis of autism and may help society.

5. Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.

6. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication or presentation that may result from this study and the information collected will remain in the possession of the investigator in a safe location. In some studies, using small sample sizes, there may be risk of identification.

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Rachel Morgan at: 636-399-0269 or the Supervising Faculty, Dr. Susan Isenberg at: 314-495-9478. You may also ask questions of or state concerns regarding your participation to the Lindenwood Institutional Review Board (IRB) through contacting Dr. Marilyn Abbott, Interim Provost at mabbott@lindenwood.edu or 636-949-4912.

I have read this consent form and have been given the opportunity to ask questions. By continuing and taking the electronic survey, I give consent to my participation in the research described above.

Appendix C – Inclusive Practices Questionnaire (IPQ-PLA)

Inclusive Practices Questionnaire
Leaders & Practitioners working with Preschool Learners with Autism
(IPQ-PLA)

Please circle below the role you fulfill either in the **Leader** Category or the **Practitioner** Category

Leader:	Administration	Area Coordinator	Principal	Dept. Coordinator	Other:
Practitioner:	Teacher	ABA Implementer	Paraprofessional	Therapist (SLP, OT, PT…)	Other:

Listed below are 35 questions reflecting recommended inclusive practices provided by the Division of Early Childhood (2014). Please indicate how frequently each question typically applies to your early childhood program from your perception, for preschool learners with autism while engaged in inclusive learning opportunities.

Please circle the letter that best describes you on each of the 35 items.
Each item has a letter and a number assigned to them that correlates directly to the topic and specific recommended practice within that topic from the Division of Early Childhood recommended practices document (2014).

How frequently does your early childhood program

	Almost Never	Not Often	Sometimes	Usually	Almost Always
Leadership					
L1 - Create a culture and climate in which leaders, practitioners, and families support inclusive practices for learners with autism?	A	B	C	D	E
L3 - Develop and implement inclusive practices for learners with autism that promote collaboration in decision making between leaders, practitioners, and families?	A	B	C	D	E
L4 - Participate in evidence-based professional development specific to inclusive education for learners with autism?	A	B	C	D	E
L10 - Ensure that leaders, practitioners, and families know and follow all laws and regulations regarding inclusive practices?	A	B	C	D	E
L12 - Collaborate with all stakeholders to collect and utilize data for program management, ongoing improvement and to explore the efficacy of supports and services in improving the learners with autism and family outcomes?	A	B	C	D	E

Assessment

A3 - Accommodate the learners with autism sensory, physical, communication, cultural, linguistic, social, and emotional needs during assessments?	A	B	C	D	E
A4 - Utilize assessments that include all areas of development to learn about the learners with autism strengths, needs, preferences and interests?	A	B	C	D	E
A6 - Use multiple methods to gather assessment information from a variety of sources including the learners with autism family and other important individuals in the learner's life?	A	B	C	D	E
A7 - Gather information regarding the learners with autism skills in daily routines, activities and inclusive learning environments such as home, center, and community?	A	B	C	D	E
A9 - Implement ongoing assessment to identify learning goals, plan activities, as well as monitor the learners with autism progress in inclusive learning environments in order to revise instruction as needed?	A	B	C	D	E

Environment

E1 - Provide supports in natural and inclusive learning environments during all daily routines and activities to promote the learners with autism access to and participation in ALL learning experiences?	A	B	C	D	E

E2 - Utilize Universal Design for Learning (UDL) practices in order to create accessible inclusive learning environments for learners with autism?	A	B	C	D	E
E3 - Work with the family to modify and adapt the physical, social, and temporal environments to promote each learner with autism access to and participation in inclusive learning experiences?	A	B	C	D	E
E5 - Work with families and community resources to acquire or create appropriate assistive technology to promote learners with autism access to and participation in ALL inclusive learning experiences?	A	B	C	D	E

Family

F1 - Build trusting relationships with the family that foster collaboration to achieve mutually agreed upon goals that support the development of the learners with autism in inclusive learning environments?	A	B	C	D	E
F2 & F3 - Respond to each family and learners with autism unique circumstances; provide families with complete and unbiased information for them to make informed decisions?	A	B	C	D	E
F4 - Engage in collaborative meetings with all stakeholders in order to develop outcomes/goals for the learners with autism to participate in inclusive learning opportunities?	A	B	C	D	E

F5 - Promote family confidence, competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities?	A	B	C	D	E
F6 - Encourage the participation of families to engage in opportunities and experiences that promote inclusive practices for learners with autism?	A	B	C	D	E

Instruction

INS1 - Identify the learners with autism strengths, preferences, and interests in order to engage the learners in active learning in inclusive environments?	A	B	C	D	E
INS2 - Identify skills to target for instruction that support the learners with autism in becoming adaptive, competent, socially connected, and engaged in active learning in inclusive environments?	A	B	C	D	E
INS4 - Plan for and provide the level of support, accommodations, and adaptions needed for the learners with autism to access, participate, and learn within and across inclusive settings, activities, and routines?	A	B	C	D	E
INS5 - Embed instruction within and across all routines, activities, and environments to provide inclusive learning opportunities for the learners with autism?	A	B	C	D	E

INS6 - Utilize systematic instructional strategies with fidelity to teach skills and to promote the learners with autism engagement and learning in inclusive environments?	A	B	C	D	E
INS8 - Use peer-mediated interventions to teach skills and to promote the learners with autism engagement and learning in inclusive environments?	A	B	C	D	E
INS13 - Utilize coaching strategies with primary caregivers intentionally designed to promote the learners with autism engagement, learning, and development in inclusive learning environments?	A	B	C	D	E

Interaction

INT2 - Promote the learners with autism social development by encouraging the learners to initiate or maintain positive interactions with their peers and other adults during inclusive daily routines and activities?	A	B	C	D	E
INT3 - Promote the learners with autism communication development by observing, interpreting, and providing natural consequences for the learner's verbal and non-verbal communication in inclusive learning environments?	A	B	C	D	E
INT4 - Promote the learners with autism cognitive development by observing, interpreting, and responding intentionally to the learner's exploration, play and social activity in inclusive learning environments?	A	B	C	D	E

INT5 - Promote the learners with autism problem-solving skills by observing, interpreting, and scaffolding in response to the learner's growing level of autonomy and self-regulation in inclusive learning environments?	A	B	C	D	E

Teaming & Collaboration

TC1 - Collaborate as a team to plan and implement supports and services to meet the unique needs of the learners with autism and their family in inclusive learning environments?	A	B	C	D	E
TC2 - Collaborate to exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions for the learners with autism to participate in inclusive learning opportunities?	A	B	C	D	E
TC3 - Utilize communication and group facilitation strategies to enhance team function and interpersonal relationships with and among ALL team members?	A	B	C	D	E
TC4 - Support and assist each other to discover and access community-based services and other informal and formal resources to meet family identified child or family needs?	A	B	C	D	E
TC5 - Collaborate as a team to identify one practitioner from the team who services as the primary liaison between the family and the other team members based on the child and family priorities and needs?	A	B	C	D	E

Appendix D - Informed Consent Letter - MIPI-PLA Assessment

INFORMED CONSENT FOR PARTICIPATION IN: Modified Instructors Perspectives Inventory for Leaders & Practitioners working with Preschool Learners with Autism (MIPI-PLA)

Inclusive Education for Preschool Learners with Autism: A Program Evaluation.

Principal Investigator: Rachel Morgan, MA, CAS

Telephone: 636-399-0269 E-mail: rm358@lindenwood.edu

Participant _____ Contact info _____

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2. You are invited to participate in a research study conducted by Rachel Morgan under the guidance of Dr. Susan Isenberg. The purpose of this research is to evaluate both the process and outcomes of the current early childhood program at special school district regarding inclusive education for preschool learners 3-5 yrs. of age that have a diagnosis of autism.

2. a) Your participation will involve:

Phase II - The completion of an email questionnaire: Modified Instructors Perspectives Inventor - Leaders & Practitioners working with Preschool Learners with Autism (MIPI-PLA).

b) The amount of time involved in your participation will vary for the completion of the questionnaire, no longer than an hour.

8. There are no anticipated risks associated with this research.

9. There are no direct benefits for you participating in this study. However, your participation will contribute to the knowledge about inclusive education for preschool learners with a diagnosis of autism and may help society.

10. Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. You may choose not to answer any questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.

11. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication or presentation that may result from this study and the information collected will remain in the possession of the investigator in a safe location. In some studies, using small sample sizes, there may be risk of identification.

12. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Rachel Morgan at: 636-399-0269 or the Supervising Faculty, Dr. Susan Isenberg at: 314-495-9478. You may also ask questions of or state concerns regarding your participation to the Lindenwood Institutional Review Board (IRB) through contacting Dr. Marilyn Abbott, Interim Provost at mabbott@lindenwood.edu or 636-949-4912.

I have read this consent form and have been given the opportunity to ask questions. By continuing and taking the electronic survey, I give consent to my participation in the research described above.

Appendix E – Adapted Modified Instructional Perspectives Inventory – MIPI-PLA

MODIFIED INSTRUCTIONAL PERSPECTIVES INVENTORY
©John A. Henschke
Adapted for Leaders & Practitioners working with Preschool Learners with Autism (MIPI-PLA)

Please mark [*] below the role you fulfill either in the **Leader** Category or the **Practitioner** Category.

Leader:	Administration	Area Coordinator	Principal	Dept. Coordinator	Other: _____
Practitioner:	Teacher	ABA Implementer	Paraprofessional	Therapist (SLP, OT, PT…)	Other:

Listed below are 45 questions reflecting beliefs, feelings, and behaviors beginning or seasoned leaders and practitioners of preschool learners with autism may or may not possess at a given moment. Please indicate how frequently each statement typically applies to you as you work with the preschool learners with autism. Place a Circle [0] around the letter answer that best describes you on each of the 45 items.

How frequently in the learning setting do you	Almost Never	Not Often	Sometimes	Usually	Almost Always
1. Use a variety of teaching techniques?	A	B	C	D	E
2. Use buzz groups (learners with autism placed in groups to discuss)?	A	B	C	D	E
3. Believe that your primary goal is to provide learners with autism as much information as possible?	A	B	C	D	E
4. Feel fully prepared to teach?	A	B	C	D	E
5. Have difficulty understanding the learners with autism point-of-view?	A	B	C	D	E
6. Expect and accept the learners with autism frustration as they grapple with problems?	A	B	C	D	E
7. Purposefully communicate to learners with autism that each is uniquely important?	A	B	C	D	E
8. Express confidence that learners with autism will develop the skills they need?	A	B	C	D	E
9. Search for or create new teaching techniques?	A	B	C	D	E
10. Teach through simulations of real-life settings?	A	B	C	D	E

11. Teach exactly what and how you have planned?	A	B	C	D	E
12. Notice and acknowledge to learners with autism positive changes in them?	A	B	C	D	E
13. Have difficulty getting your point across to learners with autism?	A	B	C	D	E
14. Believe that learners with autism vary in the way they acquire, process, and apply subject matter knowledge?	A	B	C	D	E
15. Really listen to what learners with autism have to say?	A	B	C	D	E
16. Trust learners with autism to know what their own goals, dreams, and realities are like?	A	B	C	D	E
17. Encourage learners with autism to solicit assistance from other learners?	A	B	C	D	E
18. Feel impatient with the progress of the learners with autism?	A	B	C	D	E
19. Balance your efforts between content acquisition and motivation for the learner with autism?	A	B	C	D	E
20. Try to make your presentation clear enough to forestall all questions the learner with autism may have?	A	B	C	D	E
21. Conduct group discussions between yourself and learners with autism?	A	B	C	D	E
22. Establish instructional objectives?	A	B	C	D	E

23. Use a variety of instructional media (internet, videos, video modeling, smart board, etc.)?	A	B	C	D	E
24. Use listening teams (learners with autism grouped together to listen for a specific purpose) during circle time?	A	B	C	D	E
25. Believe that your teaching skills are as refined as they can be?	A	B	C	D	E
26. Express appreciation to learners with autism who actively participate?	A	B	C	D	E
27. Experience frustration with the apathy of learners with autism?	A	B	C	D	E
28. Prize the ability of learners with autism to learn what is needed?	A	B	C	D	E
29. Feel learners with autism need to be aware of and communicate their thoughts and feelings?	A	B	C	D	E
30. Enable learners with autism to evaluate their own progress in learning?	A	B	C	D	E
31. Hear what learners with autism indicate their learning needs are?	A	B	C	D	E
32. Have difficulty with the amount of time learners with autism need to grasp various concepts?	A	B	C	D	E
33. Promote positive self-esteem in the learners with autism?	A	B	C	D	E
34. Require learners with autism to follow the precise learning experiences you provide them?	A	B	C	D	E
35. Conduct role plays with learners with autism?	A	B	C	D	E

36. Get bored with the many questions learners with autism ask?	A	B	C	D	E
37. Individualize the pace of learning for each learner with autism?	A	B	C	D	E
38. Help learners with autism explore their own abilities?	A	B	C	D	E
39. Engage learners with autism in clarifying their own aspirations?	A	B	C	D	E
40. Ask the learners with autism how they would approach a learning task?	A	B	C	D	E
41. Feel irritation at the learners with autism inattentiveness in the learning setting?	A	B	C	D	E
42. Integrate teaching techniques with subject matter content?	A	B	C	D	E
43. Develop supportive relationships with your learners with autism?	A	B	C	D	E
44. Experience unconditional positive regard for your learners with autism?	A	B	C	D	E
45. Respect the dignity and integrity of the learners with autism?	A	B	C	D	E

Appendix F – MIPI-PLA Scoring Sheet

INSTRUCTOR'S PERSPECTIVE INVENTORY FACTORS

1	**2**	**3**	**4**	***5**	**6**	***7**
4	**7**	**1**	**6**	***5**	**2**	***3**
12	**8**	**9**	**14**	***13**	**10**	***11**
19	**16**	**22**	**15**	***18**	**21**	***20**
26	**28**	**23**	**17**	***27**	**24**	***25**
33	**29**	**42**	**37**	***32**	**35**	***34**
	30		**38**	***36**		
	31		**40**	***41**		
	39					
	43					
	44					
	45					
TOTAL	**TOTAL**	**TOTAL**	**TOTAL**	**TOTAL**	**TOTAL**	**TOTAL**

SCORING PROCESS:

A = 1, B = 2, C = 3, D = 4, AND E = 5

REVERSED SCORED ITEMS ARE 3, 5, 11, 13, 18, 20, 25, 27, 32, 34, 36, AND 41.

***THESE REVERSED ITEMS ARE SCORED AS FOLLOWS:**

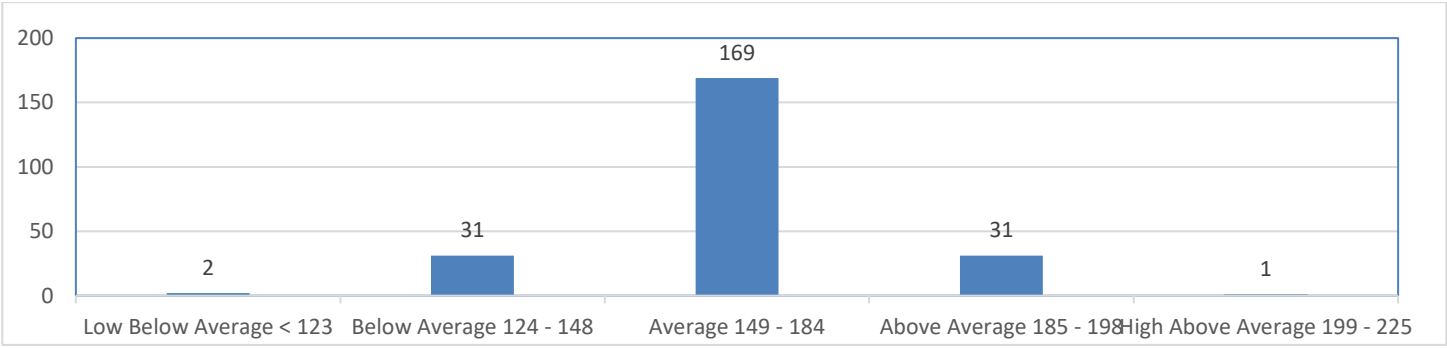
A = 5, B = 4, C = 3, D = 2, AND E = 1

FACTORS	TOTAL	MINIMUM	MAXIMUM
1) Teacher empathy with learners.		**5**	**25**
2) Teacher trust of learners		**11**	**55**
3) Planning and delivery of instruction.		**5**	**25**
4) Accommodating learner uniqueness.		**7**	**35**
5) Teacher sensitivity toward learners.		**7**	**35**
6) Experience based learning techniques (Learner-centered learning process).		**5**	**25**
7) Facilitator-centered learning process.		**5**	**25**
GRAND TOTAL			

Appendix G – MIPI-PLA Take Home Results

Use of Andragogical Principles
Category Levels

Category levels	Percentage	MIPI-PLA - Score
High Above Average	89% - 100%	225 – 199
Above Average	88% - 82 %	198 - 185
Average	81% - 66%	184 – 149
Below Average	65% - 55%	148 – 124
Low Below Average	54 %	123 <



Seven Factors under MIPI-PLA	MIPI-PLA Items	Participant Score
1) Teacher **empathy** with learners	4, 12, 19, 26, 33	
2) Facilitator **trust** of learners	7,8 16, 28, 29, 30, 31, 39, 43, 44, 45	
3) **Planning & Delivery** of instruction	1, 9, 22, 23, 42	
4) **Accommodating** learner uniqueness	6, 14, 15, 17, 37, 38, 40	
5) Teacher **Sensitivity** toward learners	5, 13, 18, 27, 32, 36, 41	
6) **Learner-centered** {Experience - Based} learning process	2, 10, 21, 24, 35	
7) **Facilitator-centered** learning process	3, 11, 20, 25, 34	
Grand Total Score		

Items constituting the seven factors of the Instructional Perspectives Inventory

FACTORS WITH ITEMS

Factor #1 - Teacher Empathy with Learners – Your Teacher

4. Feels fully prepared to teach.

12. Notices and acknowledges to learners' positive changes in them.

19. Balances her/his efforts between learner content acquisition and motivation.

26. Expresses appreciation to learners who actively participate.

33. Promotes positive self-esteem in learners.

Factor #2 - Teacher Trust of Learners – Your Teacher

7. Purposefully communicates to learners that each is uniquely important.

8. Expresses confidence that learners will develop the skills they need.

16. Trusts learners to know what their own goals, dreams, and realities are like.

28. Prizes the learner's ability to learn what is needed.

29. Feels learners need to be aware of and communicate their thoughts and feelings.

30. Enables learners to evaluate their own progress in learning.

31. Hear what learners indicate their learning needs are.

39. Engages learners in clarifying their own aspirations.

43. Develops supportive relationships with her/his learners.

44. Experiences unconditional positive regard for her/his learners.

45. Respects the dignity and integrity of the learners.

Factor #3 – Planning and Delivery of Instruction – Your Teacher

1. Uses a variety of teaching techniques.

9. Searchers for or creates new teaching techniques.

22. Establishes instructional objectives.

23. Uses a variety of instructional media? (internet, videos, video modeling, smart board, etc.).

42. Integrates teaching techniques with subject matter content.

Factor #4 – Accommodating Learner Uniqueness – Your Teacher

6. Expects and accepts learner frustration as they grapple with problems.

14. Believes that learners vary in the way they acquire, process, and apply subject matter knowledge.

15. Really listens to what learners have to say.

17. Encourages learners to solicit assistance from other learners.

37. Individualizes the pace of learning for each learner.

38. Helps learners explore their own abilities.

40. Asks the learners how they would approach a learning task.

Factor #5 – Teacher Sensitivity toward Learners – Your Teacher

5. Has difficulty understanding learner's point of view.

13. Has difficulty getting her/his point across to learners.

18. Feels impatient with learner's progress.

27. Experiences frustration with learner apathy.

32. Have difficulty with the amount of time learners need to grasp various concepts.

36. Gets bored with the many questions learners ask.

41. Feels irritation at learner inattentiveness in the learning setting?

Factor #6 – Learner-centered {Experienced-based} Learning Process – Your Teacher

2. Uses buzz groups (learners placed in groups to discuss) information from lectures.

10. Teaches through simulations of real-life.

21. Conducts group discussions.

24. Uses listening teams (learners grouped together to listen for a specific purpose) during circle time.

35. Conducts role plays.

Factor #7 – Facilitator-centered Learning Process – Your Teacher

3. Believes that her/his primary goal is to provide learners as much information as possible.

11. Teaches exactly what and how she/he has planned.

20. Tries to make her/his presentations clear enough to forestall all learner questions.

25. Believes that her/his teaching skills are as refined as they can be.

34. Requires learners to follow the precise learning experiences she/he provides them.

Appendix H – MIPI-PLA Factor Descriptions

FACTOR DESCRIPTIONS

Teacher empathy with Learners

Empathetic teachers' pay attention to development of "a warm, close, working relationship (Stanton, 2005, p. 116) with learners. Empathetic teachers respond to their learner's learning needs.

Teacher trust of Learners

Trust and respect between teachers and learners can be created in different ways, for example avoid threat, avoid negative influences, and allow learners to take responsibility for their own learning (Stanton, 2005). In addition, relaxed and low risk atmosphere is an important factor in establishing mutual trust and respect.

Planning and delivery of instruction

In the Andragogical approach, teachers should plan learning facilitation in the way that learners are involved in the planning process. When learners take responsibility for their own learning, they have commitment for their success. Finally, Knowles (1980) suggest evaluation and feedback should be included in the planning. Accommodating learning Uniqueness

Teachers should facilitate learners' learning and take into account the learners' difference, for instance, self-concept, motivation, accumulated life experience, and the application learners have in mind for the subject learned (Pratt, 1998; Stanton, 2005). Each learner has his/her preference in learning and he/she learns best in different methods. Teachers should apply distinct learning facilitation techniques with their learners.

Teacher's Sensitivity toward learners

When teachers lack sensitivity and feeling to recognize learners' uniqueness and effort, the trust, mutual respect, and link between them are not bonded. Knowles (1980) contends that a factor that most influence the climate of learning is the behavior of facilitator, or in this research is teacher. In addition, one simple way to show care and respect to learners is listening to what they say.

Learner-centered learning process

With different accumulated learning experience, learners should take a major part in their own learning. The learners are active parts of the learning and work process. The role of teachers is to facilitate with group dynamics and social interaction (Houle, 1996) so that the subordinates can easily apply the subject learned to applications they have in mind.

Facilitator-centered learning process

Teacher-centered learning is defined as learning where facilitators control the environment. It is also called subject-centered process (Knowles, 1980). The knowledge flow is a one-way transmission from teachers to learners. Unlike a facilitator-centered learning process, learners are passive parts in the teacher-centered learning process (Stanton, 2005).

Appendix I – MIPI-PLA Permission Letter from Dr. John Henschke

2/29/16

Mrs. Rachel Morgan:

I am pleased that you wish to use the Modified Instructional Perspectives Inventory Adapted for Leaders and Practitioners Working with Preschool Learners with Autism (MIPI-PLA) in your doctoral dissertation research study regarding "Inclusive Education for Preschool Learners with Autism: A Program Evaluation." I hereby give you permission to use this copyrighted instrument. I would expect an appropriate citation for this tool in your dissertation or any publications that result from using it.

If there is any other way I may help you in this process, please let me know. My best wishes to you in your research.

Most Sincerely,

John A. Henschke, Ed. D.

Chair of Andragogy Doctoral Emphasis Specialty
and Associate Professor School of Education,
Lindenwood University

Appendix J – Informed Consent – Focus Group Discussion

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH -
Focus Group Informed Consent Form
ACTIVITIES

Inclusive Education for Preschool Learners with Autism: A Program Evaluation.
Principal Investigator: Rachel Morgan, MA, CAS

Telephone: 636-399-0269 E-mail: rm358@lindenwood.edu

Participant _____ Contact info _____

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1. You are invited to participate in a research study conducted by Rachel Morgan under the guidance of Dr. Susan Isenberg. The purpose of this research is to evaluate both the process and outcomes of the current early childhood program at special school district regarding inclusive education for preschool learners 3-5 yrs. of age that have a diagnosis of autism.
2. a) Your participation will involve:

   Phase III – Voluntary participation in a focus group, facilitated by Dr. Susan Isenberg.

   b) The amount of time involved in your participation will vary for the completion, no longer than an hour.
3. There are no anticipated risks associated with this research.
4. There are no direct benefits for you participating in this study. However, your participation will contribute to the knowledge about inclusive education for preschool learners with a diagnosis of autism and may help society
5. Your participation is voluntary and you may choose not to participate in this research study or to withdraw your consent at any time. You may choose not to answer any

questions that you do not want to answer. You will NOT be penalized in any way should you choose not to participate or to withdraw.

6. We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication or presentation that may result from this study and the information collected will remain in the possession of the investigator in a safe location. In some studies, using small sample sizes, there may be risk of identification.
7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, Rachel Morgan at: 636-399-0269 or the Supervising Faculty, Dr. Susan Isenberg at: 314-495-9478. You may also ask questions of or state concerns regarding your participation to the Lindenwood Institutional Review Board (IRB) through contacting Dr. Marilyn Abbott, Interim Provost at mabbott@lindenwood.edu or 636-949-4912.

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my participation in the research described above.

_____ _____

Participant's Signature Date Participant's Printed Name

_____ _____

Signature of Principal Investigator Date Investigator Printed Name

Appendix K - IPQ-PLA Results

IPQ-PLA RESULTS								
Participant Role	Leadership	Assessment	Environment	Family	Instruction	Interaction	Teaming & Collaboration	Total
Leader	21.8	23	17	23	30	20	22	157
Leader	25	25	18	25	33	20	24	170
Practitioner	21	23	16	22	30	18	20	150
Leader	23	25	17	25	31	19	23	163
Leader	19	23	15	20	27	16	17	137
Practitioner	15	15	11	13	19	12	14	99
Practitioner	21	21	15	22	34	19	22	154
Practitioner	23	24	19	24	33	19	25	167
Practitioner	25	25	18	25	35	20	25	173
Practitioner	24	25	16	25	31	20	22	163
Practitioner	19	16	13	17	27	20	20	132

Practitioner	25	25	20	25	35	20	25	175
Avg.	21.8	22.5	16.3	22.2	30.4	18.6	21.6	153.3
Maximum	25	25	20	25	35	20	25	175

DEC Recommended Practices - Leadership *Key: 1=Almost Never; 2=Not Often; 3=Sometimes; 4=Usually; 5=Almost Always						
Participant Role	L1-Create a culture & climate in which leaders, practitioners, & families support inclusive practices for learners with autism?	L3-Develop & implement inclusive practices for learners with autism that promote collaboration in decision making between leaders, practitioners, & families?	L4-Participate in evidence-based professional development specific to inclusive education for learners with autism?	L10-Ensure that leaders, practitioners, & families know and follow all laws and regulations regarding inclusive practices?	L12-Collaborate with all stakeholders to collect and utilize data for program management, ongoing improvement & to explore the efficacy of supports and services in improving the learners with autism & family outcomes?	Avg. Total
Leader	*5*	*5*	*4*	*5*	*3*	*4.4*
Leader	*5*	*5*	*5*	*5*	*5*	*5*
Practitioner	*5*	*5*	*2*	*4*	*5*	*4.2*
Leader	*5*	*5*	*3*	*5*	*5*	*4.6*
Leader	*4*	*4*	*4*	*4*	*3*	*3.8*
Practitioner	*3*	*3*	*3*	*4*	*2*	*3*
Practitioner	*5*	*4*	*4*	*4*	*4*	*4.2*
Practitioner	*5*	*5*	*5*	*5*	*3*	*4.6*
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*
Practitioner	*5*	*5*	*4*	*5*	*5*	*4.8*
Practitioner	*5*	*5*	*1*	*4*	*4*	*3.8*
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*

Avg. Response by Category	*4.8*	*4.7*	*3.8*	*4.6*	*4.1*	*4.4*

DEC Recommended Practices - Assessment *Key: 1=Almost Never; 2=Not Often; 3=Sometimes; 4=Usually; 5=Almost Always						
Participant Role	A3- Accommodate the learners with autism sensory, physical, communication, cultural, linguistic, social, & emotional needs during assessments?	A4-Utilize assessments that include all areas of development to learn about the learners with autism strengths, needs, preferences, & interests?	A6-Use multiple methods to gather assessment information from a variety of sources including the learners with autism family & other important individuals in the learner's life?	A7-Gather information regarding the learners with autism skills in daily routines, activities, & inclusive learning environments such as home, center, & community?	A9-Implement ongoing assessment to identify learning goals, plan activities, as well as monitor the learners with autism progress in inclusive learning environments in order to revise instruction as needed?	Avg. Total
Leader	*5*	*4*	*5*	*5*	*4*	*4.6*
Leader	*5*	*5*	*5*	*5*	*5*	*5*
Practitioner	*5*	*4*	*5*	*4*	*5*	*4.6*
Leader	*5*	*5*	*5*	*5*	*5*	*5*
Leader	*4*	*5*	*4*	*5*	*5*	*4.6*
Practitioner	*3*	*3*	*3*	*3*	*3*	*3*
Practitioner	*4*	*4*	*4*	*4*	*5*	*4.2*
Practitioner	*5*	*4*	*5*	*5*	*5*	*4.8*
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*
Practitioner	*5*	*4*	*3*	*3*	*1*	*3.2*
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*

Avg. Response by Category	*4.7*	*4.4*	*4.5*	*4.5*	*4.4*	*4.5*

DEC Recommended Practices - Environment *Key: 1=Almost Never; 2=Not Often; 3=Sometimes; 4=Usually; 5=Almost Always					
Participant Role	E1-Provide supports in natural & inclusive learning environments during all daily routines & activities to promote the learners with autism access to & participation in ALL learning experiences?	E2-Utilize universal design for learning (UDL) practices in order to create accessible inclusive learning environments for learners with autism?	E3-Work with the family to modify & adapt the physical, social, & temporal environments to promote each learner with autism access to & participation in inclusive learning experiences?	E5-Work with families & community resources to acquire or create appropriate assistive technology to promote learners with autism access to & participation in ALL inclusive learning experiences?	Avg. Total
Leader	4	4	5	4	4.3
Leader	5	4	5	4	4.5
Practitioner	5	4	4	3	4
Leader	4	5	5	3	4.3
Leader	4	4	3	4	3.8
Practitioner	4	3	2	2	2.8
Practitioner	5	2	4	4	3.8
Practitioner	5	5	5	4	4.8
Practitioner	5	5	5	3	4.5
Practitioner	5	2	5	4	4
Practitioner	5	4	3	1	3.3
Practitioner	5	5	5	5	5

Avg. Response by Category	4.7	3.9	4.3	3.4	4.1

DEC Recommended Practices - Family *Key: 1=Almost Never; 2=Not Often; 3=Sometimes; 4=Usually; 5=Almost Always						
Participant Role	F1-build trusting relationships with the family that foster collaboration to achieve mutually agreed upon goals that support the development of the learners with autism in inclusive learning environments?	F2&F3-Respond to each family & learners with autism unique circumstances; provide families with complete and unbiased information for them to make informed decisions?	F4-Engage in collaborative meetings with all stakeholders in order to develop outcomes/goals for the learners with autism to participate in inclusive learning	F5- Promote family confidence, competence, & strengthen family-child relationships by acting in ways that recognize & build on family strengths & capacities?	F6-Encourage the participation of families to engage in opportunities & experiences that promote inclusive practices for learners with autism?	Avg. Total
Leader	5	5	4	5	4	4.6
Leader	5	5	5	5	5	5
Practitioner	5	5	4	4	4	4.4
Leader	5	5	5	5	5	5
Leader	5	4	5	3	3	4
Practitioner	3	3	2	3	2	2.6
Practitioner	5	4	4	4	5	4.4
Practitioner	5	5	5	4	5	4.8
Practitioner	5	5	5	5	5	5
Practitioner	5	5	5	5	5	5
Practitioner	4	3	1	5	4	3.4

Practitioner	5	5	5	5	5	5
Avg. Response by Category	4.8	4.5	4.2	4.4	4.3	4.4

DEC Recommended Practices - Instruction *Key: 1=Almost Never; 2=Not Often; 3=Sometimes; 4=Usually; 5=Almost Always				
Participant Role	INS1-Identify the learners with autism strengths, preferences, & interests in order to engage the learners in active learning in inclusive environments?	INS2-Identify skills to target for instruction that support the learners with autism in becoming adaptive, competent, socially connected, & engaged in active learning in inclusive environments?	INS4-Plan for & provide the level of support, accommodations, & adaptions needed for the learners with autism to access, participate, & learn within & across inclusive settings, activities, & routines?	INS5-Embed instruction within & across all routines, activities, & environments to provide inclusive learning opportunities for the learners with autism?
Leader	5	5	5	4
Leader	4	5	5	5
Practitioner	5	5	5	5
Leader	5	5	5	4
Leader	4	4	4	5
Practitioner	3	3	3	3
Practitioner	5	5	5	5
Practitioner	5	5	4	5
Practitioner	5	5	5	5
Practitioner	5	5	5	4
Practitioner	5	3	4	5
Practitioner	5	5	5	5
Category	4.7	4.6	4.6	4.6

DEC Recommended Practices - Instruction *Key: 1=Almost Never; 2=Not Often; 3=Sometimes; 4=Usually; 5=Almost Always				
Participant Role	INS6-Utilize systematic instructional strategies with fidelity to teach skills & to promote the learners with autism engagement & learning in inclusive environments?	INS8-Use peer-mediated interventions to teach skills & to promote the learners with autism engagement & learning in inclusive environments?	INS13-Utilize coaching strategies with primary caregivers intentionally designed to promote the learners with autism engagement, learning, & development in inclusive learning environments?	Avg. Total
Leader	4	3	4	4.3
Leader	5	4	5	4.7
Practitioner	4	3	3	4.3
Leader	5	3	4	4.4
Leader	4	3	3	3.9
Practitioner	3	2	2	2.7
Practitioner	5	5	4	4.9
Practitioner	5	5	4	4.7
Practitioner	5	5	5	5
Practitioner	4	5	3	4.4
Practitioner	5	4	1	3.9
Practitioner	5	5	5	5

Avg. Response by Category	4.5	3.9	3.6	4.4

DEC Recommended Practices - Interactions *Key: 1=Almost Never; 2=Not Often; 3=Sometimes; 4=Usually; 5=Almost Always					
Participant Role	INT2-Promote the learners with autism social development by encouraging the learners to initiate or maintain positive interactions with their peers & other adults during inclusive daily routines & activities?	INT3-Promote the learners with autism communication development by observing, interpreting, & providing natural consequences for the learner's verbal & non-verbal communication in inclusive learning environments?	INT4-Promote the learners with autism cognitive development by observing, interpreting, & responding intentionally to the learner's exploration, play & social activity in inclusive learning environments?	INT5-Promote the learners with autism problem-solving skills by observing, interpreting, & scaffolding in response to the learner's growing level of autonomy & self-regulation in inclusive learning environments?	Avg. Total
Leader	5	5	5	5	5
Leader	5	5	5	5	5
Practitioner	4	5	5	4	4.5
Leader	5	4	5	5	4.8
Leader	4	4	4	4	4
Practitioner	3	3	3	3	3
Practitioner	5	5	5	4	4.8
Practitioner	5	5	5	4	4.8
Practitioner	5	5	5	5	5
Practitioner	5	5	5	5	5
Practitioner	5	5	5	5	5
Practitioner	5	5	5	5	5

Avg. Response by Category	4.7	4.7	4.8	4.5	4.7

DEC Recommended Practices - T & C *Key: 1=Almost Never; 2=Not Often; 3=Sometimes; 4=Usually; 5=Almost Always						
Participant Role	TC1-Collaborate as a team to plan & implement supports & services to meet the unique needs of the learners with autism & their family in inclusive learning environments?	TC2-Collaborate to exchange expertise, knowledge, & information to build team capacity & jointly solve problems, plan, & implement interventions for the learners with autism to participate in inclusive learning opportunities?	TC3-Utilize communication & group facilitation strategies to enhance team function & interpersonal relationships with & among ALL team members?	TC4-support & assist each other to discover & access community-based services & other informal & formal resources to meet family identified child or family needs?	TC5-Collaborate as a team to identify one practitioner from the team who serves as the primary liaison between the family & other team members based on the child & family priorities & needs?	Avg. Total
Leader	5	5	5	3	4	4.4
Leader	5	5	5	4	5	4.8
Practitioner	5	4	4	3	4	4
Leader	5	5	4	4	5	4.6
Leader	5	4	3	2	3	3.4
Practitioner	3	3	2	3	3	2.8
Practitioner	5	4	4	4	5	4.4
Practitioner	5	5	5	5	5	5
Practitioner	5	5	5	5	5	5
Practitioner	4	5	5	3	5	4.4
Practitioner	4	4	4	3	5	4
Practitioner	5	5	5	5	5	5

Avg. Response by Category	4.7	4.5	4.3	3.7	4.5	4.3

Appendix L - MIPI-PLA Results

MIPI-PLA RESULTS								
Participant Role	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Grand Total
Practitioner	*25*	*54*	*22*	*33*	*31*	*19*	*12*	196
Leader	*24*	*53*	*24*	*35*	*30*	*16*	*12*	194
Leader	*20*	*37*	*20*	*25*	*30*	*12*	*16*	160
Practitioner	*22*	*52*	*23*	*30*	*27*	*16*	*10*	180
Practitioner	*20*	*46*	*17*	*31*	*26*	*16*	*16*	172
Leader	*22*	*43*	*20*	*32*	*23*	*17*	*11*	168
Leader	*18*	*41*	*19*	*24*	*28*	*11*	*15*	156
Practitioner	*22*	*48*	*21*	*31*	*18*	*22*	*10*	172
Practitioner	*25*	*49*	*23*	*32*	*28*	*17*	*15*	189
Practitioner	*22*	*53*	*18*	*29*	*23*	*10*	*12*	167
Practitioner	*25*	*53*	*25*	*33*	*28*	*20*	*10*	194
Avg.-Totals	*22.3*	*48*	*21*	*30.5*	*26.5*	*16*	*12.6*	177.1

Maximum	*25*	*55*	*25*	*35*	*35*	*25*	*25*	225

Factor 1 - Teacher Empathy with Learners						
Participant Role	#4 - Feel Fully prepared to Teach	#12 - Notice and acknowledge to learners with autism positive changes in them?	efforts between content acquisition and motivation for the learner with autism?	#26 - Express appreciation to learners with autism who actively participate?	#33 - Promote positive self-esteem in the learners with autism?	Avg. Total
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*
Leader	*4*	*5*	*5*	*5*	*5*	*4.8*
Leader	*4*	*4*	*3*	*5*	*4*	*4*
Practitioner	*5*	*4*	*4*	*4*	*5*	*4.4*
Practitioner	*3*	*4*	*3*	*5*	*5*	*4*
Leader	*4*	*4*	*4*	*5*	*5*	*4.4*
Leader	*4*	*4*	*3*	*3*	*4*	*3.6*
Practitioner	*4*	*5*	*4*	*4*	*5*	*4.4*
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*
Practitioner	*3*	*5*	*4*	*5*	*5*	*4.4*
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*

Avg. Response by Category	*4.2*	*4.5*	*4.1*	*4.6*	*4.8*	*4.4*

Factor 2 - Facilitator trust of Learners						
Participant Role	#7 - Purposefully communicate to learners with autism that each is uniquely important?	#8 - Express confidence that learners with autism will develop the skills they need?	#16 - Trust learners with autism to know what their own goals, dreams, and realities are like?	#28 - Prize the ability of learners with autism to learn what is needed?	#29 - Feel learners with autism need to be aware of and communicate their thoughts and feelings?	#30 - Enable learners with autism to evaluate their own progress in learning?
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*
Leader	*5*	*5*	*5*	*5*	*5*	*4*
Leader	*5*	*4*	*4*	*3*	*2*	*3*
Practitioner	*4*	*4*	*5*	*5*	*5*	*4*
Practitioner	*5*	*5*	*5*	*4*	*4*	*3*
Leader	*4*	*4*	*4*	*4*	*4*	*3*
Leader	*4*	*4*	*3*	*4*	*4*	*3*
Practitioner	*5*	*5*	*3*	*5*	*5*	*4*
Practitioner	*5*	*5*	*5*	*5*	*5*	*3*
Practitioner	*5*	*5*	*4*	*5*	*5*	*5*
Practitioner	*5*	*5*	*4*	*5*	*5*	*5*

Avg. Total	*4.7*	*4.6*	*4.3*	*4.5*	*4.5*	*3.8*

Factor 2 - Facilitator trust of Learners - Continued						
Participant Role	#31 - Hear what learners with autism indicate their learning needs are?	#39 - Engage learners with autism in clarifying their own aspirations?	#43 - Develop supportive relationships with your learners with autism?	#44 - Experience unconditional positive regard for your learners with autism?	#45 - Respect the dignity and integrity of the learners with autism?	Avg. Total
Practitioner	*5*	*4*	*5*	*5*	*5*	*4.9*
Leader	*5*	*4*	*5*	*5*	*5*	*4.8*
Leader	*4*	*3*	*4*	*4*	*4*	*3.6*
Practitioner	*5*	*5*	*5*	*5*	*5*	*4.7*
Practitioner	*2*	*3*	*5*	*5*	*5*	*4.2*
Leader	*3*	*4*	*4*	*4*	*5*	*3.9*
Leader	*3*	*3*	*4*	*4*	*5*	*3.7*
Practitioner	*3*	*5*	*5*	*3*	*5*	*4.4*
Practitioner	*3*	*3*	*5*	*5*	*5*	*4.5*
Practitioner	*5*	*4*	*5*	*5*	*5*	*4.8*
Practitioner	*5*	*5*	*5*	*4*	*5*	*4.8*

Avg. Response by Category	*3.9*	*3.9*	*4.7*	*4.5*	*4.9*	*4.4*

Factor 3 - Planning & Delivery of Instruction						
Participant Role	#1 - Use a variety of teaching techniques?	#9 - Search for or create new teaching techniques?	#22 - Establish instructional objectives?	#23 - Use a variety of instructional media (internet, videos, video modeling, smart board, etc.)?	#42 - Integrate teaching techniques with subject matter content?	Avg. Total
Practitioner	*5*	*5*	*5*	*2*	*5*	4.4
Leader	*5*	*5*	*5*	*4*	*5*	4.8
Leader	*4*	*4*	*4*	*3*	*5*	4
Practitioner	*5*	*4*	*5*	*4*	*5*	4.6
Practitioner	*4*	*3*	*2*	*4*	*4*	3.4
Leader	*5*	*4*	*5*	*2*	*4*	4
Leader	*4*	*3*	*4*	*4*	*4*	3.8
Practitioner	*5*	*5*	*4*	*4*	*3*	4.2
Practitioner	*5*	*4*	*5*	*4*	*5*	4.6
Practitioner	*5*	*3*	*2*	*4*	*4*	3.6
Practitioner	*5*	*5*	*5*	*5*	*5*	5

Avg. Response by Category	*4.7*	*4.1*	*4.2*	*3.6*	*4.5*	4.2

Factor 4 - Accommodating Learner Uniqueness								
Participant Role	#6 - Expect and accept the learners with autism frustration as they grapple with problems?	#14 - Believe that learners with autism vary in the way they acquire, process, and apply subject matter knowledge?	#15 - Really listen to what learners with autism have to say?	#17 - Encourage learners with autism to solicit assistance from other learners?	#37 - Individualize the pace of learning for each learner with autism?	#38 - Help learners with autism explore their own abilities?	#40 - Ask the learners with autism how they would approach a learning task?	Avg. Total
Practitioner	*5*	*5*	*5*	*5*	*5*	*5*	*3*	4.7
Leader	*5*	*5*	*5*	*5*	*5*	*5*	*5*	5
Leader	*4*	*5*	*5*	*4*	*3*	*3*	*1*	3.6
Practitioner	*4*	*4*	*5*	*4*	*5*	*4*	*4*	4.3
Practitioner	*5*	*5*	*5*	*4*	*4*	*5*	*3*	4.4
Leader	*4*	*5*	*5*	*5*	*5*	*4*	*4*	4.6
Leader	*4*	*4*	*3*	*3*	*4*	*4*	*2*	3.4
Practitioner	*5*	*4*	*5*	*4*	*5*	*5*	*3*	4.4
Practitioner	*5*	*5*	*5*	*4*	*5*	*5*	*3*	4.6
Practitioner	*5*	*4*	*5*	*5*	*2*	*4*	*4*	4.1
Practitioner	*5*	*4*	*5*	*5*	*5*	*5*	*4*	4.7

Avg. Response by	*4.6*	*4.6*	*4.8*	*4.4*	*4.4*	*4.5*	*3.3*	4.4

Factor 5 - Teacher Sensitivity toward Learners								
Participant Role	#5 - Have difficulty understanding the learners with autism point-of-view?	#13 - Have difficulty getting your point across to learners with autism?	#18 - Feel impatient with the progress of the learners with autism?	#27 - Experience frustration with the apathy of learners with autism?	#32 - Have difficulty with the amount of time learners with autism need to grasp various concepts?	#36 - Get bored with the many questions learners with autism ask?	#41 - Feel irritation at the learners with autism inattentiveness in the learning setting?	Avg. Total
Practitioner	*3*	*3*	*5*	*5*	*5*	*5*	*5*	4.4
Leader	*4*	*3*	*4*	*5*	*5*	*5*	*4*	4.3
Leader	*3*	*3*	*4*	*5*	*5*	*5*	*5*	4.3
Practitioner	*3*	*3*	*4*	*5*	*4*	*4*	*4*	3.9
Practitioner	*3*	*3*	*4*	*3*	*4*	*5*	*4*	3.7
Leader	*3*	*3*	*3*	*3*	*3*	*5*	*3*	3.3
Leader	*3*	*3*	*4*	*5*	*4*	*4*	*5*	4
Practitioner	*3*	*3*	*3*	*1*	*1*	*4*	*3*	2.6
Practitioner	*3*	*4*	*4*	*4*	*4*	*5*	*4*	4
Practitioner	*2*	*2*	*4*	*4*	*2*	*5*	*4*	3.3
Practitioner	*4*	*4*	*4*	*4*	*4*	*4*	*4*	4

by Category	*3.1*	*3.1*	*3.9*	*4*	*3.7*	*4.6*	*4.1*	**3.8**

Factor 6 - Learner-Centered (Experience - Based) Learning Process						
Participant Role	#2 - Use Buzz Groups (learners with autism placed in groups to discuss)?	#10 - Teach through simulations of real-life settings?	#21 - Conduct group discussions between yourself and learners with autism?	#24 - Use listening teams (learners with autism grouped together to listen for a specific purpose) during circle time?	#35 - Conduct role plays with learners with autism?	Avg. Total
Practitioner	*3*	*5*	*5*	*3*	*3*	3.8
Leader	*4*	*3*	*2*	*2*	*5*	3.2
Leader	*5*	*2*	*1*	*1*	*3*	2.4
Practitioner	*2*	*3*	*4*	*3*	*4*	3.2
Practitioner	*4*	*3*	*3*	*3*	*3*	3.2
Leader	*4*	*4*	*4*	*2*	*3*	3.4
Leader	*2*	*2*	*2*	*1*	*4*	2.2
Practitioner	*4*	*5*	*4*	*5*	*4*	4.4
Practitioner	*3*	*4*	*4*	*2*	*4*	3.4
Practitioner	*1*	*5*	*1*	*1*	*2*	2
Practitioner	*2*	*5*	*5*	*3*	*5*	4

Avg. Response by Category	*3.1*	*3.7*	*3.2*	*2.4*	*3.6*	3.2

Factor 7 - Facilitator - Centered learning process						
Participant Role	#3 Believe that your primary goal is to provide learners with autism as much information as	#11 - Teach exactly what and how you have planned?	#20 - Try to make your presentation clear enough to forestall all questions the learner with autism may have?	#25 - Believe that your teaching skills are as refined as they can be?	#34 - Require learners with autism to follow the precise learning experiences you provide them?	Avg. Total
Practitioner	*1*	*3*	*3*	*1*	*4*	2.4
Leader	*1*	*2*	*1*	*4*	*4*	2.4
Leader	*2*	*4*	*1*	*4*	*5*	3.2
Practitioner	*2*	*2*	*2*	*2*	*2*	2
Practitioner	*3*	*3*	*2*	*5*	*3*	3.2
Leader	*1*	*1*	*3*	*2*	*4*	2.2
Leader	*2*	*2*	*3*	*4*	*4*	3
Practitioner	*2*	*2*	*1*	*2*	*3*	2
Practitioner	*2*	*3*	*2*	*5*	*3*	3

Practitioner	*1*	*2*	*2*	*3*	*4*	2.4
Practitioner	*1*	*3*	*1*	*3*	*2*	2
Avg. Response by Category	*1.6*	*2.5*	*2*	*3.2*	*3.5*	2.6

Vitae

Rachel Morgan graduated with her Master's in Education with an emphasis in early intervention in Autism & Sensory Impairments from Lindenwood University in 2013. While pursuing her master's degree, she worked as graduate assistant for the education department at Lindenwood University (2011-2014). Rachel became Internationally Certified as an Autism Specialist in January of 2014. She is the Owner and CEO of Consultants for Children (CFC); an educational consulting business that assists parents, providers, and educators to collaborate and effectively problem solve in the educational planning of students receiving special education support.

Rachel is a proud wife and mother of four amazing children of all abilities! She founded a non-profit organization called the Adam Morgan Foundation (AMF) in 2008. The foundation assists families raising children with autism, and other co-occurring disabilities, in locating resources and funding: summer camps, sensory equipment, and iPads. Rachel anticipates earning her EdD in Fall 2017 in Education Leadership with an emphasis in andragogy from Lindenwood University.