

WHAT DO I KNOW? PARENTAL POSITIONING IN SPECIAL EDUCATION

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The literature that is meant to guide parental participation in special education often refers to parents as vital team members who are critical in designing the best programs for their children (The Family and Advocates Partnership for Education, 2004; The State Education Department, May 2002). However, a disconnect can occur between the information meant to guide parents and their experiences (Benson, Karlof, & Siperstein, 2008; Harry & Klinger, 2006; Rogers, 2003). This qualitative case study (Dyson & Genishi, 2005; Glesne, 1999; Merriam, 2001) uses positioning theory (Harré & van Langenhove, 1999b), to explore how Sherry, a parent of a preschool child with special needs, is positioned and positions herself, in interactions with doctors, teachers, and therapists when issues of disability and special education arise. In keeping with literature meant to guide her in school meetings, Sherry took an active position as a team member (reflexive positioning), and this position was accepted and celebrated by the providers and teachers who worked directly with her son. In the neurologist's office, this parent needed to negotiate her position with the doctor, bumping up against the medical model of disability (interactive positioning). Finally, at school district meetings, Sherry explains how the school officials make certain positions unavailable to her by evoking her role as her son's parent (interactive positioning). The researcher suggests ways to support parents' interactions with professionals involved in special education and implications for teacher education programs.

There are moments in life when it becomes clear to us that big change is on the horizon. It may be a wedding, a birth, or in Sherry and Nate's [all names are pseudonyms] case, the day their son's neurologist suggested that Ray might eventually be labeled as autistic. Sherry had known early on that Ray's speech and language development was not following the same path as her other two children. At 18 months, officials from the health department confirmed that Ray would benefit from early intervention services and in particular, speech and language therapy. This occurrence thrust Sherry and Nate into new relationships that they had not experienced with their other two children. Sherry and Nate would now become advocates, team members, researchers, evaluators and committee members in the many meetings that they would participate in concerning Ray.

Sherry and Nate's search for the cause of Ray's speech and language difficulties brought them to Dr. Gaskins, a pediatric neurologist. On admittance to the neurologist's office, Sherry and Nate entered the medical model of disability; one of the many conceptual models of disability, this one rooted in a positivistic approach (Kalyanpur & Harry, 1999). A conceptual framework provides a structure from which one can view a disability (Kauffman, 2007) and a positivistic approach, such as the medical model, argues that there are regular patterns of learning that examiners can explain in mathematical/logical formulas (McPhail, 1995). A medical model of disability is one where disability is reified and found inside an individual (Bogden & Knoll, 1995). The diagnosis of an innate disorder is contrasted with a social constructivist approach to disability in which disabilities are viewed as cultural conventions that depend on who is defining it and what tools are made important in measuring it (McDermott, Goldman, & Varenne, 2006; Mehan, 1996; Varenne & McDermott, 1998). In terms of positioning, Sherry and Nate were asked to objectify Ray and think of him in terms of a medical diagnosis. Sherry described this experience as harrowing and she referred to Dr. Gaskin's report to relay that horror. She stated, ...and the way he put it in his report was, 'At high risk of' he didn't say he

had it, but he left the door open, and he said, 'at high risk of autism spectrum disorder and/or PDD-NOS [pervasive developmental delay-not otherwise specified] and/or the dyspraxia' (interview, 2/12/07). Sherry described how this changed her life and her relationship with her son. With her other children, Sherry explained, she could enjoy each developmental milestone, always knowing the next step would come. With Ray, she found herself trying to be his therapist, teaching him the skills he needed to take the next developmental step. Sherry described making a conscious decision to be Ray's mother first.

With this doctor's report, Sherry and Nate became members of the special education community. Membership in that community works from the premise that a child's special education program is best designed when the parents collaborate with all of the professionals involved in the care and education of the child with special needs. Parental involvement is critical at every stage, including developing an IFSP (Individual Family Service Plan) and then an IEP (Individual Education Plan) that details the services and goals for their child's education. The stipulation made by the United States federal government that families be involved in the development of an IFSP and an IEP is testament to the crucial role families play in contributing to the education of their child. The Education for all Handicapped Children Act (1975) and its' reauthorizations mandate active parent participation but do not detail how this collaboration should proceed and so it is not uncommon for parental involvement to consist of parents signing consent forms for evaluations and providing demographic information for IEPs (Kalyanpur, Harry, & Skrtic, 2000).

The transformative experience of being told you have a child with special needs thrusts parents into a re-examination of their roles as parents, advocates and teachers (Harry, 2008). Sherry is a stellar example of how a parent uses many of the resources available to successfully manage the interactions of doctors, therapists, and teachers. It is useful to view Sherry's interactions with doctors, teachers, therapists and school officials through the framework of positioning to understand how the social relationships Sherry engages in are powerful and can be tested and contested (Berry, 2006).

How Sherry manages to negotiate parenting a child with special needs leads to questions about what we can do to support parents in the many different venues where disability, school, doctors, and therapists intertwine. Further, it can provide some insight into the types of discussions we need to foster with pre-service and experienced teachers, to reflect on the orchestration of meetings that involve the many stakeholders in special education. The central question that guides this article is: How do parents position themselves and/or become positioned in their interactions with teachers, therapists, doctors and school district officials around their child's special education program?

Research Participants, Setting, and Data Collection

The researcher teaches at a small liberal arts college on the East Coast of the United States. Associated with this college is a preschool. The director of the preschool, Emily, has been taking marked measures to include preschool students with special needs at the school. Various therapists and service providers visit daily to work with children. Emily has been providing staff development opportunities to the classroom teachers so that they can be valuable participants in these children's special education programs. Emily was particularly impressed with the progress one student with special needs, Ray, was making, she felt in large part due to the collaborative nature of the preschool program. This research project was designed to explore the relationship between Ray's progress and this preschool setting.

This research utilized a two-prong approach to understand how inclusionary and collaborative preschool programs foster the growth of students with special needs. First, data was collected and analyzed to note how Ray's preschool classmates apprenticed him into play at the preschool level and how inclusion classrooms promote these interactions. Secondly, data was also gathered and analyzed to explore how the interactions between teachers, therapists, service providers and family members impacted the collaborative nature of this preschool classroom. This article addressed the second goal of the research project.

This research project began in September 2006 and ended in May 2009. For the academic year of 2006-7, the data set that informs the focus of this article, the researcher attended, audio taped and transcribed the formal and informal meetings that took place at the preschool. Further, interviews were conducted with Sherry separately. The researcher also conducted observations in Ray's classroom twice a week for at least an hour each session. During those times, the researcher observed Ray

interact in structured classroom routines, such as circle time, and in more *free choice* activities. The researcher kept detailed field notes from these observations. The researcher also observed Ray when his special education teacher, therapists and other service providers came into the classroom to work with him.

This case study is grounded in qualitative research theories. Therefore, as suggested by Merriam (2001), data was analyzed simultaneously with its collection. In review of the audio recorded interviews and school meetings, codes were developed that detailed how Sherry managed the interactions that were required for coordinating a special education program for Ray.

Sherry and Nate live a middle-class lifestyle in a suburban area where Nate works for a large company with impressive health benefits. Sherry is a stay at home mom to their three children. Nate travels often and is overseas but for a week a month. Their oldest child is in seventh grade, their middle child is in fifth grade and Ray is their youngest. At the start of this research project, Ray was four. Sherry and Nate were anticipating changes in Ray's special education program at the end of Ray's fourth year due to the fact he would be *turning five*, a phrase often used to describe the point in time where preschool children become school age and most attend public school to receive their special education services. Also in this state, when a child turns five they go from being identified as a *preschooler with a disability* to being labeled with a specific disability, which in Ray's case became a speech/language impairment.

This article explores Sherry's experiences in negotiating the medical, educational and therapeutic conversations that arise when a child becomes a part of the *system* of special education. Applying the framework of positioning theory (Harré & van Langenhove, 1999b) is a useful way to understand Sherry's experiences. By looking at the positions Sherry takes up and resists, alongside of legislation and the texts used to explain the role(s) of parental involvement, we can see how the lived experiences of those in special education bump up against the cultural model (Gee, 1999), or idealized norm, of what special education proposes to be.

Positioning Theory

One way to understand the dramatic changes that can occur when a parent is told that his/her child is *disabled* is by looking at how that parent comes to understand and interpret disability and his/her role in this new arena. As parents become engrossed in the world of special education with issues such as evaluations of their child, therapy, the generation of legal documents like IEPs and alternative classroom placements, they must examine and reexamine the role that they play in this decision-making. Positioning theory is a construct that allows us to describe how disability becomes understood and acted upon through language use (Harré & van Langenhove, 1999b).

Briefly, positioning theory is embedded in the notion that the social world is created through conversations (Harré & van Langenhove, 1999b). As stated by van Langenhove & Harré, *Within conversations, social acts and societal icons are generated and reproduced* (1999, p. 15). Positioning works as a metaphor to understand how people are located in conversations and how participants of those conversations are jointly producing storylines (Harré & van Langenhove, 1999a). Harré (2003) elaborates, *A position in an episode is a momentary assumption or ascription of a certain cluster of rights, duties, and obligations with respect to what sorts of things a certain person, in that position, can say and do* (p. 697). Hence, in using the framework of positioning, we can gain insight into positions parents assert for themselves and others that are thrust upon them, as they interact with practitioners who work in the field of special education.

Whenever someone positions themselves, they also position someone else (Harré & van Langenhove, 1999b). Davies and Harré (1999) use the term *interactive* to describe the situation in which one person inevitably positions another through what he/she says. Contrastingly, *reflexive* positioning occurs when one positions oneself. Of course, this reflexive position can be challenged at which time the positioning of the parties involved can become interactive. These two distinctions are useful in illuminating Sherry's experiences and help to portray how she is actively negotiating her position as a parent to Ray and a team member involved in creating his special education program.

Accepting Sherry's Reflexive Position

It is clear in the literature meant to help parents through the procedures and regulations concerning special education, that parents are positioned in the role of advocate and expert about their children.

For example, the packet entitled, *A Parent's Guide: Finding Help for Young Children with Disabilities (Birth –5)* (National Dissemination Center for Children with Disabilities, 2005) tells parents, *...the family is a child's greatest resource.... The best way to support children and meet their needs is to support and build upon the individual strengths of their family. So, the IFSP is a whole family plan with the parents as major contributors in its development* (p. 5). The language used to address parents is active and stresses that the parents are major contributors in developing the most appropriate education plan. Further in the packet it states, *If your child is found eligible for services, then you and school personnel will sit down and write what is known as an Individualized Education Program, or IEP* (p. 10). Parents are told they *will* contribute to the development of their child's program, not that they may contribute.

Being involved in a research project also places Sherry in a reflexive position. Sherry knows that the researcher is interested in her perspective and the time set aside to talk is a space where she can focus on relating her experiences. For example, during an interview on 2/12/07, Sherry started off the conversation in the following way:

So, one of the things I wanted to tell you about is myself and all the teachers and all the therapists noticed a change in Ray after the Christmas break and I spoke on the phone with you prior but it seems as though there is more spontaneous play, there is more wanting to interact with peers as well as with adults and there seems to be some, I don't know if you call it a turning point or what.

When Sherry starts this conversation, she includes herself, first, in the group of people who continually assess and reflect of Ray's progress. Sherry positions herself as an important member of the team. This again was apparent at a report card conference at the school with Ray's teachers on 4/12/07. After everyone settled into their chairs, Sherry started the meeting with Ray's teachers by expressing that she has seen *such gains* and that she believed Ray was taking *large leaps in interacting with other students*. Sherry does not sit back and wait for the teachers to present their findings but rather starts the meeting off with her own assessments. Not only does she position herself as having important information to share, she positions Ray as making progress. The teachers support Sherry's assessment of Ray's progress by nodding vigorously. Further in this meeting, one of Ray's teacher's comments on how Ray seems to be managing situations using *scripts* and that deviating from the *script* can be hard for him. For example, if Ray asks a student to share something, he believes that because he is following the *script* of how to get a toy from a classmate, that classmate must share. When the classmate does not, Ray does not know how to manage the situation and may resort to pulling the toy out of his/her hands. This comment about Ray's classroom interactions allows Sherry to position herself in different ways. She can position herself as concerned and ask for suggestions, she can disagree with this assessment, or as Sherry does, she builds upon the teacher's remarks by stating, *Yes, it gives him something to build on. Social cues, if he wants another child to do something with him and other kids say no, he doesn't seem to hear him*. Sherry validates the teacher's comment and builds upon it with an example. She asks, *What do you think we can do about this?* at which time a brainstorming sessions begins. This is the intent of the legislation concerning special education meetings and Sherry and these teachers are prime examples of it in action.

During this meeting Sherry maintains her active role in asking the teachers questions such as, *During free choice time is he able to pick an activity or are you guiding him?* Interestingly, this meeting ends when Sherry sums up the areas she believes still need to be addressed and monitored with Ray. She states that there are *still things to work on*. She summarizes that these are reading social cues from other children, understanding the give and take of interactions, and attending and focusing during whole class discussions. Sherry states, *There are still issues but it's better than it was*.

Sherry's active involvement in her son's special education program was not happenstance. In fact, Sherry was very careful and took steps to make sure that the group of therapists who would be working with Ray at the preschool would work well for her son. She explains:

See what I did to get this team together is, I had these women come to my house, individually, I paid them. I wrote them a check that day and I was very upfront. 'If you have openings for next year, if, you know, you can't then we won't even do this, but if you have some openings for next year and you're interested in working with a child who has these types of issues, to see if you and I click, you and my child click.' I was very upfront. 'I just want to see, I want to hear what you think. Do you think you could help him or do you think no. This is what I'm interested in' and I spent a

lot of time talking to Emily [director of the preschool] and a lot of time talking to different therapists. I really did my homework and I think it's paid off because they are a dynamic team.

Again, Sherry takes an active position in securing therapists for her son. She does not wait for the county to assign therapists but rather actively recruits those she feels are committed to and would work well with her son. Interestingly, Sherry states that it is important that the therapists *click* with her. Through these language choices, Sherry positions herself as an important team member and relays to the therapists that she will be involved.

Sherry's involvement with her son's therapy and therapists was bi-directional. Although Sherry was initially 'interviewing' therapists, when she speaks about how the therapists work together and her role in that team, it is clear that she allows herself to be positioned in ways that critique her involvement with Ray. For example, Sherry was discussing a session when the special education teacher, Tami, came to her house to work with Ray. She stated:

We were outside and it was something with the bike and there was something in his path and my immediate reaction was to jump up and move the thing and she's [Tami's] like, Mom stop, sit back, let's see what he does. Let him problem solve.... You don't want there to be a meltdown and Tami is like Let him have the meltdown sometimes...let him struggle a little bit...make him figure it out. So that's just something that I've found interesting that I've never looked at that way.

This example is illustrative of how Sherry negotiates the positions of both team member and mom. As a mom, Sherry wants to alleviate any discomfort her son might face and Tami appeals to her motherhood by addressing her as *mom*. Tami is actively positioning Sherry as a mom as a way to get her to acknowledge the position she is working from and to re-position herself objectively, say as a therapist, to view the situation differently.

When Sherry speaks about her son's preschool experience and engages in meeting within this context, she uses language to show that her position in this realm is reflexive. Sherry positions herself as an active member and the team of special education professionals that work with her son accepts this position. The nature of this preschool program allows for that positioning and celebrates it. It is clear from talking with those involved with Ray at the preschool that Sherry is a welcomed and valued participant. In the neurologists office however, Sherry's reflexive position becomes negotiated.

Challenging a Reflexive Position

Sherry's interactions in the context of her son's preschool detail the active position she takes and how the teachers and therapists positively receive and endorse that position. When Sherry talks to the neurologist, she is required to negotiate her position in this relationship.

Sherry comes to the neurologist's office with a history of research and knowledge in the area of sensory integration and methods for working with children described as having a disorder in this area. Her research in this topic has led her to believe that Ray may be experiencing problems with his sensory integration. Not only does Sherry attend a local support group where speakers regularly come to address different topics with regard to sensory processing disorders, but Sherry has also been reading the work of Stanley Greenspan. In fact, Dr. Greenspan's son, also Dr. Greenspan, had visited the preschool Ray attends and met with Sherry. In the following example, there is a clash of beliefs between Dr. Gaskins's interpretation of sensory disorders and Sherry's understandings. Sherry describes her initial reaction to Dr. Gaskins:

This man, this man, the first time I went to see him I was a little skeptical of him because he's stressing in the beginning. I was just coming off the Greenspan visit so I was very into Greenspan...and so here's Dr. Gaskins looking at Ray who's really not talking much. (...). He didn't really want to talk about sensory stuff because that's not so black and white (interview, 9/28/06).

Sherry continues to talk to Dr. Gaskins about Greenspan's philosophy of working with children with sensory disorders. Sherry tells Dr. Gaskins that she saw videotapes of children he worked with and the remarkable progress they made. Dr. Gaskins's replied, *Well, you saw the tapes he wanted you to see.* Sherry explains:

So, it was like, it really upset me. It really upset me. So the way I ended it was, 'Fine. I see what you're saying. I'm still going to read his book. I hear what you're saying, and I know you're a scientist. You're a doctor. But I also like what Dr. Greenspan has to say and so I'm going to listen to both of you.' It took a lot for me to say that because I was a little intimidated because, what do I know, and he's a doctor, you know?

Sherry could have owned that intimidation but chose to position herself in another way. Her choice was a conscious decision to not dismiss the experiences she had with Dr. Greenspan because a neurologist told her otherwise. Sherry also considers the position of Dr. Gaskins in relating that his *role* as doctor was to only give credence to the *black and white*. Later on in our talk, Sherry relates that subsequent visits to Dr. Gaskins's office revealed that *his attitude was different about sensory stuff* and that he *probably received some stuff on his desk that is more hardcore*.

Using the framework of positioning, Sherry's initial position as one knowledgeable about sensory processing disorders, and the potential impact of the work of Dr. Greenspan, was challenged by Dr. Gaskins. Dr. Gaskins questioned the validity of Dr. Greenspan's work and hence, Sherry's analysis that this approach may be helpful for her son. Here, Sherry and Dr. Gaskins are jointly negotiating what sort of evidence will be accepted in terms of discussing therapies in this neurologist's office. Although Sherry's initial position is refuted by Dr. Gaskins because it lacks the type of evidence a person in his position requires, Sherry asserts herself and stands firm in her belief that Dr. Greenspan's work might be valuable to her son.

Again, the above the conversation with her son's neurologists was meaningful because Sherry chose to hold to her position rather than accept the position that Dr. Gaskin suggests; that she leave the thinking about what counts as evidence of successful therapy up to him. In contrast to this, there were situations where Sherry felt she was unable to negotiate positions because she felt there were times when no other positions were available or that if she tried to force a position, the results might be detrimental to Ray and her other children.

Positioned Up Against a Wall-Interactive Positioning

Parents provide essential information to teachers and administrators, play an important role in decisions made about their children and can be a key to supporting high expectations for their children during their school years (The State Education Department, May 2002, p. 1)

At this point, it is clear that Sherry is adept at positioning herself in ways that show she is an active member of her son's educational team. Still, Sherry recognizes and understands that despite these successes, there are times, when regardless of her stand, she will be positioned in ways that are beyond her control.

In this first example, Sherry explains that when she goes into meetings where representatives of the school district are present, others are regarded as *experts* and her position is as *parent*. Sherry explains: *I went with Nina [the occupational therapist] to a meeting. It was at my bequest because I wanted an increase in OT [occupational therapy] services. But I saw what happens when she goes into the room. It's the difference between night and day. She talks, they listen. I talk; I'm just his mother. You know what I mean? It's just the reality of what it is* (interview, 2/17/07).

Here, Sherry does not like it, but she accepts the position that the therapist will be the respected voice at the meeting and she will be *just his mother*. Through the committee's language, Sherry gets the message that her role will be that of parent. While Sherry acquiesces to this position in the public unfolding of the meeting, yet she uses this knowledge carefully in planning whom she will bring to the meetings. Sherry describes how she is considering bringing both Emily [preschool director] and Tami [special education teacher] to her next meeting but states that she hasn't *needed them yet*. She noted that while Tami had not attended a meeting with her yet, she saw that when Tami's report was read at a previous meeting the committee members *really take it to heart*.

Sherry has also found herself with little options when she comes up against the special education legislation. While the information to parents encourages them to use their intimate knowledge of their children to forge the best education plan, there comes a time when this is not possible. For example,

Sherry, the therapists, and Ray's pediatrician all agreed that Ray is making great progress in his current educational setting and with this particular group of therapists. Now that Ray is becoming school age, his special education program comes under the jurisdiction of the school district and it is expected that Ray will attend kindergarten at the public school. The school district will not pay for services at a private preschool school and even if they did, the therapists that work with Ray do not have a contract with this district. Sherry has discussed securing a lawyer but realizes that this might lead to animosity between herself and the school district and fears the results might affect her children's experiences in school. As Sherry explains, *This is what administrators don't want to talk about and don't want to hear about and I know they've got to deal with numbers and dollars and cents but it took him months to get to this point with these women.* Sherry realizes that the administrators' hands are tied and so she states that she cannot afford to pay for the level of services Ray is receiving from the therapists who work with him now, but that she will try to pay for an occasional visit. While Sherry knows the voices of the therapists are respected, she also knows that *Age seems to have everything to do with it. They have this strict cut off.*

Sherry's experience with the school district leaves her little room to negotiate her position as an advocate for the best educational program for her son. Sherry accepts that the district will value the professionals who work with her son over her own assessments. She will accept being *just his mother* in this space but not without being sure that the professionals she invites to the meeting table will support her ideas of what is best for Ray.

Discussion: *What does Sherry know?*

Much of the literature that is meant to guide parents' addresses their role in the evaluation process as active and important (National Dissemination Center for Children with Disabilities, 2005; The Family and Advocates Partnership for Education, 2004; The State Education Department, May 2002). The Federal Government and many states have specific sections on their web sites and publications available for parents that detail their importance in making decisions about their child's special education program.

Sherry understands the importance of positioning even though she may not use such words to describe it. Sherry is a white middle-class woman who, in all of my meetings with her, met with other white middle-class women. Sherry has the luxury of being able to 'interview' therapists, pay for additional therapy and a private preschool program where four teachers are available and interested in including students with special needs in their classroom. Sherry understands the system and the importance of making contacts among both parents and organizations, such as advocacy groups meant to assist parents. As Sherry states, *It's just good to network*

Sherry's active positioning is working for her son, who in large part continues to make great progress due to Sherry's diligence. Sherry knows a lot. She has learned she has the power to position herself in ways that can, at times, go against those of a doctor. Sherry does not just read the parent literature about having a child in special education, she believes it and further, she acts it. Sherry's story has the potential to help parents, teachers, therapists and doctors understand the importance of paying attention to the positions we take and make available for others.

Implications

One of the implications from this research is that with the level of support that Sherry receives and seeks out, she is empowered. There is congruency between Sherry's social and cultural home life and that of school officials and doctors she meets with. For many other families, this is not the case (Harry & Klinger, 2006; Kalyanpur & Harry, 1999).

As Sherry does repeatedly, she seeks out other parents who share her concerns and that group shares information. There are many reasons why other parents may not be able to access this help – issues such as childcare, transportation and so forth. This research would support developing mentoring relationships among parents, either through face-to-face interaction or a technological relationship (such as through email). School districts can support this initiative by providing the resources, training, and access to parents who may not have computers in their homes. While many organizations exist to do this, a school district or local agency can tailor the information and contacts for parents who are in their community so that information would be specific to that community and not the general information one may find while conducting a broad Internet search. This approach would allow

school districts to be substantial in their support for parents and provide more than lip-service to the important roles parents play in their children's education.

The boundary drawn around this qualitative case study is around one child, his classroom, his teachers and service providers, and his parent's experiences. Qualitative case study research, according to Merriam (2001), is a methodological choice when, *researchers are interested in insight, discovery, and interpretation rather than hypothesis testing* (p. 28-29). While the sample in this study is small, Sherry provides us insight and a parent's interpretation that has the potential to inform the field of special education.

One way in which this research may contribute to the field is in its support of using the framework of positioning as a part of programs that educate the professionals that interact in the contexts of special education. When therapists, teachers and doctors speak with parents, they should be aware that their words and conversations are enabling some positions and perhaps stiling others. Teacher education and other service provider programs might find the framework of positioning useful in looking at meeting transcripts and discussing whose voice gets heard and whose positions get acknowledged or challenged.

Secondly, preschool programs that encourage and support parents to be active in their children's special education program are laying the groundwork for parents to take that active role in future school communications. This particular preschool program works hard to include all parents, not only those who have children with special needs. When parents feel they are being heard, and that what they have to contribute is honored, they will actively involve themselves in school contexts. Sherry very much felt like a team member in this preschool and it empowered her to advocate for her son in other contexts.

Finally, research conducted within the realm of special education should continue to include the voices of the people who are interacting in these contexts. Without these voices, it is possible to lose track of how the legislation is impacting the families it is designed to support. All parents are involved in their child's special education program regardless of whether they are able to attend meetings. We need to honor these parents by listening to their stories and giving them as much support as possible as they negotiate the complex terrain of special education.

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