

Parent Perspectives on the Roles of Paraprofessionals

Nancy K. French and Ritu V. Chopra
University of Colorado at Denver

This article examines parent perceptions of paraprofessional roles and employment conditions. Nineteen mothers of 23 children who received special education services in general education classrooms with support from paraprofessionals participated in focus group interviews. This exploratory study revealed that these mothers identified closely with paraprofessionals and believed that they were compassionate, dedicated people who functioned in four major roles: connector, team member, instructor, physical caregiver/health needs provider. Participants also identified problems associated with paraprofessional employment including the lack of training, low pay, and lack of respect for the position, resulting in high levels of turnover. Respect for paraprofessionals was of particular concern to the mothers, who believed that the respect accorded to paraprofessionals reflected the respect accorded to their children.

DESCRIPTORS: paraprofessionals, parents, one-to-one assistance

A growing trend toward inclusive education of children with disabilities has been seen in recent years. Increasingly, the literature shows that parents request inclusion for their children and that they believe that "a reasonably good inclusion program today is preferable to a perfect inclusion program tomorrow" (Marks, Schrader, & Levine, 1999, p. 316). The 1997 amendments to IDEA place a greater emphasis on inclusive opportunities as well. These amendments require that supplementary aids and services be provided in general education classes and specifically considered by teams that include parents while developing the individualized education plan (IEP) (Etscheidt & Bartlett, 1999). This guarantees parents an active role in the decision making process for the education of their children.

The practice of employing paraprofessionals to facilitate inclusive education of students with disabilities in general education has emerged out of perceived necessity and parental pressure (French & Pickett, 1997; Giangreco, Edelman, Luiselli, & MacFarland, 1997; Haas, 1997). Inclusion is meant to provide opportuni-

ties for interaction with same age peers and typical curriculum in general educational situations. Yet, providing appropriate support in those settings can be problematic. Special education teachers face challenges supporting students in multiple locations simultaneously. Without appropriate support, students with special educational needs in the general education classroom may experience academic or social failure, be exposed to unacceptable health and safety risks (e.g., falling, seizures, allergy attacks), or they may injure others. Paraprofessionals frequently are assigned on behalf of individual students and they spend their time "along side" the student rather than "along side" the teacher.

Although the use of paraprofessionals has greatly expanded (Pickett, 1996), current research is limited to a small number of studies clarifying the roles and responsibilities of paraprofessionals (French, 1998; Giangreco et al., 1997). While these studies have rarely included the perspectives of parents, classroom teachers, special education teachers, or paraprofessionals, there is some documentation that general education teachers believe paraprofessional support is essential to successful inclusive education (Bennett, Deluca, & Bruns, 1997; Wolery, Werts, Caldwell, Snyder, and Likowski, 1995). Marks et al. (1999) presented the perspectives and experiences of paraeducators who worked with students with disabilities in inclusive school settings. Other researchers have conducted observations in classrooms to study the effects of instructional assistant proximity on students with disabilities (Giangreco et al., 1997).

Our extensive review of the literature revealed that there was no research that addressed perspectives of parents on paraprofessional roles in inclusion, except for one study that barely touched upon this topic. Bennett et al. (1997) investigated the perspectives of parents of children with disabilities and the teachers in inclusive settings regarding parent involvement and successful inclusion. Although the focus of the study was not paraprofessional use or role in inclusion, an important finding of this study was that parents considered paraprofessional support to be one of the essential aspects to successful inclusion. Parents believed that (1) paraprofessionals provided hands-on assistance in the classroom, not only to students with disabilities and special needs but to the entire class and that (2) they served as the persons with whom parents could have

Address all correspondence and requests for reprints to Nancy K. French, Paraprofessional Resource and Research Center, University of Colorado at Denver, 1380 Lawrence Street, Suite 650, Denver, CO 80204. E-mail: nfrench@ceo.cudenver.edu

daily contact regarding their child's performance at school. These findings need further exploration, particularly in the current context when both parents and paraprofessionals are important role-players in the education of children with disabilities in inclusive settings. Our study intended to gain a better understanding of parents' perspective with regards to the roles of paraprofessionals in inclusive school settings.

Methods

Design

We collected qualitative data about the perceived roles and responsibilities of paraprofessionals, their characteristics, and employment circumstances through focus group interviews, which are useful for collecting information about participants' perceptions and experiences (Creswell, 1994). Focus groups allow increased sample sizes without substantial increases in the duration or expense of the study (Krueger, 1994).

Additionally, candor among participants may be increased in interactive situations (Krueger, 1994). Perspectives and experiences are developed, in part, by interaction with other people. A group discussion, with skillful probing, results in candid portraits of perceptions and gives participants license to divulge information that may not emerge in other forms of questioning (Krueger, 1994).

This study was exploratory. We used no a priori theory or hypothesis. We adjusted the questions and the amount of time spent on topics according to responses and interactions of participants.

Participant Selection

We purposefully selected participants who (a) were parents of children who received special education services in general education classrooms, (b) had at least 1 year of experience with inclusive education, and (c) had children who received at least some special education services through paraprofessionals. We sought a

balance of participants in terms of the ages of their children.

We employed three different strategies to identify participants. First, we selected every sixth person from a master list of trainers who had participated in a training project that was directed by the first author. Selected teachers who supervised paraprofessionals were asked to nominate parents of students with whom they had worked. This process resulted in 40 nominations. Next, we placed an advertisement in the newsletter of our state's parent training center and received 10 responses. Each of these 10 respondents was asked to nominate other parents they believed had experience with paraprofessional support for their children. This use of the "snowball" technique (Krueger, 1994) to generate additional potential participants resulted in 14 additional parent nominations. All 64 nominees were contacted by telephone and asked to complete a telephone questionnaire (Table 1). Only 26 mothers agreed to complete the questionnaire and all of them were invited to participate in the study.

Study Participants

Of the 26 identified parents, only 19 mothers of 23 children from 3 to 21 years of age participated in interviews (Table 2). Scheduling conflicts, personal illness, transportation difficulties, and other events prevented the remaining seven selected parents from participating. No fathers participated in the focus groups. We were unable to achieve the ethnic balance in the group that we preferred, but the variation in gender among children, levels of educational need, and experience with paraprofessionals was broad. All mothers lived within a 75-mile radius of Denver. Their children attended nine different school districts, including the two largest districts in Colorado and two of the smaller districts in the state. Two of the children had recently graduated from high school, whereas others ($n = 21$) were in grades ranging from preschool to 10th grade.

All the children received special education and had

Table 1
Content of Telephone Questionnaire

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1. Caller self-introduction
 2. Purpose of the call: "We are organizing focus groups for parents of children who are included in general education classes and who receive support from a paraprofessional."
 3. Name of nominating person. "You were nominated by _____."
 4. Description of the stipend, focus group process, duration, content, and expectations.
 6. Question: Would you be interested in participating in one of our focus groups? In no, terminate call.
 7. If yes, continue with questions if the time is convenient. If not convenient, arrange to call back at a mutually convenient time/day.
 6. Content of questions:
 - Extent child receives special education services in general education classroom
 - Years of experience with inclusion
 - Ethnicity
 - Grade level of child receiving special education in general education classrooms
 - Estimation of educational need level of child (mild/moderate, severe, significant support needs)
 - Possible dates/times, location possibilities
 - Date by which we will notify them of their selection
 - Mailing address/other phone numbers of other potential participants
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Table 2
Participant Information

Parent ID	Child gender	Child age years	Parent ethnicity	Extent of child's participation in general education		No. of years of participation in general education	Child grade level	Extent of child's special needs		
				Great	Some			Mild/moderate	Severe	Significant support
1	Female	14	Caucasian		√	8	8			√
2	Female	8	Caucasian	√		4	3			√
3	Male	11	Caucasian		√	5	4			√
4	Male	8	Caucasian	√		4	3			√
5	Male	13	Caucasian		√	7	7			√
6	Female	12	Asian		√	7	5			√
7	Female	7	Caucasian		√	4	2			√
8	Female	8	Caucasian		√	5	3			√
9	Male	7	Caucasian		√	4	2			√
10	Male	8	Caucasian		√	6½	3			√
11	Male	9	Caucasian	√		7	3			√
12	Male	15	Caucasian	√		13	9			√
13	Female	12	Caucasian	√		6	7		√	
14	Male	4	Caucasian	√		2	Preschool	√		
	Male	8	Caucasian	√		5	3			√
15	Male	16	Caucasian		√	15	10		√	
16	Female	7	Caucasian	√		3½	2		√	
17	Male	4	Caucasian	√		1	Preschool		√	
18	Male	21	Hispanic		√	14	Postsecondary			√
	Female	20	Hispanic		√	14	Postsecondary		√	
	Female	6	Hispanic		√	4	1			√
	Female	3	Hispanic		√	1	Preschool	√		
19	Female	11½	Jewish		√	6	5		√	

IEPs and/or other individualized plans (e.g., individualized health plans). Parents identified 15 children with "significant support needs," a phrase we defined as "the need for significant modifications to typical curriculum and instruction." Six children had "severe needs," defined as "needing moderate modifications to typical curriculum and instruction." Only two were listed as having "mild or moderate needs," defined as "minor adjustments to typical curriculum and instruction." All of the children received special education services in general education classes with support from paraprofessionals. We defined the extent of participation of children in general education classes as "great" when their participation was 75% or more of the day ($n = 9$), whereas "some" meant that they participated between 25–75% of the day ($n = 14$).

Data Collection

We conducted five focus group interviews with parents, with the number of participants ranging from three to five in each group. Interviews were held at various times of the day and evening in locations identified by participants as geographically convenient. Each interview was held in a meeting room of a local public building, away from noise and distraction. We provided light refreshments for each group. Participants were paid a \$25 stipend for their participation.

We were prepared to continue recruiting participants and conducting additional interviews until no new or different information emerged. After conducting five

focus groups with 19 mothers, lasting 2 hours each, we were satisfied that we had reached this point. Therefore, we sought no additional parent participants.

Interview protocol. The protocol questions were based on the literature on paraprofessional characteristics and training needs (Passaro, Pickett, Latham, & HongBo, 1991), paraprofessional employment conditions (Logue, 1993), the literature on team functioning (Larson & LaFasto, 1989), and paraprofessional supervision (French, 1997, 1998; Morgan, 1997). Multiple questions explored three topics:

1. Parents' views on the identities of paraprofessionals (e.g., demographics, education, gender, marital status, number of children, personalities, skills, background knowledge, training, and reasons for taking the job).
2. Parents' views on the roles of paraprofessionals supporting special education students in general education classrooms (e.g., assigned responsibilities, purposes, functions, and perceptions of the ideal role).
3. Parents' views on the assignments of paraprofessionals (e.g., who assigns paraprofessionals, how they are allocated, supervised, wages, benefits, career advancement opportunities, and training and professional development).

We did not know beforehand the extent of information the parents could give us about paraprofessional

characteristics, roles, training needs, or assignment conditions. However, we had several reasons for believing that parents would have this information. Nittoli and Giloth (1997) explained that, historically, paraprofessionals were indigenous to the school community. If this continues to be true, one might assume that parents know them as neighbors. There is some research evidence that for parents of students with disabilities in inclusive settings, paraprofessionals served as the persons with whom they had daily contact regarding their child's performance (Bennett et al., 1997). Further, in our work related to training of personnel who work with special needs children, our personal communications with teachers and paraprofessionals have frequently revealed that the parents request or demand paraprofessionals for their children. If parents knew paraprofessionals as neighbors, asked for them to be assigned to their children, and communicated with them on a daily basis, we believed that the parents would be able to shed light on topics that were included in the interview protocol.

Interview process. The authors acted as the moderator and assistant moderator, respectively, during the focus group interviews. The moderator began each group with an introductory script that covered the study purposes and the potential uses of data. Participants were cautioned about maintaining the privacy of other participants and were assured that their identities would not be connected with their comments in subsequent reports. The moderator requested that participants introduce themselves, describe their families briefly, and then proceeded through the protocol. The moderator placed copies of the protocol questions on the table to be used by the participants, as they preferred.

Throughout the interviews, the moderator tried to maintain the role of "Wisdom Seeker" described by Krueger (1994), a role that honors the insight and wisdom of the participants and minimizes the knowledge or expertise of the moderator during the discussion. The script explicitly stated that the moderator was there to listen and learn, rather than to give information. Krueger cautioned that, "Moderators must remember what has already been discussed, what is currently taking place, what the next topic of discussion will be and finally, what will it all mean when it is concluded" (p. 108). To reduce researcher influence on responses, the moderator monitored the conversation closely and avoided asking questions about topics that had already been addressed by the participants.

The assistant moderator brought participants into the social gathering, managed the tape recorder, served as silent observer, took notes on key ideas, and noted the tenor of the conversation. About 10 minutes before the end of each interview, the assistant moderator summarized the conversation to verify with participants that their major points had been heard and interpreted ac-

curately, then offered them the opportunity to clarify or add more information. This offer typically resulted in a few more minutes of conversation, also tape recorded.

Data Analysis

We used an eight-step data coding process. First, we listened to each tape shortly after the interviews, and often before the next interview occurred. In some cases, we used probes with subsequent groups that had not been previously included in the protocol. Second, we transcribed each tape, producing single spaced documents of 20-30 pages each. Third, we read through all the transcriptions independently, making notes in the margins about common points, to get a sense of each interview. Fourth, we each listed topics common to all interviews. These initial topics closely matched the protocol topics. Fifth, we met to negotiate the list of topics, continually trying to reduce them to create parsimonious groups of related ideas and interrelationships that we called themes. Sixth, we color coded segments of text that matched our themes and double coded text to indicate related or overlapping themes. Often, we listened to the tapes again to detect voice inflections and other vocal cues that helped to clarify precise meaning. We examined the double coded text to further refine the themes. At that point, we created matrices to display the themes and depict their relationships (Huberman & Miles, 1994). Seventh, we assembled quotes related to each theme, noting contrary or contrasting points as well. Eighth, we re-examined the themes, reduced them, and reorganized the quotes used to explain each theme based on feedback received from external reviewers. We did not ask participants to verify the themes.

Limitations

As a preliminary investigation, the findings should be interpreted cautiously. This study focused on the perceptions of female parents within a specific geographical region and is not intended to be representative of all parents. Additionally, parents were asked to respond in terms of their overall experience. However, human nature is such that the most recently experienced issues tend to be emphasized. Further, this study used focus group interviewing as the only source of data. We validated the participants' views at the end of each interview, but did not verify the final themes with the parents at the end of our analysis. Despite these limitations, the findings serve to heighten our understanding of parent views and experiences with paraprofessionals.

Findings

Parents reported that paraprofessionals engaged in four primary roles in the support of special education students in general education settings: connector, team member, instructor, and physical caregiver/health service provider. In addition to the roles, parents identi-

fied administrative and system issues (such as training, pay, and turnover) that had direct impact on paraprofessional roles, responsibilities, and employment conditions.

Paraprofessional Roles

Role one: connector. The first and most powerful role was that of "connector." Several kinds of connections were important to parents.

With parents and families. The first connection discussed was between families and the school. Parents often spoke fondly of "my para"¹ or "our para" and proudly talked about the close relationship they shared with their child's paraprofessional. For example, one parent commented, "We keep in touch with her [daughter's] para from Kindergarten . . . celebrate Christmas . . . we are friends . . . We've developed close social ties . . . attending their kids birthday parties, weddings . . . Marla met her kids . . . met her family." Another mother shared, "Good ones have ended up being my son's primary teachers and family friends. We stay in touch . . . emotionally attached."

Some participants contrasted the availability of the paraprofessional to the availability of the teacher. "I try to contact the teacher . . . I talk to the aide." Most parents made the point that it is the paraprofessional with whom they communicate: "There is one [paraprofessional] . . . I ask her to let me know how the day went and what is going on and what they are working on." The information that these parents received from paraprofessionals tended to be more detailed and frequent than the information they got from teachers. One mother reported, "Mine calls me every day after school, as soon as my daughter gets on the bus and tells me how the day went." Another said:

I don't know if Andrea² is dependent on the para but I sure am. It is that day-to-day communication. She is more likely to tell me about what is going on . . . the teacher has five other kids . . . I really need them [paraprofessionals] and I feel I talk more to them than I talk to the resource room teacher or the home room teacher.

One parent contrasted the communication styles of the teacher and paraeducator:

Mrs. Smith [teacher] is not a communicator. She is firm and gentle but does not talk. Our aide writes in the back and forth book. We have this dialogue on an everyday basis. I do not want to know quar-

¹ Throughout this report, we have provided exact quotes. The terms "para," "parapro," "aide," are reported because they were used by participants. We prefer the terms "paraprofessional" or "paraeducator."

² We have used pseudonyms for children, teachers, schools, and districts that were mentioned by name by participants.

terly how my child is doing. I want to know every day.

Finally,

I had the para's home phone number. I called her at home, we spoke more to her than I did to the resource teacher. I never felt I had to go through the chain of command to be able to talk to the person who teaches my child.

The connections between these parents and the paraprofessionals were evident and these connections were greatly important to parents. Several parents mentioned that they hired paraprofessionals to baby-sit on weekends. Some noted both the positive and negative aspects of forming friendships with paraprofessionals: "Friendship has been critical because that ensures communication with me . . . but it has also been hard because Chris tends to injure people . . . and that is really hard when your child hurts someone you really care about."

With the community. Parents noted that many of the paraprofessionals reside in the same community with the students and their families, "They live nearby — not always the neighborhood, but close," thus providing connection and continuity between school and families during a student's school years and beyond. One parent summarized:

I think living in proximity to the school is an advantage — to be able to go to their home school. The kids in the neighborhood know Nathan and they are his friends at school and his spokespersons. The same is true in terms of the para knowing him or living in the community. One of the paras in his classroom is the daughter of the school nurse. I think that is nice, in fact, more than nice. It's making a community. Making communities in our world is very important so that every one matters and every one has a job to do. One of the paras lived near the school and that was the reason she took the job . . . she walked to school with him for four years.

Many paraprofessionals have children who attend the same school and sometimes the paraprofessionals are parents of children with special needs. One parent believed that "The best ones I have had are the ones who are the parents of special needs children. They have that insight . . . they are not afraid. There is a bonding . . . it's something inside them."

With peers. Nearly every parent spoke of the importance of the peer connections that may be facilitated by an effectively functioning paraprofessional. Many parents considered the paraprofessional as their child's link to communication with other classmates. Connections between students are important to parents who

recognized that their children may not achieve social relationships on their own. As one mother elaborated:

I think the paraprofessional is very valuable for my child . . . she definitely helps him in learning to follow the rules, being social, and helping other children do the same . . . like saying "why don't you go join the game" and things like that . . . or when someone says that he can't do something . . . that he is stupid . . . the paraprofessional can influence the other student's attitude toward him.

Many parents confirmed that paraprofessionals acted as their children's advocates in schools. One shared how her son's paraprofessional had encouraged other children to interact with him and ultimately facilitated acceptance and understanding for him. She stated:

She [paraprofessional] increases his status according to how she interacts with everyone else. If she encourages everyone when they are playing basketball . . . if she throws the ball to other students and says, 'Now you throw it to Michael' or 'He will do better if you throw it to him' . . . or 'I've got to go, you guys play,' the way he increases his performance is incredible. He will do more when he's around other kids. . . . It has changed the way other kids relate to my child, they were mean and nasty about his disability in the past. Things have changed because there is always someone advocating and educating them and a teacher does not have time to stop what she is doing to do that. A total difference about how he feels about himself and how they understand him this year.

Another parent recognized the importance of the paraprofessional's unobtrusive presence, "We just started having our daughter eat lunch with the other 5th graders . . . the kids help her open things and guide her verbally. The para is there but stands on the sidelines . . ."

In many cases, parents spoke of paraprofessionals' personalities and personal qualities in ways that could not be separated from their role as a connector among children. For example, "Their personalities are crucial . . ." "She is the nurturing type . . . wants him to succeed." One parent said, "They do not go into this for money, they just have these personalities that want to make a difference in changing the world . . ." In one group, a parent summarized the conversation as others nodded their heads:

Luckily this job draws people who love it. The personalities of the paras are kind, gentle, warm, caring . . . magnets so the typical kids are drawn to them and that's the key in how they interact with typical students and the child who learns in a different way.

With other adults in the school. Paraprofessionals were reported to be the students' communication link with other adults in school as well. One parent commented, "They [paraprofessionals] are conduits to the regular³ classroom teacher."

Because they worked so closely with the special needs students, parents perceived that paraprofessionals often knew students' strengths, weaknesses, and other personality characteristics better than other adults in the school. The paraprofessionals, therefore, were able to provide useful information on behalf of their students to others on the education team. One parent spoke of the way that the paraprofessional intervened when an occupational therapist was working with her son at school:

We tried to help Chris with his dressing skills. He has poor motor skills and cannot do snaps. They had the OT [occupational therapist] work on that but she ended up having to have the parapro — actually, the parapro ended up telling the OT what to do . . . how to approach him because she had the skills how to approach introducing something hard to him. It would have never worked without the para.

When the connector role fails to connect. Sometimes paraprofessionals failed to make connections between students, general education teachers, and other adults in the school. In that case, parents expressed their displeasure at the barrier that the paraprofessional created between their children and the rest of the world.

For example, "There is still Sally and the parapro and her friends . . . rather than the more normal relationship with just friends." Parents' concerns were sometimes tempered by what they perceived as good intentions: "Sometimes they become a barrier just because they want him to be successful." Some parents emphasized that paraprofessionals must learn to "stand back a little, too . . ." and to "become invisible in a very calculated way." "If you have the babysitter type and you have hovering . . . the typical peers will never break out of the mode of, 'Oh, he is here just as a guest.'"

During a conversation about connections and barriers, one parent said, "The para needs to step back and allow the regular ed. teacher to interact more with the special ed. student. That would make the typical peers interact more with the special ed. students as well . . ." Another parent indicated that the paraprofessional could create teacher and peer connections simultaneously by conveying some of her son's strengths to others:

³ The terms "regular education students," "regular ed.," and "regular ed. teacher" were used frequently by parents and are quoted directly. We prefer to use "general education," "general education classes, classrooms, and teachers."

The para knowing what the strengths are of the student — I think that would be helpful . . . like say, "He can shoot hoops . . . give him a chance and he can do it" and if he does it and gets a hoop and everybody is clapping, the whole class is happy for the student.

A more pressing concern was dependency on individual paraprofessionals. Parents uniformly expressed the concern that their children easily became passive recipients of unneeded assistance, and sometimes failed to attempt a task that they were capable of performing.

We went through our share of paras who did not know what they were doing or those who were too helpful. My daughter is very quiet and very accommodating and she is just a pleasant child to be around. If someone will do something for her, she will gladly sit back and let them do that. Consequently, she looks like she cannot do much for herself.

One parent offered advice:

If there's one thing I could tell a para, I would tell them that the rest of the world is going to treat my daughter the way you do. Every other kid and adult in the school is going to react to her the same way . . . if you baby her everyone else will too.

Some parents offered suggestions about potential solutions that have been or could have been tried. One parent said that in her son's school:

They also had the philosophy to rotate aides . . . I think it was the best thing for Alan because he was not dependent on one person and he was supported when he needed to be supported. He had three aides who worked as a team and it was really neat.

The parent of a high school student offered, "He has two paras now . . . in different parts of the day, which is good as far as dependency and burn-out is concerned." A parent of an elementary age child pointed out:

It was the special ed. teacher who brought this up that it was not good for Samantha . . . she was getting dependent on her aide. So she said it was in Samantha's best interest to get used to someone else in her life.

Another added, "My daughter has had a para ever since kindergarten, one-on-one. To avoid dependency on one person, we are trying a team approach with her and have three different people working with her. It is working pretty well."

Parents wanted paraprofessionals to encourage the child's efforts. One parent complained about how her

son's paraprofessional completed a project for him. She said:

There was the art project where the paraprofessional pretty much did the whole thing. It took away from the experience. Instead of having Andrew do it and having it not look anything like it's supposed to . . . they have to draw the line, not to overdo.

Another parent agreed, ". . . I just want them [paraprofessionals] to know when to hang back and let her try and if she is unsuccessful, it is fine. My other kids are unsuccessful a lot of times too but they have to try."

Finally, a story of accomplishment where a paraprofessional helped in fostering self-dependence in a student:

For a while, the para was needed in the lunch room because his [her son's] senses are easily stimulated, all the commotion, jostling and noise . . . Now, because he is maturing that is not an issue. She backs off there . . . deciding how much to nurture and how much to let him kind of be there and figure it out.

A few parents had concerns about confidentiality, that paraprofessionals so closely connected to the community might relay private or confidential information to those who have no right or need to know. Several made it clear that teachers were bigger offenders. One said:

I think paras need to be reminded about the law because I have overheard some things about other students when I am there. The teacher and aides are talking and I think that is inappropriate. I do not need to have that information about other kids and I do not have the right to that information. It needs to be stressed to them and that should be a part of the training of paras as well as of the special ed. teachers. Teachers have to be reminded about that. Teachers talk . . . they should not be talking . . . I want them to respect that . . .

In response to these comments, another parent expressed that her experience in this regard had been very positive. She explained:

She [the paraprofessional] is so proud of Marla and what went on with her . . . she talked to everybody she knew about this child that everyone who met her already knew her. She [Marla] has made friends that way too. It has been a good experience all the way around. As far as my experience goes whatever has been said about my child has been positive.

Role two: team member. Parents confirmed the importance of paraprofessionals as team members: "Yes, they

have to be a part of the team. They should have equal input and respect and back-and-forth communication about the process." Parents spoke both of the important functions of school based teams as well as the dysfunctional aspects. Their comments related directly to the issues of communication, team structure, and respect for the roles of all team members.

Communication. Unfortunately, on the topic of team communication, parents' comments focused mostly on negative experiences and, invariably, the discussion turned to planning time. As one parent said:

One thing I have seen almost always is there is no planning time. Our district cut off all middle school planning time, how can they [paraprofessionals and teachers] get together to work on the curriculum? The paras are left to fend for themselves.

Other parents confirmed the lack of planning time in their schools: "I do not think there are a lot of meetings that go on between even the resource teachers and the regular ed. teacher." These parents were consistently clear that they had to force the issue of creating planning time: "That is what I am planning on my next IEP . . . allowing adequate time." In another group, a parent explained:

I tried to include planning time between paraprofessionals, special education teachers and regular education teachers to meet and modify curriculum on my IEP. They would not put it in because they said it was too confining for the teachers. They didn't ask if it would work for the paraprofessional or . . . student.

One parent noted that her case was significantly different than the others she was hearing about in the focus group:

In my son's first year at school we — the resource teacher, para and the regular ed. teacher — all met once every two weeks after school . . . listening to all of you I am thinking I better get her a present. We would go over and discuss my son's progress and behavior. It was real nice and she was on his IEP this year too. I really appreciate the school we are at.

IEP meetings. Another concern for parents is that paraprofessionals are rarely included in the IEP meeting, or involved in discussions about the child's functioning. One parent explained that her son's IEP meetings were held during the day and the paraprofessional was there at school working with her son: "They [paraprofessionals] cannot come because of the time constraints." She quickly offered a possible solution, however, "That would mean that Neil will stay and be a part of his IEP — and that would be okay. He has done that

in the past." She emphasized that using the paraprofessional's time to attend the IEP meeting and participate in problem solving was more important than using that time for instruction.

Another parent contrasted two kinds of experience:

In the first year, I asked for my daughter's para to be included in the staffing because I thought she knew my daughter the best, and they said no. I am not sure whether it was a policy thing or pay. In the current school, since the last two years, I have had the para included because I feel she works closely with my daughter and they have a connection.

Role differentiation among the team members. Some parents admitted that they were not clear on the differences in team members' roles and responsibilities. One said, "It would be nice if parents were given an orientation that explains the differences between roles of teachers and paras . . . make parents more aware of what the roles are." But not all parents asked for information about the role differentiation. Instead, some offered strong opinions based on their own observations. To one parent, the special education teacher's role is less valuable:

I often have questioned special ed. teachers' pay compared to parapro's pay, because I see the special ed. teachers sitting around and the para is doing the teaching. I have trouble with the education level of the two, who's gone to school and who hasn't for the position, because I see the parapro doing more than the teachers do.

A like-minded parent said, "I see my para doing more OT than the OT and PT for that matter."

Respect. Parents are concerned about the respect that the paraeducator role is accorded within the team, in the school, and in the district. One mother attributed the paraprofessional's attendance at the IEP meeting as a sign of respect for all the team roles, including that of the paraprofessional. "Ours came . . . I think that is a reflection of how staff treats them. I think our staff really values her and knows she is the front line so she comes. . . ." However, the general consensus was that paraprofessionals need to be treated better than they typically are: "They should have job descriptions that recognize and respect them at least at that level." Another offered:

I have seen in the school where my son goes . . . the aides-type people are not considered a part of the staff. They are never included on the list or in staff meetings. They are non-entities in the building . . . not included in parties or outside activities or in-service because we do not want to pay them.

Parents are concerned about the treatment paraprofessionals receive at the hands of some teachers: "My special ed. teacher treats my paras very disrespectfully . . . she talks down to them as though they are children under her scrutiny all the time."

Some parents align themselves with paraprofessionals and see themselves as advocates for the paraprofessionals while they advocate for their own children.

They [paras] have no voice in the school. Because the only way they are going to get anywhere is parents . . . being unhappy and going to the coordinator or the advisory committee . . . They [paras] do not have the forum to get their voices heard unless it is through the parents. They can not fire me. I'll always be here. As a parent you have to be the cheer leader . . . if you do not nobody else will.

Some parents suggested that job titles that are used for paraprofessionals are one sign of respect or disrespect. One parent noted our use of the terms "paraprofessional" and "paraeducator" and remarked, "His aide . . . I say his 'aide' because that's what they use, but paraprofessional is a much better word to use. The terminology sits much better with me too." Another concurred, "Maybe the name needs to be changed . . ."

Parents expressed concern about the status of paraeducators because they believe that the status of the adult reflects on the status of the child:

Their job needs to be raised up to a level of respect . . . Just as what we want for our children, respect and dignity. We want them [children] to be seen as a person and the aide needs to be seen the same way.

Several parents spoke of their displeasure when paraprofessionals were not introduced in advance to general education teachers into whose classes they would enter along side the student. One parent told how she handled the problem: "We made an issue of that. They [paraprofessionals] should be taken to the classroom and introduced to the class as the helper in the classroom not as 'such and such person's aide' but this is classroom assistant and this is her name." Other parents were concerned that general education teachers failed to introduce the paraprofessional to other students in the class. They expressed that the lack of such courtesies reflected badly on the status of their child: "The real big gripe I have with paras not being introduced to the class is that it reflects on the student and it makes him also seem not valuable if they are treating her [paraprofessional] as not valuable."

Role three: instructor. These parents were quite aware that paraprofessionals act as instructors for their children. They were comfortable with that arrangement as long as they perceived that the paraprofessional was doing a good job, was supervised by a qualified teacher,

and worked from plans that reflected IEP goals. One parent expressed satisfaction that all three conditions were met:

The older he gets the less he is learning in the classroom. The para is the one who is controlling his day . . . she will decide whether he needs to be pulled out of the class, if the rest of the class is doing something which is way over his head, whether he needs a break, is not focusing . . . she is the one who is in control of his life. She is the one who makes the decisions. There is a lesson plan. I know my para meets with the third grade classroom teacher and the resource room teacher at least once a week for about 10-15 minutes just to [find out] what the rest of the class is doing and . . . what Alex needs to do.

Another parent expressed satisfaction with the quality of instruction:

My middle school daughter can not read. She is at pre-emergent level but she can tell wonderful stories and she is a beautiful artist so when they are doing essays, my daughter dictates her story to the para and then she copies what the para writes. The para helps her in a manner that it is Marla's work and not hers.

The same parent went on to describe the creativity of the paraprofessional's instruction: "She spent many hours on her own coming up with creative ways and ideas and manipulatives to help Marla learn certain things."

On the other hand, several parents expressed concern that paraprofessionals were, in fact, adapting curriculum. One said, "More and more it is that para who is trying to adapt the curriculum on the spot." Another said, "When I said that the para and the resource teacher should meet and modify the lessons so that I . . . could work on them during the week, the para spoke up and said, 'Actually I modify all the lessons.'" Another added:

I think the paras ought to be adapting curriculum under the direction of the experienced teachers whether it is special ed. or regular ed . . . some individuals have that innate feel about how to do it . . . But to rely on that . . . can be dangerous. It discounts the importance of what the teachers are doing and gives way too much latitude.

Still another said, "It is not fair to the para. It is just not their job . . . their job is to implement the plan and not to make the plan. It [adaptation] is the special ed teacher's job."

One parent recognized how difficult it may be for teachers to provide plans to paraprofessionals because

Special ed. teachers need time . . . some planning time . . . to meet with the regular ed. teacher and talk [about] how could we improve it. That is the problem because that is money and that is time. The regular ed. teacher or the special ed. teacher needs to be the one to talk to [paraprofessionals] about what we are going to be doing the next three weeks . . . how are we going to do it . . . how are we going to work it into the daily plan for Marla . . . what realistically we can expect from her, what realistically her outcomes are going to be as compared to other children.

These parents uniformly expressed their appreciation that the paraprofessional, even when assigned one-to-one for their child, provided services to the entire class: "When Chris is able to do something on his own, that allows her [paraprofessional] to support other kids who might have need for some of her time."

Another parent explained how sharing the paraprofessional's time with other classmates takes the "spotlight" off her child:

We feel the aide needs to be there for the rest of the class too. It is not that he or she is focused right on your child as the child who has the problem. You try to make them fit in as much as possible even though you know they are different.

Some parents explained it as a fairness issue, a solution that improves adult to student ratios for all children:

Yes. I think it is only fair. I feel really sorry for people who have kids with unidentified special needs or special needs to a lesser degree. They all they go without help . . . I think that person [paraprofessional] should be there for everybody . . . My pre-schooler is in an integrated program and there is an aide there every day of the week but he is not the only special needs child and again that aide helps whoever needs help with whatever is going on and their ratio is so much better in pre-school. They have four bodies there for 25 kids . . .

Role four: physical caregiver/health service provider.

Parents were fully aware that their children's welfare and safety depend on the presence of an adult who provides physical support (e.g., lifting, moving, diapering), health related services (e.g., tube feeding, suctioning), and academic support: "My daughter has had paras since pre-school, but then she became medically fragile . . . she needs a para with her . . . to keep her safe."

Parents raised several issues related to health services: training, dignity and privacy, and adult fear coupled with child vulnerability.

Training. One parent angrily discussed paraprofes-

sionals who performed health related services without specific training. In her words:

It is interesting that the Nurse Practice act regulates the nurses . . . Nurses aides have to go through training. They [nurses aides] do not do as much as the paras do. The para does all the feeding through tubes and taking care of his other medical⁴ related needs.

Dignity and privacy. A second issue centered on the dignity and privacy of their children with physical assistance needs. One parent suggested, and a few others agreed, that the teaching role and the physical caregiving/health support role should be assigned to different people: "The ideal would be to have someone else do the medical needs and a paraeducator do more academic stuff." One mother clarified, ". . . You see this [meaning the role separation] will allow the children to have a different relationship with the person who is trying to help them with bathroom as compared to the one who teaches you." The same parent expressed her discomfort with a female paraprofessional who assisted her teenage son in the restroom. In her opinion, "It's not appropriate that it's a woman that's helping him . . . But there aren't very many male paraprofessionals around." She went on to explain that there was a newly employed paraprofessional assigned to help her son with his bathroom needs:

When you have that kind of changeover, it takes time to develop [a] relationship with children. I go up [to school] every day to take Aaron to the bathroom, because he doesn't have that level of trust with the new para. It's hard for kids to develop trust when there are so many changes.

Adult fear/child vulnerability. A third issue was the two sided coin of adult fear and child vulnerability. Parents asserted that some paraprofessionals were afraid of the physical care and health needs aspects of their job. One parent commented:

One of the paras who took up the job in our district said she was scared of the kids. She did not want to do the diapering. She did not want to do the lifting because she was not young. When you get young people they do not have the maturity level or training level. It is . . . a real dilemma.

Another parent added:

It is scary for some people. My own parents won't suction my daughter. It is an incredible amount of responsibility and they are liable. We do not have

⁴ The Nurse Practice Act in Colorado has a delegatory clause that permits nurses to delegate health-related services to a paraprofessional as long as the nurse provides training specific to an individual child, observes the performance of the service, and continually monitors the paraprofessional.

trained nurses in many of Dover [district] schools. Parents volunteer for the health room.

One parent said that she believed that her son was at the paraprofessional's mercy:

I have questions about Patrick's personal care also. . . . Patrick's has been abused in the past so I am fearful about questioning or asking [of the paraprofessional], "Are you doing what you should be doing?" Because there is no way for him [Patrick] to tell me . . . other than the patterns he exhibited in the past.

Administrative/System Issues

Parents voiced frustrations about the failures of the system to provide training, adequate pay, or to retain paraprofessionals that they characterized as "caring, warm people who love their jobs," "are proud to work in schools," and "do an incredible job." Although these parents admired paraprofessionals, empathized and identified with them, they displayed low levels of trust for school district policies regarding paraprofessional employment.

Training. Parents were concerned about paraprofessional competence on tasks that specifically related to their child's needs: "They have no training. These are the children who confuse special ed. teachers and you have these paras who have no training . . ." Another mother articulated the concern about the language skills of her son's paraprofessional in this way:

Her [paraprofessional] spellings are appalling. This is the woman who is taking notes for him . . . programming his computer and Dynavox . . . adapting the curriculum. It is important that she spells right to be able to program the Dynavox. Sometimes I can not read what she writes because the spellings are so bad.

Another deficiency that many parents recognized was the lack of behavioral support skills in paraprofessionals. For example, "If my child is quiet the paras have no issues with her. They'll let her do anything she wants. They don't know how to deal with her behavior . . ." Another parent confirmed the problem:

Now in third grade his [son's] behavior has been more challenging than before and the focus was so much on trying to control his behavior. It is hard for the para to have the knowledge to look at what the behavior is trying to tell you. She tends to punish the behavior. She acts like, "As soon as we get this behavior under control, we can teach him something." It is experience and training and I feel I have to push for these things . . .

Parents strongly suggested that the school district is responsible for training paraprofessionals. One said, "I

think they should have continuing ed. hours like the teachers have for their licensing." Another parent expanded that idea:

Since the paras are not licensed it should be a benefit of the job that you can attend two conferences or so many hours worth of conferencing in a school year . . . so that you can learn. If one year you have a Down Syndrome child⁵ and the next year you have a CP child . . . that para is going to need to update their bank of knowledge. If they are working on teaching math skills, let them go to a seminar and learn new math techniques.

Several parents explained how they have pushed the issue using a confrontational approach: "I keep telling them 'let's give her some training. I will come into the classroom and bring someone in.' It is a continuous push to get this." Others use the IEP to push the issue.

. . . So how can we give her some training? What I am planning on doing is that there are 23 hours of para assistance on my son's IEP . . . what I am specifying is an hour of that per day should be with the resource teacher. What I am trying to do is to put in more professionals in his life to make up for what the parapro is lacking . . . so that the time is covered by people who are better qualified and more trained.

When they insisted on training, some parents found themselves up against teachers and administrators who didn't support inclusion.

When I started pushing for training for the paras, they told me that if I wanted a teacher with my child that I should send him over to Dover Elementary and put him in the intensive program It was because I was asking for training for the para that I was told to go to another school. It's the child that loses out here.

Others agreed that parents have to provide training to paraprofessionals. One mother stated:

What ever training they have is given by me It is not only bad that parents have to go into school and train the paras . . . the worst is you have to do it alone because there is no support from the school to do that.

At the very least, parents expected that new paraprofessionals should be included in some basic orientation to the school, the students, the program, and their roles in it. For example:

⁵ Some parents used "people-first" language, whereas others did not. We have reported parents' statements as they made them.

I think that in the beginning of the school year when the teachers come early and they go through welcome back etc. there ought to be something that highlights the role of paras . . . all the paras should be involved. Usually they are not. They come to school on the first day and they meet all the kids. They should be reimbursed for that week just like everybody else and be . . . a part of the school, be included and let the principals know who they are.

These parents appreciated the complexity of the task they were expecting districts to take on:

There are so many new ones [paraprofessionals] hired all the time. If they could do one orientation at the beginning of the year . . . where they could meet the parent . . . but that won't help because there are always new ones. It's a personnel problem.

However, for these parents, the bottom line was that paraprofessionals need training. As one said: "I agree they need training. I think it is really unfair to throw a person into a situation and not have any knowledge . . . about what is expected. The first day of school is not the time to learn."

Finally, one parent attempting to draw attention to what some paraprofessionals have to face on the first day of their job, posed the question, "Which job would you prefer . . . One they have trained you on what you have to do or the one where they take you to your desk and tell you have a good day?"

Pay. Low pay for paraprofessionals was voiced as one of the main administrative issues. Parents strongly expressed that the pay for paraprofessionals was not at all comparable to the kind of work they do. Parents viewed the individuals in the paraprofessional positions as "unsung heroes . . . because they get so little pay but they make so much difference in the kid's life . . . not just the child they might be there for but for the entire classroom."

Parents voiced disapproval that grounds keepers, janitors, and library aides were paid more than paraprofessionals, whose jobs included greater responsibility for the safety and education of children. One parent commented: "They do a lot of hard work for their pay." Several parents knew that paraprofessionals worked two jobs to support themselves. One parent reported: "Last year the para lived at home with her family . . . now she has taken another job because she moved into an apartment. She is doing both jobs . . . full-time . . . She is a very tired person." One of the parents complained: "She [para] has another job so she can never come for any of the meetings." Another parent expressed the opinion that some paraprofessionals do not take their job seriously and treat it like a hobby, rather

than a job. She attributed that attitude to the low pay. Still another expressed a need for a differential pay scale for paraprofessionals that provided for salaries commensurate with the experience, skills, and qualifications of paraprofessionals. "A good one that goes to all the workshops doesn't get paid any more than a new one, with no education."

Turnover. Nearly all parents expressed discontent with the turnover of paraprofessionals and the disruptive impact on their children's lives. Many parents shared that filling the paraprofessional position after it becomes vacant takes a long time. In the absence of a school assigned paraprofessional, parents have to make their own arrangements to keep their child in school. These arrangements sometimes include parents hiring someone privately, having a neighbor or friend help out, or taking time off from work to be at school with the child.

Parents believed that the main reason for the turnover was low pay: "We are losing good people right, left, and center and they are going somewhere else because they are getting a dollar more an hour somewhere else." Several parents believed that better pay, better working conditions, training, and respectful treatment were the keys to paraprofessional retention. One mother tried to explain the reasons why her child's paraprofessional quit:

Chris's para . . . was very good, but she left to get a job which paid her three times more. I think pay, job demands, and lack of support from the resource teacher are some of the reasons for this heavy turnover of paras.

Discussion

The primary purpose of this study was to explore parent perceptions of the roles of paraprofessionals in supporting students with disabilities in general education. Data analysis not only uncovered the roles parents perceived, but also revealed the close and personal relationships that exist between paraprofessionals and parents. Other important findings included parents' criticism of administrative policies that affected paraprofessional employment conditions.

This study confirmed the findings of others that paraprofessional duties have become more complex and challenging as local education agencies seek to meet national and state mandates for individualized supports and services, and inclusion in general education of students with disabilities (Haselkorn & Fideler, 1996; Jones & Bender, 1993; Marks et al., 1999). As others have claimed (Bennett et al., 1997; French & Pickett, 1997; Marks et al., 1999; Nittoli & Giloth, 1997), we also found that paraprofessionals create connections between parents, the community, and the school. They were viewed as being more accessible to parents than were teachers. Paraprofessionals communicated more frequently and provided more detailed information to

parents. The picture that emerged from the data was that parents of children with significant and profound needs valued and appreciated their close relationship with the paraprofessionals because it helped them and their children to participate more fully in the education process. Paraprofessionals were viewed to facilitate peer connections among students with and without special needs. However, the perceived overindulgent and/or overprotective paraprofessionals presented a serious threat of becoming "barriers" in such connections. Overdependence of students on paraprofessionals concerned these parents just as it has concerned others in remedial programs (Rubin & Long, 1994) and in special education (Giangreco et al., 1997). Our data also revealed that the paraprofessional's ability to gauge the situation and appropriately decide whether to provide or withdraw support was viewed as critical.

Although the parents believed that the paraprofessionals played an important part in the implementation of IEPs and that they provided essential instruction to their children, they also lamented that paraprofessionals continued to be left out of the IEP process and the planning meeting with the teachers. We believe that paraprofessionals who work individually with a particular student have the opportunity to know the student in a way that no other school employee does. The unique input of paraprofessionals based on their close relationships with children and their families could prove to be a valuable resource to the school team.

This perspective has not been reported elsewhere. In contrast, other authors have reported that paraprofessionals relieved teachers to attend IEP meetings during the school day, emphasizing that role as a significant contribution to the planning process (Harrington & Mitchelson, 1986). Another contrasting perspective is that of certain professional organizations. In an effort to distinguish between appropriate professional and paraprofessional roles, organizations representing students with learning disabilities have recommended that paraprofessionals should never "write, develop, or modify an IEP (National Joint Committee on Learning Disabilities, 1999, p. 25)." Similarly, several authors have long insisted that planning and making instructional decisions are responsibilities of teachers, not paraprofessionals (Escudero & Sears, 1982; May & Marozas, 1981; National Joint Committee on Learning Disabilities, 1999; Pickett, Vasa, & Steckelberg, 1993). This study confirmed that one of the major roles that paraprofessionals perform was that of the student's primary instructor or teacher, which may include adapting curriculum and making instructional decisions, a finding that has been reported by other researchers as well (French, 1998; Stahl & Lorenz, 1995). We believe that when paraprofessionals assume these roles without any training, they may or may not be able to draw on a knowledge base to optimize these opportunities. Interestingly, the parents were aware of the lack of training

among paraprofessionals and it was a matter of concern for them. However, the lack of training did not appear to diminish their respect and regard for what paraprofessionals did for their children in school.

We share the parents' concern that their children's education was compromised when untrained paraprofessionals supported their children, when paraprofessionals were not paid well, when teachers and paraprofessionals were not provided time to plan together, and when teachers and other school personnel failed to respect the contributions of paraprofessionals. In reviewing the findings of the study, we realize that the issues of training, respect, and pay are related to the recruitment and retention [turnover] problem as other researchers have stated (Logue, 1993). Instituting administrative policies that provide training and plan time, improve pay and respect for paraprofessionals, and honor the importance of their role on the team could rectify the situation.

Parents' perspectives on the lack of respect for paraprofessionals shed new light on the issue. Their chief concern was that the lack of respect for the paraprofessional reflected a lack of respect for their children. Although others have discussed the respect issue from other perspectives (Logue, 1993; Passaro et al., 1991; Stahl & Lorenz, 1995), there have been no reports about parental perspectives. Another interesting finding not mentioned elsewhere in the literature was that some parents were in favor of hiring two different people to work with students who had both significant academic support needs and physical support and health related needs. Logistically, it is understandable that fulfilling this request would be difficult for districts. Yet, the reasoning that the student's dignity and privacy are at stake is powerful.

In conclusion, it appears that supporting students with special needs in general education classrooms would be challenging without adequate paraprofessional support. However, to optimize the educational experience of these students, administrative policies need to be put into place to ensure that paraprofessionals do not continue to be "underpaid," "undertrained," and "undervalued" members of the school staff.

Recommendations for Further Research

There are few aspects of paraprofessional employment that have been adequately studied. Perhaps the only area that is sufficiently investigated is that of training needs. The literature establishes the need for training and consistently identifies similar lists of preferred topics. However, little is known about parental or community relationships with paraprofessionals. The perceived role of the paraprofessional as connector should be explored in greater depth. Many ethical and liability questions arise from these findings, which require a deeper examination of issues such as paraprofessional-family communications. For example: What risks are

posed to students and school districts if paraprofessionals communicate incorrect information, too much information, or share information with others who do not have the right to know?

Further exploration of the skills of teachers who direct the work of paraprofessionals might assist with the development of appropriate preparation for teachers to supervise. It is possible that the issues of inadequate time to communicate and plan are compounded by skill deficiencies. Clarification of the problems would assist in creating practical solutions.

Examination of the ability of some paraprofessionals to foster independence rather than dependence in students might provide insight into the kind of training to provide to future paraprofessionals. The effect of paraprofessional actions on relationships among students would also contribute to the development of paraprofessional training content. Although the personal experiences of the authors confirm the problem, there is very little in the literature about the recruitment and retention problems identified by these parents. It would be worthwhile to determine the combination of variables (e.g., the economy, rates of pay, training, respect, benefits) that would begin to change the recruitment difficulties experienced by many school districts. This study raises many ethical, legal, and liability questions about the communications between paraprofessionals and families, about providing training, planning time, or paid team meeting time.

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