

Collaborative Practice Patterns for Included Students among Elementary Educators and Speech and Language Pathologists

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Abstract

Models of collaboration between education professionals extol the advantages of inclusive classrooms and encourage Speech Language Pathologists (SLPs) and General Education Teachers (GETs) to apply the practice. However, instruction in a general education classroom may conflict with the therapeutic process, as the roles of the two professionals differ and skilled co-teaching poses implementation challenges. In this study we sought to discern the current practice trends occurring in classrooms in our area. We surveyed SLPs and GETs from several NJ public schools on their practices, preferences, and opinions regarding collaboration in treating and instructing children with speech and language problems.

Keywords: inclusive classrooms, professional collaboration, Speech Language Pathologists, General Education Teachers, Speech and Language problems

1. Introduction

According to the Individuals with Disabilities Education Act (IDEA), approximately 22% of all children with disabilities, more than 1.48 million children, ages 3-21, are identified as eligible for special education under the category "speech or language impairment" (U.S. Department of Education, 2007b, 2007c). In fact, more than 90% of ASHA-certified, school based Speech-Language Pathologists (SLPs) have students on their caseloads with primary diagnoses of learning disabilities (92.4%), intellectual disability/developmental disability (90.3%), or attention deficit hyperactivity disorder (90.1%); nearly 83% have caseloads that include children with autism (Giangreco, Carter, Doyle & Suter, 2010).

For many years, traditional practice had been to take the child from the classroom and provide services but since the 1990s, inclusionary models of service provision have become the norm. This has necessitated increased collaboration between General Education Teachers (GETs) and SLPs. Prelock (2000), in a review of a variety of inclusionary models urges clinicians to consider those collaborative models in order to select the most appropriate approach for optimal effect on individual students' academic performance.

There is a plethora of research describing the effectiveness and implementation of classroom-based speech-language interventions (Banotai, 2006; Ehren, 2000; Ehren, Montgomery, Rudebusch, & Whitmire, 2007; Baxter, Brookes, Bianchi, Rashid, & Hay, 2009).

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Many children with speech and language problems spend their days in included general education classrooms and the speech-language pathologist provides therapy in their included general education classroom (Conderman & Katsiyannis, 2002; U.S. Department of Education, 2002). This makes collaboration between the SLPs and classroom teachers crucial for delivering effective instruction and services for students with speech-language impairments in an inclusive classroom setting (Bauer, Iyer, Boon, & Fore, 2010).

1.1 The General Educators' Role in Accommodating Students with Communication Disorders

The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 changed Special Education as a field from focusing on individual goals and individualized instruction to focusing on inclusion in general education assessment systems and application of uniform standards and curricula (McLaughlin & Thurlow, 2003). Helping students overcome speech and language problems is not the responsibility of any one person and identification is a joint responsibility of the general education teacher, the speech and language pathologist, and the parent (Hallahan, Kauffman & Pullen, 2012). They also state that the primary role of the classroom teacher with students with speech and language problems is to facilitate the social use of language, modify questions when teaching concepts, and –for students with language impairments, such as decoding skills– to help develop reading literacy.

In addition, they suggest that the general education teacher keep in mind that students with problems understanding language will also have difficulty with written expression, and therefore, interventions should employ many of the same strategies used for learning disabilities, such as teaching metacognitive strategies (Hallahan, Kauffman & Pullen, 2012).

General education teachers often need to make accommodations for students with communication disorders in their included classrooms. In order to do this effectively, general education teachers first and foremost need to receive training in the basics of communication disorders. These are exhibited in the classroom as speech problems (articulation, voice, or fluency) or language problems (receptive and/or expressive). Students with speech and language problems often have trouble with academics. Accommodations for students with communication disorders involve careful consideration of potential learning problems in view of instructional demands such as the students' understanding of oral language or their ability when they need to communicate orally (Friend & Bursuck, 2009). These authors suggest that the general education teacher create an atmosphere of acceptance, encourage listening and teach listening skills, use modeling to expand students' language and to provide many meaningful contexts for practicing speech and language skills.

1.2 The Speech Language Pathologists' Role in Educationally Inclusive Settings

The primary role of the Speech-Language Pathologist, when providing in-classroom services, should consist of providing therapeutic services for students who need direct service, and assisting the special education teachers to meet the needs of these same students and others on the caseload who need indirect service (Ehren, 2000). The American Speech, Language, and Hearing Association (ASHA) has compiled several documents on best practices in the schools, including suggestions for the appropriate role of SLPs in schools and for specific missteps that are to be avoided (2012). According to Heward (2013), SLPs should work as educational partners in the classroom, mediating between students' communication needs and the communication demands of the academic curriculum. He states that, in this capacity, SLPs help teachers integrate language and speech goals into daily curriculum activities and the training of general education teachers has become an increasingly important aspect of their responsibilities. But, there appear to be specific issues that arise when SLPs are providing therapy in included classrooms.

One of these issues is whether speech and language therapy should take a therapeutic focus versus an educational focus (Prelock, 2000). Another question raised is whether SLPs who are being encouraged to provide services within an inclusive model are becoming more like classroom teachers (Heward, 2013).

2. Study

This study was conducted to explore the current collaborative practice in which SLPs and GETs engage when teaching students with speech and language problems in inclusive settings. It explored general practice patterns being used in schools for students with speech and language problems, the types of instructional approaches being used, knowledge of professional duties, and the advantages and disadvantages of collaborative treatment between general education teachers and SLPs. The study also looked at what general education teachers feel is their role in teaching students with speech and language problems and if they have the skills to treat these students. These skills included their perspectives concerning what interventions they feel comfortable implementing, what determinations should be made concerning the effectiveness of interventions, and their collaborative roles with the speech and language therapist to provide services to students with speech and language problems. These answers to these questions were explored through a survey instrument sent to both SLP's and general education teachers. Considering that these professionals typically learn to collaborate with each other "on-the-job" and "as-needed," possibly explicit instruction (e.g., workshops, etc.) may be necessary for a better integration of inclusion theory and practice in the schools.

2.1 Survey

The survey was designed to contain no questions that could identify the town, school district, school, or individual persons. The survey contained demographic questions (see table above for a summary), questions on the respondents' general practice models, questions on collaboration practices between the professionals regarding students with a speech and/or language problem in included general education classrooms, and questions on knowledge of each other's professional duties. The questions were mostly multiple choice, some with space for comments, and some open, comment-type questions. Examples of the questions are listed below. For the SLPs the collaboration regarded teachers, and for teachers it regarded SLPs.

For example, regarding the general practice models, both SLPs and GETs were asked on the treatment setting, while GETs were asked on the approach they most often use when treating children with speech and language problems, and the communication skills on which they most often focus. GETs were asked if they use similar teaching strategies for students who have speech and language problems, and if these teaching strategies change as the child ages.

Regarding the collaboration practices between the professionals, both SLPs and GETs were asked which professionals they collaborate with in the assessment and treatment (instruction for GETs) of children with special needs, with which of these professionals they collaborate most often, how they collaborate, if not, why not, often they would like to collaborate with each other, advantages/disadvantages of collaborative teaching/training, if they are comfortable assisting SLPs in targeting goals / GETs in targeting curricular needs, do they feel that they receive enough information, support, and guidance from the other professional to help in writing the IEPs goals for students with speech and language problems, and do they think that increased collaboration between the SLP and the GET would improve the services to students with speech and language problems.

Regarding their knowledge of the other professionals' duties, GETs and SLPs were asked to rate their knowledge, state from where they obtain it, if they would feel comfortable explaining them, why or why not, and finally to describe these duties/responsibilities to the best of their understanding.

2.2 Participants

The Principals or Directors of Special Services of five public elementary schools in New Jersey were contacted for their consent to disseminate the survey to their elementary general education teachers and speech and language pathologists.

The principals of the five public elementary schools in New Jersey agreed to forward the surveys to their faculty through email and encouraged them to respond to the surveys. A total of 38 General Education Teachers and 17 SLPs responded to the survey which would make the total response rate 11.4% of the school faculty. This is a low response rate for on-line surveys, with 18% being considered typical (Kongsved, Basnov, Holm-Christensen, & Hjollund, 2007).

The participants were mostly women (over 85%), ranging in age from 25 to 64 years, with the majority falling in the 35-44 age group, were employed at a suburban (over 69%) public elementary school (about 69%). Our participants were well educated. For SLPs, a Master's degree is the entry level degree, but 46% of SLPs had additional college credits beyond their Master's degree. Of the GETs, the majority (40%) had a Master's degree, and another 28% had additional college credits beyond their Master's degree (68% of the teachers had at least a Master's degree).

Table 1: Summary of Participant Demographics

Question	Response	SLPs (N=17)	GETs (N=38)
Gender	Female	85.7%	88.5%
	Male	14.3%	11.5%
Age Range	25 to 34	23.1%	28%
	35 to 44	38.5%	32%
	45 to 54	7.7%	20%
	55 to 64	30.8%	20%
Work Location	Urban Area	30.8%	15.4%
	Suburban Area	69.2%	84.6%
Employed at	Public Elementary School	69.2%	70.4%
	Public Middle / High School	7.7%	29.6%
	Private Elementary School	7.7%	0
Education	Bachelor's Degree	0	16%
	Bachelor's Degree plus additional credits	0	16%
	Master's Degree	53.8%	40%
	Master's Degree plus additional credits	46.2%	28%

3. Results

The research completed in this study was investigative and exploratory. Individual and collective surveys were analyzed to identify trends via descriptive statistics. Findings from the data are reported below.

3.1 General Practice Patterns: Treatment Settings (pull-out vs. push-in collaboration models), Approach, and Skills Targeted

Speech and Language Pathologists

The majority of SLPs (53.3%) treat their students in a private therapy room following a pull-out model. The remaining (46.7%) SLPs reported that they treat both in a therapy room and in the classroom following both a pull-out and push-in model.

General Education Teachers

Agreeing with the SLPs, the GETs reported that the majority of students with speech and language problems most often receive therapy in the Speech Therapy Room (74.3%), and only 8.6% receive services in the General Education Classroom (inclusion model). The remaining respondents (17.1%) indicated that therapy takes place in the Resource room with the Special Education Teacher.

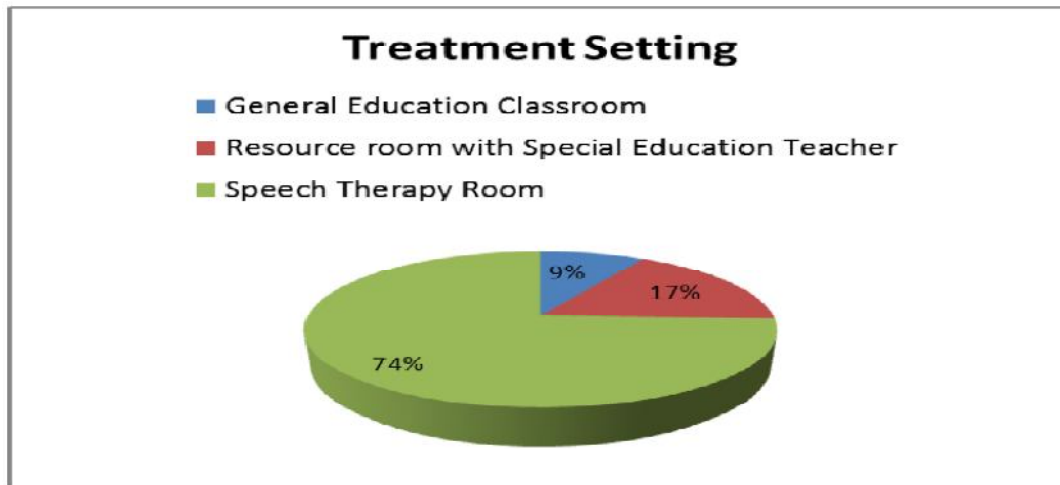


Figure 1: General Education Teachers’ Reported Treatment Setting

When treating children with speech and language problems, the approach that the General Education Teachers use most often is Small Group Instruction (44.7%), with One-To-One Instruction second (26.3%), and Whole Group Instruction for 21.1% of the respondents.

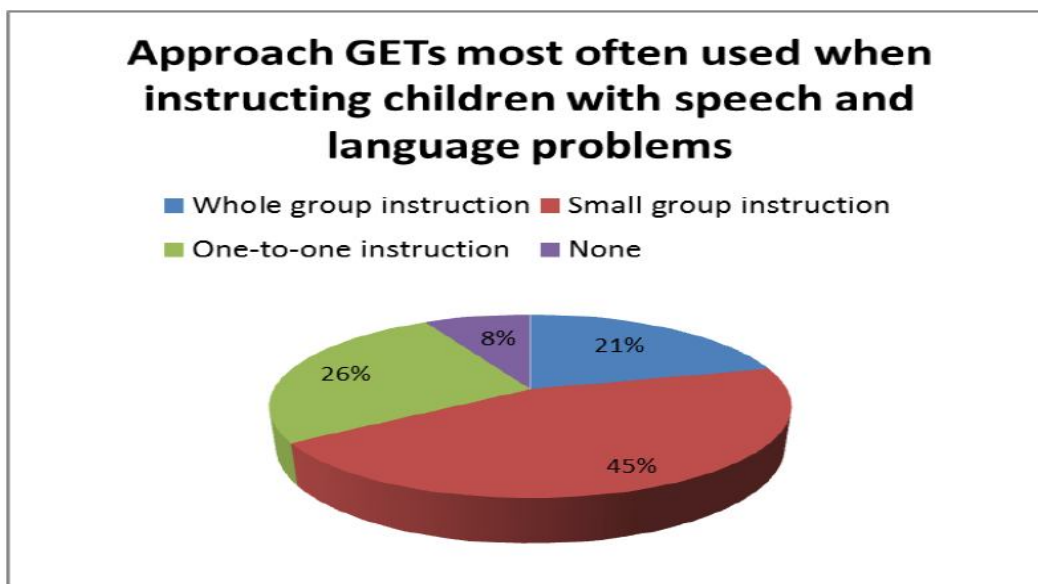


Figure 2: General Education Teachers’ Reported Instructional Practices

The communication skills most often focused on when teaching students with speech and language problems are expressive language (58.3%), articulation problems (33.3%), receptive language (27.8%), and pragmatics (11.1%). 83.3% of GETs use similar teaching strategies for students who have speech and language problems, as for those who do not.

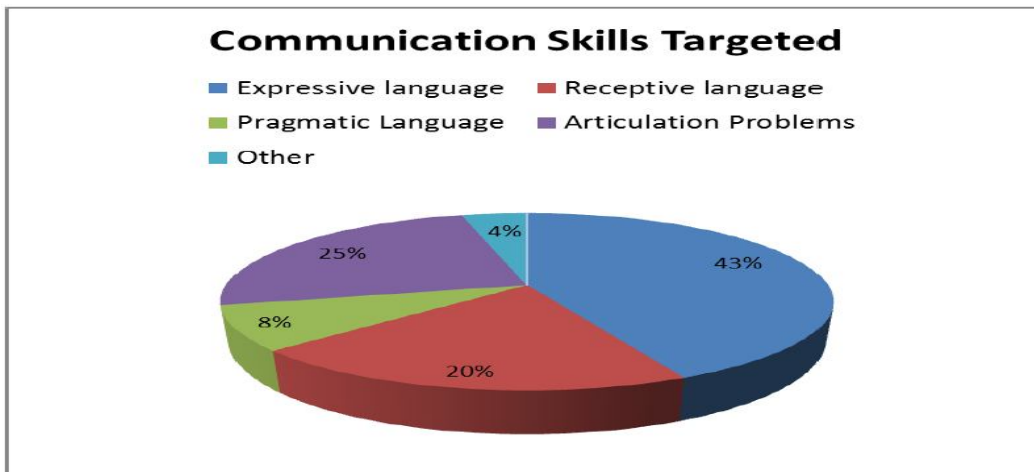


Figure 3: Communication Skills General Education Teachers Most Often Target

3.2 Collaboration Practices between the Professionals

SLPs

Regarding the professionals with whom there is regular collaboration in the assessment and treatment of children with special needs, 80% of SLPs noted the General Education Teacher, while *all* SLPs reported to collaborate with the Special Education Teacher, and 60% reported that they work with the Occupational Therapist as well.

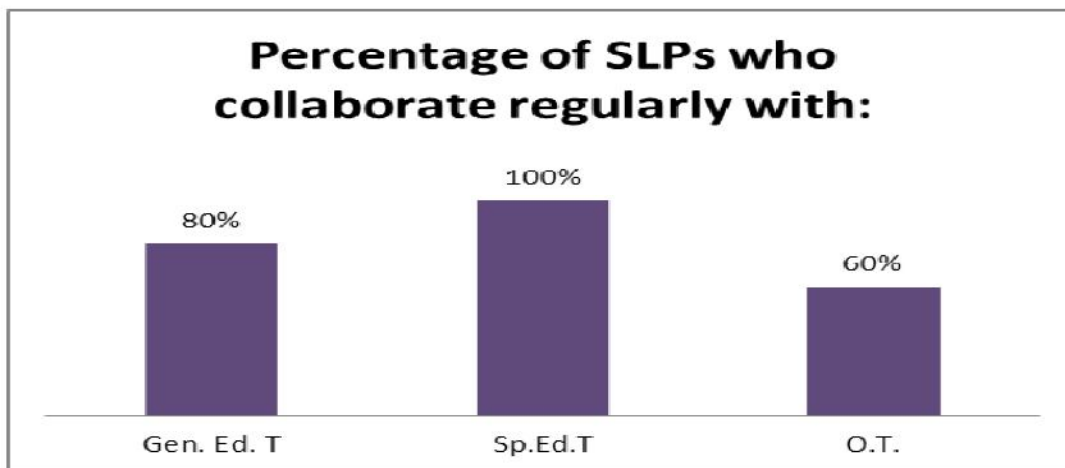


Figure 4: SLPs' Reported Regular Collaboration with Other Professionals in Schools

In terms of highest frequency of collaboration, the GETs came second at 35.7% (to the Special Education Teachers, as expected). In treatment, the Educational Curriculum is not a priority for SLPs: it is sometimes addressed by 36.4% of the SLPs. However, when it comes to assisting with curriculum goals, the majority of the SLPs (85.7%) feel comfortable assisting and only 14.3% of SLPs do not feel comfortable with this task.

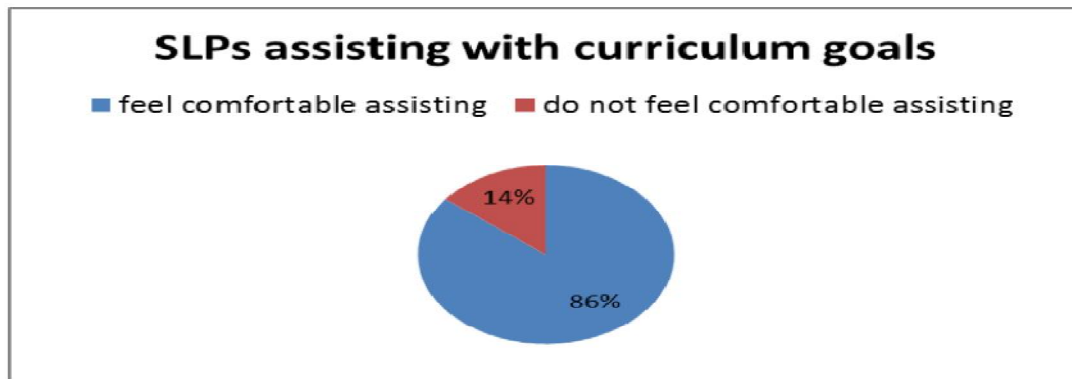


Figure 5: SLPs Reported Comfort Levels in Assisting GETs with Curricular Goals

GETs

About half of the GETs (53.8%) collaborate regularly with SLPs in the assessment and instruction of children with speech and language problems. This collaboration tends to be mostly informal (emails, brief meetings).

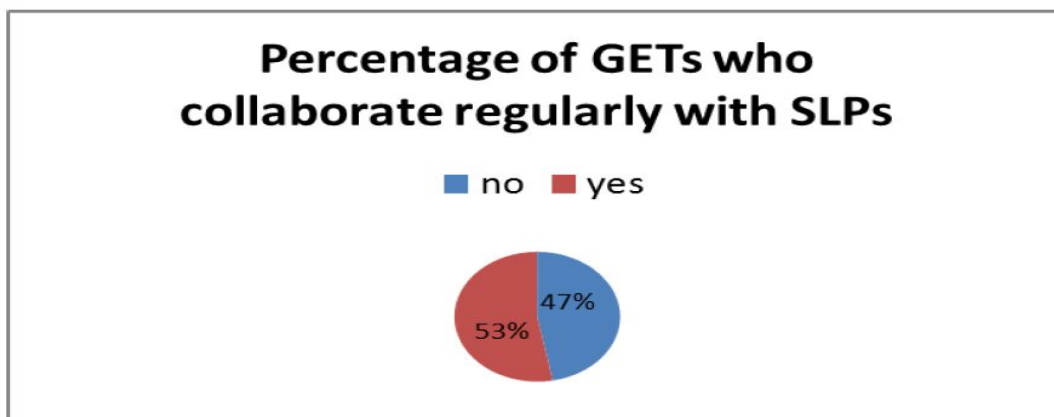


Figure 6: Percentage of GETs Who Reported Regular Collaboration with SLPs

Of the GETs who do collaborate with the SLP, 7.7% do so about 3 times a week, 26.9% do so once a week, and 35% do so rarely (“once a month” to “hardly ever”). Nobody (0) reported daily collaboration with the SLP.

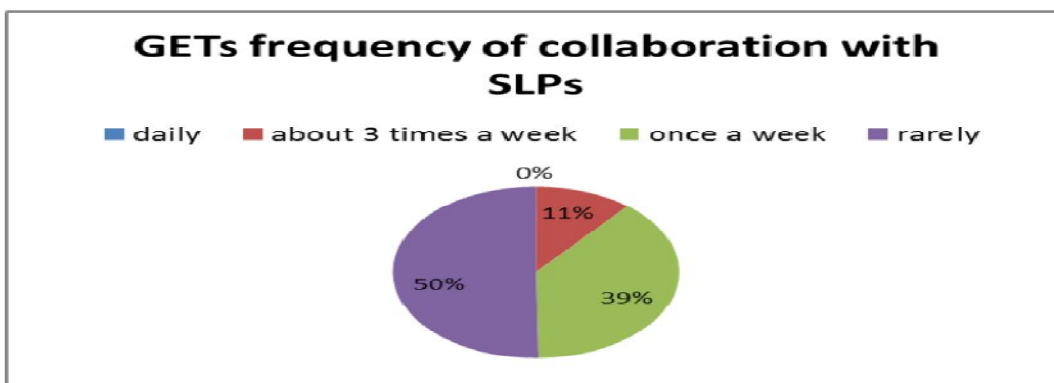


Figure 7: GETs' Reported Frequency of Collaboration with SLPs

About a quarter of the GETs (23.1%) do not collaborate with anyone, and 34.6% collaborate with the Special Education Teacher. Almost a third (30.8%) of GETs never collaborates with the SLP in their school. Those who do not collaborate with a Speech-Language Pathologist, reported that this was because it is unnecessary (69.3%), inconvenient (15.4%), or they have no communication with the SLP (15.4%). GETs reported that they would like to collaborate with SLPs as needed (28%), once a month (8%), once a week (24%), 3-4 times a week (24%), every day (4%). 12% reported that they would never like to collaborate with SLPs.

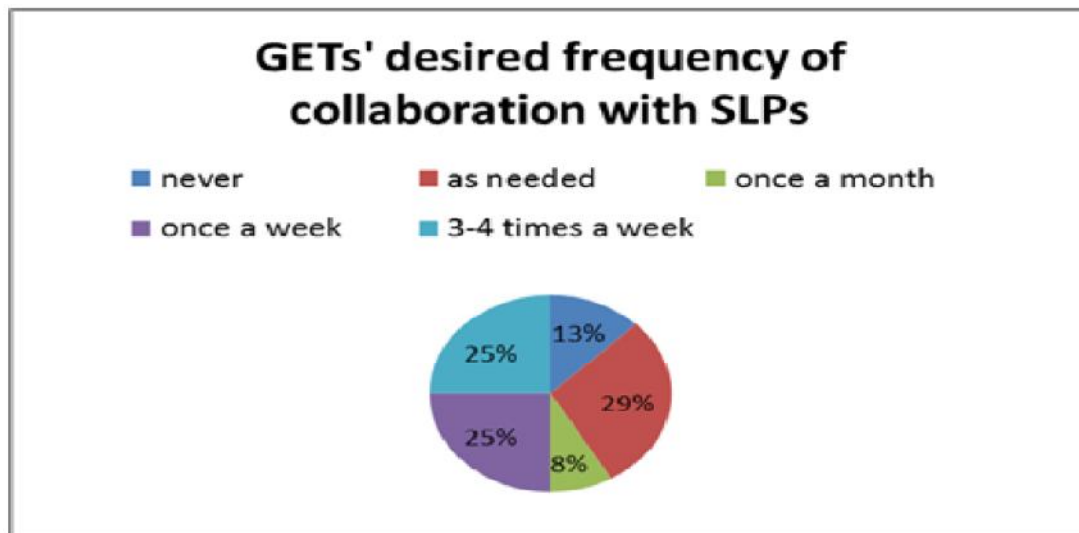


Figure 8: GETs' Reported Desired Frequency of Collaboration with SLPs

When it comes to assisting Speech-Language Pathologists in targeting speech and language goals for students, 64% of GETs feel comfortable doing so.

Regarding receiving information, support, and guidance from the Speech-Language Pathologists to help in writing the IEPs goals for students with Speech and Language Problems, 35% of GETs feel that they do, but also an equal number (35%) feel that they do not.

80% of the General Education Teachers think that increased collaboration between them and the SLP would improve the services provided to students with speech and language problems.

3.3 Knowledge of Other Professionals' Duties

Not surprisingly, no GETs rated their knowledge of the professional duties and responsibilities of a Speech-Language Pathologist as "expert." 7.4% consider that they have extensive knowledge of SLP duties, 29.6% claim moderate knowledge, while the majority (62.9%) reported that they have minimal (48.1%) or no knowledge (14.8%) of SLP duties. 51.9% would not feel comfortable explaining the duties and responsibilities of a Speech-Language Pathologist, 25.9% responded that this would depend on the level and amount of explanation required, as they know very little.

Those who claim knowledge of the duties of Speech-Language Pathologists obtained it mostly (76.9%) through personal experience (e.g., conversations with SLPs, or other colleagues, personal observations, etc.). 44.7% of GETs described the duties and responsibilities of a Speech-Language Pathologist mostly correctly, if over-simplified; 15% described them as "helping students develop speech and improve speech impediments." The remaining GETs did not respond.

3.4 The Advantages/Disadvantages of collaborative Treatment for Children with Special Needs

This section had the above open-ended question and invited long-hand responses. The SLPs reported as advantages of collaborative treatment the coordinated efforts of all professionals toward the better service provision to the child, as well as the application of new material to the curricular activities in the classroom setting (thus facilitating inclusion). Also noted with some frequency was the advantage of treating the whole child, in all the educational settings at once; this tends to facilitate generalization of the new targets and carry-over to other functional settings.

The few disadvantages mentioned included difficulty with coordination, possible mismatch between academics and therapy targets (not always being able to meet the IEP goals for the students on the SLPs' caseload when in the general education classroom), and less individual attention in a group setting.

The GETs reported the same advantages of collaborative treatment for both the child and the professionals. They specified additional reinforcement of the work that the SLP is doing and vice versa, continuity for the students, integration of strategies from the speech and language room into the everyday classroom setting (thus facilitating inclusion). The disadvantages mentioned included problems of time management and different specific tasks and goals. One respondent mentioned that the children are pulled out of class for instruction, and that SLPs and GETs do not work together in the classroom.

4. Discussion

The collaborative interface between the SLP and the General Educator can be nebulous due to factors concerning the role of the general education teacher, the role of the SLP, and the best practices for teaching students with speech and language problems in included classrooms. Some of these factors include where intervention should take place, how these interventions should be implemented, and what determinations should be made concerning the effectiveness of interventions. In this study, we further explored the practice patterns in professional collaboration between SLPs and General Education Teachers currently in existence in public schools. The results of our analysis are consistent with the literature denoting specific issues concerning SLPs and General Education Teachers instructing students with speech and language problems in included classrooms.

Regarding the general practice patterns, the majority of both professionals indicated that the students with speech and language problems receive services in a pull-out method as compared to a push-in method where only a small percentage receive treatment in the General Education Classroom. The communication skills most often targeted in students with speech and language problems are expressive language (58.3%), and GETs do so mostly in Small Groups or Whole Group, using similar teaching techniques for all students. It is not clear that this constitutes best practice. It may help children feel included and not singled out, but it may not address their language needs adequately. Further, this is very important, because it relates to language arts which constitute part of the core curriculum. One consideration then becomes whether the GETs' work on language is different from the SLPs' targets. Ideally, both are instructing similar concepts while reinforcing each other's goals.

Regarding the collaboration practices between the professionals, we wanted to examine the frequency and regularity of the collaboration. We found that the majority of the SLPs reported regular collaboration with the General Education Teacher and half of the GETs reported that they collaborate regularly with SLPs in the assessment and instruction of children with speech and language problems. As not every classroom has a child who receives SLP services, this is not really surprising. Also, predictably, those SLPs who collaborate with GETs, do so less frequently than they collaborate with the Special Education Teachers. About a third (35%) of the GETs who collaborate with the SLP responded that they collaborate one to three times a week, while an equal percentage do so rarely ("once a month" to "hardly ever").

Almost a third (30.8%) of GETs never collaborates with the SLP in their school. This may reflect the number of GETs who do not have children receiving SLP services.

We further explored the reasons for the amount of collaboration that the professionals reported. We found that for the majority of GETs lack of collaboration was because there was no reason for it. Only a few of the GETs who do not collaborate with a Speech-Language Pathologist, reported as a reason "inconvenience" (15.4%). The question that arises then is how much collaboration these professionals would like to have with each other; is there a desired amount of collaboration? We found that a similar percentage (12%) of GETs as those who reported inconvenience reported that they would never like to collaborate with SLPs. The remaining GETs reported that they would like to collaborate with SLPs as needed and they provided frequency information ranging from "daily" to "as needed." We could reasonably hypothesize that those GETs who have students with more serious and language-based problems may want more frequent collaboration with the SLP. Is collaboration a good idea? Extending the above, we found that 80% of the General Education Teachers believe that increased collaboration between GETs and SLPs would enhance the services that are provided to students who have speech and language problems.

The next issue that may relate to collaborative practices examined how comfortable the professionals feel working within each other's field, and how much support they get from each other. In this study, while the majority of the SLPs feel comfortable assisting the GETs with Educational Curriculum Goals, fewer GETs (64%) feel comfortable assisting Speech-Language Pathologists in targeting speech and language goals for students. Considering the specialized nature of Speech and Language Pathology, with a Master's being the entry level degree, this percentage is not low. This finding would also correspond to the level of receptive language and expressive language problems being targeted in SLPs' caseloads. Similarly split are the responses of the GETs on receiving support and guidance from the SLPs in writing the IEPs goals for students with Speech and Language Problems: 35% of GETs reported that they do and an equal number reported that they do not.

In exploring the familiarity that the professionals have of each other's field, we found that only a very small percentage of GETs rated their knowledge of the professional duties and responsibilities of a Speech-Language Pathologist as "extensive," 29.6% reported moderate amount of knowledge, while the majority (62.9%) reported minimal or no knowledge. Recall however, that despite these reports, about 64% of GETs feel comfortable helping the SLPs address the speech and language targets of their students.

Are SLPs doing a good job of letting their GET colleagues know what they do professionally? The answer is "no;" information flow is neither official nor systematic. It is only disseminated on a personal level, and only if a Teacher wants to find out. The GETs who reported knowledge, obtained it mostly (76.9%) through personal experience (e.g., conversations with SLPs, or other colleagues, personal observations, and so on), and almost half of them described those duties basically correctly. Few (15%) GETs described these duties as speech related and 40% did not respond. Most college-level curricula have a course on SLP services in the schools, but possibly this is not adequate. Related research indicates that education professionals' self-efficacy beliefs depend on their discipline and amount of education (Dunst and Bruder, 2014). A dedicated workshop on the role of SLPs might strengthen the understanding of SLPs' role in an educational setting and help make better use of collaborative practices.

As we try to encourage collaboration, we need to ascertain that our education professionals see advantages and can discuss possible disadvantages of collaborative treatment for children with special needs. In our study, both GETs and SLPs reported similar advantages of collaboration for both the students and the professionals: better services for the child, continuity for the students, treating the whole child in his/her educational environments, and supplemental reinforcement of the treatment/instruction that the SLP and the GET are providing. In addition, collaboration was seen as a way to facilitate generalization and carry-over of speech and language targets to other functional settings, starting with the classroom.

Both sets of professionals reported advantages that are linked to inclusion models: application of new skills to the classroom curriculum, integration of strategies from the speech and language room to the regular classroom, both of which are (rightly) considered to facilitate instructional inclusion. It should be noted that successful "push in" can depend on the academic subject.

For example, inclusion in a social skills class seems an ideal proposition. Further, if the school has in place a practice whereby such collaboration is set-up, habitual, and expected, both professionals enjoy a greater level of productive interaction. This would imply that GETs and SLPs have adequate training and practice, so that the roles are clear and shifts in instruction vs. classroom management happen fluidly.

Only a few, but important disadvantages were mentioned. Both GETs and SLPs noted difficulties with coordination, scheduling, and time management, conflicts between curricular and therapy targets, and less individual therapeutic attention for the child when in the classroom.

SLPs do not want their students to feel singled out if their issues are addressed intensely in the classroom setting. For example, when working with children with processing problems, if the SLP asks students to repeat things they just heard, there is some concern about disrupting the flow of the class. In trying to support the GETs' curriculum SLPs do not want to have the role of a teacher's aide, as this is not the best use of their skills. At the same time, GETs are under a lot of pressure to move quickly through the curriculum so allowing another perspective in the classroom can be an annoyance rather than an opportunity for collaboration.

Clearly, the majority of the respondents find substantive advantages in collaboration between SLPs and GETs. Practical reasons may make this collaboration less than optimal, but most GETs and SLPs report adequate professional interaction on their cases. Inclusion models, though desirable, are not always beneficial or possible. Different levels of disorder severity would result in different amounts of classroom inclusion, at least initially. It appears that, when possible, SLPs and GETs attempt to treat / instruct children in group settings.

5. Conclusion

Enough time has elapsed since the inclusion model was first applied, and daily educational and therapeutic reality, with its trial-and-error format, has shaped current practice. We are seeing that what is taking place is a meeting of theory-based practice with evidence- and data-driven ones.

Clinicians and educators are adept at finding the appropriate equilibrium between theoretically proposed ideal practice and the demands of specific children's needs for treatment and educational accommodations. However, professional collaboration in the inclusive classroom is a complex task and many variables have to be handled at once. Recent findings recommend coaching GETs and Special Education Teachers who work in tandem in inclusive classrooms (Ploessl & Rock, 2014). In the professional dyad we studied here, systematic and explicit training in co-teaching may help optimize SLP and GET collaborative practices and student learning outcomes.

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