

**The voice of Jordanian parents of young children with disabilities on  
involvement in their children's educational services**

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**Abstract**

*Since the literature in the field of special education supports the argument that involving parents in the educational process is more likely to positively influence children's educational outcomes, this research aims at exploring the position of Jordanian parents of young children with disabilities in terms of their involvement. A qualitative design was employed to achieve the study's purpose. 25 semi-structured interviews were carried out with 29 parents of young children with disabilities. Thematic analysis techniques were used to examine the data collected from these interviews. Results revealed that parents generally reported a low level of involvement in their children's education and learning. While some parents spoke about activities that they had participated in, others tended to justify why they did not get involved. This paper eventually hopes to effect such positive change in terms of overcoming involvement barriers that reported by the parents.*

**Keywords:** *Parental involvement, barriers to involvement, Jordanian parents, young children with disabilities*

Delivering special education services to young children with disabilities can be classified according to two different criteria. The first of these criteria is the setting where the services are delivered; these might be formal or informal locations such as centres, clinics, the children's homes, kindergartens or schools. Alternatively, services may be classified

according to their target – that is, whether they are geared toward children, mothers, parents and/or families (Nores & Barnet, 2009). However, regardless of the classification used, delivery of special education services is influenced by several factors including the unique conditions of children with disabilities and their families, the availability of specialists, and geographic factors (Wall, 2003).

Jordan has several institutions with a special focus on early-years rehabilitative and educational services for young children with disabilities. Some of these facilities are run by government, while the private sector and voluntary sector run others. For example, there are several kindergartens for hearing-impaired, visually impaired and intellectually disabled children. Most special education services offered by preschools do not include ongoing services for parents, and are of varying quality (Hyassat, 2013).

## **Background**

As a result of moving from the medical model of disability to the social model of disability in the last few decades, there has been an increased understanding of the necessity of meeting the needs of families of disabled children and of encouraging them to be involved in planning, delivering, and evaluating the services they receive. The current approach to intervention services aims to put families in a position where they can control and access services themselves rather than waiting for services to be delivered (Carpenter, 2007). According to Porter (2002), the best way to meet children's needs is to consider every member of the family. This in turn has led to the emergence of a family-centred approach, this approach focuses on giving families of children with disabilities the ability to control and manage situations through receiving information, developing skills, and using the resources that are available to them (Espe-Sherwindt, 2008). Family-centeredness refers to “*a particular set of beliefs, principles, values and practices for supporting and strengthening family capacity to enhance and promote child development and learning*” (Dunst, 2002

p.139). This model of delivering early special education services is deemed to be one of the most active and widely accepted practices in the fields of early intervention and health care (Brett, 2004; Dunst, 2002; King, Teplicky & Rosenbaum, 2004; Wade, Mildon & Matthews, 2007). This model of service delivery promotes partnership between parents and service providers.

Dunst, Trivette & Hamby (2007) conducted a meta-analysis of 47 studies related to family-centred practice in terms of delivering special education services to children with disabilities and their families. The analysis focused on the impact of such practices on parents, children, families, and children's behaviour and functioning. The results indicated that implementing a family-centred model was more likely to increase parental satisfaction with special education services, improve parents' abilities to achieve positive results and to evaluate services providers, and promote parental skills, families' well-being, and children's behaviour and functioning.

Further support for family-centred practice is provided by a study conducted by Wade, et al. (2007), which explores parents' experiences with the delivery of special education services. The researchers divided respondents' statements into two categories: helpful practice and unhelpful practice. Most statements in the 'helpful practice' category were found to relate to a family-centred approach. When the parents were asked what types of services they would like to receive in the future, most of them expressed their willingness to receive services that adhered to a family-centred model. Similarly, a quantitative study conducted by Whitaker (2007) argues that understanding, empathy, and a strong relationship with schools are the factors that most affect parental satisfaction with special education services.

However, previous studies have identified several barriers encountered by practitioners in adopting family-centred practice. These barriers include inefficient training models provided to professionals; scarcity of proper evidence based on empirical research; and professionals' attitudes and lack of awareness regarding the effectiveness of this approach (Espe-Sherwindt,

2008; Wade et al., 2007). Although the research supports the application of a family-centred model in caring for children with disabilities, non-collaborative and negative relationships between parents and professionals are still evident (Crawford & Simonoff, 2003; Dunst, 2002; Dunst et al., 2007).

Family-centeredness puts parents' views and needs at the forefront in order to determine how best to meet disabled children's needs in a family context. Previous studies state that parents find a family-centred approach in which they can receive practical support, share decision-making duties with professionals, and be enabled to care for their children the most useful method of delivering special education services. Ideally, a comprehensive implementation of family-centeredness would ultimately enhance the quality of life of families of children with disabilities. However, some of these studies recruited parents from the services they used, and each parent came from a particular population and had unique characteristics; therefore, these findings cannot be generally applied. In addition to assisting and supporting families and enabling them to deal with their children's challenges, family-centred services are also responsible for collaboratively and respectfully teaching coping skills to family members in order to increase their resilience and adaptability. As a result, Parental Involvement (PI) is the most influential factor in family-centred practice.

Due to an increased awareness of the influence that families can exert on children's development, all family members are persuaded to participate in the services provided to their disabled children. When children's parents and families are engaged in early intervention programmes, they may receive many benefits (Bailey et al., 2005; Jinnah & Walters, 2008; Kagan & Neuman, 2000; Miedel & Reynolds, 1999), such as the development of positive attitudes towards their abilities which promote family well-being. Wall (2003) points out that a strong partnership between parents and practitioners might produce positive outcomes not only for children, but also for the parents and practitioners involved. Along these lines, the Code of Practice for Special Educational Needs (Department for Education and Skills

(DfES), 2001) calls for professionals to encourage parents to be involved in educating their child and working with professionals as partners. Studies in the field of healthcare support this initiative. For example, Avis and Reardon (2008) suggest that PI decreases the potential for anxiety by helping parents to feel in control of their childcare. Further, encouraging parents to be involved may facilitate modern inclusive practice and establish mutually positive relationships, which in turn help schools to meet children's needs (Checker, Remine & Brown, 2009).

The literature highlights two justifications for professionals to form partnerships with parents in the education of special-needs children. First, such partnerships help to facilitate children's transitions between the care of professionals and their families (Wall, 2003), especially with regard to daily life activities such as walking, talking and toilet training. Second, parents are experts regarding their own children's needs, as they have key information about different aspects of their children's development (Jinnah & Walters, 2008; Jones & Swain, 2001).

The involvement of parents of special-needs children in early intervention programmes has been described as "*a key to...success*" (White, Taylor & Moss, 1992, p.92). An earlier example elucidating this statement is highlighted in Dawson and Osterling's (1997) study, wherein autistic children's parents were taught fundamental therapy techniques and collaborated with staff in the delivery of therapy. The autistic children made important progress and became more responsive to their parents than to the therapists.

In a longitudinal study conducted by Miedel and Reynolds (1999) to discover whether PI influenced children's achievement in later years, the researchers interviewed 704 parents of children who had enrolled in early intervention programmes. Findings showed that when parents were highly involved in preschool and kindergarten activities, their children's achievement significantly increased, grade retention decreased, and the number of years spent in special education decreased.

Intervention programmes without a PI aspect are less likely to improve the outcomes of services for children with disabilities. Mahoney and Perales (2006) tracked the motor development of 27 children with Down's syndrome and 23 children with cerebral palsy who had received early intervention services. The results revealed that the children had made no significant progress in the acquisition of motor skills as a result of the intervention services they received, which was in turn caused by the relative exclusion of parents; parents were present in only 57% of therapy sessions and were given very few suggestions by service providers.

Some researchers have established a link between PI and parental satisfaction with special education services. For example, in a study conducted by Laws and Millward (2001), 131 parents of children with Down's syndrome in England, Wales and Northern Ireland were asked to complete a postal questionnaire. Analysis of these questionnaires indicated that parents who expressed a fair level of satisfaction with the services they had received higher levels of contact with classroom teachers and support staff, while dissatisfied parents had much less contact with their children's schools. The parents who had more involvement in the classroom were more satisfied with their children's education services, suggesting that one of the main predictors of parents' satisfaction with special education services is their degree of involvement.

These findings were confirmed in the United States by Bailey, Hebbeler, Spiker, Scarborough & Mallik (2004), who investigated experiences, interactions, and satisfaction with early intervention services and professionals from the perspective of parents whose children were enrolled in Part C early intervention programmes. Most parents were highly satisfied with many of the services; 81% of respondents reported that decisions on the services' goals were made collaboratively between them and professionals. Although 77% of respondents felt that they were involved in the decision-making process to an appropriate degree, 22% would have

wanted to be more involved. Further, 88% of respondents rated their communication with professionals as excellent and good.

Jinnah and Walters' (2008) study explores the relationship between PI and parental satisfaction with early intervention services. In this study, 32 parents of infant to preschool-age children completed a survey. The parents mostly appeared to be highly satisfied with the programmes that they received, particularly those with more involvement in the programmes; parents who were more involved in their children's early intervention programmes reported higher levels of satisfaction with the services received than did parents who were less involved. A strong association between PI and parental satisfaction is therefore evident from these results. Additionally, the researchers suggest that parental satisfaction with early intervention programmes was more likely to motivate parents to be involved.

Parents should be seen as equal partners with service providers in decision-making, and professionals are responsible for offering help and support to parents to ensure positive collaboration. Research findings show that a higher level of PI is a significant predictor of parental outcomes such as greater satisfaction with services, reduced family stress levels, enhanced parental well-being, and the development of children's skills.

However, the literature highlights several common barriers to PI in educating children with disabilities in preschool settings. A qualitative study by Wehman and Gilkerson (1999) states that, from the perspective of parents, the most frequent barriers to PI are the inconvenient times at which services are delivered and the lack of communication between parents and practitioners. Lamb-Parker et al (2001) investigated possible barriers to participation for mothers whose children had enrolled in the Head Start programme. At the end of the programme year, 68 mothers from low socio-economic backgrounds were interviewed to fill in a survey on Barriers to Parent Involvement. The results indicated that the mothers

experienced difficult situations which hindered their participation; for example, half of the mothers interviewed reported frequent feelings of sadness and depression during part of the

Head Start year. Two situations were identified as actual barriers: *“having a schedule that conflicted with Head Start activities”* and *“having a baby or toddler at home”* (p.45).

Language barriers were also reported by many immigrant parents of children with disabilities who received services from Head Start program in the USA (Mendez, 210; Miksic, 2015).

In order to enhance service outcomes for both children and their families, early intervention programmes should be designed in partnership with parents and professionals to allow parents to take an active role in diagnosing, planning, and implementing early intervention services. Encouraging parental participation can also yield positive results for children with additional challenges, families, and intervention staff. While the findings of the above mentioned studies provide valuable information regarding the positive outcomes of PI and the barriers to their involvement in their children’s education, it should be noted that the nature of this involvement is not clear.

Generally speaking, reviewing the literature showing that most of the research studies covered were conducted in western countries and there is a limited amount of research investigating PI in the Arab world; more specifically, there appear to be no studies concerning involving parents of children with disabilities in Jordan. Therefore, there is a need to understand how Jordanian parents of young children with disabilities perceive their involvement. Specifically, this study tries to answer the following questions:

- How do Jordanian parents of young children with disabilities get involved in their children’s education?
- What do parents of young children with disabilities perceive as barriers to involvement?

## **Method**

### **Ethical consideration**

Prior to the commencement of this study, ethical approval was sought from the Ministry of Education (MoE) in Jordan. A general formal application for research access (there was no separate requirement for ethical approval) was submitted to the Minister of Education's office, together with an attached outline of the research aims, data collection methods, and expected interview questions. A formal letter was attached to the application from Al-balqa Applied University in Jordan. The application was passed to the Department of Educational Research in the MoE, and subsequently referred to the Directorate of Special Education. After approximately two weeks, formal letters were prepared for the researcher requesting permission to conduct the research and asking for assistance to facilitate research access.

### **Participants**

Participants were selected based on the assumption that they can provide data relevant to the phenomenon of interest (Creswell, 2007) and were thus 'relevant to the research questions' (Bryman, 2008, p.458). In this study, the sample was purposefully selected from a specific target population – parents of young children with disabilities in Jordan – with a view to investigating the research questions that had been set (Bryman, 2008). Participants in this study were Jordanian parents whose children had been identified as disabled, were between four and six years of age, and were receiving early intervention and/or related services from governmental or non-governmental institutions. 29 parents – 12 fathers and 17 mothers – of special-needs children took part in 25 interviews. Some of these interviews, parents were interviewed together as couples. The parents had pre-school-age children who were blind,

deaf and/or intellectually disabled. Within the group of children who had intellectual disability, there were five children who had additional disability, namely physical disability. The parents were between 28 and 47 years old, and their educational levels ranged from very low (illiteracy) to PhD-level.

It is important to note that in many Jordanian institutions, children with different disabilities that affect the brain – such as Down’s syndrome, Fragile X syndrome, autism and cerebral palsy – are often treated in the same facilities. These children were considered to fall into the ‘intellectual disability’ category for this study.

### **Instrumentation and data collection**

The semi-structured interview was selected as the main means of data collection. Dawson (2007) states that semi-structured interviewing is perhaps the most common interview technique used in qualitative social research, perhaps because the transcribed data can be analysed in many different ways (Willig, 2008). An interview guide was prepared, the interview questions were developed based on pre-existing literature and the questions on the guide were not fixed. However, after the potential participants had agreed to take part in this study and provided the signed consent forms, parents who met the selection criteria were contacted to arrange a convenient time and location for interview. Before the interview began, the author reiterated the parents’ right to refuse to answer any given questions or even to withdraw from the interview, and emphasised that all data would be kept confidential. The author also made it clear to the parents that they would not be identified at any stage of the research process. All of the interviews were conducted by the author.

### **Data analysis**

Data analysis was carried out thematically according to the procedure suggested by Braun and Clarke (2006). Thematic analysis, which can be defined as ‘a method for identifying, analysing and reporting patterns (themes) within data’ (Braun & Clarke, 2006, p.79), was used to examine interview transcripts, guided by the reviewed literature and the author’s understanding of what constituted the key issues of this study. All of the interviews were transcribed verbatim by the author. However, the process of analysis was carried out within the six recursive phases of thematic analysis (Braun & Clarke, 2006), that can be summarised as follow:

1. Becoming familiar with the data: transcription the interviews followed by reading and re-reading all data many times while initial ideas were written down.
2. Generating initial codes: coding the interesting features (patterns) of the data systematically across the entire data set. Data relevant to each code were collated.
3. Searching for themes: collating codes into potential themes and gathered all data relevant to each potential theme.
4. Reviewing themes: checking whether themes worked in relation to the coded extracts and the entire data set.
5. Defining and naming themes: the analysis continued until the specifics of each theme were refined. Clear definitions and a name for each theme were produced.
6. Writing up findings: example extracts were selected, and the analysis was linked to the research questions and literature. Two major themes were produced.

## **Findings**

In showing the findings, some appropriate quotations from the participants are provided to achieve one or more of the following aims: supporting the idea; explaining and illustrating the issue being discussed; increasing comprehension; and providing a space for the

participant's voice to be heard. All quotations were kept anonymous to protect the identities of parents and their children and pseudonyms were used throughout.

### **Involvement activities**

Generally, the parents interviewed perceived themselves as not actively involved in kindergarten events. They mentioned a relatively limited range of involvement activities, both home-based and kindergarten-based. The activity with the highest participation rate was that of dropping their children off at school in the morning and picking them up in the afternoon. Some parents stated that this was the only involvement activity in which they could take part. For example a Father of a child with an intellectual disability reported:

*'to be honest, I never participated in educating him. But every day I take him to the kindergarten and collect him in the afternoon'. (H. Zaher, personal communication, May, 11, 2010).*

Another involvement activity in which most parents participated was kindergarten meetings. Most parents reported that their children's kindergartens held monthly meetings that they normally attended; these meetings, which were somewhat formal, allowed them to obtain information about their children's progress.

A father of a deaf child stated:

*'usually, his [the child's] mum goes to the kindergarten when they call us to attend the parents' meetings. She goes there and asks them some questions about our son'. (A. Roman, personal communication, June, 15, 2010).*

However, some parents noted that these meetings gave them limited time and did not always touch on topics they considered important, and that teachers could be overly reassuring about their children's progress and behaviour. For example, one mother of a blind child said:

*'every time I'm asking the teacher about her [my daughter], she [the teacher] keeps saying, 'Your daughter is a good child; your daughter is making good progress'. (H. Aodeh, personal communication, May, 18, 2010).*

Some parents also reported that they had visited their children's kindergartens outside of meetings, but these visits were rare and were typically made when children were experiencing problems. These reports may indicate that teachers did not regularly contact parents or provide them with relevant information about their children's progress,

*'If there is something urgent I go to the kindergarten. For example, my child came home crying once. I went to the kindergarten to ask the teacher what the reason was. (C. Jaber, personal communication, July, 18, 2010).*

Another involvement activity mentioned in parent interviews was that of helping children with their homework, which some parents perceived as supplementary teaching for their children at home. A mother of a child with an intellectual disability stated:

*They sometimes teach her letters or numbers and they write simple homework on her notebook; for example, colouring the letter A or the number 1. I keep pushing her to do that. You know if I didn't do so, she wouldn't learn. (S. Forsan, personal communication, July, 21, 2010)*

Although parents also recognised attending courses or special events in their children's kindergartens as an involvement activity, few of them actually participated in these activities. Such events included Mothers' Day celebrations, which only mothers (and not fathers) attended, and birthday parties arranged by the parents in their children's classrooms. Kindergartens also ran courses such as Braille reading and sign language for deaf and blind children; some mothers took part in these courses.

*'they conducted a free course for the nparents to learn the Braille language. I attended that course; it lasted for five weeks. (M. Hyass, personal communication, April, 21, 2010)*

The last involvement activity that arose during parent interviews was that of teaching children positive behaviour, values, and personal characteristics. When parents talked about this activity, they described it as a familial or parental responsibility.

*“ The family has a big role in educating the child, whether he is disabled or not. I think the kindergarten can't teach the child everything. My son, for example, was jumping and moving several times, I taught him to keep calm. I was taking him with me to the mosque. He learned respect for older people there.” (D. Debss, personal communication, August, 2, 2010)*

It was striking that none of the parents had been involved in decisions about their children's curricula or objectives. Usually, setting curricula for children with special needs requires parents' participation (Dinnebeil & Hale, 2003), but the interviews in this study suggested that such involvement did not take place.

*“ I don't expect that any special education setting in Jordan allows or asks parents to do such a thing [take part in planning the curriculum], because they have their own curriculum, including the objectives, and you're not allowed to see this curriculum.” (G. Saad, personal communication, June, 15, 2010)*

The interviews also revealed that mothers tended to participate in more involvement activities than fathers, which was probably the result of the disparate roles of fathers and mothers in Jordanian culture. Fathers are expected to handle the financial aspect of childcare, whereas mothers are expected to be the primary care providers; this includes handling school-related issues as well as domestic ones. The involvement of mothers and fathers alike was limited by certain barriers, which are discussed in the next section.

## **Barriers to PI**

Since the parents in this study generally reported low levels of participation in their disabled children's education, they were asked to describe the factors that had limited their involvement. The most frequently mentioned barrier to PI was the absence of opportunities to participate in the educational process. Most parents reported that neither their children's classroom teachers nor their principals had requested their involvement in kindergarten activities.

*“ They never asked me to take part in their activities. For example, they never asked me what skills I would like to learn; they never invited me into the classroom. If they asked me to do such a thing, I would be willing to get involved.”* (D. Debss, personal communication, August, 2, 2010)

This failure to encourage parents to engage in their children's learning could stem from many factors. Teachers in Jordan may not value PI and/or may not be aware of the advantages of such practices, and some teachers may even perceive the presence of parents in the classroom as an intrusion. Another factor hindering parents' involvement was an inadequate understanding of their disabled children's educational needs, which rendered them unable to develop the skills required to meet these needs. This was combined with a belief that educating children was the teachers' job and should therefore take place in kindergartens rather than in the home.

*“ I don't have experience. I don't know how I can treat him. Sometimes he speaks with me using sign language; I can't understand him. I think teaching him is not my work; it's the teachers' job and they're supposed to do it.”* (G. Saad, personal communication, June, 15, 2010)

Some parents stated that their involvement was limited by a lack of free time. Commitments such as busy work schedules (particularly for families in which both parents were employed full-time), social obligations, and caring for other children reduced the extent to which parents could involve themselves in their disabled children's education.

*“ To be honest, I can't find free time to visit the kindergarten. I'm a head of department and my husband is an engineer so we can't leave our work. The kindergarten runs a meeting for parents every month. I can't usually attend this meeting.”* (H. Zaher, personal communication, May, 11, 2010)

The least-mentioned involvement barrier was the issue of kindergarten locations. Parents whose children attended a kindergarten far from home needed additional time and transport to take part in school activities and attend meetings, *‘they [the kindergarten] sometimes invite me to attend activities there, like the Mother's Day party. But I can't get to the kindergarten because I haven't got a car, and you know how difficult it is to get there’*. (M. Hyass, personal communication, April, 21, 2010).

## **Discussion**

Parents were relatively happy with the way that teachers treated them and their children. These attitudes may have resulted from the aftermath of struggling with negative social attitudes, particularly since the majority of participants had no basis on which to compare kindergarten services. Most parents noted that their children's kindergartens were the first special-needs or special-education service provider that they and their children encountered first hand, and in many cases no alternative service providers were available to parents; this corresponds with McNaughton's (1994) argument that the satisfaction with special-needs services expressed by parents of disabled children often stems from a lack of experience with other services. In this study, parents' satisfaction with their children's kindergartens may also

have resulted from low expectations regarding disabled children's services and facilities. This seems particularly true for the parents whose children were enrolled in public kindergartens; some of them perceived the services as highly acceptable, since they paid little to nothing in tuition fees (Koydemir-Özden & Tosun, 2010).

The results of this study suggest that Jordanian parents of children with disabilities had poor lines of communication with educational services providers. Parents frequently reported that their ideas were not valued and were not incorporated into their children's education. This may reflect teachers' perception of themselves as experts or providers of knowledge, and of parents as the beneficiaries of their knowledge – a relationship that parents are often forced to accept in order to keep receiving services for their disabled children (Hess, Molina & Kozleski, 2006). However, this relationship conflicts with Eleweke, Gilbert, Bays & Austin's (2008, p.195) view that:

*“ The success of early intervention is dependent to a large extent upon the development of relationships between professionals and family members in which family members assume an important role in assessment procedures and in the development and implementation of intervention programs. ”*

According to this argument, the channels of communication between special-education kindergartens and parents require more two-way development, thus highlighting the need for such institutions to adopt a family-centred service delivery model wherein parents are seen as managers or decision makers, and service staff members provide supplemental guidance and assistance (Wilson, 2002).

The advantages of an effective relationship between parents of children with disabilities and service providers have already been widely discussed in previous studies (Dinnebeil & Hale, 2003; Paige-Smith & Rix, 2006). Summers, Hoffman, Marquis, Turnbull & Poston (2005, p.65) defined partnership as *“mutually supportive interactions between families and*

*professionals, focused on meeting the needs of children and families, and characterized by a sense of competence, commitment, equality, positive communication, respect, and trust*". The results of this study suggest that neither parents nor teachers were aware of these advantages.

Current approaches to parental education of children with disabilities concentrate on empowering parents and engaging them in decision-making (Hess, et al., 2006), and parents in previous studies showed high levels of involvement in their disabled children's education (Bailey, et al., 2004; Jinnah & Walters, 2008; Laws & Millward, 2001). However, most parents in this study were not involved in their children's education to this extent. Their involvement corresponded more with the study carried out by Miedel and Reynolds (1999), which found that the most frequent PI activities were attending school meetings and taking their children to and from kindergarten.

The parents in this study felt that their relative lack of participation in their children's education was partially due to poor communication with teachers; in fact, they commonly reported that the main hindrance to their getting involved was not being asked to do so by teachers. This result largely corroborates the findings of Hess et al (2006), who found that families had a willingness to take part in educating their child with disability but had no established connections with teachers. Other reported barriers to involvement, such as a lack of knowledge and kindergarten locations, were also similar to those mentioned by participants in previous studies (Lamb-Parker et al., 2001; Wehman & Gilkerson, 1999). Additionally, the absence of alternative service providers may have negatively affected PI (Paige-Smith & Rix, 2006). On a larger scale, the absence of legislation in Jordan regarding PI probably contributes to the lack of actual parent-teacher partnership in delivering educational services to children with disabilities. This stands in contrast to countries such as England, which places greater emphasis on the engagement between parents and teachers in educating children with disabilities (Dale, 1996; DfES, 2004; Wilson, 2002) and grants parents the legal right to receive an annual report of their children's progress (Russell, 2003).

## **Conclusion**

Parents' accounts reflect a limited amount of involvement in their children's education. The most common involvement activity reported by parents was that of transporting their children to and from kindergarten. The barrier to involvement most frequently reported by parents was a failure on the part of teachers to offer them sufficient involvement opportunities. This lack of effective partnership between parents and service providers underscores the need to adopt a family-centred model of service delivery.

Parents recommended that kindergarten staff provide them with regular updates on their children and involve them in the learning process. This would allow them to develop strategies for coping with their situations, build realistic expectations about their children's development, and play active and valued roles in their children's education.

There is an urgent need to increase the numbers of experienced and trained specialists working with children with disabilities and their parents. Accordingly, Jordanian colleges and universities that train special education teachers should use a family-centred framework so that new teachers in the field will be equipped to deliver services effectively. Similar training can also be given to those teachers already working in the field.

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