

Successful inclusion of children with Asperger Syndrome in primary school: Parental voices

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Abstract

The quality of the overall primary school experience for students diagnosed with Asperger Syndrome (AS) and other learning disabilities may be typically challenging and stressful on a number of fronts, particularly the successful negotiation of the social curriculum. The term 'inclusion' is defined as a process taking into consideration features such as welcoming diversity, promotion of teacher consistency and collaboration, and the provision of learning opportunities and experiences to match the needs of the child. This paper provides parents of children diagnosed with AS a voice to speak about their own experiences and perspectives of how inclusive the primary school system was in meeting their child's needs. Based on parental experiences working with their child and primary School staff, a number of strategies and recommendations are put forward to empower new parents of children diagnosed with AS and teachers on how to improve the quality of the child's primary school experiences.

Through the use of a questionnaire and semi-structured interviews, 12 parents participated in the *Looking back to work forward* research and their data analysed initially using the Leximancer Version 2.25 (2001) qualitative software. A thematic analysis was undertaken using Bruner's (1990) concept of generative themes that revealed key topics shared by the participants, including bullying, the importance of community and social supports, and parental involvement with schools. The paper puts forward strategies and recommendations to teachers, education staff and parents on how to improve the process of inclusion for students with AS, and for those students who exhibit similar difficulties at school.

Introduction

The McRae report (McRae, 1996) commissioned in NSW and released in NSW Parliament in September 1996, reported how the prevalence of children diagnosed with AS in NSW schools has increased markedly over the past 10 years. The report's findings and recommendations challenged the current ideologies regarding the education of children with disabilities in educational settings across Australia to provide a greater focus on each child's unique needs, and provide a greater choice and input from parents (McRae, 1996). In response to the McCrae report, and upholding the Australian Consitution which deems that education is the responsibility of each Australian State and Territory (Forlin & Forlin, 1998), education departments in Australian States and Territories embedded policies advocating inclusive teaching practices in their educational settings. From the parental point of view, McCrae's study found that in order for a child to succeed academically and socially, parents need to be satisfied with the learning environment and access to resources to aid their child's integration into mainstream classes. McRae put forward 14 recommendations to ensure that education

delivery was to be inclusive and nondiscriminatory, and that it should be responsively based to the needs of children with disabilities. The recommendations further included how parents needed to be viewed as equal partners in the education of their child within a system that ensured that parent choice of placement was based upon informed choice, and how parents were to be supported by advocates (www.specialed.com.au/ARTICLES/children_with_special_needs.pdf, p. 8), just to name a few.

The *Looking back to work forward* project was a way to test how effectively educational providers in NSW had applied some of the McRae report (1996) recommendations from the parent perspective. The project was also driven by the perceived lack from educators and parents in the NSW New England region of accessible and effective management and inclusive strategies, both parents and educators managing children with AS could draw upon. The *Looking back to work forward* project aimed to a) highlight a number of common issues experienced by parents of children diagnosed with AS when liaising with schools, and b) highlight a number of solutions and recommendations to those issues for current and future parents of children diagnosed with AS, based on the parents' experiences. The research findings would then be available for use to aid current and future parents of children diagnosed with AS when supporting their child through the primary school years.

Research background

Hans Asperger released specific criteria (Asperger, 1944) to classify individuals exhibiting difficulties in social interaction and communication that may negatively affect their quality of life. AS is a neurodevelopmental disorder, and is one of several diagnoses that fall under the broader category of Autistic Spectrum Disorders (ASD). A number of current assessment tests utilised today are based on Hans Asperger's original criteria, and forms of them to assist in the accurate diagnosis and management of AS may be referred to as the Asperger's Syndrome Diagnostic Scale (Gilburg et al., 2001), the Adaptive Behaviour Assessment System (ABAS), and the DSM-IV criteria. In different parts of the world, it is currently estimated that primary school-aged individuals diagnosed with AS are reported to be 3.2 per 10,000 in Japan (Mori et al, 2008), 3.6 per 10,000 in Sweden (Cederlund, Hagberg, & Gillberg, 2010), 8.4-11 per 10,000 in Canada (Chakrabarti & Fombonne, 2007), and 2.5 per 10,000 in Australia (Attwood, 2006).

Children with AS often have normal-range IQs and extensive verbal abilities (Attwood, 2006; Marshall, 2002), and as such, are usually encouraged to participate in mainstream schooling. Despite individuals diagnosed with AS displaying a number of difficulties negotiating the social curriculum and exhibiting other communicative difficulties, the disability may not always be apparent to the observer (Myles & Simpson, 2002; Portway & Johnson, 2005). Other associations with AS include repetitive behaviours, a restrictive pattern of behaviour and/or interests, and a preoccupation with certain topics or routines (Attwood, 2006). This preoccupation with certain topics or routines may result in the individual exhibiting an above-average knowledge and skill base in certain areas, otherwise referred to as a 'splintered intelligence' (Attwood, 2006). Most AS individuals display little empathy towards others, have poor perspective-taking skills, and struggle with reciprocal interactions. Their social deficits and over-focused interests may prevent them from engaging in age appropriate relationships (Epstein et al., 2007). Research has reported a number of sensory processing difficulties associated with an AS diagnosis (Attwood, 2001, 2006; Rogers, Hepburn, & Wehner, 2003). Individuals with AS may display a greater degree of sensitivity towards many sensory modalities e.g. tactile, proprioception, visual, auditory and gustatory (Attwood,

2006; Dunn, Myles, & Orr, 2002; Rogers et al., 2003). Without appropriate in-school supports to educate student and teacher understandings and awareness, children diagnosed with AS may experience social isolation, depression, anxiety and loneliness (Attwood, 2006; Marshall, 2002; Muskat, 2005, Rayner, 2005).

In recent years, there has been a growing interest in exploring not only how best to improve the quality of life for students diagnosed with AS in schools, but also identifying the quality of the lives of their parents (Brewin, Renwick & Schormans, 2008; Epstein et al., 2007). Recent studies into parenting stress levels (Epstein et al., 2007; Mori et al., 2008) have reported that parents of children diagnosed with AS showed a greater level of stress and a poorer quality of life when compared to parents of children not diagnosed with AS.

Design and methodology

The literature on AS is well documented, and the use of self- and parent rating questionnaires/surveys (Epstein et al., 2007; Lee et al., 2009; Mori et al., 2008) and autobiographical accounts (Anderson, 1995; O'Mara, 2002; Sarabeth, 1996), have tended to dominate research methods. Literature and research led by medical professionals and other para-professionals have provided individuals and educators with a bank of strategies, insights and support mechanisms to draw upon to better manage daily challenges (Attwood, 2001, 2006; Bashe & Kirby, 2001; Howard, 2006). The use of personal interviews to better understand the quality of life for children and their parents diagnosed with AS is relatively new (Brewin et al., 2008; Cederlund et al., 2010; Harrington, 2009). This research embraced the use of semi-structured interviews and questionnaires for parents in order to learn from their experiences of supporting their child through the primary education years.

Based on discussions with a number of NSW Department of Education and Training (DET) primary school teachers, teachers in the Catholic Schools Office (CSO), and community-based parent AS support groups in the New England Region, it was evident that there was support for the compilation of a practical, user-friendly bank of strategies for improving the quality of school experiences for those children diagnosed with AS. The resource needed to be user-friendly and easily accessible by all groups. The project was co-managed by a UNE academic and the New England region's National Disability Coordination Officer (NDCO). Based on the NDCO network and knowledge requirements of educators and parents in the region, the project team met with AS community support groups once to introduce the project and invite the support and participation of its group members. Once ethics approval was gained, one of the support group members distributed a mini-questionnaire, a semi-structured interview schedule, information sheets and consent forms to potential participants at one of their monthly AS support meetings. The details of those wishing to voluntarily participate in the project were then recorded by a member of the support group and passed onto the research team.

Interview times and places were negotiated without the child present at a location chosen by the parent. A mini-questionnaire (Part A) of eight demographically focussed questions of the parent's knowledge, involvement and history with AS, and a taped semi-structured interview (Part B) comprising five open-ended questions was administered. The nature of the questions were deliberately open-ended allowing parents to fully elaborate and speak freely about their experiences, and minimising research control over parents' definitions and expression of their experiences (Renwick, Fudge-Schormans, & Zekovic, 2003). The questions asked parents to discuss their child's personality, their thoughts and feelings about their child's AS diagnosis, things they would and would not do when working with schools, and to choose what advice

they would give to parents about living with, and enhancing the life of, a child diagnosed with AS going through the NSW school system. The interviews were transcribed verbatim and analysed with pseudonyms used to protect the parent's privacy and confidentiality. A total of 12 parents agreed to participate in the study, and the ages of their children ranged from 8-13 years of age. Of the 12 children, two were female and 10 were male, nine were in public Primary schools, and three had transitioned to public Secondary schools.

The taped interviews and the subsequent transcripts were the data collected for the project. The *Leximancer* Version 2.25 Beta (2001) qualitative program was used to assist in the analysis of the text data. The postings were analysed for their thesaurus-based concepts that were subsequently coded into the text. The results were patterns of asymmetric concept co-occurrences located in the texts, which were then applied to generate a series of venn-concept maps. The venn maps provided a visual illustration of the concepts common to the texts, the frequency of concepts, and the themes that underpinned the concepts. The data presented in this manner formed the basis of interpreting the interview's emergent themes that related to the research aims and objectives. The next section explores a number of the parents' experiences as themes and will use them as the basis for discussion under sub-headings of *Disparity of Perception; The Importance of Inclusion; Parent Intervention with Schools; Community Support Groups; Advocacy, and Bullying.*

Results

A number of common themes emerged from the parent interviews, and the parent responses appeared to be cathartic in some ways as they discussed the highs and lows, the good and bad, the ups and downs of supporting their child through primary school.

Disparity of perception

Parents were asked what their child's thoughts and feelings were of attending school, and how well they believed their child engaged with school activities and school life in general. The parents reported that when they asked their child about school, the child tended to hold a conflicting assessment of their school day (social, academic, and school life), when compared to their own understandings and teacher observations.

His day might start off with him not wanting to go to school and it may finish with him saying 'I had a crappy day', but when you talk to the teachers, he had a great day
– Parent 1

I would say that her actual involvement is better than the perception she has of her involvement. She resists going to school and will tell me she had a bad day, but the teachers will come up to me and say she had a wonderful day - Parent 5

Some mornings he'll get out of bed, get dressed and then decide he wants to go to school. He can be packing his bag putting his lunch in and suddenly he will stop and burst into tears and say 'I don't want to go to school'. I will still send him [to school] and I'll talk to his teacher at the end of the day, and she would say he had a great day!
- Parent 10

When I pick her up from school and ask how her day was, I get a lot of negative feedback. Yet, when I get to school a little early to pick her up, I actually witness her playing with other kids, and I see she is laughing and joking with them - Parent 8

The theme that emerged was that 10 of the 12 childrens' perceptions of their involvement at school were almost antithetical to the parent and teachers' perceptions. Further discussions with parents indicated that much work had been done at the beginning of each school year and term by them with the school, to ensure safe-guards, scaffolds and supports were in place to assist the child successfully manage the school day. Such supports may have included a 'buddy' system for both the 'structured' and 'unstructured' (Harrington, 2009) times of the school day, a visual timetabled map of the day showing where and when the student should be engaging in certain activities, allocation of a 'safe' place the student could go if feeling threatened by others, and access during the 'unstructured' times such as recess and lunchtimes to activities preferred by the student i.e. reading, drawing.

Common to all students was the parents' assessments of their child's low levels of self-esteem and confidence, which all parents agreed played a factor in their child's hesitancy to fully engage with each school day. As one parent stated, 'Every school day for Jack¹ is like his very first day of school, so every morning he is always nervous and anxious of school'- Parent 10. Successful strategies parents shared for building low self-esteem was to create opportunities for their child to experience success at home, and then communicate this success to the classroom teacher to expand upon where possible. Other strategies included asking the teacher to create similar opportunities for the student to experience success in the classroom, such as possibly drawing upon the child's acute knowledge or 'splintered intelligence' (Attwood, 2006), or providing the child with leadership opportunities e.g. being Library monitor or Role monitor.

Atypical to AS, there were some children who led the class in certain academic areas such as literacy or numeracy, and as such, were prominent in class because of their splintered intelligence. There were others that struggled with literacy and/or numeracy at all levels, and needed constant reminding to remain focussed and on-task.

Karen is the *best* speller and reader in the class. The teacher says she is exceptionally creative and imaginative, and this is something other teachers and parents comment on with her too - Parent 5

He is one of those kids who has got incredible general knowledge. He HAS to tell you certain information and he's GOT to tell it to you NOW, and he won't stop until he has told you! The things he remembers in such detail is just amazing!! The class will be talking about the importance of recycling or something, and then here is Sam, all of nine years of age, blurting out of no-where what the height of Mt Fuji is in feet *and* metres!!! He gets in trouble for this ALL the time - Parent 7

When he does his school-work he needs constant re-direction to stay on task. At other times you can set him up and he will be fine, but if he finds something, *anything* in the work that is difficult, he'll shut down and do anything else to avoid doing the work. He'll sharpen his pencil, play with the paper, fiddle with his laces - anything else but what he's suppose to do - Parent 2

From the parent perspective, some found their child's behaviour engaging with the required school activities as something that needed daily supervision and support from home and school. For other parents, limited support was required for certain academic activities such as

¹ All names and locations are pseudonyms.

literacy and numeracy tasks. Irrespective, all parents were supportive and encouraging of their children's efforts to engage fully at school. For those children whose area of weakness fell in the literacy and/or numeracy areas, those parents reported supplementing school work with additional homework exercises either supplied by the school, or bought texts. Where possible, the child would attend to this supplementary homework for up to 30 min. during the same time each day so as to reinforce the routine nature of this task. A number of parents had also made a range of visual charts of the times tables or spelling words and placed them around the home as a visual learning scaffold. Mini informal quizzes would follow with rewards reinforcing the effort in learning and evidenced success. The motivation for parents to do this was to work on improving their child's sense of self-esteem and confidence.

The importance of inclusion

All parents were widely read and knowledgeable in the area of AS, its characteristics, aetiology and management. Yet despite researching widely and being quite knowledgeable of AS, parents still reported a distance between successfully linking the theories and strategies of inclusion into the school-based realities that awaited. For one set of parents, their child's AS behaviour at school effectively excluded him from his favourite school activity of sport.

John's not happy with school because he can't get into the football team, or any of the sports teams for that matter, because of his behaviour. The teachers say when he plays sport, he gets too loud and excited, and when he is like that, he just doesn't listen! It's like he's possessed and plays the game all by himself. They know John has AS and I spoke to the football coach the other day and he said that *no way* was John going to be in the football team this year, even though he said his skill level was actually quite good. He said there was no point in having John on the team because he doesn't play the game as a team, or listen to him as the Coach or his team mates. I spoke to John about this and he said he understood, but you could see he was still quite hurt and very sad. In some ways I suppose this was a good lesson for John to learn, and if it meant he needed to be quieter or whatever the reason was, then so be it! On the other hand, it was devastating for him, and us for that matter, to see him excluded from the one thing that got him out of bed to go to school for. Before this, John would come home with good things to say about school, but that has all changed. Now, he just mopes around at school, doesn't really pay attention in class, and just goes there because he has to - Parent 1

John's exclusion from the one aspect of school he was passionate about seemed to have a negative ripple effect upon his perception of the other parts of school, and his overall engagement and enjoyment of school. The parents decided to enlist John in the local football team external to school. The Coach knew of John's AS and his gifted ability as a football player, and after speaking to the rest of the team, they decided to include John in the team. The parents were involved in providing the rest of the team with an overview of how AS manifested in John's behaviour on the field, and working together on a number of strategies, both John and the rest of the team have managed his behaviour to an appropriate level. On the school front, John's parents report he is less negative about school life, and has begun to engage more with all aspects of his school day.

Parent intervention with schools

Most parents agreed that they were not prepared for the differing levels of cooperation and support they experienced trying to enrol their child into schools. Nine parents discussed scenarios where the school did not volunteer all the information of the benefits, supports and

opportunities their child was eligible for to better promote inclusion into the mainstream classroom. When six parents enquired about securing a Teacher Aide for a percentage (20%) of their child's day, the parents indicated the school's quick 'no-can-do' attitude, and sensed the process was 'all too hard' for the School staff to embark on. Other parents that reported the school's willingness to engage a Teacher Aide were told by the school that the dedicated time may amount to a maximum of one hour per week, which was then followed by a 'why bother' attitude by school staff. The parents indicated that it was some school's lack of enthusiasm to work towards engaging funding for a Teacher Aide that motivated them to gather additional specialist reports e.g. Speech therapist, to strengthen their case to pursue the matter of securing a Teacher Aide with the school. In the majority of cases, this additional information amounted to their child receiving the 1:1 assistance for a small period of the day.

Some parent recommendations based on their experiences with schools included,

I would separate my emotions as a mother to my role as my son's advocate. I would be clear and assertive about what my son needs to learn, but still convey that I am happy to work with [the school] for the benefit of my son. I would have all my facts right and based on any professional assessments I had done, say from the Speech Therapist for example, I would then make a time to speak to the Principal - Parent 9

I would not be a pushover! Just because the school says 'no' to something, that's not fair! This is my son's education you're talking about. I would go in and fight for him and not give up! - Parent 11

I would research the different schools more and find out *exactly* what supports my son is entitled to by talking to other parents of children with AS – Parent 2

I was so annoyed [with the school] when I found out months later from another parent who also has a child with AS, that I was eligible for all sorts of supports from the school, and Carl had been going there for two terms and the school had said nothing - Parent 6

Community support groups

Parents reported that areas of the home, school and the local community presented with their own difficulties when accommodating the needs of a child with AS. Listening to the experiences of other parents of children with AS, provided an important learning opportunity for parents to further understand the realities and associated difficulties they may need to negotiate, and consider a range of possible solutions to draw upon. Having a knowledge of the successful supports and 'tried and true' strategies from parents in community support groups proved to be a successful strategy for the parents interviewed. Whilst some parents indicated their initial reluctance to attend such meetings, they quickly appreciated and respected the experiences of other parents with children diagnosed with AS. Each participant was appropriately 'qualified' to speak on such matters, and as such, able to assist others through their own experiences or suggestions of how they had best met the needs of their child.

Thank God for the AS support group! I found I could chat to other parents in the same boat as me about how hard it is to raise a child with AS, and not feel I'm being judged or made to feel like a second-rate parent. - Parent 12

We were only new to the area and knew nothing about the community or the schools. I got in touch with the local AS support group and they made our life so much easier. We now know what schools are best for Ben, and what the community can offer his areas of interest – Parent 3

Next time I move to a new area, I wouldn't take so much time in trying to find out what the community and schools can offer by myself. I found out that there was a local community AS support group and joined. I attend regularly and love it! I speak with other parents who are also trying to best manage their children diagnosed with AS in the same local community as me. I know they *really* understand what it is like - Parent 9

All parents spoke highly of how beneficial to their child and to them their attendance and participation in their local community AS support groups had been. They reported that they had gained valuable information from other parents that assisted in improving their quality of life, accessing important information about their local community and schools, names of reliable babysitters, and strategies to better improve the daily experiences of their child at school and home.

Advocacy

All of the parents mentioned that since finding out their child's AS diagnosis, they inadvertently gained another vocal role: one of being their child's AS *school* advocate. This role was especially highlighted by parents who had other children not diagnosed with AS attending school. These parents found they had to initiate far more contact with the school for their child with AS in order to have some or all of their child's learning and social needs met. The AS school advocate role was most prominent when dealing with school personnel, especially for the child's first-time enrolment at a school. In this role, some examples included asking the school to provide their son with reminders of returning to class once the recess/lunch bell had gone, not seating their child near the exit door or bell speaker, avoiding where possible public speaking roles in class, and avoiding certain tasks where the child would come into contact with particular smells and textures e.g. Home Economics and Craft.

One parent who had moved her son from one school to another found she had to cover with the teacher what she considered to be the 'basics' of including a child with special needs into the mainstream classroom. She had come to know how best to include her son from her own knowledge of how he worked best, her own AS research from reading books and surfing the internet, speaking with other parents, and through working with other teachers at the previous school. She arranged a meeting with her son's new teacher to go over what she called 'need to know information' regarding some aspects of his personality, and found she ended up covering basic teaching principles. She said,

I had heard good things about the new school so we were really excited to go there. I thought it would be best if I made a time to see Sean's teacher to go through some need to know information about him, so I did. I couldn't believe it! I found myself going through really basic stuff with [the teacher], like how you should make eye contact, writing class tasks out in a simple way, not using big words and not speaking loudly, things like that. I thought [teachers] knew all this stuff! It just goes to show you, don't *ever* assume that someone else knows what to do! I was SO glad for Sean's sake that I went. It would have been a disaster if I didn't - Parent 2

Another parent had a similar experience when there was a change not in the school, but in the classroom teacher, and her response was one of, ‘Goodness me, do I have to be an advocate AGAIN???’ (Parent 5). One sensed from the parents’ experiences that with some schools and teachers, in order to ensure their child’s needs were met, the parents needed to take the initiative and be vocal and follow up with the school to ensure the appropriate supports happened for their child.

A number of parents put forward strategies to the school about how to better prepare the class and wider school community on understanding AS and how it may manifest in their child. Some strategies included putting together a short verbal presentation to educate the class on what AS is, how it manifests in their child, and outlining a number of strategies on how class members could assist their child to be included in school activities.

Bullying

All parents had taken a lead role with the school and the classroom teacher to create and nurture a cooperative relationship. Despite a number of strategies and supports put in place to include their child into mainstream school, all parents reported their child at varying times being subject to peer bullying, especially during the ‘unstructured’ times (Harrington, 2009) of the day i.e. recess and lunchtimes. Student bullying is an unfortunate reality in all schools for all students, and the parents interviewed were not challenging this fact. They were sensitive to the reality that children with AS were particularly vulnerable to bullying due to their social and communicative difficulties. Ten of the 12 parents reported that their child had been subject to some form of bullying in the past, and that at this time, it did not present as a current issue for their child. Yet three of the 10 parents reported that,

Sean still mostly gets verbal bullying at school. The kids know that if you put ‘money in the slot’, you’ll get a good show. We’ve spoken to Sean about ‘walking away’ and he says he understands what we’re saying, but when the time comes when he should walk away, he doesn’t, and he has a major meltdown. So the bullying continues and the show goes on. We have spoken to the school so many times but they don’t seem to do anything about it. It really gets Sean down - Parent 2

John still gets bullied in some form or another. He’s had some physical bullying in the past but the school has been right onto that. Now, it is more of the verbal stuff. It is mainly kids picking on things they know he’s sensitive to, and having a go at him, you know, pushing his buttons. Of course they do it when there are no teachers around so it is difficult to follow up - Parent 1

Sam just can’t help himself when he goes ‘off’. He doesn’t get physically violent or anything, he just yells and screams at the bullies to leave him alone. As you can imagine, that just adds fuel to the fire and he gets more and more distressed. But worse still, *he* seems to get into more trouble by the teachers, and *not* the bullies! The last time this happened, Sam’s punishment was to go to anger management classes during his lunchtime for the week, and the bully got one detention at recess! That’s just not fair! – Parent 9

The aspect of bullying that parents raised of most concern in their interviews was the apparent disparity in the school’s response to a bullying incident that involved their child. In all cases, parents had to point out to the Principal that their child was not the aggressor in the incident, and subsequent consequences for the bully needed to be harsher than the actions of

their child defending themselves. Nine parents listed steps they had taken with the school and their child to avert future bullying incidents. Some strategies included the use of social stories when de-briefing their child fresh from a bullying incident about alternate ways of managing the situation, re-visiting 'walking away' strategies, pre-planning future responses via role play, rehearsing their reactions to different types of bullying, and nominating a safe place, i.e. the staff room, Principal's office, Home room office, library, where they could go if they felt threatened.

Discussion and summary

The parents' experiences reported that integrating the child's AS needs into school life was not straightforward nor easy, and required them to initiate and follow up many strategies with the school to ensure successful inclusion for their child into mainstream classrooms. On the whole when approached by parents, the schools and teachers were generally receptive to the parents' suggestions and accommodated the child's needs where possible. A number of parents reported how their lack of experience and research into what government benefits and educational assistance their child qualified for hindered aspects of the quality of their child's educational experience in the early years. Parents reported how attending the local AS support group provided them with a wealth of information on school, community and home topics, that saved them – and their child – a lot of time, energy, and stress. Concerns about how some schools responded to situations where their child was victimised by bullies were raised and recommendations put forward on how to follow up with schools.

A number of preliminary recommendations emerge from the research. Firstly that parents of children diagnosed with AS make contact with their local AS support group for support, strategies and important local community information. Secondly, that parents' work collaboratively with the school strongly advocating for strategies to meet the child's AS needs in school. Thirdly, that consistent and regular follow-up occurs by parents with school staff to ensure an on-going evaluation of the success of inclusive strategies implemented occurs. Fourthly, that the parents work towards an open, two-way communication between school and home through their child's teacher to remain informed of areas of concern and overall progress in school. Working towards these recommendations may promote quality experiences for all concerned, and a seamless communication between school and home that ultimately should impact positively on the quality of the child's educational experience.

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