

SOCIOECONOMIC STATUS – EFFECTS AND IMPLICATIONS
FOR SPECIAL EDUCATION PLACEMENT

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ABSTRACT

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The purpose of this study was to determine if socioeconomic status played a role in special education referrals and placements. This study included a comprehensive review and critical analysis of research and literature concerning special education, the referral process, and socioeconomic status to determine if there was a relationship between socioeconomic status and placement of students in special education. Conclusions were drawn and recommendations were given for parents, educators, and administrators as well as school districts.

Research has suggested that the steps are in place to intervene in struggling student's education in some school districts. Programs were set up during the school

day to help students who are struggling academically. Some communities and school districts offered programs outside the normal school day to further help students with remediation as well as enrichment programs. Even businesses and community members participated in mentoring programs to help students with learning needs.

Low socioeconomic status was found to impact children's learning and development. Socially, physically and mentally these homes had the tendency to be lacking in positive developmental factors. These factors had the potential to influence children in a variety of negative ways including lower IQ scores, increase behavior problems, lower speech and language ability and problems with academics. Environment, however, must not be the conclusive factor in placing a student in special education.

In order to improve the instruction of students from low socioeconomic backgrounds in the public school system and reduce the number of special education referrals due to environment and low socioeconomic status, the researcher recommended that educators address poverty levels before other educational goals are considered. Teacher bias also needed to be changed so that preconceptions about students do not prejudice their decisions which could ultimately contribute to inappropriate referral. Parents should utilize the free and low cost cognitively stimulating activities available in their communities including public television. It was also recommended that they find opportunities for free food and health care as well as parent education classes that can improve their parenting skills. School districts and communities needed to make sure they were offering preventive interventions to young children in order to help build a base of knowledge. Educating

parents as well as students was another way to help families with low socioeconomic status become successful learners.

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CHAPTER ONE

Introduction

More than one in five children under the age of six in the United States lived in families with an income below the official poverty line at the end of the 1990s (U.S. Census Bureau, 1999). Twenty-one point eight percent of American children live in families with cash incomes below the poverty threshold (U.S. Census Bureau, 1996). An impoverished family has fewer resources. Their environment may lack the basic needs of adequate food, clothing and shelter. Mayer (1997) stated that poor children's homes were more likely to have open cracks in the floor, a leaky roof, signs of rats, exposed wires, be overcrowded, be less likely to have adequate electrical outlets and less likely to have central heat. In turn, the level of cognitive stimulation at home is another condition that may be altered by the lack of financial resources (Guo & Harris, 2000). Conditions such as these play a major role in a child's growth.

How does living in poverty affect these children as they develop? Duncan and Brooks-Gunn (1997) found through studies that growing up in poverty is associated with negative long-term outcomes for children. Lower academic achievement, worse psychological health, and higher levels of behavior problems are examples.

Childhood poverty impairs physical growth, cognitive development, and socio-emotional functioning (Hill & Sandfort, 1995). Clearly growing up in poverty can have a long-term effect on a student's educational outcomes.

Many studies (Duncan, Brooks-Gunn & Klebanov, 1994; Entwisle & Alexander, 1995; Guo, 1998; Kaiser & Delaney, 1996; McLoyd, 1998) have been

done on the effects of poverty on children. McLoyd (1998) found significant effects of poverty on children's cognitive and verbal skills. In an investigation based on longitudinal data from the Infant Health and Development Program (IHDP), family income and poverty status were significant predictors of intelligence quotient (IQ) scores in 5-year-olds (Duncan et al., 1994). According to research done in the Three-City study, preschoolers and teens in their low-income sample, compared to those in non-poor samples, had lower academic achievement and higher emotional and behavioral problems than were found in non-poor samples (Chase-Lansdale, Coley, Lohman & Pittman, n.d.). It seems students who grow up in poverty are labeled from the start to be behind in the race of life.

All children are entitled to a free and appropriate public education regardless of race, gender, ability level or socioeconomic status. Are there enough programs in place to help these students who come into the school system seemingly predestined to fail from the word go? What kinds of safety nets are in place to catch these students? Many communities have government programs in place to help families with low socioeconomic status learn skills needed to become better parents by offering more academic stimulation for their children prior to entering school. Organizations such as the Parent Resource Center offer classes on parenting skills, child development, and give parents the chance to check out developmentally appropriate toys so that their children can develop the necessary skills. In addition, some school districts have remedial programs in place including Title 1, remediation classes, summer school, and tutoring to help struggling students find success and catch up on skills needed to succeed in school.

Are students being placed in special education programs due to the environmental factors of low socioeconomic status when they do not have a true disability? This study seeks to find out more about socioeconomic status and its effects on special education placements.

In some districts, students may be placed in special education because of their lack of prior knowledge or skills needed to succeed in school. Even though the student may not have a true disability, they are misdiagnosed and placed in special education. This can be detrimental to the student who is misplaced. Some districts have an overabundance of students in their special education program. Adding more students to the program will not help the students who are currently in the program or the new student who does not belong in the program in the first place. Students who are placed in special education without a disability may be getting a quick fix to a much larger problem. For example, some students may need more psychological help instead of academic help. In addition, there is the problem of the stigma associated with a special education label. Students who may already have a low self-esteem because of their socio-economic status have the added burden of carrying around a disability label.

Studies have shown that students from families with high socioeconomic status do better than students from families with low socioeconomic status. Financially advantaged children, for example, were found to have higher verbal and math skills in first grade (Park, Turnbull & Turnbull, 2002).

Statement of the Problem

This study explores the effects and implications of socioeconomic status on special education placements through a review of research concerning the background of special education referrals and placement procedures, the effects of socioeconomic status on children and how socioeconomic status is linked to special education.

Purpose of the Study

The purpose of the study is to determine if socioeconomic status does play a role in special education referrals and placements. Recommendations are provided for parents, educators, administrators and communities in hopes of reducing the effects of socioeconomic status in relation to education, specifically special education placement.

Definition of Terms

There are several terms that need to be defined for clarity of understanding.

Cognitive disability (CD)- is defined as “significantly sub-average intellectual functioning that exists concurrently with deficits in adaptive behavior and that adversely affects educational performance.” (Wisconsin Department of Instruction [DPI], n.d.a, n.p.)

Emotional Behavioral Disability (EBD)- is defined as “social, emotional or behavioral functioning that so departs from generally accepted, age appropriate ethnic or cultural norms that it adversely affects a child’s academic progress, social relationships, personal adjustment, classroom adjustment, self-care or vocational skills.” (DPI, n.d.a, n.p.)

Speech/language disorder (s/l)- is defined as “an impairment of speech or sound production, voice, fluency, or language that significantly affects educational performance or social, emotional or vocational development.” (DPI, n.d.a, n.p.)

Special education- is defined as qualifying for the learning disabilities, emotional/behavioral disabilities, cognitive disabilities, and/or speech/language as primary disability programs using the Wisconsin state definitions.

Specific learning disabilities (LD)- is defined as “a severe learning problem due to a disorder in one or more of the basic psychological processes involved in acquiring, organizing or expressing information that manifests itself in school as an impaired ability to listen, reason, speak, read, write, spell or do mathematical calculations, despite appropriate instruction in the general education curriculum.” (DPI, n.d.c, n.p.)

Assumptions

It is assumed that special education placements are made only for students who have met the criteria needed to have a disability. Students should not be placed in the special education program based on race, gender, socioeconomic status, or family background.

Another assumption is that teachers are not biased in their referrals of students to the special education program.

Still another assumption is that all avenues are explored before a special education referral is made. This means that all forms of remediation, including tutoring, remedial in-school programs, mentoring, etc. are exhausted before a special education referral is made.

Limitations

A limitation to this study would be that placement may be made due to environmental factors, including low SES because teachers do not feel they have alternate avenues to pursue to help students. For example, if a student scores high on district or statewide standardized testing, they may not qualify for certain remedial programs. If the teacher feels they cannot help the student in the classroom and cannot get the remedial support for the student that the student needs, the teacher may make a special education referral and push hard to get that student in to the special education program.

CHAPTER TWO

Literature Review

Introduction

This chapter discusses the eligibility criteria for learning disabilities (LD), cognitive disabilities (CD), emotional/behaviors disabilities (EBD), and speech/language disorders (SL). The referral process for special education is reviewed, along with identification and placement issues. Socioeconomic status and factors leading to low socioeconomic status are discussed. The effects of socioeconomic status as it relates to children will be looked at as well. The chapter concludes with a report on the findings linking socioeconomic status and special education placement.

Referrals, Identification and Placement

The Medford Area Public School District has a series of steps for teachers to follow in the referral process, as outlined in the district's Special Education Handbook (Woyak & Novinska, 2002). The first thing a teacher should do if a student is having a problem in their classroom is consult a guidance counselor, the school psychologist, or reading specialist to discuss the student's situation. The counselor, psychologist, or reading specialist may be able to assist the classroom teacher with recommendations to help the student in the classroom or help clarify the teacher's concerns. For example, if a student is acting inattentive in the classroom, the classroom teacher may think the student has an emotional/behavioral problem. By speaking with the psychologist, the teacher may see that the student has characteristics that fall in line with Attention Deficit

Hyperactivity Disorder. The psychologist may have a list of suggestions that the teacher could try to work on behavior modification in the classroom.

The next step involved is the pre-referral meeting, which includes counselors, psychologists, and teachers. Classroom teachers who still have concerns after step one should make arrangements to participate in a pre-referral meeting. Teachers should be prepared to discuss any extra assistance that has been given to the student. “All non-special education programs that may help the student should be attempted before a special education referral is made” (Woyak & Novinska, 2002, n.p.) and need to be documented. These non-special education programs include Title I, recess remediation, Power Project, tutoring, special discipline programs, Community Learning Center, and Medford Reads.

Many remediation programs are available at the elementary level. Title I is a federally funded reading remediation program to improve teaching and learning for disadvantaged students (Wong, 2002). Recess remediation is a daily program designed to give students extra individual or small group attention to remediate specific learning difficulties over lunch recess for a duration of fifteen minutes or less daily as the need arises. Power Project is a first through fourth grade remediation program in the district designed to help students with math and reading difficulties. Placement in this program is determined by the scores a student receives on standardized tests.

At the middle and high school levels, the SOAR and ITA programs are continued from the elementary level for support with reading and written language. There is also a special resource study hall in which students can receive support for all areas of

difficulty. For example, students can receive tutoring in science, social studies, math or reading.

In addition to programs run during the school day, there are a variety of support programs offered by the community. Medford Reads is a reading mentoring program that involves community members becoming a mentor to an at-risk student with reading difficulties. Mentors meet with their mentees once weekly during the school year to assist the student with decoding, comprehension, fluency, and accuracy remediation and to instill a love and appreciation of reading. The Community Learning Center is a before and after school program that students in the elementary and middle schools can attend to receive extra help with homework, along with enrichment activities to broaden their horizons.

If all programs available have been tried and the teacher still feels there could be a handicapping condition, the teacher needs to move to step three and contact the student's parents. The teacher needs to explain the concern and/or the problem to the parents and let them know that a referral is to be made. Parental contact can be made by phone call, letter, or in person. This contact needs to be recorded in written documentation.

Step four includes the Director of Special Education appointing an evaluation team after notifying the parents of the receipt of the referral form. The evaluation team or Individualized Education Program (IEP) team includes parents, classroom teachers, school psychologists, special education teachers, other relevant related service providers (occupational therapy, physical therapy or speech/language pathologists), and the Director of Special Education. The team will discuss existing evaluation data and

determine if there is a need for additional testing and, if so, what tests will be given. The Director of Special Education will also seek consent for the additional testing from the parents. If the parents agree to the additional testing, the evaluation will be conducted.

The teacher making the referral and members of the evaluation team will be invited to the evaluation or IEP team meeting in step five. All evaluating members of the team need to have the additional testing completed and reports written prior to the meeting.

The IEP team meeting will be held to discuss each member's evaluation finding and reports. A determination of eligibility is made after reviewing all the relevant data. The team will write a summary report. Parents may request a copy of the team's report if the student is found to have a disability before continuing with placement and development of an IEP. After eligibility is determined, the IEP team will develop or revise an IEP for the student. The team determines the best placement. Parent's written consent is requested, and if given, placement is made.

Special Education Eligibility Criteria

In order to be identified as having an emotional behavior disability, four concepts must be addressed according to Wisconsin Administrative Code Public Instruction (PI) 11.36. First, the student must exhibit "social, emotional or behavioral functioning that so departs from generally accepted, age appropriate ethnic or cultural norms that it adversely affects a child's academic progress, social relationships, personal adjustment, classroom adjustment, self-care or vocational skills" (DPI, n.d.c, n.p.). The behaviors need to be "severe, chronic, and frequent" occurring at school and at least one other setting. In addition, the student must exhibit at least one of eight characteristics or

patterns of behavior indicative of EBD. The eight patterns or characteristics outlined in the Medford Area Public School District Special Education Handbook (Woyak & Novinska, 2002) as specified in PI 11.36 are

- a. Inability to develop or maintain satisfactory interpersonal relationships.
- b. Inappropriate affective or behavior response to a normal situation.
- c. Pervasive unhappiness, depression or anxiety.
- d. Physical symptoms, pains or fears associated with personal or school problems.
- e. Inability to learn that cannot be explained by intellectual, sensory or health factors.
- f. Extreme withdrawal from social interactions.
- g. Extreme aggressiveness for a long period of time.
- h. Other inappropriate behaviors that are so different from children of similar age, ability, educational experiences and opportunities that the child or other children in a regular or special education program are negatively affected. (p. 23)

The Individualized Education Plan (IEP) team would use sources of information and review prior documented interventions to determine identification. The IEP team cannot identify a student solely based on “another disability, social maladjustment, adjudicated delinquency, dropout, chemical dependency, cultural deprivation, familial instability, suspected child abuse, socio-economic circumstances, or medical or psychiatric diagnostic statements” (DPI, n.d.c, n.p.).

When it comes to learning disabilities identification and placement, three criteria must be considered and met according to PI 11.36. There must be a severe delay in classroom achievement, a significant discrepancy between intellectual ability and academic achievement, and a processing deficit that is linked to the delay in classroom achievement and significant discrepancy. Furthermore, a student may not be identified as

having LD if “the student’s achievement problems are primarily the result of other disabilities, insufficient instruction, lack of English proficiency, or environmental, cultural, or economic disadvantage” (DPI, n.d.b, n.p.).

Cognitive disabilities criteria for identification and placement contain three different areas that are looked at according to PI 11.36. The first is intellectual functioning in which the student needs “a standard score of 2 or more standard deviations below the mean on at least one individually administered intelligence test developed to assess intellectual functioning” (DPI, n.d.d, n.p.). Adaptive behavior also needs to be studied. According to DPI, the child would need to have a deficit in adaptive behavior as demonstrated by a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments that include interviews of the parents, test observations of the child in adaptive behavior which are relevant to the child’s age. (n.p.)

Relevant behavior includes communication, self-care, home living skills, social skills, appropriate use of community resources, self-direction, health and safety, applying academic skills in life, and leisure and work as indicated by the Wisconsin Department of Public Instruction (n.d.d). The third area considered is academic functioning. Students ages three to five would need a “standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive individual assessments, in a least 2 of the following areas: academic readiness, comprehension of language or communication, or motor skills” (DPI, n.d.d, n.p.). According to DPI, a student between the ages 6 and 21 would need to fall in the same

area (two standard deviations below the mean) in general information and at least two of the following areas: written language, reading, or mathematics.

Speech/language placement takes place when a student meets the definition “of an impairment of speech or sound production, voice, fluency, or language that significantly affect educational performance or social, emotional or vocational development” (DPI, n.d.e, n.p.) and meets one of five criteria as set forth by the DPI. The first criteria states that a child’s intelligibility in conversation is significantly affected and a) scores 1.75 standard deviations (SD) below the mean on a norm reference test of articulation or phonology for his or her chronological age or b) demonstrates errors in speech sound that are consistent by the time when 90% of other typically developing children have mastered the sound production. The second criteria is that phonological patterns of sound are at least 40% disordered for the child or their scores on formal testing is in the moderate to profound range and conversational intelligibility is significantly affected. For the third criteria, a child demonstrates a voice impairment of atypical loudness, pitch, quality or resonance for his or her gender and age that is not the result of a respiratory disease or due to temporary physical factors. The fourth criteria is exhibiting behavior characteristic of a fluency disorder. For the fifth criteria, a child’s primary mode of communication (oral or assisted) is inadequate as documented by all of the following: a) performance at least 1.75 SD below the mean for chronological age on a norm referenced measure, b) impaired performance documented by informal assessment and c) receptive and/or expressive language interferes with communication.

Socioeconomic Status and Factors

Many different definitions of low socioeconomic status or poverty exist. According to Mueller and Parcel (as cited in McLoyd, 1998, p. 188), “Socioeconomic status (SES) signifies an individual’s, a family’s, or a group’s ranking on a hierarchy according to its access to or control over some combination of valued commodities such as wealth, power and social status”. House (as cited in McLoyd, 1998) stated parental occupation, parental education, family income, prestige, power and a certain lifestyle are all important components of SES. In traditional studies, SES is usually determined by an adult member of the household whose income level influences the economic status of the family the most (Utley, 1997).

Low SES and poverty are commonly used interchangeably when discussing families that are in need. Poverty is defined in terms of pretax income which is insufficient to cover the minimal needs of families (Kaiser & Delaney, 1996). Poverty is marked by the absence of exact conditions that families require to be successful. These conditions include a stable environment, security, a strong belief system, justice, access to basic resources, being emotionally together and having time together according to Garbririno (as cited in Kaiser & Delaney, 1996).

The factors that define poverty are in some cases the same factors that lead to poverty. A lack of social supports for families or lack of family structure is one such factor (Fujiura & Yamaki, 2000). Families may not be able to provide quality childcare or use positive parenting skills due to the lack of social support. Immigration is another factor (Agbenyega & Jiggetts, 1999). When families move to a new country, language

and cultural differences along with a lack of social supports may force a family into poverty.

SES is less volatile than poverty status (McLoyd, 1998). SES indicators such as educational attainment or occupational status are less likely to change. “Poverty is a complex set of environmental stressors closely associated with the absence of the conditions that foster healthy family functioning” (Kaiser & Delaney, 1996, How parents are affected by poverty section, ¶ 1). Some environmental stressors include low level of education, living in deprived neighborhoods, less positive family experiences, spousal conflict, and lack of economic resources. SES is a set of factors which cannot be easily measured but can be put together to influence a family either positively or negatively. SES can include low income, occupation, living in poor neighborhoods, lower education and fewer social supports (Park, Turnball & Turnball, 2002). Utley (1997) uses social class which groups people by income, occupation, values and behaviors to help define SES.

Affects of Socioeconomic Status

According to the 1996 US Bureau of the Census, in 1994 children represented 26.7% of the United States population but accounted for 40.1% of all the poor persons in the U.S. Coming from poor families has a detrimental effect for most children. Smith, Brooks-Gunn & Klebanov (as cited in McLoyd, 1998, p. 190) maintained the “positive impact of family income on children’s cognitive development was much larger among children in families with incomes below or near the poverty line than among children in middle-class or affluent families”. Family economic status (FES) is a powerful predictor of cognitive development (IQ) and behaviors, both internalizing and externalizing, of

children (Duncan et al., 1994). Internalizing behavior includes being fearful, anxious, unhappy, sad and/or depressed. Destroying or hitting things, throwing temper tantrums or being hot headed are examples of externalizing behaviors. An increment increase in income to needs of one unit is associated with a 3.6 point increase in IQ and a 1 point drop in each of the behavior problem index scales.

There are two models that look at how poverty affects children: the parental socialization model and the financial capital model (Guo & Harris, 2000). The parental socialization model comes from research conducted by Duncan and Brooks-Gunn (1997) which states that poverty may affect the ways in which parents monitor their children and respond to their needs. An example would be how a sick child is taken care of in the home. In a high SES home, the child who is sick with a fever may be taken to the emergency room or to visit a doctor. The child who lives in the low SES home may not get the medical treatment needed due to lack of insurance, lack of health care items in the home or lack of parental knowledge on illness. The financial capital model (Guo & Harris, 2000) maintains that an impoverished family has fewer material resources and that children growing up with fewer material resources tend to do less well in education. Material resources can be anything that a family can purchase to provide extra comforts and experiences for their family.

“Poverty exerts a large negative effect on cognitive stimulation and cognitive stimulation exerts a large positive effect on intellectual development; this finding demonstrates that much of poverty’s effects on children’s intellectual development operates along this pathway” (Guo & Harris, 2000, p. 442). Poverty and inequality can impede development in ways that make it almost impossible to succeed in mainstream

society (Pokempner & Roberts, 2001). The longer children live in extreme or enduring poverty, the lower their educational attainment and worse their social and emotional functioning (Duncan et al., 1994; Guo, 1998). It is likely that being poor for a short period of time is less detrimental to children than sustained bouts of poverty (Duncan et al., 1994). They found that cumulative poverty measures affect children's cognitive development much more strongly than do measures based on single year family income. The effects of persistent poverty were roughly twice as large as effects of infrequent poverty. Poverty experienced after early childhood may be important for achievement than ability (Guo, 1998). Ability, according to Guo's research, is determined by environmental and genetic factors and is a more stable trait while achievement is a function of ability and motivation as well as opportunities. Childhood ability is more flexible than early adolescence ability. Poverty, therefore, has a larger effect on ability measured in childhood than ability measured in early adolescence. This might be due to the fact that ability is a more permanent trait than achievement argues Guo and may be less vulnerable to encumbered environments.

Poverty has a highly significant effect on cognitive stimulation (Guo & Harris, 2000). The more persistent the poverty, the lower the level of cognitive stimulation in the household, the worse the physical environment at home and the less favorable the parenting style typically. Of the three factors presented that effect intellectual development, cognitive stimulation is the most influential. Poverty appears to operate entirely through the mediating mechanisms without directly effecting intellectual development. The mediating mechanisms include the physical home environment and level of cognitive stimulation in the home, child health status, parenting style as well as

child care. Family income and poverty status are more powerful predictors of IQ than maternal education (McLoyd, 1998)

Corcoran, Gordon, Laren & Solon (as cited in Duncan et al., 1994) stated the number of years adolescents lived in families with incomes below the poverty line was a highly significant predictor of school attainment and early career outcomes. “Poverty experienced in early adolescence as opposed to childhood is more influential on achievement because achievement is very much a function of motivation and opportunity” (Guo, 1998, p. 282). Guo (1998) also stated the environment would more likely affect a child’s motivation during adolescence.

If families move above the poverty line it might make little difference if the income has not risen enough to enable families to make changes such as moving to a better neighborhood or purchasing higher quality daycare (Duncan et al., 1994). Theoretically, chronic poverty between the ages of one and a half years to five years poses greater risks to adaptive development in the long term as compared to low family income in the absence of poverty (Owens & Shaw, n.d.). “Persistent poverty during childhood, possibly mainly during childhood, would seriously hinder a child’s development of cognitive ability” (Guo, 1998, p. 279). Children in persistently poor families when compared to never poor children had 9.1 point lower IQs, a 4 point worse score on internalizing behavior on the behavior problem index and a 3 point three worse score on externalizing behavior (Duncan et al., 1994). Five-year-olds in chronic poverty had adjusted mean IQs about three quarters of a standard deviation lower than non-poor children. Even after accounting for maternal education, family structure, ethnicity and other differences between low and high family incomes, family income and poverty

status were significant predictors of IQ scores in 5-year-olds. There is a strong association between poverty and poor social, cognitive and academic outcomes (Kaiser & Delaney, 1996).

Studies have found living in poverty has a consistent and significant negative effect on four measures of intellectual development (Guo & Harris, 2000). The first is reading in relationship to word recognition and pronunciation. The second is reading comprehension or deriving meaning from reading sentences silently. Mathematics is the third area. Fourth is receptive vocabulary, which also can be representative of estimated verbal ability.

Part C of Individuals with Disabilities Education Act (IDEA) 1997 Amendments (as cited in Haring, Lovett & Chandler, 1999) indicate that family is the strongest mediating factor in the development of young children. Family factors that put children in these low SES families at risk include low parent education, single parents and health problems (Chase-Lansdale et al., n.d.). Family income, according to White (as cited in McLoyd, 1998), is the highest single correlate of academic achievement followed by parental occupation and parental education. According to results from a study by Entwisle and Alexander (1995), children from two parent families had higher test scores in math and verbal domains than children from one-parent families.

The direct effects of low SES include “substandard living conditions, a lack of critical material resources, inadequate nutrition, inferior health care and fewer opportunities for formal education and other development enhancing experiences” (Kaiser & Delaney, 1996, Effects of poverty on children section ¶ 1). SES can indirectly effect children by reducing their potential for enduring risk-filled circumstances and also

through their parents (Kaiser & Delaney, 1996). Hill and Sandfort (1995) found that childhood poverty impairs physical growth, cognitive development and socioemotional functioning.

Guralnick (as cited in Guralnick, 1998) found three major experiential factors which related to child developmental outcomes including cognitive development due to family patterns of interaction. The first is the quality of parent-child transactions. These include the give and take of parent child interaction, appropriately structuring and scaffolding the environment and sensitive child-caregiver interactions. Second is family-orchestrated child experiences. Developmentally appropriate toys, stimulation of the environment and contacts with other adults and children through family friendships and care arrangements are all examples of these experiences. The health and safety provided by the family is last. This includes adequate nutrition, immunizations and protection from violence for example.

Levistky and Stupp (as cited in Kaiser & Delaney, 1996) found poor nutrition during prenatal and postnatal care may affect the developing brain. This may lead to low birth weight. Poverty and low SES increase the probability that perinatal complications will result in longer-term development problems (McLoyd, 1998). While low birth weight has been found to have an effect on development, children's home environments and socioeconomic and demographic background of their parents have a more powerful influence on cognitive development (Boardman, Powers, Padilla & Hummer, 2002). The social context of the household appears significantly more influential than birthweight as well.

Health also plays a role in cognitive development (Park et al., 2002). Hunger and undernutrition are more likely to occur in lower SES homes. Brown and Sherman (as cited in Kaiser & Delaney, 1996) found poor nourished children are at an increased risk for mental and physical illness and diminished cognitive performance. Fatigue, headaches, irritability, inability to concentrate and frequent colds are examples of how health can be a factor (Park, et al., 2002). Premature births, which can be due to poor health and prenatal care, have an increased chance at neurological and cognitive problems. Limited health care, another impact of poverty, can compound these problems.

Children born into poverty have a higher risk for health and developmental problems (Kaiser & Delaney, 1996). They are more likely to have received poor prenatal and perinatal care. They are 1.7 times as more at risk to have low birth weight versus non-poor children (Duncan & Brooks-Gunn, 1997). Their chance of childhood mortality is 1.7 times as more as non-poor children. Brenner (as cited in Pokempner & Roberts, 2001) found that low SES involves higher incidence of illness and/or disability due to inequalities in the distribution of materials, biochemical and psychosocial benefits and risks. Health conditions more prevalent among poor children include vision and hearing difficulties as well as learning disabilities according to research conducted by Guo and Harris (2000).

A poor physical environment may interfere with a child's ability to learn (Park et al., 2002). If there is a lot of noise coming from outside or inside the home the child's ability to rest or do homework may be less. Sherman (as cited in Park et al., 2002) reasoned that overcrowding, utility shut-offs, inadequate heating and housing quality problems may also interfere with children's ability to rest or do homework.

Overcrowding in homes may make studying harder. In addition, overcrowded homes may not provide adequate room for everyone to sleep or eat. In older homes, lead paint may lead to lead poisoning of children. Duncan and Brooks-Gunn (1997) found that children from poor homes are 3.5 times more likely to suffer from lead poisoning than children from non poor homes. Children born into poverty are at a higher risk for health and developmental problems associated with the safety of the home (Kaiser & Delaney, 1996).

In the poorer neighborhoods, there may be fewer quality daycares, schools or safe places to play or lack of desirable role models and community support (Park et al., 2002). Poor children today, states O'Hare (as cited in Lichter, 1997), are more likely to be socially and spatially isolated from nonpoor children in schools, neighborhoods and communities. In Duncan et al. (1994) neighborhood differences were significant determinants of age 5 IQ and externalizing behavior. Neighborhoods with more low-income neighbors raised the externalizing behavior problem score on the behavior problem index by six points for each 10% increase of low-income neighbors.

Cognitive stimulation in the home has a direct effect on development. Duncan et al. (1994) and McLoyd (1998) found that the quality of the home environment and learning stimulation accounted for a substantial portion of the effects of family income and maternal education. Examples of cognitive stimulation include books, newspapers, magazines and educational trips (Guo & Harris, 2000). Children from low SES homes may not have the same opportunities to experience literacy as other children which may affect how they learn in formal literacy instruction and develop as readers and writers (Purcell-Gates, L'Aller & Smith, 1995). Emergent literacy support is lessened with fewer

resources (Kaiser & Delaney, 1996). Families are less likely to own and use books. The parents typically have lower levels of reading skills. Purcell-Gates (as cited in Kaiser & Delaney, 1996) stated the home environment disorganization leads to less of a reading routine.

The level of cognitive stimulation in the home is positively and significantly related to children's performance (Boardman et al., 2002). Entwisle, Alexander and Olson (as cited in McLoyd, 1998) found that home resources including books, computers, trips, etc. had the greatest impact on academic growth in the summer. Low SES children lost ground in summers when schools were closed while high SES children continued to improve academic skills. Research has also shown that children with higher educated parents have made gains over the summer whereas children whose parents were drop outs actually lost skills over the summer (Entwisle & Alexander, 1995). This can be attributed to the fact that families from higher SES backgrounds reported spending time at cognitively stimulating places such as the zoo and science center. Children in these families also played more sports, went on more trips, attended music lessons and dance lessons more often than children from low SES families.

Parenting is the medium through which children experience the world (Kaiser & Delaney, 1996). From birth to providing basic physical needs to offering protection and mediating the effects of the environment, parents play a crucial role in the development of their children. Greenberg, Speltz & DeKlyen (as cited in Kaiser & Delaney, 1996) found the formation of a secure emotional attachment to primary caregivers is the foundation for healthy social development. Impoverished children with secure

attachments at 18 months are two and a half times more likely to be positively adjusted at age 8 according to Owens and Shaw (n.d.).

Parents who are living in poverty typically have a lack of food, poor housing, live in dangerous neighborhoods, have unemployment issues and poor health (Guo & Harris, 2000). They also are more likely to be less healthy both emotionally and physically (Duncan & Brooks-Gunn, 2000). McLeod and Shanahan's study (as cited in Park et al., 2002) found that negative emotional conditions poor parents exhibit include less positive behavior such as hugs, praise and supportive statements. Poor families' parenting styles tend to be "more punitive, less consistent, and more likely to be coercive than in more affluent families" (Kaiser and Delaney, 1996, Effects of poverty on parenting section, ¶ 2).

In the Three-City study, (Chase-Lansdale et al., n.d.), positive parenting was found to be protective for preschoolers and adolescents in the high poverty sample. Positive parenting includes appropriate discipline and control, cognitive stimulation and stable family routines.

Children feel stronger family influences on schooling in the elementary years than in the secondary school years (Entwisle & Alexander, 1995). Children are both physically and emotionally dependent on their parents. The parents are responsible for getting the children to school, providing them with school supplies, dressing their children and grooming them. During the secondary school years, children can find alternate sources of emotional support including peers and adults outside the home like teachers. These children are also able to provide for themselves by getting a job to help

improve their financial situation. Older children are able to go to libraries, museums and other places that provide cognitive stimulation.

Three patterns have been found in poor parenting child outcomes (Kaiser & Delaney, 1996). There is limited parent responsiveness to children. Harsh and abusive parenting is prevalent. Parents tend to fail to monitor their children's behavior outside the home. According to Hashima & Amato (1994), the likelihood of punitive parental behavior decreases as household income increases.

In data collected by Fujaira & Yamaki (2000) comparing results from 1983 versus 1998, the greatest increase in concentration of children in poverty was found in single parent households. Female-headed households have an effect on child cognition mainly due to the lower family incomes of such households (Duncan et al., 1994). Female headed homes where the mother was never married as well as a female headed home as the result of a change in the family structure is an influence even after adjusting for the differences in family income. Children living with never married mothers had on average a 5 point lower IQ. The children had increased internalizing and externalizing scores on behavior problem indexes than children from families that never had a female head of household. Living arrangements in which the female head of household is present all of the time have significant detrimental effects.

The mother's level of schooling also played an association with IQ, internalizing behavior and externalizing behavior (Duncan et al., 1994). The mother's education has an indirect effect on intellectual development that operates through cognitive stimulation (Guo & Harris, 2000). Boardman et al. (2002) found from their study's results that "maternal socioeconomic status, particularly education, is a significant predictor of

children's developmental outcomes" (p. 360). Children scored 16 and 17 points lower on the PIAT-M and PIAT-RR (two standardized tests use to measure cognitive functioning) if their mothers did not complete high school compared to children whose mothers completed college or higher. When controlling for mother's education and marital status the differences in cognitive achievement scores by welfare and sanction decrease substantially (Chase-Lansdale et al., n.d.).

Reduced social support restricts the ability of family and community to buffer or mediate the direct effects of poverty (Duncan et al., 1994). The family may feel constrained by the neighborhood in which it lives (Duncan & Brooks-Gunn, 2000). There is the likelihood of decreased social organization including crime, unemployment and neighbors that do not monitor the behavior of adolescents. Fewer resources including playground, childcare, health care facilities, parks and after school programs can also play a roll.

Intensive early childhood education programs help increase the verbal ability and reasoning skills through early elementary school (Duncan et al., 1994). Guralnick's (1998) research found that "contemporary comprehensive early intervention programs for children at risk and for those with established disabilities reveal a consistent pattern of effectiveness as these programs are able to reduce the decline of intellectual development that occurs in the absence of intervention" (n.p.). The effect sizes averaged .50 to .75 standard deviations. Hart and Risley (as cited in Kaiser & Delaney, 1996) conducted a longitudinal study and found that parents from welfare class homes consistently modeled less complex and less diverse language than middle and professional class families. They also engaged in more interactions with negative valence. According to research

conducted by Kaiser and Delaney (1996), children born into poverty show several language development problems. They tend to vocalize less and use smaller vocabularies throughout preschool years. These children also show developmental lags in the use of complex syntactic structure. Language related reading difficulties are also seen.

Early childhood emerges as the stage in which income appears to matter most (Duncan & Brooks-Gunn, 2000). The negative association stated by Hack, Klein and Taylor (as cited in Boardman et al., 2002) between low birth weight and cognitive development begins in early childhood. Beginning school with less knowledge in domains such as letter knowledge, awareness of the sounds of language, basic purposes and mechanics of reading mean children are more likely to have trouble learning to read (Fujiura & Yamaki, 1997). Children in Kindergarten with less a foundation for language and emergent literacy skills have a more difficult time acquiring the basic skills of reading stated Purcell-Gates (as cited in Kaiser & Delaney, 1996).

Studies have shown (Duncan & Brooks-Gunn, 1997; McLoyd, 1998; Alexander, Entwisle & Kabbani, 2001) that socioeconomic disadvantage has a detrimental effect on cognitive functioning and a range of outcomes related to school achievement including absenteeism, receiving special education services, repetition of grades and risk of high-school drop out. Mayer (1997) found that children from poverty average 2.1 fewer years of schooling and that 34.1% drop out of high school. The risk for poor students compared to non poor students was found to be 2.0 as high for repeating a grade or dropping out of high school by Duncan & Brooks-Gunn (1997). Drop out rates for the poorest students is almost four times as great as that of students in the highest SES class group (Grossman, 2002). Alexander et al. (2001) reported 55% of children in two-parent families from a

low SES background dropped out of school compared to 65% of children in one-parent families from a low SES background. Furthermore, when the two-parent households are free of stressful changes including divorce, death or relocating, the drop out rate is reduced to 50%. In their Beginning School Study, Alexander et al. (2001) found that 60% of children from low SES families in their study dropped out of school while 15% of the higher SES children dropped out.

Poor children are far more likely than children in affluent districts to be taught by teachers who are not qualified to teach core subjects (Meyer & Patton, 2001). There also seems to be a “disconnect between the race, culture and class of teachers and the culture, race, and SES of the learners they serve” (Meyer & Patton, 2001, p. 6). This results in teachers not being able to empathize with the situations their students come from or are in currently.

Adolescents that grew up in affluent neighborhoods or neighbors with a higher percentage of affluent families complete more years of school and have lower drop out rates than adolescents from similar families who grew up in poor neighborhoods or neighborhoods with proportionately fewer affluent families (Duncan et al. 1994). Positive socialization and increased institutionalization resources are two reasons this may be true. In addition, there may be higher quality schools, an increase in the number of parks, more youth organizations and more positive role models. Low-income children were found to be much less at risk for poor achievement if they attended moderate or upper status schools rather than schools where most or all students were low income (Fujiura & Yamaki, 1997; Fraser, 1999). In the Infant Health and Development Program sample, it was found that having a larger portion of affluent neighbors was associated with a high

IQ score (Duncan et al., 1994). The benefits of affluent neighbors for IQ are not significantly different for poor or non-poor students. Affluent neighbors raised IQ scores 1.6 points for each 10% increase in the proportion of affluent neighbors. Having more low-income neighbors is associated with more externalizing problem behavior.

Children with higher SES were found to benefit in a variety of ways. Financially advantaged children were found to have higher verbal and math skills in first grade (Park et al., 2002). For special education students with learning disabilities and physical or multiple handicaps, a higher SES was associated with a greater portion of the school day spent in the regular education classroom (Singer, Butler, Palfrey, & Walker, 1986).

Linking Socioeconomic Status and Special Education

Due to all the factors working against students living in poverty or coming from a low SES background, poor students are overrepresented in special education classes including EBD, LD, communication disorders and mild developmental disabilities (Grossman, 2002). The risk for poor children when compared with non-poor children is 1.4 times higher for having a learning disability (Duncan & Brooks-Gunn, 1997). Parent reported emotional and/or behavioral problems are 1.3 times higher. The growing numbers of individuals classified as disabled reflects the increase in child poverty, growing disparities in wealth and an economy and health care system that poorly serves indigent and minority families (Pokempner & Roberts, 2001). In 1996, poverty emerged as a significant predictor of disability status (Fujiura & Yamaki, 2000). Bove (1995) & Guralnick (1998) estimated that 35% of families with children birth to five years of age that have significant disabilities fall below the Census Bureau's threshold for low income.

Poverty is the primary screening indicator of the many variables that increase the risk of disability (Pokempner & Roberts, 2001). Children living in poor and single headed households have the highest risk of being disabled. According to research conducted by Wenger, Kaye and LaPlante (1996), 5.2% of children from poor families attend special schools and classes versus the 2.8% of children who are not from poor families that attend special schools. This is nearly twice the rate for the poor children as not poor children. Schorr & Schorr (1998), (as cited in Pokempner & Roberts, 2001) give an example of the way poverty and disability interact:

The child in a poor family who is malnourished and living in an unheated apartment is more susceptible to ear infection; once the ear infection takes hold, inaccessible or inattentive health care may mean that it will not be properly treated; hearing loss in the midst of economic stress may go undetected at home, in day care, and by the health system; undetected hearing loss will do long-term damage to a child who needs all the help he can get to cope with a world more complicated than the world of most middle-class children. When this child enters school, his chances of being in an overcrowded classroom with an overwhelmed teacher further compromise his chances of successful learning. Thus, risk factors join to shorten the odds of favorable long-term outcomes. (p. 10)

Children living in poverty have a greater vulnerability to conditions highly predictive of disability status (Pokempner & Roberts, 2001). These include conditions such as asthma, chronic illness, environmental trauma, learning problems and low birthweight.

Poverty also appears to be correlated with minority over-enrollment in special education (Agbenyega & Jiggetts, 1999). The higher disability rate for minority students

may be associated with the disproportionate representation of poor and single-parent households in minority community. Oliver (as cited in Smith, 2001) pointed out that there is a bias in special education as more black than white children are placed. More working class than middle class are placed in special education and more boys than girls. Latino and American Indian students are represented in special education in numbers greater than their percentages in the general school population.

In Pokempner & Roberts (2001), data regarding emergent disabilities and their relation to poverty and disadvantage reveal how the inequitable structure of society produces concrete physical and mental impairments that affect an individual's life chances. Pokempner & Roberts (2001) found that:

Because the relationship between poverty and disability is so strong, it is hard to disentangle the additional "cost" of disability from the very struggles related to being poor. With less income, fewer social supports, and less access to comprehensive and preventative care, poor people are not only more likely to experience disability and illness, but also less able to treat disabling conditions and mitigate their impact. (p. 10)

It has been proven that teachers are more likely to refer poor students for evaluation for possible placement in programs for students with disabilities (Grossman, 2002). Special education placements in mild developmental disabilities are more likely for poor students.

Special education needs examination in the context of a larger cultural and political process of education reform to examine underlying values, views of competence and current reform goals that may increase the likelihood that poor and minority students

will be further disadvantaged (Smith, 2001). Draper (as cited from Smith, 2001) summed it up best:

Our nation cannot afford any longer to have disposable children. No longer can systems and policies be built on practices that restrict and restrain; that categorize and seek to find and separate the children and youth who do not “fit” our profiles of successful learners. We must acknowledge that such practices and beliefs have actually done harm to children, disproportionately limiting and constraining the opportunities for children in poverty, children of color, children with disabilities and children with cultural and language differences.” (p. 183)

In the LD and poverty relationship, Schonaer and Sate (as cited in Park et al., 2002) outcomes found SES is a powerful variable in early LD and children’s learning. The rate among children from low SES backgrounds would be no different from that occurring in the general population if SES were unrelated to LD placement (Blair & Scott, 2002). In a study done in Florida, the proportion of placements attributable to the increase risk associated with low SES indicators on the birth certificate was 30% among boys and 39% among girls. The study looked at individual level predictor variables taken from the children’s birth certificates. The variables included gender, race, maternal education, maternal age at delivery, marital status, birth weight and trimester of prenatal care initiation. By the time children were 12 to 14 years old, if maternal education was less than 12 years, the children were one and a half times more likely to have been placed in LD. Examination of the low SES contribution to LD raises the possibilities that “the learning problems of a substantial number of children with LD placement have an origin that is at least partly environmental” (Blair & Scott, 2002, p. 15).

Blair & Scott (2002) found the inappropriate placement of low achievers in LD programs accounts for 1 out of every 3 placements.

“Children with mild or moderate limitations in one or more aspects of cognitive functioning related to learning, such as phonemics awareness in relation to early reading, may be highly likely to experience learning difficulty in environments that are not appropriately supportive and stimulating. The same child in an appropriately supportive environment, however, might never display any indication of learning difficulty.” (p. 20)

There is a higher prevalence of emotional and behavioral problems among poor and low SES children and adolescents than middle class children and adolescents (McLoyd, 1998). There is a greatly increased risk for development of conduct disorders of poor children in the preschool and early school years (Kaiser & Delaney, 1996). Research conducted by McIntyre and Tong (1998) found that boys from lower SES are at high risk for EBD diagnosis due to confrontational behavior. In the Three-City Study, 42% of adolescents with mothers on welfare scored in a range indicating serious emotional and behavioral problems (Chase-Lansdale et al., n.d.). Insecurely attached infants from low-income families were found by Greenberg (as cited in Owens and Shaw, n.d.) to tend to show higher levels of emotional and behavioral problems as children. By age 5, the effects of persistent poverty are 60-80% higher than the effects of transient poverty (Duncan et al., 1994). Tapp, Niarhos and Catron (as cited in Kaiser & Delaney, 1996) found 35% of children attending school in high-risk neighborhoods required mental health interventions.

Behavior problems are multiplied for children living in poverty. Having a larger number of low-income neighbors is predictive of a higher level of externalizing behaviors among 5-year-olds (Duncan et al., 1994). Parents in poor neighborhoods may be less inclined to reducing the aggressive and acting out behaviors due to the fact that the children need these coping behaviors to survive. The behaviors may also be due to lower quality schools, child care environments, less adult supervision and/or less adult-child interaction. There is a set of socialization patterns and social contexts that lead poor children to these behavioral outcomes according to Dodge, Pettit and Bates (as cited in Kaiser & Delaney, 1996). These lead to more socioemotional problems at home and school (Duncan et al., 1994). In addition, genetic influences may be partly responsible for parental personality or psychopathology to be passed onto children who express those genes as behavior problems (Owens and Shaw, n.d.).

According to the U.S. Department of Education (as cited in Meyer & Patton, 2001), 75% of diagnosed mild mental retardation cases are linked to various socioeconomic related environmental contingencies. The percentage of households living below the official poverty level was significantly increased among households involving family members with a diagnosis of mental retardation and related developmental disabilities (Fujaira, 1998). Being poor in the first four years of life is associated with about a 9 point difference on the Wechsler Preschool and Primary Scale of Intelligence IQ list scores at age 5 compared with not being poor during those first four years (Duncan & Brooks-Gunn, 2000). Children who were raised in poverty were found to have an average 5-10 point lower IQ than their middle class comparisons with a greater number falling in the borderline/mild mental retardation category (Kaiser & Delaney,

1996). Both genetic and environmental factors were found to be contributing to the lower IQ. According to Baumeister, Kupstas, Woodley-Zanthos & Klindworth (as cited in Kaiser & Delaney, 1996), the majority of children diagnosed with mild retardation from unknown etiologies were poor. Yoshikawa's study (as cited in Duncan et al., 1994) argues early childhood may reduce these behavior problems and increase persistence and enthusiasm for learning.

Special education teachers and psychologist have found poor students brought up in disadvantaged cultures are deprived of skills, attitudes and behaviors needed to succeed (Grossman, 2002). For example, with language the environment may provide fewer opportunities to use language in cognitively complex ways. Children born into poverty show several language development problems according to research conducted by Kaiser & Delaney (1996). These children tend to vocalize less and use smaller vocabularies throughout the preschool years, show developmental lags in the use of complex syntactic structure and demonstrate reading related difficulties as well. Verbal ability and achievement appear to be more affected by family income (Duncan & Brooks-Gunn, 2000).

The effects of low SES and poverty can effect children in relationship to special education in all areas of possible placement including LD, EBD, SL and mild or moderate mental retardation or CD. The Report to Congress, Department of Education 1997 (as cited in Fujiura & Yamaki, 2000) stated as poverty among children has increased in the United States, the number of children with disabilities and receiving special education has also increased.

CHAPTER THREE

Summary, Conclusion, and Recommendations

Introduction

This chapter reviews the purpose of the study and summarizes the information found in the Review of Literature chapter. A critique of the findings and a conclusion is drawn also based on the results found in the Review of Literature chapter. The researcher will conclude with recommendations to parents, educators, administrators and communities for helping students with a low socioeconomic status.

Summary

The purpose of this study was to examine literature pertaining to special education, the referral process, and socioeconomic status to determine if there was a relationship between socioeconomic status and placement of students in special education.

Conclusion

The steps are in place to intervene in struggling students' education in some school districts. Programs such as recess remediation, Title I and Power Project are examples of how school districts work with students who are struggling academically due to a variety of reasons including low SES. Parents who are concerned about their child's achievement may hire tutors to help their child. Communities and school districts may offer programs like the Community Learning Center to help students by increasing small group or individual instruction or remediation outside of the normal school day as well as offering enrichment programs to broaden students' horizons. Mentoring programs like

Medford Reads allows businesses and community members to realize the importance of instilling a love of learning in all students.

Special education is a program to help students who have a disability that is due to an in child deficit and not environmental factors. It is clearly outlined in the special education criteria for determining a disability in a child that “social maladjustment, adjudicated delinquency, cultural deprivation, familial instability, suspected child abuse, socioeconomic circumstances or medical or psychiatric diagnostic statements” (DPI, n.d.c, n.p.) must not be the conclusive factor in placing a student in special education.

Study after study has shown that SES does impact children. Low socioeconomic status plays a role in many developmental factors in a child’s life. We know that it can decrease their access to basic resources including food and shelter. Chances for living in a stable, secure environment are diminished. Cognitive stimulation in the crucial early years of development may not be as abundant as needed. Parenting styles can be influenced by factors associated with low SES. The physical environment in which children live may be meager. Health problems can be influenced by lack of medical care or insurance, poor nutrition due to lack of money to purchase food and environmental hazards such as lead poisoning due to living in substandard housing. Social supports may not be as plentiful in low SES homes too.

Children from low SES homes often encounter the least stable home environments. They may not have a feeling of being secure in their own dwelling. Even if the home environment is one of love, warmth and security, the environment outside the home may be one of disorder.

The physical environment of the home and neighborhood can impact the student's academic development. There may be fewer or less adept daycare providers in the neighborhood, fewer schools or schools with less of a success rate on standardized testing or less opportunity for to visit parks, museums or libraries because of distance from the home.

The family may feel less social support from outside the home. Parenting styles may consist of more punitive or harsh discipline. Single or two parent homes may find less of a support system in neighbors, family or friends who live nearby.

In multiple studies, researchers have found that low SES influences children in a variety of negative ways including lower IQ scores, increased behavior problems, lower speech and language ability and problems with academics. It is clear that additional studies will be required before a complete understanding how and why specifically low SES plays a factor in special education to reduce the number of inappropriate special education referrals and placements due to low SES.

Recommendations

The result of this comprehensive review of literature has led the researcher to the following recommendations regarding the instruction of students from low socioeconomic backgrounds in the public school system.

For parents:

1. Utilize free and low cost cognitively stimulating activities in your neighborhood including parks, libraries, museums, and zoos to help broaden your child's learning experience while spending quality time interacting as a family.

2. Take advantage of public television programming designed to help children develop socially and cognitively. Public television (Guo & Harris, 2000) high quality all day free educational TV programs.
3. Find parenting classes that can offer support and teach new parenting techniques.
4. Find opportunities in your local neighborhood to provide nutritional food to your family. Food pantries, such as Indianhead Action Agency, are sources of food at discounted or no cost. Free and/or reduced lunch programs are available at schools for students from poor families to utilize. Some schools also have breakfast programs that operate under the same guidelines.
5. Health care-Badger care.

For educators:

1. Poverty levels must be addressed before other educational goals may be accomplished (Park et al., 2002). For example, a student may come to school tired all the time because he/she does not have a bed at home and is not getting enough sleep. The issue of finding an organization that can provide the student with a bed in order to help the student get a good night's rest needs to be addressed before learning can take place in the classroom.
2. Teacher bias needs to be changed. Teacher's preconceptions about students may prejudice their decisions ultimately contributing to the inappropriate referral of low SES students to special education (Podell & Soodak, 1993). Podell and Soodak cited that a teacher's willingness to work with more

difficult students may depend on their personal convictions in their ability to effect change.

3. Seek opportunities for children from low SES families to attend all remedial classes offered if they are in need of remediation or extra attention in academic or behavioral areas.

For administrators/school districts:

1. Head start/preschool (McLoyd, 1998; Guo & Harris, 2000) are two examples of preventive interventions that need to be offered to all children in a district. Without adequate early intervention resources, the public school system has a tendency to be overwhelmed with children from poor socioeconomic environments (Agbenyega & Jiggetts, 1999).
2. Teacher education needs to take place so that educators can feel comfortable and adequate in their position to help these children learn. Decrease inappropriate referrals by providing regular education teachers assistance to solve the problems they observe before they make a referral (Grossman, 2002).
3. Year round school as a way to decrease academic loss poor students encounter over summertime off of school.

For communities:

1. Job-training and other skill building programs (Duncan & Brooks-Gunn, 2000) instead of welfare programs.

2. Educate parents on healthy child development-Parent Resource Center, Head
Start

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