PARENTAL INVOLVEMENT IN THE ASSESSMENT PROCESS OF THEIR CHILDREN WITH SPECIAL NEEDS AT THE EDUCATIONAL ASSESSMENT AND RESOURCE CENTERS IN KENYA

BY

JOSPHAT SHADUMA BONJO

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN SPECIAL NEEDS EDUCATION

DEPARTMENT OF SPECIAL NEEDS EDUCATION AND REHABILITATION

MASENO UNIVERSITY

ABSTRACT

Educational assessment of children with special needs involves identification, diagnosis, and intervention (referral and placement). Parental involvement in this process is important since parents do the initial identification, provide information during test administration, and decide on referral and placement options. In Kenya, assessment of children with special needs is conducted at Educational Assessment and Resource Centers (EARCs). Educational assessment provides children with most appropriate intervention activities to help them learn like their peers. However, a preliminary survey of 120 parents in ten EARCs indicated that only 51 (43%) had information on parental involvement in the assessment process. It is unclear why parents were not better involved yet policy wise they have key roles in each step of the assessment process. The purpose of this study was therefore to establish the extent of involvement of parents in the assessment process in Kenya. The objectives of the study were to; establish the extent of parental involvement in the identification of special needs in children: establish the extent of parental involvement in the administration of the test, establish the extent of parental involvement in the referral and placement of assessed children and establish parental involvement in intervention activities. A conceptual framework showing the interaction of independent variables parental involvement in identification, test administration, and intervention and its output on early training, pro[per placement, and relevant intervention placement was used. The study employed descriptive survey research design. Target population comprised of 94 parents with assessed children, 52 parents with children booked for assessment and 52 assessors. Questionnaires, interview guides, observation schedules, and document analysis guides were used to collect data. Experts from the department of Special Needs Education Maseno University ascertained the validity of the instruments, while reliability was calculated using test-retest method through a pilot study on 10% of the population. The acceptable reliability was accepted at $r = 0.70$. Frequency counts, percentages, and mean scores used to analyze quantitative. Qualitative data was organized and reported based on study objectives. The study established that parents had a low ability to identify children with disabilities with a mean of 2.31; Parents were involved in the administration of the test to a small extent with a mean rate of 2.60; parents were poorly involved in the referral and placement at a mean rate of 2.09; parents were involved in the intervention activities to small extent at a mean rate of 2.84. The study recommended that the EARCs manual and assessor training guidelines be reviewed to guide the assessors on parental involvement at all levels of the assessment process. The research findings may help to improve policies and guidelines on parental involvement in the assessment process at the EARCs and, subsequently, the educational outcomes for children with special needs in Kenya.

CHAPTER ONE

INTRODUCTION

1.1. Background to the Study

Parents play important, if not critical, roles in the development and training of children with special needs (Farrel, 2009). They are the first and foremost parents, with all the rights and responsibilities of that role, but they are also sources of information and partners in implementing programmes for their children. Parents know their child's developmental milestones and the factors that might be responsible for their disabilities and therefore are partners in any assessment process (Mittler, 2000).

Assessment is the collection of information about an individual for the purpose of making a decision about the person" (Yssedyke, 1986; Piarengelo and Giulian, 2006; Taylor, 2008). Sometimes the terms assessment and evaluation are used interchangeably. For example, Johnsen (2000) points out "to evaluate and to assess is to gather, interpret, and reflect on a variety of information in order to adjust the direction towards a future aim". She explains, "educational assessment and evaluation consist of considerations and judgment about teaching and learning environment. Assessment as a process ought to be continuous in that it begins from identification of an individual's strengths and continues to show how these strengths can be used to improve the life of an individual, (Egan, Clifford and Hardman, 2005). At the heart of the assessment process is the parent who provides all the information regarding the birth history to the current situation of the child. Without the parents, the assessment process is incomplete. In most cases,

the parent initiates the assessment process that eventually captures the state of the child (Farrel, 2009).

The assessment of any child determines their need for services as individuals, in the community and at school. It is only after assessment that parents and professionals intervene in the life of children with special needs and disabilities (Farrel, 2009). Assessment in its initial stages, depending on the tools, is simple but it becomes complex depending on the problem being investigated. It is a multi faceted process that moves from general screening activities to a more specific and narrow diagnosis, (Mitchel, 2008). Assessment may be used to determine the existence of a developmental delay, to identify strengths and challenges, and to develop strategies for intervention. Assessment may be used to identify children with learning difficulties and disabilities, develop an individualized Educational Programme (IEP), and identify exceptional children. Egan, Clifford and Hardman (2005) summarize assessment as integral to decision-making, the teaching of special educators and special educator's use of multiple types of assessment information for a variety of educational decisions. Taylor (2000) specifically explains that assessment of exceptional students involves the collection of information that is relevant in making decisions regarding appropriate goals, objectives, teaching strategies, and program placement. Egan, Clifford and Hardman (2005), Mitchel (2008), and Farrel (2009) emphasize that in all the decisions regarding the assessment goals to placement the parent is a major player.

Rutland and Hall (2013) observed that assessors could involve families in the assessment process using various strategies. Such strategies included; providing various opportunities for families to

receive important information regarding their child's strengths and needs by allowing families to be consumers, asking families to provide information on the ecology of their family in order to be informants during the process of assessment, teaming with families as they assist with the assessment tools and allowing them to be advocates as they describe hopes and dreams for their child. The research focused on strategies that can be employed in involving families in assessment process but did not clarify whether and how parents were involved in the various steps of assessment. There was need to therefore to determine the extent to which parents were involved in various steps of assessment process such as identification, test-administration, and intervention (referral and placement).

Rutland and Hall (2013) carried out a study involving families in assessment of children with special needs. The study was carried in a clinic away from the family members. The results were that not all family members were cooperative in the training of the children at home. The family members were uncooperative in the training of the children at home because they were not involved in the assessment process. Rutland and Hall concluded that the family must be involved in the assessment process as full partners if they have to support the training at home. They recommended that the process should not focus on the child alone, but on the child within a family.

In the USA, Cormier (2009) also carried out a study on parental involvement on in-home functional behavior assessment of problem behavior associated with attention deficit hyperactivity disorder (ADHD) as a basis for intervention selection on parent and child behavior, and parenting self-efficacy. This was an in-depth study of three children and their mothers.

Frequency counts and percentages were used for data analysis. Results indicated that parental involvement in home-based functional behavior assessment and intervention design was effective and valued by two participating families. Similarities with this present study include assessment of parental involvement, but Cormier focused on home-based intervention for a small sample. Kenya does not have a formalized system of home based assessment and therefore the scenario of formal assessment at assessment centers provides information on yet unknown interactions between parents and assessors, and the outcomes of assessment as experienced by parents. This study also covered a larger sample size: expanding the sample size ensures higher validity of results and therefore of the generalizability of the findings.

In Britain, the role of parents in the assessment of children with disabilities is recognized as an integral part of the assessment process. The Warnock report (1978), which discussed the status of children with disabilities and their families, emphasized the need for parents to be involved in the assessment of their children. This report was so particular about the role of parents in the education of their children with special needs that it stated, "If parents are not involved in the education and related services of their children this report would be very frustrated". As a result, the Education Act of 1981 was enacted and the role of parents was legalized (Mittler, 2000). The Act recognized parental roles by emphasizing that "parents have a right to make their own views known, to be involved in assessment and be given copies of reports of the assessment of their children". The Act also emphasized the need for "non discriminatory testing, classification and placement of children...the procedures used to assess, label and place children in educational programs must be free of bias and must be conducted with parental notification and consent".

The law is emphatic that professionals and parents work as partners to support children with special needs both in the school and at home (Mitchell, 2010).

There are two types of assessments: formal and informal (Taylor, 2000). Formal assessment tests are administered using standardized tests. Such tests include Wechsler Intelligence tests for testing the cognitive development of children and Williams Intelligence tests for cognitive development of children with visual impairments. Most standardized tests do not require the presence of parents during the administration since they are administered under strict conditions based on a manual. However, parents may be involved in subsequent intervention activities. Informal tests, which detect the presence of difficulties, have parents as the first assessors. Through interaction with their children, they use activities that detect vision or motor difficulties. In Kenya this is could then lead parents to take their children to the Educational Assessment and Resource Centers (EARCs) for commencement of the formal process of assessment.

Spann, Kohler and Soenksen (2003), carried out a study to examine families' involvement in identification of children's special education services. A telephone survey was conducted with 45 families of children with autism who were part of a parent support group. The survey consisted of 15 questions pertaining to the child's educational placement and type of special education services received. Results indicated that the majority of children spent part of their day in the general education classroom and received 1 to 2 special education lessons. The parents were to identify behaviors related to children with special needs. They were to describe the behaviors and use them for remediation. Telephone surveys have the advantage of anonymity and are useful where there are well-established databases of respondents. They are limited for time many respondents would give to a telephone call and Kothari (2006) states that this method is more

useful when asking close-ended questions. The use of telephone surveys in Kenya would be difficult owing to language differences, lack of or dated databases and general lack of efficient telephone connectivity especially in the rural areas. The present study included the full spectrum of disabilities, and used interview schedules and observation, allowing for data collection on using open-ended questions, trust building, and in-depth interaction.

The Amendment of the Disability Act (2008) in America emphasizes parental roles in the assessment of their children. The law requires parental involvement in the training, participation and counseling of their children. It has had an impact on the field of Special Needs Education (SNE) and more so in assessment practices (Egan, Clifford and Hartman, 2005). The Act points out that assessment should be non-discriminatory and that the assessment process should incorporate a system of checks and balances to ensure fairness of education decisions and accountability of both professionals and parents who make those decisions.

The assessment services of children with special needs in south Africa is incorporated in the National Intersect Oral Strategy on screening, identification, assessment and support programme of 2008 which aimed to ensure a more rigorous and consistence process of screening and assessment of children with special needs. The program fosters the involvement of parents in the assessment process by outlining guidelines, which assist parents, teachers, and support teams in institutions in developing forms of screening processes that identify developmental barriers in children (Organization Policy South Africa, 2008). In Uganda the assessment centers organize seminars and courses for parents of children with special needs. The experiences of parents are harnessed and they are encouraged to train other parents on how to intervene in the lives of their

children at home. The assessors merely act as mediators between the parents and other professionals like the doctors and social workers (Uganda Institute of Special Education, 2002). The Ugandan government harnesses the experiences of all categories of parents at all stages. Parents with experiences about children with special needs and those with ordinary children are used to support each other in home training programs.

In Kenya, SNE has been expanding rapidly since the 1970s when children with various disabilities were catered for in residential special schools. The expansion may be attributed to the setting up of facilities for persons with disabilities in integrated units in ordinary schools, and in inclusive programs, the expansion of services for the identification of children with special needs and disabilities, capacity building through Kenya Institute of Special Education (KISE) and the rise of programs for professionals in SNE in public universities. In 1999, for example, there were only 22,000 learners with special needs and disabilities enrolled in special schools, units and integrated programs (EFA Country Report, 2000). The number rose to 26,885 in 2003, (Koech Report, 2003). According to the school mapping data set, there are currently 3,464 special needs institutions in the country of which 2,713 are integrated institutions and 751 are special schools. Among these, there are 10 public secondary schools for learners with hearing impairments, 3 for learners with physical disabilities and 4 for learners with visual impairments, 17 special secondary schools (Kenya National Commission on Human Rights, 2014). The Ministry of Education (MOE) estimates indicated an enrollment of 102,749 students, of which 21,050 were in special schools and 81,649 in integrated special units at both primary and secondary schools (MOEST, 2014).

The changing dimension in SNE in Kenya is reflected in various reports, task forces and educational reviews initiated by the government among them the Kamunge Report of 1988 and the Koech Report of 2003. The Kamunge report recommended setting up facilities that could support parents and their children before admission to schools. The Koech Report emphasized the need for assessment personnel to support parents and their children in schools, through the EARCs. They were also to involve parents in practical home based intervention activities. The report recommended that the EARCs be strengthened to offer educational assessment services that were practical and sensitive to the needs of parents and their children. It pointed out that the personnel at the centers be appropriately trained in the administration of tests and the interpretation of the results. The report recommended the need for parental involvement in the assessment process.

The Kenya government set up Educational Assessment and Resource services in 1984 with the main objective of providing assessment services to parents and children with special needs. Currently there are 100 assessment centers including sub center EARCs in Kenya, spread throughout Kenya in all the 47 counties (MOE, 2012). An Educational Assessment and Resource Center is a facility to which parents take children who may be exhibiting developmental problems or experiencing learning difficulties for the purpose of educational assessment. Trained assessment teachers administer screening tests to children who exhibit difficulties in speech and language, motor, vision, hearing and social emotional domains. Most centers have two assessors to administer the screening test. A list of the EARCs is in Appendix I

According to the MOE the main objectives of EARCs are to: Identify children with disabilities as early as possible; provide educational assessment services for children with special needs; guide and counsel parents after assessment of their children; refer children with special needs to relevant educational facilities; provide peripatetic services for children with special needs included in ordinary schools; help build small homes for the purpose of integration of children with disabilities; organize seminars and courses for parents of children with special needs. The centers are also to gather information on prevention of handicapping conditions and other relevant issues in SNE (EARC Manual, 2015). These objectives provide guidelines for the offering services to children with special needs with the involvement of parents emphasized during the whole process of assessment. According to the Ministry of Education in Kenya, 144 assessors working in 72 assessment centers (MOE, 2012) had assessed 134,000 children with various special needs and disabilities between 2007 and 2011. The EARCs Screening Manual (2005) and the Screening Test Manual (Appendix II and III) guide the assessment process. All EARCs in Kenya are supposed to use similar procedures as conceptualized in Figure 1.

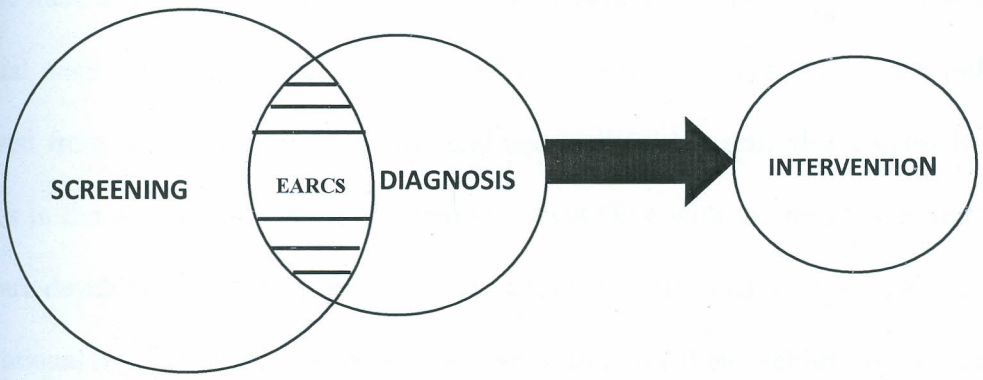

Fig. 1: Assessment Model in Kenya (Source: Kochung , 2000)

Parents are notified of the assessment date and asked to accompany their children to the center. Assessors are supposed to build a rapport with the parents by welcoming them to the assessment center, and explaining the process the child will undertake, and the role of assessors, parents and children in the assessment process. Before the administration of the test, the assessor obtains background information about the child (See Appendix IV). The assessors are supposed to explain to parents the reasons why background information is necessary, and its legal implications in the assessment process. Background information is confidential information about the birth history and the current situation of a child. The assessors are supposed to explain to the parents how this information will be confidential. They are supposed to seek consent from the parents to assess the child and provide information to the parent to understand why the child is tested. Besides this, they are supposed to inform the parents that the report of the assessment results will be made available and explained in a language they understand. Currently there is not enough data on whether the assessors explain to the parents the necessity of assessment and its implications before the administration of the tests.

While there is no clear policy on parental involvement in the assessment process of children with special needs in Kenya, practice is derived from either existing educational policies or policy derived from the gaps in practice. Rutland and Hall (2013) state that parents have the greatest stakes in the well-being of their children and must "live with the results derived from strategies that are developed from the assessment". In addition, parents have to be able to provide ongoing educational support to their children while advocating for their welfare with providers in various institutions and settings. The author concludes that involving parents leads to empowerment,

increased involvement and more favorable outcomes for the child. The involvement of parents is presented in Figure 2.

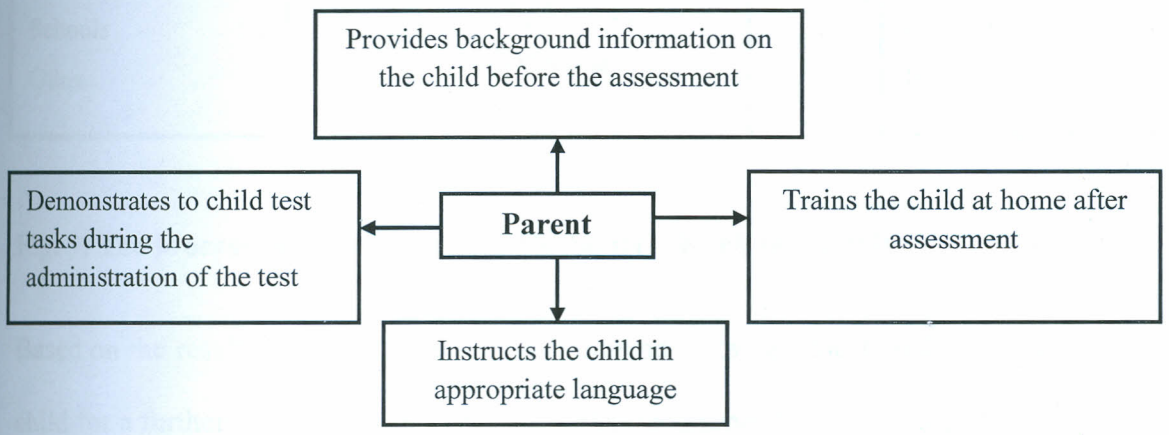

Fig. 2: Parents Activities in the Assessment Process (Source: Ministry of Education, 2005)

There are multiple referral sources, including the school or the hospital. Assessment tests are carried out in five key areas: mental (emotional, social and cognitive), speech and language hearing, visual and motor difficulties. It is not a passing or failing test. It detects difficulties the child may be experiencing in developmental milestones between 6 months to 6 years. When screening the vision, for example, the parents may instruct the child as the assessor tests the vision of the child on the Snellen E distance test chart. The speech and language test relies more heavily on the responses of the parent than the responses of the child. A child who is below five years and has no speech or poor speech may not respond to all the items on the test.

The process of referral is presented in figure in Figure 3.

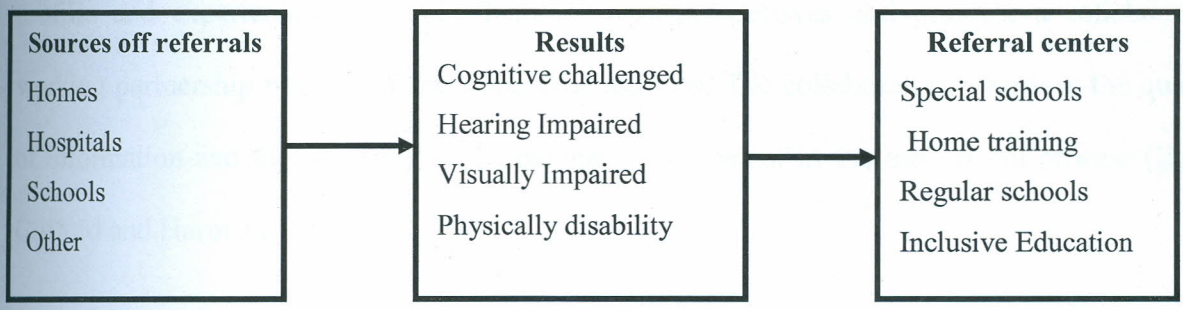

Fig. 3: The process of Referral at EARCs (Source, Kochung, 2000)

Based on the results obtained, assessors recommend suitable educational placement or refer the child for a further diagnosis tests. They may also recommend a home based training program to boost educational intervention and guide and counsel the parents about the conditions of their children. The recommendations assume that the parents are involved in the decision making in order to support their children in whatever educational program the assessors recommend. When home based interventions are recommended for a child, the parents are the main agents of the execution of the training activities.

The participation of parents in the assessment of their children is no longer an option in view of the wide range of areas to be assessed among children with special needs and disabilities. Richard and Garry (2000) have stressed that parents have to be included in the process of statutory assessment, which may lead to statements of special educational needs and reviews of progress. Drew and Hardman (2004) have suggested that parents need to be involved in the assessment process as partners to assessors, encompassing the sharing of information so that both assessors and parents set out common opinions and goals about the child. Parents may help the

assessors to gather information through developmental checklists, diaries, observations, parent's profiles and experiences. This may help to share perspectives and promote a collaborative working partnership between parents and professionals. The collaboration improves the quality of information and the effectiveness of parents' involvement in the assessment process (Egan, Clifford and Hartman, 2005).

Parents are partners in the administration of the test. Gestwick (2000) found out that parents felt confident to train their children at home if they were involved in the administration of the tests. The administration of the tests is a tedious exercise that may take long hours or even days depending on the severity of the disability. The assessors may seek the support of the parents by asking them to instruct the child or even help work out tasks. Their presence provides confidence to the children being assessed and fosters the co-operation of the child. Mittler (2000) goes further to assert that parental involvement in the administration of the test contributes to the reliability and validity of the tests results. This assertion was tested during the present study, as existing empirical studies do not focus on test outcomes where parents are involved.

Referral and placement are processes that involve the child being recommended and admitted in a programme after the assessment. Parents are supposed to be consulted before a referral or placement is initiated. Research shows that parents who were consulted before the child was referred for placement were positive in being involved in future programmes compared to those who were just informed of placement of their children to a programme, Heward (2005). This is also recognized by the Public Law 96-644 in America and the 1981 education act in Britain, which recognizes parent's views in the decision to refer and place a child with special needs and

disabilities in a programme. It further advises parents to complain to the special office if they are not satisfied with the referral and intervention programmes for the child. An intervention programme involves activities that require the full involvement of parents at home and collaboration between the parents and assessors. It has been established that if parents are given an opportunity, guidance, and encouragement they usually place a high value in being involved in a programme (Heward, 2009). Heward found out in a research that understanding of the needs of parents and the roles within their families was an important pre-requisite in planning their involvement in any programme. Parents who are involved in the planning of a programme are more cooperative in working with their children at home than those who are directed by professionals. Parents present their children for assessment and the assessors recommend intervention activities but the extent to which they are involved in the programmes is unknown.

Mittler (2000) and Jones (2005) have pointed out that professionals encounter difficulties as they interact with parents in the assessment process. Jones particularly points out that there are challenges in the course of parents working with assessors. Parents may believe that professionals know it all while professionals may capitalize on parents' ignorance and illiteracy not to consult them. Mittler (2000) cites a research by Tobin, (1983) in which parents were given tasks to help identify problems related to vision in a pre-school unit. Some parents did not wish to take part arguing that they did not have the capacity to gather the kind of information needed. It was difficult for the researcher to convince parents that their contribution was vital. Although Tobin managed to convince some parents to take part, others deeply believed that it was not their duty. Tobin cited problems related to attitude, communication, and professional superiority as the assessors and parents interacted in the assessment process. He concluded that the approach to

assessment was the problem, which would be solved if parents underwent a preliminary sensitization period to understand how the testing would benefit their children and themselves.

1.2. Statement of the Problem

The manuals for EARCs clearly indicate that parents should participate in the assessment process of their children. Research shows that in all the decisions from setting the assessment goals to placement of the child, the parent is a major player. It is known that when parents are not involved in the assessment of their children, the test outcomes may be affected and they may be unwilling or unable to participate in the intervention activities, leading to poor educational, health and social outcomes for the child. However a preliminary survey in ten EARCs in ten counties in 2015 showed that out of 120 parents, only 51 (43%) were involved to some extent in the assessment process at the centers. The purpose of this study was to find out the extent of parental involvement in the assessment process of children with special needs. while the Government's policy stance is clear that parents must be involved in assessment of their children at all levels thus identification, referral and placement, administration of the tests but the nature and extent of involvement of parents in the assessment process in Kenya is not known. The purpose of this study was to find out the extent of parental involvement in the assessment process of children with special needs in Kenya.

1.3. Purpose of Study

The purpose of this study was to find out the extent of parental involvement in the assessment process of children with special needs at Educational Assessment and Resource Centers in Kenya.

1.4. Objectives of the Study

The objectives of the study were to:

i. Determine the extent of parental involvement in the identification of children with special needs.

ii. Establish the extent of parental involvement in the administration of tests to children with special needs.

iii. Establish the extent of parental involvement in the referral and placement process of children with special needs.

iv. Find out the extent of parental involvement in intervention activities of children with special needs.

1.5. Research Questions

The study was guided by the following research questions:

i. To what extent are parents involved in the identification of children with special needs.

ii. To what extent are parents of children with special needs involved in the administration of assessment tests.

iii. To what extent are parents of children with special needs involved in the referral and placement decisions?

iv. To what extent are parents of children with special needs involved in intervention activities?

1.6. Scope of the Study

This study focused on the extent of parental involvement in various phases of the educational assessment of children with special needs at EARCs in Kenya. It was carried out in 47 Educational Assessment and Resource Centers in the 47 counties.

1.7. Limitations of the Study

During the study, it was noted that some of the parents were illiterate. Their mode of communication was limited since there were many languages used by parents form a variety of ethnic background. This was minimized by using interpreters fluent in the local languages who helped parents answer questions orally from the interview. The interpreters also transcribed the interviews from mother tongue into English. The limitation was minimized by asking for clarifications of answers in order to enrich the data collected and analyzed.

Some of the respondents were extremely conscious of the researcher's presence during the observation of testing. The researcher always sat in the back of the room out of the sight line of parents and their children to the extent possible. By meeting and explaining the purpose of the research beforehand, the researcher was able to build rapport with the parents and the child and encouraged them to speak as freely as possible to the assessor.

The use of video recording has been known to influence the behavior of respondents, and this was mitigated by explaining the session would be recorded and obtaining consent for the recording from the assessors and the parents, as well as minimizing movement during recording so that there was no distraction or disruption of the assessment process.

1.8. Assumptions of the Study

The underlying assumptions were:

i. The parents who accompanied the children to the EARCs are the primary caregivers.

ii. The tests are administered in the assessment centers.

iii. The assessors are professionally qualified to administer the assessment tools.

1.9. Significance of the Study

The findings of this study may:

i. Help assessors, parents and other related professionals to improve the assessment procedures by involving parents.

ii. Enhance parental partnership with professionals in SNE in Kenya.

iii. Change the attitudes of parents towards assessors and vice versa as partners in the assessment process.

1.10 Conceptual Framework

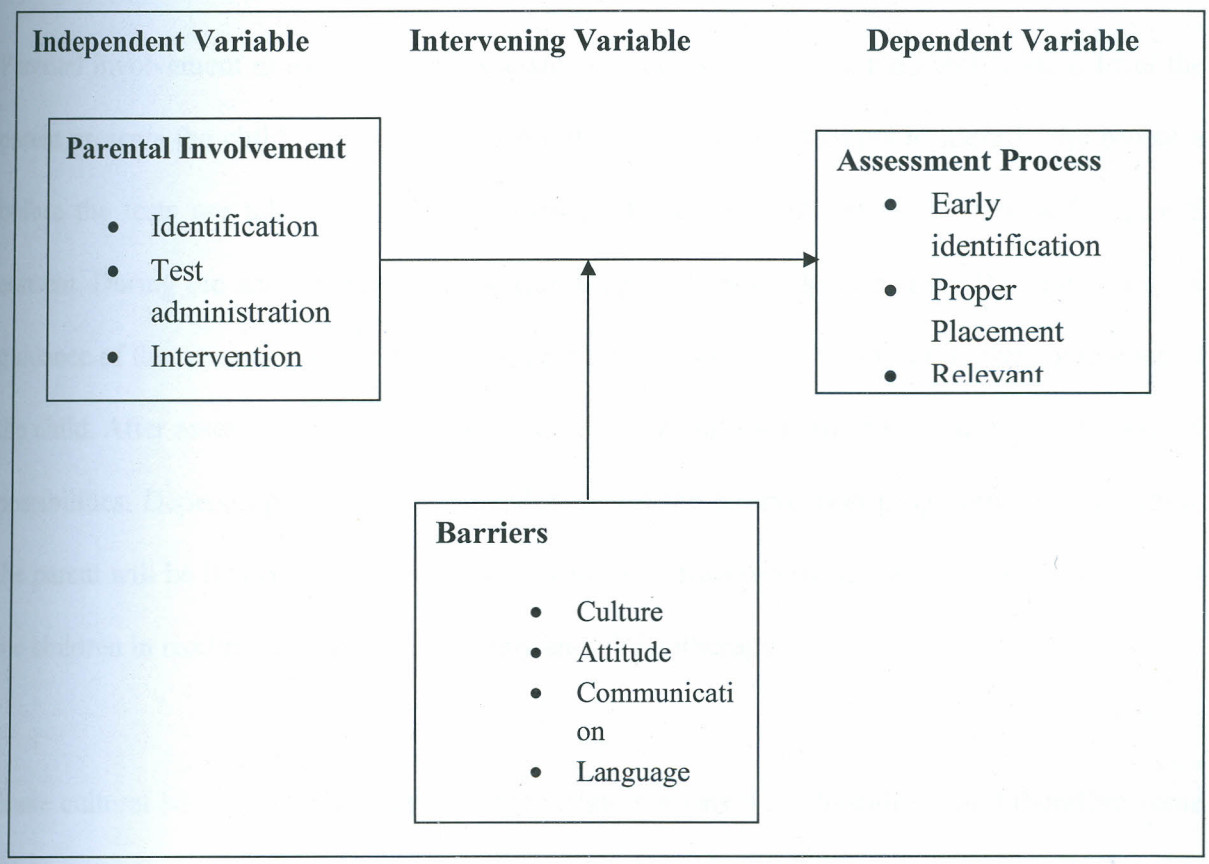

Figure 4: A conceptual framework showing interaction of independent and dependent variables.

The study was guided by a conceptual framework showing the interaction of the independent variable which was the parental involvement while the independent variable was the assessment process. Parental involvement in the assessment at the identification, test administration and intervention levels will depend on the relevant outcomes thus parents early training, proper placement, and relevant intervention. The process of assessment begins with the parents who are supposed to be involved at all the levels. Justification for the involvement of the parents rests on

the assumption that parents have legal rights in decision making before, during and after assessment (Hardman, Drew and Egan, 2005, Mangal, 2011).

Parental involvement at each stage of assessment process is vital. At the identification level the parent presents the child and explains the problem. The parent attempts to identify the problem before the tests are administered. The assessment teacher administers the test with parental consent. During the administration of the test the parent may help to instruct the child with the guidance of the assessor to perform the assessment activities that help to build the confidence of the child. After assessment the assessor discusses the results with the parent and the intervention possibilities. Depending on the recommendations on the intervention programme for the child, the parent will be involved in the execution of the activities recommended, for example, training the children in reading, occupational therapy and physiotherapy.

Some cultural beliefs in some communities isolate persons with disabilities and therefore some parents may be ashamed or reluctant to present the child in public for assessment. Some parents may form negative attitudes towards assessors. These activities may interfere to some extent in the assessment process. Parents and assessors come from diverse backgrounds due to ethnicity differences and therefore this may pause communication be barriers to parental involvement in the assessment process. These factors were the intervening variables.

1.11 Definition of Operational Terms

Assessment A systematic process of gathering relevant information using various tools for the purpose of quantifiable decision.

Assessments process The identification, assessment, referral placement and intervention of children with special needs.

Children with Special Needs Children with conditions or factors that hinder an individual's normal learning and development. They include disabilities, social, emotional, health or political difficulties.

Diagnosis An advanced assessment to determine the nature and extent of a disability.

Disability Loss or reduction of a function to perform an activity as a result of impairment

Early intervention Comprehensive services for infants and toddlers who have disabilities or at risk of acquiring a disability in the first five years of their life. Services may include education, health care, and or social and psychological assistance.

Educational Assessment and Resource Centre A facility to which parents may take their children for assessment when they suspect developmental difficulties.

Educational Assessment and Resource Service Activities undertaken at an assessment centre in order to support parents and their children with special needs.

Impairment Any loss or damage to any part of the body through accident, disease, genetic factors or others.

Inclusion A philosophy that focuses on the process of adjusting home, school and society so that individuals, regardless of their differences can access the same opportunities.

Inclusive education An approach in which learners with special needs receive services and support that is appropriate to their individual needs within the regular education setting.

Interdisciplinary team Professionals from various disciplines that work in consultation with assessment teachers before a final decision is taken after assessment.

Intervention A planned attempt to promote the welfare of children with disability. It may be preventive, remedial, or compensatory.

Multidisciplinary team Professional members who contribute to the assessment process of each child in consultation with other specialties. Professionals independently provide their own contribution.

Parent An adult who has day-to-day primary responsibility over a child either biologically or as a guardian or caretaker.

Parental involvement The interaction of parents and assessors at all levels in the assessment process.

Placement The process of initiating supportive programmes to change the life pattern of an individual who may be experiencing problems.

Screening The first process of assessment, that determines the presence of a problem or a difficulty or a disability.

Special education A specially designed programme of instruction designed to meet the unique needs of learners with special needs including those with disabilities.

Special needs Conditions or factors that hinder an individual's learning and development. The term is also used generically to include anyone who need some form of support in order to carry on with daily activities

Special Needs Education Education tailored to meet the needs of persons with special needs and disabilities using an adapted curriculum, a modified environment and special resources and methods

Special school An educational facility which offers a tailored curriculum using special resources, a modified curriculum and an adapted environment for children with special needs and disabilities

CHAPTER TWO

LITERATURE REVIEW

2.1. Involvement of Parents in the Identification Process

Identification refers to being alert to early warning signs of difficulties or problems present in a child, which may be special needs or disabilities. Parental involvement in the identification process is now legislated in various countries like Britain, America, Canada, Egan, Clifford and Hardman (2005). Farrell, (2009) has argued that parents can be involved in the identification process by providing information on the etiology of the condition of the child, being aware of the services available and referring the child to proper services. Through the media, professionals at this level may collaborate with parents in providing information on how to conduct identification, as well as the availability of community resources.

Lewis (1981), and Mangal (2011), note that parents are in a position to value information in the identification stage of the special education assessment if professionals provide guidance. Lewis also points out that parents are aware of the developmental status of their children and, if provided with the information about the early signs of handicapping conditions may be able to identify possible problems in the preschool years. Even with school age children, if parents are provided with information about the characteristics of various handicaps they can be of immeasurable assistance in identifying learners with disabilities.

Lange and Thompson (2006) carried out a study on early identification and interventions for children at risk for learning disabilities. In the study, an early screening model was developed for

children aged 3 to 5 years. The study focused on the importance of early identification of children with learning disabilities, based on the hypothesis that early identification of children at risk for learning disabilities may offer the potential to mitigate the negative effects of delayed intervention. The results of the study were that children could benefit from being directed to preventive services at an early age. This study did not however focus on children with special needs but on all children with learning disabilities. It did not examine the role of parents. The current study used three instruments thus questionnaires, observations schedules and interviews to investigate the extent of parental involvement in the assessment process of children with special needs. Parents were interviewed in their natural homes and at the assessment centers. The results were corroborated and the role of parents in the assessment process established. The research by Lange and Thompson used on only observations to conclude that children with learning disabilities identified earlier may benefit from mitigating the effects of disability.

In Britain, the law requires that children are screened at birth and a report made available to parents. In case of the presence of a disability, the parents are counseled and information about services needed in the future is provided. In America, the public law 92-175 recognizes parents as persons with information that may help in the identification of children with special needs. Parents, by nature, are close to the child from birth and may provide useful information, which assessors can use to detect the cause of the difficult or problem. Parental experiences and perspectives serve as a resource in the partnership with assessors in the assessment process. Carpenter, (2000) has described the relationship between parents and assessors as a "stepping stone" for the purpose of identification. He further points out that it is the cooperation of assessors and parents that sets the way forward for intervention.

In Uganda, newborn children are also screened. Medical personnel and social workers counsel the parents and provide information about educational assessment and early training (Oketch, 2002). The situation in Kenya is similar. However, in many instances children might not be born in a hospital setting. Therefore, some parents receive information through the village meetings, public gatherings, religious institutions and schools. Some parents are prompted to from their own experiences and from information on print and electronic media, to seek assessment services for their children. Parents are a resource in the identification process and without their input, the assessment process is incomplete. In interviewing, the parents of children who had already been assessed the study sought to fill in the knowledge gaps on the proportion of parental involvement in identification children with special needs of the child's special needs.

2.2. Parental Involvement in Administration of the Tests

Sandall, Hemmeter, Smith and McLean (2005) argue that since families interact with and socialize a child they are able to provide critical information during administration of the test. They further state that the family gives child's temperament, physical needs and background information about the child during assessment process.

Rutland and Hall (2013) observed that families needed to be team members in the assessment process. Families could be instrumental in identifying strategies and approaches for assessment that will work best for their children by becoming collaborative members of the assessment team. In addition, Rutland and Hall stated that assessment professionals needed to encourage families to advocate for their children by observing and commenting on child's behavior and performance during assessment; and ensuring families clearly understand the process. Further,

Thegan and Weber (2002) noted that families needed to ensure that observations made on the child were in the best interest of the child. The authors indicate that the communication and interaction process is key to the success of the testing process and that this interaction goes beyond mere presence of the parent to active participation. Studies in Kenya have not focused on this interaction and it is unknown just how actively parents participate in the test administration stage of assessment.

Parent's involvement in the administration of tests, in some countries like Britain, and America is mandatory. It is guided by Acts which specify the role of parents in the assessment process (Egan, Clifford and Hardman, 2005; Farrel, 2009). The 1981 Education Act in Britain gives parents the power to not only be members of the assessment team, but also to seek legal redress in case their children are not assessed to their satisfaction. Mittler (2000) has suggested ways parents may be involved in the assessment process. They include: providing a history of the child before the assessment process in order to gather data about the child's present level of performance in the home and community; discussion of early identifiers of problems in the preschool years; making initial referrals for special education assessment; taking part in the formal assessment; guiding and counseling the child before the assessment process; conferencing with assessors and participation in the child's evaluation program.

Parents have a legal right to be full members of the assessment team. They can be contributing members of the assessment team if professionals help them understand their role. Studies have shown that assessor's attitudes are a either an asset or a major roadblock to parental involvement in the assessment of their children (Mittler, 2000; Garner, 2009; Mitchel, 2010).

Malone (2007) carried a research on mothers' interaction with their children who had developmental challenges. The mothers interacted with their children through play, which created social opportunities, and skills that helped the children develop positively. The research showed that without the input of parents the children who were under assessment did not have confidence, were shy and the results were likely to be invalid. Parents therefore have an important role at all stages of the assessment process by supporting the assessor in the communication of instructions to the child; they help build the confidence in the child. They are critical to the work of the assessor in determining the final assessment outcomes. The evaluation of this involvement in the assessment process in Kenya would determine whether parents have any meaningful input and thereby point out shortcomings in the interaction of parents, assessors and children during test administration.

Partenen (2016) carried out a study on assessment. The purpose of the study was to explore the role of different assessment tools and training regimens in assessment and remediation for children with special educational needs in school. The study focused on remediation, teaching and instruction, examining the prevalence of different assessment tools, dilemmas and challenges as perceived by assessment professionals, teachers and parents while working with children with special educational needs in Sweden. The results indicated that assessment and remediation practices contributed to a deficiency-oriented outlook on children with special educational needs. However, the report also indicated that parents and teachers felt assessment would help them to understand the needs of the child better. The results therefore lend credibility the assumption of this present study that parents play an important role in test administration in assessment process, leading to better test outcomes, and ultimately interventions for the child.

In Kenya, the manual for the screening test explains how parents may help in the assessment of their children. In the language subtests, for example, parents are directed to prompt the child in the mother tongue to perform specific activities. The procedures involve parents in the whole process of screening their child because without the parents the assessor may not instruct the child optimally as the child may either not comprehend the language used, it may be new or difficult terms, using terms beyond the current range of the child. A child may feel psychologically uncomfortable with an assessor who is a stranger, skewing the results of the test. A parent's active input into the procedural aspects of assessment can therefore facilitate the process immeasurably (Mangal, 2011). Although the parents are supposed to be present during the administration of the test, it is not known to what extent parents are involved in the actual activities of the administration of the tests at the EARCs in Kenya.

2.3. Involving Parents in Referral and Placement Processes

Referral is a formal request for an evaluation of a child needs. Parents, or school (Mittler, 2000) may initiate the referral process. The school may refer a child who has academic performance difficulties. The parents may refer a child who has emotional and behavioral problems. Parents may also be encouraged by professionals to refer their child for an evaluation in an assessment center. Referral in SNE may be initiated at different times for different children depending on the severity of the disability.

In America referral may be initiated in reference to PL 94-142.There are three main considerations that is problems related to school performance, difficulties related to handicapping conditions and the educational needs of the children. Heward (2009) explains that

the referral may be initiated by the school pre-referral team sometimes referred to as the special services committee which determines eligibility for special education Services. The team is mandated to consult parents before recommendations are made. Heward (2009) also point out that those parents are included in the discussions about the assessment results. Due to the sensitivity of the results, parents are involved at all levels. A written document is provided to the parents which includes the following information; a full explanation, a description of action taken, a description the evaluation procedures, a description of factors relevant to the school proposal. Above all the school must seek consent from parents in writing for the purpose of assessing the child. Consent from parents means that parents have been fully informed of all information relevant to assessment activities, if possible, in their native language or other mode of communication, understand and agree in writing to the assessment process, and that their consent is voluntary and may be revoked at any time. The role of parents in the referral is emphasized in the procedures of assessment that without their partnership the referral process is incomplete (Mittler, 2000).

Thegan and Weber (2002) observed the need for parents to be supported in their efforts to develop skills to communicate concerns, goals, placement options and other key information about the child. There was need to determine how the parents was involved assessment process.

Placement is the process of referral of a child after assessment to an appropriate progamme or institution. It could be an inclusive school or rehabilitation programme or a special school, Mitchel (2005). In Kenya after the administration of the tests the assessor prepares a report and refers the child for placement or more advanced diagnostic tests, (MOE, 2005). A prepared form is filled in with information, for example, referring a child to a school or a specialist or a doctor.

The parents may take the document unaware of the content of information inside (See Appendix 8). In view of the fact that assessors and parents are drawn from diverse backgrounds which may cause possible communication difficulties. A critical examination of the document (See Appendix 8) shows information, which if not discussed with parents may cause confusion. Parents take referral information on prepared referral documents without discussions or consultations with the assessment teachers. They may not be aware of the information in the document or its implications. It is important that assessors discuss the content in the referral document so that parents are aware of the implications of the content.

In Kenya parents themselves, teachers or medical personnel may initiate referral processes. What is known is that some parents take the initiative to seek assessment services and refer their children to the EARCs. However in view of the fact that they may have limited knowledge of the importance of the assessment of their children and the facilities available it is not known to what extent they are involved in the referral and placement processes.

Spann, Kohler, and Soenksen (2003), carried out a study to examine parents' involvement in and perceptions of children's special education services. A telephone survey was conducted with 45 parents of children with autism who were part of a parent support group. The survey consisted of a total of 15 questions that pertained to the child's educational placement and type of special education services received. Results indicated that the majority of children spent part of their day in the general education classroom and received 1 to 2 special education services. Span *et al.* (2003) study was related to this with regard to placement of learners with special needs. The study used telephone interview to collect data from forty five families, the present study used

questionnaire, interview schedule and observation schedule in order to get valid results on parental involvement in placement of learners with special needs. Thirdly, Span *et al.* (2009) study focused on autistic children while the present study focused on parental involvement in placement of learners with special needs in general.

A study carried out by Rutland and Hall (2013) in the USA argued that it was the responsibility of teachers and assessment specialists to suggest and provide appropriate options for individualized goals. They noted in their study that families were most familiar with the child, but they were not always familiar with appropriate interventions or developmental practices. It was the responsibility of the teachers and specialists to share expertise and to help guide families and facilitate teamwork when working together. Rutland and Hall (2013) further observed that families be involved in the assessment process as team members, it led to sensible goals and plans that lead toward solutions and resources in which a family could live with the results. Rutland and Hall (2013) focused on assessment teachers and involved families by sharing assessment results with families. However, the extent to which parents were involved during referral and placement stages of learners with special needs at the EARCs in Kenya was unknown. Secondly, how assessment teachers involved families as team members was not specific. There was need to carry out a study to establish the extent to which parents were involved in referral and placement of their children with special needs.

2.4. Parental Involvement in the Intervention Activities

Kochung (2000) describes intervention as a planned attempt to promote the welfare of the handicapped. It may be preventive, remedial, or compensatory. During this time an

individualized programme is developed for each child, using information obtained from screening and diagnosis results (Taylor, 2000). One major reason for having early screening and intervention programs, for example, is to create a base for positive behavior changes in children and the prevention of secondary handicaps. This process is directly linked to screening and diagnosis. Assessment is not an end itself but process, which becomes useful only if it leads to appropriate delivery of services for the exceptional children. Educational assessment therefore aims at collecting information to help teachers make relevant decisions about intervention and educational services to the students. Sattler (1982) argues that it ought to be a process that not only considers results but also shows how these results can be used to help an individual to improve functionality.

Early intervention is linked to the fact that the first years of life are critical to the overall development of children including those at risk for disabilities. Studies in behavioral science in 1960s and 70s indicated that early stimulation is critical to the later development of language, intelligence, personality and a sense of self worth (Bloom, 1964); Piaget,1970; White, 1975). White specifically points out that early intervention for children at risk for disabilities should begin as early as possible in an environment free from traditional disability labels such as "mentally retarded" or "emotionally disturbed" or "blind" Some carefully selected service and supports can reduce the long term impact of the disability and counteract any negative effects. The postponement of intervention services may undermine a child's overall development as well as his or her acquisition of specific skills, (Ramey & Ramey, (1999); Guralnick, (2000). Effective early intervention programs must involve parents and their families in their natural homes Egan, (2005). He stresses that services to parents and their families should focus on

individualization, intense intervention, and a comprehensive approach to meeting the needs of each child and family.

Hardman (2005) describes an early intervention programme as one which focuses on the identification and provision of education, health and social services as a means of enhancing learning and development, reducing the effects of disability and preventing the occurrence of future difficulties for young children. He points out that those children who have disabilities need intervention services because of developmental delays in one or more of the areas of cognitive, physical, communication, social or emotional development and adaptive development. An effective early intervention programme focuses on the parents and the family in its role to cooperate with professionals in the assessment and training of the children. Berry and Hardman (1998) have stressed that all early intervention programmes must be designed and delivered within the framework of informing and empowering family members.

Intervention into the lives of children with special needs and disabilities is a shared responsibility by professionals and parents, (Jones *et al.* 2006). If parents are involved in the assessment process at all levels they are able to understand and be positive in participating in the intervention programmes (Johnson, 2000; Headman, 2005). Parents cannot be isolated form the assessment of their children since they have a history with their children from birth. The process of assessment begins with parents and ends up with parents in the intervention activities. Both assessors and parents aim at similar goals in the intervention activities. They both help children with special needs learn, for example, self care and social independence, early cognitive skills, and social emotional development. These intervention activities may be performed at home or

school. There is need for the collaboration between parents and assessors. In Kenya the policy of the government is that after assessment the parents are guided on how to support their children at home depending on the type and degree of disability. However, at the moment it is not known how the parents are involved in the intervention activities at home and at the assessment centers.

In Kenya parents are supposed to undergo training to support their children with special needs at home depending on the nature and severity of the problem, MOE, (2008). Some parents train children with speech difficulties, while some train their children by undertaking physiotherapy exercises, for example, to children who have Cerebral Palsy. While others teach their children who have developmental difficulties, self help skills. All these activities involving parents in the home programmes depend on the professional guidance and training to the parents. The EARCs in Kenya organize seminars and courses for parents at the centers in which specialists like doctors, speech therapists, physiotherapists and vision therapist train parents. After the training, the assessors are supposed to make a follow-up in the homes (Ministry Of Education, 2005).

One of the objectives of the centers is to provide guidance to parents about the intervention activities for their children. This study is set to empirically establish the extent to which parents are guided and counseled in regards to intervention programmes both at home and school.

Although parents and assessors work together towards a common goal of intervening in the lives of children with special needs and disabilities, there some challenges which they encounter that may interfere with assessment process. The interaction between parents and professionals is too often marked by confusion, dissatisfaction, disappointment, and anger Carpenter, (2000). This is one of the main challenges because some parents may get along with professionals while others

may experience difficulties. Parents from background where the ethnic language is the only mode of communication may find it difficult to understand the professional jargons, which professionals use to describe, for example, some conditions of children like hydrocephalus, Cerebral Palsy or Kyposis. Parents may not understand the terminologies and as a result rely on the services of professionals as "the know all" (O'Connor, 2006; Mittler, 2000). Jones and Drummond (2006) have argued that most parents have little knowledge about testing and therefore assessors review for parents the purposes of the testing using nontechnical language. They add the assessor should walk the parents through the interpretation, being patient and understanding but honest. Jones and Drummond still point out that the professionals who work with children and adolescents find that parents rather than the children are most in need of the information provided by assessment tests. However, research shows that new developments have led many observers to believe that relationships between parents and professionals can be significantly improved (Fine & Nissenbaum, 2000; Johnson, 2000). Johnson (2000) in a research found out that when parents are encouraged and shown how to work with professionals they are a resource.

Billinsley (2000), Mckay (2000) and Garner (2009), indeed argue that in that in recent years progress has been made in helping professionals communicate and relate to parents who have children with disabilities more effectively in families, schools and community based programs. Mittler and Mittler (2000) have observed that the development of a better working relationship between professionals and assessors is no easy task; it is beset by many obstacles, some common to both professionals and parents and others more specific to one group than the other. Some notable obstacles include; lack of universal language between professionals and parents, lack of

experience and confidence by parents, too many demands made by professionals and inadequate communication links (Mittler, 2000).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Research Design

This research was conducted through descriptive research design. This design was used to investigate how assessment personnel interacted with the parents during the assessment process. It also helped the researcher to observe parents and assessors at EARCs during the administration of the tests. Kirk and Miller (1986) cited in Borg and Gall (2007) defined qualitative research as an approach to social science that involves watching people in their own territory and interacting with them in their own language, on their own terms.

3.2 Study Area

The study was conducted in Kenya in the 47 administrative counties with at least one EARC in each county, providing equal representation throughout the country. Kenya has a varied geographical and cultural diversity. It lies between Somalia and Tanzania and on the East Coast of Africa. To the north is Ethiopia and Sudan to the West is Uganda. The area of Kenya is 582,646 square kilometers. The population of Kenya is 38,610,097 people according the 2009 census. It shares Lake Victoria to the west with East African countries, Uganda and Tanzania. The main urban centers include Nairobi the capital city, Mombasa, Kisumu, Nakuru and Eldoret. It experiences tropical climate along the coast and arid in the north and North Eastern. There are mountains and highlands to the west and in the central parts. There are the coastal plains in the south and arid interior, semi desert in the north, and the Great Rift Valley. The majority of the Kenyans are trilingual, speaking Mother tongue, Kiswahili and English. However, in some rural

areas and where the person is illiterate, they may only speak Mother tongue. According to the census of 2009 the population of persons with disabilities was 1,330,312 people which accounted to 3.5% of the total population (KNBS, 2010). According to the National Survey on persons with disabilities in Kenya 14,620 (3.6%) of youth between ages 15 to 24 have disabilities. The Map of Kenya is in Appendix V.

3.3 Study Population

The target population comprised 94 parents with assessed children, 52 parents with children booked for assessment and 52 assessment teachers (assessors). The assessors who took part in this research were to have served at the centers for at least a year. This length of time meant they had adequate experiences to be able to respond to the questionnaire in this research..

3.4 Sample and Sampling Techniques

Saturated sampling was used to select the 47 assessment centers from 47 counties in Kenya. Saturated Sampling is a non-probability technique in which all members of the target population are selected because they are too few to make a sample out of them (Mugenda and Mugenda, 2003)

A sample population is a section or part of the bigger population a researcher focuses on in a study. Sampling in a qualitative research depends on the researcher because there are no rules (Gall *et al.,* 1996). McMillan and Schumacher (2001) define sample and sampling as a representative portion of the population that is selected for investigation. It can also be a subject of measurement drawn from a population in which the researcher is interested. Ten percent of the target population was selected for pilot study.

Random sampling was used to select parent whose children had been assessed for an interview. A sample size of 85 parents whose children had been assessed was selected randomly for an interview. 52 children who had not been assessed were randomly selected through assessment teachers at the centers for the purpose of observations during the administration of the tests at the centers. Saturated sampling was used to select 52 assessors from to answer a questionnaire. Saturated sampling technique was used because the respondents were few. Ten percent of the target population was used for pilot study. The remaining respondents were used in the main study thus 85 parents for the interview, 47 children used for observation and 47 assessors used for questionnaires. Table 1 shows the sample frame.

Table 1. Sample Frame

Respondents	Target population (N)	Sample size	%
Parents with assessed children	94	85	90
Parents with children booked for assessment	52	47	90
Assessment teachers	52	47	90

3.5 Research Instruments

In this research, questionnaires, an interview schedule and an observation schedule were used as instruments.

3.5.1 Interview Guide for Parents

Interview guide is one of the most important sources of information in a study. Interview provides knowledge about a phenomenon on a deeper level. Kvale (1996) notes that interviews are particularly suited for studying peoples understanding of their lived world, describing their experiences and understanding, clarifying and elaborating their own perspectives on their lived world. Interviews are relevant instruments because they give a lot of information during an interview, for example, the body language and the eye contact. Yin (1994) and Kothari (2006) point out that interviews provide knowledge about a phenomenon on a deeper level. Borg and Gall (1996) explains that interviews are used extensively in educational research to collect information that is not directly observable.

They further point out that questionnaires and interviews inquire about people's feelings, motivations, attitudes, accomplishment, and experiences of individuals. Parents whose children had been assessed were interviewed to shade light on their views about the assessment process. Parents whose children had been assessed had experiences to what extent the assessors had involved them in the assessment process of their children during the administration of the test. Their experiences were to contribute to this research on the roles they played in the assessment of children at the levels of identification, administration of the tests, referral and placement and in the intervention activities. They provided information about identification, test administration, referral and placement and whether they were involved in the intervention activities for their children. The interview took place in their homes and the centers.. The Interview Guide is in Appendix VI.

3.5.2 Questionnaire for Assessors

A questionnaire is a quantitative data collection instrument. McMillan and Schumacher (2001) describe questionnaires as relatively economical. The instruments have the same questions for all the subjects and ensure anonymity. A questionnaire can reach a large sample of respondents. However, one of its disadvantages is that some respondents may not respond in time or completely ignore it.

A questionnaire for the assessors was developed and 47 assessment teachers were used as respondents. The instrument was to find out the perception of assessors in parental involvement in the assessment process at the centers, the necessity of parental involvement, and their opinion in involving parents in the assessment process, (See appendix 2). It consisted of 11 items rated on a five point Likert scale. This entailed the ratings starting from: not at all=1, smaller extent=2, small extent=3, large extent=4, larger extent =5. The Questionnaire for assessors is in Appendix VII.

3.5.3 Observation Schedule

An observation schedule is an instrument that gathers information by observation of events in the natural environment. It allows the use of all the senses to perceive information from a scene. It helps to gather first hand experiences without the informants, record information as it occurs, explores topics that may be uncomfortable to informants and notice unusual aspects. In this study the researcher observed how assessors interacted with parents from the time the parents arrive at the center, how parents and their children are prepared before and during the assessment of the children in the center. The researcher observed the extent to which assessors involved parents in

the administration of the tests to the children at the centers. Observation on how the assessors prompted parents to assist the children with test items, the sitting position of the children, the sitting position of parents and the discussion of the results with the parents after assessment. The involvement of the parents in the decisions after assessment and how the assessors guided and counseled the parents was also observed.. The whole observation process was videotaped from a secrete point in order not to disrupt the children attention during the assessment process. Each videotaping session took an hour. There were 47-videotaped sessions. The observation schedule is in Appendix VIII

3.6 Validity and Reliability

3.6.1 Validity

Borg and Gall (1996) have described validity as appropriateness, meaningfulness, and usefulness of specific inferences made from test scores. McMillan and Schumacher (2001) also explain that validity is a judgment of the appropriateness of a measure for specific decision that resulted from the score generated. Validity is used in daily conversations with the concept of reliability and validity which means the concept of discussion is true (Kothari, 2005) In social science research the term validity refers to a true measurement of a method, for, how accurate was what was measured hence is what is being measured measuring what it is intended.

In the present study, test items were based on the objectives. Content validity was used to establish validity of the instruments. Content validity is the degree to which test items in a test represent in type and proportion content designed to measure. Content validity is also determined by an objective comparison of the test items with the coverage of the topics in the course to ensure that the items represent the topics in terms of type and proportion Drost (2011). In this

study, the researcher designed questionnaires, interview schedule and observations schedule in relation to the objectives. Content validity was to ensured by obtaining subjective judgment by the experts of the concerned field as observed by Bryman and Bell, (2003) and by Sekaran, (2003). Expert judgment of the instruments was undertaken by the experts to establish the validity of the questionnaires, interview guide documents analysis guide and observation guides. They evaluated the relevance of each item in the instruments in line with the objective of this study.

3.6.2 Reliability

Reliability refers to results of research which if repeated the results would be same. The main objective of reliability in research is to be sure that, if later investigations followed the same procedure as described by an earlier researcher and conducted in the same way the latter should arrive at the similar findings and conclusions (Gall, 1996; Yin, 1994; McMillan & Schumacher, 2001). Best & Kahn, (2006) add that reliability implies the degree of accuracy, consistency, and the extent to which independent administration of the same instrument would give the same results under the same comparable conditions. For reliability, consistency was based on test retest reliability method of instruments. Cooper & Schindler, (2003) explain that this is the extent to which items in a scale or measurement device are homogeneous, and reflect the same underlying construct. The instruments were piloted on 10% of the study population.

The questionnaire was administered to 4 assessors and repeated with the same assessors after two weeks. The reliability coefficient of assessors questionnaires was calculated using Pearson product moment correlation coefficient and it was 0.74 at p-value of 0.5 was judged as reliable.

The researcher also observed four assessments conducted by these assessors in order to determine the reliability of the observation schedule and made adjustments to clarify or refine processes. Reliability for the interview schedule for parents whose children had previously been assessed was established through triangulation. Information gathered from the pilot interviews seemed similar and therefore the instrument was considered reliable. Minor corrections were made on the instruments before data collection. The respondents used in the pilot study were not used in the main study.

3.7 Data Collection Procedures

Before the researcher collected data, courtesy visits were made to the County Education Offices, the administrative offices for EARCs. Thereafter the researcher contacted the assessors and parents and visited EARCs to administer the instruments to the respondents. See Appendices IX and X.

The assessors at the center received and answered items on the questionnaires. Parents were interviewed at EARCs and in their homes and cases where the mode of communication was a barrier an interpreter from the community was used. The researcher undertook unobtrusive observation at 47 EARCs and videotape proceedings from a discrete point. During the administration of the test, the researcher took notes of the extent to which the parents were participating in the administration of the tests at every stage. The process took at least thirty minutes.

The schedule itemized specific activities that were recorded as the assessors administered the tests to the children at the centers. Kothari (2005) observes that observation is one of the best methods of collecting empirical information. In this study information was observed on how

assessors welcomed parents to the centers, how they psychologically prepared the parents and the children before the administration of the tests, the role the parents played during the administration of the tests, the involvement in the referral and placement procedures, and difficulties and obstacles observed between the parents and the assessors.

The whole process of observation was video recorded on consent from parents. The camera was kept at a secrete point so that it could not distract the assessment process. The video pictures were used to analyze the extent to which the parents were involved in the whole process of the assessment at the centers.

The researcher personally administered the questionnaires to the assessors at the centers. The assessments were video-taped while interviews with parents of assessed children were tape-recorded. Gall (1996) observes that tape recorders have an advantage because they reduce the tendency of interviewers to make an unconscious selection of data favoring their biases. The researcher also used field notebooks to record anecdotal information about the parents and assessors. Information on how parents related to their children, how assessors related to parents and how parents responded to the oral instructions were noted in the notebooks.

3.8 Data Analysis

Borg, Borg and Gall (1996), and Yin (1994) define data analysis as the process of examining case study data closely in order to find constructs, themes, and patterns used to describe and explain the phenomenon being studied. Orodho (2005) adds that the analysis of data requires a number of closely related operations such as the establishment of categories and their application to raw data through coding, tabulation and drawing statistical inference.

The questionnaire for assessment teachers were categorized into six themes thus, involvement of parents in identification, involvement parents in the administration of the tests, involvement of parents in referral and placement, involvement parents in intervention activities and difficulties encountered by parents and assessor in the assessment process. The questionnaires sought the opinion of the assessors in the involvement of the parents in the whole assessment process using the 11 items on a five point rating scale (not at all=1, smaller extent=2, small extent=3, large extent=4, larger extent =5). A mean of 1-1.5 was rated as not at all; 1.6-2.5 was rated as smaller extent; 2.6-3.5 was rated as small extent; 3.6-4.5 was rated as large extent, and finally 4.6-5.0 was rated as larger extent. The observation schedule focused on activities derived from the behavior of the assessor, the child and the parent during the whole process of assessment at the center.

The first observation schedule on the extent of parental involvement in the administration of the test consisted of 9 items rated on a five point rating scale which were (very poorly done=1, poorly done=2, fairly done=3, well done =4, perfectly done =5). There corresponding means implied that (mean of 1-1.5=very poorly done; 1.6-2.5=poorly done; 2.6-3.5=fairly done; 3.6-4.5=well done; 4.6-5.0=perfectly done). The second observation schedule was for objective three on extent of parental involvement on referral and placement. This also consisted of items on a five point rating scale rated as (very poorly done=1, poorly done=2, fairly done=3, well done =4, perfectly done =5). There corresponding means implied that (mean of 1-1.5= very poorly done; 1.6-2.5= poorly done; 2.6-3.5= fairly done; 3.6-4.5= well done; 4.6-5.0= perfectly done).

3.9 Analysis of Quantitative Data

Quantitative data was analyzed using frequency counts, percentages, and weighted mean. The alpha level of significance was set at .05.

3.10 Ethical Considerations

Before conducting the research, permission was obtained from Maseno University Ethics Review committee (MUERC). The study adhered to professional research ethics that helped avoid any ethical dilemmas. Participation in the study was voluntary. There was no obligation to participate or any adverse consequences for those who chose not to participate or discontinue their participation at any time throughout the study. Informed consent was obtained from all participants (See Appendix VI). The respondents were informed that the data and information provided would be treated with strict confidentiality and would solely be used for the purpose of the study. Anonymity and confidentiality were salient throughout the research process. The raw data from the field was kept under lock and key while processed data was stored in computer encrypted by password accessible to only the researcher. All participants were assigned an alphanumeric code that was used to compile and organize all subsequent data.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the results and discussion of the data collected on the involvement of parents in the assessment of their children at EARCs in Kenya. The purpose of this study was to find out the extent of parental involvement in the assessment process of children with special needs at the Educational Assessment and Resource Centers in Kenya. The objectives of the study included: Examining the extent to which parents were involved in the identification of children with special needs; Establishing the extent of parental involvement at the test administration level; Determining the extent of parental involvement at the referral and placement levels; Establishing the extent of parental involvement in the intervention activities of children with special needs.

4.2 Demographic Information of Respondents

4.2.1 Response Rate

The response return rate of the research was (100%). This was ensured by conducting interviews and observations *in situ*: of assessment teachers at their workplace in the EARCs, of parents with assessed children in their homes and of parents with children being observed during the assessment process at the EARCs.

4.2.2 Qualifications of Assessment Teachers

From the data obtained, most assessment teachers had academic qualifications in Special Needs Education (SNE), but not in assessment.

Table 2. Assessors Demographic Information

Categories	f	%
Certificate in Educational Assessment and a Degree in SNE	2	4.3
Degree in SNE	13	27.6
Diploma in SNE	28	59.6
Certificate in SNE	4	8.5
Total	**47**	**100.0**

Only two assessment teachers representing 4.8% were qualified as trained assessors besides their qualifications in SNE. Majority (59.6%) assessors had a diploma in SNE. The Kenya National Human Rights Commission, in a survey report, found that most EARCs had neither trained personnel for assessment nor adequate and appropriate assessment equipment. The report concluded that there was a risk of misidentification and wrong placement of children with special needs at the centers in Kenya.

O'Connor (2001) observed a competent assessor needs such special skills like guidance and counseling, communication, rapport and competence in the psychology of the learner with

special needs and disabilities. This means assessors need a comprehensive course tailored to equip them with the skills in order to work with parents. It was telling that when the assessors were asked for their opinion on whether to involve the parents in the assessment process, the two with assessment training were positive towards parental involvement at all levels in the assessment process. On the other hand, there is a possibility that untrained assessors lacked skills like guidance and counseling. This inadequacy or lack of skills may have contributed to unawareness that it was their professional duty to involve the parents in the assessment process. Jones *et al.* (2006) asserts that it is illegal for an assessor to undertake an assessment process when they are not qualified. The American Psychologists Code of Conduct (2002) states that assessment is such a serious exercise that may be used to decide the fate of an individual for life and therefore all professionals should be persons with special training.

4.3 Objective 1. Extent of Parental Involvement in the Identification of Children with Special Needs

The views of assessors were sought on the extent of involvement of parents in the identification of children. The results were analysed and presented in Table 4.

Table 3. Assessors responses Parental Involvement in the Identification Process (n=47)

Statement Parents should:	To a larger extent f (%)	To a large extent f (%)	To a small extent f (%)	To a smaller extent f (%)	Not at all f (%)	Mean
Describe emotional activities exhibited by the child	5(10.6)	3(6.4)	4(8.5)	9(19.2)	26(55.3)	2.72
Describe odd behavior exhibited by the child	2(4.3)	7(14.9)	4(8.5)	12(25.5)	22(46.81)	2.21
Describe unusual motor activities	3(6.4)	3(6.4)	7(14.9)	14(29.8)	20(42.5)	2.17
Describe odd visual activities	3(6.4)	6(12.8)	8(17.0)	12(25.5)	18(38.3)	2.36
Describe odd hearing activities of the child	5(10.6)	5(10.6)	2(4.3)	11(23.4)	24(51.1)	2.19
Mean rating						**2.31**

The mean rating of 2.31 indicates that assessors to a large extent do not believe that parents should be involved at the identification stage of assessment of their children Key indicators of identification process that were most lowly rated included in describing odd emotional activities exhibited by the child (2.72) and describing odd visual activities. During the observation process it was noted that assessors begun testing the child without eliciting background information

beyond date of birth and what the parent generally thought was wrong. This indicated that parents were not involved in the identification process as rated by assessors.

Farrell (2009) observed that parents needed to be involved in identification process providing information about etiology of the condition of the child, while Mangal (2011) indicated that if informed and encouraged, parents were in the best position to offer valuable information at the identification. Drummond and Jones (2006) have noted that most parents may not be involved in the assessment process due to belief that "professionals know it all" negating their own role in the identification process of children with special needs and disabilities.

To validate the findings, parents whose children had been assessed previously were interviewed. The interview sought to find out onset of disability, the indicators of disabilities and if assessors consulted parents during identification stage.

Most parents were not aware of the disabilities until they were alerted by the school or by doctors. Many parents had the same opinion as Parent 22 who simply stated: *I didn't know until the doctors informed me about it.*

Parent 08 said that,

> *I only knew my child had a disability when the school alerted me. I had seen some symptoms showing my child could not speak properly, but I did not think that was a big problem.*

Parent 24 also noted that

> *I did not know what the problem my child had until I was called to school and learnt that he was performing poorly in class. I took him to the assessment center and was told he had hearing problems.*

Parent 25 said,

> *I did not know my child had a visual problem until the child was assessed (at the assessment centre) when admitted in school at age. They said the vision was getting bad and my child was likely to become blind.*

While Parent 08 had some idea that the child had a problem it was only after the school identified the speech difficulty that the magnitude of the problem was understood. In the second case the parent was unaware of the visual problem since both children were identified in school it can be concluded that parents were not able to identify their child's disability until professionals such as assessors and teachers did it at a later age.

For parents who noticed odd behavior or emotional issues, inability to reach developmental milestones were the main indicators although some did not think the issue was serious. For example,

Parent 38 said that,

> *My child did not stand and walk at age four but I thought the child would walk one day. But when it became late I took my child at the centre to the assessment centre and was surprised the child had a physical disability.*

Parent 19 said,

> *My child did not respond to any communication up to age three and did not know what the problem was. I thought the child would communicate as he*

grew up. I took the child to the assessment centre and was shocked the child had hearing difficulties.

Among those parents who noted their child had a disability before assessment 34 (73.1%) said they noticed abnormal movement, abnormal growth of limbs, and other delayed developmental milestones, prompting them to seek advice from friends and family members. A further 5 (8.9%) parents said they were informed from the hospital. This happened in cases where the child was born with an overt disability. Eight parent representing 18.0% of this subset of parents said they noticed the difficulties but because of cultural beliefs they waited for a miracle before accepting that their children had difficulties or special needs. This was common among pastoral communities who believed that it was a curse to have a child in the family who is handicapped. Parent, 018, reported that she gave birth to twins and had to abandon the husband hurriedly because in her ethnic community, first-born twins are a curse and usually killed, especially one or both of them have a disability.

Some disabilities may not be identified early in the life of a child. They include deafness, visual impairment, learning difficulties, specific learning difficulties, and mental disabilities. Parent 31 stated that she only learnt of the presence of the disability from teachers as she noted, "*teachers told me that my child was talented*". Mangal, (2011), Mittler and Mittler, (2000) concur that parents could identify their children's difficulties but may not understand how to manage them until the professionals' intervene. The findings clearly point to the critical role played by EARCs in the early identification of disability. Even in cases where the parent was aware of the disability, formal identification based on diagnostic assessment was critical for referral and placement.

4.4 Objective 2: Extent of Parental Involvement during Test Administration

In test administration, the assessor involved the child in various sensory and motor tasks that helped to determine difficulties experienced. During administration of the test it is expected that parents are present so that they may help to explain the test activities to the child in the language the child understands, assist the assessor in giving instructions and demonstrate test tasks. The observation indicated that 9 (19%), parents were not present at all during administration of the test, and 20 (42.6%), parents, while present, did not help with the administration of the test. In picture 1 Appendix XIV (1) the parent sits a distance away from the test area, while the parent is not present in picture 2 (Appendix XII). Non-involvement of parents was higher when the child was older or able to talk. The high numbers of older children may be associated with the delayed identification of children at home with most children brought to the EARCs after facing learning difficulties and thus referred by the school.

To determine further parental involvement in test administration the parents with children who already had been assessed were asked, "*What did you do while the test was being administered?*" Majority of the parents 34 (72.3%) indicated that they did not play a role

Parent 03

> *I did not do anything. I just sat and watched as the assessor carried out the test. I was only asked how old the child was.*

Parent 23

> *I was outside chatting with other parents as the doctor treated the child*

The answer given by Parent 23 can be further explained that: the parent did not understand the assessment process and purpose. His perception of the assessment process was that this was a medical intervention, hence reference to the words "doctor" and "treated".

To understand further the interaction at test level, observations were made as to how well parents were involved. The researcher looked for aspects such as fully explaining the processes and procedures and fully involving the parent at each step of the test administration.

The results of the observations are tabulated in Table 5.

Table 4. Observation of Parents Involvement in Test Administration (n=47)

Statement Parent:	Perfectly done f (%)	Well done f (%)	Fairly done f (%)	Poorly done f (%)	Very poorly done f (%)	Mean
Is welcomed to the assessment room	11(23.4)	18(38.3)	9(19.1)	5(10.6)	4(8.5)	3.57
Is explained to the assessment procedure	5(10.6)	5(10.6)	6(12.8)	11(23.4)	20(42.6)	2.23
Is informed of the importance of background information	4(8.5)	5(10.6)	7(14.9)	11(23.4)	20(42.6)	2.19
Is informed of the confidentiality of background information	1(2.1)	5(10.6)	9(19.1)	14(29.8)	18(38.3)	2.08
Is familiarized with the assessment test	5(10.6)	6(12.8)	7(14.9)	11(23.4)	18(38.3)	2.34
Is informed of possible roles	3(6.4)	8(17.0)	6(12.8)	9(19.1)	21(44.7)	2.21
Parent attempts a task	5(10.6)	7(14.9)	7(14.9)	12(25.5)	16(34.0)	2.42
Parent tries first as the child watches.						
Parent helps the child to perform the task	1(2.1)	2(4.3)	3(6.4)	12(25.5)	29(61.7)	1.60
Mean rating						2.40

Welcoming of parents at the centers was rated as well done as 29 assessors scored either perfectly done or well done. They greeted and invited the parent and child into the assessment

room (M=3.57). In some centers, reception staff initially did the welcoming where preliminary information was obtained. However the results indicate that parental involvement thereafter was rated as poorly done (M=2.40). On average, only 12 (25.5%) assessors persistently scored perfectly done or well done on explaining the assessment procedure, the importance of background information, and familiarizing the parent with the test.

Information about confidentiality of the testing process was rated poorly done with at 2.08. Confidentiality is critical in building up trust and assurance that the information being elicited will be used for the correct purposes. Corey (2009) states that informed consent and confidentiality both empowers clients and builds a trusting relationship. This, in turn, tends to promote their active cooperation and provides them with the ability to make informed choices, without this assurance, parents may withhold important information preventing their children from receiving full and appropriate treatment.

The results rated poorly done (M=1.60) for parents helping the child with a task. It was observed that only one assessor fully involved the parent, with 29 assessors not involving the parent at all. The poorly done rating of 2.42 indicates that most assessors did not ask parents to first attempt a task as the child watched.

These results do not clarify whether the assessors did not know that they should involve the parents or they just ignored the role of the parents. Most assessors only asked the parents about the birth history of the child at the beginning of the assessment process and it was also observed that some of the parents only presented the child and waited for the assessor's feedback. The

perceptions of assessors in the test administration were therefore elicited as shown in Table 6. The results were close to what was observed by the researcher during test administration, yielding a done rating of 2.60.

Table 5. Assessors responses of Parental Involvement during Test Administration n=47)

Statements Parents should	To a larger extent f (%)	To a large extent f (%)	To a small extent f (%)	To a smaller extent f (%)	Not at all f (%)	Mean
Be present during the administration of the test	20(42.6)	11(23.4)	6(12.8)	5(10.6)	5(10.6)	3.77
Explain to the child the process of test administration	5(10.6)	3(6.4)	11(23.4)	9(19.1)	19(40.4)	2.27
Help with the instruction of the child	4(8.5)	5(10.6)	7(14.9)	11(23.4)	20(42.6)	2.19
Demonstrate the test-tasks to the child	4(8.5)	5(10.6)	9(19.1)	11(23.4)	18(38.3)	2.28
Prompt the children in a familiar language	4(8.5)	3(6.4)	6(12.8)	23(48.9)	11(23.4)	2.27
Mean rating						**2.60**

The rating of 3.77 on the first item shows that assessors rated to a small extent the presence of the parents in the room during test administration. Indeed the observation results indicated that in only five cases (10.64 %) were the parents outside the room. However, for the rest of the items the assessors perceive that there is a small necessity for participation of parents in explaining the

test instructions or helping the child. The lowest rated was helping with instructions. This corresponds with the observation where it was noted that in 41 (87.23%) the parent helping the child to perform the tasks was either very poorly or poorly done. Parent 18 whose child had been assessed earlier reported that he was given the assessment report in the office without the benefit of knowing what happened during the administration of the test.

Mittler, (2000) and Jones & Drummond (2005) have stressed that if parents are not in the clinic or sensitized to support children during administration of the test, the process of assessment may be invalid and unreliable. Jones and Drummond also note that parents be communicated to the results before and after assessment so that they are aware of the process otherwise, the tests might cause more anxiety to the parents. The child may not perform the language activities on the screening test may not be preformed in the absence of the parents. In one center, the child could not perform without maintaining eye contact with his mother. This implies that if the mother was not present to prompt and encourage him, the child would have not have performed the assessment activities. These findings are supported by Malone (2007) who observed that without the involvement of mothers' in the assessment of children their performance was low because of lack of confidence, being shy and being instructed by a professional in a strange environment, which affected the results

From the observation, it was noted that two major factors contributed to the extent of parental involvement in the assessment process. Parents who are literate or had formal education seemed to have been more interested in accessing information about the procedures, the assessment

process and its outcomes. They asked more questions and asked to be involved but one parent ultimately showed his frustration with the outcome:

Parent 24 (schoolteacher)

> *.....so why did I have to present this child to the assessors if the only thing I was told he is deaf? I knew that, but what next...?*

The assessors training and experience may also have played a role in the extent to which they perceived parental involvement as important, as well as the extent to which they actually do involve the parents.

4.5 Objective 3: Extent of Parental Involvement during Referral

Once the testing process has been completed, the assessor is supposed to provide parents with information and options for placement. The assessor may also refer the child for further testing or for treatment. The interaction between assessors and parents at referral and placement was observed and key interaction recorded in Table 7 below.

Table 6. **Observation by assessors on the Extent of Parental Involvement in Referral**

(N=47)

Statement	Perfectly done f (%)	Well done f (%)	Fairly done f (%)	Poorly done f (%)	Very poorly done f (%)	Mean
Referral						
Results explained in a language the parent understands.	3(6.4)	8(17.0)	21(44.7)	11(23.4)	4(8.5)	2.89
Parent presented with a written assessment results in a language level the parent understands	3(6.4))	6(12.8)	9(19.1)	13(27.7)	16(34.4)	2.29
Content of referral letter explained in a language level the parent understands	2(4.3)	8(17.0)	9(19.1)	13(27.7)	15(31.9)	2.34
Parent is consulted before referral	3(6.4)	3(6.4)	8(17.0)	13(27.7)	20(42.6)	2.06
Parents views are sought regarding the placement option	2(4.8)	6(12.8)	5(10.6)	11(23.4)	23(48.9)	1.32
Parent is informed of possible placement activities	5(10.6)	4(8.5)	12(25.5)	8(17.0)	18(38.4)	2.64
Mean rating						**2.25**

In most of the centers assessors either communicated in Kiswahili or in mother tongue. For three cases where the parents had good command of the English language, the assessors spoke in English. The mean score for explaining the results in a language the parent understands was rated as done (2.80). It was notable that where the assessor and the parents did not speak any common language then an interpreter was engaged. However, these were not trained interpreters but included subordinate or other staff at the center, called in on an ad hoc basis. It can therefore be debatable whether information on referral and placement was passed on accurately.

In determining the language, level used in referral the researcher analyzed the results and found that notes were written in English (Appendix XI). Parents who were literate might understand the form, but not when the assessor used professional terms to describe the condition of the child, leading to a poorly done rating of the item at 2.29. Content of referral letter explained in a language level the parent understands as rated as poorly done (2.34). Only 10 (4.7%) assessors rated either perfectly done or well-done against 28 (59.57%) who rated as very poorly or poorly done in explaining the referral letter. It was noted that in most instances the parent was handed the letter. The parent was directed what to do next rather than having the contents explained and a discussion held. In addition, parents were not consulted before referral (2.06). Most assessors completed testing and filled out the referral letter in full before handing it over to the parents.

Likewise, parents' views were rarely consulted to discuss placement options. This was very poorly done (1.32. The assessors documented the results on a referral form and instructed the parent to present it to a special school or hospital for treatment without consulting and explaining to the parent its content. Informing parents of "possible placement activities" was rated as poorly

done at 2.2.6. Placement activities involve one or a combination of the following: enrolling the child in school, providing care during hospitalization, administering drugs and therapy or in buying assistive devices. The parent would therefore need to be interviewed to find out their capabilities regarding time, money, and ability to cope with placement options. In doing so, the parent and the assessor would be able to reach consensus on what was best for the child in the circumstances.

Parent 33 stated that:

> *I was not asked anything. So when they told me to take my child for an operation, it is far and I cannot afford. I just went back home. It is now 2 years the child is just in the house*

Parent 11 was asked whether she was consulted after the assessment before placement of the child. She replied,

> *I was given a letter to take to a school [for referral] but did not know what was inside. The assessor never told me my child was to be admitted in that school. I don't like the school. "I was not consulted.*

This was an emotional expression of a frustrated parent who did not know what the assessors had decided about her child. Assessors have a professional responsibility to assess and discuss with the parents the findings. They should seek their opinion about the referral and placement. This may minimizes the frustrations as exhibited by parents and increase the likelihood of suitable interventions for the child. O'Connor (2006), Jones (2006) and Njeri (2015) found out that parents who have discussed the assessment results with assessors are more positive about

participating in referral and placement. When parents have knowledge of why their children are referred to or placed in a programme, they too actively participate in the program and reduce the perception that only professionals should carry out intervention activities. In addition, the researcher observed the interaction between parents and assessors in placement activities. The results showed the assessors poorly involved parents in the placement process at a mean rate of 2.09.

Table 7. **Observation results of the Extent of Parental Involvement in Placement (n=47)**

Statement Parent was	Perfectly done f (%)	Well done f (%)	Fairly done f (%)	Poorly done f (%)	Very poorly done f (%)	Mean
Counseled before placement of the child	2(4.3)	2(4.3)	4(8.5)	17(36.2)	22(46.8)	1.83
Informed of possible placement options and a justification for that option explained	6(12.8)	8(17.0)	8(17.0)	13(27.7)	12(25.5)	2.21
Informed of support that will be given by assessors after placement	3(6.4)	4(8.5)	10(21.3)	15(31.9)	15(31.9)	2.09
Guided to support the child in the placement activities	5(10.6)	2(4.3)	3(6.4)	14(29.8)	23(48.9)	1.98
Guided in involving family members in placement activities.	2(4.3)	7(14.9)	9(19.1)	15(31.9)	14(29.8)	2.32
Mean rating						**2.09**

The results indicate that the process of guiding parents to support the child in placement activities was poorly done in 23 (48.9%) at the assessment centers. Only 4 assessors rated perfectly done or well done in counseling parents before placement options were discussed, while 82.97% (n=39) either did not counsel the parents or rushed through the discussion. Jones and Drummond (2005) are emphatic that the results of the assessment should be discussed at length. The assessor should be aware that results might cause distress, confusion or anger, and give parents' time to process the new information during counseling. However, given the demographic information of the assessor's showed only two had qualifications in assessment, it

can be extrapolated that most assessors did not know how to counsel the parents. During the observation process, showed that the options for placement and the justification for the choice were poorly done (2.21).

Once a placement option is suggested, it is expected that the assessor explain to the parent what will happen and the role of the parent. The referral form is very brief and does not indicate the outcome of any discussion with the parent. It was observed that the support that would be given by assessors after placement was poorly done (2.21), guidance to support the child in the placement activities was very poorly done (1.98) and guidance to involve family members in the placement activities was poorly done (2.32).

Findings of this study differ with study findings by Mitchell (2005), who found out that when parents are involved in the placement programs of their children they have positive attitude towards supporting their children both at home and at school in learning activities. The parents understand the reason why their children are placed in those programs and therefore support professionals. Further interview with parents whose children had been assessed revealed that 40 (80.85%) did not feel they received clear explanation about referral and placement. Parents stated that the assessor alone made the decisions on referrals and placement.

Parent 30 summarized this by stating

They did not explain the need for the referral

Parent 12 complained

> *The assessor gave me the report after assessment without informing me what it said and how it would affect my child who was already in school.*

Parent 37 said

> *I did not understand the report. It was written in English language. This made me very frustrated*

To further understand what was observed, the perceptions of assessors were sought to determine what they thought about involving parents in referral and placement activities. Their overall involvement was rated to a small extent at 2.38. While assessors felt that parents could be guided and counseled outside the EARCs as indicated by a mean of 3.57, the other items were rated lower.

Table 8. **Assessors Rating of Parental Involvement in Referral and Placement (n=47)**

Statement Parents can	To a larger extent f (%)	To a large extent f (%)	To a small extent f (%)	To a smaller extent f (%)	Not at all f (%)	Mean
Only be guided and counseled at the EARC	5(10.6)	7(14.9)	7(14.9)	12(25.5)	16(34.0)	3.57
Discuss with the assessors the assessment results	1(2.1)	5(10.6)	9(19.1)	14(29.8)	18(38.3)	2.09
Be consulted before referral and placement	3(6.4)	8(17.0)	6(12.8)	9(19.1)	21(44.7)	2.21
Be guided to train their children at home	4(8.5)	5(10.6)	12(25.5)	16(34.0)	10(21.3)	2.51
Be guided to involve members of the family in the intervention process	5(10.6)	6 (12.8)	7 (14.9)	11(23.4)	18(38.3)	2.34
Be trained at the assessment centers to support their children at home	1(2.1)	2(4.3)	3(6.4)	12(25.5)	29(61.7)	1.60
Mean rating						**2.38**

To further understand what was observed, the perceptions of assessors were sought to determine what they thought about involving parents in referral and placement activities. Their overall involvement was rated to a small extent at 2.38. While assessors felt that parents could be

guided and counseled outside the EARCs as indicated by a mean of 3.57, the other items were rated lower.

Concerning discussions of the results with the parents, only 6 (12.76%) assessors agreed that it was necessary to a larger extent (2.1%) and to a large extent (10.6%). Those who to a larger extent and to a large extent perceived it was necessary to consult the parent before referral and placement decisions formed only 23.4%. It was also notable that most assessors did not see the need to guide parents to train their children at home (2.21), guide parents to involve members of the family in the intervention process (2.34) or trained at the assessment centers to support their children at home (1.60). The low rating indicates that assessors do not see parents as capable of guiding and training their children at home, lending credibility to the assertion that assessors feel they know it all (Drummond and Jones 2006).

Taylor (2000) observed that parents should be involved in the intervention and referral programmes to create positive attitudes of parents to train their children at home. Hunter and McGhee (2014) emphasized that there must be conscious effort made to include parents in decision making.

4.6 Objective 4. Involvement of Parents in Intervention Activities

The study sought to establish the involvement of parents in the intervention activities after the assessment of their children. The information was sought using an interview with parents whose children had been assessed, while the opinions of assessors were sought through a questionnaire. Parental involvement in intervention activities enables the child to be assisted in remediating the handicapping condition in early stages before it gets out of hand, while their involvement in

training the child activities of daily living, communication and administering drugs to those who are weak enables children to cope with the handicapping condition. 72 (84.71%) of the parents whose children had been assessed indicated that they were involved in various intervention activities only to a small extent, citing lack of skills to do so. Parent 13 said

> *My child has very little vision, but I dont train her because I don't know what activities can enable her to see.*

Parent 42 said,

> *My child has hearing problems; we cannot communicate. He only uses signs and gestures. Most of the time I do not understand him: I am unable to train him how to communicate.*

Parent 43 said,

> *L is my second last born; he has had problems in movement for the last 8 years. I was advised to provide a wheel chair or crutches. I am unable because I do not have money to buy food and clothes to my nine children; how do I buy wheelchair and crutches for L alone?*

However, a few of the parents indicated that they were involved in limited intervention activities.

Parent 28 said,

> *I train my child who has difficulties in walking every morning to walk.*

Parent 29 said,

I assist my daughter who has difficulties in coordinating body functions to do activities such as eating, holding objects, dressing and bathing.

Parent 57 said,

My child has a problem where he experiences convulsions and I give him drugs every morning so now she does not fall down too much.

Table 9. **Responses of assessors in the Involvement of Parents in the Intervention Activities**

(n=47)

Statement Parents usually	**To a larger extent f (%)**	**To a large extent f (%)**	**To a small extent f (%)**	**To a smaller Extent f (%)**	**Not at All** **f (%)**	**Mean**
Train their children a in orientation and mobility at home	3(6.4)	10(21.3)	15(31.9)	14(29.8)	5(10.6)	2.92
Administer drugs to children at home	3(6.4)	9(19.1)	17(36.2)	12(25.5)	6(12.8)	3.11
Meet educational expenses related to their children's needs	3(6.4)	23(48.9)	14(29.8)	5(10.6)	2(4.3)	3.85
Provide assistive devices to their children	2(4.3)	5(10.6)	3(6.4)	11(23.4)	26(55.3)	1.62
Involve family members in the management of children with special needs at home	4(8.5)	3(6.4)	24(51.1)	9(19.1)	7(14.9)	3.07
Provide physiotherapy services	4(8.5)	6(12.8)	19(40.43)	11(23.4)	7(14.9)	2.80
Train their children in activities of daily living	12(25.5)	21(44.7)	6(12.8)	3(6.4)	5(10.6)	4.47
Train children in communication techniques	8(17.1)	4(8.5)	19(40.4)	13(27.7)	3(6.4)	2.97
Train children in visual perceptual activities	5(10.6)	2(4.3)	7(14.9)	12(25.5)	21(44.7)	1.87
Provide challenging tasks to gifted and talented children	2(4.3)	6(12.77)	4(8.5)	11(23.40)	24(51.06)	1.73
Overall mean rating						**2.84**

The table shows varied activities of parents' ability. The highest rated items were training children in activities of daily living (4.47), meeting educational expenses related to the needs of their children (3.85) and administering drugs (3.11). This shows that the assessors felt parents could cater for their children to a large extent. These findings concur with findings of Egan

(2008) who stated that parental involvement in intervention activities could help avoid developmental delays among learners with special needs.

The three lowest ranked items were provision of assistive devices (1.62), ability to provide challenging tasks to gifted and talented children (1.73) and in training children in visual perception activities (1.87). Many assistive devices are expensive and not easily accessed. The parents would have rated low in this respect as assessors thought parents had economic challenges. In many instances, too parents would not be able to provide an enriched learning environment for gifted and talented children and might rely on the schools to provide extra or more challenging class work. Hardson (2005) observed that intervention was an important activity in provision of education, health and social services as a means of enhancing learning; reducing the effects of disability. He stated that intervention activities needed to focus on areas of cognitive, physical, communication, social, emotional and adaptive development. From Table 10 it can be deduced that assessors rated the extent to which parents could be involved in intervention activities was only to a small extent (2.84).

The present study differed with Egan (2005) who observed that effective intervention must involve parents and their families in natural homes; he noted that the services needed to focus on individualization, intensive intervention and a comprehensive approach to meet needs of each child with special needs.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Summary of Findings

5.1.1 Extent of Parental Involvement in the Identification of Children with Special Needs

The study set out to determine the extent to which parents were involved in the identification process. The key indicator of involvement was ability of the parent to describe unusual or odd activities exhibited by the child. From the interview with parents, it was evident that parents lacked knowledge about various disabilities, while others believed that developmental delays would resolve eventually. It was usually the school or a medical practitioner that encouraged the parent to have the child assessed. The assessors rated low ability for parents to identify disabilities as indicated by the mean rate of 2.31.

5.1.2 Extent of Parental Involvement during Administration of the Tests

Parental involvement in test-administration was rated to a smaller extent with majority of the parents were welcomed to the test room (61.7%), but any further involvement rating was lower at between 2.08 and 2.42. The lowest involvement was in the parent helping the child to perform tasks during the test with only 12.77% supporting the children. Assessors rated the need for overall parental involvement to a small extent (2.60). In five instances the child was tested while the parents were outside the room, in two other cases the parent sat at distance from the assessor and merely observed.

5.1.3 Extent of Parental Involvement in Referral and Placement

It was observed that most assessors communicated in Kiswahili or mother tongue and in cases where there was no common language an interpreter was called in. This raised the mean score for explaining the results in a language the parent understands as fairly done (2.80).However the results were presented in English and parents whose children had been assessed expressed frustration at not understanding the professional terms that could not be explained in the language of the parents. Only 10 (4.7%) assessors rated either perfectly done or well done against 28 (59.57%) who rated as very poorly or poorly done in explaining the referral letter. Consultation of parents before referral and placement rated as poorly done (2.09) with the assessors merely filling out the referral letter in full before handing it over to the parents.

Placement options were only discussed in 8 (17.02%) of the cases. The referral report is extremely brief and does not provide service providers involved in intervention with adequate details on the child's condition, suggestions on how the child should be helped in the classroom or the possible resources to be used to support the child's learning. The parental involvement in the placement implied that the parents understand the intervention process, which was not the case as expressed by parents during the interviews. Parents were not asked about their ability to support the child after placement.

5.1.4 Extent of Parental Involvement in Intervention Activities

The assessors rated parents' ability to manage intervention activities only to a small extent (2.84). They believed that parents could train children in activities of daily living (4.47), meet educational expenses related to the needs of their children (3.85) and administer drugs (3.11) to a

great extent. However, provision of assistive devices (1.62), ability to provide challenging tasks to gifted and talented children (1.73) and in training children in visual perception activities (1.87) were rated to a smaller extent.

Majority of parents (84.71%) whose children had been assessed were only involved in various intervention activities only to a small extent, citing lack of skills to do so. Those who were involved mentioned helping the children with motor activities and activities for daily living.

5.2 Conclusions

5.2.1 Involvement of Parents in the Identification of Children with Special Needs

The study established that few parents are able to identify their child's condition before formal assessment and relied on assessor's diagnosis. The lack of consultation and discussion was an indication that the assessors do not value the involvement of parents in identification stage of the test.

5.2.2 Involvement in the Administration of the Tests

The study established from observations schedule and the interview that parents were involved in the administration of the tests to a small extent. It could be concluded that the assessors did not value the importance of parental involvement in the test administration. Leaving out the parent could render the results invalid, and unreliable.

5.2.3 Extent of Parental Involvement in Referral and Placement

In most instances, parents were presented with the referral form indicating the diagnosis and indicating placement without involving the parent. It was concluded that assessors do not value

the input of parents to make joint decisions about placement. Parents who do not discuss the test results may be confused or angry at the condition of the child and would not e able to support the findings and the placement option. It was concluded that assessors see themselves as professionals who know best and did not value the role of the parent as important in their final decisions on placement and referral.

5.2.4 Extent of Parental Involvement in Intervention Activities

From the findings of the study, it was concluded that assessors do not perceive parents as capable of managing the intervention activities of their children with special needs. Parents also agreed that their ability to manage intervention activities.

5.3 Recommendations

Based on the findings of the study, the study recommends that:

i. All parents need information on early signs of disability and of EARCs where they can access assessment for early intervention.
ii. Assessors should involve parents in the administration of the assessment tests in order to better communicate with the children, leading to more valid test results.
iii. Assessors should counsel the parents before offering and discussing options for referral and placement. This would help parents process the diagnosis and come to terms with the child's condition. Thereafter the parent would be able to pick out the placement options that he/she would be able to support.
iv. Intervention options usually involve some form of training which parents may not be able to give. EARCs should have training programs and workshops where parents are given the knowledge and skills they need to support children with different abilities and challenges.

v. The test administration manual does not clearly outline the role of the assessor and the parent in the assessment process. Therefore, very few assessors are aware of the critical role parent's play, or of how involvement of parents leads to better outcomes for the child. The EARC manual and the screening manual should be revised to include explicit instructions at each stage that guide assessors on parental involvement.

vi. It was noted that only two assessors out of 47 had specialized training in assessment. It should be mandatory for personnel deployed to assessment centers to undergo a course specifically in the assessment. 5.5 Suggestions for Further Studies

5.4 Suggestions for Further Study

From the findings of the study, the following topics are suggested for further study;

i. Needs assessment conducted in order to determine specific skills required by assessors to better involve parents in assessment at EARCs and ensure reliable and valid test results for children with special needs.

ii. A review of the tests conducted as the manuals used at EARCs are decades old. They need to be aligned with current testing methodology and content in SNE.

iii. An analysis of the certification process for assessors should be conducted with a view to reviewing the curriculum to ensure that assessors have the requisite skills for parental involvement in assessment at EARCs.

REFERENCES

American Psychological Association (2000). Report on Task Force on Test User Qualifications. Retrieved 10th February 2016 from htt://www.apa.org/science/progras/testing/qualificatioos.pdf

Bailey, B. D., and Wolery, M. (2002). Teaching Infants and Pre-schoolchildren with Handicaps. Journal of Early Intervention. 25, 58-75.

Best, W. J. and Kahn, V. J. (2006). *Research in Education (10th ed.)*: New Delhi: Prentice-Hall Inc.

Beveridge, S. (1993). *Special Education Needs. Handbook of Gifted and Talented Education (3rd ed.)*. Ohio: Tip press

Blacher, J. (2002). The Mystery of Family Research: Parents Magically Change from Invisible to Prominent. *Exceptional Parent, 32,* 46-48.

Bloom, B. S. (1964). *Stability and Change in Human Characteristics*. New York: Wiley & Sons Inc.

Bonjo, J. S. (2002). *The Cooperation between Parents and Assessment Teachers at EARCS in Kenya.* A thesis submitted for the requirements of a Master of Philosophy Degree in Special Needs Education, Oslo University, Norway.

Bronfenbrenner, U. (2006). The Ecology of Human Development. *International Encyclopedia of Education, 3 (2).*

Bryman, A., and Bell, E. (2003). *Business Research Methods.* UK: Oxford University Press.

Carpenter, M. (2000). Sustaining the Family: Meeting the Needs of Families of Children with Disabilities. *British Journal of Special Education, 27,* 135-144.

Chine, T., and Fredrickson, N. (2002). *Special Education Needs: Inclusion and Diversity*. USA: Open University Press.

Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy (8th ed.)*. New York: Prentice Hall Inc.

Cormier, E. (2009). Parental Involvement in Functional Assessment of Problem Behavior Related to ADHD as a Basis for Intervention Selection. *Southern Online Journal; 9 (4)*.

Dale, N. M. (1996). *Working with Families of Children with Special Needs: Partnership and Practice*. New York: Wiley and Sons, Inc.

Davis, G.A., and Rimm, S. B. (2004). *Education of the Gifted and Talented (5th ed.)*. San Francisco: Allyn and Bacon.

Domscheit-Chalef, C. (1998). *Sharing Assessment Data Effectively*. In *Volta Review 1-98 (5)*.

Drew, J. J., and Hardman, M. L. (2004). *Mental Retardation: A Lifespan Approach to People with Intellectual Disabilities (8th ed.)*. Columbus, OH: Merrill.

Egan, W. M., Clifford, J. D., and Hardman, L. M. (2005).*Human Exceptionality: School, Community, and Family (8th ed.)*. New York: Pearson Education, Inc.

Farrel, M. (2009). *The special Education Handbook (4th ed.)*. United Kingdom: David Fulton Publishers.

Featherstone, H. (1980). A Difference in the Family. In *Foundations of Education for Blind and Visually handicapped Children and Youths: Theory and Practice*. Geraldine Scholl (ed). New York: Basic books

Ferrel, A. K. (1980). Working with Parents. In *Foundations of Education for Blind and Visually handicapped Children and Youths: Theory and Practice*. Geraldine Scholl (ed). New York: Basic Books.

Fichtner, D. (1979). *How to Raise a Blind Child: A Guide to Those who Work with Preschool Children*. Germany: Christoffel Blinden Mission- Bensien.

Fischer, S. (2012). *Fathers are Caregivers Too.* Accessed online from http/www.fathersnetwork.org/572html.

Frightener, L. W. (1994). *Preschool Screening for Development problems.* Canada: Ottawa-Health.

Gall, M. M. Gall, J.P. and Borg, W. R. (2007). *Educational Research: An Introduction (8^{th}ed.)*. Boston: Pearson International.

Garner, P. (2009). *Special Educational Needs: The Key Concepts.* London: Routledge

Gestwicki C. (2000). *School, and Community Relations. A Guide to Working with Families (4^{th}ed.)*. New York: Delmar.

Gronlund, N. E. (2000). *How to Write and Use Instructional Objectives (6^{th}ed)*. Columbus. OH: Prentice- Hall Inc.

Guest,G, Bunce, A. and Johnson, L. (2006). How many Interviews are Enough? An Experiment with Data Saturation and Variability. *Field Methods 18*(1), 59-82.

Guralnick, M. J. (2001). *A Framework for Change in Early Childhood Inclusion.* Baltimore, MD: Paul H Brookes.

Heward, L. W. (2009). *Exceptional Children: An Introduction to Special Education (9^{th} ed.)*. Ohio: Pearson Education, Inc.

Heward, L. W., Dardig, J. C. and Rosset, A. (2005). *Working with Parents of Handicapped Children*. Columbia: Bell and Hawell Co.

Hornby, G. G., and Richard, S. (2000). *Meeting Special Needs in the Mainstream Schools: A Practical Guide for Teachers (2^{nd} ed.)*. Columbus, OH: Prentice- Hall Inc.

Hornyby, G. (2010). *Inclusion Theory and Practice for Students*. NY: NOVA Science Publishers.

Hunter, S. and McGhee, J. (2014). *Involving Parents in Assessment and Decision Making*. UK: Scottish Child Care and Protection Network.

Jones, D. K. and Drummond, J. R. (2005). *Assessment Procedures for Counselors and Helping Professions (6th ed)*. OH: Prentice Hall Inc.

Johnsen S. (2000). Assessment and Evaluation of children with special Needs. University of Oslo. Department of Special Needs Education. Norway.

Kenya Institute of Special Education. (2005). *A Guide to Training Parents at the EARC*. Nairobi: KIE.

Kenya National Bureau of statistics (2010). *Kenya Population and Housing Census* 2009. Nairobi: Government Printer.

Kenya National Human Rights Commission (2014). *From Norm to Practice: A Status Report on Implementation of the Rights of Persons with Disabilities in Kenya. Nairobi: KNHCR.*

Kochung, E. (2000). *Support Based Screening Procedure for Preschool in Kenya*. Joensuun: University of Joensuun Publishing Press.

Kothari, C. R. (2006). *Research Methodology: Methods and Techniques (2nd ed.)*. New Delhi: New Age International publishers.

Krejcie, R. V., and Morgan, D. W. (1970). Determining Sample Size for Research Activities. *Educational and Psychological Measurement 30*, 607-610.

Kristensen, K., (1984). *Educational Assessment and Resource Services in Kenya*. A paper presented during an assessment teachers seminar. Nairobi.

Kroth, R. L., and Edge, D. (2007). *Communicating with Parents and Families of Exceptional Children (4th ed.)*. Denver: Love.

Kvale, S. (1996). *To Validate is to Question: Issues of Validity in Qualitative Research*. Stockholm.

Lake, J. F., and Billingsley, B. S. (2000). An Analysis of Factors that Contribute to the Parent School Conflict in Special Education. *Journal of Remedial and Special Education 21*, 240-251.

Lambie, R. (2000b). Working with Families of At-risk and Special Needs Students: A System Change Model. *Journal of Focus on Exceptional Children, 32*, 1-23.

Lewis, B. L.,and McLaughlin, A. J. (1981). *Assessing Special Students*. London: Charles E. Merrill Publishing Company.

Lim, S. Y. (2008). Parent Involvement in Education. In G. Olsen and M. L. Fuller (Eds.) *Home School Relations: Working Successfully with Parents and Families 122-150*. Boston: Allyn and Bacon.

Little wood, R. (2001). A Case Definition and Culture: Are People all the same? *British Journal of Psychiatry, 179,* 460.

Malone, M.D. (2007). Mothers Perception Regarding the Social Competence of Pre-school Children with Mental Retardation. *Journal of Developmental and Physical Disabilities, 19* (4), 365-383.

Mangal, S. K. (2011). *Educating Exceptional children: An Introduction to Special Education*. New Delhi: PhH learning-Private limited.

Mann, T.L., and Powers, S. (1997). *Screening and Assessment for Headstart Programmes Servicing Infants and Toddlers*. A paper presented during the 24th workshop at the National Headstart Association Training Conference Boston: National Center for infants, Toddlers, and Families

McMillan, J. H., and Schumacher, S. (2001). *Research in Education: A Conceptual Introduction (5th ed.)*. London: David Fulton Publishers.

Merrel, K.W. (2000). *Behavioral, Social and Emotional Assessment of Children and Adolescents (2nd ed.)*.

Ministry of Education (2012). *The Basic Education Bill 2012*. Nairobi: Government Printer.

Ministry of Education (2015). *Manual for EARC Services in Kenya.* Nairobi: Government Printer.

Ministry of Education Annual Report. (2012). *Assessment Services in Kenya*. Nairobi: Government Printer.

Ministry of Education, Science and Technology (2014). *Education For All: The 2015 National Review.* Nairobi: Government Printer.

Mitchel, D. (2008). *What Really Works In Special Education? Using Evidence-based Teaching Strategies*. London: Taylor and Francis Group.

Mitchel. D. (2010). *Parental Involvement*. UK: College of Education, University of Canterbury.

Mittler, P. (2000). *Working towards Inclusive Education: Social Contexts*. London: David Fulton Publishers.

Mittler, P. J., and Mittler, P. A. (2000). *Training for Inclusion*. Canada: Canadian Exceptionality Press.

Mori, (1984). Quoted in: Foundations of Education for Blind and Visually Handicapped Theory and Practice by Geraldine Scholl. New York: American Foundation for the Blind.

Moris, J. and Blatt. K. (1986). *Special Education Research and Trends*. New York: Pergamum.

Mugenda, O. M., and Mugenda, A. G. (2003). *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: Africa Centre for Technology Studies (ACTS).

National Coordinating Agency for Population Development (2008). *Kenya National Survey for Persons with Disabilities*. Nairobi: Government Printer.

Nitko, A. J. (2001). *Educational Assessment of Students (3rd Ed.)*. Columbus, OH: Merril Prentice- Hall

Njeri, K. J. and Wambugu, N. B. (2015). Psycho-Educational Assessment in Kenya: A Special Needs Education Perspective. *Prime Social Science*. ISSN:2315-5051

Oketch, J.B. (2002). *Educational Assessment and Resource Centres.* Kampala: Uganda National Institute of Special Education Publishing Press.

Organization for Economic Cooperation and Development (2008). *Review of National Policies for Education of South Africa*. OECD Publishers.

Orodho, A. J. (2005). *Techniques of Writing Research Proposals and Reports in Education and Social Sciences. (2nd ed.)*. Nairobi: Kaneza Enterprises.

Partanen, P. (2016). *Assessment and Remediation for Children with Special Educational Needs.* Ostersund: Published Doctoral Thesis, Mid Sweden University.

Paul, L. G. (1986). *Multicultural Considerations in Foundations of Education for Blind and Visually Handicapped Children and Youth: Theory and practice*: US: Geraldine Scholl American Foundation.

Pierangelo, R., and Giulian, G. A. (2006). Production to Assessment and Overview. Retrieved online from https://www_nasset.org/fileadmin/user_uploaded?assessment/intro_to_assessment andoverview.pdf.

Ramey, C. T., and Ramey, S. L. (1999). *Right from birth*. New York: Goddard Press.

Republic of Kenya (2001). *The Children's Act, 2001*. Nairobi: Government Printer.

Republic of Kenya (2003). *Persons with Disability Act, 2003*. Nairobi: Government Printer.

Republic of Kenya (2003). *Report of the Task Force on Special Needs Education Appraisal Exercise*. Nairobi: Government Printer.

Republic of Kenya (2000). *Assessment of Progress: Kenya Country Report*. Draft report, August, 1999.Nairobi.

Republic of Kenya (2005). *The Sessional Paper No 1 of 2005*. Nairobi: Government Printer.

Republic of Kenya (1999). *Report of Inquiry into the Education System of Kenya*. Nairobi: Government Printer.

Republic of Kenya (2008). *MOE Draft on Special Needs Education Policy*. Nairobi: Government Printer.

Republic of Kenya (2009). *National Special Education Policy Framework.* Nairobi: Government Printer.

Rutland, J., and Hall, A. H. (2013). *Involving Families in the Assessment Process.* Tiger Prints: Clemson University. Retrieved online from https://journals.uncc.ed/dialog/article/view/153.

Rye, H. (2000). *Teacher Parent Interaction and Collaboration*. International Institute Division. Norway: University of Oslo.

Sandall, S., Hemmeter, M. L., Smith, B. J., and McLean, M. E. (2005). *DEC Recommended Practices: A Comprehensive Guide*. Longmont, CO: Sopris West.

Slee, R. (2006).Critical analyses of Inclusive Education Policy; An International Survey. *International Journal of Inclusive Education, 10 (23), 105-7.*

Taylor, L. R. (2008). *Assessment of Exceptional Students. Educational and Psychological Procedures (8th ed.)*. Florida Atlantic University:Prentice-Hall, Inc.

Taylor, S.V. (2000). Multicultural is Who We Are. Literature as a Reflection of Ourselves. *Journal of Teaching Exceptional children, 33 (3), 24-29.*

The Education Act (1981) United Kingdom: AMSO.

The Warnock report (1978). United Kingdom: HMSO.

Thomas, G., and Loxley, A. (2007). *Deconstructing Special Education and Constructing Inclusion (2nd ed.)*. Buckingham: Open University Press.

Thompson H. and Lange C. (2006). Assessment of children with learning difficulties. (2nd Ed). Buckingham. Open university Press.

White, B. L. (1975). *The First Three Years of Life*. Eaglewood Cliffs, NJ. Prentice Hall.

World Bank (2013). *Kenya: World Bank Data*. Retrieved online from data.worldbank. org

World Health Organization/World Bank (2011). *World Report on Disability.* WHO Library Cataloguing in Publication Data.