Young adult attitudes regarding individuals with disabilities: a post-intervention comparison of high school graduates

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Young adult attitudes regarding individuals with disabilities:  
A post-intervention comparison of high school graduates

by

Kendra Kay Naef

A thesis submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

Major: Family and Consumer Sciences Education

Program of Study Committee:
Cheryl O. Hausafus, Major Professor
Anne Foegen
Laurie Stenberg-Nichols

Iowa State University
Ames, Iowa
2008

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DEDICATION

This work is dedicated to all past, present, and future students
of the Kimberly High School P.A.R.T.N.E.R.S. Program.
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ABSTRACT

This study utilized an experimental research design to investigate the differences in long-term attitudes towards individuals with disabilities among young adults who had participated in an intervention program designed to develop positive academic and social relationships among students with and without disabilities, and young adults who had not. The Interaction with Disabled Persons Scale was employed to determine if the primary independent variable (P.A.R.T.N.E.R.S. Program) produced more favorable attitudes among participants. After scores from both groups were obtained, central tendency comparisons of the dependent variable were made and inferential statistics \( t \)-test analysis was used to perform group comparisons in order to draw conclusions and generalize to the entire population. Results indicated that the P.A.R.T.N.E.R.S. (intervention) graduates possessed a significantly lower mean score, depicting less social discomfort with (more favorable attitude toward) individuals with disabilities. Additional findings from the study regarding the six factor clusters are included and discussed.
CHAPTER 1. INTRODUCTION

Context

“Attitudes toward persons with disabilities affect everyone” (Shapiro, 1999).

According to Shapiro “we learn negative attitudes toward disability early in life from such strong cultural influences as school, the media, our language, and literature” (p. 3). Shapiro expanded his thoughts by further explaining how the impact of these negative attitudes contributes to societal consequences.

Youngsters learn to assume that people with disabilities are more “different from” than “similar to” persons without them, and those differences lessen them and set them apart. The consequences of such beliefs result in segregation and isolation which, in turn, reinforce negative attitudes. (p. 4)

It is the concern that negative attitudes held by the general population regarding individuals with special needs will produce negative consequences for special needs populations within schools, and ultimately carry over into the adult world.

Why study

According to Krajewski and Flaherty (2000):

It is estimated that 250,000 to 300,000 students with disabilities exit public-supported programs each year. Significant legislation has focused attention on these young adults and established legal mandates designed to facilitate integration into their respective communities. The establishment of a transition plan for all students with disabilities from the age of 14 on or earlier is viewed as a bridge spanning school and the community, whereas mandated inclusion in our school has been supported as necessary to prepare both special needs and general education students for
understanding, accepting, and valuing each other. Whether such results actually are evident has been unexplored, although there is some discussion in the literature about these presumed benefits. Most researchers have examined attitudes as indicators of these benefits. (p. 154)

“People with disabilities have long reported the impact of negative attitudes. The need to measure and address such attitudes has become urgent with recent changes in legislation in countries such as the United States and Australia” (Gething, 1994, p. 23). In her research regarding the professional and peer attitudes toward individuals with disabilities, Horne (1985) explained the difficulty of changing peers’ attitudes:

The difficulty of modifying peer attitudes toward handicapped students is compounded since: (1) even very young students demonstrate negative attitudes toward those with a handicap; (2) schools are a societal institution wherein students are socialized to the values of society; and (3) affective education is not assigned a high priority by classroom teachers. It is recommended that affective goals become an integral part of the curriculum and receive no less emphasis than cognitive goals. There is a marked need for classroom interventions stressing the awareness and acceptance of interpersonal differences. (p. 238)

Shapiro (1999) shared Horne’s belief that changes in negative attitudes regarding individuals with disabilities should be addressed in schools. He stated:

Schools have a responsibility to change negative attitudes that result in discrimination, prejudice, and segregation. Because a central purpose of our education is the promotion of values and attitudes crucial to our pluralistic society and democratic form of government, it becomes especially important to address those
beliefs and attitudes that lead to discrimination – the denial of certain members of society the right and opportunity to full social, educational, economic, and political participation. (p. 15)

Additionally, Shapiro added that “attitude changes and empathy development can bridge the gap between persons with disabilities and those without them” (p. 31).

The need to study high school student and young adult attitudes

Krajewski and Flaherty (2000) noted that most research to this point has been focused on attitudes of college students and individuals who work with persons having mental retardation. They contended that these populations do not provide accurate insight into the community at large. Additionally, Krajewski and Flaherty maintained that other investigators focusing on the attitudes of young children and elementary-age populations have provided insight into issues related to inclusion. Jones, Gottfried, and Owens (1966) felt that if we are to increase our understanding of the factors related to the acceptance of exceptional persons, that it would be desirable to “extend investigation to subjects beyond the elementary school grades” (p. 551). Krajewski and Flaherty support this notion by stating “surprisingly, few researchers have explored the high school population and existent attitudes” (p. 154). They added that “high school students represent a population of future citizens who will interact with and impact the lives of individuals who have mental retardation in a far broader context than as service or care providers” (p. 155). Based on the results of their research, Krajewski and Flaherty conclude:

Our findings serve to emphasize the need for more research on high school students’ attitudes. Future researchers could follow these students into the community after high school and determine the stability and durability of their attitudes as well as how
their attitudes impact the community. The importance of this research is evident because the attitudes of students today will help determine whether our communities in the future will be accepting of people with disabilities such as mental retardation. Future research with the high school population could lead to refinement or development of programs that will help to make positive acceptance a reality. (p. 161)

**Research Question**

The development of the research question for this particular study has been shaped, formulated, and influenced by several previous studies in related areas, authors who have contributed to literature in the field, and researchers whose work has led to the development of further questioning. Horne (1985) stated several possible research questions as a result of her extensive work regarding both professional and peer attitudes toward individuals with disabilities. In particular, two of the questions she posed regarding peer attitudes have helped to establish the framework of this study. Horne asked, “how can the implementation of interventions stressing the awareness and acceptance of interpersonal difference be encouraged in the classroom?” and “how can peer attitudes be changed” (p. 239)? Her questioning directs us toward the correlation of intervention programs and the changing of peer attitudes toward individuals with special needs.

Research by Ferguson (1998) involving the attitudes of high school students in peer tutoring programs has led to the following question and consideration which continues to help narrow the focus of the research question at the center of this study. Ferguson asked “is peer tutoring the solution” regarding the development of positive attitudes toward peers with special learning needs? Her suggestion is for educators to explore general education students’ attitudes toward their handicapped peers, and how programs like peer tutoring
impact these attitudes (p. 178). Continued support of this need is further justified by Krajewski and Hyde (2000) who compared changes of high school students’ attitudes toward individuals with special needs over an 11-year time span. They suggested that “further research might focus on determining or exploring factors and/or experiences and their relationships to attitudes” (p. 292).

In formulating the specific research question of this study, it is helpful to situate this precise entity within the larger, more general context of the topic. Broadly speaking this research study will focus on the attitudes of young adults from the general education population, regarding individuals with special needs. Narrowing then, the research problem identified is that consequences of negative attitudes toward individuals with special needs impact individual quality of life and interdependent functioning within society. The purpose of this study is to compare the attitudes of young adults from the general education population who have and have not participated in a high school intervention program designed to positively impact attitudes toward individuals with special needs. Specifically stated, this research study intends to answer the question: At a personal level, are the attitudes of young adults who have participated in an intervention program more positive toward individuals with special needs than those who have not?

**Thesis Format**

**University guidelines**

In accordance with the Iowa State University Thesis Manual (2005) procedures, and approval from the Program of Study Committee, this thesis document includes a manuscript “published in, accepted by, submitted to, and/or prepared for submission to a scholarly journal” (p. 11). In following with the university guidelines, this thesis consists of a general
introduction chapter (including the research problem and addressing the background and significance of the research topic) preceding the manuscript chapter and a general conclusion chapter (summarizing research results and suggestions for additional research or investigation) following the manuscript chapter. An additional chapter containing a review of related literature, as well as appendices and a separate reference section conclude the thesis document. The appendices include the survey instrument, and other supportive materials utilized in the research or thesis development and/or analysis.

**Publication guidelines**

Several scholarly journals were discussed as options for submission of the manuscript within this thesis. *Teacher Education and Special Education (TESE)* was selected, as it: (a) provides data-based reports of original research with direct implications for practitioners, and (b) offers a theoretical aspect of best practices and innovations intended to stimulate critical discussion. *TESE* is the official publication of the Teacher Education Division (TED) of the Council for Exceptional Children (CEC). The policies and guidelines for submission of manuscripts to the *TESE* journal can be found at http://www.tese.org/. According to the TED of the CEC (2000):

The Teacher Education Division of the Council for Exceptional Children is an organization that supports and stimulates continued improvements in practices in order for all individuals with diverse abilities and disabilities to achieve optimal educational outcomes. Composed of teacher educators and others, it supports the professional development of individuals who provide education and supports to individuals with diverse abilities and disabilities and their families.
Description of Research

The program

The Peers, Acceptance, Respect, Trust, Nurturing, Esteem, Relationships, Social Skills (P.A.R.T.N.E.R.S.) Program at Kimberly High School, in Kimberly, Wisconsin is an intervention program designed to develop positive academic and social relationships among students with and without disabilities. The program has existed as an elective course offering in the Family and Consumer Sciences Department since its inception in the 1999-2000 school year, however in the first two years of the program it was known by different names (Life Skills and Skills for Living). P.A.R.T.N.E.R.S. (see Appendix A) would be described as a multidimensional academic and social interaction program that serves to increase positive attitudes of general education students toward their peers with special needs. General education student participation in the program is voluntary and students may enroll in one semester (block schedule) of the program for one elective credit. Students from the general education sector are required to: (a) be in grades 11 or 12, (b) complete a P.A.R.T.N.E.R.S. Program Application, (c) indicate one school and one community or personal reference, and (d) have a desire to interact with students with special needs. Special education students are identified and recommended for participation in the program by their Individualized Education Program (IEP) team. Special education students in the program can be in grades 9-12 and also receive one elective credit per semester they are enrolled in the program. Special education students may be enrolled in the program multiple semesters while attending Kimberly High School.

Each semester of the P.A.R.T.N.E.R.S. Program follows a similar sequence. At the start of the semester, the general and special education students meet separately and review
expectations of the course and discuss their anticipated involvement. Students in the general education sector are coached on strategies for working with their peers with special needs, taught the use of and reasons for person first language, and introduced to the action planning process to demonstrate proficiency in meeting the learning targets of the course. Special education students are coached on appropriate social skills to use when interacting with their partners and other students, and role playing is utilized to prepare students for specific types of situations. Following the initial orientation, both student groups are brought together for an introduction to the program and to begin the process of getting to know each other. Teacher led activities utilizing strategies which incorporate cooperation, tolerance, patience, teamwork, and the identification of similarities rather than differences amid the group are performed during the first few days of the program. Following this informal mixing, students from the general and special education populations are partnered together. Within these partner groupings, strategies are utilized to assist students in developing a familiarization with each other. Students within the partner groups interview each other and then work in their team to construct visual representations of themselves and their interests. Students then utilize these visuals in formally introducing their partner(s) to the rest of the class.

The first (and only formal teacher led) unit in the P.A.R.T.N.E.R.S. Program focuses on disability education and awareness. Within partner groups, students select a disability or disorder to research and inform their classmates about. Students work with their partner(s) to develop a handout, visual aid, and short presentation. An example of the project and its requirements are demonstrated by the teacher. During this unit, guest speakers, simulation, experiential learning, and audio visual materials are utilized to reinforce learning for all students. To conclude the disability education and awareness unit, community agencies
and/or organizations advocating for individuals with disabilities and their families are invited
to the classroom to share their mission, goals, activities, and information regarding the
audiences they serve.

Throughout the remainder of the semester, general education students in the
P.A.R.T.N.E.R.S. Program work together in groups of two to develop, plan, and teach
weeklong units. The students are allowed much flexibility in their selection of unit topics;
however they must be able to justify how the objectives and learning experiences of their unit
will benefit all members of the program in the physical, social, emotional, cognitive and/or
moral developmental domains both now and in the future. The general education student
pairs develop a detailed teaching plan for each day of their unit. Typically, students are
engaged in peer instruction on Mondays, Tuesdays, Thursdays, and Fridays. Within each
unit, guest speakers, field trips, and hands-on experiences are highly encouraged. For
example, in a unit regarding transportation, students would most likely (a) identify various
forms of transportation, (b) describe the uses and non-uses of various forms of transportation,
(c) obtain information (public bus schedule, cab phone number and rates) regarding public
transportation in their community, (d) participate in an actual public bus trip in the
community, (e) demonstrate appropriate social skills and behaviors in the community. At the
conclusion of the unit the peer teachers would evaluate themselves and assess whether or not
students in the program reached the stated unit objectives. This evaluation and assessment
process is documented in order to guide reflection, resulting in refinement for subsequent
teaching units.

Thirteen program learning targets (see Appendix B) for the regular education students
have been identified, refined over time, and categorized: (a) Teaching and Learning, (b)
Personal Growth, and (c) Advocacy. Within each category, multiple targets exist. Various assessment strategies are utilized including a cumulative portfolio of evidence, direct observation, written and verbal communication, and personal reflection. Regular education students compile evidence of their learning, advocacy, and growth over the course of the semester. Students regularly ask questions, propose ideas, share their thoughts, and discuss their progress with the instructor and peers regarding the formulation of teaching units, creation of visual reflection pieces, and the development of advocacy action plans.

Another component of the program is the P.A.R.T.N.E.R.S. Sundae Shoppe school-based enterprise. The Sundae Shoppe operation was started with a Carl Perkins mini-grant for the purpose of promoting career and technical knowledge and skills to special education student populations. This endeavor has not only led to financial self-sufficiency of the P.A.R.T.N.E.R.S. Program, but has also created an avenue to expand the program’s goals outside of the classroom into the larger school population. The P.A.R.T.N.E.R.S. Sundae Shoppe operates on Wednesdays during the last portion of the class and into student extended learning time. This time is built into the school week to provide an opportunity for students in the school to meet individually with teachers and receive additional academic support. However, students not required to attend this period often congregate in the commons area within the school. This provides a prime opportunity to not only sell a unique food item, but also a chance for the entire school population to observe general education and special education students working together as a team in the successful operation of the business.

**The research design**

According to Creswell (2002) experimental research design is utilized to assess the impact of an idea or practice on an outcome, specifically as in this research study, to compare
groups in order to measure the impact of an intervention on an outcome. In order to measure outcomes, the identification of both the independent variable(s) and dependent variables(s) is necessary. In this study, both primary and secondary independent variables have been identified. The treatment (primary independent) variable is that which the researcher manipulates to determine the effect it will have on the outcome. In this case, the treatment variable is the P.A.R.T.N.E.R.S. Program or the intervention program. Additionally, the control (secondary independent) variable is that which the researcher does not intend to measure directly, but remains important as it may have a potential influence on the dependent variable. In this proposed research study the control variable of gender needs attention, as the number of male and female participants in the study is very different. This could potentially impact the outcome of the study and deserves to remain at the attention of the researcher. In identifying the dependent variable, or that which is the outcome or effect of the intervention, an instrument designed to measure attitudes (at a personal level) toward individuals with disabilities will be utilized.

**Instrument**

Erwin (2001) recognized some of the advantages of utilizing attitude scales in research:

In terms of advantages, a psychological test is typically used because it is a relatively simple and efficient means of gathering information. Attitude scales are simple in that all the respondent has to do is typically tick a relatively small number of statements (often referred to as items) to indicate agreement, or else rate those statements on, for example, a 5- or 7-point scale. They are efficient in that it is possible to test large numbers of people fairly rapidly and inexpensively, with
minimal expert supervision. A respondent’s score on an attitude scale will place him or her at some point along a continuum for the attitude (positive or negative) and its relative strength – how positive or negative it is. A big bonus in the eyes of many researchers is that numerical data from attitude scales can be subjected to statistical analysis (p. 49).

Horne (1985) described that when Likert-type procedures are used, subjects are asked about the extent to which they agree or disagree with an attitude statement. According to Horne, “in order to determine the positive or negative value of attitude statements, the investigator develops attitude statements and makes a judgment about whether the statements are positive or negative” (p. 28). The statements are then compiled and administered to individuals in a study in order to gather their responses.

**Interaction with Disabled Persons Scale**

Gething (1991) explained that the Interaction with Disabled Persons (IDP) Scale (see Appendix C) was designed for use with nondisabled groups and is devised to tap dimensions underlying nonaccepting or negative attitudes towards people with disabilities. It assesses prevalent attitudes which generalize across disability types. Gething described:

The IDP Scale measures general attitudes in terms of the level of discomfort reported by a person during interaction with people with disabilities. This discomfort is posited to reflect emotions and motivations such as fear of the unknown, threat to security, fear of being disabled (vulnerability), guilt, and aversion which are linked with level of prior close contact with people with disabilities. Thus, people with low levels of prior close contact are predicted to report more discomfort on the scale. The IDP Scale is designed to measure attitudes on the personal level and is predicted to
provide a more sensitive measure of attitude change and of actual behaviours [sic] in everyday situations than measures on the societal level of measurement. (p. 7)

Several uses for the scale were identified and discussed by both Gething (1991) and MacLean and Gannon (1995), however in the context of this study, the specific purpose is the evaluation of the effectiveness of an intervention program designed to provide accurate information and promote positive attitude change of high school graduates towards individuals with disabilities.

The survey instrument is a self-reporting measure, framed in the first person. Respondents rate how much each of the twenty statements fit their personal reactions when interacting with persons with disabilities. According to Gething (1991), the IDP Scale is a measure of generalized attitudes occurring at the personal level and has been validated using heterogeneous samples covering a wide range of the general population. Its validation includes consistent application of a measure of contact and factor analysis to derive a multidimensional interpretation of the Scale.

When completing the survey, each respondent indicates his or her level of agreement with each of the 20 statements using a six-point Likert-type rating scale ranging from 1 (disagree very much) to 6 (agree very much) with no neutral. As described by Gething (1991), the majority of statements are phrased so that an agreement response indicates relative discomfort in social interaction. The survey instrument is arranged with the statements centered on the page, the disagree responses positioned to the left of the statements, and the agree responses positioned to the right. However, in order to reduce possible orientation of response bias, the direction is reversed for three survey items, for which agreement indicates a lower level of discomfort. A participant’s total scale score is
determined by: (a) removal of survey question 19, as it does not fall consistently into any cluster; (b) totaling scores for all remaining items, excluding the three reversed items; and (c) reversing the scoring for three remaining items and adding reversed scores to previous total. A higher total scale score is interpreted as more discomfort in social interaction with individuals with disabilities. Permission to use the survey instrument is acquired through the purchase of the IDP Scale and Manual from the Community Disability and Ageing Program at the University of Sydney, Australia. Additionally, requirements for fair practice of the scale are outlined in the IDP Manual (Gething, 1991).

As described by Gething (1991) and found in the first independent evaluation of the IDP Scale by MacLean and Gannon (1995), six factor clusters, each representing a different dimension of discomfort in social interaction, have emerged through extensive factor analysis. The four named clusters include: discomfort in social interaction, coping/succumbing framework, perceived level of information, and vulnerability. The two smallest clusters remain unnamed. The number of survey items comprising each cluster varies from six items to two items, with question 19 omitted due to its inability to fall consistently into any cluster.

To ensure the instrument yields consistent and precise results, test-retest reliability of the IDP Scale has been performed several times. Test-retest reliability coefficients ranging from .51 to .82 were obtained in eight administrations of the instrument (Gething, 1991) and “the reliability of the total IDP Scale of twenty items over a number of samples averages out at $\alpha = .79$” according to Gething and Wheeler (1992). Internal consistency assessments of the IDP Scale have repeatedly shown “high internal consistency, indicating that people
respond consistently to its twenty items” (Gething, p. 20). The alpha coefficients of the IDP Scale have ranged from .74 to .86.

**Design of Study**

In an experimental research study the researcher compares research participants’ scores for different treatments on an outcome (Creswell, 2002). After scores from both groups (treatment and control) are obtained, they are then compared on the dependent variable (attitude in this case) and descriptive comparisons are made of their central tendency (means) and variability (variance) between the groups. The inferential statistics t-test analysis was used to perform group comparisons in order to draw conclusions and generalize to the entire population. Additional findings from the study regarding the six factor clusters will be included and discussed.

**Selection of Participants**

Krajewski and Flaherty (2000) state that “because the high school population includes (a) both college- and non college-bound students, (b) is a group soon to emerge into the community at large, and (c) is within a reasonably accessible setting, the value of surveying this population seems apparent” (p. 155). Additionally, Hergenrather and Rhodes (2007) noted that students recently graduated from high school “represent individuals who are preparing to enter working professions in which they are likely to interact with persons with disabilities in the capacity of professional peer, co-worker, supervisor, and subordinate” (p. 67). In this research study, 105 individuals comprise the entire population of general education students who have participated in the intervention (P.A.R.T.N.E.R.S. Program) and have graduated from Kimberly High School from 2000-2006. Of this treatment group,
there are 90 females and 15 males. Within this treatment population, smaller populations are identified by their graduation year.

Table 1. Intervention population

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<td><strong>105</strong></td>
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The entire control population is much larger, consisting of all students having graduated from Kimberly High School from 2000-2006 who have not participated in the P.A.R.T.N.E.R.S. Program as either general education or special education students. This population is also able to be separated into smaller populations according to the year of graduation. In making a judgment regarding the gender dynamics of this group, one could predict that this group would be comprised of approximately half females and half males. From this control population, a sample 20% larger than the intervention group was selected in order to: (a) generate sufficient responses from the control group, and (b) to account for familiarity of the intervention group with the researcher.
Table 2. Control sample

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</table>

**Stratified sampling**

In this case, the intervention group possesses an imbalance of both gender and age (as indicated by year of graduation). In order to account for this imbalance, the use of stratified sampling allowed for random sampling of the control population within each stratum (gender and year of graduation) while ensuring that the control population remained proportional to the entire treatment population. According to Creswell (2002) “stratification is used when the population reflects an imbalance of a trait to be included in the sample” (p. 166).

**Participant correspondence**

In accordance with the Institutional Review Board at Iowa State University, the Human Subject Review Form and supporting study materials (see Appendix D) were submitted, approved, and deemed exempt of further review. Participants were mailed a packet which included: (a) an introductory letter introducing the research study and asking for their cooperation, (b) duplicate copies of the informed consent document, (c) the IDP survey instrument, (d) a postage-paid envelope to allow for ease of return of the informed consent document and survey instrument, and (e) a free ice cream sundae coupon as a token
of appreciation. Participants were informed of the lack of direct personal benefit and foreseeable risks involved with the study. However, participants were made aware of the potential benefit of this study to society, schools, and educators.

Address correction strategies were utilized for initial mailings returned as undeliverable. Participants having questions regarding the informed consent process or the study itself, were encouraged to contact the primary investigator for further clarification or explanation. Participants were asked to complete and return the 20 question survey instrument (within one month of receipt) which were filed separately from corresponding signed informed consent documents, ensuring confidentiality of participant responses.
CHAPTER 2. REVIEW OF LITERATURE

Areas of Literature

Several areas of literature were investigated in the full development and conceptualization of the research topic. Beginning with the most general, the topic and study of attitudes were investigated. This broad beginning assisted in narrowing the elements that comprise attitude, how attitude is defined, how attitude objects fit into the picture, and the difference between individual and societal attitudes. Second, specific literature targeting attitudes regarding individuals with disabilities was explored. Next, the role of schools in changing peer attitudes was investigated as well as research justifying the need for schools to become involved, examples of programs and curricular components recommended to assist schools in creating attitude change, and specific examples of programs that have positively impacted attitudes of general education students regarding their peers with special needs. Lastly, much literature speaks to the desirable state of affairs regarding this research topic. It was found that the desired outcomes related to either the societal, personal, or the combination of societal and personal levels of human existence.

Attitudes

“The concept of attitude” according to Allport (1935), “is probably the most distinctive and indispensable concept in contemporary American social psychology. No other term appears more frequently in experimental and theoretical literature” (p. 798). More recently, Ajzen (2001) mirrored Allport’s description, “attitude construct continues to be a major focus of theory and research in the social and behavioral sciences, as evidenced by the proliferation of articles, chapters, and books on attitude-related topics” (p. 28). In exploring the history of the concept, Allport reported attitude is “derived from the Latin aptus, it has …
the significance of ‘fitness’ or ‘adaptedness,’ and … connotes a subjective preparation for action” (p. 798-799). The first of these definitions suggests a mental attitude and the second implies a motor attitude. Although we rarely find the term proceeded with a descriptor today, attitude continues to retain its original implication of “a neuropsychic state of readiness for mental and physical activity” (p. 799).


The reason [people have attitudes] is because attitudes (a) help them understand the world around them, by organizing and simplifying very complex input from their environment; (b) protect their self-esteem, by making it possible for them to avoid unpleasant truths about themselves; (c) help them adjust in a complex world, by making it more likely that they will react so as to maximize their rewards from the environment; and (d) allow them to express their fundamental values. (p. 4)

**Defining attitude**

The specific definition of attitude varies slightly throughout the literature. Allport (1935) defined attitude as “a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual’s response to all objects and situations with which it is related” (p. 810). Triandis (1971) stated “an attitude is an idea charged with emotion which predisposes a class of actions to a particular class of social situations” (p. 2). According to Shapiro (1999) an attitude is a general tendency of an individual to act in a certain way under special conditions. This tendency is displayed in both actions of what the individual says and does. Additionally, Shapiro also stated that the (positive or negative) actions of an individual are based on the values and beliefs stemming
from his or her social experiences. Erwin (2001) suggested, that “perhaps the most obvious origin of attitudes is in our direct experience. Negative attitudes may be the result of a direct traumatic experience, and positive experiences could be a push to developing positive attitudes (p. 26).

Attitude as being comprised of three elements continues to emerge as a recurrent theme in the literature. Shapiro (1999) described attitude as:

Three interrelated basic elements: (1) a belief or “cognitive” component, (2) an emotional or “affective” component, and (3) an action or “behavioral” component. The components are interrelated because positive and complimentary beliefs are accompanied by liking and positive feelings while uncomplimentary and negative beliefs are accompanied by dislike and negative feelings. These beliefs and feelings, in turn, represent a tendency to act. (p. 9)

Trandis (1971) also used a three part definition of cognitive, affective, and behavioral components; however it was clearly stated within his definition that the behavioral component was a predisposition to action, unlike an immediate action as possibly interpreted above. Allport (1935) summarized that:

It is not difficult to trace the common thread running through these diverse definitions. In one way or another each regards the essential feature of attitude as a preparation or readiness for response. The attitude is incipient and preparatory rather than overt and all-consuming. It is not behavior, but the precondition of behavior. It may exist in all degrees of readiness from the most latent, dormant traces of forgotten habits to the tension or motion which is actively determining a course of conduct that is underway (p. 805).
Attitude objects

Triandis (1971) defined social objects as “any person, product, or creation of a person or social event” and stated that “attitudes are inferred from consistencies in the responses of persons to social situations having some social object(s) in common” (p. 7). The existence of an attitude is then determined when consistencies in the “thinking,” “feeling,” and “acting” toward an object subsist. In more recent research, the social object is referred to as the attitude object. In looking at attitude in relation to the attitude object, Triandis, Adamopoulos, and Brinberg (1984) stated that “people can feel good, pro, or favorable, or bad, anti, or unfavorable toward an attitude object” (p. 21). Triandis et al. continued to elaborate on the connection of each of the three interrelated dimensions of attitude in relation to the attitude object. Triandis et al. clarified that the “cognitive component reflects thoughts about the attitude object” (p. 22) that may include beliefs, categorization, stereotypes, and sociotypes. From this thinking about the attitude object, an affect becomes attached when positive or negative experiences co-occur. “An attitude object is at the center of a network of thoughts, and each element … has some degree of emotion, positive or negative, associated with it. In addition, the attitude object is connected to those elements with a varying degree of strength” (p. 22-23). In connecting the third element, Triandis et al. stated “an important set of beliefs attached to an attitude object concerns the behaviors that may occur toward the object” (p. 23). The options in social behavior are that one can move toward, away, or against an attitude object.

Individual versus societal attitude

The term, attitude, according to Allport (1935), “is elastic enough to apply either to the dispositions of single isolated individuals or to broad patterns of culture” (p. 798).
Allport explained that both values and attitudes have a place in the social world, as social values are created by attitudes which are commonly held by many individuals; however, these attitudes are dependant on pre-existing social values. Triandis (1971) suggested that “the majority of attitudes held by a person are acquired from talking with his family and friends…other people…are the sources of information for so many of our attitudes that this is an extremely important aspect of attitude formation” (p. 102). Additionally, Katz (1960) offered that:

Attitudes may change when people take on new roles for a number of reasons, but the two most likely causes are: (a) Both appropriate attitudes and appropriate behavior are necessary to receive the full rewards and anticipated benefits of the system the newcomers have entered; and (b) It is confusing to have conflicting beliefs and behavior. Some people will maintain private attitudes at variance with their public behavior, but this becomes difficult if the public behavior has to be maintained fairly constantly. (p. 196)

**Attitude change**

According to Rosenberg (1960), theory of attitude change involves a balance or imbalance of the attitudinal components. A balance of the components leads to a stable attitude; however an imbalance may lead to an unstable attitude – possibly resulting in attitude change. He stated:

The foundation of a structural theory of attitude change is founded on the following basic propositions: (1) When the affective and cognitive components of an attitude are mutually consistent, the attitude is in a stable state; (2) When these components are mutually inconsistent, to a degree that exceeds the individual’s “tolerance limit”
for such inconsistency, the attitude is in an unstable state; and (3) In an unstable state the attitude will undergo reorganizing activity until one of three possible outcomes is achieved. These outcomes are: (a) rejection of the communications, or other forces, that engendered the original inconsistency between affect and cognition and thus rendered the attitude unstable, i.e. restoration of the original stable and consistent attitude; (b) “fragmentation” of the attitude through the isolation from each other of the mutually inconsistent affective and cognitive components; or (c) accommodation to the original inconsistency-producing change so that a new attitude, consistent with that change, is now stabilized, i.e. attitude change. (p. 322)

Triandis (1971) has suggested a multitude of reasons for attitude change. However, the reasons offered are examples of changes that may occur within one or more of the three components that comprise attitude. Attitude change can occur by changing the cognitive component (new information), the affective component (pleasant or unpleasant experiences in the presence of the attitude object), or the behavioral component (by norm change or the legal imposition of behavioral changes). According to Triandis:

The various influences on the individual during attitude change begin with the source of attitude change. This source can be a person, a group, a newspaper, a radio or television station, or the object of the attitude itself. The source produces a message that can be something said or done by a person, a group decision, an item in a newspaper or magazine, a radio or television program, or an experience or incident that a person has had in the presence of the attitude object. (p. 144)

“In order to change someone’s attitude,” suggested Triandis, “it is a good idea to analyze the [cognitive, affective, and behavioral] functions they play and to adjust your strategy
accordingly.” He then attempted to put his view of attitude change into perspective – “Attitude change is a little like medicine – the same therapy is not prescribed for all ailments; nor is the same approach used for every attitude to be changed” (p. 144).

Attitudes Regarding Individuals with Disabilities

Considerable consensus, according to Gething (1991), exists among theorists and researchers about the broad nature of attitudes towards people with disabilities and about their consequences for disabled and nondisabled people. The philosophical foundation of the Interaction with Disabled Persons (IDP) Scale is based on the premise that those familiar with disabled people through prior personal close contact tend to hold more positive, accepting, or constructive attitudes; whilst people with little contact tend to experience a range of negative experiences, associated with discomfort in social interactions. Thus, negative attitudes influence quality of life and self esteem, and limit life opportunities and the extent to which persons with disabilities reach their potential. “Negative peer attitudes are generally recognized as being a major barrier to full social inclusion at school for children and youth with disabilities” (McDougall, DeWitt, King, Miller, and Killip, 2004, p. 287).

According to Johnson and Johnson (1984) both appropriate and inappropriate attitudes toward individuals with disabilities exist. 

*Appropriate attitudes* are those that promote the ability to carry on transactions with the environment that result in maintaining oneself, growing, and flourishing. In terms of mainstreaming, both positive self-attitudes and positive attitudes toward handicapped peers are appropriate. *Inappropriate attitudes* are those that make for a more painful and troubled life through decreasing one’s ability to flourish as a person. Rejection of oneself and of handicapped peers are inappropriate attitudes in the
contemporary classroom. Appropriate attitudes promote effective behavior and feelings of satisfaction, enjoyment, and happiness. Inappropriate attitudes promote self-defeating behavior and feelings of depression, anger, anxiety, and guilt. (p. 119).

Abery (2003) felt that individuals with disabilities often lack a sense of presence in the community. “Participating in and experiencing a presence in the community can best be described as having full access to those activities you desire or prefer and having people acknowledge your presence in a positive manner (p. 2). Although individuals with disabilities are present in virtually every school and community, their lack of positive acknowledgment could be related to limited experiences with the general population. Other than short lunch periods, most middle and high school-age students have little opportunity to socially interact with their peers (Abery, p. 3, 32). Teaching Tolerance (2004) reported that “students with disabilities are finishing high school at record rates…but these students still face issues of ostracism, discrimination and mistreatment by some educators and peers” (“I’m Smart in a Different Way,” p. 48).

Shapiro (1999) concluded that “attitude change does not occur simply because integration has taken place. Positive attitudes cannot be mandated; they must be taught. Nor can legislation guarantee ‘least restrictive attitudes.’ True integration can be achieved only through planned intervention” (p. 29).

**Role of the School in Changing Peer Attitudes**

According to Fielder and Simpson (1987), “the ever increasing presence of identified exceptional children and adolescents in public schools necessitates that nonhandicapped persons in these settings, including regular class students, be made aware of the needs, characteristics, and issues facing handicapped individuals.” They continued, “Influencing
the attitude of regular class students toward exceptional persons must be made a regular part of educational programming” (p. 348). Copeland, Hughes, Carter, Guth, Presley, Williams, and Fowler (2004) stated “in general, secondary students with severe disabilities are seldom enrolled in general education classes, remain isolated from the general education curriculum, and interact infrequently with their peers without disabilities” (p. 342). However, “changing attitudes towards persons with disabilities should be viewed as more than just a one-time event; it must go on continually in the school” (Shapiro, 1999, p. 26). Additionally, Shapiro explained that specific strategies should be developed by teachers within schools to facilitate the successful blending of students with disabilities into the general education classroom.

Referring to the interaction of general and special education student populations, Ferguson (1998) stated “if our goal as educators is to develop acceptance and sensitivity to differences, we must attend to peer attitudes” (p. 178). Donaldson’s (1980) review and analysis of research in the area, suggested that “stereotypical attitudes and/or discomfort in the presence of disabled persons can be modified through planned experiences” (p. 511). McDougall et al. (2004) concluded from their research that “positive students relationships at the school level and a school goal task structure that promoted learning and understanding for all students, rather than social comparison and competition among students, were two aspects of school culture that had direct associations with positive attitudes” (p. 287). Larkin (2002) believed that schools can play an important role in developing positive attitudes toward individuals with disabilities in the general population; however, she added “I am skeptical that schools alone can accomplish it. Schools can begin working toward the goal of changing negative attitudes and possibly providing a role model for the rest of society to follow” (p. 190).
Need

“Attitudes of the nonhandicapped population toward persons with disabilities play a deciding role in the ultimate success or failure of endeavors to integrate handicapped persons more fully into society” (Kilburn, 1983, p. 124). According to Shapiro (1999), prejudices, such as negative attitudes regarding individuals with special needs, must be directly addressed in schools. “Larger numbers of students increase the visibility of special students, which in turn increase the number of opportunities the general education population has to come into contact with and/or interact with them” (Krajewski & Hyde, 2000, p. 292). Shapiro found that simply placing students with disabilities into the general education classroom without dealing with the attitudes of peers is meaningless, and could contribute to an increase in negative attitudes. Discomfort in social interaction is also viewed as a central factor underlying negative attitudes and needs to be addressed in intervention programs designed to promote positive attitude change (Gething, 1991). Harrison (2007) felt that the social isolation often experienced by students with disabilities and the harassment they endure often go hand-in-hand. “Without meaningful interaction with students with disabilities, other students are more likely to make hurtful remarks based on stereotypes.” She added, “Without deliberate interventions, the cycle can be never-ending – sometimes with extreme personal and academic consequences” (p. 28).

Kennedy (2001) recommended that peer support groups in high schools should promote the general education of students with disabilities and their interaction with peers. Therefore in order to be successful in achieving empathy and true integration, as suggested by Shapiro (1999), teachers must learn: (a) the major contributors of negative attitudes; (b) methods of developing student awareness of disabilities; (c) specific methods that lead to
successful integration; (d) strategies and methods for use in teaching students to accept individual differences; (e) ways to sensitize students to understand and empathize with the frustrations and restrictions imposed by various sensory, physical, or mental disabling conditions; (f) ways to provide opportunities for both teachers and students to share experiences and feelings in a supportive group environment; (g) how to break down invisible barriers of fear and curiosity that individuals have about people who have disabilities; (h) how to help students develop an awareness of and appreciation for what it means to have a disability; (i) how to help students understand the potentials and limitations of modifications and accommodations; (j) how to help individuals see beyond the disability to others who in reality are more like them than different from them; (k) how to increase the comfort and ease with which both their students and they, themselves interact with people who seem different, no matter what the differences actually are; (l) how to provide basic information on common disabilities needed for building empathy and developing a positive perspective for dealing with individuals with disabilities; (m) how to develop one’s own thoughts about and feelings toward persons with disabilities; (n) how to help students understand how the physical and social environment can be improved so that disabilities are not viewed negatively; and (o) how to help students understand the civil rights of persons with disabilities (p. 33-34).

Copeland et al. (2004) provided several implications for practitioners based on their research of high school peer support programs. They found that high school students in the study felt that general education environments are unsupportive of both academic and social participation of students with special needs. In an attempt to explain this finding, Copeland, et al. suggested that “it may be that limited numbers of high school administrators and
teachers are aware of the potential benefits of a peer support program” (p. 351). Based on students’ input, the researchers concluded that:

> It appears worthwhile for researchers and practitioners to invest efforts to further the adoption of high school peer support programs and to continue to fine-tune these programs in conjunction with school reform efforts to promote maximum access to general education for students with disabilities and optimal benefits for all participating stakeholders. (p. 351)

Research regarding the effects of peer supported intervention programs performed by Carter, Cushing, Clark, and Kennedy (2005) confirmed that peer support interventions are an “effective response to the challenges of promoting secondary inclusion” (p. 23). Their findings also suggest strategies to be utilized by educators in the implementation and continuation of peer support interventions in general education settings.

**Programs**

Ensuring that students with disabilities meaningfully participate academically and socially within the general curriculum according to Carter et al. (2005) remains a difficult task. Researchers Eichinger, Rizzo, and Sirotnik (1991) performed a study regarding the attitudes of young adults in teacher education programs toward people with disabilities. The study compared the attitudes of special and general education teacher education students. In their work, they discovered that intervention programs containing both knowledge of and exposure to individuals with disabilities had the most positive effect on attitudes. Their findings also “illustrate the importance of structured personal contact with persons with disabilities in changing attitudes in a favorable fashion” (p. 124). To further support this idea Donaldson (1980) found that “there may be specific factors contributing to positive
attitudinal shifts that have been used in structured experiences but have not been present or controlled in unstructured social…situations” (p. 505). Another continually emerging factor from successful intervention programs is that “disabled persons have at least equal status in relation to nondisabled persons” (p. 505). According to Donaldson, this would be described as being approximately the same age, and “approximately equal in social, educational, or vocational status” (p. 505). Shapiro identified several additional components that comprise multidimensional intervention and teaching processes that promote the development of positive attitudes toward individuals with disabilities. He lists (a) social gaming, (b) cooperative interaction with persons with disabilities, (c) information (text, audio, and visual media), (d) exposure to assistive technology, (e) the use of role play, and (f) specific discussion techniques. Such multidimensional and experiential methods were found successful for changing negative attitudes by Donaldson (1980); Jones, Sowell, Jones, and Butler (1981); Dewar (1982); Popp (1983); Kilburn (1983); and Fielder and Simpson (1987).

As a result of their research, Krajewski and Flaherty (2000) found that the frequency of interactions between students with and without disabilities does influence attitudes of regular education students. “Frequency of contact has a significant impact on student attitudes; students who reported more frequent contact held more favorable attitudes” (p. 160). However, Siperstein, Parker, Norins Bardon, and Widaman (2007) concluded that “neither contact nor exposure per se leads to more positive attitudes, but rather contact and exposure that provide youth with the opportunity to witness competence of individuals with intellectual disabilities” (p. 451). Reports of several variations of school-based interaction, buddy, intervention, and peer tutor programs exist in the literature.
One particular peer tutor program investigated by Ferguson (1998) was offered for academic credit with the goals of fostering a high degree of interaction between regular and special education students. The intended outcomes for the program include increased knowledge of disabilities and increased sensitivity to the needs of students with disabilities. In anticipating the impact of this sort of interaction program, Ferguson stated “common sense tells us that the important social benefits of inclusion depend, to a large degree, on the nonhandicapped peers who interact with the inclusion student on a daily basis” (p. 175). The results from the study did establish that “students who had been involved in the peer-tutoring program had a more positive, accepting attitude toward the concept of inclusion” (p. 177).

Copeland et al. (2004) utilized focus group research methodology to obtain perspectives from high school students participating in service-learning peer support programs. Students enrolled in this program format interact with their peers with disabilities for a minimum of one class period a day for a semester. Copeland et al. found that “study participants reported having a more positive attitude toward and willingness to interact with their peers with disabilities after participating in the Peer Buddy Program” (p. 349). The researchers speculated that the idea of simply spending time with students with disabilities was related to improved attitudes by participants, however they concluded that “mere proximity does not result in increased quality interaction between general and special education students and that students with disabilities can be socially isolated even when in general education classes” (p. 350).

Harrison (2007) reported on the differences between inclusive classrooms and social inclusion programs in schools. These types of programs (varying in design and structure) exist to offer casual time for same-age peers with and without disabilities to be together to
share common interests and socialize. Although these programs may take various forms, there are several common best practices evident in successful social inclusion programs. According to Harrison, these include: (a) opportunity for activities outside of the classroom; (b) one-to-one relationships between students with and without disabilities, based on equality and interests; (c) school-wide effort to promote respect for differences among all students, not one particular class or project; (d) the expectation of students with disabilities to express their individual needs in order to fully participate in activities, and the ability to meet these needs; (e) organized educational information and monitored discussions regarding disabilities that dispel myths and stereotypes; and (f) a commitment to support the program for at least a full school year, or to support the continuation of the relationships formed. “Social inclusion programs can have spillover effects, too” explained Harrison, “changing attitudes not just among participants, but challenging the climate of the entire school” (p. 29-30).

According to Fiedler and Simpson (1987) successful integration, to a great extent, relies on systematic encouragement of positive attitudes toward students with disabilities. As a result of their study, Jones, Sowell, Jones, and Butler (1981) found that students’ perceptions of individuals with disabilities can be changed. They found that these results could be obtained though the use of inexpensive and readily available resources. “Planned program simulations, interviews, films, and discussions” (p. 368) can facilitate positive perceptions of individuals with disabilities. Additionally, McDougall et al. (2004) suggested that “school programs might be developed to increase contact and encourage supportive, respectful, and responsible relationships among students with and without disabilities that extend beyond the classroom” (p. 307).
**Teachers**

Fielder and Simpson (1987) stated that “both regular and special educators must share ‘ownership’ of the problem of how to make handicapped students more accepted and viable parts of their school and, eventually, community” (p. 348). Krajewski and Flaherty (2000) shared the following:

Our results suggest that high school teachers could play an important role in bringing about more positive attitudes toward individuals with mental retardation. Because frequency of contact is significant in determining student’s attitudes toward individuals with mental retardation, teachers could encourage this contact through classroom activities such as cooperative learning and peer tutoring. It is possible that such interactions may result in students who express more positive attitudes not only in the school but in the community as well. (p. 161)

Donaldson (1980) stated, “The finding that exposure to disabled persons of equal or valued status may be an important factor in the development of positive, nonstereotypic attitudes has major implications for teachers” (p. 511). Larkin (2002) believed that “teachers must be knowledgeable about the nature of disabilities and about the varied treatment approaches in order to integrate students with disabilities into the classroom (p. 189). Shapiro (1999) indicated that the examples teachers set “prompt similar response patterns in their students” (p. 267). He suggested that teachers hold the following points in high regard when laying the foundation for an inclusive classroom environment: (a) different is not abnormal; (b) self-esteem is important; (c) classroom atmosphere is important; (d) offering help always is appropriate; and (e) students are individuals, not labels (p. 267-270).
The Institute on Community Integration (n.d.) at the University of Minnesota noted several ways in which teachers and other support staff could create more effective and efficient learning opportunities for all students:

When students with disabilities are educated in general education classes, special educators and related service personnel provide support in these settings. This results in general education teachers and students having additional expertise available. General education teachers have often remarked that their instructional repertoire has expanded as a result of team teaching with special educators. In this way, special educators and general educators support each other I meeting the educational needs of all students (p. 2).

Additionally, inclusive school communities provide opportunities for teachers and support personnel to collaborate as a team:

Teamwork not only results in improved instruction for students, it also brings about increased *esprit de corps* and support among a critical mass of educators in a school building. Positive working relationships and a sense of shared responsibility for students are now recognized as cornerstones of successful school-wide improvement efforts. Relationships established among staff involved in creating inclusive learning experiences can support such initiatives, resulting in increased learning for students throughout a school. (p. 2)

Siperstein et al. (2007) recommended that in order to promote change in attitudes toward individuals with disabilities, “educators must engage in a programmatic and systematic approach to facilitate positive attitudes among youth.” They concluded, “Attitudes can change – but effort, creativity, and commitment are necessary” (p. 453).
Desirable State of Affairs

Dewar (1982) stated, “we must concentrate on developing positive attitudes within our children, the adults of the next generation who will, in time, be the friend, neighbor, co-worker, or employer of a handicapped peer” (p. 193). Shapiro (1999) believed that:

Attitudes can be changed by the development of cognitive sophistication through planned intervention based on an understanding of important established learning principles. Schools have the responsibility both to prepare disabled youngsters to enter the mainstream of school and society, and to prepare the mainstream to accept fully youngsters with disabilities without handicapping them through prejudicial attitudes (p. 34-35).

Gething (1991) explained that these attitudes may be expressed on a societal level which relates to the treatment of people with disabilities as a group, or expressed on a personal level which relates to personal interactions. The Institute on Community Integration of the University of Minnesota has identified the benefits of integrated school communities, which reflect outcomes of both a personal and social nature. These outcomes reflect the desirable state of affairs both within school and societal contexts. These benefits include: (a) preparation for adult living, (b) improved learning, (c) relationships with peers, (d) friendship development, (e) acceptance of individual differences, and (f) support of civil rights.

Abery (2003) described that even though schools are increasing inclusion efforts and providing support to individuals with disabilities in finding jobs within inclusive employment programs, these efforts are not enough. He explained, “Children and adults with disabilities, although physically included, remain socially isolated from their peers and fail to experience...
the sense of inclusion we all desire” (p. 3). According the Institute on Community Integration (n.d.):

A primary goal of education is to prepare individuals to be contributing members of society. By growing up and learning together in school, students with varied abilities, interests, and backgrounds experience diversity as a community norm. Many people in our society have misconceptions about persons with disabilities. The best way to overcome these misconceptions is by bringing people with and without disabilities together in shared activities. Inclusive schools provide opportunities for all students to develop the attitudes, values, and skills needed to get along with others in a diverse society. (p. 1)

A nationwide study of youth regarding attitudes toward inclusive education performed by Siperstein et al. (2007) revealed that “youth believe that including students with intellectual disabilities in classrooms will have a positive impact on them personally by making them more accepting of differences and teaching them that differences are acceptable. Youth may understand the moral and societal message that acceptance of diversity is important” (p. 451).

Societal

Gething and Wheeler (1992) summarized that “most theorists regard prevalent community attitudes toward people with disabilities as negative and devaluing, with nonaccepting attitudes associated with a view of these people as separate or different, the usual implication being that the difference implies deficiency or inferiority” (p. 75). According to Abery (2003) social inclusion encompasses a wide variety of factors, such as where we live, work, go to school, and what we do in our leisure time (p. 3). Attitudes at the
societal level relate to issues such as provision of goods and services, integration into schools, employment, and the roles of charities and the media (Gething, 1991).

Shapiro (1999) portrayed the school’s role in achieving desirable social outcomes. “Schools have a responsibility for encouraging diversity and tolerance, eliminating discrimination, increasing among youngsters an understanding of those perceived to be different, and respecting and protecting the rights of all diverse populations within our pluralistic society” (p. 16). The Institute on Community Integration at the University of Minnesota identified multiple societal benefits for individuals with disabilities as a result of inclusive school communities. According to the Institute (n.d.):

Like all students, those with disabilities have the right to attend regular schools and general education classes. Inclusion is a civil rights issue. In a democratic society, every person is to be afforded equal opportunities; segregated settings and marginalization from mainstreamed American experiences symbolize society’s rejection of a segment of the population. Participation in inclusive schools and communities provides students with and without disabilities the experience of a society that values and includes all its citizens (p. 2).

Abery (2003) clarified and expanded the description of social inclusion:

Because of its highly personal, individualized nature, social inclusion is more complex that the numbers of friends one has or how often they are seen. What we do know about this critical outcome is that those persons who report that they are socially included talk about feeling a sense of belonging, actively participating and experiencing a presence in the community, and being able to engage in activities based upon their personal preferences. (p. 2)
Souza and Kennedy (2003) reported that a “frequent lament of family members, self-advocates, and educators is the difficulty in establishing lasting relationships for students with severe disabilities once they leave public education” (p. 181). One option to address this issue would be community-based recreation and leisure programs. Abery (2003) stated “recreation and leisure programs possess a number of characteristics that make them good places to start facilitating the social inclusion of persons with disabilities” (p. 32).

Characteristics of community-based social inclusion programs include the capacity to (a) assemble groups of individuals who possess similar interests or preferences (b) support the development of social relationships – those which are ongoing and allow for individuals to meet and interact with one another over a period of time, and (c) possess the potential to promote the development of personal capabilities, attitudes, and beliefs that support inclusion. According to Abery:

Participants both with and without disabilities in recreation and leisure programs are potentially changed by the experience in ways that support social inclusion.

Participants with disabilities have the opportunity to develop new capacities and interests and to refine their social skills as they interact with and observe individuals who might typically not play a large part in their lives. Persons without disabilities discover that their peers with disabilities have abilities and gifts; similar interests, goals, and dreams for the future; and the capacity to establish and maintain reciprocal friendships. Through participation in inclusive recreation, the opportunity exists for participants to explore and cast aside myths and misconceptions about persons with disabilities and connect with each other as people who happen to be passionate about similar leisure activities. (p. 32-33)
Personal

According to Gething (1991), attitudes on the personal level are more directly related to personal experiences and include ease in social interaction, judging attributes of the person as more distinct from the disability, and the degree of comfort about having a neighbor, parent, client, or workmate who has a disability. Abery (2003) stated “individuals with disabilities often experience life without being recognized in the community or acknowledged in a positive fashion” (p. 2). The Institute on Community Integration has determined several benefits for individuals resulting from inclusive school communities. First, inclusive school environments offer individuals with special needs a sense of belonging. According to the Institute (n.d.):

Belonging is a human need for all people. Difference can threaten a sense of belonging. The practice of sorting, tracking, and separating students is institutionalized in much of public education. Conversely, an inclusive approach to education challenges these practice and their underlying assumptions. As educators become more successful implementing inclusive practices, fewer students are at risk for experiencing rejection and its potentially devastating effects on learning. By attending their local schools and being included in general education life, students with disabilities are included in their communities where they live and can make friends and learn with other kids in the neighborhood. (p. 1)

Secondly, individuals with disabilities benefit from the varied learning opportunities offered in inclusive education settings. The Institute on Community Integration describes these benefits as:
opportunities to grow socially and academically. Peers are often the best models and teachers of socially acceptable and valued behavior. Inclusive settings also offer students many incidental opportunities to learn useful skills and repertoires, such as following typical daily routines, figuring out multiple ways to solve problems, using humor and sharing stories, and communicating effectively. Academically, there is a wide range of curricular opportunities in general education that cannot be replicated in a separate system of special education. Like all children, those with disabilities grow from encountering a variety of experiences. (p. 1)

These experiences include exposure to a wide range of activities, people, environments, and ideas. A third benefit to individuals as described by the Institute is the relationships formed with peers:

Such relationships form the beginnings of friendships that are a source of fun and enjoyment, and an essential source of emotional support during challenging times. When considering what contributes most to one’s quality of life, “friends” often appears toward the top of the list. Therefore, the opportunity to connect with others is an important outcome of being included (p. 1).

Summary of Literature

Attitude, in both historical and contemporary literature, continues to be aggressively investigated and evaluated. Similarly, a three-dimensional structure persists in defining attitude itself and in describing the strength of thoughts, feelings, and behaviors toward an attitude object. However, a person’s attitudes may be influenced as a result of the values held by social groups or society in general, or changed to reflect new information, occurrences, or behaviors experienced by the individual.
Likewise, the study of attitudes regarding individuals with disabilities has permeated educational literature for several decades. Indeed, the role of schools in influencing these attitudes has become apparent. Research has revealed that a need exists not just for inclusive academic experiences, but for inclusive school communities in which the three components comprising attitude can be nurtured. The benefits of these emerging social inclusion programs however, are not limited to direct participants; the outcomes of an effective program would contribute to a positive change of an entire school climate. Individuals with disabilities deserve the opportunity to be recognized in, contribute to, and benefit from membership in greater society. Involvement in educational, recreational, and employment experiences ought to afford all persons quality interactions, relationships, and support from those with whom they interact.
CHAPTER 3. ENDURING ATTITUDES OF P.A.R.T.N.E.R.S. PROGRAM PARTICIPANTS: A POST-INTERVENTION COMPARISON OF YOUNG ADULT ATTITUDES TOWARD INDIVIDUALS WITH DISABILITIES

A manuscript to be submitted to Teacher Education and Special Education (TESE) Journal

Kendra K. Naef and Cheryl O. Hausafus

ABSTRACT

This study utilized an experimental research design to investigate the differences in long-term attitudes towards individuals with disabilities among young adults who had participated in an intervention program designed to develop positive academic and social relationships among students with and without disabilities, and young adults who had not. The Interaction with Disabled Persons Scale was employed to determine if the primary independent variable (P.A.R.T.N.E.R.S. Program) produced more favorable attitudes among participants. After scores from both groups were obtained, central tendency comparisons of the dependent variable were made and inferential statistics $t$-test analysis was used to perform group comparisons in order to draw conclusions and generalize to the entire population. Results indicated that the P.A.R.T.N.E.R.S. (intervention) graduates possessed a significantly lower mean score, depicting less social discomfort with (more favorable attitude toward) individuals with disabilities. Additional findings from the study regarding the six factor clusters are included and discussed.

INTRODUCTION

“Attitudes toward persons with disabilities affect everyone” (Shapiro, 1999).

According to Shapiro “we learn negative attitudes toward disability early in life from such strong cultural influences as school, the media, our language, and literature” (p. 3). Shapiro expanded his thoughts by further explaining how the impact of these negative attitudes
contributes to societal consequences. Children learn early of similarities and differences that exist among them. The more different a person is, the more likely social distance and segregation is to occur, hence the emergence of negative attitudes. A concern of educators and in research is that negative attitudes held by the general population regarding individuals with special needs will produce negative consequences for special needs populations within schools, and ultimately carry over into the adult world.

Krajewski and Flaherty (2000) noted that most research regarding attitudes toward individuals with disabilities has, to this point, focused on attitudes of college students and individuals that work with persons having mental retardation. They contended that these populations do not provide accurate insight into the community at large. Krajewski and Flaherty (2000) supported this by noting the lack of research regarding attitudes of the high school-aged population. Their research, which compared changes of high school students’ attitudes toward individuals with special needs over an 11-year time span, suggested further exploration of the factors and experiences comprising attitudes. Krajewski and Flaherty supported this recommendation by pointing out the upcoming implications of this group as future citizens and their potential impact on the lives of individuals with disabilities in more general context than those whose professional role it is to provide care and support.

According to Fielder and Simpson (1987), formal education ought to address and positively influence the attitudes of the general education students toward their peers with disabilities. Shapiro (1999) concluded that planned interventions must be in place in order for true integration and positive attitude change to occur within schools. Harrison (2007) felt that the social isolation often experienced by students with disabilities and the harassment they endure often go hand-in-hand. “Without meaningful interaction with
students with disabilities, other students are more likely to make hurtful remarks based on stereotypes.” She added, “Without deliberate interventions, the cycle can be never-ending – sometimes with extreme personal and academic consequences” (p. 28).

Kennedy (2001) recommended that peer support groups in high schools should promote the general education of students with disabilities and their interaction with peers. Therefore in order to be successful in achieving empathy and true integration, as suggested by Shapiro (1999), teachers must learn: (a) the major contributors of negative attitudes; (b) methods of developing student awareness of disabilities; (c) specific methods that lead to successful integration; (d) strategies and methods for use in teaching students to accept individual differences; (e) ways to sensitize students to understand and empathize with the frustrations and restrictions imposed by various sensory, physical, or mental disabling conditions; (f) ways to provide opportunities for both teachers and students to share experiences and feelings in a supportive group environment; (g) how to break down invisible barriers of fear and curiosity that individuals have about people who have disabilities; (h) how to help students develop an awareness of and appreciation for what it means to have a disability; (i) how to help students understand the potentials and limitations of modifications and accommodations; (j) how to help individuals see beyond the disability to others who in reality are more like them than different from them; (k) how to increase the comfort and ease with which both their students and they, themselves interact with people who seem different, no matter what the differences actually are; (l) how to provide basic information on common disabilities needed for building empathy and developing a positive perspective for dealing with individuals with disabilities; (m) how to develop one’s own thoughts about and feelings toward persons with disabilities; (n) how to help students understand how the physical and
social environment can be improved so that disabilities are not viewed negatively; and (o) how to help students understand the civil rights of persons with disabilities (p. 33-34).

This research study focuses on the attitudes of young adults from the general education population regarding individuals with special needs. The research problem identified is that consequences of negative attitudes toward individuals with special needs impact individual quality of life and interdependent functioning within society. The purpose of this study is to compare the attitudes of young (19-26 year old) adults from the general education population who have and have not participated in a high school intervention program designed to positively impact attitudes toward individuals with special needs. Specifically stated, this study intends to answer the question: At a personal level, are the enduring attitudes of young adults who have participated in an intervention program more positive toward individuals with special needs than those who have not?

**METHOD**

**Subjects and Sampling**

The experimental group consists of 105 individuals who comprise the entire population of general education students who have participated in the intervention (P.A.R.T.N.E.R.S. Program) and have graduated from Kimberly High School from 2000-2006. Of this treatment group, there are 90 females and 15 males. Within this treatment population, smaller populations are identified by their graduation year.

The entire control population is much larger, consisting of all students having graduated from Kimberly High School from 2000-2006 who have not participated in the P.A.R.T.N.E.R.S. Program as either general education or special education students. This population is also able to be separated into smaller populations according to the year of
graduation. In making a judgment regarding the gender dynamics of this group, one could predict that this group would be comprised of approximately half females and half males. From this control population, a sample 20% larger than the intervention group was selected in order to: (a) generate sufficient responses from the control group, and (b) to account for familiarity of the intervention group with the researcher.

According to Creswell (2002) “stratification is used when the population reflects an imbalance of a trait to be included in the sample” (p. 166). In this case, the intervention group possesses a disproportion of both gender and age, as indicated by year of graduation. In order to account for this imbalance, the use of stratified sampling allowed for random sampling of the control population within each stratum (gender and year of graduation) while ensuring that the control sample remained proportional to the entire treatment population.

Measures

Participation

Participants were mailed a packet which included: (a) an introductory letter introducing the research study and asking for their cooperation, (b) duplicate copies of the informed consent document, (c) the IDP survey instrument, (d) a postage-paid envelope to allow for ease of return of the informed consent document and survey instrument, and (e) a free ice cream sundae coupon as a token of appreciation. Participants were informed of the lack of direct personal benefit and foreseeable risks involved with the study. However, participants were made aware of the potential benefit of this study to society, schools, and educators.

Address correction strategies were utilized for initial mailings returned as undeliverable. Participants having questions regarding the informed consent process or the
study itself, were encouraged to contact the primary investigator for further clarification or explanation. Participants were asked to complete and return the 20 question survey instrument (within one month of receipt) which were filed separately from corresponding signed informed consent documents, ensuring confidentiality of participant responses. An overall response rate of 33% was received, with 34% from the treatment population and 31% from the control sample.

**Instrument**

Gething (1991) explained that the Interaction with Disabled Persons (IDP) Scale was designed for use with nondisabled groups and is devised to tap dimensions underlying nonaccepting or negative attitudes towards people with disabilities. It assesses prevalent attitudes which generalize across disability types. Gething described:

The IDP Scale measures general attitudes in terms of the level of discomfort reported by a person during interaction with people with disabilities. This discomfort is posited to reflect emotions and motivations such as fear of the unknown, threat to security, fear of being disabled (vulnerability), guilt, and aversion which are linked with level of prior close contact with people with disabilities. Thus, people with low levels of prior close contact are predicted to report more discomfort on the scale. The IDP Scale is designed to measure attitudes on the personal level and is predicted to provide a more sensitive measure of attitude change and of actual behaviours [sic] in everyday situations than measures on the societal level of measurement. (p. 7)

Erwin (2001) recognized some of the advantages of utilizing attitude scales in research:

In terms of advantages, a psychological test is typically used because it is a relatively simple and efficient means of gathering information. Attitude scales are simple in
that all the respondent has to do is typically tick a relatively small number of
statements (often referred to as items) to indicate agreement, or else rate those
statements on, for example, a 5- or 7-point scale. They are efficient in that it is
possible to test large numbers of people fairly rapidly and inexpensively, with
minimal expert supervision. A respondent’s score on an attitude scale will place him
or her at some point along a continuum for the attitude (positive or negative) and its
relative strength – how positive or negative it is (p. 49).

The IDP instrument is a self-reporting measure, framed in the first person. Respondents rate
how much each of the 20 statements fit their personal reactions when interacting with
persons with disabilities. According to Gething (1991), the IDP Scale is a measure of
generalized attitudes occurring at the personal level and has been validated using
heterogeneous samples covering a wide range of the general population. Its validation
includes consistent application of a measure of contact and factor analysis to derive a
multidimensional interpretation of the scale.

When completing the survey, each respondent indicates his or her level of agreement
with each of the 20 statements using a six-point Likert-type rating scale ranging from 1
(disagree very much) to 6 (agree very much) with no neutral. As described by Gething
(1991), the majority of statements are phrased so that an agreement response indicates
relative discomfort in social interaction. The survey instrument is arranged with the
statements centered on the page, the disagree responses positioned to the left of the
statements, and the agree responses positioned to the right. However, in order to reduce
possible orientation of response bias, the direction is reversed for three survey items, for
which agreement indicates a lower level of discomfort. Participant’s total scale score is
determined by: (a) removal of survey question 19, as it does not fall consistently into any
cluster; (b) totaling scores for all remaining items, excluding the three reversed items; and (c)
reversing the scoring for three remaining items and adding reversed scores to previous total.
A higher total scale score is interpreted as more discomfort in social interaction with
individuals with disabilities. Permission to use the survey instrument is acquired through the
purchase of the IDP Scale and Manual from the Community Disability and Ageing Program
at the University of Sydney, Australia. Additionally, requirements for fair practice of the
scale are outlined in the IDP Manual (Gething, 1991).

As described by Gething (1991) and found in the first independent evaluation of the
IDP Scale by MacLean and Gannon (1995), six factor clusters, each representing a different
dimension of discomfort in social interaction, have emerged through extensive factor
analysis. The four named clusters include: discomfort in social interaction,
coping/succumbing framework, perceived level of information, and vulnerability. The two
smallest clusters remain unnamed. The number of survey items comprising each cluster
varies from six items to two items, with question 19 omitted due to its inability to fall
consistently into any cluster. To ensure that the instrument yields consistent and precise
results, test-retest reliability of the IDP Scale has been performed several times. Test-retest
reliability coefficients ranging from .51 to .82 were obtained in eight administrations of the
instrument (Gething, 1991) and “the reliability of the total IDP Scale of twenty items over a
number of samples averages out at $\alpha = .79$” according to Gething and Wheeler (1992).
Internal consistency assessments of the IDP Scale have repeatedly shown “high internal
consistency, indicating that people respond consistently to its twenty items” (Gething, p. 20).
The alpha coefficients of the IDP Scale have ranged from .74 to .86.
Several uses for the scale were identified and discussed by both Gething (1991) and MacLean and Gannon (1995), however in the context of this study, the specific purpose is the evaluation of the effectiveness of an intervention program designed to provide accurate information and promote positive attitude change of high school graduates towards individuals with disabilities.

**Procedure**

**Experimental Group Intervention**

The Peers, Acceptance, Respect, Trust, Nurturing, Esteem, Relationships, Social Skills (P.A.R.T.N.E.R.S.) Program at Kimberly High School, in Kimberly, Wisconsin is an intervention program designed to develop positive academic and social relationships among students with and without disabilities. The program has existed as an elective course offering in the Family and Consumer Sciences Department since its inception in the 1999-2000 school year, however in the first two years of the program it was known by different names (Life Skills and Skills for Living). P.A.R.T.N.E.R.S. (see Figure 1) would be described as a multidimensional academic and social interaction program that serves to increase positive attitudes of general education students toward their peers with special needs. General education student participation in the program is voluntary and students may enroll in one semester (block schedule) of the program for one elective credit. Students from the general education sector are required to: (a) be in grades 11 or 12, (b) complete a P.A.R.T.N.E.R.S. Program Application, (c) indicate one school and one community or personal reference, and (d) have a desire to interact with students with special needs. Special education students are identified and recommended for participation in the program by their Individualized Education Program (IEP) Team. Special education students in the program can be in grades
9-12 and also receive one elective credit per semester they are enrolled in the program.

Special education students may be enrolled in the program multiple semesters while attending Kimberly High School.

**Figure 1: P.A.R.T.N.E.R.S. Program Outcome Model**

Each semester of the P.A.R.T.N.E.R.S. Program follows a similar sequence. At the start of the semester, the general and special education students meet separately and review expectations of the course and discuss their anticipated involvement. Students in the general education sector are coached on strategies for working with their peers with special needs, taught the use of and reasons for person first language, and introduced to the action planning process to demonstrate proficiency in meeting the learning targets of the course. Special
education students are coached on appropriate social skills to use when interacting with their partners and other students, and role playing is utilized to prepare students for specific types of situations. Following the initial orientation, both student groups are brought together for an introduction to the program and to begin the process of getting to know each other. Teacher led activities utilizing strategies which incorporate cooperation, tolerance, patience, teamwork, and the identification of similarities rather than differences amid the group are performed during the first few days of the program. Following this informal mixing, students from the general and special education populations are partnered together. Within these partner groupings, strategies are utilized to assist students in developing a familiarization with each other. Students within the partner groups interview each other and then work in their team to construct visual representations of themselves and their interests. Students then utilize these visuals in formally introducing their partner(s) to the rest of the class.

The first (and only formal teacher led) unit in the P.A.R.T.N.E.R.S. Program focuses on disability education and awareness. Within partner groups, students select a disability or disorder to research and inform their classmates about. Students work with their partner(s) to develop a handout, visual aid, and short presentation. An example of the project and its requirements are demonstrated by the teacher. During this unit, guest speakers, simulation, experiential learning, and audio visual materials are utilized to reinforce learning for all students. To conclude the disability education and awareness unit, community agencies and/or organizations advocating for individuals with disabilities and their families are invited to the classroom to share their mission, goals, activities, and information regarding the audiences they serve.
Throughout the remainder of the semester, general education students in the P.A.R.T.N.E.R.S. Program work together in groups of two to develop, plan, and teach weeklong units. The students are allowed much flexibility in their selection of unit topics; however they must be able to justify how the objectives and learning experiences of their unit will benefit all members of the program in the physical, social, emotional, cognitive and/or moral developmental domains both now and in the future. The general education student pairs develop a detailed teaching plan for each day of their unit. Typically, students are engaged in peer instruction on Mondays, Tuesdays, Thursdays, and Fridays. Within each unit, guest speakers, field trips, and hands-on experiences are highly encouraged. For example, in a unit regarding transportation, students would most likely (a) identify various forms of transportation, (b) describe the uses and non-uses of various forms of transportation, (c) obtain information (public bus schedule, cab phone number and rates) regarding public transportation in their community, (d) participate in an actual public bus trip in the community, (e) demonstrate appropriate social skills and behaviors in the community. At the conclusion of the unit the peer teachers would evaluate themselves and assess whether or not students in the program reached the stated unit objectives. This evaluation and assessment process is documented in order to guide reflection, resulting in refinement for subsequent teaching units.

Thirteen program learning targets (see Figure 2) for the regular education students have been identified, refined over time, and categorized: (a) Teaching and Learning, (b) Personal Growth, and (c) Advocacy. Within each category, multiple targets exist. Various assessment strategies are utilized including a cumulative portfolio of evidence, direct observation, written and verbal communication, and personal reflection. Regular education
students compile evidence of their learning, advocacy, and growth over the course of the semester. Students regularly ask questions, propose ideas, share their thoughts, and discuss their progress with the instructor and peers regarding the formulation of teaching units, creation of visual reflection pieces, and the development of advocacy action plans.

Another component of the Program is the P.A.R.T.N.E.R.S. Sundae Shoppe school-based enterprise. The Sundae Shoppe operation was started with a Carl Perkins mini-grant for the purpose of promoting career and technical knowledge and skills to special education student populations. This endeavor has not only led to financial self-sufficiency of the P.A.R.T.N.E.R.S. Program, but has also created an avenue to expand the program’s goals outside of the classroom into the larger school population. The P.A.R.T.N.E.R.S. Sundae Shoppe operates on Wednesdays during the last portion of the class and into student extended learning time. This time is built into the school week to provide an opportunity for students in the school to meet individually with teachers and receive additional academic support. However, students not required to attend this period often congregate in the commons area within the school. This provides a prime opportunity to not only sell a unique food item, but also a chance for the entire school population to observe general education and special education students working together as a team in the successful operation of the business.
Table 2: P.A.R.T.N.E.R.S. Learning Targets

<table>
<thead>
<tr>
<th>Kimberley High School</th>
<th>Name: ______________________</th>
<th>Date: ______________________</th>
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<tbody>
<tr>
<td>P.A.R.T.N.E.R.S. Program</td>
<td>P.A.R.T.N.E.R.S. Portfolio of Evidence</td>
<td>Assessment: Term 1 Term 2</td>
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<tr>
<td><strong>Learning Targets:</strong></td>
<td><strong>Assessment:</strong></td>
<td><strong>Comments:</strong></td>
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<td>Synthesize knowledge of a variety of disabilities, their causes, rates of occurrence, and treatments, along with impacts on learning.</td>
<td>Advanced</td>
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<tr>
<td>Examine several careers that involve working with individuals with disabilities/special learning needs.</td>
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<td>Employ a variety of resources and input from others in planning educational experiences.</td>
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<tr>
<td>Produce quality learning experiences in the classroom, school, and community that align to specific objectives.</td>
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<td>Formulate accommodations and modifications to increase learning and encourage independence for all learners.</td>
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<td>Use &quot;person-first&quot; language in everyday conversation and writing, and encourage others to do the same.</td>
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<tr>
<td>Advocate to improve the quality of home, school, and/or community life for individuals with special needs.</td>
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<tr>
<td>Establish reciprocal relationships with a wide variety of people including those with disabilities.</td>
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<td>Practice patience when working with others different than yourself and in stressful situations.</td>
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<td>Evaluate planning, implementation, and accommodations of educational experiences, and reflect in order to make improvements.</td>
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<tr>
<td>Uphold acceptance, responsibility, respect, and trust in daily actions and model them for others.</td>
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<td>Proficient</td>
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<tr>
<td>Display feelings of empathy through a developed awareness of the (social, emotional, cognitive, and/or physical) needs of others.</td>
<td>Advanced</td>
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<td>Proficient</td>
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**Assessment Strategies:** Observation, Portfolio of Evidence, Written & Verbal Communication and Reflection

Kendra K. Naef, GFCS
**Control Group Exposure**

The control group did not receive any intentional direct interventions, however it can be assumed that contact and familiarity with students with disabilities may have occurred indirectly through peer contact, academic interaction, and social experiences. Additionally, personal situations specific to individuals that comprise the control group (such as having a relative, friend, or neighbor with a disability) were not considered.

**Experimental Design**

According to Creswell (2002) experimental research design is utilized to assess the impact of an idea or practice on an outcome, specifically as in this research study, to compare groups in order to measure the impact of an intervention on an outcome. In order to measure outcomes, the identification of the independent variable is necessary. The treatment (primary independent) variable is that which the researcher manipulates to determine the effect it will have on the outcome. In this case, the treatment variable is the P.A.R.T.N.E.R.S. Program or the intervention program.

**RESULTS**

The intervention population had a mean IDP score of 57.03 ($SD = 8.24$) and the control group had a mean score of 63.75 ($SD = 8.71$). A summary of the $t$-test of independent samples for the IDP Scale Total Scores is presented in Table 1. The P.A.R.T.N.E.R.S. (intervention) graduates possessed a significantly lower mean score, depicting less social discomfort with (more favorable attitude toward) individuals with disabilities. The results of the $t$-test of independent samples performed for each of the six identified clusters are presented in Table 2. Strong statistical significance exists for four of the six clusters. Clusters 1, 3, and 6 further exemplified the results of the IDP Scale Total
Score comparisons, depicting less social discomfort/more favorable attitudes by intervention participants, however Cluster 2, although significant, did indicate results in the opposite direction.
Table 1. Comparison of scores (t-test of independent samples)

<table>
<thead>
<tr>
<th>IDP Scale</th>
<th>n items</th>
<th>Intervention Population (n=35)</th>
<th>Control Sample (n=32)</th>
<th>t-value</th>
<th>df</th>
<th>Significance (p)</th>
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<td>M</td>
<td>SD</td>
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<td>19</td>
<td>57.03</td>
<td>8.241</td>
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<td></td>
<td></td>
<td>63.75</td>
<td>8.710</td>
<td>3.245</td>
<td>65.000</td>
<td>.002**</td>
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<tr>
<td>Total Scale Score</td>
<td>19</td>
<td>57.03</td>
<td>8.241</td>
<td>63.75</td>
<td>8.710</td>
<td>3.245</td>
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<td>.002**</td>
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</tbody>
</table>

*Significant at the .05 level  
**Significant at the .01 level

Table 2. Comparison of cluster scores (t-test of independent samples)

<table>
<thead>
<tr>
<th>Clusters</th>
<th>n items</th>
<th>Intervention Population (n=35)</th>
<th>Control Sample (n=32)</th>
<th>t-value</th>
<th>df</th>
<th>Significance (p)</th>
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<tr>
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<td></td>
<td>M</td>
<td>SD</td>
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<tr>
<td>1. Discomfort in social interaction (items 9, 11, 12, 16, 17, 18)</td>
<td>6</td>
<td>9.86</td>
<td>2.932</td>
<td>13.09</td>
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<td>2. Coping/succumbing framework (items 1, 2, 13)</td>
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<td>16.60</td>
<td>1.288</td>
<td>15.69</td>
<td>1.595</td>
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<tr>
<td>3. Perceived level of information (items 3, 6, 10)</td>
<td>3</td>
<td>7.74</td>
<td>2.726</td>
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<td>4. Vulnerability (items 4, 5, 20)</td>
<td>3</td>
<td>9.80</td>
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<td>10.88</td>
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<td>5.Unnamed (items 14, 15)</td>
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<td>6.Unnamed (items 7, 8)</td>
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<td>10.00</td>
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<td>.001**</td>
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Items in bold text have the highest loading on each factor and thus most closely correspond with the definition of the cluster.

*Significant at the .05 level  
**Significant at the .01 level
DISCUSSION

The first major finding of this study is that the P.A.R.T.N.E.R.S. Program had a positive impact on the enduring attitudes of participants toward individuals with disabilities. This further endorses the intended program outcomes and the three groupings of program learning targets: (a) Teaching and Learning, (b) Personal Growth, and (c) Advocacy. Shapiro (1999) described attitude as “three interrelated basic elements: (1) a belief or ‘cognitive’ component, (2) an emotional or ‘affective’ component, and (3) an action or ‘behavioral’ component” (p. 9). Consistent with this definition, the P.A.R.T.N.E.R.S. Program impacts the cognitive component through teaching and learning, the affective component through personal growth, and the behavioral component through advocacy. This result proves consistent with previous research that found more positive attitudes among intervention program participants than those students having not participated in an intervention program. Such multidimensional and experiential methods were found successful for changing negative attitudes by: Donaldson (1980); Jones, Sowell, Jones, and Butler (1981); Dewar (1982); Kilburn (1983); Popp (1983); Fielder and Simpson (1987); Eichinger, Rizzo, and Sirotnik (1991) and Ferguson (1998).

P.A.R.T.N.E.R.S. Program participants were found to have lower scores in Cluster 1, Discomfort in Social Interaction, than their non-intervention peers. This finding may reflect the result of the extensive social interactions between students with and without disabilities in the P.A.R.T.N.E.R.S. classroom, within the school building, and in the larger community setting. This finding mirrors research by McDougall, DeWitt, King, Miller, and Killip (2004) that indicated “the importance of promoting good student relationships at the school level that foster a sense of belongingness and interpersonal support among peers in
encouraging positive attitudes.” Additionally, they suggested “School programs might be developed to increase contact and encourage supportive, respectful, and responsible relationships among students with and without disabilities that extend beyond the classroom” (p. 307). Furthermore, a study by Siperstein, Parker, Noris Bardon, and Widaman (2007) found that “neither contact nor exposure per se leads to more positive attitudes, but rather contact and exposure that provides youth with the opportunity to witness the competence of individuals with intellectual disabilities” (p. 451).

Examination of the Coping/Succumbing Framework Cluster (Cluster 2) indicates closer attention is needed as it not only revealed significant results, it was the only cluster in which the mean score of the intervention group exceeded that of the control sample. According to the IDP Scale and Manual (Gething, 1991) this indicates a less desirable response from the P.A.R.T.N.E.R.S. participants and a more desirable response from those graduates that did not participate in the intervention program. It is possible that the intervention study participants viewed the questions that comprise this cluster as negative rather than positive. For example, one question that is positioned within this cluster reads: “It is rewarding when I am able to help.” This question could leave intervention respondents questioning their role as peer support in the classroom and community contexts. The role of regular education program participants is to increase independence of their peers with disabilities; to engage in learning experiences alongside and with them, not to do things for them. Regardless of the possibilities, this cluster needs to remain at the attention of the researcher and program outcomes and procedures ought to be reexamined. One potential avenue would be to explore the differences between a focus on independence and interdependence. According to Kennedy (2001), “an emphasis on independence may be
limiting the outcomes achieved by social interaction research” (p. 125). He further explained:

As data accumulate demonstrating the importance of social interaction interventions emphasizing participation in typical environments, with typical peers, and engaging in typical activities, new approaches to improving social outcomes will be necessary. It has been argued here that a productive route that researchers may follow will be to emphasize *interdependence*. (p. 126)

Cluster 3, Perceived Level of Information, produced results of significance. This cluster is based on the question, “I feel ignorant about disabled people.” The intervention group produced a lower score than the control sample, indicating that they feel they possess higher levels of information or are more knowledgeable of disabilities than their peers not having participated in the intervention. Fiedler and Simpson (1987) found similar results in comparing high school students with and without structured informational curricula designed to improve attitudes towards individuals with disabilities. They summarized, “The results of the present study add to the existing evidence regarding the efficacy of curricular presentations in positively modifying nonhandicapped students’ attitudes toward the handicapped.” They concluded, “Influencing the attitude of regular class students toward exceptional persons must be made a regular part of educational programming” (p. 348). This curricular approach to disability education is directly addressed in the P.A.R.T.N.E.R.S. Program. All students in the program engage in a disability awareness unit in which various disabilities are explored in a categorical nature. In addition, various community organizations and agencies share information regarding services and opportunities that exist in the community for participation and service.
Lastly, Cluster 6 provided significant results. The two items included in this unnamed cluster are: (a) I am grateful I do not have such a burden, and (b) I try to act normally and ignore the disability. The P.A.R.T.N.E.R.S. Program participants produced the lower mean score, indicating less discomfort at a personal level than respondents having not taken part in the intervention. In a study by Copeland, Hughes, Carter, Guth, Presley, and Williams, et al. (2004) a focus group approach was used to gather regular education students’ perspectives regarding their participation in a high school level peer support program. One theme that emerged from student comments in half of the focus groups was that of *modeling acceptance for peers without disabilities*. Copeland et al. explained:

Participants’ comments in three of the six focus groups indicated that they saw themselves as role models for the students without disabilities who did not participate in the Peer Buddy program. They appeared hopeful that other students who saw Peer Buddies interacting positively with their peers with disabilities would shed their uneasiness about disability. (p. 347)

All students in the P.A.R.T.N.E.R.S. Program engage together in active learning experiences in the classroom, school, and community, oftentimes in the presence of the general school and community population. Teamwork is emphasized through classroom routines and more visible productions, such as the operation of the weekly P.A.R.T.N.E.R.S. Sundae Shoppe. In this business endeavor, all students have responsibilities and must rely on each other in order to be successful. Modeling of positive interactions and the recognition of the abilities of all individuals in the program repeatedly occur in these situations.

Interpretation of the study results indicate that the P.A.R.T.N.E.R.S. Program has led to more positive attitudes toward individuals with disabilities and less discomfort at a
personal level in social situations involving individuals with disabilities for young adults having participated in the intervention program, than for their same age peers having graduated from high school over the past eight years. According to Krajewski and Flaherty (2000) “high school students represent a population of future citizens who will interact with and impact the lives of individuals who have mental retardation in a far broader context than as service or care providers” (p. 155). Based on the results of their research, Krajewski and Flaherty concluded:

Our findings serve to emphasize the need for more research on high school students’ attitudes. Future researchers could follow these students into the community after high school and determine the stability and durability of their attitudes as well as how their attitudes impact the community. The importance of this research is evident because the attitudes of students today will help determine whether our communities in the future will be accepting of people with disabilities such as mental retardation. Future research with the high school population could lead to refinement or development of programs that will help to make positive acceptance a reality. (p. 161)

Copeland et al. (2004) provided several implications for practitioners based on their research of high school peer support programs. They found that high school students in the study felt that general education environments are unsupportive of both academic and social participation of students with special needs. In an attempt to explain this finding, Copeland, et al. suggested that “it may be that limited numbers of high school administrators and teachers are aware of the potential benefits of a peer support program” (p. 351). Based on students’ input, the researchers concluded that:
It appears worthwhile for researchers and practitioners to invest efforts to further the adoption of high school peer support programs and to continue to fine-tune these programs in conjunction with school reform efforts to promote maximum access to general education for students with disabilities and optimal benefits for all participating stakeholders. (p. 351)

The P.A.R.T.N.E.R.S. Program strives to positively impact the lives of its participants, both at the time of involvement, and for many years to come. Through a multidimensional approach involving teaching and learning, personal growth, and advocacy, the enduring attitudes of intervention program participants have been positively impacted, potentially enhancing attitudes toward individuals with disabilities in the community at large.
REFERENCES


*Exceptional Children, 73*, 435-455.
CHAPTER 4. CONCLUSIONS

What Study Revealed

This study makes known the impact that the P.A.R.T.N.E.R.S. Program has had on the enduring attitudes held by participants toward individuals with disabilities. The results indicate that the intervention population possesses more favorable attitudes and less discomfort in social situations than the control group. Additionally, this study has served to support that the formulation and identification of student learning targets has contributed to the program’s effectiveness in reaching the intended program outcomes. Additionally, cluster scores obtained from the IDP Scale analysis provide insight into specific areas in which program improvements could be made or additional research conducted.

Areas of Continued Research

Longitudinal studies

Although the current study evaluated the long-term attitudes held by the P.A.R.T.N.E.R.S. Program and nonintervention peer graduates from the past several years, it was not longitudinal in nature. Creswell (2002) stated that “longitudinal designs are used to study individuals over a period of time” (p. 397). Collection of data regarding trends “with the same population, changes in a cohort group or subpopulation, or changes in a panel group of the same individuals over time” or “a follow-up with graduates from a program or school to learn their views about their education experiences” (p. 399) are all examples of longitudinal designs offered by Creswell. Based on longitudinal study results, Krajewski and Hyde (2000) concluded:

Comparison of student responses [attitudes] showed changes over the 11-year time span. More information, however, on the specific factors and/or experiences
impacting those responses could be beneficial to school personnel planning inclusion programs. Future research might focus on determining or exploring such factors and/or experiences and their relationship to attitudes. Some factors such as grade (freshman, sophomores, juniors, [and] seniors) and gender, for example, could be examined in more depth. Experiences in previous elementary and middle or junior high school inclusion programs might be identified and their impact on high school student attitudes could be studied. While this work identified changes between the two populations over time, those changes might be attributable to other variables than those we hypothesized. This possibility coupled with the dearth of longitudinal research suggests that future studies might examine the attitudes of pre-high school students or high school freshman and then reexamine their attitudes prior to [or after] graduation. (p. 292)

Krajewski and Flaherty (2000) suggested that further research could extend beyond the high school years to determine the strength and longevity of attitudes and their impact within the community:

Our findings serve to emphasize the need for more research on high school students’ attitudes. Future researchers could follow these students into the community after high school and determine the stability and durability of their attitudes as well as how their attitudes impact the community. The importance of this research is evident because the attitudes of students today will help to determine whether our communities in the future will be accepting or nonaccepting of people with disabilities such as mental retardation. Future research with the high school
population could lead to refinement or development of programs that will help to make positive acceptance a reality. (p. 161)

Opportunities exist for additional longitudinal research regarding the attitudes held by P.A.R.T.N.E.R.S. Program graduates and graduates not participating in the intervention program, toward individuals with disabilities. The IDP Scale or similar attitudinal assessment instruments could be utilized to replicate this study with the same population and sample subjects to determine attitudinal differences over a longer period of time, to determine the extent to which these attitudinal differences maintain strength and significance between the groups. Additionally, in order to implement longitudinal research prior to the intervention, cohort groups of P.A.R.T.N.E.R.S. regular education students could be identified by program participation year, and initial surveying performed prior to starting the program, as identified by preliminary class enrollment data. Attitudes could be evaluated prior to, during, and shortly following program involvement. Further assessment could then be performed at regular intervals following graduation, as these young adults pursue higher education, enter jobs and careers, form families, and become contributing members of the community. One could consider multimethod attitude assessment strategies as part of this longitudinal study design in order to more precisely describe prior and post interactions (frequency and quality) and the degree of change in attitudes (thoughts, feelings, behaviors) toward individuals with disabilities as a result of both participation in and school-wide exposure to the P.A.R.T.N.E.R.S. Intervention Program.

**Multimethod attitude assessment strategies**

The use of multimethod assessment strategies in the P.A.R.T.N.E.R.S. Program or similar intervention programs would seek to untangle the complexity of attitudes surrounding
individuals with disabilities. For example, analysis of the results of this study clearly identified four factor clusters that emerged as more significant than the remaining two. Through the use of diverse assessment methods and varied evaluation techniques, additional explanations of these differences may emerge. Attitudes held by regular education P.A.R.T.N.E.R.S. Program participants may become more thoroughly understood when specialized methods are employed which directly tap the underlying components for which attitudes are comprised.

Siperstein et al. (2007) found:

The idea that one barometer exists for gauging youth attitudes toward peers with disabilities is overly simplistic. As the results of this study indicate, attitudes are complex; and by using multiple measures, we were better able to examine youth attitudes toward inclusion of students with intellectual disabilities in their classrooms and schools. (p. 453).

Salend (1994) suggested a variety of strategies to assess attitudes of regular education students toward peers with disabilities. Direct Observation – through direct observations in classrooms, social settings, etc. educators can determine the interaction patterns of students with disabilities and their peers who are not disabled. Observations would focus on: “(a) nature of the interactions, (b) the antecedents, and (c) the resulting consequences” (p. 338-339). Sociometric Measurements – these utilize “peer nomination sociograms to assess peer acceptance of persons with disabilities” or standardized sociometric measurement scales with specific questions and guidelines for administration of the instrument” (p. 339). Attitude Assessment Instruments – several are widely used and offer a range of reading and comprehension levels. Salend suggested “discussing the meaning of confusing statements,
offering additional time to respond, converting statements to true-false format, simplifying the language of the assessment, deleting items that are not applicable to the situation, and administering the instruments orally and/or record responses” (p. 340) if students experience difficulty understanding statements on the instruments. Knowledge of Disabilities Probes – “attitudes toward students with disabilities may be related to what students know about disabilities” (p. 341). Salend recommended assessing students’ knowledge and understanding of disabilities or assessing knowledge of (a) specific disabilities, (b) nonstereotypic perspectives of individuals with disabilities, (c) unique needs of individuals with disabilities, (d) strategies to promote interactions with individuals with disabilities, (e) modifications and/or accommodations available to and/or utilized by individuals with disabilities. Lastly, Salend suggested Expressive Attitude Assessment Techniques – products from the research subjects that represent their attitudes toward individuals with disabilities. Participants could draw pictures, take photographs, create poems, assemble collages, formulate written descriptions, or provide verbal or written responses to pictures. Salend recommended selecting the assessment strategy that most closely aligns with the aspect (cognitive, affective, or behavioral) of attitude one intends to investigate.

Salend’s recommendations offer much to be considered for subsequent research regarding the impact of intervention programs on the attitudes of regular education students regarding their peers with disabilities. The P.A.R.T.N.E.R.S. Program would lend itself nicely to performing direct observation of participants due to the varied locations of program activities. For example, observations could be performed during formal program functions in the general education P.A.R.T.N.E.R.S. classroom, within the school during program events such as the P.A.R.T.N.E.R.S. Sundae Shoppe, and in the community during program outings,
tours, and experiences. Additionally, observations could be performed during informal interactions such as during lunch periods, in other general education courses, or while participating in or attending extracurricular activities. The development of social scenarios or social situations depicting interactions between regular and special education students or the use of sociometric scales would provide additional insight into the social acceptance of, rather than the personal acceptance of, individuals with disabilities by their general education peers. This data would be useful in evaluating how positively regular education students view social interactions with peers with disabilities prior to, during, and after intervention programs.

The use of attitude assessment instruments in future research is highly likely. Multiple devices could be utilized to hone in on the variations that exist among P.A.R.T.N.E.R.S. Program graduates’ attitudes and the attitudes of nonintervention graduates. Additionally, specific attitude assessment instruments could be selected based on the nature of the attitude the researcher seeks to discover. For example, some instruments reveal attitudes at a personal level, while others tend to measure attitude at the social level. Both types of measures would prove beneficial in future research. Furthermore, attitude assessment instruments could be utilized to expose areas in which the P.A.R.T.N.E.R.S. Program (or similar multidimensional intervention programs) resulted in the greatest or least amount of change in attitudes among participants. For example, program modifications could be considered by utilizing data from the cluster scores obtained through the use of the IDP Scale. This focused approach would prove beneficial in both planning and evaluating the program outcomes. Probing knowledge of disabilities among intervention program participants and a control group would express data directly correlated to the cognitive
component of one’s attitude. This type of investigation would best be performed both before and after involvement in the P.A.R.T.N.E.R.S. Program and would directly evaluate intended program outcomes. Lastly, as recommended by Salend (1994), Expressive Attitude Assessment Techniques would seek to unveil aspects of the affective attitudinal component held by regular education P.A.R.T.N.E.R.S. students toward their peers with disabilities. These techniques could be self-selected by program participants based on their strengths and creative abilities. Pictures, photographs, poems, and other expressive means could be developed by participants as tangible evidence of their feelings toward individuals with disabilities.

**Shift from Independence to Interdependence**

According to Kennedy (2001) research for several decades had focused on increasing the independence of individuals with disabilities. This focus on independence “emphasized skill building to the exclusion of other aspects of human development” (p. 122). Kennedy compared this focus to that of the goal of general education – “to produce engineers and scientists, as special education was to produce more independent and skilled learners with severe disabilities” (p. 122). However, Kennedy explained how trends have changed over the past several years. He described this as “a renewal of understanding that public education is not only to improve a person’s skills and academic performance, but also to serve a socializing and enculturating function” (p. 122). This change in focus served as “an attempt to balance curriculum for students with severe disabilities to equally emphasize social development and skill development” (p. 123). Kennedy made clear that all individuals, not just individuals with disabilities, rely on others to become successful. This interdependence is part of human life; the need for social interactions and relationships is important for all
people. Examples of interdependence occur throughout a person’s everyday experiences. According to Kennedy, “interventions are changing from focusing on the promotion of independence to promoting a person’s participation in everyday life” (p. 123). He explained further, “‘Readiness’ to participate in various activities (i.e., prerequisite skills) is being replaced by an interdependence on assistance from others to accommodate for skill deficits as a person learns more” (p. 123). He concluded, “If social interaction research is to be a success, it needs to focus on the interdependence that is the basis of social relationships” (p. 123).

This shift from independence to interdependence in the education of students with special needs has tremendous implications for the P.A.R.T.N.E.R.S. Program and similar intervention programs existing in schools today. More opportunities must exist for regularly- and differently-abled students to interact in an interdependent nature. Real-world, unpredictable situations must occur in educational settings, allowing students to prepare for interactions that will occur within society later in life. Adapting program procedures which lend themselves to producing more interdependent experiences would contribute to more adequate preparedness on the part of both groups of students. For example, within the P.A.R.T.N.E.R.S. Sundae Shoppe enterprise, class members are divided to work within teams representing various aspects of the business. Within those teams, students divide up work responsibilities and tasks and continue in those positions for up to nine weeks. However, when team members are absent or must leave early for other school-related commitments, team members must be able to reassign roles and divide up tasks in order to ensure that the responsibilities of the group are met. Additionally, for the second nine week term, teams are assigned a different role. In order to facilitate a smooth transition, teams
having just served in the role train the incoming team members in their positions. Finally, a hierarchical management system has been implemented within the P.A.R.T.N.E.R.S. Sundae Shoppe operation to mirror a typical management situation found in many workplaces. Class members comprise teams, in which they select a team leader. When questions arise or issues occur within the team, individuals may consult with other team members regarding the situation and may choose to take the situation to the team leader for clarification. However, if the team leader is unable to resolve the issue, P.A.R.T.N.E.R.S. student managers are available for consultation. These individuals (typically two) have taken the P.A.R.T.N.E.R.S. class during their junior year and now, as seniors, have chosen to assume this leadership role. Once a team approaches a student manager with a concern, the student manager’s role is to work with the team to develop a solution or consult the other student manager to determine the best course of action. In some instances, student managers may determine that the P.A.R.T.N.E.R.S. Program teacher become involved in the situation. These examples (division of responsibilities and a hierarchical management approach) exemplify the interdependent nature of experiences occurring between students in the program.

**Advocacy**

Upon review of a multitude of definitions for *advocacy*, Fielder (2000) identified the following essential characteristics of professional advocacy:

(a) Where advocacy is concerned, allegiance must first be to those we serve and not to the employing agency; (b) advocacy actions typically seek a change in the status quo; (c) advocates speak up for individuals or in concert with another person; and (d)
the intent of advocacy is to correct an identified problem or to improve services for children with disabilities. (p. 3)

Research by McDougall et al. (2004) indicated that school-wide initiatives targeting a change in a school’s environment in which learning and understanding for all students is promoted versus a structure in which social comparisons and competition are endorsed, may “enhance attitudes toward students with disabilities” (p. 306). McDougall et al. suggested:

Advocacy by students, parents, health and educational professionals is needed to change aspects of school culture that are creating barriers to full inclusion for students with disabilities. Such advocacy can play a part to ensure that school programs may be designed to best address the key factors found to be associated with positive attitudes. (p. 307)

The P.A.R.T.N.E.R.S. Program Outcome Model depicts several long-term goals of the program, including advocacy of and for special needs populations. Additionally, specific learning targets contributing to this goal progress from simplistic in nature to more advanced, with the development of an advocacy action plan by regular education students. Targets comprising the Advocacy component of the P.A.R.T.N.E.R.S. Program include: (a) use of “person first” language in everyday conversation and writing, and encouraging others to do the same, (b) identification of community agencies and organizations that provide services and serve as advocates for individuals with disabilities, and (c) advocating to improve the quality of home, school, and/or community life for individuals with special needs. The P.A.R.T.N.E.R.S. Program regularly invites parents of children with disabilities, adults with disabilities, agency representatives, counselors, and other individuals representing
community organizations to share their knowledge and experiences regarding advocacy with the class members.

Through advocacy, as described by Fielder (2000), outcomes produced include: “(a) enhanced professional growth and development, (b) family empowerment, (c) improved educational services, and (d) a more responsive and collaborative educational system” (p. 235). Advocates ought to:

identify educational system deficiencies or issues that require reflection and attention.

To the extent that the educational system is made aware of issues related to improving educational services for students with disabilities and to the extent that the educational system attempts to address those concerns, the educational system becomes more responsive and dynamic. (p. 238).
APPENDIX A. P.A.R.T.N.E.R.S. PROGRAM OUTCOME MODEL

Resources dedicated to or consumed by the program:
- FCS teacher (Kendra Naef)
- Consultation with special education teachers
- Paraprofessional support
- Student project manager
- Regular education students as enrolled
- Special education students as identified by KASD Pupil Services
- Funding and educational resources through KASD/KHS annual budget
- Sundae Shoppe profits
- Grant funds (projects, outings, etc.)
- FCS classrooms, special education classrooms and other community locations

Constraints on the program:
- KASD/KHS annual budget
- Grant opportunities/funding
- IDEA legislation
- IEP goals and procedures

What the program does with the inputs to fulfill its mission:
- Peer teaching units
- Disability education
- Guest speakers
- Community outings
- Operation of PARTNERS Sundae Shoppe
- Life skill development
- Career and technical education and job training
- Classroom based learning experiences
- Individualized peer attention and support
- Nurturing classroom and community environment
- Individualized modifications and accommodations
- Modeling of advocacy
- Community networking

The direct products of program activities:
- Number of classes taught
- Number of regular education students in the PARTNERS Program
- Number of special needs students in the PARTNERS program
- Number of peer teaching units
- Number of sundae sales (funds used to support current and future program activities, and advocacy projects)
- Number of goals and standards in which students reach proficiency
- Weekly participation records and learning logs
- Weekly discussion/reflection
- End of term and semester cumulative portfolios
- Smiles ☺

Benefits for participants during and after program activities:
- Career and technical skills and knowledge
- Appropriate school, job, and community behaviors
- Knowledge and skills for working with individuals with special needs
- Reciprocal peer relationships
- Decreased stereotypes
- Harmonious school culture
- Self advocacy skills for individuals with special needs
- Job and work site placements
- Career exploration
- Positive peer acceptance and attitudes toward individuals with special needs
- Increased social status of individuals with special needs
- Attitudes and awareness of special needs populations
- Quality of life for teens and adults with special needs
- Advocacy effort for special needs populations
- Personal growth and maturity
- Betterment of society
# APPENDIX B: P.A.R.T.N.E.R.S. PROGRAM LEARNING TARGETS

<table>
<thead>
<tr>
<th>P.A.R.T.N.E.R.S. Portfolio of Evidence</th>
<th>Assessment:</th>
<th>Term 1</th>
<th>Term 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teaching &amp; Learning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthesize knowledge of a variety of disabilities, their causes, rates of occurrence, and treatments, along with impacts on learning.</td>
<td>Advanced 3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Examine several careers that involve working with individuals with disabilities/special learning needs.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Employ a variety of resources and input from others in planning educational experiences.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Produce quality learning experiences in the classroom, school, and community that align to specific objectives.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Formulate accommodations and modifications to increase learning and encourage independence for all learners.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Advocacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use &quot;person first&quot; language in everyday conversation and writing, and encourage others to do the same.</td>
<td>Advanced 3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Identify community agencies and organizations that provide services and serve as advocates for individuals with disabilities.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Advocate to improve the quality of home, school, and/or community life for individuals with special needs.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Establish reciprocal relationships with a wide variety of people including those with disabilities.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Practice patience when working with others different than yourself and in stressful situations.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Personal Growth</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate planning, implementation, and accommodations of educational experiences, and reflect in order to make improvements.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Uphold acceptance, responsibility, respect, and trust in daily actions and model them for others.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Display feelings of empathy through a developed awareness of the (social, emotional, cognitive, and/or physical) needs of others.</td>
<td>Advanced 4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

**Assessment Strategies:** Observation, Portfolio of Evidence, Written & Verbal Communication and Reflection

Kendra K. Naef, GFCS
APPENDIX C. SURVEY INSTRUMENT

INTERACTION WITH DISABLED PERSONS SCALE

Here is a list of statements that some people have said describe how they feel when they have contact with a person with a disability. Of course, how we respond to people depends on how well we know them as individuals. However we would like to know how you feel in general when you meet a person with a disability. Please read each statement carefully and decide how much it describes how you feel.

Please place one tick next to the question under the column that describes how you feel.

<table>
<thead>
<tr>
<th>I disagree very much</th>
<th>I disagree somewhat</th>
<th>I disagree a little</th>
<th>I agree a little</th>
<th>I agree somewhat</th>
<th>I agree very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>It is rewarding when I am able to help</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>It hurts me when they want to do something and can't</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I feel frustrated because I don't know how to help</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Contact with a person with a disability reminds me of my own vulnerability</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I wonder how I would feel if I had this disability</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>I feel ignorant about people with disabilities</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I am grateful that I do not have such a burden</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I try to act normally and ignore the disability</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I feel uncomfortable and find it hard to relax</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I am aware of the problems that people with disabilities face</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>I can't help staring at them</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>I feel unsure because I don't know how to behave</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I admire their ability to cope</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>I don't pity them</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>After frequent contact, I find I just notice the person not the disability</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>I feel overwhelmed with discomfort about my lack of disability</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>I am afraid to look at the person straight in the face</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>I tend to make contacts only brief and finish them as quickly as possible</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>I feel better with people with disabilities after I have discussed their disability with them</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>I dread the thought that I could eventually end up like them</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D. INSTITUTIONAL REVIEW BOARD APPROVAL

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

DATE: October 3, 2007

TO: Kendra K. Naef
1437 E. Harriet St., Appleton, WI 54915

CC: Cheryl O. Hausafus
30E MacKay Hall

FROM: Jan Canny, IRB Administrator
Office of Research Assurances

IRB ID: 07-455

Study Review Date: 2 October 2007

Institutional Review Board
Office of Research Assurances
Vice President for Research
113B Pearson Hall
Ames, Iowa 50011-2007
515 294-4960
FAX 515 294-4267

The Institutional Review Board (IRB) Chair has reviewed the project, "Young Adult Attitudes Regarding Individuals with Disabilities: A Post-Intervention Comparison of High School Graduates" (IRB ID 07-455) and has declared the study exempt from the requirements of the human subject protections regulations as described in 45 CFR 46.101(b). Exempt Category (1, 2). A description of this exemption category can be found in the list on the next page. Please note that you must submit all research involving human participants for review by the IRB. Only the IRB may make the determination of exemption, even if you conduct a study in the future that is exactly like this study.

The IRB determination of exemption means that this project does not need to meet the requirements from the Department of Health and Human Service (DHHS) regulations for the protection of human subjects, unless required by the IRB. We do, however, urge you to protect the rights of your participants in the same ways that you would if the project was required to follow the regulations. This includes providing relevant information about the research to the participants.

Because your project is exempt, you do not need to submit an application for continuing review. However, you must carry out the research as proposed in the IRB application, including obtaining and documenting (signed) informed consent if you have stated in your application that you will do so or if required by the IRB.

Any modification of this research should be submitted to the IRB on a Continuation and/or Modification form, prior to making any changes, to determine if the project still meets the Federal criteria for exemption. If it is determined that exemption is no longer warranted, then an IRB proposal will need to be submitted and approved before proceeding with data collection.
Exempt Categories

(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

(5) Research and demonstration projects which are conducted by or subject to the approval of Department or Agancy heads, and which are designed to study, evaluate, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

(6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.
ISU NEW HUMAN SUBJECTS REVIEW FORM

SECTION I: GENERAL INFORMATION

Principal Investigator (PI): Kendra K. Naef
Phone: 920-384-0884  Fax: 920-687-3020
Degree: B.S.  Correspondence Address: 1437 E Harriet Street, Appleton, WI 54915
Department: AESHM - FCEdS
Email Address: knaef@earthlink.net
Center/Institute: College: Human Services
PI Level:  Faculty  Staff  Postdoctoral  Graduate Student  Undergraduate Student

Title of Project: Young Adult Attitudes Regarding Individuals with Disabilities: A Post-Intervention Comparison of High School Graduates

Project Period (include Start and End Date): [mm/dd/yy] (09/20/07) to [mm/dd/yy] (12/31/07)

FOR STUDENT PROJECTS

Name of Major Professor/Supervising Faculty: Cheryl O. Hausafus, Ph.D.
Phone: (515) 294-5397  Campus Address: 306 Mackay Hall
Department: AESHM - FCEdS  Email Address: hausaf@iastate.edu
Type of Project: (check all that apply)
☐ Research  ☑ Thesis  ☐ Dissertation  ☐ Class project
☐ Independent Study (490, 590, Honors project)  ☐ Other. Please specify:

KEY PERSONNEL

List all members and relevant experience of the project personnel. This information is intended to inform the committee of the training and background related to the specific procedures that the each person will perform on the project.

<table>
<thead>
<tr>
<th>NAME &amp; DEGREE(S)</th>
<th>SPECIFIC DUTIES ON PROJECT</th>
<th>TRAINING &amp; EXPERIENCE RELATED TO PROCEDURES PERFORMED, DATE OF TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kendra K. Naef, B.S.</td>
<td>Principal Investigator</td>
<td>Human Subjects, October 2002</td>
</tr>
<tr>
<td>Cheryl O. Hausafus, Ph.D.</td>
<td>Major Professor/Co-Investigator</td>
<td>Human Subjects, September 19, 2002</td>
</tr>
</tbody>
</table>

Add New Row

Research Assurances 1/18/07
FUNDING INFORMATION

| Internally funded, please provide account number: n/a |
| Externally funded, please provide funding source and account number: n/a |
| Funding is pending please provide OSPA Record ID on GoldSheet: n/a |
| Title on GoldSheet if Different Than Above: n/a |
| Other: e.g., *funding will be applied for later. n/a* |

SCIENTIFIC REVIEW

Although the assurance committees are not intended to conduct peer review of research proposals, the federal regulations include language such as “consistent with sound research design,” “rationale for involving animals or humans” and “scientifically valuable research,” which requires that the committees consider in their review the general scientific relevance of a research study. Proposals that do not meet these basic tests are not justifiable and cannot be approved. If an assurance review committee(s) has concerns about the scientific merit of a project and the project was not competitively funded by peer review or was funded by corporate sponsors, the project may be referred to a scientific review committee. The scientific review committee will be ad hoc and will consist of your ISU peers and outside experts as needed. If this situation arises, the PI will be contacted and given the option of agreeing that a consultant may be contacted or withdrawing the proposal from consideration.

☐ Yes ☐ No Has or will this project receive peer review?

If the answer is “yes,” please indicate who did or will conduct the review: POS Committee

If a review was conducted, please indicate the outcome of the review: Permission to go forward with thesis study

NOTE: RESPONSE CELLS WILL EXPAND AS YOU TYPE AND PROVIDE SUFFICIENT SPACE FOR YOUR RESPONSE.

COLLECTION OR RECEIPT OF SAMPLES

Will you be: (Please check all that apply.)

☐ Yes ☐ No Receiving samples from outside of ISU? See examples below.

☐ Yes ☐ No Sending samples outside of ISU? See examples below.

Examples include: genetically modified organisms, body fluids, tissue samples, blood samples, pathogens.

If you will be receiving samples from or sending samples outside of ISU, please identify the name of the outside organization(s) and the identity of the samples you will be sending or receiving outside of ISU:

n/a

Please note that some samples may require a USDA Animal Plant Health Inspection Service (APHIS) permit, a USPHS Centers for Disease Control and Prevention (CDC) Import Permit for Etiologic Agents, a Registration for Select Agents, High Consequence Livestock Pathogens and Toxins or Listed Plant Pathogens, or a Material Transfer Agreement (MTA) (http://www.ohs.iastate.edu/bs/shipping.htm).

SECTION II: APPLICATION FOR INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL

☐ Yes ☐ No Does this project involve human research participants?

Research Assurances 1/18/07
SECTION III: ENVIRONMENTAL HEALTH AND SAFETY INFORMATION (EH&S)

☐ Yes ☒ No  Does this project involve laboratory chemicals, human cell lines or tissue culture (primary OR immortalized), or human blood components, body fluid or tissues?

ASSURANCE

- I certify that the information provided in this application is complete and accurate and consistent with any proposal(s) submitted to external funding agencies.
- I agree to provide proper surveillance of this project to ensure that the rights and welfare of the human subject or welfare of animal subjects are protected. I will report any problems to the appropriate assurance review committee(s).
- I agree that I will not begin this project until receipt of official approval from all appropriate committee(s).
- I agree that modifications to the originally approved project will not take place without prior review and approval by the appropriate committee(s), and that all activities will be performed in accordance with all applicable federal, state, local and Iowa State University policies.

CONFLICT OF INTEREST

A conflict of interest can be defined as a set of conditions in which an investigator's or key personnel's judgment regarding a project (including human or animal subject welfare, integrity of the research) may be influenced by a secondary interest (e.g., the proposed project and/or a relationship with the sponsor). ISU’s Conflict of Interest Policy requires that investigators and key personnel disclose any significant financial interests or relationships that may present an actual or potential conflict of interest. By signing this form below, you are certifying that all members of the research team, including yourself, have read and understand ISU’s Conflict of Interest policy as addressed by the ISU Faculty Handbook (http://www.provost.iastate.edu/faculty.cfm) and have made all required disclosures.

☐ Yes ☐ No  Do you or any member of your research team have an actual or potential conflict of interest?

☐ Yes ☐ No  If yes, have the appropriate disclosure form(s) been completed?

SIGNATURES

[Signature of Principal Investigator]  [Date]

[Signature of Department Chair]  [Date]

PLEASE NOTE: Any changes to an approved protocol must be submitted to the appropriate committee(s) before the changes may be implemented.

Please proceed to SECTION II.
SECTION II: IRB SECTION - STUDY SPECIFIC INFORMATION

STUDY OBJECTIVES

Briefly explain in language understandable to a layperson the specific aim(s) of the study.

**Focus of research:** attitudes of young adults from the general education population, regarding individuals with special needs

**Research Problem:** consequences of negative attitudes toward individuals with special needs impact individual quality of life and interdependent functioning within society

**Purpose of this Study:** compare the attitudes of young adults from the general education population who have and have not participated in a high school intervention program designed to positively impact attitudes toward individuals with special needs

**Research Question:** At a personal level, are the attitudes of young adults who have participated in an intervention program more positive toward individuals with special needs than those who have not?

**BENEFIT**

Explain in language understandable to a layperson how the information gained in this study will benefit participants or the advancement of knowledge, and/or serve the good of society.

Shapiro (1999) describes benefits of integrated school communities as active preparation for adult living, improved learning, growth for peers, acceptance of individual differences and support of civil rights. At Kimberly High School, The Life Skills, Skills for Living, and PARTNERS Programs provide opportunities for students in general education population to interact with students with disabilities. The information gained in this study will help determine if there are sustained effects from a high school intervention program on the attitudes of a general education population by comparing the attitudes of those who participated in the intervention program and those who had not.


**PART A: PROJECT INVOLVEMENT**

1) □ Yes ☒ No Is this project part of a Training Center, Program Project Grant?
   Director Name: □ Overall IRB ID:

2) □ Yes ☒ No Is the purpose of this project to develop survey instruments?

3) □ Yes ☒ No Does this project involve an investigational new drug (IND)? Number:

4) □ Yes ☒ No Does this project involve an investigational device exemption (IDE)? Number:

5) □ Yes ☒ No Does this project involve existing data or records?

6) □ Yes ☒ No Does this project involve secondary analysis?

7) □ Yes ☒ No Does this project involve pathology or diagnostic specimens?

8) □ Yes ☒ No Does this project require approval from another institution? Please attach letters of approval.

Research Assurances 1/18/07
9) ☑ Yes ☐ No Does this project involve DEXA/CT scans or X-rays?

PART B: MEDICAL HEALTH INFORMATION OR RECORDS

1) ☑ Yes ☐ No Does your project require the use of a health care provider’s records concerning past, present, or future physical, dental, or mental health information about a subject? The Health Insurance Portability and Accountability Act established the conditions under which protected health information may be used or disclosed for research purposes. If your project will involve the use of any past or present clinical information about someone, or if you will add clinical information to someone’s treatment record (electronic or paper) during the study you must complete and submit the Application for Use of Protected Health Information.

PART C: ANTICIPATED ENROLLMENT

| Estimated number of subjects contacted to reach required enrollment: 231 |
| Number of subjects to be enrolled in the study Total: 231 Males: 34 Females: 197 |
| Check if any enrolled subjects are: | Check below if this project involves either: |
| ☐ Minors (Under 18) | ☑ Adults, non-students |
| ☐ Age Range of Minors: | ☐ Minor ISU students |
| ☐ Pregnant Women/Fetuses | ☐ ISU students 18 and older |
| ☐ Cognitively impaired | ☐ Other (explain) |
| ☐ Prisoners | |

| List estimated percent of the anticipated enrollment that will be minorities if known: |
| American Indian: | Alaskan Native: |
| Asian or Pacific Islander: | Black or African American: |
| Latino or Hispanic: | |

PART D: SUBJECT SELECTION

Please use additional space as necessary to adequately answer each question.

11. Explain the procedures for selecting subjects including any inclusion/exclusion criteria (i.e., Where will the names come from? Will a sample be purchased, will ads, fliers, word of mouth, email list, etc. be used?).

This is an ex post facto study. Kimberly High School PARTNERS program regular education participants graduating between 2000 and 2006 will be included in the treatment population. Stratified sampling will be used to determine a control population (Kimberly High School regular education graduates between 2000 and 2006, not having been enrolled in the PARTNERS Program) representative of the treatment population as well as increased by 20% to generate sufficient responses and account for familiarity of the intervention group.

Subject names and last known mailing addresses are being provided by Kimberly High School/Kimberly Area School District.

12. Attach a copy of any recruitment telephone scripts or materials such as ad, fliers, e-mail messages, etc. Recruitment material must include a statement of the voluntary and confidential nature of the research. Do not include the amount of compensation, (e.g., compensation available).

Note: Please answer each question. If the question does not pertain to this study, please type not applicable (N/A).

PART E: RESEARCH PLAN

Research Assurances 1/18/07
Include sufficient detail for IRB review of this project independent of the grant, protocol, or other documents.

13. Describe the flow of events used in this research protocol. Include information from the first contact with the volunteers to the end of the study. Use a diagram or flow chart if appropriate. Also, include a description of the study procedures or tasks that participants will be exposed to or asked to complete. This information is intended to inform the committee of the procedures used in the study and their potential risk. Please do not respond with “see attached” or “not applicable.”

Participants will be mailed a letter introducing the research study and asked for their cooperation in returning the informed consent document and completing the 20-item survey instrument. Participants will receive a free ice cream sundae incentive coupon with the survey instrument. If necessary, address correction and strategies for follow-up correspondence to address nonresponse will be utilized. Once surveys are returned, data analysis, thesis, and manuscript preparation will begin. It is intended that the manuscript and thesis review and revisions with the major professor will occur during the Fall 2007 and Spring 2008 semesters. The entire committee will have the opportunity to review and contribute to revisions prior to the final thesis defense planned for Spring 2008.

14. For studies involving pathology/diagnostic specimens, indicate whether specimens will be collected prospectively and/or already exist “on the shelf” at the time of submission of this review form. If prospective, describe specimen procurement procedures; indicate whether any additional medical information about the subject is being gathered, and whether specimens are linked at any time by code number to the subject’s identity. If this question is not applicable, please type N/A in the response cell.

n/a

15. For studies involving deception, please justify the deception and indicate the debriefing procedure, including the timing and information to be presented to subjects. If this question is not applicable, please type N/A in the response cell.

n/a

PART F: CONSENT PROCESS

16. Describe the consent process for participants who are age 18 and older. If the consent process does not include documented consent, a waiver of documentation of consent must be requested.

An informed consent document will accompany the introductory letter and survey instrument to all research participants. If participants have questions regarding the informed consent process they are encouraged to contact the primary investigator for further clarification and/or explanation. Postage-paid envelopes will be included in the mailing to allow for ease of return of the informed consent document and survey instrument.

17. If your study involves minors, please explain how parental consent will be obtained prior to enrollment of the minor(s).

n/a

18. Please explain how assent will be obtained from minors (younger than 18 years of age), prior to their enrollment. Also, please explain if the assent process will be documented (e.g., a simplified version of the consent form, combined with the parental informed consent document). According to the federal regulations “...means a child’s affirmative agreement to participate in research. Mere failure to object should not, absent affirmative agreement, be construed as assent.”

n/a

Research Assurances 1/18/07
PART G: DATA ANALYSIS

19. Describe how the data will be analyzed (e.g. statistical methodology, statistical evaluation, statistical measures used to evaluate results)

The Interaction with Disabled Persons Scale (IDP Scale) will be used as the survey instrument in this study. It was designed for use with non-disabled groups and is devised to tap dimensions underlying nonaccepting or negative attitudes towards people with disabilities. The IDP Scale assesses prevalent attitudes which generalize across disability types. It is designed to measure attitudes on the personal level and is predicted to provide a more sensitive measure of attitude change and of actual behaviors in everyday situations rather than at the societal level. The survey instrument is a self-reporting measure, framed in the first person. Respondents rate how much each of the twenty statements fit their personal reactions when interacting with persons with disabilities. Each respondent will indicate his or her level of agreement with each of the 20 statements using a six-point (agree very much to disagree very much, with no neutral) Likert-type rating scale.

In this ex post facto research study, comparisons of research participants' scores will be made. After scores from both groups (treatment and control) are obtained, they will then be compared on the dependent variable (attitude in this case) and descriptive comparisons will be made of their central tendency (means) and variability (variance) both within and between the groups. The inferential statistics t-test analysis will be used to perform the group comparisons in order to draw conclusions and generalize to the entire population. Additional findings from the study may include analysis of factor cluster subscales utilizing the same methods.

20. If applicable, please indicate the anticipated date that identifiers will be removed from completed survey instruments and/or audio or visual tapes will be erased:

no identifiers will be included                           Month/Day/Year

PART H: BENEFITS

21. Describe the benefit to the volunteer from participating in this study, if any, and the benefit to society that will be gained from the study. Please note that monetary compensation is not considered a benefit.

This study will provide no direct personal benefit to participants. This study intends to provide benefit to society, schools, and educators by presenting the research findings comparing the attitudes of young adults from the general education population who have and have not participated in a high school intervention program designed to positively impact attitudes toward individuals with special needs. These results can provide evidence of the sustained effects of the intervention program on the attitudes of a general ed population regarding individual with special needs.

PART I: RISKS

The concept of risk goes beyond physical risk and includes risks to subjects' dignity and self-respect as well as psychological, emotional, legal, social or financial risk.

22. □ Yes  □ No  Is the probability of the harm or discomfort anticipated in the proposed research greater than that encountered ordinarily in daily life or during the performance of routine physical or psychological examinations or tests?

23. □ Yes  □ No  Is the magnitude of the harm or discomfort greater than that encountered ordinarily in daily life, or during the performance of routine physical or psychological examinations or tests?
24. Describe any risks or discomforts to the subjects and how they will be minimized and precautions taken. Do not respond with N/A. If you believe that there will not be risk or discomfort to subjects you must explain why.

There are no foreseeable risks to participants in this study. Participants are asked to complete and return the 20 question survey instrument which will remain separate from corresponding informed consent documents, maintaining confidentiality of participant responses.

25. If this study involves vulnerable populations, including minors, pregnant women, prisoners, educationally or economically disadvantaged, what additional protections will be provided to minimize risks?

n/a

PART J: COMPENSATION

26. ☐ Yes ☒ No Will subjects receive compensation for their participation? If yes, please explain.

Do not make the payment an inducement, only a compensation for expenses and inconvenience. If a person is to receive money or another token of appreciation for their participation, explain when it will be given and any conditions of full or partial payment. (E.g., volunteers will receive $5.00 for each of the five visits in the study or a total of $25.00 if he/she completes the study. If a participant withdraws from participation, they will receive $5.00 for each of the visits completed.) It is considered undue influence to make completion of the study the basis for compensation.

All invited participants will receive a free ice cream sundae coupon with the introductory letter, informed consent document, and survey instrument. The coupon is considered a token of appreciation and is not dependent on their completing the survey.

PART K: CONFIDENTIALITY

27. Describe below the methods that will be used to ensure the confidentiality of data obtained. For example, who has access to the data, where the data will be stored, security measures for web-based surveys and computer storage, how long data (specimens) will be retained, etc.

The completed participant informed consent documents and returned survey instruments will be mailed via U.S. Postal Service to Kimberly High School. Mail delivery is made directly to school office staff and mail is sorted in a secure (pass card protected) room.

The completed participant consent documents and returned survey instruments will then be stored in a locked filing cabinet in the Principal Investigator's home.

Computer generated data will be stored on (1) password protected internal hard drive, (2) an external hard drive and (3) backup copies stored on CD/DVD ROMS. These external storage devices will be stored in a locked filing cabinet in the Principal Investigator's home.

PART L: REGISTRY PROJECTS

To be considered a registry: (1) the individuals must have a common condition or demonstrate common responses to questions; (2) the individuals in the registry might be contacted in the future; and (3) the names/data of the individuals in the registry might be used by investigators other than the one maintaining the registry.

Research Assurances 1/8/07
☐ Yes ☒ No Does this project establish a registry?

If "yes," please provide the registry name below.

Checklist for Attachments

Listed below are the types of documents that should be submitted for IRB review. Please check and attach the documents that are applicable for your study:

☑ A copy of the informed consent document OR ☐ Letter of introduction to subjects containing the elements of consent
☐ A copy of the assent form if minors will be enrolled
☐ Letter of approval from cooperating organizations or institutions allowing you to conduct research at their facility
☒ Data-gathering instruments (including surveys)
☐ Recruitment flyers, phone scripts, or any other documents or materials the subjects will see

The original signed copy of the application form and one set of accompanying materials should be submitted for review. Federal regulations require that one copy of the grant application or proposal be submitted for comparison with the application for approval.

FOR IRB USE ONLY:

Initial action by the Institutional Review Board (IRB):

☑ Project approved. Date: ______________________
☐ Pending further review. Date: ______________________
☐ Project not approved. Date: ______________________

Follow-up action by the IRB:

[IRB Approval Signature]

Date: 10/3/07

SECTION III: ENVIRONMENTAL HEALTH AND SAFETY INFORMATION

☐ Yes ☒ No Does this project involve human cell or tissue cultures (primary OR immortalized), or human blood components, body fluids or tissues?

PART A: HUMAN CELL LINES

☐ Yes ☒ No Does this project involve human cell or tissue cultures (primary OR immortalized cell lines/strains) that have been documented to be free of bloodborne pathogens? If the answer is "yes," please attach copies of the documentation. If the answer is "no," please answer question 1 below.

1) Please list the specific cell lines/strains to be used, their source and description of use.

<table>
<thead>
<tr>
<th>CELL LINE</th>
<th>SOURCE</th>
<th>DESCRIPTION OF USE</th>
</tr>
</thead>
</table>

Research Assurances 1/18/07
Add New Row

2) Please refer to the ISU "Bloodborne Pathogens Manual," which contains the requirements of the OSHA Bloodborne Pathogens Standard. Please list the specific precautions to be followed for this project below (e.g., retractable needles used for blood draws):

\[ n/a \]

Anyone working with human cell lines/strains that have not been documented to be free of bloodborne pathogens is required to have Bloodborne Pathogen Training annually. Current Bloodborne Pathogen Training dates must be listed in Section I for all Key Personnel. Please contact Environmental Health and Safety (294-5359) if you need to sign up for training and/or to get a copy of the Bloodborne Pathogens Manual (http://www.eks.iastate.edu/bs/bbp.htm).

**PART B: HUMAN BLOOD COMPONENTS, BODY FLUIDS OR TISSUES**

☐ Yes ☒ No Does this project involve human blood components, body fluids or tissues? If "yes," please answer all of the questions in the "Human Blood Components, Body Fluids or Tissues" section.

1) Please list the specific human substances used, their source, amount and description of use.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>SOURCE</th>
<th>AMOUNT</th>
<th>DESCRIPTION OF USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g., blood</td>
<td>Normal healthy volunteers</td>
<td>2 ml</td>
<td>Approximate quantity, assays to be done.</td>
</tr>
</tbody>
</table>

Add New Row

2) Please refer to the ISU "Bloodborne Pathogens Manual," which contains the requirements of the OSHA Bloodborne Pathogens Standard. Specific sections to be followed for this project are:

Anyone working with human blood components, body fluids or tissues is required to have Bloodborne Pathogen Training annually. Current Bloodborne Pathogen Training dates must be listed in Section I for all Key Personnel. Please contact Environmental Health and Safety (294-5359) if you need to sign up for training and/or to get a copy of the Bloodborne Pathogens Manual (http://www.eks.iastate.edu/bs/bbp.htm).

FOR ENVIRONMENTAL HEALTH AND SAFETY USE ONLY

Research Assurances 1/18/07
INFORMED CONSENT DOCUMENT

Title of Study: Young Adult Attitudes Regarding Individuals with Disabilities: A Post-Intervention Comparison of High School Graduates

Investigators: Kendra K. Naef, B.S. (Principal Investigator) Cheryl O. Hausafus, Ph.D.

This is a research study. Please take your time in deciding if you would like to participate.
Please feel free to ask questions at any time.

INTRODUCTION

This research study will focus on the attitudes of recent Kimberly High School graduates from the general education population, regarding individuals with special needs. The purpose of this study is to compare the attitudes of young adults who have and have not participated in a high school intervention program designed to positively impact attitudes toward individuals with special needs.

You are being invited to participate in this study because you graduated from Kimberly High School between 2006 and 2006.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will last for a maximum of thirty minutes. During the study you may expect the following study procedures to be followed. You will be asked to complete a 20 item survey about your interactions with individuals with disabilities. You may skip any question that you do not wish to answer or that makes you feel uncomfortable.

RISKS

There are no foreseeable risks at this time from participating in this study.

BENEFITS

If you decide to participate in this study there will be no direct benefit to you. It is hoped that the information gained in this study will benefit society, schools, and educators by providing evidence of the sustained effects of a high school intervention program on the attitudes of young adults from a general education population regarding individuals with special needs.
COSTS AND COMPENSATION

You will not have any costs from participating in this study. You will not be compensated for participating in this study. A free sundae coupon is enclosed as a small token of appreciation for your participation.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or to leave the study at any time. If you decide to not participate in the study or to leave, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies, auditing departments of Iowa State University, and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy your records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken:

• Only the research study investigators will have access to records and documents pertaining to study.

• A coding system will be used to identify variables such as gender, graduation year, and program participation, rather than using participant names.

• The completed participant informed consent documents and returned survey instruments will be mailed via U.S. Postal Service to Kimberly High School. Mail delivery is made directly to school office staff and mail is stored in a secure (pass card protected) room.

• Informed consent documents will be stored separately from returned survey instruments.

• The completed participant consent documents and returned survey instruments will then be stored in a locked filing cabinet in the Principal Investigator's home.

• Computer generated data will be stored on (1) password protected internal hard drive, (2) an external hard drive and (3) back up copies stored on CD/DVD ROMS. These external storage devices will be stored in a locked filing cabinet in the Principal Investigator's home.

• All documents and files containing personal information and study data will be erased/destroyed one year after completion of research.

If the results are published, your identity will remain confidential.
QUESTIONS OR PROBLEMS

You are encouraged to ask questions at any time during this study.

- For further information about the study contact:
  Kendra K. Naef
  Kimberly High School
  W2662 Kennedy Avenue
  Kimberly, WI 54136
  (920) 687-3024 ext. 6155
  knaeaf@kimberly.k12.wi.us
  Cheryl O. Hausafus, Ph.D.
  Associate Professor, College of Human Sciences
  30 E MacKay Hall
  Iowa State University
  Ames, IA 50011-1120
  (515) 294-5307
  haus@iastate.edu

- If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office of Research Assurances, Iowa State University, Ames, Iowa 50011.

********************************************************************************
Title of Study: Young Adult Attitudes Regarding Individuals with Disabilities:
A Post-Intervention Comparison of High School Graduates
Investigators: Kendra K. Naef, B.S. (Principal Investigator)
Cheryl O. Hausafus, Ph.D.

PARTICIPANT SIGNATURE

Your signature indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document and that your questions have been satisfactorily answered. Please return one signed copy of the written informed consent document with the completed survey instrument and maintain the additional copy for your records.

Participant’s Name (printed)

(______________________________) (______________________________)

(Participant’s Signature) (Date)

INVESTIGATOR STATEMENT

I certify that the participant has been given adequate time to read and learn about the study and all of their questions have been answered. It is my opinion that the participant understands the purpose, risks, benefits and the procedures that will be followed in this study and has voluntarily agreed to participate.

(______________________________) (______________________________)

(Signature of Person Obtaining Informed Consent) (Date)

ORA 10/06
September 20, 2007

Participant Name
Participant Home Address
City, State, Zip

Dear Name,

I am writing to ask your help in a study regarding the attitudes of young adults regarding individuals with disabilities. This purpose of this study is to compare the attitudes of young adults from the general education population who have and have not participated in a high school intervention program designed to positively impact attitudes toward individuals with special needs.

It is my understanding that you graduated from Kimberly High School between 2000 and 2006. All general education graduates during these years who were enrolled in the Life Skills, Skills for Living and PARTNERS Programs are being contacted as well as a sample of general education graduates who did not participate in the intervention programs.

As a participant in this study, you are being asked to respond to a 20-item survey by indicating your degree of agreement or disagreement to each statement using a six-point response scale. Survey responses are completely confidential and will be released only as summaries in which no individual’s answers can be identified. Results from the surveys will be analyzed to determine if the attitudes of young adults who have participated in an intervention program differ toward individuals with special needs than those who have not.

Participation in this study is voluntary. However, just a few minutes of your time to complete and return the informed consent document and survey would be very helpful. Please find a free sundae coupon enclosed as a token of appreciation for your participation. If for some reason you prefer not to respond, please return the blank survey in the enclosed envelope.

If you have any questions or comments about this study, please feel free to contact me at Kimberly High School: (920) 687-3024 ext 6155 or knaef@kimberly.k12.wi.us.

Sincerely,

Kendra K. Naef
Family and Consumer Sciences Educator

P.S. Thank you very much for helping with this important survey. Enjoy the free sundae!
**INTERACTION WITH DISABLED PERSONS SCALE**

Here is a list of statements that some people have said describe how they feel when they have contact with a person with a disability. Of course, how we respond to people depends on how well we know them as individuals. However we would like to know how you feel in general when you meet a person with a disability. Please read each statement carefully and decide how much it describes how you feel.

Please place one check (✓) next to each statement under the column that describes how you feel.

<table>
<thead>
<tr>
<th>I disagree very much</th>
<th>I disagree somewhat</th>
<th>I disagree a little</th>
<th>I agree a little</th>
<th>I agree somewhat</th>
<th>I agree very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 It is rewarding when I am able to help</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 It hurts me when they want to do something and can't</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 I feel frustrated because I don't know how to help</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Contact with a person with a disability reminds me of my own vulnerability</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 I wonder how I would feel if I had this disability</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 I feel ignorant about people with disabilities</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 I am grateful that I do not have such a burden</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 I try to act normally and ignore the disability</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 I feel uncomfortable and find it hard to relax</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10 I am aware of the problems that people with disabilities face</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 I can't help staring at them</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 I feel unsure because I don't know how to behave</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 I admire their ability to cope</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 I don't pity them</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 After frequent contact, I find I just notice the person not the disability</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16 I feel overwhelmed with discomfort about my lack of disability</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 I am afraid to look at the person straight in the face</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 I tend to make contacts only brief and finish them as quickly as possible</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 I feel better with people with disabilities after I have discussed their disability with them</td>
<td>19</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>20 I dread the thought that I could eventually end up like them</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Copyright The University of Sydney
Community Disability and Ageing Program*
REFERENCES CITED

Abery, B. (2003). Social inclusion through recreation: What’s the connection?


doi:10.1146/annurev.psych.52.1.27.


Acknowledgements

Dr. Cheryl O. Hausafus, CFCS

Thank you for serving as my major professor for my Master’s program and Ph.D. coursework. I have truly enjoyed working with you and have learned much from the experience. Your patience and expertise were invaluable during the research process and I feel honored to have had the opportunity to work closely with you. You have been very supportive of my professional, academic, and research efforts and accomplishments, and for that I am grateful.

Dr. Laurie Stenberg-Nichols

As the instructor of one of my first graduate courses at Iowa State, I am indebted to you for the opportunity to transform the P.A.R.T.N.E.R.S. Program by developing a Program Outcome Model and for leading me through the grant writing process. A direct result of your Program Development course funds were secured to start the Sundae Shoppe component of the program, which has provided tremendous opportunities for students and a means for the program to extend its work within the school and community. Additionally, thank you for your willingness to join my Master’s POS Committee late in my program. I look forward to the opportunity to continue working together through my Ph.D. program and research.
Dr. Anne Foegen

From one Wisconsinite to another - thank you for agreeing to serve on both my Master’s and Ph.D. POS Committees without even knowing me that well. I have enjoyed the limited opportunities to meet with you while in Ames during my summer sessions, and feel that you were more than accommodating in offering suggestions and ideas for my research. I am excited to continue with my Ph.D. Program and look forward to working with you more closely.

College of Human Sciences – Graduate Student Research Fund

I am extremely appreciative for the allocation of funds used to purchase the survey instrument and manual for this research study, and to provide subjects with small tokens of appreciation for their participation.

Iowa State University – Family and Consumer Sciences Education Leadership Academy

As a member of the first cohort group of the FCSEd Leadership Academy at ISU, I can proudly say that not only have I been around the longest, but I have also been privileged to have had the opportunity to study under more professors, take more courses, and interact with more students, than any other academy member. Many may not look at this situation in the same light; however for me this has been an opportunity of a lifetime.
Kimberly Area School District/Kimberly High School

Thank you to the administrators, faculty, and staff with whom I have worked closely over the past nine years. Your unwavering support of me as an educator, my graduate work, thesis research, and (the too numerous to mention) professional endeavors is an indication of your commitment to not only student learning, but to teacher growth and continued development. Your support of the P.A.R.T.N.E.R.S. Program has been imperative in its success.

Paul Girod

Thank you for the numerous resources and assistance you have provided to me throughout my graduate work. Your dedication to the Kimberly High School community is evident in all that you do.

Lesli Simon, Paula VanCuyk, and Carol Micke

Thank you for your efforts in the identification of participants, their current addresses, and distribution of materials for my thesis research. Your assistance was greatly appreciated and did not go unnoticed.

Randy and Marilyn Naef

To my parents - who have always supported my professional and educational endeavors, a simple “thank you” does not seem enough. You have lifted my spirit when it was low and grounded me when being whimsical. I extend to you great gratitude for your encouragement to pursue my goals.
**Lori Van Pee**

Thank you for being a friend and sounding board for so many years. Many people ask how things were going; however, you are unique in that you truly listen to the response. Your countless hours spent proofreading, offering suggestions, and contemplating ideas are not unnoticed. Your critical critiques and constructive feedback have always kept me on my toes…making me strive to be the best I can be. Thank you for being you!

**Thomas Scherg**

My dearest Thomas - thank you for your patience, understanding, and encouragement through some of my most trying moments. I admire you for pursuing your dreams and for supporting mine as well. I am glad we have the opportunity to experience these memorable times together, and look forward to sharing many more in the years to come.