
Latino Parents’ Perceptions of IEP Meetings

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Abstract

The goal of this study was to determine Latino parents’ perceptions regarding their experiences during the Individualized Education Plan (IEP) process. Legislation such as the Individuals with Disabilities Education Act (IDEA) of 2004 stresses that the parents must be active members of the IEP team and have the right to be an active participant in their child’s education (Office of Special Education and Rehabilitative Services 2006). However, cultural differences and language barriers may affect a parent’s level of involvement during the IEP meeting. The investigator conducted qualitative in-depth interviews of five Latino parents seeking to determine: 1) how well the parents understood the highly technical information given to them, 2) how well-represented they felt by the professionals during the IEP process, and 3) how much they felt they could advocate for their children throughout the process. The findings show that Latino parents had little knowledge of speech and language impairments prior to the IEP and saw many errors in the translated documents they were given that made it hard for them to understand the information. Participants felt the information was given to them quickly, and was difficult to understand even with an interpreter or translated documents. Most of the participants stated that they did not feel supported by the professionals involved in their child’s IEP. All five participants demonstrated a need to help their child receive the services despite the lack of support from the school. Participants’ expectations of primary language maintenance, as well as expectations of professionals will also be discussed. These findings can help professionals provide services to families from Latino backgrounds.

Keywords: IEP, IDEA, Cultural and Language barriers, Latino parents

Introduction

Since the passing of PL 94-142 “Education of All Handicapped Children Act” by Congress in 1975, people with disabilities and their families have advocated to have the same rights as those given to other members of the community. After being amended in 1990, PL 94-142 became known as IDEA (Rogers, Rogers, and Yell 1998), and was enacted to ensure parents’ rights in public education and guarantee a free and appropriate public education for every child regardless of race, language, culture and/or intellectual disability. IDEA emphasizes a “team
approach” among parents and all professionals involved in a child’s education (Office of Special Education and Rehabilitative Services 2006). Educational professionals in each state must abide by IDEA 2004 and assure appropriate practices during an IEP meeting. In order to better understand whether educational professionals adhered to IDEA 2004 when working with minority families, the investigator explored Latino parents’ feelings and perceptions regarding their experiences with their child’s IEP. In particular, the investigator sought to determine the extent that parents felt included in the decision-making process for their child’s educational future. The terms Hispanic and Latino have been used to identify people with origins in Spanish-speaking countries. The term Hispanic traces people from Spanish-speaking countries back to Spain. In contrast, the term Latino embraces the indigenous roots of countries in Latin America. Some people may prefer one over the other or may prefer to identify with neither. However, for the purpose of this research, the term Latino will be used when referring to Spanish speaking parents, since most of their origins were in Mexico and Latin America.

**Literature Review**

**What is an Individualized Education Plan?**

IDEA 2004 requires that children with disabilities have an individualized education plan (IEP) created and tailored to the child’s specific needs in order to allow equal access to the curriculum (Office of Special Education and Rehabilitative Services 2006; Smith 2004). IDEA 2004 gives a rough outline of the procedure for an IEP. For example, in order to begin the IEP process, a parent or teacher initiates a referral for the assessment of a child. Before the process moves forward, IDEA stresses that parents are required to give informed consent; that is, written permission allowing the assessment to occur. At this point of the IEP process, the professionals are responsible for informing and ensuring that parents fully understand the steps that will lead up to the IEP meeting. If the parent is more comfortable receiving the information in a language other than English, the professional must provide an interpreter. Assessments must be conducted by professionals responsible for and trained in the various areas of need (i.e. speech-language pathologists, occupational therapists, etc.) According to the Office of Special Education and Rehabilitative Services 2006, the IEP team has a total of 60 calendar days to complete the evaluation, which includes a variety of evidence-based assessments, interviews, and informal observations. Concluding their assessments, all the professionals and the parents must meet to provide the results and discuss eligibility for services. If the child is found eligible for services, an IEP is generated and goals are written for each eligibility area. According to IDEA 2004, a child is entitled to a free and appropriate education (FAPE), which requires the school to place children in the least restrictive environment (LRE).

The LRE refers to the right of all children with disabilities to be educated in an environment that stimulates the largest amount of growth, where the individual student would have the least amount of aid and the most exposure to general education curriculum and peers. Children that receive special education services should not spend their entire academic career within special education; they should become integrated into classrooms that have children without disabilities that can serve as role models.

**The IEP and Latino Populations**

The IEP process includes very technical and highly academic language. This process only becomes more difficult when providing services for culturally and linguistically diverse (CLD) families. In order to ensure a child’s academic success, professionals need to recognize these potential communication gaps when working with CLD families (Griffier and Perlis 2007). Parents from all backgrounds need to understand the IEP process and their right to be part of the decision making process that involves their child. Educational professionals who are monolingual English-only speakers need to be prepared to work with CLD families. It is important that professionals become informed about the client’s culture; however, it is also important not to generalize and to continue to see everyone as individuals (Dana 1998). The amount of training on working with and exposure to CLD children may determine how competent the professional feels about working with diverse populations.

Use of interpreters to facilitate communication between professionals and non-English speaking parents is common and can prove to be helpful for building a communication bridge between parents and professionals. Well-trained interpreters serve as the voice and ears for the parents, as well as for the school professionals. However, a simple translation does not include advocating for the parents. An interpreter can translate the language spoken, but they are limited by the need to translate information word-for-word. The job of the interpreter is to convey the message of the professionals to the parents and vice versa. This could have negative effects during an IEP meeting because in some situations, the interpreter might be the only other Spanish-speaker in the room. The language used during the IEP meeting by the professionals is highly academic, even when translated into the parent’s first language (e.g., Spanish). Therefore, concepts related to technical jargon may be difficult for parents to fully comprehend.

**Latino Demographics**

In states with largely diverse populations, such as California, it is extremely important for service providers to implement multi-cultural considerations in their practice. According to a demographic profile conducted in 2011, Latinos accounted for 37.6% of California’s total population, making them the most populous minority in the state (Pew Hispanic Center 2011). When compared to
Griffer and Perlis (2007) further suggest that these skills can be developed through cultural contexts in order to provide better quality service to CLD populations. Respectful relationships with others (as cited in Griffer and Perlis 2007, p. 28). It is of self, while developing the ability to develop responsive, reciprocal, and respectful relationships with others” (as cited in Griffer and Perlis 2007). It is important that SLPs and professionals develop the skill of adapting to different cultural contexts in order to provide better quality service to CLD populations. Griffer and Perlis (2007) further suggest that these skills can be developed through activities that nurture awareness of one’s own identity. Being conscious of the privileges that come hand in hand with different areas of their own identity is crucial in order to become sensitive to cultural differences among the people assigned to their caseloads. An individual’s multi-perspective identity reflects race, gender, ethnicity, sexual orientation, religion, age, disability, and social class (Griffer and Perlis 2007). Professionals should have ideological clarity in which they should know what their beliefs and values are and continually evaluate themselves in order to find out the reason behind those beliefs and understand that those beliefs have an effect on the children they teach (Expósito and Favela 2003).

Lack of CLD Professionals in Speech Pathology
Cultural and linguistic barriers between families and professionals may continue to increase due to the continued underrepresentation of minorities in both the field of speech-language pathology and education. For example, the American Speech and Hearing Association (ASHA) conducted a survey of its members asking whether they identify themselves as a Bilingual Service Provider (BSP). ASHA (2012) surveyed 150,241 members and 7,039 (5%) identified themselves as Bilingual Service Providers. Four thousand, thirty-four (4,034) or 57% of those individuals reported being Spanish-Language Service Providers. Spanish was the most represented language within the group of BSPs, however this group only makes up roughly 3% of the entire surveyed population. The number of BSPs is lacking when compared to the Latino population that SLPs will encounter in schools. Based on these numbers, it will be more likely than not that SLPs in California will work with children from different backgrounds than their own.

The demand for bilingual and CLD speech-language pathologists (SLPs) is increasing as the number of CLD children with speech-language needs increases. The caseloads of CLD students on SLPs’ caseloads have increased, and only 36% of school based SLPs reported not working with CLD students (ASHA 2012). The median number of English Language Learner (ELL) students in caseloads has increased from two in 2008 to four in 2010 (Schools Survey 2012). In terms of the IEP meeting, cultural and language differences could potentially affect the quality of the services provided, making it all too important for parents to be fully involved, even if English is not their first and/or primary language. Without a better understanding of the parents’ point of view, one would only assume that they are satisfied with the speech and language services being provided for their children, or even worse, that parents fully understand all the information delivered during the meeting.

Cultural Competence
Dolores E. Battle’s definition of cultural competence from Becoming a Culturally Competent Clinician is a “process through which one develops an understanding of self, while developing the ability to develop responsive, reciprocal, and respectful relationships with others” (as cited in Griffer and Perlis 2007, p. 28). It is important that SLPs and professionals develop the skill of adapting to different cultural contexts in order to provide better quality service to CLD populations. Griffer and Perlis (2007) further suggest that these skills can be developed through
(Becerra 2012). Minimizing the gap between the two groups will lead to a more inclusive environment for the parents and their children. The deeper the understanding of a student’s culture and linguistic background by professionals, the greater the likelihood that CLD children will gain better benefits from academic and speech-language therapy (Shenker 2011). The amount of practical application of therapy increases the opportunities that a child can practice what they learned in their therapy session. By involving parents into therapy the practice opportunities will spread into the home environment.

In Multilingual Children Who Stutter: Clinical Issues, Rosalee C. Shenker (2011) stated that a child losing her or his first language can cause negative effects on a child’s identity by affecting her or his ability to communicate with other family members in the home language. These results suggest that a child may feel isolated in areas outside of therapy or class instruction if the majority of the people they interact with at home speak a language other than English. Shenker (2011) studied clients who stuttered when they were children in Montreal, Canada. One child in the study was a girl whose family had just emigrated from Pakistan. The language spoken at home was Urdu, but the girl’s parents both spoke English as a second language. At school, the girl spoke and was taught French, which became the girl’s dominant language. Shenker (2011) questioned the effectiveness of therapy in response to language. Since the child’s dominant language was French, it made sense that stuttering therapy would be most appropriate in French. However, the parent’s understanding of French was minimal compared to Urdu and English. Therapy is more effective if it is able to be applied to everyday life. This would allow the client to develop her or his skills outside of therapy. Since the girl’s parents spoke another language, the techniques practiced in French during therapy would not as be effective outside of the clinic. The amount of time a client spends in the clinic is minimal; which means that in order for therapy to be successful, it must be practical and fit into the client’s everyday activities. Many of the experiences in a young child’s life revolve around the home, and it is important for the therapist to learn about the cultural language, stories, values and structures found at home, and include as much of these as possible into therapy.

In Issues in Bilingualism and Heritage Language Maintenance: Perspectives of Minority-Language Mothers of Children with Autism Spectrum Disorders, Yu (2012) interviewed fifteen parents of children with Autism Spectrum Disorder (ASD). All the parents who were interviewed spoke Mandarin Chinese as their primary language. They were asked about their thoughts on bilingualism as pertaining to their own children. The parents reported that they have often been recommended to speak English-only as speaking two languages may confuse their child. Many minority parents of children with special needs have been told erroneously that by speaking more than one language to their child they would confuse their child and worsen their ability to learn English (Yu 2012).

In the past, bilingualism was seen as a problem in therapy, and many SLPs opted for eliminating one language (Shenker 2011). However, research has shown that having a first language does not have negative effects on learning a second language. Cummins (1992) stated that nurturing the first language can solidify a foundation from which to build the second language (Cummins 1992). His idea of common underlying proficiency stated that developing and solidifying a first language can facilitate English acquisition instead of hindering its development. Also, adding cultural and linguistic components familiar to the child’s language or culture could encourage parent involvement in speech therapy and SLPs could increase parent satisfaction with the IEP process. Addressing and valuing a parent’s input may lead to the maintenance of the child’s native language. This is important because losing one’s language may lead to communication isolation from other family members and possibly hinder the child’s sense of identity (Fillmore 1991).

Cultural Differences
There are several speech-language therapy techniques that have been successful in eliciting language. However, many of these proven techniques may conflict with CLD families’ ideas of family structure and communication styles (Peña and Fiestas 2009). During a meeting with a teacher, a Latino parent’s first concern might be about their child’s behavior and whether the child is being good, whereas a teacher may be more worried about whether the child understands and is learning the information taught in class. SLPs and professionals must understand that these simple differences may exist. Furthermore, parents may not be well-versed in the technical vocabulary and methods for measuring learning in children. Latino parents must rely on an interpreter to communicate at the IEP meeting and thus may not want to stop the meeting to ask for clarification. Traditionally, people from Latino cultures show respect for educators and those in authority and as a result may not question SLPs and other professionals (Dana 1998). They may think of questions and concerns but are either reluctant to participate due to this respect factor or simply due to the additional barrier of communicating via interpreter.

The goal of the investigator was to examine the experiences of Latino parents during their child’s IEP process. To gain this information, the investigator conducted in-depth interviews of five Latino parents seeking their perceptions in terms of 1) understanding technical information given to them at the IEP, 2) how well-represented they felt by the professionals during the meeting, and 3) how much they felt they could advocate for their child during the meeting.
Methods

Qualitative in-depth interviews were used in this study in order to attain a better understanding of the participants’ perceptions of the IEP process. A series of open-ended questions were asked in order to explore the participants’ experiences with the IEP process. Throughout the interviews, participants were asked additional follow-up questions in order to elaborate on certain issues.

Since the investigator had worked as an interpreter for a school district for two years, she had translated information to parents for many IEP meetings. In order to avoid any conflict of interest, the investigator took steps to negotiate access to potential study participants through the gatekeepers. A gatekeeper is the person who helps the researcher gain access to the population being researched. In this case, the population studied was Latino parents with a child on an IEP. Participants were recruited for the study by way of distributing fliers at a northern California elementary school and at a Spanish support group for parents of children with disabilities. The study used a purposive sampling technique. The gatekeepers were informed that the study required Spanish speaking parents with a child on an IEP. The gatekeepers dispersed the information about the study to several families that they thought fell under this description. The investigator gained permission from gatekeepers via the school’s principal and the support group coordinator in compliance with the California State University, Sacramento Institutional Review Board (IRB). In compliance with IRB protocol, all interviews were audio recorded with the participants’ consent. Each participant was informed that their identity would be kept completely confidential as each was assigned a number.

Participant 1 (P1) was born in Mexico and has lived in the United States for 30 years. She has an associate’s degree and works providing childcare for people with disabilities. She also works as a notary for a resource center. She has one child with an IEP.

Participant 2 (P2) was born in the United States and is bilingual. She has an associate’s degree and works in the superior court as a notary. She has one child with an IEP.

Participant 3 (P3) declined to provide any demographic information.

Participant 4 (P4) was born in Mexico and has lived in the United States for fourteen years. Her educational attainment was her high school diploma. She works in labor and has a sixteen year old daughter with an IEP.

Participant 5 (P5) was born in the United States. Her highest educational attainment was her high school diploma. She works at Target and as a high school instructional aide. She has one child with an IEP, and she was the youngest participant that was interviewed.

In order to encourage participation, interviewees were given the choice of time and place for the interview. Participants also had the option of interviewing alone or with someone else present. The participants could answer in English or in Spanish and had the option of code-switching or conversational switching between both English and Spanish, if necessary. Each interview (in both English and Spanish) was transcribed and analyzed by the investigator. For accountability purposes, the translations were reviewed by a graduate assistant in the Spanish Foreign Language Department at the California State University, Sacramento.

Each participant was interviewed via an 18-item questionnaire (presented below). They were informed that the interview would take at least 30-60 minutes and that all documents were available in Spanish and English. The interview questions were divided into two parts. The first section (Questions 1-14) addressed parents’ perceptions of the IEP meeting and how represented and informed they felt throughout the process. The second section (Questions 15-18) addressed what the parents took away from the IEP experience as well as possible suggestions for professionals when working with Latino families. In addition to the questions on the interview form, there was also a voluntary demographic form. All but one participant willingly answered the six questions that asked basic information about the participant’s country of origin, amount of time in the United States, education level, income information and occupation.

The 18-item Questionnaire

1. How much did you know about Language Impairments before your experience with IEP meetings? Did you ever hear the term “language impairment”? Was this the first time you heard the term/words?
2. Did you refer your child or did the school refer your child for the IEP meeting?
3. What prior knowledge did you have about the different professionals that participate in the IEP meeting? Did you know how many professionals would be involved with the meeting?
4. Did you get a copy of the procedural safeguards prior to the IEP? How effective do you feel the procedural safeguards were of informing you of your rights as a parent prior to the IEP?
5. How confident were you in your understanding of all the information presented during the meeting? How confident were you in your understanding of all the paperwork you needed to sign?
6. Have you felt included in the school professionals’ recommendations? Are there any concerns regarding these recommendations?
7. How well represented did you feel at the meeting? Were your concerns addressed? Did you feel comfortable addressing your concerns?
8. How well represented did you feel by the interpreter provided during the meeting?
9. How well did you feel your cultural and linguistic differences were considered throughout the process?
10. In what ways did the professionals help you feel included in the process?
11. What were your expectations of the IEP meeting and of the professionals involved?
12. How well did the IEP meeting and the professionals involved meet those expectations?
13. How important is it for you that your child retains your culture and/or language? How supportive do you feel the professionals are regarding this concern?
14. How beneficial do you think treatment would be for your child if your language and culture were incorporated?
15. How much do you feel your understanding of the IEP process has improved after your experiences?
16. What advice would you give therapists and teachers for how to work with families from Latino backgrounds?
17. What advice would you give parents going through similar situations?
18. How effectively do you feel you can advocate for your child or other children with the same experiences?

Findings

Prior Knowledge
Participants were asked questions regarding their level of understanding of the information given throughout their IEP process. Questions 1, 2, 3, 4, and 5 from the questionnaire were asked in order to find out if the information was provided to the parent and how confident they felt in their understanding of the information given to them during the IEP process. Questions 1 and 3 were asked to find out how much knowledge parents had prior to their IEP experience. P1, P2, P4 and P5 reported that they did not have any knowledge of speech and language impairments prior to their IEP experience. Three out of the five participants shared that their child had received Early Intervention (EI). Question 2 asked who placed the referral for the IEP, in which P1, P2, and P3 said that their EI service provider transferred them over for an IEP. In contrast, P4 had not received any EI, IEP or any other type of services until a year ago; at that time, her child was already 15 years old.

Understanding of Parental Rights
Question 4 focused on whether parents received a copy of the district’s procedural safeguards and whether they felt the procedural safeguards were effective in informing them of their parental rights. Feelings regarding the clarity of the procedural safeguards were mixed. Parents felt that the procedural safeguards were helpful in letting them know about their special education rights. However, P2 stated: “Yo no creo que era informativo. No daba nada de información porque solo le dice cuáles son sus derechos pero no le dice como enfocar sus derechos. [I do not think they were informative. They did not give any information because they just state what your rights are but they do not say how to enforce your rights.]” The purpose of the procedural safeguards is to inform parents that they are equal members of a team of professionals and they have the right to appeal a decision via due process. However, IDEA states that the IEP should be provided in the parent’s primary language if feasible to do so. In reference to the procedural safeguards, P1 shared:

“Si tienen mucha información pero de todas maneras pienso yo que de cualquier forma no cumplen al 100%. Muchas veces cuando dicen que todo debe ser en el idioma natal la mayoría de veces no tienen quien les traduzca los papeles. Los dan en inglés y dicen, “Después te los voy hacer llegar en español” y nunca se llega ese día.” [They do have a lot of information but even then I think they do not comply completely with what they say 100% of the time. Many times when they say that everything needs to be in the native language, most of the time they do not have someone to translate the documents. They give the paperwork in English and they say, “We will send them to you in Spanish later” and that day never comes.]

However, P4 stated that even though she received the packet in her own language, the translation was not always accurate. P1 and P2 stated feeling pressured at times when professionals rushed through the procedural safeguards in order to obtain their informed consent. P1 also shared that there were times that during her first few experiences with IEP meetings she had signed the paperwork without fully understanding what was going on. Most of the participants have experienced an IEP meeting more than once, and take their paperwork home with them to read over before providing a signature.

Participants said that they would ask someone they knew, such as the coordinator for their support group, to attend the meeting and act as their advocate. However, P3 found out through word of mouth that parents have the right to record the meeting as a way of holding the professionals involved accountable. After having a difficult time with the school professionals, P3 requested a meeting through the district office. She described that meeting as the best meeting she ever had where she felt included and that they had taken all of her concerns into account. Prior to that meeting, she had no knowledge that she had the right to record the
IEP meeting as long as she notified the rest of the IEP team at least one week in advance. Regarding her experience she stated, “Una persona me recomendó eso que ellos cuando ven que uno graba el IEP, que son más cuidadosos también en hablar. Y entonces también en todo. Cambia toda la cosa. [Someone recommended that, they said that when they see that you are recording the IEP, they are more cautious in the way they speak. Which causes everything else to change, the entire thing changes.]” The only participant to take the process to the highest level was P3, who had taken the case to the court system. This due process meeting involved the discussion of services by representatives of the school district, an attorney, and a judge.

Question 6 asked whether participants felt included in the recommendations set forth by the professionals. P1, P2, P3, P4 all stated that much of what they said was not taken into account. P1 stated that many times she felt like professionals already had a decision, and would word it in such a way in order to convince parents that was the best choice. P2 shared that at her first IEP the professionals stated that although she could provide input, the decision would ultimately fall upon the school. In contrast, P5 called her own IEP meeting in order to address some issues with her child and found this to be very helpful in her child’s improvement.

**Interpreters**

Questions 7 and 8 directly asked how well-represented the parents felt by the interpreters and the other professionals during the IEP process. Participants who required the use of interpreters were P1, P3, and P4. These participants spoke of the quality and effectiveness of interpreters. Although it is not the job of the interpreters to advocate for parents, they do have a responsibility to communicate all information clearly without embellishment or personal interpretation.

Although P2 is bilingual, she shared that she tried taking the “minority route”, in which she would only receive services as a non-English speaking parent. P2 did this with the hope that she would receive more services for her daughter than she had being an English-speaking parent. Instead, she found out that undergoing the process as a minority was more difficult and time consuming because it only added more barriers and if they did not have someone who spoke in Spanish, they would have to reschedule. According to P2: “Con los servicios que ella ha recibido, ya creo que he encontrado dos o tres personas que hablaban español. Pero no lo hablaban muy bien. Hablaban español por necesidad para tratar de conectar con los padres que no hablaban inglés. [With the services that she has received, I believe I have only encountered two or three people who spoke Spanish. However, they did not speak it very well. They spoke Spanish out of necessity, in order to try to connect with the parents who did not speak English.]”

Question 10 asked the participants to explain ways in which the professionals involved in the IEP meeting made them feel included in the process. All participants stated that professionals would ask them if they had any questions or if they had any recommendations. Despite participants being told that they could provide input, P1, P2, P3, P4 stated that many times the recommendations they gave were still not addressed. P3 stated that most of the professionals communicated with the teacher instead of with her and she had to be very persistent in order to force them to include her.

**Expectations of Professionals**

Questions 11 and 12 addressed the participants’ expectations of the professionals. These participants also reported a lack of satisfaction with the level of competence of the professionals who participated in the meeting. P2 shared: “I expected them to help me give her as much of an education as she can benefit from, so that she can fit-in in the world. I didn’t realize it was going to be that challenging.”

When asked whether her expectations were met on the competence level of the professionals involved, she responded: “No las alcanzaron. Me di cuenta muy rápido que siempre va ser lucha. Que siempre es el dinero, que ellos quieren ahorrar el dinero. [They did not meet them. I found out very quickly that it is always going to be a battle. That it is always about the money, that they want to save the money.]”

All participants shared that they felt like the professionals had low expectations for their children. Most participants did not feel like they were part of the IEP team. Instead, they felt more like the professionals had already made the decision regarding the placement of their child. At the IEP meeting their input was taken lightly by the professionals. P2 stated that the papers that she would bring from the physician or any outside source would be taken or thrown away. The parents felt like the professionals did not really involve them in the decision making process and instead the professionals would just report what had already been decided. P1 shared that at times it felt like they spent the meeting convincing the parent that what they had suggested was the better option instead of discussing other options with the parent.

**Resources and Liaisons**

The IEP is composed of many legal proceedings that were established by the IDEA in order to protect the rights of students and their families. Since the professionals are not always from the same cultural and linguistic backgrounds as the families they serve, liaisons and other resources in the community have served as useful sources of knowledge about the IEP. P1, P2, P3, and P4 all stated that they would bring an outside resource to the meeting. Participants shared that they felt intimidated during the meeting; however, the meeting climate would change compared to when they were there on their own. P4 stated that she did not sign the IEP at the meeting, she brought it home to read over and asked both the coordinator of the support group and another person who had experience with IEPs to answer questions and explain the different parts of the
IEP. At times, they were able to understand better when explained “en las propias palabras de mi idioma [in the words of my own language].” Participants shared that they did not always completely understand the information given to them by the school until after seeking help from these advocates. Sometimes parents were able to find a strong advocate through their involvement with outside resources. The interviewees that were part of the support group all state that their greatest advocate was the support group coordinator. The support group coordinator was a retired teacher and had years of experience and knowledge about the school system and the IEP process. P2, P3, and P4 shared that the coordinator encouraged them to go to the school district to request more services. Also, P1 and P4 shared that they would invite the coordinator to attend the meetings with them because they knew she had their best interest at heart and that she would speak out if the professionals attempted to eliminate services. The fact that the coordinator spoke Spanish was helpful, but at times, speaking the same language is not enough to be an advocate, such as the case with utilizing interpreters. One must have an understanding of the children's background in order to be an effective advocate. In the case of P5, the SLP that worked with her son for 4 years was their strongest advocate during IEPs. In his time working on speech with the child, the SLP had built a relationship and became familiar with the situations at home that were causing the child to have behavioral issues. P5 shared that the SLP had managed to convince the teachers at the school that the child did not require medication and made recommendations on how to structure their classroom to better fit the child's needs.

Importance of Culture and Language

Questions 9, 13 and 14 addressed issues regarding culture and language. Question 9 asked participants whether they felt that their language and cultural differences were considered through the IEP process. Participants felt that their language needs were met by the professionals by providing interpreters. However, most participants did not anticipate that professionals would consider their cultural differences. All participants shared that their focus should be on providing all children with services, regardless of their cultural backgrounds. Question 13 asked parents whether it was important to them that their child retain their language and culture and whether they felt the professionals’ support regarding this concern. All participants reported that their child’s maintenance and development of Spanish was important to them. During the interview, P3 and P5 specifically mentioned their wish for their child to be completely bilingual. All participants did communicate with their child in Spanish, and stated that even if their children might not speak Spanish, the parents knew that their children were able to understand them. However, speaking in English is difficult for children with speech and language impairments. P2 stated: “Es suficiente importante que ella mantenga el lenguaje, pero no le exijo mucho porque el lenguaje inglés no lo puede hablar. Con apraxia no hay control de los músculos. [It is important enough that she maintain the language, but I do not demand too much from her because she cannot even produce speech in English. With Apraxia there is low muscle tone].” P1, P2, P3, and P5 mentioned that although they would love to hear their children speak Spanish, they were at a point where they were content with whatever words their child could produce, whether it was in English or in Spanish.

In regards to culture, parents stated that it is important to them, but that it was not something that was implemented during the meetings. P1 stated: “Yo pienso que no se basan mucho en la cultura. Como que todos los IEPs son igual, no importa la cultura de cada niño. Como que todo lo quieren hacer igual. [I think that they do not base much on culture. It is like all IEPs are the same regardless of the culture of each child. It is like they want everything to be the same].”

Participant three (P3) mentioned that the professionals tried meeting her language needs by providing an interpreter. However, P3’s feelings towards culture were different:

En cuanto a la cultura, ellos saben que uno es hispano. Pero eso yo no pienso que tiene nada que ver. Es algo sin importancia yo digo, bueno en mi punto de vista. [In regard to culture, they (the professionals) know that one is Hispanic. But I do not feel that is relevant to the meeting. I say it is something without importance, well at least in my point of view].

P4 shared how her culture and language had an effect on the professional’s assumptions of her:

No, yo no mire que toman en cuenta a la cultura. No es que no me importe, sino de que yo pienso que no importa la cultura. No importa donde vengamos en cuanto a la educación especial. Cuando hay un problema de un niño, hay que poner toda la atención. Cosa que no pusieron. Como que había cierta desventaja. Como por el idioma, por la cultura, lo que ellos piensan de nosotros. Yo asi sentí, [No, I did not see them take culture into consideration. It is not that I don’t think culture is important. It just should not matter where we come from when it comes to special education. When there is a problem related to a child, we need to give it complete attention. That is something that they failed to do. It was like there was already a certain disadvantage. Perhaps due to the language, the culture, or what their preconceived notions of us were. That is how I felt].

In regards to question 14, the data indicated that parents thought it would benefit children to have Spanish incorporated into therapy. They did not mention whether incorporating culture would be beneficial.
Reflections

The last four questions of the interview were intended for participants to reflect upon their level of awareness and understanding of their rights after their first IEP meeting. All participants shared a need to educate and inform themselves in order to advocate for their children. P1 stated:

Nosotros los papás somos la voz de ellos porque la mayoría de ellos si hablan, no saben pelear por sus derechos. Y menos cuando no hablan. Si no se informa uno, no puede pelear tampoco. [As parents we are the voice for our children because most of them, if they are able to talk, do not know how to fight for their rights. And it is worse when they can’t speak. If we don’t inform ourselves, we cannot fight either.]

A large amount of the parents’ knowledge of the IEP process as well as their rights came from outside sources, i.e. local organizations, healthcare fairs, support groups, and reading the Special Education Handbook. P2 advised that parents communicate with one another: “Talk to each other about the services you are receiving, talk to each other about where your kids are getting services... you may find that somebody your child goes to school with is getting something that you’re not, right there on campus.” The same respondent shared a story:

I am surprised about how very little they (parents) know about what is going on at the school. One mom has her child being bussed from two different schools for therapy. That’s about an hour drive by bus. He had been going 3 times a week for some reason the school had told her they were going to cut it to once a month, and she had no idea there was an onsite physical therapy at the school... I was telling her and she was like “Oh my god! All these years!” and I told her, “Did you ever ask? Did you ever ask any other parent about physical therapy?” She said, “No, it’s kind of private.”

Recommendations for Professionals

Question 16 addressed issues Latino parents thought professionals should know about when working with them. The following are a few answers given by different participants:

A. “Piensan que al mejor los mismos terapistas y maestros deberían de tratar de buscar la información que hay en el idioma de cada quien para tener la información para darla. [I think that the therapists and teachers themselves should try to find the information (i.e. resources, procedural safeguards) that is available in each language and have it ready to give.]” (P1)

B. “Tell parents how to do [therapies] in Spanish and ask the parents, “How do you say?” The parent feels like they are not less but that they are also teaching somebody something... Make them feel involved.” (P2)

C. “Que se comunicaran más en lo que están trabajando ósea involucrar más a los papás... No importa si hablan inglés o no... Si hay comunicación, va avanzar muchísimo. [[The professionals] should communicate more in regards to what they are working on in order to involve parents... Regardless of whether they speak English or not... If there is communication the child will show greater progress.”] (P3)

D. “Yo pienso que los profesionales tienen que ponerse en el nivel de la cultura de nosotros para que nos puedan entender. Para que nosotros nos sintamos confiados y podamos hablar abiertamente. [I think the professionals need to place themselves in our cultural level in order for them to understand. In order for us to feel confident and speak openly.”] (P4)

E. “Just basically to make sure that parents understand that they have the right to question what is going on... sometimes parents, especially Latino parents, because they don’t speak great English, they feel kind of scared to ask for help.” (P5)

Discussion

These participants faced many obstacles during their IEP meetings. Many described their experiences of advocating for their child as a lucha or fight. These Latino parents struggled not only because their primary language is not English but also because of the perceived preconceived notions held by professionals who work with them. Parents felt that professionals did not think that they would fight. Other parents, such as P4 were blamed by professionals for moving her daughter from school to school because she had to follow work. Also, in the case of P4, parents were denied services based on their legal status in the United States.

Participant four (P4) is a mother of a 16 year old who just recently received an IEP. This particular child had a disability that was not visible to professionals and peers. This girl was diagnosed with a complete hearing loss in her right ear. She was not born in the United States and thus did not undergo a hearing screening at birth. This girl struggled in school for years as her hearing loss was unidentified until fifth grade. Even after failing a hearing screening, finding information on services for her daughter’s disability continued to be difficult for P4. It was not until she met the coordinator of the organization that advocated for Latino parents. Before that encounter, she had never heard of an IEP or that her child was eligible for an IEP due to her disability.

These findings reflect common themes throughout the five interviews. Parents had little to no previous knowledge of an IEP and speech-language impairments prior to the IEP meetings. Three of the participants received Early Intervention Services; however, only one of those parents answered that she had basic knowledge of an
IEP. Early intervention is not only helpful for the child but also for the parent because they can begin to get familiar with the different resources available.

The number of parents in this sample that had to go directly to the school district is noteworthy. P2, P3, and P4 said they had to reach out to the district in order to be heard. Many of them were advised to go to the district by advocates outside the district such as the support group coordinator or parents that had experienced similar situations. These findings support the notion that CLD parents with little or no English language skills need social advocates as well as educational advocates. Even professionals who are not able to provide CLD clients with information in their primary language should direct parents to individuals who can. Support groups are a vital resource for anyone struggling with a disability or anyone in need of social and emotional support. These groups can provide parents with a place to meet other parents who have similar issues and concerns. For example, P3 learned through a support group that she could record the IEP meeting and get reimbursed for mileage for transporting her son to a school thirty minutes away for his school therapies. This information was not provided at any time by district professionals.

In addition, P2 reported she and her husband saved up money to pay legal counsel in order to take their case to a due process meeting. In doing so they discovered a law firm that did pro bono cases (the interviewee did not disclose the name of the law firm). P2 was able to share this information with the support group, and this new found resource was able to benefit many of the families in the group. It is true that knowledge is power.

The information collected from these interviews demonstrate that there is a need for cultural and linguistic sensitivity in professionals working with these parents. The fact that three of the participants described that they had to go to the district to have their concerns heard suggests that there may be a strong potential for communication and cultural problems at the school site. Parents with children who have speech and language impairments (as well as learning disorders) must learn how to navigate the system in order to be fully included in their child's education, whether it is general or special education. Despite the many barriers (cultural, linguistic, education level, immigration status, etc.), these participants must continue to prove that they will fight in order to secure a better future for their children.

**Limitations**

A major limitation in this study is the fact that only five families participated. This is too few a number to suggest that the majority of Latino families have the same issues these families did. In addition, the Latino population represented in the sample was from the state of California. The issues Latinos are facing could be different in less diverse states. There is a need for this type of research to be conducted on a large scale in order to fully understand the depth and breadth of these issues.

A second limitation has to do with participant selection. The investigator worked as a translator during IEP meetings for the school where participants were recruited. In order to avoid conflicts of interest, the investigator did not directly recruit participants but relied on the coordinator of the support group and the school principal to send out information to potential participants. The sampling was purposive because the investigator was interested in a specific group of individuals. Although the primary investigator did not directly recruit the participants, the researcher did express to the gatekeepers that Spanish-speaking Latino parents with children on IEPs were the desired participants for the study. However, gatekeepers had complete discretion over which parents were contacted, as well as the method used to deliver this information. The coordinator of the support group sent out the information to parents via email, which excludes parents that possibly do not have access to a computer. The investigator was not given a record of the parents that the gatekeepers contacted.

**Conclusion**

Advocating for children with disabilities can be an overwhelming process for any parent, regardless of language or culture. Yet, the obstacles are intensified when language barriers exist between parents and professionals. IDEA was meant to protect all children within the public education system, regardless of their status within the country. Cultural differences and language barriers can cause professionals to make assumptions about the parents' level of involvement as well as limiting the amount of communication, particularly with parents who do not speak English well. Professionals need to be aware of these differences in order to develop the cultural competence required to provide quality service to all children and their parents. Professionals can help parents feel more included by interacting with them and involving them in the process by listening to them and checking in on them. Professionals must also take time to make sure that parents are completely aware of their parental rights within the IEP meeting. Latino parents should benefit from having information given to them in an informal setting, such as a support group, as well as in a formal setting, such as an IEP meeting filled with professionals.

Although interpreters can help facilitate communication between parents and professionals, they do not necessarily have to look out for the parents’ best interest. At times, the interpreters themselves were not knowledgeable about the IEP. More research should be done in the areas of the interpreters used for these meetings and whether the interpreters used during meetings are actual
interpreters or just bilingual aides. These two types of interpreters vary in quality because district interpreters would have a greater knowledge of the IEP process, and would be more beneficial for parents to have during an IEP meeting. A bilingual aid, although helpful for professionals during the assessment of a child, may not be the most adequate interpreter of information if they have not received prior training. Overall, differences between professionals and families are inevitable as the populations become more diverse. Even if the professional cannot speak the language, s/he should inform themselves of the different resources available in the parents’ language and guide parents toward potential resources available to help them learn how to navigate the system and take full advantage of the services available for their child.

References


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**Abstract**

This study analyzes political participation among Latinos in rural California communities. Most research on California Latino communities has focused on the urban Latino experience or the Farm Worker movement. While both areas are important, few studies have focused on rural Latinos’ fight for political incorporation. Through the use of primary and secondary sources, the author examines the creation of Latino rural ethnic enclaves and the steps taken by these communities to gain political power. Results suggest that effective leadership is the key to rural communities gaining political representation at the local level, often adopting political strategies previously used by the United Farm Workers (UFW). Now the largest ethnic group in California, it is even more important to understand mobilization differences within the Latino community.

**Introduction**

American educator Robert Maynard Hutchins once remarked, “The death of democracy is not likely to be an assassination from ambush. It will be a slow extinction from apathy, indifference, and undernourishment” (1956, 32).

The indifference of people towards the government could lead to the death of democracy, leaving only a few making decisions for the many. Political participation is what defines a democracy and the exercise to vote is of major importance in order to make sure that the voice of the average citizen is heard. Among the most common reasons for the lack of voter participation are an individual’s socioeconomic status, low education levels, election timing and distrust towards the government (Calderon 2012, 2). There is much evidence that all these reasons have an impact on voter turnout in California (Hajnal, Lewis and Louch 2002).

In California, the likely voter is older, with a higher level of education and income than the average state resident; they also tend to be home owners and native-citizens of the United States (Baldassar, Bonner and Shrestha 2014). It is clear that the state’s likely voter does not match California’s diverse population yet this smaller group is making the state’s political decisions (Baldassar, Bonner and Shrestha 2014). California is home to several Latino ethnic enclaves which