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Investigating school psychologists' role in informing students about their learning disabilities

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Investigating School Psychologists’ Role in Informing Students about Their Learning Disabilities

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A thesis submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

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Abstract

Despite the lack of research on developmentally appropriate practices for school psychologists to use when informing students with specific learning disabilities, a literature review revealed possible barriers to school psychologists directly informing these students, such as IDEA regulations, parental objection, developmental concerns, and limited training. To better understand the current practices of school psychologists when informing younger students of their learning disability, training needs, and perceived barriers, the researcher surveyed 166 Virginia school psychologists. Results from the online survey indicated that if a student is informed, their special education teacher or parents are more likely to than the school psychologist. However, when in the role, school psychologists primarily rely on training from their job experience to provide developmentally appropriate informing services. Ultimately, a variety of recommendations for and barriers to informing younger students of their learning disability and helping them develop self-advocacy skills earlier in their academic careers were identified.
Introduction

Specific learning disability is the most common disability category of students who qualify to receive special education services in the United States (U.S. Department of Education, 2010). Despite receiving services in their secondary education settings, the National Longitudinal Transition Study-2 (NLTS-2) found that the majority (56.7%) of students with learning disabilities do not self-identify as having a disability while in postsecondary education in 2005 (Newman et al., 2009). This finding suggests that over half of students with specific learning disabilities could be leaving high school unaware of their disability. It becomes even more concerning that the majority of students transitioning to postsecondary setting do not have appropriate knowledge of their disability when postsecondary settings hold the students’ responsible to inform the school about their disability in order to receive the appropriate services and accommodations for their needs (Stodden, Jones, & Chang, 2002). Without the ability to comfortably disclose their disability and effectively communicate their needs, these students are more likely to have difficulty receiving the necessary academic supports in postsecondary education (Izzo, Hertzfeld, & Aaron, 2001). Thus, the majority of students with disabilities who are in a postsecondary setting are likely not receiving the services and accommodations that could help them reach their full academic potential (Newman et al., 2009).

Ethical Responsibilities and Limited Literature

One explanation for students’ lack of understanding about their learning disability is the absence of research on developmentally appropriate practices for helping students with learning disabilities that fosters an understanding of their diagnosis and the recommended accommodations. According to the National Association of School
Psychologists (NASP) Principles for Professional Ethics (2010), school psychologists should “discuss with students the recommendations and plans for assisting them” and “to the maximum extent appropriate, students are invited to participate in selecting and planning interventions,” (Standard II.3.11). Based on this standard, when working with students with specific learning disabilities, school psychologists are encouraged to use their professional judgment and experience to determine the most developmentally appropriate way to help students understand their individual strengths and weaknesses and to involve the students in the planning of their interventions and accommodations. Despite these ethical responsibilities, the limited research on developmentally appropriate practices for informing students about their specific learning disability and helping them understand their disability suggests that students of all ages with learning disabilities may not be receiving necessary information after an evaluation.

Given the limited research on this topic, the following literature review examines some of the potential barriers that could be contributing to a potentially large number of students with specific learning disabilities not being appropriately informed about their specific learning disability and its implications on their academic functioning and future.

Laws and Student Participation in IEP Meetings

In addition to the ethical responsibility school psychologists have to inform students about their learning disability, psychologists working in schools are legally bound to the Individuals with Disabilities Education Improvement Act (IDEA; 2004), which provides regulations that govern schools’ inclusion of students with disabilities at their individual education program (IEP) meeting. Under part B of IDEA, schools are required to invite the child to their IEP meeting “whenever appropriate,” but specifically
if postsecondary and transition goals and services are going to be discussed
[§300.320(b)]. If the meeting is not going to involve transition planning, the child’s legal
guardians are responsible for deciding if the child should attend the IEP meeting until the
child reaches the age of majority under State law (71 Fed. Reg. at 46671). Since schools
must provide transition-related services to students with disabilities no later than age 16
and include transition-planning activities starting at age 14 [34 CFR §300.320(b)], most
students begin attending their IEP meetings after the age of 14 (National Counsel on
Disability, 2002). This amendment was included as an effort to increase students’
involve in making decisions about their future and begin the movement from their
secondary education setting (National Center on Secondary Education and Transition &
Pacer Center, 2002). Including students in transition planning by the age of 14 was
considered the most typical developmentally appropriate age, but the regulation also
stipulates that the IEP team could decide that it is appropriate for a student younger than
14 years old to attend his or her IEP meeting. Therefore, prior to transition planning,
students’ parents have the right to not include their child in the IEP meeting and could
ask that their child not be told or informed about his or her learning disability.

When students are legally required to be invited to participate in their IEP and/or
transition planning meeting, about 83 percent of 15-19 year olds reported attending their
most recent IEP meeting and about 76 percent reported attending their most recent
transition planning meeting (Wagner, Newman, Cameto, Javitz, & Valdes, 2012). For
students aged 11 to 14 years old, less than half reported attending their most recent IEP
and their transition-planning meeting. These findings are consistent with the IDEA
transition-planning regulations, and suggest that students who younger than 14 years old
are not as likely to attend in their IEP meetings and therefore might not be as aware of how their specific learning disability is impacting their academic functioning and progress.

**Developmental Concerns**

Some of the resistance towards involving students in the decision-making process about their disabilities and interventions could be due to the presumption that children and adolescents are not capable of making informed decisions. Researchers have challenged this assumption by examining children and adolescents’ competency in making health-related treatment decisions (Weithorn & Campbell, 1982). To investigate developmental differences in self-determination skills with regards to making health-related treatment decisions, Weithorn and Campbell compared structured interview responses of 9, 14, 18, and 21 year olds, after they were presented with four vignettes of hypothetical treatment dilemmas (e.g. diabetes, epilepsy, depression, and enuresis) in order to measure their ability to understand the situation, make a treatment choice on their own, provide rational reasoning for their decision, and provide a realistic treatment option. They found that across all four hypothetical situations, the 14-year-old participants were able to demonstrate the same capability as the adult participants to make informed treatment decisions based on all four measured competency abilities. In addition, the 9-year-old participants demonstrated the ability to make a reasonable treatment decision based on their own preferences, even though they did not demonstrate as much understanding and reasoning abilities as the older participants. Therefore, these results suggest that even children as young as 9 have some of the self-determination capabilities to participate in making their health-related treatment decisions. It should be
noted that these findings are based on the responses of healthy, nondisabled participants. Hence, there is still a need to investigate the developmental differences in decision-making competency about health-related treatments of students who have disabilities and a vested interest in their future.

Another developmental concern to consider when informing young students with learning disabilities about their diagnosis is their level of cognitive development and their understanding of the skills involved in thinking and reasoning. Through an extensive review of both cognitive and social development literature, Cain and Dweck (1989) constructed a model for the conceptualization of intelligence in children, which proposed that children’s understanding of the abstract concept of intelligence as a self-attribute starts to develop around the age of seven. According to Cain and Dweck, the first step of developing a concept of intelligence involves being in an achievement-focused environment, often in preschool or kindergarten, where they examine the conditions for success and failure. Throughout their achievement experiences, children begin to understand that their own behavior contributes to whether they are successful or not. In addition, usually beginning in second grade, children start to notice the differences between other children’s rate of success. With this recognition of differences among their same age peers, children being to compare their own achievement level to others’ and look for differences in behaviors that could be causing the different level of success.

These three types of knowledge developing in stage one prepare children for stage two, when children construct and apply a behaviorally-based function for achievement outcomes that involves a basic understanding of how ability and effort contribute to successful achievement outcomes (Cain & Dweck, 1989). In the final stage, children
understand achievement outcomes as the result of an individual’s knowledge, effort, and capacity. During stage three, children view intelligence as a combination of an individual’s knowledge, effort, and capacity. In order to move from the second to third stage, Cain and Dweck propose that children need to develop an understanding that achievement outcomes are a function of the individual manipulation of different psychological components. Therefore, children may have a basic understanding of intelligence as an individual characteristic by the age of seven, but they may not have a clear or accurate understanding of how their effort and abilities contribute to academic success and difficulty. Hence, Cain and Dweck’s theoretical framework has implications for age-appropriate practices to use when informing students about their specific learning disability and the impact it has on their academic functioning.

In addition to considering the students’ age and their conceptualization of intelligence, it would be beneficial to also consider the students’ age in relation to their developing understanding of cognition. There is a great amount of research on the specific difficulties students with a learning disability can experience, such as trouble with automaticity, reading comprehension, spelling, and word identification. Yet, there is limited literature on how children comprehend this classification and understand their cognitive strengths and weaknesses. Pillow (2008) proposed a theoretical framework for the development of cognition as it relates to cognitive activities. Pillow separated children’s cognitive development into four categories: knowledge of mental states, occurrence knowledge, organizational knowledge, and epistemological thought. According to Pillow, preschool-age children have a basic understanding of mental states, such as emotions, desires, motives, and intentions. After they understand mental states,
children begin to develop their knowledge of different cognitive activities, such as attention and memory, and their understanding that these activities happen, or occurrence knowledge. Occurrence knowledge begins to develop by age five, and continues to develop through age eight. When children have developed organizational knowledge, which begins to develop in middle childhood, they understand the relationship between different cognitive activities. For example, a child with organizational knowledge would be able to understand that both memory and attention interact together when he or she is learning. Awareness of these three stages of cognitive development is a key to gaining a more accurate developmental picture of students’ conceptualization of different cognitive activities. Pillow’s theoretical framework suggests that students with organizational knowledge would have the cognitive ability necessary to understand their specific learning disability in terms of processing strengths and weaknesses.

Even though Cain, Dweck (1989) and Pillow (2008) provide theoretical frameworks for considering the age appropriate language to use when helping young children understand their disability, it is important to remember that students with specific learning disabilities are not intellectually disabled. Generally, these students are identified only after they continue to have significant academic difficulties after extensive school-based interventions. Since the needs of students with learning disabilities’ are not as visible as the other disability categories, it appears to be necessary for school personnel to make sure these students do understand their cognitive strengths and weaknesses. Theoretically, they are likely ready for in-depth knowledge and explanation. Therefore, future research and guidelines for informing students with specific learning
disabilities would need to focus on the appropriate language and approaches to use based on the students’ ages.

**Developing Self-Advocacy Skills**

The preparation of students with learning disabilities to become self-advocates is often inadequate in terms of building their self-determination skills (Stodden, Jones, & Chang, 2002). Self-determination and self-advocacy skills have been found to be extremely beneficial for students with disabilities to have as they transition from secondary to postsecondary education settings (Izzo, Hertzfeld, & Aaron, 2001). Researchers have encouraged the training of self-determination and self-advocacy skills to students with learning disabilities early on given the greater success students with these skills have had in accessing educational supports in postsecondary settings. These skills involve personal awareness and effective communication of their disability, including understanding their personal strengths, weaknesses, and educational needs. For example, researchers have suggested improving students’ communication skills through practice with using “I” statements when discussing their strengths and weaknesses in order for them to better advocate for themselves after high school.

Students with learning disabilities often struggle through significant academic difficulties prior to receiving special education services. Ayres, Cooley, and Dunn (1990) found that students with learning disabilities were more likely to have lower self-concept related to their academic performance, attribute their academic difficulties to external and stable factors, and be perceived by teachers as less persistent than peers. Since these findings were consistent with Dweck’s hypothesized learned helplessness profile (Dweck & Reppucci, 1973; Diener & Dweck, 1978), Ayers and his colleagues (1990)
conceptualized students with learning disabilities as less likely to attempt to overcome academic challenges because they feel they do not have personal control over their academic success or failure. Based on this conceptualization, gaining self-advocacy skills early on could prevent or reduce student’s maladaptive attributions for their failures may increase their academic self-concept, motivation, and persistence with learning challenges.

With the understanding that students must be taught self-advocacy skills, Schreiner (2007) developed the Self-Advocacy Survey for educators to use as a tool to assess how much high school students already knew about their disability (self-awareness) and how they could resolve potentially difficult situations due to their disability (self-realization). To measure the gaps in high school students’ self-advocacy skills, special education teachers individually administered the Self-Advocacy Survey to 49 high school students with various disabilities who received special education services in diverse educational settings. Most notable for the current study, Schreiner found that while most of the high school students had limited knowledge of their own IEP and disability, all of the students struggled to describe how they would handle situations in which their disability might lead to difficulty in a school setting. Therefore, Schreiner’s study continued to reveal that high school students with disabilities may not have the adequate self-advocacy skills required to navigate postsecondary education settings.

Looking specifically at students with learning disabilities, researchers surveyed 74 coordinators of special services for students with disabilities in postsecondary schools in New York and found that the majority (66.7%) of the coordinators felt that students with learning disabilities needed improved self-advocacy skills (Janiga & Costenbader, 2002).
Additionally, the second most common suggestion by the coordinators was to improve transition services by increasing students’ understanding of their disability and their specific needs. Another study examined the reasons undergraduates with learning disabilities postponed obtaining disability services while attending a large public university and the impact that had on their academic success (Lighter, Kipps-Vaughan, Schulte, & Trice, 2012). After interviewing 42 students with a learning disability, the researchers found the major reported barriers for students seeking disability services during their freshman year were a lack of time and knowledge about their own disability. They also found that on average, by the middle of the sophomore year, the students who delayed receiving disability services earned significantly lower grade point averages (GPA) and credit hours than students who received services earlier during their freshman year. Given this finding, the researchers emphasized the importance of teaching students about their learning disability and helping them understand the value in receiving disability services while in college to improve their grades and overall success. Hence, there seems to be a gap in transition services for students with learning disabilities, such that they are not always adequately trained to be advocates for themselves, including knowledge about their disability, rights, and necessary supports.

In the past, self-determination training, including self-advocacy, for students with disabilities has focused mostly on training specific skills, rather than on how to teach students to take more responsibility in the decision making process about their individual needs (Izzo et al., 2001). One reason could be the lack of consistency in how self-advocacy is defined (Test, Fowler, Wood, Brewer, & Eddy, 2005). In order to address this variability in definition, Test and his colleagues developed a conceptual framework
of self-advocacy after reviewing the literature on self-advocacy interventions and receiving feedback from stakeholders. The resulting framework divides self-advocacy into four main components: knowledge of self, knowledge of rights, communication, and leadership. Each component consists of multiple subcomponents that further define and highlight the necessary aspects that are involved in learning that self-advocacy component. Test and his colleagues intended their conceptual framework to be used as a guide for service providers, teachers, and parents to use to develop individualized self-advocacy instructional strategies for students of all age. Therefore, there is a need for self-determination instruction specifically for students with disabilities as well as a conceptual framework for self-advocacy instruction, yet the question of the age appropriate strategies for teaching students with learning disabilities about their disability and needs still remains.

**Virginia’s Response: I’m Determined Self-Determination Project**

Beginning in 2005, the Virginia Department of Education attempted to address this need by directing and funding the *I’m Determined* self-determination project (Virginia Department of Education Self-Determination Project, 2015). The *I’m Determined* project was one of the first tools specifically designed to provide educators, parents, and youth with resources to practice and develop self-determination skills. Prior to the *I’m Determined* project, the Center for Human Development at the University of Alaska published the *Self-Determination Toolkit* in 2003 (University of Alaska Anchorage, 2012). As online resources, educators and parents have unlimited access to both the *Self-Determination Toolkit* and the *I’m Determined* for age-appropriate self-determination curriculum.
Not only does the *I’m Determined* project have web-based resources, but the curriculum is currently being piloted within several schools across the state of Virginia (Virginia Department of Education Self-Determination Project, 2015). On the *I’m Determined* project website, educators have access to resources, such as self-determination checklists, curriculum modules, IEP student participation rubrics, IEP exit interviews, and a handout to help students understand an IEP. A primary goal of these resources is to assist educators, including school psychologists, teach students with disabilities how to gain an understanding of their strengths and weaknesses and become active participants in their educational success. Hence, in accordance with the purposes of the current research project, the I’m Determined program also provides resources differentiated by school level and specifically focused on increasing students’ understanding of their disability. An example of such a tool is known as the “One Pager,” which is a handout that a school psychologist would complete with students to provide the student with a way to easily and directly tell others about their strengths, interests, preferences, and needs. Therefore, the *I’m Determined* program’s resources provide a set of tools that school psychologists and educators could use to help educate students about their learning disabilities and educational needs. Yet, the *I’m Determined* program still does not provide evidence-based guidelines for school psychologists to follow when helping developmentally diverse students with specific learning disabilities understand their individual learning strengths and weakness.

**Training of School Psychologists**

Given that there is currently no research on developmentally appropriate practices for school psychologists to use when providing students with feedback after an
evaluation, it is not surprising that there is also a lack of research on training programs including these practices in their curriculum. Sattler (2006) published the fifth edition of *Assessment of Children: Behavioral, Social, and Clinical Foundations*; a popular best-practice resource required for school psychology assessment courses. Despite chapters full of guidelines for informing practices with parents, Sattler provides only a brief paragraph on informing students about their disability through a post-evaluation interview with students. During the post-evaluation interview, Sattler encourages school psychologists to discuss the evaluation process with the student and the findings. This paragraph does not provide any specifics about how to explain learning disabilities and the recommended accommodations to students, let alone students who are developmentally younger. Hence, school psychologists are ethically responsible for informing students with specific learning disabilities about their diagnosis, but the training on how to do so in a developmentally appropriate manner is limited to the knowledge that it is best practice to have a post-evaluation interview with the student.

Given the combination of the ethical responsibility and limited research, there is a wide variance in informing practices from school to school and system to system. This variance in informing practices usually relates to the individual psychologist’s practice. In order to address the diverse informing practices, a student informing protocol that school psychologists could use has recently been piloted in schools and used with students’ with specific learning disabilities (Rutt, 2014). The protocol provides guidelines for informing students during transition planning about their disability. These informing components include: identifying and gauging their knowledge of their disability, their level of self-acceptance, and their knowledge of the documentation
involved in receiving services. There is additional support for the inclusion of counseling when informing students of their specific learning disability since students with learning disabilities require special considerations around self-worth and interpersonal relationships (Thurneck, Warner, & Cobb, 2007). Counseling could address the different educational and social experiences students with learning disabilities have compared to their peers without learning disabilities. Given that the student informing protocol being piloted in schools includes a counseling component (Rutt, 2014), it is an example of guidelines that could assist school psychologists in preparing students with specific learning disabilities to become self-advocates as they transition to higher education.

In order to be developmentally appropriate, school psychologists must rely on their training in cognitive, social, and emotional development when informing students with specific learning disabilities about their diagnosis, recommendations, and the special education process. Given that there is limited developmental research on students’ understanding of their specific learning disability, the training in this specific area may not be strong enough for school psychologists to feel competent when informing younger students. In addition to possible training gaps, younger children’s parents need to agree to have their child informed about the child’s disability, which may be an additional barrier to school psychologists’ having the opportunity to inform these children.

Summary

A review of the literature demonstrates that there is a lack of research on the developmentally appropriate language and approaches to use when informing students with specific learning disabilities about their disability and the recommended accommodations. Research of some of the potential barriers to students with specific


learning disabilities receiving a developmentally appropriate informing in school indicates IDEA regulations, parents’ preferences, developmental concerns, and lack of training for school psychologists are contributing factors.

Since students are not legally required to attend their IEP meetings until they begin transition planning, most students do not attend these meetings until age 14 (National Counsel on Disability, 2002). Therefore, before age 14, parents have the right to choose to not include their child in meetings about his or her disability or IEP. In line with the regulations, not even half of students aged 11 to 14 attended their last IEP and/or transition planning meeting (Wagner et al., 2012).

Studies show that students with specific learning disabilities are in need of self-advocacy training, including gaining a better understanding of their disability and the appropriate school-based accommodations (Janiga & Costenbader, 2002; Stodden et al., 2002; Schreiner, 2007). Research has also shown the importance of students gaining self-advocacy skills in order to access accommodations in postsecondary settings (Lighter, Kipps-Vaughan, Schulte, & Trice, 2012). In order to appropriately address this need, developmental considerations must be taken. A study found that students as young as nine have the cognitive ability to make health-related treatment decisions (Weithorn & Campbell, 1982). In addition, theoretical models of children’s understanding of cognitive abilities have identified middle childhood as the period when children begin to develop an understanding of intelligence as a self-attribute (Cain & Dweck, 1989) and that learning requires different cognitive activities to work together (Pillow, 2008).

Another potential barrier identified is the lack of training school psychologists receive in this specific area. Resources for assessment practices lack developmentally
appropriate guidelines for informing students after an evaluation, including the popular resources such as Sattler (2006). In order to address this need, a student informing protocol for school psychologists to use (Rutt, 2014), as well as the Virginia Department of Education’s “I’m Determined” project (Virginia Department of Education Self-Determination Project, 2015) are being piloted in schools in Virginia.

Ethically and legally, school psychologists need to be aware of developmentally appropriate practices for informing students with specific learning disabilities so that students are well equipped to understand their disability and their academic needs for success in life. Gaining more insight into the current informing practices and barriers of school psychologists would likely contribute to the needed best practice guidelines and standards for psychology and education professionals.

Research Questions

After reviewing the literature and consulting with school psychologists, the researcher in the present study examined the survey responses of school psychologists in Virginia for 1) increased understanding of the current practices for informing students with specific learning disabilities about their diagnosis and recommended accommodations, 2) perceptions of training needs in this area for school psychologists, and 3) the recommended developmentally appropriate practices of school psychologists to prepare students with specific learning disabilities to become self-advocates.

Method

Participants

One-hundred and sixty-eight school psychologists employed in public schools in the Commonwealth of Virginia during the 2013/2014 academic year participated in the
survey. Seven hundred and twenty-eight school psychologists were emailed an advertisement and invited to participate in the study in August 2014 in order to request their recall of the previous school year before the demands of a new school year began. The advertisement and invitation included information about the purpose of the study and contact information for the researchers. Additionally, the invitation included informed consent to participate in the study, instructions for completing the online survey, and access to the survey through a hyperlink embedded in the email. The advertisement and invitation are included in Appendix A and B, respectively.

Forty-three email addresses were invalid for the advertisement, while 36 were invalid for the invitation. Ultimately, 685 school psychologists received the advertisement and 692 received the invitation to participate. Of the 692 school psychologists who received the survey invitation, 168 participated in the study. However, only the school psychologists who gave consent by voluntarily responding to the electronic survey and who practiced in Virginia during the 2013/2014 academic year were included in the data analysis. Based on the exclusion criteria, 166 school psychologists’ responses were analyzed, resulting in a response rate of 24%. The participants included in the study reported an average of 15 years practicing as school psychologists (Min = 1, Max = 39).

Measures

A 20-item survey was developed by the researcher to answer the research questions (See Appendix C). Qualtrics, a secure online survey generator, was used to create the anonymous electronic survey and collect and store the responses. Out of the 20 items on the survey, 13 survey items and two open-ended questions were developed to
answer the three research questions. The additional five survey items were included to gather supplementary background and contact information.

Survey items 4, 5, 6, 7, 8, 10, and 11 addressed research question one, “Increased understanding of the current practices for informing students with specific learning disabilities about their diagnosis and recommended accommodations.” Survey items 9, 12, 13, and 14 addressed research question two, “Perceptions of training needs in this area for school psychologists.” Survey item 15, 16 and open-ended questions 17 and 18 address research question three, “the recommended developmentally appropriate practices of school psychologists to prepare students with specific learning disabilities to become self-advocates.” Survey items 1, 2, 3, 19, and 20 were not included in the analysis of responses associated with research questions.

The James Madison University Institutional Review Board approved the survey before it was activated online and sent out via email to potential participants.

**Procedures**

The researcher obtained the email addresses for Virginia school psychologists employed in public schools during the 2013/2014 school year through the Office of Student Services at the Virginia Department of Education. This most recently updated listserv was used first to successfully send 685 Virginia school psychologists a brief problem statement that highlighted the importance of the upcoming survey in order to advertise the survey. Then, three days after the advertisement was sent, the researcher successfully emailed 692 Virginia school psychologists the invitation to the survey. The consenting participants had access to voluntarily complete the electronic survey at their
convenience for up to 30 days before deactivation. Participants’ responses were stored electronically while the survey was active and after deactivation.

**Results**

In order to examine the breadth of knowledge and experience school psychologists have with informing students with specific learning disabilities across different ages, a variety of question formats were used. The survey included both survey items and open-ended questions. The response options for the survey items were formatted in multiple-choice, checklist, and Likert-type scale styles. Qualtrics automatically provided descriptive statistics and frequency tables for these survey items (See Appendix D).

The open-ended question responses were analyzed for common themes. Common themes were identified through the repetition of ideas and the similarities and differences across the responses to the open-ended questions. In addition, the cutting and sorting technique (Ryan & Bernard, 2003) was used to categorize the responses into themes. The cutting and sorting technique first involved identifying all the key phrases in participants’ response to each open-ended question. After the meaningful statements were identified, the researcher placed the phrases individually on index cards and then laid the cards on a table. Finally, the researcher sorted the cards expressing similar ideas into separate piles, such that the piles indicated different response categories. The researcher decided that a response category had to be found in at least 10% of the total responses in order to be classified as a theme as a way to protect against subjective categorizing and reporting practices. The responses to the open-ended questions were
allowed to have more than one themed response, such that one open-ended response from a participant could be sorted and counted as multiple themes.

Research Question One

To begin to gain a better understanding of the current practices for informing students with specific learning disabilities, participants were first asked, ‘When a student is found to be eligible for SPED due to a specific learning disability, which team member was most likely the key person responsible for informing the student about their diagnosis?’ When the respondents were provided a drop down menu of response options, 61 selected ‘Special education teacher’ (39%), 49 selected ‘Parent’ (31%), 24 selected ‘Myself or another school psychologist’ (15%), 23 selected ‘Students are not typically informed’ (15%), and one selected ‘Administrator’ (1%). Table 1 provides the number of responses and associated percentages for each of these response options.

When asked, ‘In the 2013/2014 school year, approximately how many of your assessments resulted in finding the student eligible for SPED due to a specific learning disability?’, respondents reported their teams identified an average of 22.38 students with a specific learning disability ($Mdn = 20$, $SD = 15.53$, $Min = 0$, $Max = 85$). To the follow-up question that asked, ‘How often do you ask parents if you could inform their child after he or she was found eligible due to a specific learning disability?’, 53% of respondents indicated ‘Sometimes’, 36% of respondents indicated ‘Never’, and 11% of respondents indicated ‘Always.’ The number and percentages of participants who selected each frequency option are displayed in Table 2.

There was a great deal of variability in participants’ responses when asked, ‘In the 2013/2014 school year, approximately how many students did you directly inform
about their specific learning disability?,’ such that participants reported informing an average of 4.78 students ($Mdn = 2, SD = 7.56, Min = 0, Max = 45$). Within the diverse response set, 32.7% of participants reported that they did not directly inform any students about their learning disability. Table 3 reveals the average number of students who were identified as having a SLD with the average number of students participants reported directly informing about their SLD.

Table 1

*Key Team Member Responsible for Directly Informing Students*

<table>
<thead>
<tr>
<th>Team Member</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Education Teacher</td>
<td>61</td>
<td>39</td>
</tr>
<tr>
<td>Parent</td>
<td>48</td>
<td>31</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Students are not typically informed</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>Administrator</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>158</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2

*Typical Practice of Asking Parent Permission to Inform a Student after Eligibility*

<table>
<thead>
<tr>
<th>Frequency Option</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>57</td>
<td>36</td>
</tr>
<tr>
<td>Sometimes</td>
<td>84</td>
<td>53</td>
</tr>
<tr>
<td>Always</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>158</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 3

*Number of Students Identified with a SLD and Directly Informed by the School Psychologist*

<table>
<thead>
<tr>
<th>Variable</th>
<th>M (SD)</th>
<th>Mdn</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students identified</td>
<td>22.38 (15.53)</td>
<td>20</td>
<td>0</td>
<td>85</td>
</tr>
<tr>
<td>Students directly informed</td>
<td>4.78 (7.56)</td>
<td>2</td>
<td>0</td>
<td>45</td>
</tr>
</tbody>
</table>

To address the perceived importance of school psychologists’ role in informing students, respondents were asked to rate how important they felt their role is in directly informing students about their specific learning disability at the elementary, middle, and high school levels on a scale of 1-5 (1 - ‘Not at all’; 2 - ‘Somewhat important’; 3 - ‘Neutral’; 4 - ‘Important’; 5 - ‘Extremely important’). At the elementary school level, 35.26% of respondents rated their role as ‘Somewhat important,’ 26.28% rated their role as ‘Important,’ 8.97% rated their role as ‘Not at all’ important, 4.49% rated their role as ‘Extremely important,’ while 25% reported they were ‘Neutral’ about the importance of their role at the elementary school level. At the middle school level, 53.55% of respondents rated their role as ‘Important,’ 21.29% rated their role as ‘Extremely important,’ 9.03% rated their role as ‘Somewhat important,’ 2.58% rated their role as ‘Not at all’ important, while 13.55% reported they were ‘Neutral’ about the importance of their role at the middle school level.

Furthermore, at the high school level, 50% of respondents rated their role as ‘Extremely important,’ 36.54% rated their role as ‘Important,’ 5.77% rated their role as ‘Somewhat important,’ 1.28% rated their role as ‘Not at all’ important, while 6.41% reported they were ‘Neutral’ about the importance of their role at the high school level.
Overall, as depicted in Table 4, reveal that the participants’ perception of the importance of their role in informing students about their specific learning disability increased on average from the elementary school level ($M = 2.82, SD = 1.06$), the middle school level ($M = 3.82, SD = 0.96$), and the high school level ($M = 4.28, SD = 1.06$).

Table 4

<table>
<thead>
<tr>
<th>Description</th>
<th>Elementary</th>
<th>Middle</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all Important</td>
<td>8.97%</td>
<td>2.58%</td>
<td>1.28%</td>
</tr>
<tr>
<td>Somewhat Important</td>
<td>35.26%</td>
<td>9.03%</td>
<td>5.77%</td>
</tr>
<tr>
<td>Neutral</td>
<td>25.00%</td>
<td>13.55%</td>
<td>6.41%</td>
</tr>
<tr>
<td>Important</td>
<td>26.28%</td>
<td>53.55%</td>
<td>36.54%</td>
</tr>
<tr>
<td>Extremely Important</td>
<td>4.49%</td>
<td>21.29%</td>
<td>50.00%</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td>156</td>
<td>155</td>
<td>156</td>
</tr>
<tr>
<td>$M$ ($SD$)</td>
<td>2.82 (1.06)</td>
<td>3.82 (0.96)</td>
<td>4.28 (0.91)</td>
</tr>
</tbody>
</table>

When asked, ‘Does your current school system have a policy or guidelines for how to appropriately inform students of all age levels of their learning disability?’, and only given ‘Yes’ or ‘No’ as response options, the vast majority of respondents (93%) indicated their school system did not have a policy or guidelines. To follow-up, respondents who responded ‘Yes’ were asked, ‘If yes, what practices does the informing policy involve? Check all that apply.’ Table 5 shows that of the 11 participants who indicated that their school system had a policy or guidelines, eight participants selected ‘One-on-one meeting with the student,’ eight selected ‘Informing parents on how to inform their child,’ six selected ‘Students are required to attend meetings,’ two selected
‘Written description/pamphlet,’ and two selected, ‘Other.’ When given the option to write a different policy or guideline, one participant wrote in ‘The I’m Determined Project.’

Table 5

School Systems’ Student Informing Policy Practices

<table>
<thead>
<tr>
<th>Practice</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-on-one meeting with the student</td>
<td>8</td>
</tr>
<tr>
<td>Informing parents on how to inform their child</td>
<td>8</td>
</tr>
<tr>
<td>Students are required to attend meetings</td>
<td>6</td>
</tr>
<tr>
<td>Written description/pamphlet</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

Research Question Two

Participants were presented with survey items in various formats to assess their perception of the current training needs for school psychologists to be able to provide age-appropriate informing services to students with specific learning disabilities. When asked, ‘How did you receive training on directly informing students about their learning disability in a developmentally appropriate way? Check all that apply,’ 56% of respondents selected ‘Job experience,’ 39% selected ‘I have not received training in this area,’ 23% selected ‘Graduate training program,’ 16% selected ‘Internship,’ and 11% selected ‘Professional development.’ Table 6 provides the frequency and percentage of each training option reportedly received by the participants.
Table 6

*Training Received in Age-Appropriate Informing Practices*

<table>
<thead>
<tr>
<th>Training</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job experience</td>
<td>88</td>
<td>56</td>
</tr>
<tr>
<td>None</td>
<td>61</td>
<td>39</td>
</tr>
<tr>
<td>Graduate training program</td>
<td>36</td>
<td>23</td>
</tr>
<tr>
<td>Internship</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>Professional development</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>158</td>
<td>100</td>
</tr>
</tbody>
</table>

Participants were also asked to rate how their graduate training program prepared them to directly informing students about their learning disability in a developmentally appropriate way on a scale of 1-5 (1 - ‘Not at all’; 2 - ‘Somewhat’; 3 - ‘Average’; 4 - ‘Good’; 5 - ‘Excellent’). Results indicated that on average, participants reported that their graduate training program somewhat prepared them to directly inform students ($M = 2.01$), with 45% of respondents selecting ‘Not at all,’ 27% selecting ‘Somewhat,’ 16% selecting ‘Average,’ 8% selecting ‘Good,’ and 4% selecting ‘Excellent.’ However, using the same scale and on average, participants rated their current level of competency for informing students in a developmentally appropriate way as ‘Good’ ($M = 4.03$), with 47% of respondents selecting ‘Good,’ 32% selecting ‘Excellent,’ 14% selecting ‘Average,’ 6% selecting ‘Somewhat,’ and 1% selecting ‘Not at all.’ Table 7 lists the average rating for the participants’ reported level of preparedness and competency, as well as the percentage of participants who selected each response option.
Table 7

*Level of Preparedness by Graduate Training Program and Current Level of Competency (1-5 Scale)*

<table>
<thead>
<tr>
<th>Description</th>
<th>Preparedness</th>
<th>Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>45%</td>
<td>1%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>27%</td>
<td>6%</td>
</tr>
<tr>
<td>Average</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Good</td>
<td>8%</td>
<td>47%</td>
</tr>
<tr>
<td>Excellent</td>
<td>4%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Total Responses 157 158

*M (SD)* 2.01 (1.16) 4.03 (0.88)

Table 8

*Current Need for Training in Developmentally Appropriate Practices for Informing Students*

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, this is a priority</td>
<td>34</td>
<td>22</td>
</tr>
<tr>
<td>Yes, but there are other immediate priorities</td>
<td>114</td>
<td>72</td>
</tr>
<tr>
<td>No, this is not needed</td>
<td>10</td>
<td>6</td>
</tr>
</tbody>
</table>

Total 158 100

When presented the question, ‘Do you believe there is a current need for training on developmentally appropriate practices for informing students about their specific learning disability?’, 72% of respondents selected, ‘Yes, but there are other immediate priorities,’ 22% selected, ‘Yes, this is a priority,’ and 6% selected, ‘No, this is not
needed.’ The number and percentage of participants who selected each response option are displayed in Table 8.

**Research Question Three**

In order to address the third research question, participants were presented with two survey items with checklist response options and two open-ended questions to access the participants’ perspectives on and experiences with practices that they consider developmentally appropriate to use when informing a younger student with a specific learning disability. Ultimately, the questions aimed to identify recommended practices and considerations for informing younger students with specific learning disabilities, as well as the barriers school psychologists face providing that service for younger students.

When asked, ‘Which of the following practices and considerations do you use when informing younger students of their specific learning disability? Check all that apply,’ 95% of respondents indicated they used their ‘knowledge and experience with children,’ 34% indicated they ‘relate to famous people who have a SLD (e.g. Tom Cruise),’ 23% indicated they use ‘books/bibliotherapy,’ 15% indicated they used ‘other’ strategies, 13% indicated they use ‘pamphlets/written description,’ 5% indicated they use ‘group counseling,’ and 1% indicated they use ‘movies.’ From the 20 responses to the available open-ended response option for selecting ‘Other,’ the following four themes emerged: discussing and providing examples of their personal strengths and weaknesses based on test data and personal experiences with the child (7 times; 35%), younger children are not typically informed (6 times; 30%), visuals (3 times; 15%), and the I’m Determined Project (2 times; 10%).
Table 9

*Informing Practices School Psychologists Currently Use or are Interested in Using*

<table>
<thead>
<tr>
<th>Practice</th>
<th>Current</th>
<th>Interested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and experience with children</td>
<td>14</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>24</td>
</tr>
<tr>
<td>Books/Bibliotherapy</td>
<td>35</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>Pamphlets/Written description</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>Movies</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Group counseling</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Relate to famous people with a SLD</td>
<td>52</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>127</td>
</tr>
<tr>
<td></td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Using the same response options, a follow-up question asked participants, ‘If you are not using one of the practices listed above, which ones would you be interested in using? Check all that apply.’ Fifty-four percent of the respondents indicated they would be interested in using books and/or bibliotherapy, while 39% indicated interest in using pamphlets and/or written descriptions, 28% indicated interest in using movies and relating to famous people who have a SLD (e.g. Tom Cruise), 24% indicated interest in using their knowledge and experience with children and group counseling, and 6% indicated interest in using another practice that was not listed. Of the seven responses to the available open-ended portion of the ‘Other’ response option, the following practices were suggested once: ‘You tube videos,’ ‘pictures,’ ‘none,’ ‘a script to see how others do it,’ and ‘relate to successful ‘every-day’ adults who have SLD.’ Table 9 provides the
number and percentage of participants who currently use or are interested in using the specified informing practices.

Participants’ responses to the open-ended question, ‘What do you believe are the most significant barriers to you directly informing students of all ages of their learning disability?’, revealed three evident themes (based on the 10% cutoff). The most frequently identified significant barriers were gaining parental consent (51 responses; 24.64%) and not having enough time (50 responses; 24.15%), while informing students was other team members’ role (28 responses; 13.53%) was also mentioned frequently. Additional repeatedly identified barriers included lack of direct involvement with students after eligibility (19 responses; 9.18%), concern about the developmental understanding of younger children (14 responses; 6.76%), lacking a system-wide policy (12 responses; 5.80%), school psychologists and younger children not attending the same special education meetings (10 responses; 4.83%), no perceived barriers (8 responses; 3.86%), insufficient availability and rapport built with students outside of testing (7 responses; 3.38%), lacking training in this area (5 responses; 2.42%), and stakeholders underestimating the importance of teaching students self-advocacy (3 responses; 1.45%). Table 10 provides the three classified themes with the number and percentage of responses that included the theme.

To further investigate the participants’ perceived barriers to directly informing students of all ages, sub-themes were identified within the more frequently identified themes of gaining parental consent (51 responses) and informing students is another team member’s role (28 responses). Of the 51 total responses that indicated gaining parental consent was a perceived barrier to informing students, 20 mentioned parental consent or
permission (39.22%), 14 mentioned parents not wanting their children to know about their disability (27.45%), 12 mentioned parents do not want their child to feel different or labeled (23.53%), nine mentioned parents preferring to talk to their child themselves (17.65%), and 4 mentioned parents do not want to give their children “excuses” (7.84%). Of the 28 responses that indicated informing students is not their role as a school psychologist, the majority of responses identified the special education case managers as the team member responsible for informing students (18 responses; 64.29%), while parents were also mentioned frequently as team members that can be responsible for informing students (12 responses; 42.86).

Table 10

<table>
<thead>
<tr>
<th>Theme</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaining parental consent</td>
<td>58</td>
<td>24.64</td>
</tr>
<tr>
<td>Not having enough time</td>
<td>48</td>
<td>24.15</td>
</tr>
<tr>
<td>Informing students was other team members’ role</td>
<td>28</td>
<td>13.53</td>
</tr>
</tbody>
</table>

Note. Response categories had to be found in at least 10% of the total responses in order to be classified as a theme.

Ultimately, the open-ended question, ‘What advice or suggestions do you have for other practitioners regarding developmentally appropriate practices for informing students of their specific learning disability?’, revealed two evident themes. As shown in Table 11, using developmentally appropriate language (28 responses; 15.91%) and discussing personal strengths and weaknesses with the student (27 responses; 15.34%) were the most frequently recommended suggestions. Other repeated ideas included: discuss learning strategies and tools with the student (11 responses; 6.25%), use simple
and direct language (10 responses; 5.68%), not having any suggestions (10 responses; 5.68%), students need to know developmentally appropriate information about their disability to become a self-advocate (8 responses; 4.55%), use visuals (e.g. bell curve, pictures, books, video clips; 8 responses; 4.55%), provide concrete/real-life examples (8 responses; 4.55%), explain to students that they learn differently (7 responses; 3.98%), and be open to student questions (7 responses; 3.98%).

Table 11

<table>
<thead>
<tr>
<th>Theme</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use developmentally appropriate language</td>
<td>28</td>
<td>15.91</td>
</tr>
<tr>
<td>Discuss personal strengths and weaknesses</td>
<td>27</td>
<td>15.34</td>
</tr>
</tbody>
</table>

Note. Response categories had to be found in at least 10% of the total responses in order to be classified as a theme.

Additional similar ideas appeared in the responses of suggestions, such as gain parent permission first (6 responses; 3.41%), discuss/work with other school professionals (e.g. school counselor, special education teacher; 6 responses; 3.41%), provide families with information and resources (6 responses; 3.41%), discuss findings with students (6 responses; 3.41%), be sensitive to developmental differences in understanding (6 responses; 3.41%). Even though less frequently, participants mentioned the following similar suggestions: use the I’m Determined Self-Determination Project (5 responses; 2.84%), include students in the special education process (5 responses; 2.84%), remain positive (5 responses; 2.84%), gain more training and resources in this area (4 responses; 2.27%), and develop a student informing policy/protocol with team (3 responses; 1.70%).
Discussion

This study examined Virginia school psychologists’ current and recommended developmentally appropriate practices, as well as their perceived barriers and training needs, for informing students with specific learning disabilities. Given the limited research in this specific area of practice, the responses to this survey provide a foundation of information that highlights the diversity within the current informing practices, perceived barriers, and training needs.

Research Question One

The survey item responses revealed varying informing practices for school psychologists in Virginia. Additionally, most school psychologists in Virginia report rarely directly informing students with specific learning disabilities about their disability. One of the factors that could be contributing to the low informing rates is that almost all of the school systems did not have a system-wide policy of informing. The few school systems with reported policies appear to be quite different, ranging from directly informing students in one-on-one meetings with school professional, to requiring students to attend meetings, to providing parents with information on the disability in order for them to inform their own child. Consistent with the literature review, most school systems do not have a best-practice method to use when informing students of their specific learning disability.

Given the reported lack of policies and guidelines in both the literature and on this survey, it is not surprising that there was no consistent team member who was typically responsible for informing a student of their disability. Even though special education teachers were identified most frequently, parents are also often given this responsibility.
Since only a few parents have a sufficient understanding of specific learning disabilities and their associated educational needs, only a few children who are informed by their parents are gaining a sufficient understanding of their own disability and needs. Therefore, the majority of children who are informed by their parents are likely not receiving an accurate explanation of their newly identified cognitive strengths and weaknesses. A major purpose of this study is to identify how school psychologists should inform students with specific learning disabilities in developmentally appropriate ways. Therefore, without a consensus between practitioners or available research-based practices, it feels uncomfortable relying on parents to provide this important information to children. If information is not presented accurately or in a developmentally appropriate way, children lose the opportunity to start build their self-advocacy skills that could impact their current and future success.

It is not surprising that special education teachers were the most frequently responsible for informing students. School psychologists often cover multiple schools, which leaves limited time to work with students individually after they are finished with their evaluation. In terms of availability, special education teachers would have an easier time meeting with students to teach them about their specific learning disability. Ideally, students and their case managers would be able to build a strong relationship, which would help the student feel more comfortable and develop a better sense of their strengths and weaknesses. In reality, there is an inconsistent system for informing students that leaves them vulnerable to not understanding why they have had and may continue to have difficulty in school. To address this concern, school systems should begin to develop a system-wide policy for informing students about their learning disability in
developmentally appropriate ways. Until then, school psychologists and special education teachers are encouraged to collaborate within their schools to develop their own consistent system for informing students based on the recommendations provided in this study.

Additionally, the same percentage of participants who indicated school psychologists are most likely to be responsible also indicated that most students are not informed of their disability. Even if students are being informed, it is not a role Virginia school psychologists hold. Yet, in terms of expertise in this area, school psychologists would have the most training in specific learning disabilities and the ability to explain the findings of a psychoeducational evaluation. Therefore, students may not be receiving adequate information about their learning disability that would allow them to understand their personal strengths, weaknesses, and needs that are required for self-advocacy.

Another factor that could account for the low informing rates of school psychologists is that the participants felt that their role in informing students was more important when students are in high school compared to when they are in elementary and middle school. This reported increase in importance not only coincides with the increase in developmental readiness, but also follows the IDEA (2004) transition-planning regulations’ of including students in their educational and transition planning when they reach the age of 14. However, most students are identified as having a specific learning disability during elementary and middle school. Thus, it may seem more for important for school psychologists to be involved in helping a student fully understand their specific learning disability as they prepare to leave their secondary educational setting, but not informing younger students forfeits their opportunity to begin developing self-
advocacy skills through self-awareness and understanding of their disability and related educational needs. Given that many students under the age of 15 currently do not report attending their IEP and transition-planning meetings (Wagner, Newman, Cameto, Javitz, & Valdes, 2012), providing these skills at younger ages would likely increase students’ ability to actively participate in their special education process.

**Research Question Two**

When asked how they received training, the majority of participants indicated that they received training in this area through job experience, followed by almost half of the participants indicating that they have not received any training in developmentally appropriate informing practices. Most of the participants also indicated that they did not receive training through their graduate program. On average, participants felt that their graduate training program only prepared them ‘somewhat’ for informing students about their specific learning disability. Together, these responses revealed a gap in their training that is consistent with the lack of research and guidelines in the literature and field. Due to the limited research in this area, local, state, or federal guidelines have not been developed in order to address this need. Graduate training programs are then less able to provide training. Without research to guide practice, school psychologists’ are left to only rely on their experience to help them prepare students of all ages to become self-advocates.

Despite this reported lack of official training opportunities, the majority of participants (72%) indicated that although there is a current need for training in developmentally appropriate informing practices, there were currently other more pressing priorities. Since this study did not examine these other priorities, school systems
would benefit from exploring these other priorities in order to promote and develop student informing practices.

What this study did find was that the current level of reported competence in providing developmentally appropriate informing services to students was ‘Good.’ Thus, most participants feel like they are able to appropriately inform students of all ages of their disability without specific official training in this area or system policies. When this level of competence is examined in relation to the reported low informing rate and limited preparation, it seems that the respondents have gained a comfortable level of competence in informing students about their SLD through their work with children and knowledge of developmental and educational psychology. Given this high level of perceived competence, it is not surprising that most of the participants felt there were more immediate needs. However, since most of the respondents have not provided this direct informing service to students, future research and training opportunities would likely enhance the awareness of the lack of evidence-based informing practices being provided to students. Increased awareness may motivate school psychologists and other school professionals to assess their school-systems procedures for informing students of all ages and continue to work on teaching students’ self-advocacy skills as early as possible.

Research Question Three

Participants provided a wide variety of recommendations for and perceived barriers to informing younger students of their specific learning disabilities that can help inform future research and school psychology practice. Consistent with reports of primarily receiving training through job experience, 95 percent of participants indicated
that they use their knowledge and experience with children when informing a younger child of their specific learning disability. Other informing techniques, such as relating to a famous person with SLD and group counseling, and resources, such as books, pamphlets, and movies, were reportedly used less frequently. Despite the limited use of these other informing techniques and resources, the majority of participants reported wanting to use books when informing younger students. A greater percentage of participants reported interest in using pamphlets/written descriptions, movies, celebrity examples, and group counseling when informing students more than they are currently using. As suggested by the literature review, there appears to be limited available resources and evidence-based strategies for school psychologists to use when informing younger students. However, there is a desire for school psychologists to have access to these resources and to be able to provide these types of services for younger students.

Future research and practice in this area would benefit from gaining an understanding of the experiential knowledge school psychologists have gained through their work in schools. The participants responses continued to demonstrate the diversity of Virginia school psychologists’ recommendations for informing students of all ages about their learning disability, as well as what they feel gets in the way of providing that service to students. The variability in recommendations and perceived barriers also suggests that there is not a consistent set of practices or guidelines that school psychologists and systems adhere to across the state. Despite the variability in recommendations, 15 percent of the participants recommended school psychologists use developmentally appropriate language and discuss their strengths and weaknesses when directly informing younger students of their specific learning disability. While these two
recommendations provide a foundation for practitioners to build upon when developing their own informing practices, they remain vague and require the practitioner to have knowledge of what developmentally appropriate language is when talking to a student about their learning disability. Since most of the school psychologists who participated in this study did not report directly informing students, many of them may not have the experience to know what language is appropriate at specific ages. Additionally, with regards to discussing students’ strengths and weaknesses, it still remains unclear what is the most developmentally appropriate way to do that in terms of language, presentation of scores, potential visual aids, and checking for understanding. Future professional development opportunities could address these and the other less common recommendations, as well as these recommendations serving as a starting point for the future development of “best-practice” guidelines for directly informing students from elementary to high school. School psychologists are encouraged to refer to Table 12 and use the handout in Appendix D as temporary guidelines, such that it lists the recommended developmentally appropriate informing practices for informing students with specific learning disabilities identified in this initial study.

The most frequently reported barriers to informing younger students of their specific learning disability were gaining parental consent, not having enough time, and that informing students was another team member’s role. These barriers are likely going to vary based on individual students’ parents, caseload, and school practices. However, school psychologists are in a position in which they can help parents and other team members understand the importance of students developing an understanding of their disability and their related academic needs in order to become a self-advocate. Under
IDEA (2004), parents have the right to decide if their child is informed of their specific learning disability before the age of 14. While school psychologists are legally and ethically bound to respect parental rights, they can also make sure that parents’ are making informed decisions. Continued research in this area may provide school psychologists with resources to help address this barrier by providing information to parents and other team members. Table 13 and the handout of best practice informing guidelines in Appendix D list all of the potential barriers to informing identified by school psychologists in this study.

Given that school psychologists have many roles within their profession, it is not surprising that the second most common barrier to directly informing students was not having enough time. Due to limited time, directly informing students of their learning disability after they are found eligible may not be possible for all school psychologists. School psychologists may have to rely on other team members to provide this service to students. With parental consent, school psychologists can work with special education teachers and parents to make sure someone is clearly given the responsibility of informing the student of their specific learning disability and the designated team member can provide this service in a developmentally appropriate way. With more research in this area, workshops and in-service trainings would be able to provide this training for team members.
Table 12

*List of Recommended Informing Practices for School Psychologists*

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use developmentally appropriate language</td>
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<tr>
<td>• Discuss personal strengths and weaknesses</td>
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<td>• Discuss learning strategies/tools with the student</td>
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<td>• Provide concrete/real-life examples</td>
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<td>• Explain to students that they learn differently</td>
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<td>• Be open to student questions</td>
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<td>• Gain parent permission first</td>
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<td>• Collaborate with other school professionals</td>
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<td>• Discuss findings with students</td>
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<tr>
<td>• Be sensitive to developmental differences in understanding</td>
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<td>• Use the I’m Determined Self-Determination Project</td>
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<td>• Include students in the special education process</td>
</tr>
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<td>• Remain positive</td>
</tr>
<tr>
<td>• Gain more training and resources in this area</td>
</tr>
<tr>
<td>• Develop a student informing policy with team</td>
</tr>
</tbody>
</table>
Table 13

*List of Identified Barriers to School Psychologists Informing Students*

<table>
<thead>
<tr>
<th>Barrier</th>
</tr>
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<tbody>
<tr>
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<td>• Lacking training in this area</td>
</tr>
<tr>
<td>• Stakeholders underestimating the importance of teaching students self-advocacy</td>
</tr>
</tbody>
</table>

**Limitations**

Future research in this area would benefit from taking into account the factors that could have impacted the results of this research study. First, the exploratory nature of this study may have limited the amount of information that could have been gained through more informed and directed follow-up questions. Future research would benefit from using focus groups to discuss developmentally appropriate informing practices for students and to follow up on the findings of this study.

Other potential limitations were the timing and sampling method of the study. Since participants were contacted via email in August, they may not have been able to
recall the previous year as accurately as they would have during the year and may also have not returned to work yet for the next school year. Also, by using email, participation in this study may have been reduced due to invalid email addresses and the invitation to participate not reaching all of the intended inboxes. Additionally, given that the participants who voluntarily responded to the survey were likely interested in the topic, their responses could not be generalized to all Virginia school psychologists. Overall, these limitations may have impacted the findings of this study, but only so much that the data needs to be interpreted within the context of these limitations.

**Conclusions**

Overall, the results of this study indicate that Virginia school psychologists rarely inform students of their specific learning disability, and there is a lack of consistency in informing practices, recommendations, and barriers. When school psychologists are put in that role, they must rely primarily on their own experience working with children to provide students with a solid understanding of their specific learning disability in a way they can understand. Under the principles that guide psychological services within schools, the finding that school psychologists are currently unable to utilize evidence-based practices while informing students or preparing other team members to inform students seems to be an unethical reality. In order to address this ethical dilemma, awareness, advocacy, and research are needed to provide school psychologists the necessary training and resources to effectively close the potential gaps within their schools’ and their own informing practices.

Developmental literature indicates that by about age nine, students would be able to understand their specific learning disability, such that they have average intelligence,
but a cognitive weakness that makes it more difficult for them to learn (Cain & Dweck, 1989; Pillow, 2008). Therefore, there are no cognitive barriers to informing younger students of their learning disability, only systematic barriers for school psychologists to help their school systems overcome. These systemic barriers may present as lack of time, energy, parental consent, resources, and training, but could be address through advocacy and consultation.

Within the broad role of school psychologists, the role of special education informant is not going to be easily addressed. It will likely have to be carved out of any already busy schedule. As school psychologists often have to advocate for their ability to provide services other than assessment, advocating for students to be informed about their specific learning disability is the responsibility of each individual school psychologist. The benefit of early intervention practices have become a widely recognized reality in the field that can be applied to the practice of informing students about their learning disability as soon as they are found eligible. The earlier a student can understand that their difficulty learning is not their fault and that they will be provided services to help them be successful in school, the more prepared they can be advocating for their own academic needs.

The need for advocacy also continues to school psychologists needing to advocate for training for school professionals and school-wide policies for developmentally appropriate informing practices. Due to their expertise, most school psychologists would play a key role in promoting the development and execution of student informings within their schools. However, this system-wide change would likely be difficult without working with other professionals, especially special education teachers, and parents.
Working together as a team to discuss what the most appropriate method for informing a student, share strategies and resources, and ultimately provide students with the most developmentally appropriate information about their learning disability and newly identified educational needs. For example, the resources provided by the Virginia Department of Education’s *I’m Determined* project may be a starting place for developing developmentally appropriate informing practices.

While finding that there is lack of developmentally appropriate informing practices for school psychologists does not fully account for most students with specific learning disabilities entering into postsecondary settings without a clear understanding of their educational strengths, weaknesses, and needs; it does reveal a possible gap in the self-advocacy training provided to students prior to graduation. Hence, the results of this study are intended to start the needed discussion of how school psychologists can make sure that every student is given the opportunity to be a strong self-advocate. With additional research, the recommendations and barriers identified could be used to begin the process of developing best-practice guidelines for informing students and trainings for school professions. School psychologists and other school professionals are encouraged to evaluate the informing practices within their schools and how their own practices could be adjusted to address this service gap.

Despite the vast majority of school psychologists in this study feeling like there are other more immediate priorities in terms of their training, having students understanding of their learning disability needs to be an immediate priority in order for students to reach their full potential. The reality is informing students about their learning disabilities is a necessary part of the special education process that has slipped
through the cracks. As school psychologists, we need to realize that these students are moving through the education system without a clear understanding of what their learning disability means and how it impacts their learning. Starting in elementary school, students with learning disabilities are undoubtedly going to face academic challenges. Instead of allowing them to develop their own attributions for their learning difficulties, informing students as soon as they are found eligible would help them to re-write their academic story. Without informing students, their specific learning disability remains an invisible obstacle that they will be asked to overcome. Their future success relies on gaining this self-awareness as soon as possible in order for them to transition through each phase of school and after with the ability to understand themselves and advocate for their needs.
Appendix A

Advertisement of Survey Email

Hello,

My name is Caitlin Reddy and I am an intern in the School Psychology Ed.S. program at James Madison University.

In 2005, the National Longitudinal Transition Study-2 (NLTS-2) found that 56.7% of postsecondary students with a specific learning disability (SLD) did not know they have a disability (Newman et al., 2009). The first step in self-advocacy is understanding the disability and how it impacts learning. Therefore, I am interested in the current practices of and barriers to informing students about their SLD in school.

In order to help us understand why so many of these students are unaware of their learning disability, I will be sending out an anonymous online survey in three days. The survey should only take about 10-15 minutes to complete. The James Madison University Institutional Review Board has approved this study. Your knowledge, experience, and suggestions will be greatly appreciated.

Sincerely,

Caitlin Reddy
Appendix B

Email of Informed Consent

Hello,

My name is Caitlin Reddy and I am a second-year graduate student in the School Psychology program at James Madison University. To fulfill requirements to obtain my Educational Specialist degree, I am conducting a research project examining school psychologists’ report of their role in informing students about their learning disabilities.

My study involves surveying school psychologists in the state of Virginia. I am asking you to participate in my study by completing an online survey. I appreciate your consideration of this request and thank you in advance for your participation.

Identification of Investigators & Purpose of Study
You are being asked to participate in a research study conducted by Caitlin Reddy from James Madison University. The purpose of this study is to examine school psychologists’ report of the current practice of informing students of their learning disabilities. This study will contribute to the student’s completion of her Educational Specialist degree.

Research Procedures
In this study, a link to an online survey (administered through Qualtrics) will be emailed to participants. If you choose to participate, the survey will ask you to provide answers to a series of questions regarding the current practice of informing students of their learning disability, the developmental considerations taken when informing students, and your perceived barriers to this area of service delivery. Should you decide to participate in this anonymous research, you may access the survey by following the web link located under the “Giving of Consent” section.

Time Required
Participation in this study will require approximately 10-15 minutes of your time.

Risks
The investigator does not perceive more than minimal risks from your involvement in this study. However, you have the right to skip any questions that you are not comfortable answering.

Benefits
There are no direct benefits for the participants in this research study. However, as a result of participation in the study, participants may help identify current practices of and barriers to informing students with specific learning disabilities that are not being adequately addressed in earlier research. Further, participation in this study will contribute to and expand existing knowledge and research on developmentally appropriate informing practices for school psychologists to use when working with
children with specific learning disabilities.

In addition, your participation in this study will help the researcher meet one of the requirements for earning her Educational Specialist degree. The researcher also anticipates presenting the findings of this study at a future professional conference to share new insights into Virginia school psychologists’ informing practices of students with specific learning disabilities.

Confidentiality
Data collected from the survey will be obtained anonymously and recorded via Qualtrics software (a secure online survey tool). No identifiable information will be collected from the participant and no identifiable responses will be presented in the final form of this study. Responding participants have the option to provide their name and email address at the end of the survey for follow-up questioning, but names and email addresses are not associated with individual survey responses. All data collected will be held in strictest confidence and will be stored in a secure location accessible only to the researcher and her faculty advisor. Upon completion of this study, all information will be destroyed.

The results of this research will be presented to students and faculty members in the Department of Graduate Psychology at the annual Graduate Research Symposium. The researcher retains the right to use and publish non-identifiable, aggregated data. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal
Participation in this study is voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences; however, once your responses have been submitted and recorded, you will not be able to withdraw from the study.

Questions about the Study
If you have questions or concerns during the time of your participation in this study, or after its completion, or you would like to receive a copy of the final aggregate results of this study, please contact:

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Graduate Student
Department of Graduate Psychology
School Psychology Program
reddycj@dukes.jmu.edu

Patricia Warner, Ph.D.
Faculty Advisor
Department of Graduate Psychology
School Psychology Program
(540)-568-3358
warnerpj@jmu.edu
Questions about Your Rights as a Research Subject
Dr. David Cockley
Chair, Institutional Review Board
James Madison University
(540) 568-2834
cocklede@jmu.edu

Giving of Consent
I have read this consent and I understand what is being requested of me as a participant in
this study. I freely consent to participate. The investigator has provided me with a copy of
this form through email. I certify that I am at least 18 years of age. By clicking on the
link below, and completing and submitting this anonymous online survey, I am
consenting to participate in this research.

http://jmu.co1.qualtrics.com/SE/?SID=SV_5zlL7HoGkiXXygR

Caitlin Reddy 08/20/2014
Name of Researcher Date

This study has been approved by the IRB, protocol # 15-0041.
Appendix C

Survey Questions

In 2005, the National Longitudinal Transition Study-2 (NLTS-2) found that 56.7% of postsecondary students with a specific learning disability (SLD) did not know they have a disability (Newman et al., 2009). The first step in self-advocacy is understanding the disability and how it impacts learning.

The following questions ask for your current practices and perceived barriers to informing students about their SLD in order to help us understand why these students are unaware of their learning disability. Thank you for your time and cooperation.

1. Were you currently practicing as a school psychologist in the 2013/2014 school year?
   a. Yes
   b. No

   If no, you are finished with the survey. Thank you for your time and consideration.

2. How many years have you been a school psychologist?
   a. ENTER NUMBER

3. As a part of your practice, please indicate all of the grade levels of the students you have assessed for specific learning disability. Check all that apply.
   a. CHECKLIST
      i. Preschool
      ii. Lower Elementary (K-3)
      iii. Upper Elementary (4-5)
      iv. Middle School (6-8)
      v. High School (9-12)

   Informing: Informing involves providing information about the disability with the goal of increasing the understanding of the disability and awareness of the direct impact on the students’ academic functioning.

4. When a student is found to be eligible for SPED due to a specific learning disability, which team member was most likely the key person responsible for informing the student about their diagnosis?
   a. DROP DOWN MENU
      i. Myself or another school psychologist
      ii. Special education teacher
      iii. Classroom teacher
      iv. Administrator
      v. School Counselor
      vi. Parent
vii. Students are not typically informed

5. In the 2013/2014 school year, approximately how many of your assessments resulted in finding the student eligible for SPED due to a specific learning disability?
   a. ENTER NUMBER

6. How often do you ask parents if you could inform their child after he or she was found eligible due to a specific learning disability?
   a. Always
   b. Sometimes
   c. Never

7. In the 2013/2014 school year, approximately how many students did you directly inform about their specific learning disability?
   a. ENTER NUMBER

8. On a scale of 1-5, how important do you feel your role is in directly informing students about their specific learning disability:
   a. At the elementary school level?
   1 (Not at all) 2 (Somewhat important) 3 (Neutral) 4 (Important) 5 (Extremely important)
   b. At the middle school level?
   1 (Not at all) 2 (Somewhat important) 3 (Neutral) 4 (Important) 5 (Extremely important)
   c. At the high school level?
   1 (Not at all) 2 (Somewhat important) 3 (Neutral) 4 (Important) 5 (Extremely important)

9. How did you receive training on directly informing students about their learning disability in a developmentally appropriate way? Check all that apply.
   a. CHECKLIST
      i. Graduate training program
      ii. Internship
      iii. Job experience
      iv. Professional Development
      v. I have not received training in this area

10. Does your current school system have a policy or guidelines for how to appropriately inform students of all age levels of their learning disability?
    a. Yes
    b. No

11. If yes, what practices does the informing policy involve? Check all that apply.
a. CHECKLIST
   i. One-on-one meeting with the student
   ii. Students are required to attend meetings
   iii. Written description/pamphlet
   iv. Informing parents on how to inform their child
   v. Other

12. On a scale of 1-5, how well did your **graduate** training program prepare you to directly informing students about their learning disability in a developmentally appropriate way?

   1 (Not at all)  2 (Somewhat)  3 (Average)  4 (Good)  5 (Excellent)

13. On a scale of 1-5, how competent do you feel in your ability to inform students about their learning disability in a developmentally appropriate way?

   1 (Not at all)  2 (Somewhat)  3 (Average)  4 (Good)  5 (Excellent)

14. Do you believe there is a current need for training on developmentally appropriate practices for informing students about their specific learning disability?

   a. Yes, this is a priority
   b. Yes, but there are other immediate priorities
   c. No, this is not needed

15. Which of the following practices and considerations do you use when informing younger students of their specific learning disability? **Check all that apply.**

   a. CHECKLIST
      i. Your knowledge and experience with children
      ii. Books/Bibliotherapy
      iii. Pamphlets/Written description
      iv. Movies
      v. Group counseling
      vi. Relate to famous people who have a SLD (e.g. Tom Cruise)
      vii. Other

16. If you are not using one of the practices listed above, which ones would you be interested in using? **Check all that apply.**

   a. CHECKLIST
      i. Your knowledge and experience with children
      ii. Books/Bibliotherapy
      iii. Pamphlets/Written description
      iv. Movies
      v. Group counseling
      vi. Relate to famous people who have a SLD (e.g. Tom Cruise)
      vii. Other
The following two open-ended questions will give you the opportunity to provide more information on your experiences with informing students of all ages about their learning disability. This narrative will help the researcher draw comparisons and identify common themes among school psychologists’ current practices of informing students of their specific learning disability. All information is valuable and appreciated. Thank you for your continued participation in this study.

17. What do you believe are the most significant barriers to you directly informing students of all ages of their learning disability?

18. What advice or suggestions do you have for other practitioners regarding developmentally appropriate practices for informing students of their specific learning disability?

Thank you for sharing your valuable knowledge of and experience with informing students of their specific learning disability.

19. Would you be willing to answer follow-up questions to contribute more to the growing research on this topic?
   a. Yes
   b. No

20. If yes, please provide the following contact information:
   a. Name
   b. Email Address
Appendix D

Handout of Recommended Informing Practices

**Recommended Best Practices for Informing Students with SLD**

Virginia school psychologists provided the following recommendations of developmentally appropriate practices for school psychologists to use to prepare students with a SLD to become self-advocates.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Potential Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use developmentally appropriate language</td>
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<td>• Collaborate with other school professionals (e.g. school counselor, special education teacher)</td>
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Caitlin Reddy, M.A.
James Madison University
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