A MODEL FOR INCLUSIVE SCHOOLS IN THAILAND

by

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Inclusive education is now accepted worldwide as the best educational practice

for children with special needs, but there is still considerable debate about how best to

implement inclusion in specific cultures.

The purpose of this research study was to develop a model of inclusion that is

appropriate for elementary schools in Thailand and to identify appropriate leadership

roles in adoption of inclusion practices. This research study was divided into two phases.

The first phase consisted of an extensive review of inclusion practice and research

findings around the world and development of a best practices inclusion model to guide

subsequent interviews. Ten best practices inclusive elementary school principals were

interviewed, and observations were conducted in classrooms and surrounding school

environments. The phase one findings were then used to create a draft model for Thai

inclusive education. In the second phase of research, two focus groups, made up of ten

nationally recognized experts in the area of Thai special education, were used. The

participants assisted with refinement of the best practices model for Thai elementary schools.

Findings included identification of three critical aspects that affect the adoption of inclusion practices: specific characteristics of Thai society and culture; current policy and practices related to current policy; and financing of inclusion. School principals were found to be essential to successful inclusion adoption. Recommendations are made for changes in practice and policy and for future research.

The final conclusion drawn from this study was that, even though Thailand had made a great beginning to a monumental and honorable task, the idea of inclusive education is still in early development. The core findings of the research study argue that, while more steps needs to be taken as implementation of inclusion continues, the principals, teachers, parents, education experts, and the people of Thailand have the commitment and strength of determination to make inclusion an integrated part of Thai education.

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DEDICATION

To my beloved mother and my bookworm brother

who died young, but valued

education the most.

TABLE OF CONTENTS

Chapter   Page

Chapter   Page

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

The importance of inclusion in the field of special education is reflected in the

intensity of the debate found in the field's academic journals and in the popular media in

the last 20 years. The issue is driven by both legal and social forces. Many parents of

children with disabilities have long advocated for school districts to serve their children

in general classrooms, and have been a powerful force behind the mandates that all

children with disabilities receive educational services in a setting with or in close

proximity to children who do not have disabilities (Bailey, McWilliam, Buysse, &

Wesley, 1998).

The rights of children with disabilities to develop their potential has become a

worldwide concern reflected in the mandate of the United Nations Convention on the

Rights of the Child (1989). Article 23 states that

> Recognizing the special needs of a disabled child, assistance extended in
> accordance with paragraph 2 of the present article shall be provided free of
> charge, whenever possible, taking into account the financial resources of the
> parents or others caring for the child, and shall be designed to ensure that the
> disabled child has effective access to and receives education, training, health care
> services, rehabilitation services, preparation for employment and recreation
> opportunities in a manner conducive to the child's achieving the fullest possible
> social integration and individual development, including his or her cultural and
> spiritual development to improve their capabilities and skills and to widen their
> experience in these areas (p. 7).

The United Nation's mandate brought inclusion into a wide moral framework.

Five years after it was written, in June 1994, representatives of 92 governments and 25

international organizations formed the World Conference on Special Needs Education, held in Salamanca, Spain. They issued a dynamic new statement, named the Salamanca Statement, on the education of all children with disabilities, calling for inclusion to be the norm (UNESCO, 1994). The statement argued that regular schools with inclusive orientation were the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all. Moreover, it argued, inclusive schools provide an effective education to the majority of children and improve the efficiency, and ultimately the cost-effectiveness, of the entire education system (p. ix).

During the same time period in the U.S., special education services in all of their aspects have been fertile ground for research and practice. Changes in how children are identified for eligibility in special education and refinements in assessment processes have added to rapid growth in the number of children identified as eligible for special education in the U.S. (Mamlin & Harris, 1998). As inclusive practices have been adopted, researchers, educators, and parents have learned more about what constitute special needs and what forms of pedagogy best serve all students.

Inclusion of children with disabilities in regular classroom settings is now accepted as recommended practice, but strong debate continues on how to best accommodate widespread inclusion (Blenk & Fine, 1995). Current issues of concern in countries that practice inclusion include governmental advocacy; how administrators and teachers are prepared and supported; the ratio of students and teachers in the classroom; collaboration between regular and special education teachers; behavior management

practices; and acceptance and involvement of parents of students with and without disabilities (Power-deFur & Orelove, 1997).

This dissertation has as its focus the special education services of Thailand, in particular how inclusion is being implemented there. Thailand is a country in transition regarding its special education practices. It has recently passed legal mandates for special education provision for students with disabilities and is just beginning to require inclusion. However, moving from policy to practice has been challenging. In recent research, school administrators in Thailand have been found to have little knowledge about appropriate inclusion practices (The Office of Education, Religion, and Cultural Development Regional 11th, 2001). Class sizes in Thailand are typically larger than those in the U.S. (i.e., approximately 45-50 students). Requiring new methods for incorporating children with disabilities will add a difficult burden for teachers, especially for those who have not been trained to work with disabilities (Umpanroung, 2004). Thus, problems need to be solved at many levels in order for inclusive practices to become the norm in Thailand.

It will be helpful at this point to provide a brief overview of the education system in Thailand. Following this description will be an introduction of the purpose of the dissertation along with the research questions, and a brief overview of the chapters of this study.

Overview of Thai Education

The Kingdom of Thailand, a country located in the heart Southeast Asia, covers an area of approximately 514,000 square kms—about the size of the state of Texas. It shares borders with Burma to the West and north, Laos to the north and northeast, Cambodia to the east and Malaysia to the south. With Bangkok as its capital, it contains 76 provinces, four distinctly different geographic regions, and a variety of ethnic groups. Thailand is essentially an agricultural country with rapidly growing industry in a few areas (Office of the National Education Commission, 2003; Suvanus, 1981). The population has been increasing rapidly and now consists of over 60 million people, 70% of whom live in rural areas (Thai National Statistical Office, 2008). For reference, a map of Thailand is provided in Figure 1.

FIGURE 1. Map of Thailand.

Special education in Thailand must be viewed through a cultural perspective,
particularly in terms of religion and family structure. Ninety percent of the Thai people
practice the religion of Buddhism. It is critical to understand that most Buddhists believe
in reincarnation: If one life is lived in goodness, then positive things will happen in the
next life. Disability is widely viewed as a deserved failure to lead positive previous lives.
Traditionally, most Thai extended families have worked together to support parents and
children with disabilities in the home. School attendance has not been an option for most,

although a family's location in the country, level of education, and economic status are factors in the services initiated for children with disabilities. Thai families who are poor or live in rural areas are less likely to be aware of existing programs or to have the willingness and means to access those services (Fulk, Swerlik, & Kosuwan, 2002). In past years, wealthier and more educated individuals might not have publicly acknowledged children with disabilities in their families but may have sought private services.

Today, as the general population becomes more knowledgeable about individuals with disabilities through nationally-sponsored media promotions and campaigns, acceptance of disability is improving, and people are becoming more comfortable in acknowledging a disability in their family. Individuals with disabilities are now seen in public more often in both rural and urban communities. National laws have been passed in the last decade to bring children with disabilities into schools.

The first law for the education of children with disabilities was passed in 1999. The 1999 National Education Act states, in the section of Educational Rights and Duties, that:

> In the provision of education, all individuals shall have equal rights and opportunities to receive basic education provided by the State for the duration of at least 12 years. Such education, provided on a nationwide basis, shall be of quality and free of charge. Persons with physical, mental, intellectual, emotional, social, communication, and learning deficiencies; those with physical disabilities; or cripples; or those unable to support themselves; or those destitute or disadvantaged; shall have the rights and opportunities to receive basic education specially provided. Education for the disabled in the second paragraph shall be provided free of charge at birth or at first diagnosis. These persons shall have the right to access the facilities, media, services, and other forms of educational aid in conformity with the criteria and procedures stipulated in the ministerial regulations (Office of Education Council, 2004).

Since this law was passed, many more Thai students with disabilities have been accessing educational services. Between 2000 and 2004, students with disabilities have increased from 144, 684 to 187,050 (Bureau of Special Education Administration, 2004). According to national records, there are now 18, 618 "inclusive" schools serving more than 187,000 children in Thailand (Office of Education Council, 2006). Many schools have started mainstreaming students with disabilities in order to meet the state mandate and obtain associated extra funding from the government. Many schools are located in rural areas and are poorly funded, and the extra financial support for students with disabilities is a new way to obtain funding for the whole school (The Office of Evaluation Regional 4th, 2005). However, simply including the enrollment of students with special needs does not guarantee that students are receiving appropriate services.

The pressure to provide inclusive education for all children was increased in February, 2008, when the Education Provision for People with Disabilities Act became law. This act aims specifically at equal access for people with disabilities to the educational system and educational service provision. The Act states that one of the service provisions is inclusive education, and that people with disabilities have rights to be included at every level of the educational system and in various forms. It has become unlawful for educational institutes to deny admission to students with disabilities. In addition, every educational institute shall provide an Individual Educational Plan (IEP) and shall update the IEP at least once a year in regard to criteria and procedures determined by the announcement of the Thai Ministry of Education (Rajkijjanubaksa, 2008). The Act determines the educational rights of people with disabilities: 1) they shall

receive free education from birth or from the diagnosis of disabilities through the rest of their lives, and receive technological and educational materials as needed; 2) they shall have choice of access to schooling by the abilities, interests, expertise, and needs of each individual; and 3) they shall receive a high standard of education in accredited institutions, including appropriate curriculum design and assessment for their special needs (Rajkijjanubaksa, 2008).

The education system in Thailand is administrated by the government through central agencies, education service areas, and educational institutions. Children are expected to be enrolled in basic education institutions from age 7 through 16. Basic education also covers pre-primary education, as well as six years of primary, three years of lower secondary education and three years of higher secondary education (Office of Education Council, 2006).

The Bureau of Special Education Administration oversees special education for students with disabilities. The administration recognizes nine types of disability: (a) hearing impairment, (b) mental impairment, (c) visual impairment, (d) physical or health-related impairment, (e) learning disabilities, (f) autism, (g) emotional and behavioral disorders, (h) speech and language disorders, and (i) multiple disabilities. Education services are provided by the Department of Social Development and Public Welfare, as well as by some university laboratory schools, municipal schools, and private foundations. Some hospitals also organize classes for children with chronic conditions. There are currently three types of schools in which students with disabilities can receive education. "Special schools" are those specifically designed for students with mental,

physical, visual or hearing impairments. In practice, however, children with any type of disability will be accepted in these schools. Thailand provides 43 special schools. Similar to special schools, there are currently 76 "special centers," one in each province of the country, that render services in specially set up locations such as inclusive schools, hospitals, and in the home. They conduct research, and develop curriculum for short-term training for students with disabilities. The centers also organize meetings and seminars for parents as well as for staff of various organizations. "Inclusive schools" constitute the major option for educating children with disabilities. There are currently 18,618 inclusive schools, or regular schools that accept children with disabilities for basic education. In providing education for students with disabilities, they receive assistance from special schools and special centers that provide teachers, training, materials, facilities, and coordination with concerned agencies.

The budget for students with disabilities comes from two primary sources: A regular allocation from the office of the Basic Education Commission, and the Educational Fund for students with disabilities. In 2004, the Government Lottery Office also contributed 200 million baht to the Fund to provide scholarships to teachers for advanced study in fields related to special education. The combined funds are not considered adequate to serve the entire population and considerable attention is being paid to how Thailand can best proceed to make inclusion in education a widespread and successful practice for all children (The Office of Evaluation Regional 4th, 2004).

Purpose Statement

As has been shown in the brief overview of Thai education services, special
education services on a national level are a relatively new development in Thailand.
There is an urgent need for the development of an infrastructure to support the training of
teachers in serving children with special needs, in screening children for services, and in
appropriate curriculum. Development of an appropriate inclusive school model for Thai
society would support Thai school administrators, teachers, and students with disabilities.
The purpose of this research study was to develop a model of inclusion that is appropriate
for Thai elementary schools. The research questions are as follows:

Research Questions

1. What are the best inclusive practices in Thailand today?

2. Are there problems in the best inclusive practices? If so, what are the apparent causes?

3. Are there areas where advancements can be made? If so, what is needed to advance
inclusive practices?

4. Can a Thai-specific model of inclusion be deduced from comparing best practices
models to requirements for Thailand today?

Organization of the Dissertation

The study has been organized around a conceptual framework that is first
presented at the end of Chapter II. This framework provided an organization for the data
collection in Thailand's very diverse and emergent setting, described in Chapter III. It

was employed to provide a logical, clear pathway through the dense data in Chapter IV.

In Chapter V, an analysis has been made of the similarities and differences between the

conceptual framework as originally developed in Chapter II, largely from western

research and practices, and the current practices identified in Thailand. From that

comparison, it was possible to modify the conceptual framework into a Thai-specific

framework, to identify the strengths of the current system, and to design a timeline for the

next steps needed in building a broad-based system of inclusion for all Thai schools.

CHAPTER II

REVIEW OF LITERATURE

Research on Inclusion

A review of the literature on inclusion will focus on work in the U.S. and other western countries, as well as the limited research that is available in Southeast Asian countries. It focuses specifically on research that supports arguments for the positive benefits of inclusion. The study begins with a focus on legal advocacy and social benefits, followed by an examination of current inclusion practices. The review concludes with a discussion of what research has identified in terms of high quality inclusive practices.

Studies of inclusion conducted in Southeast Asia have been reviewed when available. Practices of Singapore, Malaysia and Vietnam were reviewed, followed by the limited literature on research and practices in Thailand. Although Thailand initiated some special education practices more than thirty years ago, inclusion is still in its early stages in terms of widespread adoption throughout the country. Few research studies have been conducted to date. The goal of this literature review was to place the limited Thai literature in the context of other developing practices and research in Southeast Asia and of U.S.-led research and practice, in order to compare and contrast the unique situations of Thailand with the larger research-based views of inclusion in other parts of the world.

Inclusion in the United States and Other Western Countries

Introduction of Terms

The terms "inclusion" or "inclusive education" do not appear in U. S. federal law and there has been confusion over the exact meaning of the terms (Power-deFur & Orelove, 1997). Several different terms have been used to describe the practice of teaching students with disabilities in the same classroom settings as their peers without disabilities. Historically, this practice was first called "mainstreaming," followed by "integration," and has recently been called "inclusion" (Odom, 2000). In special education, the term inclusion has been widely used since the early 1990s to describe the practice of combining children with and without disabilities in the same classroom setting and focuses on providing services to all students in the regular classroom, rather than pulling students out of the regular classroom to receive special services (Galis & Tanner, 1995).

Current use of the term inclusion depends, in part, on the setting in which it is being used. Bricker (1995), an expert in the area of early intervention, documented the use of the different terms of mainstreaming, integration and inclusion in the context of research in early childhood special education. She explained that mainstreaming initially referred to the reentry of children with mild disabilities into regular education programs. Although the use of mainstreaming has broadened over time, it has never fit particularly well when discussing young children with disabilities for two reasons. The applicability of the term to infants and toddlers is questionable because of their age (e.g., it is difficult

to understand how 6- or 18-month olds would be placed in a mainstream program). In addition, there are a limited number of public school programs for young children without disabilities, which seriously reduces the number of mainstream options available to preschool age children with disabilities. These two reasons suggest that public school mainstreaming terms are not applicable to pre-kindergarteners.

Mainstreaming today refers primarily to the practice of removing children from their special education classrooms for part of the day and placing them in general education classes (McLean & Hanline, 1990). In contrast, according to Winter (1999), inclusion refers to full participation of children with disabilities in programs and activities designed for typically developing children, while providing children with disabilities the necessary services and supports within the context of the regular classroom. Inclusion has become a broad term incorporated into advocacy efforts for children with disabilities to participate in all community activities and routines used by their peers without disabilities (Odom, 2000). It is not necessarily limited to participation in classrooms or early childhood centers, but classroom inclusion is the way in which the construct typically has been operationalized (Bailey et al, 1998). The goal of inclusion is therefore to provide all children with equitable opportunities for a successful education (Janko, Schwartz, Sandall, Anderson, & Cottam, 1997; Peck, Odom, & Bricker, 1993), with anticipation for their later success in life.

Legal History

In the 1960s, the civil rights movement crystallized awareness in the U.S. of prejudice toward and educational segregation of its African American citizens (Korstad & Lichtenstein, 1988). The disability rights movement used some of the same moral arguments and tactics for increasing awareness of problems inherent in the segregation of people with disabilities, constructing a moral basis for inclusion (Scotch, 2001). The moral argument is a simple one, that is, that children with disabilities have the right to participate in the programs and activities of daily life available to other children (Bricker, 1978). This moral assertion has been interpreted in different ways by different groups of individuals. Many proponents argue that full inclusion applies to all children under all circumstances. Driven by the belief that systematic segregation of any group of children or families is unacceptable, the moral argument is based not on legal or empirical grounds, but rather on the assumption that inclusion is the right thing to do and thus must not be compromised (Stainback & Stainback, 1992).

From a legal perspective, the first events of significance related to changes in schooling of children with disabilities in the U.S. were in the 1960s. In 1965, the Elementary and Secondary Education Act (P.L. 89-10), and in 1968 the Handicapped Children's Early Education Assistance Act (P.L. 90-538) were enacted (Bowe, 2004). In 1975, P.L. 94-142 introduced the concept of the least restrictive environment (LRE) and required that this principle be used in determining appropriate placements for school-aged children with disabilities. The LRE principle was reiterated in later amendments to the legislation extending the provision to preschool-aged children. In subsequent

reauthorizations of what is now known as the Individuals with Disabilities Education Act (IDEA), this resulted in substantial increases during the 1990s of community-based and public school kindergarten programs that included young children with disabilities (Worery, Holcombe-Ligon, Brookfield, Huffman, Schroeder, Martin, & et al.,1993).

The Americans with Disabilities Act (ADA) provided further support by establishing that federally-funded programs, including early childhood programs, must be accessible to people with disabilities. With this law, programs or services in the public service sector could not deny entry to children with disabilities (Osborne & DiMattia, 1994). With the solid backing of the law, it has become more acceptable to U.S. society that students with disabilities have the same rights to access the school system as those without disabilities. These moral arguments and legal mandates in early childhood and special education have supported the development of services and set a foundation for changes to occur in society regarding the acceptance of children with disabilities as potential positive contributors to society.

Social Benefits of Inclusion

Inclusion has become one of the recommended practices for early childhood special education (McLean & Odom, 1993). Bricker and Pretti-Frontczak (2004) have argued that including children with disabilities in the regular classroom setting assists them in acquiring and generalizing critical developmental skills which are necessary for them to achieve independent functioning across environments. The major national association for professionals working with young children with disabilities, the Division

for Early Childhood of the Council for Exceptional Children, shares an agreement with

the National Association for the Education of Young Children that identifies inclusion as

a developmentally appropriate practice (The National Association for the Education of

Young Children, 1996). Promotion of inclusion by these professional organizations has

contributed to increasing social acceptance of difference and diversity and promotion of

the understanding that everyone is a part of society.

Bricker (1995) has argued that inclusive classrooms are not only beneficial for

children with disabilities, but they also help children without disabilities to learn to accept

human diversity. Interacting with peers is an important component of the socialization of

all young children and eventually becomes a major influence in their lives (Guralnick,

1986). Starting inclusion at an early age builds self esteem by minimizing exclusionary

behavior by peers who have not yet formed stereotypes (Bricker, 1995; Buysse & Bailey,

1993). Inclusion allows social interaction with peers to occur in the classroom settings

and that helps all children to understand diversity and to accept differences. Social

interaction allows children with disabilities to develop their interactive and attention

skills. Peer interaction also presents children with disabilities with opportunities to

develop and practice communication (Nienhuys, Horsborough & Cross, 1985).

A wide range of studies has built the empirical base and has furthered thinking

about how children can be successfully supported in inclusive classrooms. Kontos,

Moore, and Giorgetti (1998) conducted interviews of parents of 40 children with mild to

moderate disabilities in 4 school districts. They found that children progressed in

development and increased their engagement with their typically developing peers in the

classroom settings. Parents described specific accommodations to the free-play context (e.g., art and manipulative activities) by teachers that took advantage of children's strengths in the process of remediating their deficits. A study by Cross, Traub, Hutter-Pishgahi, and Shelton (2004) also provided evidence for successful inclusion while discussing the kinds of support needed. This qualitative study of 43 professionals and family members investigated the practices used by early childhood special education specialists and early childhood educators in preschools and childcare centers to support 7 children with significant disabilities. Cross and his colleagues (2004) concluded that in order to support progress gain in all domains of child development, adults must play a major role in designing and carrying out supports. This group of researchers found that support from adults 1in the form of embedding learning opportunities in daily activities had to be implemented over time and implementation needed to be carried from one educational setting to another (e.g., preschool to kindergarten).

Inclusion is still in its infancy in the U.S., and advocacy continues to be needed to ensure that children with disabilities have access to educational services in order to develop to their full potential (Hanson, Horn, Sandall, Beckman, Morgan, Marquart, & et al., 2001). In the next section, the contexts needed to support inclusion in terms of school leadership and parent advocacy will be discussed.

Contexts for Inclusion

In practice, inclusion requires many levels of collaborative work in order to provide appropriate services for children. Leadership personnel, teachers, and parents all

have their own perspectives in how they understand inclusion. Empirical research has provided evidence that these differing perspectives affect how inclusion is enacted.

Leadership Personnel. Attitudes of leadership personnel at the level of school principals and superintendents toward the disability population and their support for inclusive programs are important aspects of successful inclusion. Katsiyannis, Conderman and Franks (1995) conducted a national survey regarding states' progress on inclusion. Thirty-three out of the 40 states which replied reported they were supporting inclusion pilot projects. The authors concluded that there is great variety in state policies and practices, and there is an accelerating trend of inclusion activity. Despite this progress, Praisner (2003) found in a survey of 408 elementary school principals that only about 1 in 5 principals' attitudes toward inclusion were positive, while most were uncertain. Praisner found that administrators' positive experiences with students with disabilities and exposure to special education concepts were associated with a more positive attitude toward inclusion. Further, principals with more positive attitudes and experience were more likely to place students in less restrictive settings.

Varying attitudes toward inclusion may be related to types of disabilities. A survey of 60 administrators of Local Educational Authorities (LEAs) in England and Wales identified the types of disabilities that they felt were easier to include in regular classrooms. These were physical, sensory, speech and language, and moderate learning disabilities, autistic spectrum disorders, and specific learning disabilities (Evans & Lunt, 2002). Emotional and behavioral disabilities, multiple disabilities, severe learning disabilities, and children who needed health services were identified as difficult to

include. As a result, Evans and Lunt found that schools tended to include children with learning or physical difficulties, and exclude children with behavior difficulties. Successful inclusion of specific disabilities may be related to the lack of appropriate curriculum as well as specific characteristics of disabilities. Focusing on students with cognitive disabilities, Manset and Semmel (1997) reviewed 8 models of inclusion and, concluded that inclusive programs can be effective for some but not all students with mental disabilities.

Inclusion requires commitment at the leadership level to develop classroom practices and forms of school organization that respond positively to student diversity. It is necessary that administrators understand and develop professional experience in the requirements of inclusion in order to support the needs of both teachers and children (Ainscow, Farrell, & Tweddle, 2000). Galis and Tanner (1995) reported on a survey of 252 special education directors and elementary school principals in U.S. state of Georgia. They found that administrators who had been in the field for many years held a more positive opinion of inclusion than those who had less experience. Anderson & Decker (1993) also concluded that inclusion often faltered when principals who were are prepared well to administer general education programs were made responsible for a broad range of special education program in areas in which they had little training and experience.

Support by administrators for collaboration between special education and regular education teachers was seen as a key element in working with students with disabilities in surveys conducted by Daane, Beirne-Smith, and Latham (2001). Their study of 15

administrators, 42 elementary special educators and 324 general education teachers focused on collaborative efforts of inclusion in one school district in the southeastern U.S. They reported that administrators and teachers agreed that general and special education teachers needed to collaboratively plan children's IEPs. Respondents reported that team teaching took place in the general education classroom, but difficulties arose in working together, such as conflict of personalities, lack of planning time, and limited time in the classroom by the special education teacher. Both administrators and teachers identified the social benefits of inclusive models of education but disagreed with the idea that students with disabilities achieved more academic success in general education classrooms.

Teachers. In the early childhood area, teacher collaboration has also been identified as a barrier to successful inclusion. Rose and Smith (1993) identified the barriers of lack of teacher preparedness and awareness, and issues of collaboration and communication between early childhood and special education teachers. Teachers' beliefs and attitudes are critical in ensuring the success of inclusive practice since teachers' acceptance of the policy of inclusion is likely to affect their commitment to implementing it (Hornby, 1999). Bricker (1995) suggested that inclusion is supported by teachers' attitudes, and positive inclusive experiences can occur when teachers provide opportunities for children with disabilities to participate in a meaningful way. The large role teachers play in facilitating and maintaining interaction among children with and without disabilities has been identified in several studies.

Antia, Kreimeyer, and Eldredge (1994) concluded in a study of 13 preschool, kindergarten, and 1st grade programs in west and east coast regions of the U.S., that when teachers provided consistent opportunities for children to work together in small groups, children both with and without hearing impairments had more positive interactions. In their naturalistic study of 153 children with disabilities Hauser-Cram, Bronson and Upshur (1993), found that in classrooms where teachers offered more choice of activities, children with disabilities engaged in higher levels of peer interactions, showed less distraction, and had more persistence in mastering tasks. In contrast, File (1994) identified the importance of the teachers' role in facilitating peer interactions. She observed the interactions of 14 typically developing children and 14 children with mild and moderate cognitive and speech delays, and their 36 teachers in integrated preschool classrooms. She found that teachers rarely promoted interaction between the children and concluded that there is a need for teachers to provide activities so that children with and without disabilities could work together and gain benefit from inclusion. Finally, in a study based on interviews with 29 teachers from 16 programs, Lieber, Capell, Sandall, Wolfberg, Horn, and Beckman (1998) identified a widespread belief in the importance of diversity. Teachers generally believed that children with disabilities would benefit from inclusion because they learned by interacting with their peers without disabilities; differences between children could be highlighted and respected (Scruggs and Mastropieri, 1996).

Yet, even when teachers believe in inclusion, they are not always able to implement it. Scruggs and Mastropieri (1996) found in a review of 28 studies published

between 1958 and 1995 that a majority of teachers (i.e., 65%) supported the general

concept of inclusion, but only about half reported that they were willing to teach students

with disabilities or that students could benefit from inclusion. Only about one third of

teachers believed that the regular classroom was the best place for students with

disabilities because of the insufficient time available to the teachers and their inadequate

expertise.

A study of teachers' attitudes in many countries made by Fullan (1991) generally

supports the findings from Scruggs and Mastropieri's study (1996). Fullan articulated that

teachers' daily workload prevents most of them from having positive attitudes toward

their work. In major countries all over the world most teachers reported they felt harassed

by their daily workload and felt unable to provide adequate support for the needs of

students. Moreover, in regard to special education teachers, Yatvin (1995) pointed out

that they had less training in academic areas than regular education teachers. She

identified the lack of a holistic approach to teaching and learning; instead teachers

focused on strategies for teaching exceptional students, including behavior management

and diagnosing or remediating deficiencies.

In viewing this problem from another direction, several studies have provided

support for the idea that more experienced teachers may be more positive towards

inclusion. A study of primary and secondary teachers in England by Avramidis, Bayliss,

and Burden (2000) concluded that teachers with substantial training were more positive

about inclusion, and this reflected in their confidence in IEP meetings. In a survey of 680

general and special educators and administrators from 32 schools in the U. S. and

Canada, Villa, Thousand, Meyers, and Nevin (1996) found that participants' commitment to inclusion often emerged only after teachers had gained the professional expertise needed to implement inclusive programs, particularly when they were given administrative support. Similarly, LeRoy and Simpson (1996) found that teachers' attitudes changed in a positive direction over a three-year period. They concluded that as teachers' experience working with children with disabilities increased, so did their confidence levels. This holds true for faculty in higher education as well. Shimman (1990) found that college teachers who had been trained to teach students with learning difficulties expressed more favorable attitudes and emotional responses towards including students with disabilities. Likewise, a national survey of 204 faculty members in college level general early childhood education from all regions of the U.S. identified lack of trained staff and consultation as the largest barrier to making inclusion successful (Wolery, Huffman, Holcombe, Martin, Brookfield, Schroeder, & et al., 1994).

Parents. Many parents of children with disabilities view inclusive classrooms as a benefit to their children's development. Cross and colleagues (2004) conducted interviews and observations of parents of children with disabilities. Parents commented that their children were more independent and made better developmental progress as a result of participating in an inclusive classroom setting. Not only did their children receive benefits from interacting with providers, but parents were also willing to participate in the classroom to help teachers feel more confident working with their children, increasing the success of placements.

However, as pointed out by Staub and Peck (1994), inclusion can reduce the academic progress of children without disabilities. They identified large teacher-child ratios and lack of teacher preparation as contributing to the loss of academic quality. Buysse, Wesley, and Keyes (1998) identified elements that affected the quality of preschool programs in North Carolina. Parents identified concerns including class size, teacher-child ratios, inadequate teacher training, and lack of teacher planning time. Concerns associated with coordinating and integrating services for young children with disabilities and their families included lack of communication and inadequacy of supervision and support from staff. Seery, Davis, and Johnson (2000) reported that parents' opinions about the benefits of inclusion varied in a mid-western, urban inclusive university preschool program. Parents of typical children cited loss of instructional time because teachers were preoccupied or overburdened by attention taken up by children with disabilities. Parents of children with disabilities were concerned with teachers' lack of preparation to meet the needs of children with complex disabilities.

Many parents have identified the transition from early childhood programs into school-based programs as problematic. In a longitudinal qualitative study conducted by Hanson and her colleagues (2001) through interviews of 25 parents of children with disabilities, parents contrasted their experience of inclusive preschool classroom settings with those in elementary school where more restrictive placements, lack of experienced teachers, and lack of support prevailed. Yet, Hanson and her colleagues (2001) reported that over half of the children in her study successfully remained in inclusive placements over a 5-year period.

In these and other studies, parents have identified problems in class size, the availability of specialized therapists and services, children's acceptance by other children, teachers' judgments or attitudes about the child's disability, and the appropriateness of teachers' training and experience in addressing the children's needs (McWiliam, Lang, Vandiviere, Angell, Collins, & Underdown, 1995; Hanson et al., 2001). These challenges are compounded when parents are unfamiliar with the general middle class cultural values and public school systems and laws, particularly when their native language is not English (DeGanfi, Wietlisbach, Poisson, Siein, & Royeen, 1994). Lynch and Hanson (1998) made recommendations to modify educational services to ensure that children and families have access to information and culturally responsive services in order to allow them full participation. This has become more important in the U.S. as population has continued to diversify (Lynch & Hanson, 1998). Cultural, ethnic, and linguistic influences have been found to be important factors values, beliefs, and expectations, and are important influences on educational practices and methods of service delivery (Hanson et al., 2001).

The Quality of Inclusion

The large variety of factors that affect the quality of inclusion has been touched on in the previous section. These include qualified personnel, adaptation of the classroom environment, provision of specialized therapies, small staff-child ratios, and developmentally appropriate practices (Buysse, Skinner & Grant, 2001). Bricker (1995, 2000) argued that successful inclusion is supported by attitudes and beliefs of people who

are involved, professional knowledge and skill, and adequate support systems ranging

from professional development and collaboration to appropriate physical

accommodations. Others have included philosophy, positive teacher-child interactions,

administrative leadership and support, and a variety of opportunities for family

involvement as essential elements (Odom, 2000; Whitebook, Howes, & Philips, 1989).

The ability of teachers to organize the learning environment and use specific instructional

strategies is also essential (Forlin, Douglas, & Hattie, 1996; McLean & Dunst, 1990). In

addressing inclusion on a world scale, the United Nation's standard rules on the

equalization of opportunities for persons with disabilities (1993) stated that the success of

inclusion will depend on clearly stated policy that is understood at both the school and

wider community level, the promotion of flexible curricula with adaptations, and the

provision of quality materials, and on-going teacher training and support.

The key factors necessary for successful inclusion have been investigated in

empirical studies. Lipsky and Gartner (1998) distilled seven key factors from a large

study of school districts in Britain. These factors included visionary leadership,

collaboration between all participants, refocused use of assessment, support for staff and

students, appropriate funding levels, parent involvement, and effective program models.

Vaughn and Schumm (1995) worked with teachers, parents, administrators, and

governors on a longitudinal research study implementing inclusive approaches in three

primary schools in large urban areas in the U.S. They identified nine essential

components. The first component is to use the satisfactory academic and social progress

of students with special needs in general classes as the major criteria for considering

alternative intervention. The second is to allow teachers to choose whether they will be involved in teaching inclusive classes. Third, it is necessary to ensure adequate human and physical resources. Fourth, schools need to be encouraged to develop inclusive practices tailored to the needs of the students, parents and communities they serve while taking into account the expertise of their own staff. Fifth, schools need to maintain a continuum of services including withdrawal of students from regular classrooms for small group teaching and placement in special education classrooms. Sixth, continual monitoring and evaluation of how services are organized must occur in order to ensure that students' needs are being met. Seventh, ongoing professional development must be available to all staff who need it. Eighth, alternative teaching strategies and adaptation of the curriculum must be developed to meet the specific needs of students with a wide range of abilities. Lastly, an overarching philosophy and policy on inclusion must be developed which provides guidance to teachers, parents, and others (Vaughn & Schumm, 1995).

At the policy level, Evans and Lunt (2002) provided insight about the need for a shift in the culture, organization and expectations of schooling in order for effective inclusion to take place, including improving results, focusing on the appropriateness of the curriculum for young children with disabilities, and promotion of support for minority students. The National Center on Educational Restructuring and Inclusion (1994) found that superintendents in Indiana understood that two issues are important for successful inclusion: Leadership and money. Lieber, Hanson, Beckman, Odom, Sandall, Schwartz, and et al. (2000) also reported in their qualitative study of state level administrators in 18

public schools across the United Sates that leadership is a crucial variable. They concluded that strong leaders who share belief and commitment to inclusive education can enhance the infrastructure to support inclusion. Inclusion can only be successful through leadership of administrators who value the education of students with disabilities, have a positive view of the capabilities of teachers and schools to accommodate the needs of all students, and promote the belief that everyone benefits from inclusion (Rose & Smith, 1993).

Inclusion in Southeast Asia

Singapore, Malaysia and Vietnam are countries in Southeast Asia that share commonality of policy in developing support for fundamental human rights, especially the right to an education (Sadiman, 2004). These countries share many of the same problems and issues that are found in Thailand. Examining how these countries have addressed challenges may help Thailand in developing inclusive schools.

Singapore

Special education in Singapore has achieved significant development in the past 40 years since the country's independence in 1965. Despite having no legislation on special education, Singapore has been very successful in implementing new practices. Special education in Singapore began when groups of volunteers started classes for children with leprosy in 1947 (Quah, 1993). The subsequent six decades have seen the founding of voluntary associations offering educational services for children with a variety of

disabilities (Lim & Nam, 2000). Services such as schools and centers are managed by voluntary welfare organizations (VWOs) and are organized along a continuum ranging from total segregation to partial integration to total integration with children who do not have disabilities (Chen & Soon, 2006).

However, without specific legislation, movement toward the inclusion of students with disabilities within regular schools has been slow in Singapore. General education teachers still refer children with even mild disabilities to special schools, and some children may not be accepted by either general education or special schools, decisions which are difficult to contest by parents. In spite of gains, inclusion remains elusive for many students with disabilities in Singapore, especially those with moderate to severe disabilities (Rao, 1998). In 2004, then Prime Minister Lee Hsien Loong attempted to remedy the lack of inclusion by calling for an inclusive society in Singapore. He announced that US $100 million would be used to provide special training for both special and general education teachers. This announcement of teachers' training was welcomed by schools and parents. (Lee, 2004).

Malaysia

In Malaysia, special education is reserved for learners who are hearing impaired, visually impaired and those with "learning difficulties." Learners who are diagnosed as physically disabled are excluded. Current policy and practices pertaining to education for students with disabilities could be thought of as discriminatory (Law of Malaysia, 1996). This is due to the fact that some aspects of current policy and practice do not take into

consideration the personal needs of learners and of their caregivers, because they are seen as "deficient" or disabled first, and learners or people second (Adnan & Hafiz, 2001).

Malaysian CARE represents the importance of non-governmental organizations (NGO) in developing programs for children with disabilities. Malaysian CARE established early intervention programs (EIP) in centers across the country for children aged 6 and below who are diagnosed with physical and mental impairments in order to support their cognitive academic potential (Department of Social Welfare, 1999). The work of NGOs in Malaysia usually provide services for families who live in urban settings and whose parents are keen on their education and are able to pay for services. Students with disabilities who live in rural communities, however, still have to rely entirely on the government for their education (Adnan & Hafiz, 2001). In a country of more than 23 million people, only 23, 951 people were officially registered as disabled between 1996-1999 (Department of Statistics, Malaysia, 2000). The fear of parents to register their physically or mentally impaired children contributes to the problem of identifying this population (Department of Statistics, Malaysia, 2000).

The average class size in Malaysia is around 40 students. In addition to their regular duties, teachers have other non-teaching duties and some have to juggle extra duties out of school hours (Special Education Department, Malaysia, 1999). Jelas (2000) has reported that although Malaysian teachers are willing to learn new techniques to incorporate children with disabilities, they argue that inclusion is not feasible for them without the help of classroom assistants.

Viet Nam

In 1975, at the same time that the U.S. Congress was enacting the Education for All Handicapped Children's Act, Viet Nam was initiating the construction of a special separate school system for children with disabilities. By 1991, Viet Nam had established 36 special schools throughout the country (Villa, Tac, Muc, Ryan, Thuy, Weill, & et al., 2003).

Viet Nam was the second nation, and the first in Asia, to ratify the United Nations convention on the Rights of the Child. In the same year, Viet Nam enacted legislation in keeping with the U.N. convention that required compulsory primary education and enacted a second piece of legislation that dealt with the protection and care for children. The Law of Protection and Care for Children addressed the reintegration of students with disabilities into society (U.S. Department of Education, 2001). However, in its creation of a separate school system for children with disabilities, Viet Nam has not followed a path of inclusive educational opportunities. Policies and practices have not supported inclusive education, and the school system faces difficulties in organizational collaboration (Villa et al., 2003). Burr (2006) documented that even in integrated programs, children with disabilities lack support from materials or classroom adaptations.

Thailand

Since the 1999 National Education Act became law, Thai schools have been mandated to include students with disabilities. This process has been supported by a public awareness program to improve the social status of children with disabilities. By

law, children with disabilities have rights and opportunities to receive basic education provided by the state free of charge for at least twelve years (Office of Education Council, 2006).

Since the legislation mandating inclusion was passed, there has been an expression of confusion among educators regarding appropriate service provisions in inclusive schools. Benja Chollatanon, who was a consultant to the Ministry of Education during the early 2000s, created a model of inclusion known as the SEAT project, in which S stands for students, E for Environment, A for activities, and T for tools. The SEAT project has been used in many inclusive schools to provide a broad perspective of inclusion administration. However, guidelines for teachers in the areas of curriculum adaptations and appropriate assessments for students with disabilities still need to be developed (The Office of Evaluation Regional 3rd, 2001).

Thailand has much work to do on both the administrative and teacher levels. A study by the Office of Education, Religion, and Cultural Development Regional 11th, (2001) found that school administrators in Thailand know little about appropriate inclusion practices, and that fundamental changes in class size and teacher support need to be made (Umpanroung, 2004). The lack of budgetary support was identified as a barrier to inclusion in a survey of 140 schools in the northern region of Thailand (Office of Evaluation Regional 4^{th,} 2004). A study of the Srisakate province in northeast Thailand came to a similar conclusion (Kumsopa, 2004). In a survey of 60 inclusive schools in Nakornrajchasrima province in northeast Thailand, teachers reported that it was complicated for them to prepare their lessons for both students with and without

disabilities. Teachers lacked knowledge of how to work with different types of disabilities. Their particular focus of concern was curriculum adaptations for students with disabilities. The study found that most students with disabilities were pulled out from the classroom to have individual lessons. In addition, teachers expressed concern about misusing assessments they were not trained on (The Office of Educational, Religion, and Cultural Development Regional 11th, 2001).

As the 1989 mandate of the United Nation's Convention on the Rights of the Child attested, all children have the right to access an appropriate education in the least restrictive environment (Vaughn & Schumm, 1995). However, much remains to be done. School leaders need training and experience in managing inclusive school settings. Issues around teachers' skills and experience in working with students, collaboration between regular and special education teachers, and improved instructional design need to be addressed.

Research Framework

Most of the leadership in the inclusion movement has come from western countries, including research relevant to inclusive practices. A serious gap in knowledge remains as to what might constitute optimal inclusive practices in Asian countries, and specifically in Thailand. It is that gap in knowledge that motivated this study.
Yet many lessons have been learned by the West, as it has experimented with and refined inclusive models, that will prove useful for a model adapted to Thai society. The literature on leadership and inclusion theory that has been reviewed here can be sorted

through several lenses: Those of the actors in inclusive education, including the people in schools and supportive services; the resources that are needed to make inclusion successful; and the procedural elements necessary for inclusion to work. These three factors will be summarized from the literature review in the next section.

The Actors in Inclusive Education

The following essential roles have been identified from the literature. First, the roles that need to be considered before children enter inclusive education include the children themselves, both those with special needs and those who are typically developing; parents of both kinds of children; and members of the schools' surrounding communities. There are also non-school specialists such as physicians and other medical and non-medical personnel who may play a role, particularly in initial identification of the special needs child. Within the school itself, the principal, regular classroom teachers, special education classroom teachers, teaching assistants, and other school professionals are important. In addition, the policy makers at the higher levels of government must be included, such as ministers in the Ministry of Education and influential physicians.

Resources Needed to Make Inclusion Successful

Resources such as well-designed school buildings, school resource rooms and resource centers, and appropriate funding for necessary curricular supplies and needed building accommodations are important elements in building inclusive practices. In some cases, necessary resources for best practices might also include hospital services, special

schools and other training centers where outsourcing is needed for services to be supplied.

Procedural Elements Necessary for Inclusion

Procedural elements include the initial screening and assessment of the child, development and modification of the IEP, varieties of placement, development of appropriate curricula , and provision of related training for any of the people involved in the inclusion process. Appropriate policy provisions to guide this process and practice are also included here.

Models for Inclusive Education

After reviewing best practices from the western literature on inclusion, literature on inclusive models were investigated to identify those that could be used to provide a conceptual framework for building a model of inclusion appropriate to Thailand. Two theories were identified that have many of the elements identified above. The first theory is that of distributed leadership as developed by James Spillane (Spillane, 2006). The second is Spencer Salend's model for mainstreaming (Salend, 1990). These theories will be discussed below.

Distributed Leadership

James Spillane (2006) argued that at the school level, schools work best when "leadership" is distributed by the principal down and across people in the organization. Distributed leadership is a joint interaction of school leaders, followers, and aspects of

their situations. Distributed Leadership model thus particularly fits with the principal of inclusive education where collaboratively working is considered to be implemented.

The model of distributed leadership is based on a longitudinal research study done in Chicago schools for five years by Northwestern University professor Spillane. It is based on the belief that in practice, school leadership is distributed in the interactions of school leaders, followers, and their circumstances. Distributed leadership focuses on the processes of leadership, rather than on leaders, leadership roles, or leadership functions.

The practice of leadership, according to Spillane, takes form in the interactive web of leaders, followers, and their situations, rather than from the actions of an individual leader. The aspect of distributed leadership that is worthy of most attention is the recognition that school leadership involves multiple leaders: both administrators and teacher leaders. It also involves more than matching particular leaders with particular leadership functions and activities (Spillane, 2004). Spillane's (2006) model is represented in graphic form in Figure 2 below.
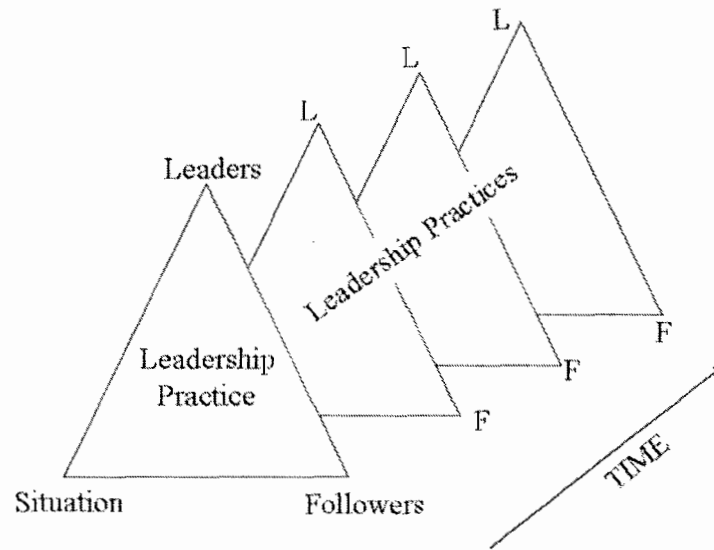
FIGURE 2. Leadership Practice from a Distributed Perspective (Spillane, 2006, p.3).

A Model for Mainstreaming

The second model that will provide a useful structure for this study is that offered by Spencer Salend. His model for inclusion was based on the mainstreaming literature and his own research studies. The model offers educators specific procedures for successfully including students with special needs in regular classrooms (Salend, 1990). Salend's model is composed of what he believed are the essential elements needed to provide services for students with special needs to be successful in inclusive educational systems. Salend begins his model with the establishment of criteria for mainstreaming. Before mainstreaming can begin, the academic policies must be in place that determine whether a child is ready for mainstreaming. Related to this level, a child who is not ready can be supported to develop the readiness skills. The second aspect of Salend's model is to prepare the educational community for inclusion. This includes both children with and

without disabilities and determines whether the teaching environment is ready. The next level, of modifying instruction, requires that teachers have been prepared to individualize instruction for students with disabilities. Readiness on the part of the school environment includes teachers' skills in adapting assessments and a school structure in place that can evaluate student progress in order to ensure that students with disabilities continue to benefit academically, socially, and behaviorally. A feedback loop must be in place to periodically modify the system. Salend's model is graphically represented in Figure 3 below.

<div align="center">

A Modified Model Based on the Model of

Distributed Leadership and a Model for Mainstreaming

</div>

Elements from both models are needed to construct a model for Thai inclusive education. The education system in Thailand is of a strongly hierarchical nature. Leaders have the power of decision making starting at the ministry level on down to the school level. Changes made in this kind of system currently occur in a top-down manner. The development of collaboration skills will be a key principal in incorporating a model such Spillane's (2006) distributed leadership model. Considering a decentralized model in which every level of school personnel participates in leadership will benefit the inclusive process, but will need to be adapted to the Thai system.

The two models discussed above were combined to identify the roles inclusion leaders and teachers within the practices or circumstances of inclusion. The resultant process models are shown below in Figures 4 and 5 below. In the first modified model,

Salend's (1990) specific procedures have been sorted under the three elements of

Spillane's (2006) distributed leadership model. In the second modified model, Spillane's

(2006) model has been adapted to show how inclusion can be advanced by distributing

leadership throughout schools.
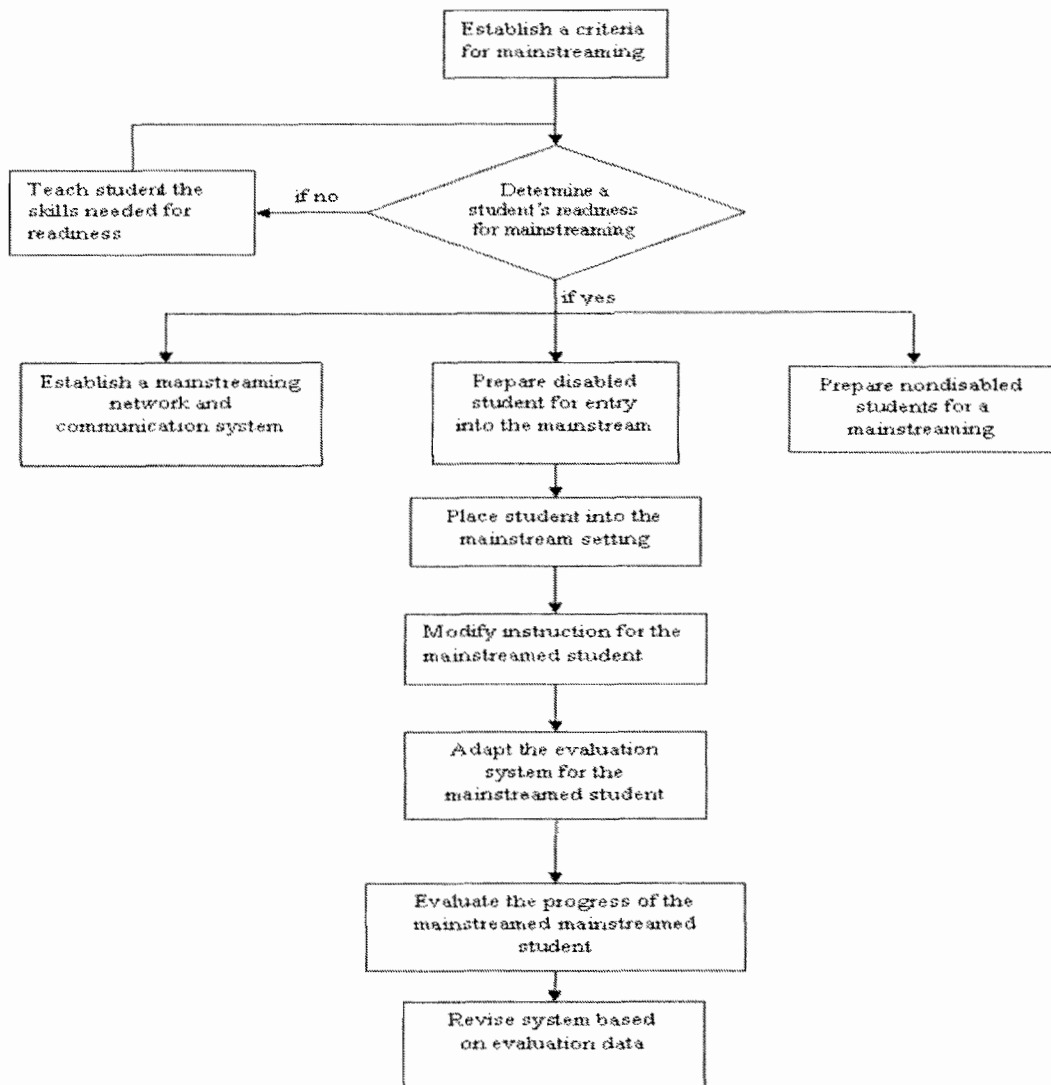
FIGURE 3. A Model for Mainstreaming (Salend, 1990, p. 23).
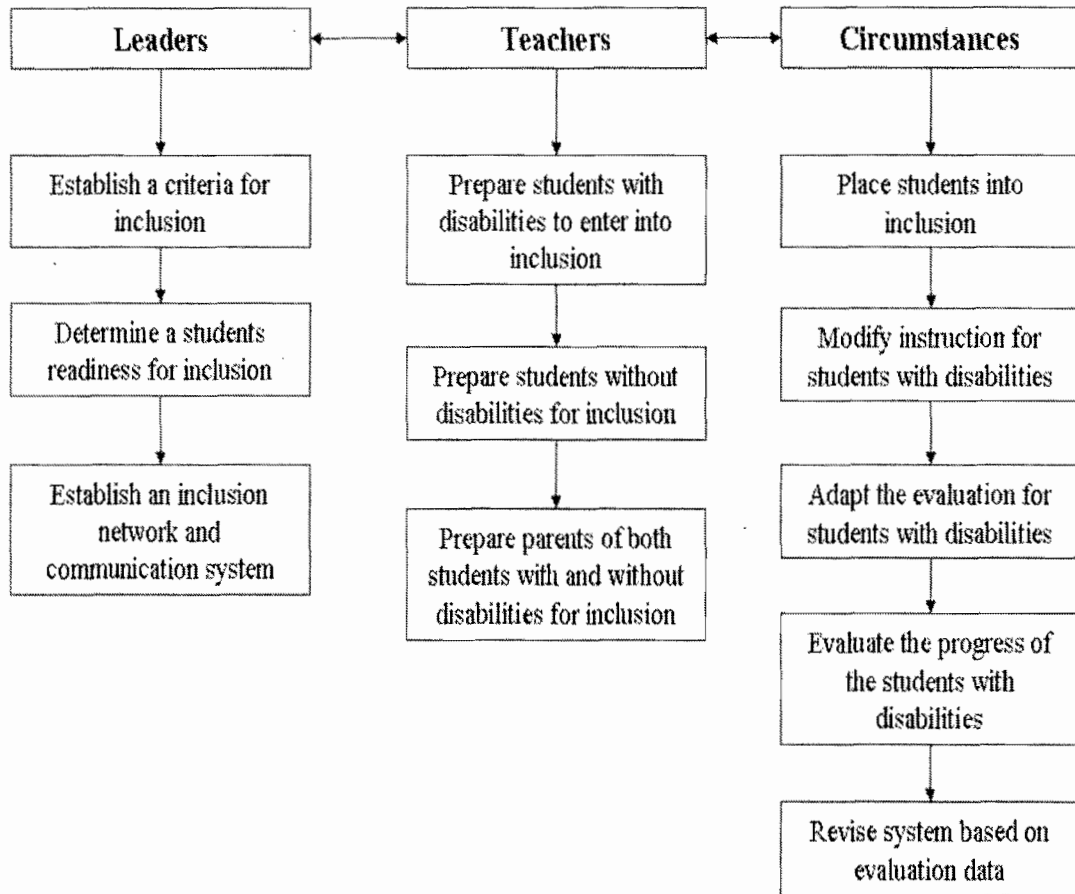
FIGURE 4. A Modified Model Incorporating Salend's (1990) Procedures within Spillane's (2006) Three Elements (Modified Model 1).
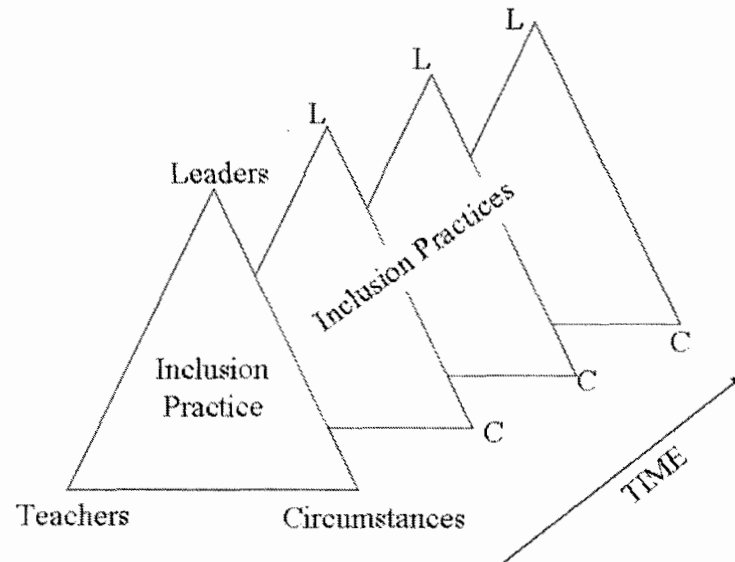
FIGURE 5. A Modified Model Showing How Leadership Across Roles Can Support Inclusion Practices (Modified Model 2).

These modified process models shown in Figures 4 and 5 were used to guide both conceptual development of the methodology and also reporting of the collected data. They were used to format interviews and observations for a qualitative study of the current best practices in inclusive elementary schools in Thailand. The data obtained from the qualitative study were used to further modify the models to create a Thai inclusive education model that was consequently refined by two focus groups of experts in Thai inclusive education. This methodology will be explained in Chapter III.

CHAPTER III

METHODOLOGY

Overview

The purpose of this research study was to recommend a practical model of
inclusion for Thai elementary schools. This was accomplished through a two-phase
process that was composed 1) of investigating the literature on recommended practices in
inclusion and examining best current practices in Thailand through onsite observations
and interviews and using these sources to construct a draft model of inclusion for
Thailand, and then 2) using the support of leading experts in Thai special education to
refine the working model. These phases are shown in Table 1 below, and are summarized
in graphic form in Figure 6. Following the table and figure, each phase will be described
in detail in the Methods section.

TABLE 1. The Two Phases of the Study Used in Creating a Practical Model for Inclusion in Thai Elementary Schools

Phase I

1) A draft model incorporating the recommended practices in inclusion was created based on the review of literature

2) A qualitative study of current best practices in inclusive Thai elementary schools was conducted

    2A) Inclusive classrooms and school environments were observed

    2B) Principals of the selected inclusive schools were interviewed to obtain administrative perspectives

3) The original draft model was revised to incorporate data from the qualitative study and a draft model of inclusion practices for Thailand elementary schools was created

Phase II

1) The draft Thai inclusion model was shared with leading experts in Thai special education in focus groups and interviews and they were asked to critique and extend it

2) Feedback from focus groups and expert interviews were incorporated into the draft and a final Thai inclusion model was created
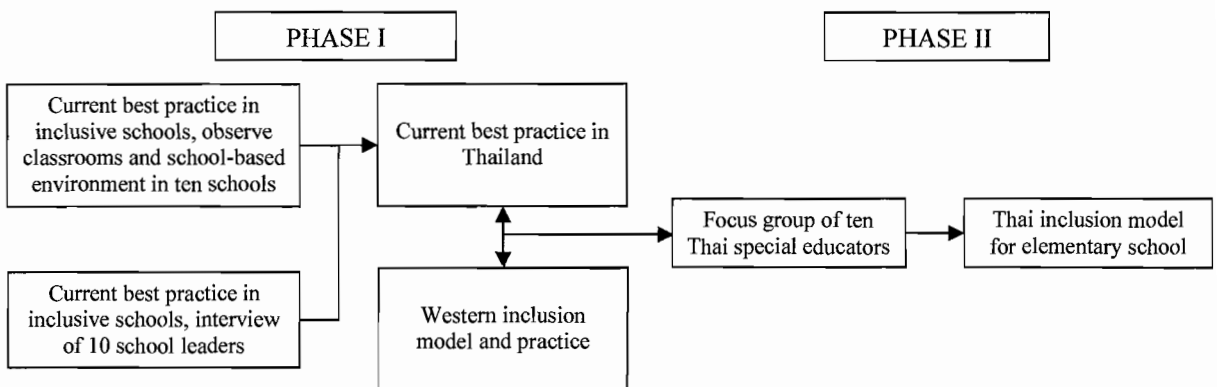
FIGURE 6. Stages of the Research Study

Methods

Phase I

The Creation of a Draft Inclusion Model from the Review of Literature

The process of creating a draft model from the literature review was described in

Chapter II, which was based upon combining the two models of distributed leadership

(Spillane, 2006) and a model for mainstreaming (Salend, 1990) (see Chapter II, figures 4

and 5). The modified model was used to plan data collection for the qualitative study of

current best practices in Thai inclusive schools.

Qualitative Study: Population and Sampling

The population for the qualitative study that occurred in Phase I consisted of

schools in the central region of Thailand identified by the government as "inclusive"

schools (i.e., 1,499, out of 8,816 total schools in the region). These 1,499 schools were

located in the 29 provinces across the central region which included Bangkok, the capital

and largest city in Thailand (Office of the Basic Education Commission Department

Operation Center, 2005). This region of Thailand was chosen for several reasons. First,

Thailand is made up of several socially and geographically distinct areas; findings from

research in one area may not apply to another area. Since it was not possible to conduct a

country-wide study because of time constraints, the region that was most likely to have

the most advanced inclusion practices in Thailand was chosen for the study. The intent of

the study was to identify both current best practices, and how those practices might be

extended in the immediate future by the government; it seemed logical to start where most of the practices of inclusion have already been implemented. In addition, not all geographic areas of Thailand are readily accessible, nor would all parts of Thailand be safe for the conduct of research at this time. The region selected provided both reasonable physical access and relative physical safety for the researcher.

The sample for the study was drawn from the regional population of federally-designated inclusive schools. Ten of these schools were recognized in 2006 by the Ministry of Education (MOE) as sites using "best practices" for inclusive education in the central region of Thailand. All 10 of these schools were invited to participate in the study, as I wished to form a model of inclusive education from the known best practices rather than working with a sample of randomly selected inclusive schools from the entire pool of the schools in the central region of Thailand. In doing so, I may not have included some high quality inclusive schools that were not identified by Ministry of Education.

During recruitment, one of the best practice schools had a declining enrollment of students with disabilities and directed the researcher to another school. The recommended school, named Nongsou Roungwitayanugoon School, was in the same province as the school identified for its best practice, but was not recognized by the government for best practice itself. Therefore, nine of the schools in the sample had the best practice designation, and one did not. The ten schools were composed of six private and four public schools. Their names and locations are identified in Table 2 below. While the schools have been identified here, no specific data will be attributed to a specific school

in the remainder of the study. They have been identified here to thank them for agreeing

to participate in the study.

TABLE 2. Schools Included in the Qualitative Study of Thai Inclusive Schools

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Private schools:

1. Anantaa School, located in Bangkok
2. Supawan School, located in Bangkok
3. Satit Bangna School, located in Bangkok
4. Sanitwittaya School, located in Angtong
5. Kumjonwit School, located in Lopburi
6. Preedawit School, located in Supanburi

Public schools:

7. Kasetsart Laboratory School, located in Bangkok
8. Piboonprachasan School, located in Bangkok
9. Nongsou Roungwittayanugoon School, located in Nakornpratom
10. Sarmsanenork School, located in Bangkok

Recruitment. The 10 schools were identified from the announcement of the Office

of the Basic Education Commission for 2006. The researcher contacted the Office of

Basic Education Commission by phone to confirm the names of schools that were

identified for best practice, and they were informed the plan of conducting a research

study with the schools. The government official suggested that a letter should be sent

asking for a permission to contact the schools. The researcher sent the letter of request to

the Office of Basic Education Commission, Ministry of Education in December, 2007

and received a letter back from the secretary of the Ministry of Education giving

permission to conduct the research in late January, 2008. At this time, the researcher

began contacting and scheduling the subjects in the school sample directly to schedule

interviews and school and classroom observations. Eight principals made themselves

available for interviews and the remaining two interviewees were with assistant

principals. Information on each interviewee in the school sample is shown in Table 3.

TABLE 3. Names and Credentials of School Leaders in the Qualitative Study

Interviewee Name	Degree	School Name	Role
Private Schools:			
1. Muntarika Witoonchart	M. ED.	Anantaa	Principal
2. Supaporn Sriroungsakul	Ph.D.	Supawan	Principal
3. Chuleepron Achawaoumrung	Ph.D.	Satid Bangna	Principal
4. Noynnate Kawayawong	M. ED.	Sanitwittaya	Principal
5. Pimmalee Dumkhum	M. S.	Kumjonwit	Principal
6. Doungporn Roummake	B. ED.	Preedawit	Principal
Public Schools:			
7. Rapeeporn Supamahitorn	M.S	Kasetsart Laboratory	Assistant to the principal
8. Supranee Kriwatnusorn	Ph.D.	Piboonprachasan	Principal
9. Thummasak Kummanee	M. ED	Nongsou Roungwitaya-nugoon	Principal
10. Jittranun Teerachaisombat	B. ED	Sarmsanenork	Assistant to the principal

Data were gathered from observations of classrooms and school environments in

5 of the 10 schools in the study. It was not possible to observe classrooms in all ten

schools because the timing of the study coincided with some schools' final examination periods. Thai schools offer two semesters per year. The first semester runs from May to September and the second semester from November to March. Recruitment and appointments for observations had been made several months previously while the researcher was in the U.S. Upon arrival in Thailand, several schools asked for rescheduling, causing the observations to be delayed until late in the first semester. Two of the five schools refused to allow observations to interrupt the students' examinations; the remaining three schools had already closed after examinations.

Interviews were conducted with school leaders in all 10 of the schools in the sample. Since the study focused on leadership perspectives and roles in inclusive education, the principals of the schools became the main subjects of the first phase of the study. Because Thai society respects authority, I expected to gain more information about the schools by going directly to the principals. Nine out of ten school principals were women. Their ages ranged from 43-62 years. Three principals held Ph.D. degrees in the field of education, while five principals held master degrees in educational area and the remaining two school leaders had received bachelor degrees in education. Their year of experience working in inclusive school settings ranged from 2 to 25 years.

Qualitative Study: General Description of the School Sample

Before describing the characteristics of each school in the sample, a brief description of the Thai educational system will be given. After this, each of the ten subject schools will receive a short profile.

The ten schools in the sample were located in the central area of Thailand, with the majority of schools located in and near Bangkok. Until recently, there were no national laws requiring schools for all children in Thailand, and schools were slow to develop in poor and rural areas in particular. Families and institutions such as charities with sufficient means were encouraged by the government to establish privately-operated schools. Historically in Thailand, early practices of inclusion developed mostly in family-owned private schools. Subsequently, a system of public schools was developed, primarily funded by the national government. A loosely organized system of private schools that are partly supported by government funds still currently serve many children. Thus, it is not surprising that family-supported private schools are represented in the sample of schools chosen by the government as examples of best practices in inclusion. Six of the ten schools in the sample have a background of family-developed private funding.

Another aspect of the historical development of schools in Thailand is the adoption of British-type exit examinations. Exams are given at third, sixth, ninth and twelfth grades. Individual scores are sent to the school and to parents, and average school scores are posted online and are open to the public. A passing score is highly desirable for continuing on in school; however, in practice, students are passed into the next grade with or without a passing score. Schools and communities "lose face" if overall school scores are low; many Thai people oppose inclusive education because of concerns that special education students will lower a school's average scores. In practice,

school principals have the option of exempting students from the tests; thus schools have some flexibility in determining which students are required to take the examinations.

Thailand has a national curriculum. It is viewed largely as a core curriculum that is a guideline to practices; however, it is not equally applied in all parts of the country due to large cultural variances in different regions. Schools with more access to experts and money are likely to have a richer base of curricular materials. All of the schools in the sample used the same basic curriculum with variations in teaching methods and local variations in additional curricular materials. Part of the reason for selecting ten schools from a particular geographic region was to minimize curricular variation.

All ten schools in the sample received funding in different forms and for different purposes from the Thai Ministry of Education. Students who were identified by physicians and held a certificate of disability received coupons for monthly expenses and additional funding from the government to support their education. Teachers who held degrees in special education, teachers who had special needs students included in their classes, and all those who had attended two hundred hours of special education training provided by the Ministry of Education also received extra pay per month (i.e., about 2000 bath, or $60).

Thai law requires students who may have disabilities to be examined by a physician to identify the type and level of their disability before being admitted to school. Children are issued a certificate of disability. However, in practice, most students come to school without a certificate, or are identified with a disability after they have entered school. Two different terms have been broadly used in Special Education in Thailand to

distinguish these two types of students with disabilities. The term "identified student" refers to a student who has been examined and diagnosed by a physician and holds a certificate. "unidentified student," in contrast, is a term that refers to a student who has not been issued a certificate by a physician, but does in fact demonstrate some characteristics of disabilities and needs to receive testing by a school after he or she has enrolled.

Schools are required to provide their own screening protocols to identify "unidentified students." Schools in this study used two approaches for screening students: testing and observing. The most frequently used screening tests were checklist forms that were created by special educators of the Bureau of Special Education Administration in the Ministry of Education. A simple form is used for each of the nine types of disabilities determined by law: (a) hearing impairment, (b) mental impairment, (c) visual impairment, (d) physical or health-related impairment, (e) learning disabilities, (f) autism, (g) emotional and behavioral disorders, (h) speech and language disorders, and (i) multiple disabilities. Schools in the sample employed these tests in conjunction with other kinds of approaches, such as observations and parents interviewing, or more complex protocols for specific types of disabilities.

Since each school in the sample was unique in several important ways, the following profiles were developed to show important differences between the school sites. The profiles will be presented with the six private schools first, composed of three schools in Bangkok and three in other provinces, followed by the four public schools. Three of these public schools were in Bangkok and one was in another province. To

maintain confidentiality of the school participants, English scripts from A to J have been used to refer to each school.

Qualitative Study: School Profiles - Private Schools

School A. School A was a private inclusive kindergarten-elementary school in the Nongjork District, located in an outskirt area of Bangkok. The school was surrounded by fields, and on one side of the school was a large pool of blooming lotus. This school was founded three years ago by an experienced special educator who wanted to start her own private practice. She held a masters degree in education and had 25 years of experience as a principal.

The school's mission focused on a "Student-Centered Learning Approach." This approach was appealing to educated parents who preferred their children to receive more than academic support from school. Most of the students came from families with high socio-economic status, and funding was primarily from tuition, with some support from the government for students with disabilities in the form of coupons. The school did not require an entrance examination; like most schools in the sample, the age of the child was used as a norm for admission.

The school was considered small in size with 150 students. The school maintained a percentage of students with disabilities of exactly ten percent. Ten students were "identified" students with disabilities, and 5 were "unidentified." The ratio of students per teacher was 10:1, one of the lowest ratios in Thailand. Although neither the principal and nor anyone on the team of around 15 teachers held a degree in special education, many

had years of experience working with students with disabilities. The school staff

expressed the belief that the teachers in an inclusive setting should not be categorized as

general or special educators but, instead, should all be trained and know how to support

students with special needs. The school provided many amenities, such as a sensory

room, an audio room, a library, and a resource center to support all students in meeting

the school's goal that everyone have access to all the educational services provided.

The school used the national curriculum as a guideline, and also implemented a

"project approach" at all levels and individuals, allowing each individual to perform at

his/her own pace. Assessments were based on individual capabilities and each person's

Individualized Education Plan (IEP). Moreover, school policy supported "student-

centered" or "child-centered" learning focusing on the needs, abilities, interests, and

learning styles of the students, with the teacher as a facilitator of learning. Student-

centered learning requires students to be active, responsible participants in their own

learning, in contrast to the usual curriculum in Thailand in which teachers are in charge

of all activities and students are in a passive, receptive role.

Prior to attending the school, each student with special needs was required to be

screened by a psychiatrist or school specialists. Once their disabilities were determined,

each student had to attend a two-month-summer course provided by the school to prepare

for inclusion. If parents could show that their child was in the process of being trained by

a hospital or other early intervention agency, then the school training could be waived.

School B. This was a private, inclusive school serving kindergarten through high

school located in the outskirts area of eastern Bangkok known as Bangnaa District. The

school was located in a residential area to serve the students from the community. Kindergarten classrooms were designed to look like houses and were placed outside the buildings that were for older children. The school was located on a large plot of land that was used for children's learning activities. The school was founded 15 years ago in order to provide educational opportunity for children with and without disabilities. The principal served for many years as a professor in a College of Education at one of the best universities in Thailand; she was invited to serve as principal after her retirement from the university. The school was founded by a charity organization, and was administered by a committee through the authority of the principal.

The school was funded through tuition from families in the high-income bracket, and this allowed the school to develop a diversity of approaches and to purchase equipment to support students' learning. Of the 1,000 students, 70 were "identified" students and 19 were "unidentified." For these 19 students, the school had its own full-time clinician who conducted a screening process using both paper testing and observation. The school attempted to make screening as natural as possible for the children and their parents.

About 65 teachers and staff served the school. The ratio of students per teacher was 15:1. Most of the teachers and staff had been trained to work in inclusive education but did not hold degrees in special education. Most of the facilities and trained teachers had been prepared for students with mental disabilities.

The school provided students with a "child-centered environment" while following the guidelines of the national curriculum. The principal reported that all

activities in the school promoted individual potential no matter what a child's capacity. The school leaned toward a "project approach" to teaching and achievement was assessed at each child's own pace. This type of approach was thought to support learning for all children, and to be supportive to students with special needs in particular. The school did not claim an academic orientation. Instead the principal was proud that the school was well-known for developing the whole child, and declared that the mission of the school was the happiness of students. School was seen as a place for "living, loving, and learning."

School C. School C was a private, inclusive kindergarten through elementary school nested in the Bangkok Noy Community, and located in Thonburi District. Within 1.5 acres, the school was known as an inner city school, located in a very densely populated area surrounded with businesses. The school buildings stood several stories and were designed to contain 450 students along with 50 teachers and staff. The ratio of students per teacher was 9:1.

Despite its location, the owner of the school desired that students develop a love of nature, and the school was designed with natural materials such as wooden doors and the windows and wood flooring in the library and assembly room. Moreover, art appreciation was an important aspect of the school. Students were encouraged to produce art works and their products were displayed around the school.

Most of the students attending the school came from middle class families who lived in the Bangkok Noy area. Sixteen "identified" students and 30 "unidentified" students were included. Throughout the year, students with disabilities were assessed by

the special education-trained teachers, who incorporated observation from home. Each individual with disabilities was provided an IEP and was observed on a regular basis in activities provided at school, as well as being assessed through regular testing.

Students who were suspected to have disabilities after they were enrolled (i.e., "unidentified students") were screened by trained teachers. Screening tests from many sources were employed (i.e., tests from the Siriraj Hospital, Kasetsart Laboratory School, and the Ministry of Education). There was a shortage of specialists who could do the screening, and parents of the students who had potential disabilities were requested to take their children to physicians to receive a certificate. However, the school found it difficult to convince parents because they were afraid of their children becoming labeled with disabilities.

The principal held a Ph. D. in Education and had worked in the school for more than 30 years. She appeared to be a dynamic leader and to have the support of a well-trained teaching team. Even though few teachers held special education degrees, most of the teachers in the school had been trained to work with special needs students. The students with disabilities received funding through government coupons, and some teachers had passed the 200 hours of training from the Ministry of Education to obtain extra pay.

The principal reported that she was very concerned about the "high" percentage of children with disabilities in her school. While ten percent of the student population was considered low in other schools, here the principal was concerned that the perception of the general community was that "this is where disabled students go" and that her

school therefore might have a lower reputation for academic quality. This principal was the only participant who noted a possible conflict between perceptions of service to disabled students and the community's perceptions of its academic quality.

School D. This inclusive, private kindergarten through elementary school was located in the Moung District of Lopburi province, which is around two hours drive north of Bangkok. Even though the school was located in the inner city of Lopburi, the feeling of density in this school was different from inner city schools in the Bangkok area. The school was located in a quiet and peaceful residential area. Surrounded by many different types of trees, the school looked like a botanical garden. The buildings of the school were designed to be double-storied and formed a U-shape surrounding a cement area used for school assemblies and sport activities.

There were 1,350 students, including 25 "identified" and 30 "unidentified students. There was no entrance exam for this school. The principal held a master's degree in counseling and guidance and had worked for 20 years in the school. Out of 89 teachers, none held a special education degree, but 20 teachers had been trained to work with students with special needs. The ratio of students and a teacher was 15:1. To screen children, the school used tools from the Ministry of Education, identification from physicians at Anantamahidol Hospital in Lopburi province, and teacher observations. Each student with disabilities was on an IEP.

The school had historically been known for its rigorous academic program; however, in the last fifteen years the school had provided services for both physically and mentally disabled students. The principal believed that the increasing numbers of students

with special needs had shifted the school from a solely academic focus toward working more individually on each child's appropriate academic and social development. The school staff was self-taught and had learned to work with the students with special needs by trial and error. Eventually, even though there was a shortage of teachers who held a degree in special education, everyone in the school had developed the skills to teach students with special needs. The school staff integrated a Buddhist ideology in the belief that everyone can learn at their own pace. A variety of approaches were implemented, including the Whole Language, Project, and Waldorf Approaches in order support different kinds of learners.

School E. This was an inclusive private school serving children in kindergarten through middle school. It was nested in a very busy business area, close by the open market of the district, with a bus station and street vendors in front of the school. The school conserved the old typical Thai building style made out of wood with a high roof, but with less maintenance, the buildings appeared to be run down. The school was founded 60 years ago under the mission of helping underprivileged students in Wisatechaichan District, Anngtong province. Even though it was a private school, there was no entrance exam and the tuition was free of charge, although students paid for their own educational materials, supplies, and other mandatory fees.

Anngthoug Province is about two hours drive northwest of Bangkok. Most of the students enrolling in this school came from lower to middle class families, ranging from farmers in the rural area to government officials in the urban part of the province. The school also provided education for students from other districts of the provinces and other

provinces, particularly for students with disabilities. The school began to admit students with disabilities in the past 10 years primarily for humanitarian reasons, and like other schools, many children with disabilities were identified after they were enrolled. In 2004, the school was chosen by the Ministry of Education to be a pilot school for inclusion, and received more funding. Coupons paid to students with disabilities were also increased.

The total number of students was 960; the ratio of students per teacher was 19:1. Among 31 students with disabilities, only 9 were "identified." For screening children, the school leaned toward the process of observations in addition to using the checklist from the Ministry of Education; few other tests were available in the local area. The school provided services for students with physical and mental disabilities; however, the school was designed without ramps or elevators, which proved challenging for students with physical disabilities.

The principal of the school held a masters degree in Educational Administration and had worked as a teacher and a principal for more than 32 years; however, her experience working with children with disabilities began 10 years ago. None of the teachers held a degree in special education but most had been teaching long children with special needs were placed in their classrooms. Teachers received regular funding for training, and three out of 49 teachers had passed the 200 hours of training provided by the Ministry of Education and obtained extra pay.

School F. This private, inclusive school serving children from kindergarten through elementary had such an excellent reputation that it had only 3-5 seats available for the first grade level each year. The school is located in the heart of Sriprajan District,

Supanburi province. It is about a two-hour drive from the center of Bangkok. The 4-acre school is surrounded by a residential area and is close to the open market of the district, protected somewhat by many big trees from the noisy central city. A few buildings have been preserved in the old wooden Thai style, making more of a home atmosphere in the school.

The principal held only a bachelor degree in education, but had been working in school for 20 years. Fourteen hundred students were served by a team of teachers and paraprofessionals numbering 90. The ratio of students per teacher was 15:1. Even though there were no teachers with special education degrees, most of the teachers had received training to work in the inclusive setting. To be admitted to the school, enrollees needed to pass an observation for school readiness by a team teacher. Funding primarily came from the tuition paid by middle to higher income families of the province.

The school had its own policy for inclusion, which included only children with mild to moderate disabilities. As a result, the number of students with disabilities was limited at around 11 students per year, lower than the other schools in the sample. Five out of the eleven current students were "identified." For "unidentified" students, the school provided a screening process of observation of students' behavior in a less restrictive environment with their parents included. Interviews with parents were employed along with the screening protocol of the Ministry of Education to test students. The school worked closely with Supanburi Hospital and the Regional Special Education Government Agency to identify students and provide services. Teachers receive training

through the agency, and the school received financial support. The school closely monitored progress of students with disabilities.

In addition to the national curriculum, the school recently adopted a policy from the Ministry of Education called "Learning from a Botanical Garden in School." This curriculum encourages the appreciation of nature through the activity of taking care of trees in the school. Each student was assigned responsibility for trees and gardens, and the theme was interwoven in academic subjects. Students learned responsibility and to share social awareness with others. The principal reported that the curriculum supported the ultimate goal of education in which everyone understood human differences and being different could be a positive part of greater society.

Qualitative Study: School Profiles - Public Schools

School G. This public school was located in a busy central area of Bangkok, and was an inner city school on a large property surrounded by dense lower income family apartments. The area was noisy with lots of traffic. The school received funding from the government under the umbrella of the Bangkok Metropolis School District. The principal of the school held a Ph.D. in higher education and had worked for 30 years of experience as a teacher and principal. She had been in charge of this school for six months.

There were 1,800 students from kindergarten to high school grades, with 287 students defined as having both physical and mental disabilities. The ratio of students per teacher was 20:1 Most the students without disabilities came from local low income families, while most of the students with disabilities came from middle to higher income

families and lived outside the immediate school area. Children with disabilities were able to go to any school and, in practice, parents looked for schools with properly trained staff; schools customarily recommended that students attend elsewhere if they did not have the right staff training.

The school had included students with disabilities since its establishment, and was built to provide accessibility, assistive equipment, and resource centers. Forty out of the 90 teachers held special education degrees and the remaining fifty had been trained for teaching students with special needs. Each student with special needs had an IEP.

Since the school was equipped with specialists, a greater variety of screening protocols were used than in other schools in the sample. Besides the Ministry of Education checklist, the school employed two tests which will be described in more detail here. *The Coloured Progressive Matrices (CPM)*, developed by John C. Raven, was originally a multiple choice test of abstract reasoning designed for younger children, the elderly, and people with moderate or severe learning difficulties. A candidate is asked to identify the missing segment required to complete a larger pattern in each item. Many items are presented in the form of a 3x3 or 2x2 matrix, giving the test its name (Raven & Raven, 2003). *The Conners Abbreviated Parent/Teacher Questionnaire (CPTQ)* is a rating scale measurement. The APTQ includes 10 items to observe a candidate's behaviors in the areas of restless (overactive), excitable or impulsive, disturb other children, fail to finish things he starts (short attention span), fidgeting, inattentive and distractible, demands must be meet immediately: frustrated, cries, mood changes quickly, temper outbursts (explosive and unpredictable behavior). Each item is rated from not at

all, just a little, pretty much, or very much (Green, 2007). Besides using these tests, qualified teachers observed students with peers and parents were often included in setting the time and process of these observations (See APPENDIX A and B for sample pages from the tests).

School H. This large public school was located in the same district as the previously described public school and provided education from kindergarten through middle school. It served about 4,000 mostly lower income students, including 172 students with disabilities. The ratio of students per teacher was 30:1, which is closer to the average classroom ratio in Thailand than other schools in the sample so far. The school is nested in the area known as Houy Kwang market, which is extremely busy with traffic and people going about their business. Noise from the large crowds of people at the market just across the street from the back of the school, cars honking, and the sound of traffic movement were easily apparent in the classrooms; however, there was also a community park across the street in the front of the school. The school was on a small plot of land and was built in 6 stories; buildings were connected with ramps for children with disabilities on every other floor.

The most frequent disability represented was physical impairment. The 130 teachers were required to be trained to teach children with special needs by the Ministry of Education 200-hours program; however, only about 15 teachers had completed the training and very few of the teachers held a degree in special education.

As a public school, the primary source of funding was from the government with supplemental donations from both national and international foundations/agencies. The

school had received funding from a Japanese foundation for building ramps connecting all buildings for students in wheelchairs. The school had a policy to help increase student self-esteem by encouraging students with disabilities to participate in sport competitions; some of the students with disabilities were selected to attend in Paralympics Games, which showcased the talents and abilities of the world's athletes with physical disabilities in multi-sport competitions.

Students were required to be "identified" before entering school; however some students were admitted to the school as "normal" students and later were identified with disabilities. When this occurred, the school used the screening test from the Ministry of Education to categorize disabilities. The school had no specific protocols to screen students, and did not have access to specialists. Even though the school provided an IEP for each child, students made little progress.

School I. This public school located in Bangkhen district provided education from elementary through high school. It was a so-called "lab school" connected to a university, and was located near the College of Education. The school had a pleasant atmosphere, with many trees and gardens surrounding it. The school was originally founded to serve the children of university faculty and staff. However, around two decades later the policy of admission was changed, and now attracted students from all over Bangkok and other adjacent provinces. A good score on a written entrance examination at the beginning of first grade, at middle school entrance, or at high school, was required for admission along with observations from the team of teachers. Only about 10% of students who applied were admitted.

The school served 3,000 students, including 70 students identified with autism, 50 identified with learning disabilities, and 40 "delayed" students. There were 400 teachers, including 38 teachers with special education degrees or who had been trained in special education. All of the students with autism and learning disabilities were certified by physicians from Yuwapasart Wiyopratum Children's Hospital, and they had received some basic training prior to acceptance. The school also did additional tests and observations once the students enrolled. The school identified "delayed" students through the use of screening tests and observations. The principal held a Ph. D. in school psychology, and had been working on developing a screening protocol that fit with Thai society that she expected to share with other schools.

Within the school, there was a research center for children with special needs that focused on helping the "mainstream" understand the philosophy of special education of the school. The center director reported directly to the principal of the school and had its own experts and specialists in special education.

Children had to meet three policies of the school prior to receiving services. Firstly, the school could admit only 5 students with disabilities per year and those students needed to be identified and trained by psychiatrists at Yuwaprasart Wiyopratum Children's Hospital. The second criteria centered around the financial issue that parents of children with disabilities had to absorb the tuition cost (about 80,000 baht or 2,400 US$ per year). This money was for hiring special education teachers, teaching assistants, buying assistive technologies / materials, and for related development and management costs. The third condition was that the students with disabilities would be separated from

the mainstream classrooms and students for one year. The disabled students were in classes of the specific category of their disabilities to receive training until they were deemed ready to be included in mainstream classrooms. This class was called *Hong Lek,* a term which means a small special needs class. While attending the *Hong Lek*, the students with special needs would also be included within some mainstream classes under supervision. If they were not disruptive, they could be moved to receive full inclusion, which is called *Hong Yai,* or mainstream classroom. Each individual with disabilities had an IEP. Since most of the students with and without disabilities came from a higher socio-economic strata of society, the school reported that the parents' time availability and their collaboration were factors that supported successful inclusive education.

School J. This school had provided inclusive education for 25 years to students with special needs in the Ban Nongsou community. The principal was new to the school, having been moved to the school the previous year by the rotation policy of the Ministry of Education. He had few years of experience working in inclusive settings, but with a master's degree in Educational Administration and more than 20 years of work in schools, expressed confidence in running an inclusive school. The school adopted the national curriculum and there was no entrance exam.

This elementary school had 447 students, including 10 students with disabilities and 17 teachers. The ratio of students to teachers was 26:1. In its screening processes, the school used the screening tests provided by the Ministry of Education, but preferred children to be "identified" by a physician because of a shortage of knowledgeable people who were familiar with screening procedures.

The school is located in a rural area of Nakrnprathom province, about an hour drive south of Bangkok. The school was located in the same area of Wat Nongsou where there is a monastery of the community. The big trees called *Ton Yang* divided the land between the monastery and the school. The old two-story buildings showed a typical style of rural public schools from the 1970s era, though they were well maintained. With many acres on the property, different kind of trees, and a canal flowing through the land of the school provided fresh air for the students. However, ninety percent of the students came from "grass roots" families whose parents worked in the rice fields and farms, and in industrial firms. Because of the pervasive poverty in the area, students received free lunches, uniforms, education materials and supplies from the Ministry of Education.

The rationale of including students with disabilities in the school long before there were any government mandates was interpreted by the school principal and staff as a responsibility to the community even if the school was not prepared because of limited funding and no trained educational staff to serve students with any particular disability. When children with disabilities were first enrolled, they were simply included in regular classrooms with regular teachers. Later on, once the teachers received training and became more knowledgeable, students began to receive specific services for behaviors and communication, as well as learning daily self-help skills. As a result, the school's reputation broadened and many parents of children with disabilities throughout Nakornprathom province were interested to have their children receive services from the school. In 2000, the school joined the inclusive education pilot project of the Ministry of Education. The school has received additional support in terms of trainings, increased

budget, and advice and counsel on how to administer an inclusive school. To achieve the goals of inclusive education, the school currently applies the SEAT project as a guideline for inclusive school administration. SEAT project provides broad elements of what should be included for a cooperating inclusive school. First S means students, E represents environment, A stands for Assessments, and T indicates Tools.

Qualitative Study - Data Collection

The interview and observation protocols were developed in advance, based on best practices inclusion literature and the draft model drawn from the literature.

School observations. Schools were visited for observation by the researcher from March 18th to 30th, 2008. Each observation lasted approximately 60 minutes. A pre-prepared observation form was used to take data. The general checklist was constructed prior to observing the schools. The checklist acted as a guide for observing similar issues in each school. A copy of the checklist can be found in Table 4.

TABLE 4. Checklist Used During Observations of Schools

Preparation of student with disabilities to enter into inclusion
Preparation of students without disabilities for inclusion
Preparation of parents of both students with and without disabilities for inclusion
Student placement
How instruction is modified for students with disabilities
How assessments are adapted for students with disabilities
How progress of students with disabilities is evaluated

The general process for conducting the observations included providing the schedule for the visit to each school by phone. On the day of observation the letter from the secretary in the Ministry of Education was given to school officials to demonstrate that permission had been obtained to conduct research. The researcher conducted each observation by sitting on a chair by the back door outside of the classroom without talking or interacting with the students. The pre-prepared observational form was filled out as the class was observed. Some schools provided more than one class to observe, depending on the availability of their class schedules. Within the hour of observation time, it was not possible to witness all of the areas on the observational form. Besides allowing me to watch students in classes participating in activities and observing classroom environment, three schools provided some documents used in the process of including students with special needs into the regular classroom, ranging from screening documents to IEP development paper. Because of the time of observations in some classrooms the students were in the middle of final examinations, and it was possible to see the assessment forms that the schools provided for the students with special needs.

Interviews with school leaders. In-depth interviews were conducted with one school administrator in each of the ten schools in the study between March 10 and March 26, 2008. An appointment was made by phone, and on the day of the interview, the letter from the secretary of the Ministry of Education was used to demonstrate permission to access the school for conducting research. In three schools it was possible to conduct both an interview and an observation in the same day.

Eight principals and two assistants to principals were interviewed. Each interview lasted approximately 60-120 minutes. All of the interviews occurred in the principal's office and occurred as an informal conversation. All of the principals provided a little bit of a school tour as their time allowed.

Table 5 presents the general topics that were covered in interviews. Interviews were conversational in nature and did not follow a structure, although every issue on the list of general topics was covered for each school.

TABLE 5. General Topics Covered in Interviews with School Leaders

Administrator's background and experience
Administrator's understanding of inclusion
How the school established criteria for inclusion
How student readiness for inclusion was determined
What kinds of networks and communication systems existed among home, school and community
How students with disabilities were prepared to enter the school environment
How students without disabilities were prepared for inclusion
How parents of both students with and without disabilities were prepared for inclusion
How inclusive placements were made
How instruction for students with disabilities was modified
How assessments for students with disabilities were adapted
How student progress was evaluated
Whether there was a feedback system to modify processes based on evaluation data

Phase II

Phase II of the research was aimed at further refining of an appropriate model for Thai inclusive schools by calling upon the knowledge and expertise of leading experts on special education in Thailand. Ten experts in the area of special education were identified to participate in two focus groups, each lasting three hours. In each focus group meeting, the researcher asked these experts to compare the proposed Thai model and practice data to their understanding of needs and constraints in Thailand related to adopting full inclusion practices. The focus groups were audio-taped and transcribed, and then coded by two independent coders for emergent themes. The final product of the dissertation research is a revised Thai inclusion model incorporating western best practices, Thai practices, and Thai expert analysis.

Participants

Participants in Phase II consisted of ten experts in the area of special education. They were nationally recognized as experts of the Bureau of Special Education Administration. Table 6 provides the names and roles of each expert. They have been listed under the focus group to which they were invited.

Three of the experts listed in the table were unable to participate in the focus groups and sent representatives who came from different settings under the Ministry of Education. However, after the focus groups, the three experts who had not participated were subsequently scheduled for interviews to seek their direct input. The three substitute representatives and their roles are listed in Table 7 below.

Focus Groups

The two focus groups were organized on April 16, 2008. The first focus group was held in the morning from 9 a.m.-12.00 p.m. and a second group was held in the afternoon from 1- 4.00 pm. The experts were provided with a copy of the draft model and the details of each element in the model (See APPENDIX D). The researcher provided a presentation summarizing the literature review of inclusive practices in western countries, mainly focused on the two models of distributed leadership (Spillane 2006) and the model of mainstreaming (Salend, 1990) in order to describe how the draft model was constructed.

TABLE 6. Expert Participants Invited to Participate in the Focus Groups

Name	Role
Focus Group One:	
Asst Professor. Benja Chollatanon, Ph.D.	Legislation and Policy Consultant of the Ministry of Education of Thailand
Mrs. Sujinda Pongaugsorn, Ph.D.	Special Education Specialist of the Ministry of Education of Thailand
Mrs. Mantarike Witoonchart, M. Ed.	Principal of Annantaa School
Ms Doungtip Trakoondit, M.Ed.	Special Education Supervisor of Metropolis Special Education Government Agency
Professor. Sriya Niyomtum, M. Ed	Special Education Department, Prasarnmite University and the Chairman of Gifted Students Foundation of Thailand
Focus Group Two:	
Professor. Padung Arrayawinyu, Ph.D	Director of Special Education Department, Soun Dusit Rajabat University
Mrs. Jadesada Kittisuntorn, Ph.D	Special Education Specialist of the Ministry of Education of Thailand
Mrs. Nisita Peetijarountam, M. Ed.	Clinical Psychologist of Ban Oun Rak Institute (Early Intervention Private Agency)
Mrs. Soomboon Arsirapoj, M. Ed.	The Director of Metropolis Special Education Government Agency
Mrs. Penkea Limsila, M.D	Yuwaprasart Wiyaooppratum Children's Hospital

The purpose of the focus groups was to invite the experts to assist with further refining of the model for its appropriateness for Thai inclusive schools. The focus groups were conducted as open forums for the experts to critique and make suggestions about the needs and constraints in Thailand to adopting full inclusion.

TABLE 7. The Three Representatives Who Participated in Focus Groups in Place of the Experts

Experts Who Did Not Attend Focus Groups	Names of Representatives	Role
Professor. Sriya Niyomtum, M. Ed.	Surapong Saneboon, M. Ed.	The Director of Special Education Government Agency of Ayuthaya Province
Professor. Padung Arrayawinyu, Ph.D.	Tanat Loppai, B.Ed.	General Education Teacher with long time experience working with special needs students at Watnang School, Bangkok
Mrs. Penkea Limsila, M.D	Wasana Lertsilp, Ph.D	Academic Supervisor from the Office of the Basic Education Commission

Interview Transcription and Data Analysis

Prior to the focus groups, the interview data from the qualitative study of Thai inclusive schools were coded for emergent themes by two independent coders. Then the researcher constructed a revised draft model, specific to Thailand, to present to the focus group in the second phase of research.

The transcribing process began after the first interview. Two previous students of the researcher who were studying at college level were employed to process all the transcribing from the audiotape recoding in the Thai language. To ensure the trustworthiness of their transcriptions, the researcher compared what was transcribed, by

reading the transcriptions while listening to the original tape recordings. The two students were not majors in Education, and they misunderstood some terms used, especially when some of the principals used English jargon. It was possible to find and correct these kinds of errors.

Data analysis began by comparing transcriptions to data gathered from observations at each school. The interview transcriptions were completed by the first week of April, 2008, at which time the original draft model was reexamined in light of the interview transcripts and observation notes, and a revised model for Thailand was drafted.

Within the two focus group meetings, besides providing the critique and recommendations to the draft model, the experts provided insights regarding Thai society and the perceptions of Thai people toward persons with disabilities and their understanding about education for persons with disabilities. These points were taken into consideration in developing the model to fit the needs of Thai students with disabilities, their parents, and society as a whole.

Ethical Issues and Trustworthiness

Concerns about ethical issues focused on research bias, various issues of harm, consent of the subject participants, participants' privacy and the confidentiality of data (Berg, 2007). A discussion of researcher bias will occur separately from the other ethical issues. These will be reported under the section of human subjects' protection.

Researcher Bias

An assumption was made by the researcher that the principals of inclusive schools would understand technical terms used in inclusion. Therefore, the interview questions were constructed from the framework of special education terminologies. However, once the questions were translated into Thai, they were interpreted differently by different interviewees. Time had to be spent in interviews discussing basic definitions. This may have introduced some researcher bias into the interviews. In addition, by the selection of this topic, it would be clear to participants and to the reader that the researcher is an advocate for inclusion practices. An attempt was made to compensate for this bias by doing a thorough search of the prior research literature, and by using blind coders during the coding and early analysis of the data. Triangulation methods between the observations, interviews and focus group meetings were also used to ensure that findings came from more than one source. However, the researcher's personal support of inclusive practices may still be embedded in the discussion of findings.

Protection of Human Subjects

Since it is a requirement that the research project pass the Institutional Review Board (IRB) review, the issue of trustworthiness has been supported in the researcher's attempt to avoid the factors that are considered offensive to ethical issues. An attempt was made to make every step clear to the participants. Beginning with the contacting process, phone calls were made to each of the 10 subject schools, introducing the researcher and describing the research to be conducted. Similar phone calls were made to

each of the10 experts. Once both groups of participants agreed to participate, they were sent a consent form via email containing more information about the study.

Regarding the issue of confidentiality, after the data were transcribed, pseudonyms were used for each school. The tape recording files were stored separately from transcriptions and the code key. Transcripts were stored electronically on a computer accessible only by password. Tapes and the code key were kept in a separate secured location. Only the transcription assistants and researcher had access to the transcripts; in addition translations of the transcriptions were available to the academic advisor. If within three years the data is not used for further research, it will be deleted.

The study posed no physical risk to participants. Some psychological risk was possible, such as anxiety, confusion, embarrassment, depression, etc. Therefore, an attempt was made to make the interview questions clear, and the researcher behaved with decorum while conducting the observations. The questions for interviews were constructed to be straightforward and academically orientated. The content was unrelated to the feelings or personal information of subjects. Seniority is strongly recognized in Thai society, and as a younger person, the researcher could not challenge or harm interviewees or members of the focus groups. These factors minimized the psychological risk factors. Moreover, because the interviews were conducted in private, the psychological risk was minimal and confidentiality was assured.

The experts who participated in the focus groups were familiar to each other; they appear to share in a relaxing manner, which could be considered as having minimal psychological risk. However, there may have been the possibility of breach of

confidentiality in the focus groups because participants may have chosen to speak about the experience outside of the groups.

The data collection process was strengthened by the rich data from each individual and the opportunity to exchange knowledge and experiences between the practices of Thailand and the U.S. The data obtained and the exchange of information with participants deepened the researcher's understanding about the context of Thai inclusive practices, which in turn aided in precisely reporting and analyzing the data.

Scholarships for the research study were granted from three different sources including the Kenneth A. Erickson Award, Clare Wilkins Chamberlin Memorial Award, and Graduate School scholarship, and included the cost of traveling from the U.S. to Thailand, ground transportation, hiring assistants for transcribing, and compensations. Each interview subject received $20 and each school received $60 to purchase books and materials for the school library. Each expert participant received $50 for participating in the focus groups. Every participant also received an Oregon calendar after their participation.

CHAPTER IV

DATA REPORT

As described in Chapter II, previous researchers have found that successful

inclusive education practices are composed of many linked elements. In this chapter, I

report the data results from my interviews, observations and focus group meetings using

the elements identified in the literature review to organize my findings and emergent

themes. In Chapter V, I will compare the findings of this study to the successful practices

identified in the literature review in Chapter II.

This chapter begins with a brief report about the perceptions of the principals and

focus group experts on how the unique qualities of Thai society at this time affect the

adoption of inclusion practices. This will be presented in three sections: *Perceptions of*

Thai Society and Culture, Current Policy, and *Financing of Inclusion.*

In the remainder of the chapter, the data will be organized around the initial

school year for a child with disabilities. When a child first enters school, some type of

Initial Screening and Assessment Practices occur, followed by development of the *First*

Individual Education Plan (IEP), usually simultaneous with *Classroom Placement* in the

most appropriate setting. Monitoring and review of the child's progress is usually

formally noted in the *IEP Review and Other Reports of Accomplishment*, but may also

include *Other Assessments of Progress*, particularly at the year's end.

This chapter concludes with general data on *Leadership of Inclusion* that has not already been included in leadership sections throughout the chapter, *Problems of Putting Policy into Practice*, and *Need for New Policy*.

Perceptions of Thai Society and Culture

One principal interviewed in this study compared inclusive education to learning a new language. She said that it is helpful, if one wanted to learn this language of inclusive education, to allow oneself to be immersed in the culture where the target language is spoken. In this way a person could practice speaking and become more fluent. More importantly, the new language learner could be immersed in the surrounding culture of the language and, thus, learn more readily the contextual reasons why this language of inclusion might turn one way or another. For even the most adept language learner, this immersion in a strange society and language could be stressful and even frightening.

The general practice of inclusion in schools has primarily been developed in and adopted from western countries. All of the ten principals in the study talked about the unique qualities of Thai society and how adoption of a new system that came out of other cultural roots was a complex process. The principals described themselves and all Thai people as fundamentally a polite and caring society, but one that embedded patronage systems where seniority is often essential to obtaining a job and advancing in employment. They all said that principals and teachers were generally highly respected members of the society. They said they are viewed as having special knowledge and also

as having the power of a government position in which they are paid to guide children's education. However, many of the principals also said that these perceptions were held within a hierarchical structure in which physicians were held in higher esteem, and family linkages to power were used to manipulate any system to their advantage. The principals talked about parents who used their social status to try and override school recommendations for their child, especially if they had some personal connections to someone higher in the education hierarchy.

Many of the principals explained that the adoption of inclusion was slowed by an underlying cultural attitude of blame towards people with disabilities. In Buddhist thinking, being born with a disability comes from having bad karma in a previous life. Social status is viewed as important, and someone born with a disability was perceived as having lower status.

While Thai people were described as being considerate and polite, there were some drawbacks in those apparently positive manners. The principals noted that people generally followed leaders, and were easily convinced to believe things even when not supported by facts. In education, there was little creativity invested in solutions to educational situations that were culturally specific to Thailand, as opposed to importing Western models. They noted that the Thai education system largely followed the patterns of Western countries, even when some ideas and practices did not seem to fit their society, nor make sense to the principals, teachers, or the parents. They hoped that they would be able to adapt Western inclusion practices to better fit Thai schools.

The Role of Compassion

Since the majority of Thai people are Buddhist, and compassion for all living beings is at the heart of Buddhist practice, it was not surprising that seven out of the ten leaders mentioned that the impetus for adopting inclusive education practices in Thailand must come from a sense of mercy and compassion for all living beings. One principal put it this way, "The main principle for people who work with children with special needs [must be first] mercy, then compassion, and then being patient."

Each of the seven principals expressed a different aspect of their compassion toward their students with special needs. Each one linked the practice of compassion as a balance against the belief that someone with disabilities has bad karma. One principal shared her thought that, as a serious practitioner of Buddhism, she learned from *Pratribidok* (Buddhist Bible) that disabilities today come from what was done (bad karma) in past lives. She argued to her teachers and staff that the reason they had to take care of students with special needs today was "because we might have [been] related to them in some way in the past life, so this life we need to help them." Conversing with teachers and staff in the way of Buddhist ideology, the principal believed that it allowed them to create an understanding that we need to support students with disabilities and that it was not proper to shun them or exclude them from school. This principal also reported that not all families appeared to treat a child with a disability well. Sometimes families apparently saw their job as punishing the child instead of showing compassion. From her experiences working with children with disabilities, she said she had found children had sometimes been treated poorly by their family:

Sometimes I found pinch marks all around the children's bodies. I so sympathized with their being [treated] hatefully by the people who are supposed to love them. I almost cried when I saw these situations, so that is why my rules for everyone here at [school is that we all] must love the students and give them mercy.

Another principal of a public school told about these experiences working in her previous public inclusive school:

Everyday one student with Down syndrome would come to sit in my office. She would just come to see me, once she knew that I was here at the office and then she left to [go to] her classroom after giving me a hug. Sometimes she came with lots of complaints about how she hated the teacher, blah, blah, blah…. I would tell her that the teacher loved her and wanted to have her in class. She would think about that and then she would go to the classroom. This was her routine with me.

The principal talked about this being her opportunity to show the student that she was loved by people in the school. She said that this child was typical of many children who need emotional as well as educational supports. She then went on to say that when she was assigned to move to a new school, she lost track of that student until she happened to go to a meeting at the previous school and found out that the student had dropped out of school. The current classroom teacher informed her that the girl had gone to see the principal and had found someone else sitting in her old office. The new principal found her sitting and waiting and told her to leave. The girl apparently tried to communicate what she wanted from the new principal but she was not able to make the new principal understand. She was taken back to the classroom where she cried for a long time. The next day her mother called to say she was sick and she had not returned to school since that time. This school principal learned that some children suffer greatly when compassion is withdrawn, and she talked about how quickly one person could make

a difference in either direction—either to support the child's learning, or to destroy the

child's confidence. She concluded that this kind of sad event is a major drawback of

being uncompassionate, or lack of personal caring and attention to a student in need. She

said that she had learned that attention alone affects much more than one might expect.

Therefore, giving love and care to children with disabilities makes them happily stay in

school. She said, "I never expect them to meet the academic standards easily, I just want

to see them develop at their own pace."

One of the private school leaders talked about how she coped with the perception

of disabilities. She viewed compassion in a different way. She explained,

> Including children with disabilities in school settings, I don't think about
> compassion in the same way others do, but as a principal. I told myself
> that every Thai child has to be included in school because of their rights. If
> you think that it is their right to get an education, you show your
> compassion and kindness to them. Therefore, regardless of their
> disabilities, they must get a good education the same as other normal
> students do.

She strongly recommended that, in the future, principals should be first taught this

principle during their formal education in teacher college so that everyone who becomes

a teacher will consider the rights of all children and the duties of teachers. When they

later become principals, they will know what should be done to support inclusion in a

compassionate manner. Other principals also talked about the necessity of gently

coaching school staff, parents, children, and community members in how compassion can

overcome bias against disability.

More discussion of the role of compassion is included in the sections on screening

and assessment, and classroom placement.

Current Policy

By law, all Thai children must be included in the school system. The principals in this study demonstrated through their experiences that the law required them to do something that they were not prepared to do. Technically, they were required to take in all children, even those with very severe disabilities, when they had no staff or room to support them. Parents were informed about the law and brought their children to the schools. In practice, it was an impossible situation for the schools and there were wide variations in meeting the requirements of the law.

One public school principal in Bangkok talked about being unable to screen for children's readiness before admitting them to first grade. The children just showed up, and screening was initiated even as the children were expected to enter their first class. Another admission problem came when parents brought students to the school in the middle of the academic year when no prior assessment of skills or readiness had been done. The principals said average class size was already about 50 students, so teachers had to be given great credit and support when suddenly they had one or more undiagnosed special needs student added to the already large class, often with little warning and sometimes mid-year.

Another principal said that there had been controversy over what was determined by the Educational Law versus what was covered by Special Educational Law. She explained that there were already laws in place for some severe conditions, such as blindness or deafness, when the inclusion law was adopted. It was not clear to anyone

how the two laws were to interact, and parents, teachers, and principals were making their own decisions as time passed.

Since many parents knew about the inclusion law, the school principals said that parents brought their children to the school expecting them to be admitted. The principals all agreed with and accepted the human right to education, but they knew that they could not handle every child properly. In fact, three principals stated that schools across the country were not ready for full inclusion. Their own schools were designated as best practice schools, and they could easily point to where they had to make decisions that did not match best practice. They believed that it had to be worse in other schools where there was not a commitment to inclusive practices and where even fewer resources would be available to help children with special needs. They said it was quite awkward for them to have to balance each need between what the law endorsed and what the school could provide. They tried to use good assessment processes to diagnose each child's disabilities and needs, and they tried to talk with parents about what the law said and what the school could do. However, actual practices could vary dramatically, and they knew they were "on the line" for explaining every one of them.

Practice Related to Current Policy

Many schools faced the challenge of high numbers of students with special needs wanting admission. Since there was no written national policy on limitations for placement, each school developed its own rule about the number and type of students with disabilities if they could not reasonably handle them all. One school principal

reported that the number of students with special needs that the school was able to admit was five per year. Another school principal said that her school policy was only two students with special needs in any one class. She said that the school had previously had problems with admitting up to five students per class because they felt compassion for the parents and the child, but it had been unworkable.

Another school principal stated that she had to make a rule that took into account the types and the levels of the students' disabilities. She said there should be a "balance" between mild to severe conditions and different types of disabilities for each class. For example, she said that she thought there should be one student with learning disabilities and another student with Down syndrome as a maximum in any one class. Another school principal demonstrated similar reasoning when she said that she did not put disabilities like autism, ADHD or ADD together, because it would be too much for one teacher to handle. In contrast, one expert in the focus group argued that different types of disabilities required different educational approaches. Students with different types of disabilities should not be placed in the same class. For example, she argued, students with Down syndrome needed a lot of repetition, but that was an unwanted behavior from the students with autism. Neither the principals nor the experts in the focus group discussions saw any way that a particular school could handle all disability conditions, as theoretically demanded by the inclusion law.

Six of the principals said that they used a "ten percent" rule, where they only admitted a total of ten percent of children with special needs in the total school population for any given year. They also said that they were careful to consult with

teachers about placement of each child in a particular classroom. Even though the ten percent rule seemed to be widespread, I found no evidence that it came from any national or regional law. Many of the principals talked about it as if were a law, but, in fact, the admission rules varied at the school level.

<div align="center">Public and Private Schools</div>

As in other countries, educational services in Thailand are provided through both public and private systems. The public school system is funded primarily from the national level and schools are known as "neighborhood schools." Any student in the immediate community is eligible for the closest neighborhood school. Others who live outside the neighborhood school may attend it if there are available spaces after the local community is served.

While public schools in Thailand use some parts of "school-based management," both the principals and experts said that those ideas must be implemented in a very hierarchical and centralized system that is run by the Ministry of Education. The end result of heavy top-down management is often rigidity in practice and budget. Change is difficult simply due to the long-embedded nature of the system.

There are also many private schools in Thailand. Some of these schools were founded by charities or religious organizations, while others were founded by families or owned by one person. It is interesting that five out of six of the participating private schools in this study were from the latter group. Private schools are managed quite differently when compared with public schools in terms of organizational structures,

sources of budget, and budget management. There is more variation in practices and more flexibility in curriculum within private systems.

There is a nationally prescribed basic curriculum in place, but there is considerable leeway extended to private schools, in particular, in how they may supplement and implement the national curriculum. Schools with more interest and more funds could augment their curriculum with more teachers, differently trained teachers, and supplemental resources for the classroom.

<u>School Accreditation</u>

By law, every four years Thai schools are evaluated by the national Office of Educational Standards. The school principals said that the accreditation system used national test scores as one of the most important criteria for judging each school. The principals said that one possible problem was that including children with special needs in their schools would lower their average school scores and could affect the school ranking. They said this would damage both their personal and school reputation. This was one reason why almost all of the principals said that they needed to limit the number of children with special needs in their school at any one time, and that they were more inclined to admit students whose needs were the least likely to interfere with achieving a high score on the national tests. Some school principals reported that they solved the problem by not including students with disabilities in the group taking the national test. However, some parents expected to see national test scores and some principals were also concerned that excluding the children with special needs from taking the test ran counter

to the basic principles of inclusion. Only three of the school principals said that they did not worry about the scores on the national test, because they were an inclusion school where everyone was welcome, and lower scores might just be a necessary outcome.

Current Financing of Inclusion

There were four sources of school funding identified in the interviews: National funding to the schools, national extra funding to teachers, national extra funding for certificated students, and funding from parents and other private sources.

National Funding for Schools

All of the principals said that the level of national funding for schools was a long way from being sufficient to properly teach all students. Each inclusive elementary school currently receives 10,000 baht (around 300 US$) per year. Three principals said that this money was not even enough for basic management of the school before inclusion, and did not include funds for any teacher training. The problem in elementary schools is comparable to those at the middle school level, where the principals reported that each school received 8,000 baht (around 240 US$) per semester. This funding covered only the basic salary expenses and utilities. Middle schools had to do fundraising to cover remaining basic expenses as well as anything they wanted to include above and beyond them. Most of the additional fundraising was done by and from parents.

In one public school, the national funding only covered teacher salaries. All other expenses were covered by the parents of children in the school. However, two other

principals said that this was still better than the "old days" when they had to order even a box of chalk from the national office because everything was managed at the national level.

One private school principal in the province said that she was exhausted with managing the school within a limited budget. She said the school hardly ever purchased new teaching materials or training equipment for special needs students because of budget constraints. She said she wished that the national government recognized how much effort private schools put into educating Thai children so that they could be better supported. Another private school principal said that she had to be pro-active in getting needed funds. They had used the media to talk about how her school was an inclusion school. She knew that Thai people were kind and generous, and she thought that once they knew that the school was serious about providing better education to the children, they would be willing to help.

National Funding for Teachers

Teachers who hold a degree in special education or have completed at least 200 hours of special education training, and teach no less than 18 hours a week, receive about 2,000 baht (around 60 US$) a month in addition to their regular teaching salary. However, no one was certain how long this subsidy would last because of national budget problems, and currently payment was often delayed. One principal explained that many teachers in her school had passed the 200 hours training almost a year earlier, and met all the other criteria to receive the incentive money, but they had not yet received it. Because

of the small amount of incentive money, because of the delays in payment, and because

of the uncertainty of the incentive continuing, three of the private school principals said

the teachers did not depend on these funds.

National Funding for Certificated Students

The national government extends extra funding for students with special needs, in

the form of coupons for the school. These funds are extended only for those students with

special needs who have received a certificate of disability (see discussion under the

section on Initial Screening and Assessment). Each coupon is worth about 50 baht

(around 1.5 US$) and the principals estimated that each certificated student received

about 1,500 baht (around 45 US$) per school semester. This was generally not

considered sufficient to cover basic expenses for specialized materials or adaptive

equipment for each child.

Funding from Parents and Other Private Sources

Seven out of ten principals reported that most of their extra basic budget came

from parents, as they were the people most willing to support schools to provide better

services for their offspring. The principals agreed that they could not wait for federal

funding levels to catch up with realistic support levels. The schools needed to be

independent right now in finding their own ways to earn money, ranging from fund

raising to donations from parents and community. The shortage of teaching assistants was

often mentioned by the principals in this regard. They explained that most of the extra

money from parents was spent for hiring teaching assistants to assist the teacher with

children with special needs.

Several of the principals also described extensive expenses for those parents of

children with special needs where services were required in a hospital or training center.

One of them said:

> The parents are charged by specialists by the hour and it is very expensive.
> Actually parents by law should be able to take their children to get trained from
> government intervention agencies or state hospitals, but there are long waiting
> lines and sometimes the child and the parent cannot wait. Parents have to take
> their children to the private hospitals and then get double or triple charged. It is a
> pity that all of the expenses become a burden on the family. I want to see that they
> get more support from the state, but I know it is quite impossible.

One principal put the pressure of working with insufficient funds this way: "I felt

lonesome sometimes working without any support from the state even though inclusion is

government policy."

The private school principals talked about the need to charge high tuition to make

up for the lack of sufficient funding. This caused them to have to take into consideration

a family's ability to pay when deciding whether to accept a child. These principals talked

about the constant financial pressure on all parents of children in private schools. One

said,

> The school is proud that, with less support, or I could say almost being
> isolated from the federal government, we have done a great job providing
> services for our special need kids. The people schools must thank are the
> parents of kids both with and without disabilities. They become part of the
> school and never say no when the school needs help. Part of it is, I think,
> they know that the benefit would fall to their children anyway and nobody
> else is going to pick up the slack.

Initial Screening and Assessment Practices

All Thai children who come to school for the first time fall into one of three categories: Children who have already been identified as having special needs by an outside agency, children who have special needs but who have not yet been identified by an outside agency, and children who do not have special needs. All of the school principals agreed that the initial screening process at the school level was important, regardless of any prior assessment that had been done, and that each school should be able to provide adequate screening processes with a well-trained principal in addition to trained and experienced teachers. However, in practice the screening and assessment processes were unanimously reported to be limited by a) variation in and inadequacy of initial screening and assessment protocols, b) few trained staff available for administering the tests, and c) little financial support for improving the screening process.

Three primary themes related to the child's initial screening and assessment processes emerged from interviews with principals: Use of assessment and certification from external agencies; use of internal screening and assessment processes; and the principal as leader of inclusion during initial assessment.

External Assessments

In Thailand the preferred method of determining if a child has special education needs is through an assessment process by physicians in a medical setting, prior to the child coming to the school. This process ideally results in issuance of a certificate of special needs for the child, and the child and parents arrive at the school with the

certificate of need in hand. If medical certification has been completed, the school is eligible for federal money to support the special needs child.

If the child is not certificated, but is subsequently determined after admission by the school to have special needs, neither the child nor the school are eligible for federal educational support until certification is acquired. For that reason, school personnel typically refer parents to a certificating medical agency when an uncertificated child is determined by the school to have special needs.

However, a serious cultural issue emerged from the data at this point in the study. Two principals explained that most parents do not want their child labeled as having a disability. These parents believe that certification of a disability constitutes a "loss of face." Even when they understand that the school will receive extra money from the federal government to educate their child, they may still resist taking the child through the certification process and may even resist any labeling that may occur within the school.

Other principals said that some parents were afraid that once their children were certified as children with disabilities, the school would refuse to admit them to the school. A principal reported that even though she explained that the student would be included no matter what level of disability, the parents still would not take their children to be identified by a physician. This concern about social stigma also meant that children may lose many benefits, such as pre-school training.

Some of the principals expressed understanding of the parents' reluctance, but others said that they could not understand why parents would delay in certification when

the child's disability was readily obvious to others. One principal said she successfully

argued for the child being certified in this way, "I told them [parents] that we die before

[the child]. Children will get support from the government once they get certified, and

that is an option."

Several of the principals talked about how some parents viewed their child with

minimal disabilities as being typically developing, even when they were not. These

parents were said to also be resistant to certification and to any special support for their

child, not because they seemed concerned about any social stigma, but because they were

convinced that their child was normally developing.

Inadequate External Support

Five of the principals talked about receiving inadequate support from medical

professionals and other outside professionals in assisting the schools in proper early

identification. For example, one principal reported that her school used the local hospital

to assist in initial assessment. However, the school found that most physicians spent very

little time with the child, and may not have been trained in the different forms and types

of disability, since sometimes misdiagnoses would occur. This school leader argued that

in order to have an accurate initial diagnosis, the assessment should be done in a variety

of settings, with adequate time, and by people with appropriate training and experience.

These principals also talked about how less severe, less "physical"-appearing disabilities,

such as a learning disability, were particularly difficult to diagnose using medical

standards, and that many of the hospital staff were not interested in assisting schools with this process nor were their staff trained to understand special learning disabilities.

In a similar way, another school principal reported that the school did not have staff trained in good screening and assessment procedures so the school sent students to obtain assessments from the Special Education Government Agency (SEGA). Not all of the school principals used a SEGA or had ready access to personnel trained in identifying both medical and educational needs. She argued that she and her staff could be trained to do this assessment themselves, but in the absence of such training they had to rely on an external agency.

One school principal reported that her school was provided with protocols and training from professors at a nearby university. However, she also reported that the process of assessment provided was quite rough and the school still relied on assessments provided by medical settings as well. Another school leader reported that, since the majority of the students with disabilities in the school did not hold a certified paper from a physician, the school had to provide the initial assessment process for each student. However, she also reported that the school staff tried to use the hospital assessment tools but they were not trained in assessment. She was concerned about initial misidentification, both because the hospital assessment tools were aimed at severe disabilities and also because staff were unfamiliar with the protocols. Both principals argued that the assessment must be done by the school, must be an ongoing process, and needed to be done carefully by experienced and trained teachers. However, the school leaders also confessed that, in Thai society, even though teachers are highly respected,

physicians were perceived as more capable and more knowledgeable about any form of disability than were teachers. The principals argued that if a medical diagnosis was available, members of society would generally view that as superseding any diagnosis made by schools. They said this was true if the disability was of a medical nature or of an educational nature. They said parents sometimes mistrusted the assessments conducted by teachers, more than they would distrust any diagnosis made by medical personnel. This was viewed as particularly difficult for the school staff and for the child when not all children had access to medical diagnoses, and not all medical diagnoses were accurate.

Internal Assessments

Eight out of the ten school principals reported that determining the readiness of each child for school was their first concern; the remaining two rated it as their second concern. Thus, even if the child arrived with a certificate of disabilities, the school still conducted their own screening and assessment process in order to determine appropriate classroom placement. The principals were particularly concerned with identifying children with severe disabilities who should be referred to a specialized school. They knew that the skills and training to work successfully with the student did not exist in their current staff.

Four out of the eight school principals who said readiness was their first concern reported using a modified Stanford-Binet IQ test as the first form of assessment. While three of the school principals did not tell me the score required for a student to be admitted to the school, one school principal stated that if the IQ score was below 60, the

school would not admit the child. Each of the four school principals who said they used the IQ test explained that the IQ score was not always the sole criteria for admission. Sometimes they also had a conversation with the child to assess communication levels. These school leaders reported that their screening methods were sometimes looked at as being harsh, but they had to keep in mind the limitations of their school and staff, and believed that it would not be responsible to take in a student who they did not think they could help. They were not willing to admit students with severe disabilities if the teachers were not ready to work with them without lowering the overall acceptable levels of performance for all of the children. Therefore, for them, initial screening had to help them determine if a disability was too severe for the school to handle.

The other four school principals reported that severity of need did not always determine if the student was admitted to the school. These principals were concerned about initial identification but they felt they had to admit a student with severe disabilities out of compassion for the student or the parents, even though they might be very concerned about their ability to appropriately accommodate the student's needs. The remaining two principals who did not list determining readiness as their first objective stated that, since the school would not turn away any student, their first concern was getting the student into the school, and then screening and assessment could occur. In their cases, "readiness" was irrelevant to initial admission. Thus, all ten principals agreed that initial screening and assessment was essential for each student and especially for those with more severe disabilities. The initial assessment might be used to deny admission or it might be used to begin more extensive assessment of needs.

Observations, Checklists and Task Performance

The most popular assessment methods used by the schools, after the initial IQ test to check for severity level, was principal and teacher observations. Observations were defined and accomplished differently from school to school. All of the schools provided some type of assessment check form for the teachers and principal to use during the observation.

One school principal, for example, reported that the observations in her school were done systematically using a school-created check form that included tasks for students to complete, observations of on-task behaviors, and observation of language skills when engaged in dialogue with others. The form was created by a school psychologist in conjunction with the classroom teachers, based on a structure of domains testing provided by the Ministry of Education. However, the school principal reported that most of the time the school employed the original test of the Ministry of Education (see APPENDIX C). Another school principal reported that, since the school worked collaboratively with one hospital, the school used the identification results initially provided from the physicians. The principal and teachers then compared the physicians' assessments with observation results provided by a team of school psychologists, and they then made an initial identification from the combination of the medical assessment and the school psychologist assessment. Next, they observed the students on several occasions after the initial admission, to make sure initial assessment and placement was correct.

One school principal reported the use of a protocol from the Ministry of Education which allowed categorization into one of nine types of disabilities. The school principal reported that it was powerful enough for the school to be able to use it as an initial identification protocol at the school level before sending the child on to a doctor to double check the initial assessment and receive certification from the doctor as a special needs child. However, sometimes the school principal said that the school also needed to consult with the Special Education Government Agency in its region because of the inexperience of school staff in identifying the nine types of disabilities.

Another school principal reported using the same Ministry of Education protocol. Since the protocol was considered reliable, the school did not send, or ask the parents to take their children, for a second opinion from physicians. She explained that one reason was that the community hospital was "crowned" and they would not have treated the case seriously. The hospital had informed the school principal that if there were cases of learning disabilities the school was requested to assess the students. The only exception was in cases of severe mental or physical disability. The school principal complained that the students should not be subjected to such a double standard. The school did not have expert staff sufficiently trained to identify all cases and the principal thought that the hospital staff should have certified all disabilities. Also, since the hospital refused to certificate special needs, the school was then not eligible for federal funds to support the education of the child.

One principal reported that she applied all the assessment approaches as "holistically" as possible. She used a check form of four developmental areas (i.e.,

physical, cognitive, social, and emotional) that had been developed by a team of teachers. Since her school contained a small number of students, she could assess each student individually by herself. She liked to know her students and their parents as closely as she could and the initial assessment process was an important start for her getting to know the particular needs and attributes of each student.

Another school principal reported a different assessment process, employed after the student's admission to the school. The principal realized that it was not quite appropriate to screen students only after admission, but her school followed this practice because they were not allowed to turn any students away. Once the child was admitted, the school staff used a similar process of observations in assessing the students as the other schools.

Other Forms of Assessment

Three schools reported that they conducted assessment of reading comprehension along with an observation check form. Performance of a reading passage was a good criterion for testing, as sometimes students with learning disabilities might not be identified through other behavioral observations. Two principals stated that a mild learning disability might otherwise only appear after the child had been attending the school for a few weeks.

Admission sometimes occurred even though initial observations might indicate that the child was not ready for school or that the school was not ready for the child. One principal said that a child might be admitted because of the compassion of the principal and the teachers for the limited options otherwise available to the child and parents. One

principal stated that even though the school might recognize the severity of a student's disability during observation, and the school staff might not believe they were fully prepared to teach the student, they might still go ahead and admit the student as it was the best possible location for the student to get any help. Another principal said that sometimes she suggested that the child go on a waiting list and, meanwhile, the child could receive more interventions and trainings through other agencies before re-applying to the school.

Four of the principals had instituted a "ten percent" rule that they used to limit admission to their school. While public schools were not legally allowed to turn in-district children away, in practice many of them used a school-generated rule to restrict admission. The principals said that they had to do this in order to assure that all children could be helped. If the principals determined that they did not have adequately trained staff or sufficient room, they would turn away a child. One of them said it depended, to her, on whether other professional help was available to the child. The principal said that she did everything she could to not "hurt the feelings of the parents."

Interviewing Parents

Interviewing parents was the third process identified in internal assessment, even though many of the school principals confessed that they did not receive completely truthful information from parents. They said that parents tended to report positive information on their child because they wanted their child to be able to attend the school. The principals reported that they listened to parents, and they paid attention to external

evaluations, but they balanced this information with their own assessments and with reports of daily progress of the child in the school.

All of the principals said that, from their experiences with parents, most parents lacked understanding of their child's disabilities, and also did not know how they could assist the principal and teachers with the education of their child. Nine of the ten principals said that educating the parents about their child's disability and about how the parents could assist in the education of their child was a primary role for the principal and teachers.

The principals also said that most parents, reasonably, wanted their child to succeed in school and had little understanding of why that might not be possible. One example given by a principal was of a child with severe autism who was compulsive about ashes from cigarettes. He was unable to leave a used cigarette alone, would pick one up and rub it on his body. His compulsive behaviors interfered with his educational accomplishments and with his ability to be with other children. However, his parents wanted the school to promote him on to middle school, despite the principal and the child's teachers being unanimous that more complex learning was not possible for this child without some type of extensive behavioral interventions to lessen his compulsions. The principal explained that what the boy needed was life skill training. However, there are few such programs in Thailand at this time and the boy had not received the help he needed and was not functioning well in elementary school.

One of the experts in the focus group reported another problem. She had observed schools where parents were separated into two different informational groups by the school staff: One for students with disabilities, and one for students without disabilities.

> This is not the idea of inclusion; the idea of inclusion is everyone must be included. It might be difficult at the beginning, but it will get easier once everyone gets included, gets to learn, and gets to be informed about how one can help another.

She talked how this process showed both a lack of understanding on the part of school staff about what inclusion, but also demonstrated assumptions about a child's capacity in advance of initial screening and assessment, or any observed performance in school.

In summary, all of the school principals in the study referred to the importance of adequate initial assessment processes, and all of them talked about how the processes could be improved.

One school stood out from the other nine best practices schools in several important aspects. The principal had a background in school psychology. The school had received financing from parents for inclusive practices for more than twenty years. The extra financing, combined with the skill and experience of the principal, allowed the principal to build and train an experienced staff. The school worked collaboratively with a local hospital on initial screening and assessment, and used regular meetings of interdisciplinary teams to ascertain each child's progress during the school year. This principal was rightfully very proud of her school and the achievements of the children. However, she also argued that the whole screening and assessment process, if done properly, was very time consuming and expensive at the individual school level. She

argued that a national screening and assessment process needed to be in place so every child and every school had ready access to high quality initial assessment. She also reported that forming, and then working regularly with, interdisciplinary teams for each child was very time-consuming. She argued that it would be important in the future for all new teachers and other school professionals to begin their careers with experience in their pre-service programs with screening and assessment, and also with how to work in interdisciplinary teams.

One principal expressed sympathy for parents who experienced their children being denied by many schools. Many parents resorted to using their children's right to education to force schools to admit their children. This problem would never be solved until educational policy and practice could work collaboratively. One of the principals stated that her school had to admit students with special needs, no matter what their level of disabilities, because the school was located in a rural area and right in the middle of community. The school could not deny the children admittance and still keep a good standing with the members of the community. School staff later realized that they could not provide adequate services for students with disabilities, but it seemed that parents were fine with just having them included in the school system.

The Principal as Leader of Inclusion During Initial Assessment

Five of the principals directly addressed the importance of the principal stepping into a leadership role during all the processes of initial screening and assessment, and all ten of the school principals demonstrated and documented their leadership behaviors in

their interviews. Five of them used the ironical Thai phrase of *No commands from the head, no movement at the tail* to represent to me how they thought Thai society is structured. These principals agreed with the experts agreed that change has to be made from the top of every hierarchical organization. In the case of inclusive education, principals must serve as role models for appropriate behavior, as the coach and mentor of the school staff, and as the coach and supporter for children and their families. Without this leadership, inclusive practices will not be widely understood or supported by professionals in the school or by the broader society. One of the principals argued that the "job of the school" was to serve the needs of the students and parents in order to build a stronger future for everyone in Thailand. As educators, she argued, principals had to look at how they can help develop every Thai child, no matter their abilities or disabilities. She said,

> It is unprofessional, quite selfish, and against the teaching principle to just allow only [the most] capable students into school settings. In doing that it would make a school homogeneous and in such system students learn less about diversity. They would lose connections to the idea of diversity along the way, and that would cause troubles living in a heterogeneous society once they get older.

This principal believed that principals should "open the school gate" and "open their minds" to welcome all Thai children into the school. The leaders in the school, she said artfully, "Should work to create a school society where anyone can join and learn." Another school leader reported her belief this way:

> Leaders are the key people who make changes. Leaders can make the teachers consent by communicating and referring to the law of inclusive education, and that we need to be concerned about every group of students. I have been role modeling and making the teachers understand that this is not a burden, but this is the way of working. I want to see fully inclusive education happen in my school.

And I know that no matter how capable teachers are, without understanding and support from the principal, there is no chance for inclusion to succeed.

One private principal from a more rural area encouraged all the leaders of inclusive school to be brave in leading changes.

> I don't want to see that principals are afraid. We need to gradually communicate with people daily till they listen and accept what we are doing. It is the right thing! I motivate my teachers and staff to work for special needs kids. I talk to parents of children with and without disabilities, that we as adults need to be cooperative in order to help our kids. The benefits are for our kids. We do it for them as we want to help them.

Thus, these principals saw that their role was necessarily one of leadership within their school and within their broader community. They saw that they had to show the way for others and that they had to advocate for all children.

First Individualized Education Plan (IEP)

As the child is entering school and initial screening and assessment is completed, the results are used to guide development of a first IEP for students with special needs. The first IEP is intended to be a master plan to guide the day-to-day education of the child during the school year and is designed to serve as a mutual benchmark for the many people involved in guiding the child's education. In theory, the IEP is a written set of guidelines that can be used by the parents, the teachers, specialists, and anyone else involved in the child's formal education to determine if sufficient and appropriate progress is being made.

All of the principals said that they developed IEPs, particularly for their certificated special needs children. However, in practice, the principals of the "best

practices" schools in this study consistently reported that they believed that the IEP was not used as it should be. They said it was, in practice, more of a paperwork process done because it was needed to document eligibility for the subsidy, and not as a useful tool to increase awareness for parents and teachers about the child's needs and achievements. However, the principals understood the potential usefulness of constructing a good IEP, and using it to guide classroom activities throughout the school year.

The Principal as Leader – Again

The theme of the importance of the school principal serving as a leader emerged in the development of the first IEP just as it emerged during discussion of initial screening and assessment. One of the experts in the focus group stated this point succinctly.

> To be easier for principals to manage this kind of situation, the first meeting is important. So, tell parents what the children with special needs will receive from schools, specifically state about the policy of the school, and tell the parents the limitations of the schools. I think first communication is essential. As principals, they should be able to make this kind of thing under control and make related people in inclusive settings understand what the inclusive education should be like.

However, another expert from the focus group acknowledged that working with the needs of people is challenging even though principals have the authority to dictate what happens. Parents of children with disabilities come to school with the hope that their children will make progress like other children. If they do not, they blame the principal and teachers. If they do make progress, parents' expectations can immediately rise and they desire their child to perform at an even higher level. This expert noted that while it is

important and beneficial that there is a national curriculum in place with national expectations for learning in eight core areas, this national curriculum can be the default standard that parents of children with special needs defer to when trying to assess whether their child is succeeding, and hold the school staff responsible if the child is not succeeding at the levels desired by parents. The issue of having common standards and yet allowing differential achievement against the standards is not resolved in Thailand at this time.

In summary, the principals and the national experts from the focus groups both talked about the importance of the initial IEP. However, the principals readily admitted that the IEP is largely not currently being used in Thai schools to guide academic achievement or assessment, and there is little understanding of how an IEP can related to the eight academic areas of the national curriculum or to alternative assessments of accomplishment. The principals and the national experts agreed that this is potentially a great opportunity for the school principal to show leadership in teaching all those involved how the IEP can be integral to student progress.

Three of the principals expressed concern that the academic goals set in the first IEPs were often not sufficiently rigorous. One principal mentioned a sixth grade biology curriculum focused on the cell as example. The students with special needs in her school may have been introduced to only the basic elements of a cell, such as the wall and the nucleus, while the other students without disabilities were taught more complex knowledge. The principal stated that this was one easy way to accommodate different student learning levels to meet their IEP goals, and for the students to be given a "good"

grade. However, students may have been capable of much more than meeting the very modest goal set for all of them. She noted that the IEP was not referenced in this example by the teachers or the parents to determine if the goal and the progress were appropriate.

The principals also noted that there was substantial cultural pressure to report high grades for all students. Setting very modest goals might make it easier to report a high grade and please parents. Several of the principals said that they believed most parents were happier to "deceive themselves" that their student was making "nice grades" than they were to understand about the student's actual learning. One said she often thought about giving up because of the unrealistic demands of parents. In fact, she had sometimes invited a medical doctor to chair the IEP meeting because the medical profession was more likely to be able to get the "truth" about a child accepted by parents.

There was inconsistency about whether the IEP was used for assessment of progress or if the schools defaulted to the eight national curriculum goals for reporting progress. The principals said that most parents knew about the national curriculum areas and they expected to see their child's progress reported on each area. This expectation came from the fact that their child was "being mainstreamed." To many parents, that meant that the school should tell them how their child was doing on each area, even if the child was not yet capable to performing in each area. One of the arguments that some parents used for assessment by the eight subject areas is that this would be accepted more readily later in their child's school career. The IEP was seen as something "made up" at the school that would not necessarily be understood or accepted by another school. The resulting pervasive practice appeared to be that the teachers worked hard to develop the

first IEP, but then defaulted to more standard classroom practices based on the national curriculum to guide teaching and reporting on the child's progress. This resulted in an unwelcome dual burden of paperwork for the teachers and did not always result in adequate detailed assessment of progress on individual goals.

Teachers in IEP Groups

Principals also reported that it was difficult to work with teachers and other school specialists in the group process that traditionally accompanies the development of an IEP in western countries. Thai schools were not accustomed to developing a curricular plan for a child in this way. The principals also reported that teachers were not familiar with including social goals in a student plan, even though they might be important goals for the student. These principals said that most teachers were used to having the principal available to assist if the teacher had questions but that they were not used to working as a team for a particular student. Teachers were accustomed to being responsible for developing their own curricular plans for their children. The principals reported that it was difficult and time-consuming to get everyone to work on the initial IEP, and when the IEP was completed, it was unusual for anyone to consult it to guide daily teaching and assessment, and it was almost unheard of for the original IEP team to reconvene to review child progress on the IEP.

Parents in the IEP Process

Principals reported that most parents did not understand what an IEP was or what its potential was for guiding their child's education, and that parents typically did not participate in IEP meetings. Much work will have to be done to assure parents that there is a place for their input in the IEP process.

One principal reported that variations in the education level of parents made it difficult to work with some. The principal explained ironically that sometimes educated parents acted as if they were *over water in a cup,* that is, that they already know so much that they know more than the teachers. Other parents were so unused to the school setting and to the IEP process, that they did not feel like they knew anything or could add anything to the process when they were surrounded by educated people. These parents might have had opinions, said the principals, but they were unlikely to disagree in a public setting with anything that the principal or the teachers said.

The principals explained that the national curriculum goals were still largely used to report progress for students with special needs. They also pointed to the necessity of explaining to both parents and teachers how the IEP and the eight national curriculum goals could relate to each other and that both could be used to develop an appropriate initial IEP for the child with special needs. Nine of the ten principals said that parents confused IEP goals with national curriculum goals, and many of them did not understand why their child could not now accomplish the national curriculum goals since they were in school. Parents thought that the school was responsible for seeing that their child could perform and learn at the same level of achievement of any other child. The principals said

that they tried to talk about learning at a child's own pace, but many of the parents did not seem to understand how that might not result in high scores on national tests.

Expectations

Another principal brought up the issue of teacher resources. She said that some parents thought that the teacher should spend all her time with their child to bring their child's performance up to the same level as other children. The principals said it was difficult to bring the expectations of parents into alignment with what their child could do, what the teacher could do, and what the school could do to support the child and the teacher. Sometimes it was difficult for them to make parents understand that there was not sufficient funding or training to do everything that might be possible for a particular child, and that it was not the school's fault but mostly a question of available resources.

Most of the principals agreed that sometimes it was harder to work with the parents than it was to work with their special needs children. Several principals also reported that some families brought their special needs children to the school and then ignored what happened from then on, as if the school was now fully responsible for the child. One principal said some parents came with expectations that their child could do nothing, and other parents came expecting the school to somehow, magically, make their child's special needs go away. One example of an unrealistic expectation was that parents of a child who could not write expected him to be able to take paper-based national exams. Another example was of parents of a boy with severe autism who wanted him trained for graduate school. A third example given by several principals was that parents valued only the academic program in schools, whereas what the principals and teachers

thought some special needs children needed more was social and life skills training. The principals said that the real, underlying problem was moving from such extreme levels of expectation to something that matched the school's abilities and the child's potential. Often, the first place where a principal or a teacher could conduct an ongoing dialogue with a parent to modify unrealistic expectations was during the development of the first IEP. Unrealistic expectations often surfaced during initial screening, but it was only when the IEP had to be constructed that parents came into direct contact with how practice for their child might differ from the parent's expectations.

Attitudes

How particular parents would react to finding out that their expectations for their child were unrealistic would affect how they reacted to development of the IEP. According to the principals, parents of children with special needs, as well as the other parents of children in the classroom where a special needs child was placed, displayed a range of attitudes towards inclusion of children with special needs in the regular classroom, and these differing attitudes often played an influential role in the drafting of the first IEP and subsequent classroom placement for the special needs child.

Some parents of children with special needs blamed the school, the principal and the teacher if the IEP reflected less than they thought their child could accomplish. Others began to modify their understanding of what the school could do with their child, and did not approach the situation by blaming. Interestingly, several of the principals said that parents from low income backgrounds were more likely to listen to the school personnel and to ask how they could assist the school. Parents with higher education degrees and

from higher economic levels were more likely to challenge the judgment of the school staff.

Several of the principals remarked that parents of students without disabilities were often more likely to accept the disability of someone else's child than were the parents of that child. Many parents seemed to want to deny the disability completely. This first appeared as a problem when parents did not take their child to the physician for treatment, diagnosis, or certification. Problems arose again when the IEP was developed around an obvious disability, and the parents could not accept that the disability existed. One principal said that this denial behavior was because parents did not want their child to be labeled in a society that looked down on people with disabilities.

Several of the principals discussed how they reasoned at length with parents who were in denial and had little success in changing their minds. Around half of the children with special needs remained uncertificated and schools could not claim the national funds earmarked for children with special needs.

When parents of children without disabilities showed acceptance of another family's diagnosis of disability, it sometimes came with expressions of sympathy and support. On the other hand, it sometimes came with hostility toward the school for accepting the special needs child. Several of the principals gave examples of parents who referred to an inclusive school as a "school for abnormal children," and removed their child from the school or did not let their child sit by or play with the special needs child. Sometimes, the principals reported, this was out of parental concern that the disability could spread to others.

All of the principals discussed their hope that they would find ways to convince all of the parents and all of the teachers that it was for the good of all to have special needs children mainstreamed in regular classrooms. They all thought that some progress was being made as more and more people became more knowledgeable about how special needs children could be helped to live more independent lives. However, they all clearly felt that this was a big part of their ongoing jobs and they asked for national, regional and local help in order to achieve this goal for every school.

Classroom Placement

When I began collecting data for this study, my familiarity with other national systems of inclusion led me to expect that the first thing that would result from initial screening and assessment and development of the first IEP was appropriate classroom placement in one of two types of settings: A regular classroom with minor accommodations, or in a special needs class where completely individualized appropriate teaching could occur. I expected to see students with learning disabilities or Asperger syndrome in regular classrooms, along with students with minor physical disabilities without cognitive impairment. If a student with special needs could not function in a regular classroom with "minor" accommodation, I expected to see placement in a special needs class. However, most of the schools I observed and conducted interviews did not have special needs classes because of limitations of budget and knowledgeable staff and, thus, each school staff had to provide unique accommodations for their students. Most of the students identified as having special needs went into a regular classroom setting.

Teaching Children with Special Needs

The 10 school principals reported different teaching approaches based on students' level of learning. Six out of the ten school principals reported that "child-centered" awareness was the best philosophy to help students with special needs learn and develop. The reason given was that each teacher could focus on individual students rather than comparing their progress with the norm of the whole class. One principal supported the idea of a "child-centered approach" by advocating for a spiral curriculum designed for different levels of student learning where the learning process moved from the beginning stage progressively to more complicated activities.

Three principals used a project approach in which each individual could learn to work on a project at their own pace and the level of expectations for success from the teachers depended upon the ability to perform and the amount of progress made. These same principals reported that lots of reinforcement helped the special needs students to perform well and make progress. One principal stated that as her school employed 'project approach' learning method with students, the level of creativity of each individual emerged. While the students with disabilities may create something simple, the students without disabilities produced more of a complex work within the same topic. This approach allowed the students to "think out of the box," to assist each other on their projects, and allowed special needs students to succeed without using a testing measurement.

Another principal argued that if everyone saw the school as the center of an expansive learning and teaching process for all students, then the focus would be on

learning and not so much on failing. She said that every student could be seen as having unique capabilities and talents. Two other principals agreed that it would be more egalitarian if all students were seen as having unique gifts and unique challenges. That way, it would not be necessary to point out only the children with special needs as requiring unique understanding. The principals stated that this was a core fundamental to teach all students to understand differences and respect others.

One principal said that, to assist the whole class to understand disabilities, her teachers had provided activities for students without disabilities to learn about having limitations. Examples given included blindfolding a seeing student and having him walk around the room and try to identify others, or having a person write with her non-dominant hand. The objective of these activities was to attempt to increase a sense of understanding and compassion for the students with disabilities.

In contrast, the remaining four school principals said that while they believed a child-centered philosophy was a beginning, it was difficult to implement with some children because of severe behavioral problems. Their schools school depended on a more "teacher-centered" awareness, as they believed that teachers needed to stimulate students with special needs to make progress. These schools employed extra teaching hours after school for students with special needs so they could keep up with the other members of the class by spending more time with the teacher. All 10 of the principals talked about the importance of more time on task for most children with special needs.

Opportunities to raise awareness and to teach all of the children were also found outside the classroom. One of the principals said that the school provided an activity,

such as school assembly in the morning, to help students learn discipline, with the belief

that all students in the school could practice being punctual.

Fears

The principals reported that many teachers, children, and parents expressed fears

about the consequences of inclusion practices. Teachers were afraid they could not teach

all of the children. In particular, they were concerned about students with severe

behavioral problems. The principals also acknowledged their own fears that the tasks

before them were so large that they might fail to accomplish all of them. One principal

reported, for example, that even though students understood their peers with disabilities

and they generally got along with each other, the teachers still needed to keep an eye on

some special needs students with severe behavioral problems. One principal shared her

experience of a boy with autism who had just reached puberty and did not understand

proper manners in public about his genitals. This boy masturbated in front of the other

students in the classroom and frightened several children and their parents. The principal

said:

> This became an opportunity for everyone in school to help the student
> with the behavior get improved. It was a problem, I know, and it took time
> to fix. I know that the boy did not understand about what was appropriate
> in public and what was not. I believe that with the intervention from the
> teacher and time, he could develop his understanding. I also had to work
> with his parents, and with the parents of the other children to assure
> everyone knew that all of the children were safe.

Some parents were afraid to let their special needs child out of their sight, and

other parents were afraid that their child or another child would be injured at school. The

children themselves expressed fear of being in a new place with new expectations for them. Fear of failure and fear of harm were pervasive throughout the system.

Overprotection from parents was seen in many schools. One principal reported that some parents carried backpacks to school for their special needs child when it was not necessary. Some stayed at school all day to watch over their children. Another principal narrated a situation in her middle school where "puppy love" occurred among the adolescent students. Most of the parents were worried that male students with autism would sexually harass their daughters. The principal explained that such a situation would have worried her, too, if she had a daughter. However, she said she trusted that the teachers had strategies to help protect the girls and teach the girls to protect themselves. She was convinced that school was the place where all adolescents needed to learn and practice socially appropriate behavior and therefore she worked with her teachers to learn better ways of teaching about inappropriate behaviors while protecting all the children.

Values and Attitudes

All the principals agreed that recruiting teachers with the right skills, experiences and attitudes is the first stage for successful inclusion. They said finding teachers who have dedication and compassion for teaching all students is not easy. They hoped for a good teacher who had skills and training, and whose first love was their teaching and their students. They said that the teachers must have mercy and compassion for less able learners, and they had to be willing to sacrifice their time and energy for a demanding process. However, in practice, they said that many teacher's attitudes and values had

changed no faster than the broader society when it came to working with and understanding special needs children.

They all said that teachers' jobs are hard with relatively low compensation. One of the principals stated that, in this "materialism era," people's values had changed from working hard because that was the right thing to do, to working hard for money. She added:

> When I was young, I was taught to value hard work to accomplish my goal in the future, but now the younger generation does not care about such values. They just want a short cut to accomplish their goal, which from my experience, I never see happen.

Another principal who also taught at a College of Education at one of the universities in Bangkok reported sadly that, when she asked her students in class how many of them would like to be a teacher, only three of thirty raised their hands. She then asked them why they were in the College of Education if their goal was not to be a teacher. They responded that they had passed the college entrance examinations and this was the easiest course of study for them.

Another principal said that the country had been misled in the direction of developing materiel and infrastructure without attention to human development. "Developing humans takes longer than constructing buildings," she said. She felt that Thailand now faces a problem of weakened societal values. Those who care about education and human development were mocked as "brainless," she said.

One principal said that in her more than twenty years of experience she always looked for a teacher "with a good heart" more than a teacher with particular skills. She argued that she could teach the skills that were needed, but there was no replacement for

a teacher who really cared about teaching and about children. "If the heart is not there, they cannot be a good teacher," she said.

In contrast, principals in a few schools where teachers had positive attitudes toward their jobs and toward children said that most of the time children can tell if a teacher cares about them or not. One principal shared that it was tough to alter people's attitude in a short period of time. She inserted "Dhumma" in meetings, as a devout Buddhist, with the hope that it would be assimilated into the teachers' hearts and souls. This approach was helpful, she said, for she could see from the teachers' softened personalities that they demonstrated their caring toward children with disabilities in the school. Moreover, besides academic training, the school provided the teachers with "Dhumma Camp" where the whole school attended the meditation practice led by monks. The principal accepted that it was not easy to deal with people's negative or stubborn attitudes, but they could change over time and experience to better serve the students in the school.

Another school principal said that she thought the small, rural location of her school made a big difference in how people viewed special needs children. People shared a community spirit and had compassion for every one in the community. As all of the teachers were known to the community, they shared compassion and support from the people. In her school, she said there was less of a problem of teachers having negative attitudes toward students with special needs. Most of the teachers were recruited from the community and built rapport with parents at a personal level.

Learning about Differences

Students without disabilities learned about differences from being in school with special needs children. Most of the principals reported preparing, or trying to prepare, the students without disabilities to have a welcome feeling toward their peers with disabilities. However, communication in each school was done in different forms and levels. Most of the schools made information available for their students on school boards, informed the students in meetings and home-room periods, and some schools provided group activities for the students to directly expose them to knowledge about different types of disabilities. One school used stories to portray fundamental knowledge regarding people with disabilities. The school used a story telling approach to explain the differences between people in order to prepare the students to understand the diversity among them. A principal in a school that included more physical disabilities reported that the school talked about what was needed for physical support.

In addition, one principal stated that many students without disabilities started learning to accept special needs children by working in groups with their peers. Students learned from the strengths of each peer, and that disability does not mean dumb. They learned that skills ranged across all students. Through the process of group work, they learned to share, to agree and argue, and afterward they came to the stage that if they wanted to have their group work be successful, everyone in the group had to join in and be in harmony with the group. The principal explained that group work were

tremendously useful as a successful teaching approach that also improved social relationships as well.

Another principal narrated a touching story which was a result of teaching students about differences. After the school assembly in the morning, a girl came to the principal and begged her for mercy to wave a punishment for her peer with Down syndrome who showed up late for the assembly. The principal narrated the story with a smile and said:

> This is the result of what they were taught. I am glad that my student learned to empathize with her peer who was weaker. This shows how this girl perceives people who are weaker and she understands the concept that the weaker need more support.

Home and School Relationship

All 10 of the school principals reported that they worked hard to build a strong, collaborative relationship between school and home throughout the year. They described orientation meetings, as well as regular written communications and announcements as the main approaches that they used to communicate with parents on a regular basis.

The principals described the orientation meeting at the beginning of the school year as the first opportunity to inform and educate parents about what mainstreaming and inclusion meant. They talked about it as the "open gate" for the school year. They were able to talk to parents of students without disabilities about why the school was required to take in children with special needs, and they could talk to families with children with special needs about the school's expectations for the parents and for the children. They discussed both the pros and cons of inclusion. They opened the meeting for questions

from the parents, but most parents were very reluctant to speak up in a first meeting. They received more comments and questions from parents at the orientation meeting if they provided them with a pencil and paper for questions.

Principals also said that the easiest way to maintain open communications with the parents was to be available when the parents came to pick up their children. During this time, questions could be asked and information shared in an easy and relaxed manner that seemed to be more comfortable for many parents. As a result, all of the principals made it a point to be present near the front of the school during the time when parents came to pick up their children so these conversations could occur in a regular and easy fashion.

School principals reported that meetings were mostly done individually with the parents of students with disabilities. Typical meetings included IEP meetings and other student progress meetings required over semester depending on each student's needs and issues. However, four out of ten school principals reported holding meetings for other very specific reasons. One school principal reported she held a small conference with the parents and the teacher at the start of the year about the child and the school. A second principal said she did a similar thing, but invited all the parents of children with special needs and their teachers to a weekend-long workshop the first week after school started. Another principal said that periodically she invited an expert on a current topic to make a presentation at the school for the parents and sometimes for the broader community as well. For example, her school had provided a free presentation on Emotional Intelligence Quotient (EQ) for the parents and the community at large the first week after school

started. Additionally, one other school principal hosted a monthly meeting between all the parents of children with special needs and their teachers, where the agenda for the meeting was to build a plan for support between home and school, and to brainstorm how to deal with particular problems that might come up. The meeting served as a support group for parents and teachers.

These principals also used different announcement methods to keep their parents informed. Some schools found that knowledge boards around the buildings were helpful for parents to read during the time they waited for their children. The information on the boards could be about upcoming events, "hot issues" about education, and other news that the parents should know. The school principals stated that about 50 percent of the information was on disabilities to educate anyone who might be reading the boards. One school principal said that her school made pamphlets on the process of mainstreaming and about how to support children with special needs. These were made available to the parents and the larger community. One school principal reported that, since the principal of the school was often interviewed by media regarding the accomplishments of mainstreaming in the school, the school became a recognized resource in the community. The principal had been invited to be a guest speaker in college level class and at other related institutes where she had additional opportunities to talk about her school and to raise public awareness about inclusion.

All of the principals said that it was also common for parents to talk directly with the classroom teachers almost on a daily basis. A few of the principals said they provided journal books for the parents to write in at home in order to correspond with classroom

teachers on a regular basis. Principals also talked about making telephone calls to parents. One problem that was described as being solved through ongoing conversations occurred when parents, for whatever reason, stopped giving needed medication to their child and their behavior deteriorated at school. Regular daily contacts could stop this kind of thing very quickly. Another example was when a child was late for school. When a parent gave an excuse for this, it was possible to note that all children were expected to be on time and to also refer to any patterns that may have been developing.

Principals worked hard to make sure that there were both formal and informal opportunities for two-way communication between the principal, teachers and parents. They talked about the importance of this type of friendly and open collaboration in resolving issues as they arose in a caring and appropriate manner. They were also careful to build a written record documenting each child's progress and activities. This was not only a record to meet national requirements for IEPs, but was also a record that was a shared history between the school and home about the child's progress.

One of the outcomes that sometimes occurred in this ongoing communication process, according to several of the principals, was comments made by parents of children without disabilities about how their child's experiences had modified parental attitudes. Gaining a positive attitude about special needs, for some families, came from their children without disabilities who reported activities they had completed together in school with special needs children. Children shared their experiences of playing, accommodating, and being with other children with disabilities in school. Parents became familiar with children with and without disabilities in school together. One principal

explained, "I knew this was good news from the parents of children without disabilities as they reflected back to me of admiring how their children had treated their friends with disabilities."

One principal proudly described her appreciation of a family that lived about one hundred miles away from school, but commuted with their child with autism to school everyday. The father confessed to the principal that the school took good care of his child, which was reflected in the boy's verbal improvement after being in the school for more than two years. This scenario showed that trust from parents could build a good rapport between home and school.

Networking

Many of the families built a network to support their offspring and the schools. Others depended on services provided from the federal government through the schools. However, most of the schools found parents to be collaborative, and together they created a team to support children besides what the school provided. Networks brought parents and community together to share information, and to emotionally and physically support each other.

One principal distinguished the networking that occurred between rural and urban communities. While the rural community was based on extended families and personal relationships of people who shared daily life experiences, the urban community tended to set up its networking under a rigorous principal who could bring together people from diverse families, perspectives, and career paths. The urban community was viewed as

professional and formal in setting. However, no matter the form taken by networking, it helped schools to support children's development.

Three school principals all agreed that parent networks helped to build understanding among parents. When they got an opportunity to share, compassion occurred and they learned about new ways to support their children as a group. One principal said that her school had a community hospital as part of its network. A group of parents of children with special needs contacted specialists from the community hospital to mentor parents in the group. Now the network was expanded, and sometimes hosted lectures by the physicians and invited people in the community to be trained in facilitating support for children with disabilities in the community.

However, one principal argued that this network system had not happened at her school, even though there was a movement among some parents of children with disabilities. Being in a big city like Bangkok, their lives were full with many things. They tended to isolate themselves and assisted their children on their own.

On the other hand, a principal from a rural school described how in his agricultural community, the leader of the community played a significant role in gathering community members to support the school. Since community was based on extended families, relatives, and neighbors, forming a network for the school was easy. The parent's network of this school created a project of *Noung Baht Chouy Nong,* which literally meant "one baht from everyone in the school and community" (in Thai currency, a baht is not even a cent) to help the special needs children in the school. The principal reported that even though the amount of money was not enough to buy new materials and

facilities for special needs students, the school appreciated the dedication and support from the community. He was glad that these children with disabilities were accepted in the community so that they could grow up to be part of it.

<div align="center">Teachers as the Key to Classroom Success</div>

I found a strong similarity of opinion among school leaders that teachers were the key mechanism for making a difference in student development. The principals talked about teacher workload, issues of ongoing assessment, and needed training for teachers.

Teacher Workload

All of the principals talked about the demanding daily workload of teachers. Teachers had large classes with little extra assistance. Children with multiple special needs were placed in the same class. Teachers needed to learn to use many types of new assessment procedures to accommodate different special needs diagnoses, but were not paid to acquire this new knowledge. Teachers had substantial paperwork, especially for children with special needs. Principals reported that both they and their teachers thought that the paperwork required for each student with special needs was repetitive and took too long to complete. They thought that the purpose of the paperwork was to serve the bureaucratic system more than it focused on any improvements for the child. They argued that if inclusion failed in Thailand, it would be primarily because the teachers were overworked, underpaid, and under-trained to accomplish the required tasks.

Some teachers showed strong dedication to support special needs students. However, their hard work did not always meet the unrealistic expectations from parents who wanted to see improvement in their children in a short period of time. The result,

principals said, was stressed teachers who felt under-appreciated for attempting to do a very hard task that no one else was willing to attempt. Some teachers who did not hold a degree in special education were already anxious about working in unfamiliar areas, and criticism from parents made their extra work even more difficult.

When schools were forced by Thai society to admit special needs children who were not prepared to be included, some teachers developed poor bad attitudes toward students with disabilities before the children even arrived at school. Principals speculated that these attitudes may have never developed if funds and training had been available to prepare teachers, and if there had been ongoing help available in the classroom so that the teacher could work with many different kinds of learning at the same time.

The Time Needed to Do the Job

A majority of principals talked about how habits of parents increased the length of the school day for many teachers. Most of them mentioned a scenario of students waiting until late evening at school for their parents to pick them up. Parents typically argued that work kept them away. Some parents convinced schools to offer after-school, weekend, or summer programs for this group of children. However, schools seldom had funding for such activities. Some of the principals complained that some parents seemed to view the school as a babysitting service. One principal stated that some parents sent the nanny to attend the parents' meeting. Also some parents showed that they were ashamed to have children with disabilities by keeping their children at home and never taking them out in public for family activities. These kinds of behaviors of parents toward their children and toward the school were very hard for teachers to accept.

Teacher Motivation

A few principals talked about how hard it was, in Thai society, for teachers to say no to parents to some of the behaviors described above. Teachers were perceived taking the whole responsibility in developing children. When something wrong happened in society, there were always remarks made, principals said, about it being caused by bad teachers. One principal put the Thai situation this way:

> The teacher's job in Thai society is shame-based when compared with other careers. With less money, but more workload and responsibility, this career has been seen as gradually less attractive to decent people. And this is a problem for the whole country in the long run. People blame teachers and don't want to be the ones to take blame.

In Thailand, it was expected that teachers would stay at school as long as there was a child present. Teachers were reprimanded if they left before all the students from her class left. It made the principals particularly angry if a teacher left a child with special needs unattended. Several of the principals said that they expected their teachers to work over the weekend if necessary. One principal commented that it was a good thing that most Thai teachers were single because they needed to spend all of their time working for the school and supporting students with special needs. She went on to say that most teachers were willing to make this kind of time commitment if it helped the children, and she was very proud of this. She also commented that she was very lucky that she had very little turnover among her staff.

Another principal made similar comments, reporting that her teachers had encouraged her to have the school become inclusive and they often volunteered as a team to work on special projects. This school became a pilot inclusion school three years ago,

and most of the push to join came from the teachers. The principal said that she was more hesitant than the teachers at the beginning but, "I give them [teachers] all the credit, and they did as promised with their hard work and dedication."

Issues of Ongoing Appropriate Assessment

The principals also identified ongoing appropriate assessment as a big issue for teachers. Eight out of ten principals reported that once the teachers developed each student's curriculum design, they struggled with appropriate individualized assessment methods for measuring progress. For example, students with learning disabilities who could not yet read could not complete the regular written paper examinations. One principal stated that, "If the students can't read, let them speak. If they can't write, let them draw. If they can't speak or write, have them use their body languages and gestures to present their understandings."

Two principals reported that diminishing the numbers of items on tests was considered an accommodation and allowed some students with special needs more time to work on each item. In other words, they saw the teachers struggling to help all of the students, and finding ways to accommodate some of them appropriately. However, nine of the ten principals reported that they did not feel that they or their staff were adequately prepared to immediately help all types of special needs in the current environment of large classes, inadequate funding, and inadequate training for each type of need.

Needed Training for Teachers

All the school principals reported that in addition to a shortage of special education teachers, they also had shortages of teachers for mathematics, science, and language learning. The principals complained that since sometimes teachers did not have enough training in each subject they had difficulty guiding students in understanding the subject matter. Principals suggested that all teachers be prepared for children with special needs in their training programs before they came to the schools to teach.

All of the school principals stated that it was difficult or impossible to send all teachers to get needed training. Training was not offered often enough to accommodate all teachers, and neither the schools nor the teachers typically had sufficient funds to send all teachers. All of the principals talked about sending particular teachers to be trained, and then when they returned to the school, they would train the teachers who could not go. While this accomplished part of the goal of training, some learning was "lost in translation" and, in the absence of nearby ongoing training specialists, missed understanding could not be corrected once the training for the original person was over. The principals of the private schools said that they provided their own continuous training for their staff, either by doing it themselves, or hiring experts. They could not wait for the national government to fund what was needed, because the problems were happening for their teachers now. However, they also complained that they should have had national support and it was a great hardship to the school to pay for the training themselves.

Four of the principals talked about the effectiveness of well-motivated teachers learning through "hands on" experiences about different forms of disabilities, and passing their successful methods and ideas on to other teachers. Some teachers did this very effectively. However, some teachers did not take this obvious opportunity to improve teaching practices for everyone.

All of the principals agreed that special education training for teachers in inclusive school settings should be done as "whole school training," as everyone in the school needed to know as least the basics of how to facilitate students' educational experiences. At a minimum, everyone on the school staff should know how to be friendly and supportive of all students, and to assist them if assistance was needed without making students feel that they were being treated differently.

A students' transition from one grade to another required communication between the two classroom teachers. It was crucial, the principals said, for the teacher of the next grade to know the individual's needs and not have to repeat "learning from scratch" what the previous teacher had already learned. However, only a few of the principals talked about scheduling such meetings between teachers for students with special needs.

These principals all agreed that it was preferred that teachers with training in special education be available in the school, even if all of the regular classroom teachers also had received general training for working with special needs children. They argued that special education teachers could have a deeper level of skills for working with more severe disabilities, and they could also be available to classroom teachers as mentors and coaches when working with a particularly difficult or complicated educational or

behavioral situation. They also agreed that it was important to have available knowledge and skills through trained specialists when more children with more severe disabilities were present in the school.

Most of the training described by these principals was provided by special education government agencies. Principals of both private and public schools reported receiving training on average twice a year. However, the inclusive schools in the city of Bangkok were exposed to more opportunities from different institutions. One principal of a school in Bangkok said that the teachers were sent to receive training provided by universities or hospitals in Bangkok. Moreover, half of the principals reported attending the training with their teachers and said that this was important so they could understand and reinforce what the teachers were learning when they returned to their classroom practices.

Finance and Funding Concerns

Principals reported that the easiest accommodation to make was to provide equipment or modified facilities to assist a student with physical disabilities who did not also have cognitive abilities. Another relatively easy accommodation was reported for students with Down syndrome. The principals reported that parents were more understanding of the limitations of their child, the children themselves were relatively calm and non-disruptive to other students, and the kind of teaching required was primarily simple repetition that could often be done by a teaching assistant. Moreover, parents were more likely to accept life skills training as being appropriate in order for their child to become independent.

In contrast, all of the principals identified students with autism or with Aspergers syndrome as difficult to assess and assist because there was a wide range of conditions included in this general disability category and all of them required consistent attention. Most of the schools did not have sufficient numbers of trained teachers or teaching assistants to accommodate many students with autism in one class or one school.

Greatly individualizing teaching for one or several students among many presented a number of difficult problems for under-prepared teachers in crowded classrooms. First, there was not sufficient staff present in the classroom to teach several levels of a topic simultaneously. Secondly, differentiated instructional needs often fragmented the teacher's time to the point where all education suffered. Thirdly, several of the principals noted that their staff might be more familiar with one or several kinds of special needs, and then a student with a different need would show up in the class. The lack of experience with a new kind of disability compounded the struggle to meet many individualized needs at the same time.

Use of Teaching Assistants in the Classroom

Seven out of ten school principals reported the necessity of having teaching assistants in the classroom where special needs students were included. Many of the schools, both public and private, said the salary of teaching assistants was paid for by parents. Some schools were unable to provide teaching assistants even when they were needed as neither the school nor the parents could afford the extra expense.

Use of a School-Based Resource Room to Support Classroom Placement

Nine out of ten school principals agreed that even though their school was identified as a best practices school in the mainstreaming system and they worked hard to include all students in the mainstreamed classroom, they also argued that they still needed a staffed resource center. Only one principal did not believe in resource rooms as a good practice for mainstreaming. She believed that students needed to be included at all times in the regular classroom and it was the responsibility of the classroom teacher to provide an appropriate education for students with special needs. The nine principals who argued for the value of an in-school resource center described their own inadequate and under-funded resource centers and limited equipment and specialized materials. Each had his or her own way to handle resource center services. One principal reported that her resource center was a great place for students to practice skills and to work one-on-one with teachers. This school principal reported that by using a combination of regular classroom and resource room practice in the first and second grades, most children could be completely mainstreamed by third grade.

Another principal reported that, even though the school was perceived as a mainstreaming school, the resource room was still needed to help support certain type of disabilities. She gave an example of children with cerebral palsy who could not be included all day in the classroom because of their physical limitations. Instead of having them sit in class and learn nothing, the school placed them in the resource center to practice specific skills one-on-one. Another principal described the "sensory center" used in her school for a high number of students with autism who benefited from learning in a

different setting. The teacher in this sensory center also worked to develop autism-appropriate learning activities for the classroom teachers to use in the regular classroom.

Two of the school principals reported they didn't have a whole resource room, but set up a corner of a library or underused classroom. Two of the principals reported that they had resource rooms but they were underutilized by the teachers because there was no one to manage the room and regular classroom teachers did not know how to use the resource room to support teaching in their classrooms. One of these principals said that her resource room was originally located on the second floor of her school where some students with special needs could not access the room. It was subsequently moved to the first floor but was still not widely used by the classroom teachers.

<u>Use of Outside Resources to Support Classroom Placement</u>

Seven out of ten school principals reported using outside resources such as hospitals, training centers and intervention agencies to provide needed services for children with special needs when the school was unable to provide the services. In some cases, children were sent for part of each day to receive special services outside of the school; the remainder of their school day was spent in the regular classroom. The types of services most frequently reported were diagnostic meetings with physicians and psychologists, language training with speech pathologists, physical therapy and training for increasing gross motor hand-eye coordination in order to support writing skills, and training on fine motor coordination for increased capacity to walk upright. Life skills training was also reported to be provided by some hospitals and training centers. Behavioral adjustment skills for children with autism, ADD and ADHD were generally

provided through intervention agencies. Most of the outsource agencies were private and, therefore, costly. Expenses were typically covered by the school and the parents.

In summary, most of the schools had little choice but to place all students with special needs in already over-crowded regular classrooms and then "make do" with whatever on-site resource facilities and trained staff they had, along with supplementing training with available external hospitals or other training centers. Typically, parents and the school paid out of pocket for any additional services.

<div align="center">IEP Review and Other Reports of Accomplishment</div>

Principals reported that the initial IEP was seldom used over time to evaluate the progress of each student during the child's first school year. Most of the schools realized that communication was needed to support children with special needs. Most of the schools held a meeting focusing on the issue of special needs students so that every teachers and staff would have the same base of understanding.

All of the school principals felt the IEP had the potential to be an important process for assessing students. However, most of the principals said that their current IEP review processes needed to be strengthened to become an important part of ongoing assessment. Since inclusion was still new in Thai schools, the tendency of the school staff was to place the child, develop a brief initial IEP, and then not review progress with the IEP again until required by the principal to do so at the end of the school year.

IEPs and the National Curriculum

The confusing issue of the relationship between an IEP and the national curriculum came up when principals were asked about end-of-the-year IEP and academic review. According to nine of the ten principals, neither parents nor teachers seemed to understand how the eight strands of the national curriculum could relate to an IEP for a child with special needs. The parents of these children wanted and expected to see the same graded report on the eight strands that was received by parents of other children. The principals said that they thought this was because parents assumed that if their child was admitted, then the child could learn the same way other children learned. Thus, they did not understand why the school would use an IEP instead of the strand grades. The principals reported several instances where parents were angry with the principal and the school because their child did not suddenly perform as well as other children, and some had even sued schools for their child's failure to perform.

Other Assessments of Achievement

A variety of authentic assessments had been implemented in Thai inclusive schools. Each school principal offered details about the successful assessment approaches used in their school. Principals reported that observations were done over time by the principal and the teacher to see the development of each special needs student. Sometimes the principal or the teacher would directly interview the student to add to their understanding of how the student was interpreting a lesson. One school principal reported that the school did not and could not rely on a paper and pencil test only; assessment

processes had to be flexible enough to accommodate different levels and capacity for learning.

Three schools assessed their students through work accumulated in portfolios over a semester. Two schools counted the students' participation with the group and the whole classroom as part of progress. One school did physiological testing every three years, and four schools used weekly journals between home and school as an additional assessment of emotional and behavioral progress.

Success Stories

Despite the fact that the initial IEPs did not seem to provide a useful benchmark by which to measure progress, progress was made by many students and all of the principals spent some time in their interviews talking about success stories. Often, these stories of success were told using neither IEP language nor the language of the national curriculum strands. Instead, they were told proudly as difficulties identified and then overcome.

Principals talked avidly about how many students only needed extra time to learn about social and academic skills to succeed alongside their peers. One principal gave an example of a second grader with mild autism who was initially afraid of people in the school. Because of his high level of separation anxiety and his initial inability to socialize with other children and with teachers, the school allowed his mother to accompany him in the classroom for the first year. Soon he began to understand what was expected of him and what he could expect from the other students and from the teachers. He noticed that the other students did not have their parents in attendance. Before the year was over,

he no longer needed or wanted his mother at school with him and joined the other children in appropriate social and academic exercises.

Another principal told a similar success story about a girl with autism who avoided eating food served at school. Her mother reported that she only ate "rice with fish sauce" and could get a tongue irritation from other kinds of food. However, after awhile in school, the classroom teacher offered her other simple dishes. The girl refused to try at first but, after many times of rejection, she realized that many foods did not bother her tongue and began to eat some of the different foods. As time passed, the teacher exposed her to a greater variety of foods. By the end of the school year, she was able to enjoy and eat the foods served to the other children. The principal noted that it took time to find out what she was able and willing to eat. The principal reported that the girl's peers influenced her because she could see that her peers enjoyed eating with the group at the canteen of the school. Through her teacher's help, the girl was able to behave more normatively and to have more enjoyment in her school setting.

Another principal told a story about a girl with ADHD who could not stay still and initially screamed every time she was given a work assignment. In this case, the teacher tried many different interventions, such as a "picture system" that could be used whenever she screamed. The teacher showed the girl a picture of a child being quiet. After awhile, the picture would quiet her somewhat. The teacher also used time outs until she stopped screaming. The student slowly learned the rules about communicating verbally instead of by screaming when she did not want to do or did not understand a task. The principal reported that the girl's behavior was greatly improved by the end of

the first year. She still could not always control her screaming but she clearly knew that it was not an appropriate response in the classroom.

One of the improvements often reported by the principals was how students became independent after being included in a mainstreaming school and learning needed social and life skills. One principal even stated that she did not personally focus on academic areas as much as on helping children learn the social and life skills they needed to function in society. She said that life skills were a more important benefit when they went out to live in society. She reported that she was happy that the school was able to help in toilet training for a boy with Down syndrome. Even though he was a third grade student, he had not completely learned this skill at home. The principal was pleased that he could later learn to tell the classroom teacher that he needed to go to the bathroom.

One principal explained that to help students make progress, assessments had to be flexible and appropriate to their levels of learning. She told a story about one girl with learning disabilities who spent two years in first grade in order to develop the skill of writing a simple sentence. The principal recommended that the teacher teach the girl to write scripts and the girl gradually was able to add the scripts appropriately to form simple sentences. The principal told this story as a success story, both for the student who learned to write and for the teacher who learned to modify her methods to produce achievement.

Another principal described how one of her students with learning disabilities stayed two years for each grade until fourth grade because of her difficulties with reading at level. The girl was in a miserable social situation largely because of the age differences

among the students in her classes. The principal confessed that repeating each grade may have given the student needed time to master a skill but it also lowered this student's self-esteem. However, after the teachers changed the approach to allow her to perform at the level she could handle and moved her more rapidly into a peer age group, she put more effort to the work that was assigned. The principal explained that even though ability to read was important for her to move on to the higher grades, self esteem was part of helping her continue to care about her learning and for her to become independent.

Another principal talked about promoting students so they could play in appropriate sports as a way to increase individual autonomy and independence and maintain enthusiasm for school. Another described a student with learning disabilities who needed extra years to complete school successfully but now, at age twenty-seven, was running his own business despite continuing difficulties with reading and writing beyond basic levels. Another success story was told about a boy with moderate autism who made no eye contact and could not interact with others when he first came to school. The teacher used peer-supported techniques to teach him how to be part of a group and soon he was able to interact with others appropriately.

Several of the principals talked about successfully including students with special needs in school activities like assemblies, boy and girl scouts, and sports. One principal used the example of friendships between students with and without disabilities. While the students with disabilities gained many social and academic benefits from interacting in a friendly fashion with those without disabilities, the children without disabilities also often learned to be compassionate towards others and how to guide and teach others. Another

principal agreed that positive social interactions between children with special needs and children without disabilities played a key role for all children. The students with special needs learned to absorb different ways of thinking and more ways to express ideas and manners from their peers without disabilities. She said she had seen socialization increase understanding of oneself and understanding of other people for students with and without disabilities. One principal told a story about a hearing impaired child who first attended a special school but whose parents brought her to the mainstreaming school so she could learn a wider range of social interactions. Another talked about a boy who was given verbal guidance and cues to speak for several years before finally being able to talk in his fourth year in the school. The classroom teacher and the parents never gave up helping this boy to speak, and he finally started pronouncing some words. The principal reported that his peers influenced the boy as role models. His peers came to understood all his nonverbal gestures and translated what he wanted for others. Through their friendship, the boy became more confident of speaking and, when he began to speak, his friends were happy for him.

These principals also told success stories about teachers learning to accept gestures and forms of requesting from children who were nonverbal as an indication that they understood what was wanted from them. Teachers learned that verbalization often followed simpler forms of expression and that what was important was reinforcing the appropriate behavior in order to lead to the verbalization of the behavior. Another principal agreed that allowing students to repeat their tasks supported their development, as well as adding new words when a word or two were first spoken. While these events

clearly took more time and work, the principals spoke of the gradual accomplishments with pride.

One principal explained that, in her school, daily meditation was provided. Everyone in the school soon realized that it greatly helped the students with ADD to be more tranquil. The school did not try to help the ADD students understand the whole concept of meditation, but the students learned to be calm at a certain time required through meditation practice. Their concentration skills also increased in other parts of their school day.

Principals talked about the fact that simply going to a school was not sufficient for all children with special needs to make progress. One principal gave an example of a boy with autism who went to a special school where he was largely ignored and learned very little. His parents then brought him to the mainstreaming school where he became healthier and where his teachers and peers saw him as a regular part of the school society. Another of the school leaders talked about a boy with autism who was very antisocial when he first came to the school. The teachers surrounded him with books and encouraged his reading and studying by himself. He eventually learned to read very well and is now a successful college history major. The principal said that his parents were thankful to the school for finding what would work for their son as they never thought that their child would be able to pass to that high a level of study.

In the same school, the principal talked about a girl with Aspergers syndrome who initially had a hard time understanding reading and mathematics because she could not concentrate long enough to learn. Her teachers discovered that she was able to sit longer

during art classes and they modified an IEP goal to focus on using painting and drawing to increase her attention span, first in art and then extended to reading and math. This was the only example given where the IEP was talked about as being used to increase success. The principal proudly said that she graduated from the school six years ago, passed the entrance examination to a prestigious university in Bangkok, and graduated with a major of interior design with first class honors.

Success Stories About Peer Support

A majority of the principals reported that they were glad that the mainstreaming process was part of helping students who did not have disabilities understand the concept of diversity. One principal reported that her school always taught students to support each other. *Stronger helped weaker, and older helped younger* was the philosophy for students in her school. Students without disabilities helping to carry heavy belongings for their peers with special needs was regularly seen.

Another school leader reported in a similar way that the school mission, *Knowledge along with Mercy*, was used to remind students regularly to help their peers. Once this understanding was by students, when they get older they would carry this perception of living among diversity to their real society. Some students were proud to report their parents each day about assisting their special needs friends. This was the structure of the relationship between students with and without disabilities that schools wished to observe.

In a school where there was no elevator for the students with physically disabilities, the principal reported that there was a great deal of help from their peers without disabilities to help support their friends with disabilities in walking up the stairs.

One school leader shared an experience of witnessing students with disabilities being bullied by their peers without disabilities. She narrated that bullying was perceived by for boy students as more of a tough playing among boys. However, it was the responsibility of the school to educate students without disabilities about the appropriate level of play with the peers with disabilities.

One principal explained her school continued to hear about how students supported each other after they had graduated. One principal related that the special needs students received wonderful support from peers, as everyone in the school perceived them as part of the school. They thrived in the secure environment provided by peers and teachers. Such supportive circumstance helped students with disabilities to make progress.

Principals related many success stories about their students and their teachers. However, few of the stories talked about the integral use of the IEP, IEP review, or the strands of the national curriculum in determining whether a student had been as successful as possible. Few of them mentioned turning to other professionals in seeking ways to work with a particular student. None of them referenced using written materials on successful practices in other schools or other countries.

To summarize the current inclusion processes in these best practices schools, school leaders reported a diffused, incomplete but extensive set of processes of initial

screening and assessment of children. They reported that at the minimum, simple IEPs were developed for at least the certificated students. However, IEPs seldom included behavioral and social goals along with academic goals and did not always reference the strands of the national curriculum. Most students with special needs were placed in regular classrooms with modest additional support provided to the teacher to accommodate these additional demands on her teaching schedule. Principals reported that they used some external resources, paid for by the school and the parents, to supplement what the school could offer. Although IEPs were not used to assess progress, many of the principals spent time describing instances of successful intervention and were clearly proud of their ability to help at least some children who would have previously not been able to attend school.

Stories About Problems

One school principal reported a concern about transitions to middle schools. She found that there was a lack of communication between teachers from the two school levels. Her elementary school heard stories from parents that teachers in the middle school lacked knowledge and willingness to work with special needs students. The school did not try to accommodate the new students with special services, and parents reported negative experiences from them.

Leadership of Inclusion

Ninety percent of the school leaders and one hundred percent of the experts in the two focus groups strongly agreed that leaders are the most influential people in successful

inclusion. As one of the principals stated, "Thai society is different from others. Top-down policy is obviously seen in schools. If the principal shows effort, it becomes a role model for teachers and the teachers will follow along." Another expert also articulated that, "The principal is the one who creates the work environment in a school. If a fine working environment is created, it promotes teachers' motivation and that will influence the success of inclusion." They agreed that the overall culture of Thailand supports strong leaders who teach and show others how to proceed with daily activities and beliefs.

In addition to the need for leadership in initial screening and development of the first IEP, both the principals and the focus group experts talked about leadership practices needed throughout the whole process of developing inclusive schools. Principals reported having to disagree with some parents in determining what was best for a particular child. One school principal said that school readiness did not mean just readiness for the first admission to school, but had to also mean readiness to move from grade to grade and from elementary to middle school. She said, in her experience, parents wanted their children to continue to high school even when they were not ready to be moved on to more complex learning. This opinion was reflected in stories told by each of the 10 principals about parents resisting information that pointed to the special needs of their child. This was first identified by parents exaggerating their child's abilities during initial interviews, or denying that any special help was required. It showed up in parents' demands for "good grades" and for reports on their child's progress on the national curriculum. Several of the principals said that their responsibility rested in supporting the child's development, and teachers' determination of the child's accomplishments and

capabilities, even if the parents did not agree. If some parents wished to have their children move to the next grade with their peers even when they were not ready, it was the responsibility of the principal to keep this from happening, for the ultimate good of the child.

The first recommendation from the school leaders and experts was to develop a vision about sharing the importance of inclusion. Progress cannot be made if the leader does not know about or support the practices of inclusive education. This includes knowledge of disabilities and knowledge of leadership. It also includes an understanding of the immediate community and how to work with parents, teachers, and children.

Both the school leaders and the experts in the two focus groups agreed that knowledge about inclusive education and a vision for how inclusive education can improve the lives of children with disabilities and the country itself were the most substantial attributes for leaders. Three experts reported in a similar way that if principals are knowledgeable about inclusion and know how to develop inclusive schools, they would provide great support to children with disabilities and their families and benefit the whole community. One principal even commented that, "What the principal thinks and says impacts onto the whole school, as their ideas are the ones that will be brought into the plans and implemented into practice." Another principal had a similar comment that, "It is all about the principals' roles, as the principal is the one who brings changes to the school in order to make the school provide better educational services to students."

However, eight of the school leaders acknowledged that they initially knew very little about children with disabilities when they started mainstreaming in their schools.

When a child with a disability arrived at their school, the principals had to educate themselves about what would work for each child. The school leader's own strong motivation became what drove schools to "best practice." School leaders initially educated themselves and then trained their teachers. They learned by trial and error in the classrooms, by reading textbooks, by attending conferences on disabilities, by seeking out training from professionals in the area (such as physicians, physical therapists, and occupational therapists), and by communicating with the parents of students with special needs.

Many of the school leaders confessed that it was a difficult task to pull all the needed knowledge together about how to teach children with disabilities, and then to put their new knowledge into good practice when many of the teachers and parents knew even less than they did about what was needed. They understood that they could never stop learning since there was a large amount of new information becoming available all the time. Two of the leaders reported that leaders must be lifelong learners, and learning must not be limited to academic books -- it must also come from being in the situation, and communicating about needs with experts as different approaches are tried. One of the principals gave an example of the necessity of being keen for new knowledge.

> I knew nothing about children with disabilities when I started with the first child with special needs over 10 years ago. But I was not afraid to learn new things, and didn't hesitate to talk to knowledgeable experts in the field, and wasn't reluctant to be involved with my special needs students. Well, I look back now and realize that I've learned so much. I think I know more than I thought... I think that eagerness for knowledge should be one of the characteristics of leaders.

One of the principals talked about what happened when she first started including students with special needs in her school. She had to learn a lot, and quickly. She now

believes that it would have been easier for her and her school if school-wide knowledge

had been available prior to admitting students with disabilities, but she worked hard to

learn what she needed to know to guide her staff and the students.

> I would have ruined myself, my school setting, my students, and
> [everyone], if I had stopped learning. I [was] suddenly short of vision and
> capabilities and had to accept that I had to learn new knowledge. I keep
> myself updated by communicating with experts. It's not a shame. I ask
> questions about everything.

Another leader from a private school explained her situation in this way: "It was

hectic 15 years ago when we had a child with autism, but the bad thing was we

didn't know what it was." This school leader explained that information about

how to support children with disabilities was limited when she started including

students with special needs15 years ago. Western texts were available only within

a group of medical professionals and experts in the field during that time. She

went to special education professors at one of the universities and was loaned

western text books. Thus began her first actual learning about children with

disabilities.

> I learned the different types of disabilities, and it helped me to learn the
> steps [of working] and where to begin…it was more like working a jigsaw
> puzzle in which you have to be patient, putting little pieces together to see
> the big picture. This was how I learned.

She also discussed why leaders should have knowledge and vision:

> Because I have to educate my teachers and parents, how could I know less
> than them? This is a huge job of the nation, very huge and heavy… I
> search online as I want to be superior and want to provide better services. I
> don't have to know everything about best practices for teaching my
> students with disabilities, but I must know enough to get my inclusive
> school [to] run.

In addition, one school leader who holds a Ph.D. in higher education confessed that she was worried after she was assigned by the Ministry of Education to become the principal of an inclusive school. Her background was in the area of educational policy, and she knew little about inclusive education practices. However, in a positive fashion, she reported that the students became her "text books," and that she could "never stop reading." Since each student was different, she found it interesting to observe them on a regular basis. She learned greatly from allowing herself to know each student individually. She had a vision for inclusion and felt that "if the leader says 'no' to inclusive education, many Thai children with disabilities would be left out of the educational system and that would later cause problems in Thai society as a whole." Furthermore, with the many responsibilities as a school leader, she realized that time was the greatest constraint that prevented her from learning what was needed to serve each student. However, she said:

> I always find time for myself to learn more about developmental psychology and children's diseases so that I can be more proactive about what I am doing now. I invited experts to come help us at the school. This helped me to be smart and allow others in the school to learn at the same time.

Another principal said:

> This is my standpoint. As a teacher, I know more than parents how much the children will struggle in class. I will do whatever is proper for my students. The parents may just want me to serve their needs.

Several of the other principals talked about needing to talk with parents regularly about their child's progress. They prepared parents so that the end result of a year's progress would not be a complete surprise. These principals also talked about the need to support their teaching staff to work with children and their parents. Eighty percent of the

interviewees agreed that supporting their staff in difficult decisions was a key in developing successful inclusion practices. One interviewee stated that, "I try to provide support everywhere I can. Special education teachers in our schools are sent to get training many times a year and that's why we can serve our special needs students."

One private school principal stated that the teachers in her school worked very hard and sacrificed their personal lives to work for students with special needs. Therefore, it was her job to support them however she could. One way she helped was by providing food for her staff.

> There are always snacks and coffee available for all of the teachers, since they come to school early in the morning, and sometimes without having breakfast. Well, think about 40-50 kids per class that one teacher has to deal with all day, including children with disabilities, so forget about having a break. It is a lot and at the end of the day they are exhausted, so this is one of the things I can do to support my teachers.

One of the focus group participants identified an organizational issue that limited the ability of some school principals to guide and support their teachers. In Thailand public schools, special education teachers are listed under the Special Education Bureau, whereas regular classroom teachers are listed under the Office of Basic Education. Policy may differ between the two agencies and the site principal is limited in applying rewards and punishments for good teaching practices, particularly with the special education teachers. Special education teachers are not considered "core" to the school but as having a "support" function where the special education teacher reports more directly to the Bureau than to the site principal.

A focus group expert participant pointed out a problem with this dual identification. She noted that some principals believe that inclusion is about special

education, so they assign all of the workload related to inclusive practices to the special

education teachers. They do this without providing any additional support. In fact, she

reported, many principals around Thailand do not even attend orientation or IEP meetings

but expect their special education teacher to handle everything.

Another topic related to the principal as leader came up in both focus groups. In

Thai society, the site principal is expected to participate in the community as well as to

manage the school. Principals have extensive work outside of the school building as well

as full legal responsibility for the appropriate management of the school itself. As a

result, what should be routine leadership and coaching moments between the principal

and the teachers or students with disabilities may not happen. Two of the focus group

experts recommended that there should be a person who is more like a "middle man",

who can coordinate all the activities of the school, and who is given authority from the

principal to make everyone in school work in the same direction. Another expert gave a

practical suggestion related to this problem:

> If the principals have no time, they should assign the work to assistants. By law,
> this is the way to do it. In schools, there are many assistant positions, the leaders
> simply have to select one; probably an 'assistant to the academic affairs' person
> who might take responsibility to be a coordinator of the school. Remember, the
> special needs children belong to everyone in school, not only to the special
> education teachers.

Another expert stated that "the leaders must use power and allow their power to

influence people in the workplace. In Thai society, as we know, teamwork will not

happen without commanding." In the same way, another expert in one focus group stated

that, "In school, a leader should not believe that working with special need kids is the job

of special education teachers only. The leader should make everyone think that taking

care of each individual kid is a job for the whole school." Another one agreed, arguing

that, "Principals must lead and create a working atmosphere so that everyone in school

will consent to and willingly dedicate themselves to the principles of inclusive education

for all of the children, for the school, and for the community."

Experts also described negative experiences in their work with schools. It was

reported through one of the experts that when she was serving the Ministry of Education

as a supervisor for special needs students, she visited a school in Bangkok and was

surprised that she was directed to see whole groups of special needs students who were

separated from the mainstream. She stated that, "This is not the way that inclusion should

be." She believed that once children are placed into separated classrooms, even though

they are in the same school, it will go back to the system of special education setting.

When she talked to the principal she was surprised to learn that this had been done for a

long time. According to the principal, working with students with special needs should be

the work of special teachers. "He does not want to know about special education or

inclusion," she said. She felt that, "This is very narrow-minded and it is totally wrong at

the head level of the school."

However, another expert described the characteristics of the leader of another

public school who she felt should be admired and would lead a successful inclusive

school.

> This leader called me and asked where she should get started as a principal of an
> inclusive school. She confessed that she had a lot of experience working in
> different sizes of schools, but for inclusion she was very worried. However, since
> then, I have talked to her regarding the work. I meet her almost everywhere for
> trainings and conferences. I like that she's been so patient and keen for
> knowledge.

Thus, these school leaders and national-level experts agreed that it was necessary for the school principal to be knowledgeable about the disabilities present in the school, about what kinds of pedagogic practices might help each child with a disability, and to have the vision to guide the teachers, students and parents towards complete inclusion of children with disabilities. While the knowledge necessary to help students with disabilities could, and did, come from many sources, consultation with experts in the field emerged as an essential component of gaining necessary knowledge and confidence to lead an inclusive school.

The principals agreed that collaboration was necessary between everyone involved for inclusion to be successful. Therefore, the leaders of the schools had to play a significant role in distributing the workload for each teacher, and for helping the parents understand and support what the school was trying to do.

All of the experts in the focus groups agreed that the ability to acquire knowledge and vision are important characteristics for leaders. However, experts had either negative or positive attitudes, depending upon the expert's experiences in working with school principals. One of the experts in the focus group, who is a screening specialist and a special education trainer for the Ministry of Education, reported from her experiences that many principals had no vision of what was possible. Thus, they were not serious in supporting training for their teachers. She said:

> The teachers who are sent to get trained are too old, malfunctioning, and almost close to retirement. Some principals don't send young, good quality teachers to be trained because they want them to stay and work at school. They don't think that training is important. This shows how they perceive children with disabilities. As a trainer, I am mad that they take this for granted. I believe that if they [the

principals] had vision, they would send excellent teachers to get training so that they can go back to extend the knowledge to others in the school. I think this is the way kids will be helped.

It was noteworthy that all of the private school leaders had more concerns regarding funding than the leaders of the public schools. All of the private school leaders reported that since tuition comes from parents, their satisfaction is the first thing to take into consideration. One of the principal stated that,

> I have to manage everything to serve the needs of the teachers, parents, and students, as well as the community. The budget is the greatest concern for me. As a private school, I receive some financial support from the government, but for the most part, it comes from the parents so I have to be cautious using the money.

Another principal believed in the "4 Ms" theory, which includes men, materials, money, and management. She said that her job is making all men, materials, and money work through her management. She said she tries to make all people work together under the least conflict. However, she admitted that:

> People have limitations. My job is pulling their capability out to prove it to them. Sometimes I have to understand and accept their constraints. I know that some of the teachers could work only at minimal level, so as a leader, I have to work a lot harder gathering these people to work so that the policy of the school could be put into action.

In addition, nine of the ten school leaders concurred that teamwork is a requirement for making change in any organization. One of the principal reported that:

> Every place has problems and divergences, but the job of the leader is to use different kinds of strategies to make everyone work together. Fortunately in my school the teachers understand their duties, and even if sometimes, conflicts take place, they compromise and move on.

In contrast, the experts from the focus groups were generally quite pessimistic about the leaders of public schools. Eighty percent of them agreed that the attitude of

most school leaders needed to be changed if successful inclusion is to occur in Thailand.

Some of them said that some parts of the education system were more ready to move than

others. One expert from the first focus group stated that, "We need to accept that private

schools are more flexible in working. They work faster as a team because of their

leaders."

Other experts explained that the way leaders work is through people. Leaders use

management skills to motivate people, they agreed. They believed that leaders must get

everyone to work for the school as a team. One expert was frustrated when explaining

his experience dealing with school leaders:

> I don't understand why most of the principals say that their schools are not ready
> to be inclusive schools. They actually don't have to do it themselves. They will
> get support if they agree [to inclusive education]. If they just allow the
> opportunity to happen in schools and for kids, there will be no concern. I know
> that the school will be run with great teamwork if there is good support from the
> leaders. So there should not be this kind of concern anymore. This is a job for
> Thai children. No matter whether they [the principals] want to do it or not, the
> Ministry of Education will make them do it sooner or later. So one thing I can
> recommend for them is starting to prepare their teamwork now.

In summary, the principals and the experts all agreed that leadership by principals

was essential to success. They just did not agree on why that leadership might not always

occur.

Problems of Putting Policy into Practice

Eight out of ten schools agreed that educational policy did not work well when it

was put into practice because of a lack of unity among policy makers. Policy makers did

not understand how policy was put into practice, since they lacked direct understanding

about the process of working in special education and inclusion. In addition, the minister of the Ministry of Thai Education had often been replaced, depending upon the government. As a consequence there was a lack of continuum in policy. Each school reported the effect from the poorly formed educational policy in different ways, depending on the impact that each felt.

The first school reported about the lack of understanding of inclusive education at the federal level. Each year the federal educational policy extended the number of the schools that were to become inclusive. The principal's opinion on the effect of this policy was that although there were more demands for schools to admit students with disabilities all over Thailand, many schools could not prepare themselves to provide a good education in so short a time. This principal suggested that instead of extending the number of inclusive schools, the government must focus on first preparing knowledgeable staff and proper facilities. Unless this happened, the government would be wasting money and would have a very difficult time regulating the quality of inclusive schools.

Another principal's opinion focused on funding. If inclusion was to be successful, it needed supports financially. This principal's school had been absorbing the increasing cost of hiring and training more teachers, teaching assistants, proving equipment and facilities, and other kinds of costs which the school could not pass on to parents.

A private school from the provinces stated that because of the lack of consistency from the federal policy, the school experienced a budget shortfall for students with special needs. This was one of the pilot schools for inclusion. After the Ministry of

Education learned that the school received a subsidy from different departments, it cut the school's budget. However, the principal reported, even though the school was no longer in the group of pilot schools, it did not give up serving those with disabilities as an inclusive school. "What should we do with the 30 students with disabilities?" the principal asked. "They would have nowhere to go. I had to ensure the parents that our school policy still maintained support for the special needs students." This school leader brought up the interesting point that special education teachers needed more ethical education to work with students with special needs. There was a need for the government to develop teachers holistically rather than merely provide them career training. This principal also identified contradictions in screening criteria for children with disabilities from different ministries. The Ministry of Education identified nine types of disabilities in its screening protocol. In contrast, the Ministry of Public Health identified 13 types of disabilities. This contradiction was identified when children were taken to a hospital to receive their diagnosis. The discrepancy has financial ramifications because if a child's diagnosis did not fall into the categories of the Ministry of Education protocol, he would not quality for financial support from that ministry.

Another principal from a private school related that the school had been providing education for parents and the community regarding disabilities issues, yet had not received support from the government. In this principal's opinion, the federal policy needed to include a process of educating the community about disabilities and the benefits of mainstreaming. Since government officers in the Ministry of Education did

not take an overall perspective or vision of how inclusive schools should work, their policies could not possibly function when they were put into practice.

One school leader reported a heavy burden of repetitive paperwork. A disagreement between the Special Education Government Agency and the Office of the Basic Education Commissions caused a duplication of bureaucratic reporting to both agencies. Sometimes the school was informed by the Office of the Basic Education Commissions on one policy, but once they checked with the Special Education Government Agency, different activities were requested. The need to communicate with both agencies sometimes caused a delay in compliance. Even when the school carefully followed the instructions on paperwork to receive financial support for students with special needs, the Office of the Basic Education Commissions made changes in the process without informing the Special Education Government Agency. This caused a delay in coupon payments for students.

Another principal complained that the private school system was neglected by the federal system.

> Being a private school, we are left out. The government does not care how much we help the country educate Thai children. We are looked at as a well-off institute, but actually we are not. They don't know how much of the expenses wait for us each month.

This school leader expressed the opinion that teacher training provided by the government was almost useless. It was of low quality and teachers learned little. The principal felt that that the government wasted time and money. "I could have used the money more effectively if I had gotten a chance to manage the budget," she challenged.

Another principal explained that the link between the policy and practice was weakened by the lack of support from research. The government should have conducted a feasibility study about mainstreaming in each region in order to plan the new system. Thailand is a large country, where each region has its own character. An exploratory study could have helped design policies unique to each region. This principal pointed out that the system of decentralized "School-Based Management" was in fact a hierarchical structure directed by the Ministry of Education. The policies of the ministry did not benefit schools because its policies underestimated the difficulty of including all children with disabilities.

One principle attributed the poor rate of success of government policies to the lack of unity among the ministries that were responsible for disability policy. This principal stated that the Ministry of Education, the Ministry of Public Health, and the Ministry of Interior, needed to work collaboratively, as each ministry had schools under its umbrella. Without collaboration among the ministries, inclusion was proceeding in contradictory directions, causing schools to struggle. This principal also pointed out that the language used by the government should be modified to show respect for people with disabilities. Language is a sensitive issue and could influence misunderstanding among people in the society. Many individuals with disabilities and their families were irritated by the negative language with which they had been labeled. Inclusion at the school level should be spread to the rest of society to discourage discrimination against people with disabilities. The principal recommended that the ministries perform more studies of the

research done in the field of mainstreaming in order to incorporate ethics as part of government policy.

Principals from private schools reported that they received less support than public schools from the Special Education Government Agency. Private schools in Bangkok reported that they received less supervision from the Metropolis Special Education Government Agency than public schools despite the fact that all inclusive schools should have been provided the same level of service from the agency. Similar problems were identified in private schools in other provinces regarding their relationship to the Regional Special Education Government Agency. Schools from two other provinces stated that the Regional Agency lacked enough staff to supervise the schools' work. When they provided training on new intervention techniques or new assessment processes, the agencies provided little follow-up support. When the schools were stuck, there was no consulting available. Principals reported that many teachers would like to have continuous support from the Special Education Government Agency through training by psychologists for behavior problems, and for assessment techniques.

A school in another province stated that it was required to report the progress of students with disabilities on their IEPs to the agency, but this amounted to a great amount of paperwork. The teachers complained to the principal that half of their time was spent on paperwork, and this took away from their time helping their students with disabilities. They also complained that the bureaucracy demanded strict compliance on filling out the forms at the expense of content.

Need for New Policy

The 10 school leaders I interviewed all agreed that it was necessary for the Ministry of Education to support change with mandates, money, and training. They said that their first job as school-site leaders was to "educate new generations." School leaders had to educate their whole communities in a holistic way in order to generate positive attitudes and create a supportive environment for inclusive education in their schools. Four out of ten school leaders provided a simple formula for improving practice:

1) welcoming parents of students with disabilities into the school society;

2) educating everyone in the school to transform to the stage of acceptance;

3) providing training to the teachers and all school staff to work and support students with special needs; and

4) promoting a supportive atmosphere of living together among all of the students.

These leaders were aware of where barriers to acceptance were most likely to arise, and felt that with these simple activities, change could occur.

CHAPTER V

INTERPRETATIONS OF FINDINGS

In this chapter, I analyze my findings by comparing them to earlier published research findings and ideas about best inclusion practices identified in Chapter II of this dissertation. I then propose a Thai-specific model of inclusion based on my findings and analysis.

To organize analysis of my findings in relationship to prior research and theory, I use largely the same categories of the inclusion process that I used in Chapter IV: *Effects of Thai Cultures on Inclusion Practices, Initial Screening and Assessment, Initial IEP Development, Classroom Placement, IEP Review, Leadership of Inclusion* and *Policy Implications*. These categories were derived, from the combined best practices model of Salend (1990) and Spillane's (2006)) distributed leadership model as described in Chapter II.

Effects of Thai Cultures on Inclusion Practices

Probably the most pervasive finding of this study was the obvious under-funding of the Thai education system in general and of inclusion practices specifically. This showed up in every aspect of the study. Classrooms were overcrowded. Teachers were underpaid for the amount of work and difficulty of work required of them. There were inadequate training and support services available. There were inadequate funds for many

needed resources to support inclusion. In fact, it seemed clear to me that the hardest

impact fell on those least able to deal with it: Poor parents with children with severe

behavioral disorders had few resources available to them. Parents with few resources

often had to use them to support the schools and classrooms in aiding their children

during the course of the school day. This is consistent with what has been reported in

early stages of adoption in other countries (Buysse, Skinner & Grant, 2001).

In contrast, perhaps another equally significant finding was in the stories of

dedication and success told by the principals about their schools, classrooms, and

teachers. Parents often were trying hard to understand how they could help the schools

help their children. There were many more stories told of people "going the extra mile" to

support a child, than there were of people simply refusing to help when a problem or

need was discovered. It is important to note that all of the elements needed for a

successful best practices system were present, although not in sufficient depth and quality

to assure success. This is comparable to other countries in a similar stage of development

(Odom, 2000; Lipsky & Gartner, 1998; Vaughn & Schumm, 1995; Whitebook, Howers

& Phillips, 1989).

In examining Thailand's school system in terms of Spillane's (2006) leadership

model, as illustrated in Figure 4 in Chapter II, all aspects were in place for leaders,

teachers, and for the circumstances of including children with special needs in the schools

in the study. Principals worked hard to establish criteria for inclusion, even in the absence

of such criteria from the national level. They participated in initial screening and

assessment to determine students' readiness for inclusion. They built and maintained

some sort of system or network for communication with teachers, parents and the surrounding community. Teachers met with parents of children with special needs and parents of children without disabilities to talk about inclusion practices, strengths and weaknesses. Teachers modified their instruction for students with disabilities, attempted to adapt evaluation procedures so they were appropriate for each child, evaluated the progress of each child in some way, and sometimes revised their teaching and school systems based on their evaluation data.

Thus, the first finding of this study that is both similar to and different from the findings of prior research rests in the particular stage of implementation in Thailand today, and the unique nature of Thai culture. Thailand is in a relatively early stage of implementing inclusion practices in all of its schools, and that showed in this study. The history in Thailand does not include similar civil rights movements that would support or "pave the way" for the kind of thinking required for inclusion, as occurred in the United States in the 1960s and 1970s (Scotch, 2001; Bricker, 1978). Therefore, initial progress might be expected to be slower in Thailand. Many teachers, even in the schools with best practices, were clearly unprepared to work with children with special needs. Many principals were committed to implementing the new law but struggled with limited resources and general lack of training and preparation for these children to join the school population.

The importance of taking Thailand's unique cultures into consideration in designing an inclusive system clearly stood out in this study. The fact that Thailand is predominantly a Buddhist society made the role of compassion for every living being and

the consideration of "karma" in relationship to disability key influences in Thai attitudes about children with special needs. Many of the participants in the study talked about compassion as being at the core of their professional practices, but they also talked about the shame that many people felt and directed at people with disabilities, because of the assumption that they "deserved" their disability from past life failures. In a culture like Thailand's, where there is considerable deference to those who are older, richer, professional, and who have higher status because of family ties, shame played a direct role in fears that arise out of ignorance. Many people would not directly talk about special needs, and consequently were ignorant about and feared them. In settings where the knowledge might be available from professionals, many parents, for example, often deferred to professionals and would not raise questions. This was true for parents of children without disabilities as well. While these parents were often reported to readily accept disability in someone else's child, their primary concerns were often about whether their own child was at risk in any way because of the presence of a child with special needs.

However, both fears and the practice of polite deference were often balanced by a clear willingness to cooperate and collaborate for the good of all children. This was consistent with Western findings (Daane, Beirne-Smith & Latham, 2001)

Initial Screening and Assessment

Thailand has a unique set of issues related to appropriate initial assessment for certification of disability. This study found inconsistency in assessment practices,

procedures, forms, and rules. There was inconsistency between medical assessments and educational assessments. There was lack of agreement across all assessors about disability definitions and conditions. These problems in Thailand are consistent with prior research findings on assessment in other countries. There were also clearly significant differences in attitudes and opinions reported by the principals between the regular classroom teachers and special education teachers. This has been previously found to be a serious obstruction to implementing inclusion practices in other countries (Rose & Smith, 1993; Hornby, 1999; Bricker, 1995).

Initial IEP Development

The important role of the principal in seeing that the IEP process occurred with all parties is consistent with all prior research findings on this topic (Praisner, 2003; Evans & Lunt, 2002; Lieber et al, 2000). The important role of parents and the problems that arise when parents are not prepared to participate fully in the IEP process were also consistent with prior research findings (Cross et al, 2004; Hanson et al, 2001; Lynch & Hanson, 1998). If parents in Thailand did not feel like they were "equal partners" in the IEP development, they were unlikely to participate in it. Issues also arose in discussions of IEP development about conflicts of attitude and beliefs between regular classroom teachers and special education teachers and other specialists (Avramidis, Bayliss & Burden, 2000; Villa et al, 1996; LeRoy & Simpson, 1996). This was a particularly difficult issue when the principal was not viewed by the special education teachers as their "boss."

A number of unique questions about and issues related to what constituted an appropriate IEP for Thailand elementary schools arose throughout the interviews and in the focus group discussions. Prior recommended practices for IEP procedures reported in the Western literature may not be appropriate for the Thailand situation.

<center>Classroom Placement</center>

Overcrowding as a significant constraint against good inclusion practices was present throughout discussions in the interviews and focus groups, and was observed by the researcher in the school settings. Again, this is consistent with prior research findings in the U.S. (Staub & Peck, 1994; Buysse, Wesley & Keyes, 1998). Much of prior research does not provide guidelines for an optimum number of children in a classroom with one teacher, so it is difficult to compare what "overcrowding" means in different countries and in different studies. However, the fact that Thai classrooms all seemed to be around 40-45 children per classroom, with upwards of five or more children with special needs in the mix, and usually with only one teacher per classroom, there is little doubt in my mind that "overcrowding" as it is identified in Thailand would be considered overcrowding in almost every country in the world.

The principals and the experts in the focus groups all identified many benefits of inclusion for all children, and this is consistent with prior findings (Bricker, 1995; Guralnick, 1986). They identified serious lack of training in inclusion practices for all participants, and this is consistent with prior findings as well (Antia, Kreimeyer & Eldredge, 1994; Hauser-Cram, Bronson & Upshur, 1993; File, 1994: Forlin, Douglas &

Hattie, 1996; McLean & Dunst, 1990). The consistent identification of lack of sufficient support was also consistent with prior research findings (Scruggs & Mastropieri, 1996; Yatvin, 1995; Jelas, 2000). In fact, the serious and pervasive low level of financial and professional support for inclusive classrooms made the many successes reported by the principals all the more dramatic because they came out of situations where success was not very likely.

IEP Review

The principals reported considerable inconsistency of use of the IEP to guide the academic year. There also appeared to be substantial confusion about how the IEP related to other assessment processes, such as examinations for the national curriculum. Principals also reported difficulty in convening IEP meetings, and getting team members to work together. While these problems were consistent with prior reports of early implementation of inclusion in other countries, they seemed to be more consistent across all schools in this study (Jelas, 2000; Rao, 1998; Scotch, 2001).

Leadership of Inclusion

The distributed leadership model was upheld and useful in analyzing the data (Spillane, 2004). There was substantial agreement between the principals and the experts from the focus group discussions about the importance of the role and attitudes of the principals, and this was consistent with all prior research findings (Evans & Lunt, 2002; Katsiyannis, Conderman & Franks, 1995; Lieber et al, 2000; Praisner, 2003; Rose &

Smith, 1993). In particular, both the principals and the national experts talked about principals' ability to support and coach teachers in new practices, and that was consistent with prior research on this topic (Ainscow, Farrell & Tweddle, 2000; Anderson & Decker, 1993; Galis & Tanner, 1995).

The biggest difference that arose in this study from findings from prior research studies was a persistent problem reported by the principals of both getting all people who were supposedly under their leadership to do what the principal thought needed to be done, and also with being required by law to do things that were not possible given the budget and staffing constraints. The principals often talked about having to do things that might not have been considered in strict accordance with the law in situations in which they were not able to meet the specific requirements of the law. None of them discussed this in the context of "breaking the law." Instead, their concerns were mostly around how to do what was best for a child in a situation where only a portion of what was "best" could be implemented.

Policy Implications

Thailand has used the right to education for all people as a fundamental guideline in their new inclusion laws, and this is consistent with prior research for other countries (Sadiman, 2004). The important need for the inclusion law was referred to by many of the principals and experts, and that is consistent with prior research where inclusion is attempted without a framing law (Rao, 1998). However, the principals and experts identified several misalignments in policy and law that were causing problems: There

needed to be clarification of inclusion categories, clarification of admission requirements, clarification about priority in admitting disabilities, and adoption of consistent non-admission rules. These problems were also consistent with problems that have been found during early implementation in other countries (Evans & Lunt, 2002; The National Center on Educational Restructuring and Inclusion, 1994).

None of the participants talked about the concept of least restrictive environment, and this is different from findings of prior research (Bowe, 2004). Several of the principals and the experts talked about agencies in conflict, For example, some discussed the conflicting goals between the accreditation agency and the Ministry of Education in testing procedures. No prior research on this subject was found. Nor was there prior research available to which I could compare the positive aspects of a mixed public and private educational system as occurs in Thailand. While some of the principals talked about the need for earlier identification of children with special needs in order to make sure children were ready to enter the first grade, none of them talked about having a system of persistent early assessment, pre-school, and kindergarten, as would have been consistent with prior research findings (Cross et al, 2004).

Summary

The Salend (1990) model was useful in collecting and interpreting the data, but needs to be modified for Thailand based on the findings of this study. Thailand has the start of a good system, largely because of the willingness of everyone to make it work.

The biggest disconnect that I identified was in what the law requires and what resources are available at the school level to make it possible to meet the requirements of the law.

The Thai Model for Inclusion

The Thai Model for Inclusion that will be described in this section is based on combining the *model of mainstreaming* of Salend (1990) and the *distributed leadership model* of Spillane (2006) as they are applied to the primary findings of this study. The largest difference between the combined model used to guide this study, and the revised Thai Model for Inclusive Education is a stage that has been added at the beginning of the inclusion process.

Many limitations to full inclusion were identified in this study, beginning with the inclusive education policy itself, to profound national budget constraints, the lack of broadly held knowledge about disabilities, the lack of knowledge about how to best educate children with special needs, to the unavailability of sufficient and affordable training for school personnel. Not all medical personnel who needed to know about all disabilities knew what they needed to know, and the general population was unaware and sometimes fearful about disabilities. The experts in the focus groups recommended that the model that would fit best with Thai society must be simple, but still cover all elements and functions needed to assure the trustworthiness and appropriateness of inclusion policies and practices. Figure 7 represents their input into adaptation of a Thai Model and indicates all stages of students with disabilities being

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┌─────────────────────────────────────────────────────────────┐
│                  GENERAL PUBLIC STAGE                          │
└─────────────────────────────────────────────────────────────┘

┌──────────────────┐  ┌──────────────┐  ┌──────────────────────┐
│ Identified Children │ │  All Thai    │  │ Unidentified Children │
│                  │  │  Children    │  │                      │
└──────────────────┘  └──────────────┘  └──────────────────────┘

┌─────────────────────────────────────────────────────────────┐
│                   FORMAL SCHOOLING                            │
└─────────────────────────────────────────────────────────────┘

            ┌─────────────────────────────────────┐
            │   Screening and Assessment Processes │
            └─────────────────────────────────────┘

            ┌─────────────────────────────────────┐
            │        First IEP Development         │
            └─────────────────────────────────────┘
         ┌──────────────────────────────────────────┐
         │ Each individual with disabilities and their parents are │
         │            prepared for inclusion        │
         └──────────────────────────────────────────┘

            ┌─────────────────────────────────────┐
            │        Classroom Placement          │
            │  (General Ed with Special Ed trained │
            │   teachers, students with and without│
            │            disabilities)             │
            └─────────────────────────────────────┘

┌──────────────────────┐          ┌──────────────────────────┐
│  Full Curriculum with │          │ Individual Curriculum Design │
│    Accommodations     │          │    and Instruction        │
└──────────────────────┘          └──────────────────────────┘

                    ┌──────────────┐
                    │  IEP Review  │
                    └──────────────┘

┌──────────────┐   ┌──────────────┐   ┌──────────────┐
│   Achieved   │   │  Progressed  │   │ IEP Revision │
└──────────────┘   └──────────────┘   └──────────────┘

                                       ┌──────────────┐
                                       │   Referral   │
                                       └──────────────┘
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FIGURE 7. The Thai Model for Inclusive Education

mainstreamed, both before and after inclusion. I named the first stage, before the students are included in schooling, the *General Public Stage*. The second stage occurs after students with disabilities have entered school, and is named *Formal Schooling*. Within this second stage is included the four elements in operating inclusive education as used in this dissertation.

General Public Stage

The *General Public Stage* of this model is defined as the time before students with disabilities enter formal schooling. I considered including principals as leaders of their communities in this stage, as well as in the next stage when children enter formal schooling. However, in the general public stage, children have not yet been admitted to school, and a principal is not officially "on duty" for them. "Children" in this context means all children, both identified and unidentified children with disabilities, and children without disabilities. Because these populations intersect prior to initial assessment and classroom placement, it is important to acknowledge all children at this point. "Parents" includes all parents, as well as other members of the surrounding community. This is to acknowledge that people who live in the community also are affected by the children and schools in their community, and have a need to know about inclusion. Therefore, before the child enters formal schooling, the leadership functions are held by different players than after the child enters formal schooling.

Thailand does not have in place, at this time, a systematic way to perform early diagnosis of children with special needs. In fact, principals reported that they believed

some Thai children with disabilities were kept at home without receiving any training or education. Many parents feel shameful to have children have disabilities. However, both the principals and experts talked about the need for early assessment, so that training can begin as early as possible. The findings of this study point to the need for more systematic early identification processes, and that is what led me to include this stage in the Thai model.

Another reason for including a public stage is because of the limited knowledge held by many people about disabilities and about the potential of many children with special needs to play a larger, happier and more productive role in Thai society if they have sufficient and timely education. I also included the public stage in the Thai model because the findings of this study point to the need for a multifaceted educational process aimed at developing increased understanding and acceptance of different forms of disability in the general population of Thailand.

Formal Schooling

Once children come to school to be admitted, they are divided into three groups: Children without disabilities, children who arrive at the school with a certificate of disability and children who may have disabilities but have no certificate. Some students come to school with obvious disabilities, such as severe cognitive or physical impairment. Whether or not they have prior certification, children with severe disabilities are usually those who are first identified as needing further screening and assessment. For them, screening and assessment could begin on the first day of school.

Another, more difficult group to identify early consists of students who show up at school without obvious symptoms of disability. This was the largest group of children with special needs that was identified by principals in the study. Most of the school leaders stated that the teachers figured out after about a month following admission that some students experienced learning difficulties beyond what they considered a normal range for novice learners. Therefore, inclusive schools require a good ongoing system of screening and assessment.

Screening and Assessment Process

In Thailand, the disability identification process is considered to be best conducted by medical professionals, based on a model of understanding all disability as being physical disability. However, many medical professionals were identified by principals in the study as being unfamiliar with all forms of disability and often not taking sufficient time to make a correct diagnosis. Some physicians even refused to conduct diagnosis for certificates, and some charged parents for diagnostic services. Principals reported that when there was a need for assessment at the school, most parents preferred or gave preference to the medical diagnosis, and sometimes this caused them a problem with correct classroom placement. However, the more pervasive concern was that many children remained unofficial because they were without certification. Even though they were being provided special services in their classrooms, the schools were not eligible to received funding.

Principals in the study reported that Thai schools used three different kinds of screening and assessing: Observation, using testing protocols, and interviews with parents

(in some rare cases, diagnoses reported by medical professionals were also used). The results of screening and assessment influenced the decision as to whether the student was included as a *mainstreamed student* or whether *referrals were made* to other settings that offered more appropriate services for particular types of disabilities. Such settings included special schools, occupational schools, hospitals or rehabilitation centers.

Individualized Education Plan (IEP) Development

Initial IEP development begins after the screening and assessment are completed and the school admits the individual with disabilities. Or, if a child is identified later in the school year as being a child with special needs, an initial IEP would be completed at that time. Even in the best practice schools, the principals in this study said that it was challenging to develop the first IEP. The process itself was new to teachers and parents, and it required collaboration from many parties both in and outside of schools. One expert even questioned whether Thai society or schools were ready for the idea of an IEP because of the high level of collaboration and ongoing assessment required by the practice. With the shortage of money, small body of knowledge, time available, and other constraints, IEP development emerged as a big concern. Two experts recommended simplified forms or perhaps some alternative process to replace the IEP. In this model, even though I realize the limitations in developing IEPs in the Thai context, I kept them in the model as I believe the principals and experts all agreed with the basic principle of having some form of shared plan at the start of the year for each child, and then having some way to check back over the year to see how the child had progressed. Even though Thailand may need to do more training and preparation for everyone who participates in

the IEP process, it should be used as a fundamental way to track progress and placement. Collaboration during development of the initial IEP, combined with appropriate screening and assessment processes, has the potential to provide the student with the best possible plan for success as a mainstreamed student. The findings of this research indicate that a great deal of improvement needs to be made both in assessment practices and in IEP processes.

Most of the principals described IEPs as containing specific objectives and goals, based on the results of the initial screening and assessment processes. Four to five developmental goals seemed to be manageable for these principals and teachers. Goals did not always include academic, social, emotional and behavioral goals. The findings of this research study indicate that development of a consistent simplified IEP format and process, along with training and support for collaboration of all parties throughout the school year, would greatly improve the usefulness of the IEP process.

Regular Classroom Placement

Appropriate classroom placement involves two types of placement for students. The first type of placement consists of placing students who are qualified to receive the same curriculum as their peers without disabilities, but with modest accommodations by regular classroom teachers. The second type of placement involves students who do not qualify for placement in the mainstream classroom and require a more individualized and specific curriculum and instruction in accordance with their specific needs. Unfortunately, the findings of this study indicate that almost all children were placed in regular classrooms, with or without additional needed support personnel or supplies,

because of the budget difficulties of placement in a specialized classroom or out-placed to another facility.

The second type of placement, which includes students with more severe disabilities, consists of an individualized curriculum design and instruction. This kind of placement would be provided mostly with students with severe cognitive disabilities, including Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, other kinds of cognitive disabilities such as Down syndrome, and mental retardation. Based on the findings of this study and according to other research findings, it is recommended that an individual curriculum design in the Thai context focus more on the development of life skills and functional skills than on academic goals. The participants in this study argued that assessment for this group must be authentic assessment, based primarily on each individual's improvement without comparing their progress to that of other students in the mainstreamed classrooms.

IEP Review

Given the inconsistent use of initial IEPs, and the overcrowded classrooms, it was not surprising to learn from the principals in this study that the IEP review process is not fully used in most schools. The review process is intended to assure the validity of the implemented IEP that was established by the original screening and assessment process. IEP review is divided into three categories and evaluated by evidence from the individual's progress towards his or her educational goals. Currently in the Thai school system, the IEP review process is not sufficient and needs improvement. The following descriptions of the three levels are recommended, based on these findings.

The first recommended evaluative category is termed the *achieved level*. This level indicates whether the individual made progress to meet all the aspects of the education goals and objectives of the IEP. For individuals who have achieved all of their IEP development goals and objectives, a new IEP can be established.

The next recommended category is the *progress level*, in which the individual makes progress to meet at least half of the educational goals and objectives on the IEP. Each individual whose progress falls into this level does not have a new IEP developed until the individual makes more progress and meets all of the established developmental goals and objectives.

The *revision level* is the stage where students with special needs demonstrate progress on less than half of the developmental goals and objectives on the IEP. For example, if there are six developmental goals and objectives and progress is made towards less than 3, the IEP must be considered for revision. The goals and objectives on the IEP need to be adjusted to the level of the student's developmental ability.

Individuals who fall into this level of revision may also be considered for referral to more appropriate support in other settings, such as special schools, hospitals, and rehabilitation or career training centers. Referral could be conducted in two different ways. One form of referral could place the student in a non-inclusive setting. The second kind of referral is for short term training, which allows the student to return to the mainstream system after training. In the second option, students could also receive training in outside settings at the same time that they are enrolled in an inclusive school. This second case may be considered by schools which do not have their own resources

for special support for students, such as resource rooms, equipments, materials and supplies, special education teachers or other school professionals. The findings of this study indicate that lack of these kinds of resources may be a reality for many schools and referral to services outside of schools should be a consideration for improving the efficiency of inclusive education for Thailand.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

The purpose of this research study was to develop a model of inclusion that is appropriate for Thai elementary schools. That model, called the Thai Model for Inclusion, was presented in the previous chapter.

The model was designed in response to several research questions that investigated the current practices in inclusive elementary education in Thailand. These research questions were presented in Chapter I and are given again below for the reader's convenience:

1. What are the best inclusive practices in Thailand today?

2. Are there problems in the best inclusive practices? If so, what are the apparent causes?

3. Are there areas where advancements can be made? If so, what is needed to advance inclusive practices?

4. Can a Thai-specific model of inclusion be deduced from comparing best practices models to requirements for Thailand today?

A qualitative study was conducted of 10 inclusive elementary schools in the geographic region around Bangkok in Thailand that have been designated by the government as those using best practices. Through conducting interviews with their 10

principals, completing eight classroom observations in five of these schools, and through

conducting two focus groups with 10 nationally-named experts in inclusion, I determined

that the idea of inclusive education has been introduced to the Thai education system for

more than two decades, but is still in its early developmental stages. The best practices in

Thailand, as much as I could identify them, are described in this study. Are there

problems? Yes. Are there apparent causes? Yes. I describe both in Chapters IV and V.

Are there areas where advancement can be made? Yes. I began discussion with the Thai

Model for Inclusion presented at the end of chapter V and continue here with

recommendations for changes in practice in Thailand and recommendations for needed

future research.

Recommendations for Changes in Practice

All one needs to do is go from category to category in the Thai Model to identify

where needs exist. There is no category that my participants or I would consider fully

acceptable at this point in time. Every finding in this study points toward the need for

more funds in every category, more pre-service training, more in-service training, more

support in the classroom, more support to the classroom, more opportunities for sharing

learning among teachers across schools, and much more. Despite the burden of

attempting to perform a monumental set of tasks with woefully insufficient resources, the

participants in this study were unanimous in reporting that almost all of the people they

talked to about inclusion were willing to help inclusion succeed. The discussion that

continues below will focus on recommendations that would help this process move

forward. In the discussion that follows, the largest problems that need to be addressed by the federal government, such as increases in funding, time resources, and other large limitations will be left for discussion at a later time. The recommendations presented here will focus on the special education processes that appear in the Thai Model of Inclusion, such as screening and assessment, the IEP process, and classroom placement.

Screening, Assessment and Standardized Processes

The shortage of protocols for screening and assessment has exacerbated the problem of misidentification and inappropriate placement of students in Thai elementary schools. Support is needed from experts in developing new protocols that are appropriate for Thai culture. The specialists in the field may consider collaborative work between universities both in Thailand and in other countries in developing more tools appropriate for our culture. The reliability of many current protocols is questionable because they have been taken from western countries and translated into Thai language without norming and customizing for Thai culture. In translating western protocols, the process of customization must be done carefully.

Protocol development should be supported at the policy level through grants for experts in the field of special education and related fields in order to produce more and various types of screening and assessment protocols that fit with different age ranges and different types of disabilities. Once this is accomplished, it will provide a basis for more intensive training so that school personnel are able to become independent in identifying children with disabilities. Moreover, better coordination between medical setting and

education settings should be established to help transform and transfer the knowledge of screening and assessment between settings. At the same time, parents and the broader society should be educated by these two groups, of educators and medical personnel, so that they have basic knowledge of screening and assessment and will become actively involved with the process of helping their children be ready for school. Teamwork during the IEP process should follow once parents and professional personnel are trained.

Student Preparation

Preparation at this point should not be considered merely to prepare students with disabilities. In addition, students without disabilities need to be prepared to understand and support peers with disabilities in their classrooms. For students without disabilities, schools should begin the process of preparation even before the school year begins, with discussions at the first parents' meetings. This should be continued in other activities provided during the school year; for example, schools could focus on students working together during the daily morning assembly as well as during class time.

Students with special needs who are identified before school begins need to be trained in particular areas to give them strategies for success in mainstreaming. During the Summer before children begin school is the proper time for schools to arrange intervention services. Parents, especially of students with disabilities, need to be involved during the first process of screening in order to gain knowledge about supporting their children at home.

IEP Development

The IEP does not seem to be currently used as a guideline in developing children's educational plans. Instead, the IEP has become a burden for teachers, both in its development and implementation in the curriculum. At this point in the development of Thai inclusive education, if the IEP could be conceptualized as a very simple document, this would lessen the burden on teachers. The IEP should be developed by a team of parents and other experts, with cooperation from school. Since Thailand has a shortage of specialists, I suggest that specialists could be replaced by other professionals. For example, since there are greater numbers of nurses than physical and occupational therapists, nurses could be trained to work with children in schools. Since nurses have foundational medical knowledge, using nurses in this way could increase the presence of medical personnel participating in the IEP development.

In terms of improving the participation of teacher in IEP development, experts from the Ministry of Education could be used to instruct them on how the IEP relates to the national curriculum. Experts could also improve the understanding of parents about school reports of the progress at the end of the year. With training from the Ministry, teachers would become more confident in merging the information on student progress from the IEP and the national curriculum in reports to parents.

In order to assist teachers in developing IEPs, there could be a standardized IEP form provided as a guideline for teachers. The standardized form could be adjusted for each individual student. Even though there are currently IEP forms being offered by the Ministry of Education and some university professors, teachers need more support in

writing IEPs for diverse types of disabilities. Along with a standardized IEP form, the teachers should receive training on how to develop, write and individualize the IEP to fit each individual's needs.

<center>Classroom Placement</center>

More resource centers or resource rooms are needed, both outside of and inside schools. Resource centers should be provided with equipment and materials to support the learning of the diversity of special need students. More training and intervention agencies also need to be established in each community. If the federal Ministry cannot make enough training and intervention agencies sufficiently available, it would be important to promote private parties to provide services. However, private agencies should be required to work under the regulations of the federal Ministry so that they remain of high quality and affordable for parents.

Since Thailand is predominantly a Buddhist country, instructional design for special needs students could incorporate the practice of being a Buddhist into the daily instruction. For example, simple activities such as mediation could stretch the attention span of students with attention deficit disorder. Inserting the Lord Buddha's teaching into instruction could help soften students whose tendency is to have aggressive, violent behavior.

Parents are part of the process of successful classroom placement, and the level of their knowledge is important. However, the Thai National Education Council in 2003 reported that the Thai population in the 15-59 age range, people of labor force age, have

an average education at the lower secondary level (Office of the National Education Commission, 2003). It can be assumed that most parents are in this age range. They may lack broad knowledge about disabilities, and this lack will be reflected in their lack of understanding about how to support their children with special needs and how to collaborate with schools.

In fact, the majority of the Thai population requires a broader understanding about people with disabilities and how to care for people with disabilities to the community. Parents in particular, but also school personnel, federal staff, and even medical personnel need to improve their knowledge about special education and issues about people with disabilities. Moreover, since Thailand is not a reading-based culture, parents especially need to be more informed about accessing resources by not simply asking for support, but also acquiring knowledge and information in order to be active participants who can cope with the difficulties of raising children with disabilities.

Principals and experts in the study reported about the uniqueness of Thai society, in which compassion plays an important role in how Thai people look at those with disabilities. As has been reported, Thai people have shown a high level of compassion toward people with disabilities; however, without knowing how to help, appropriate implementation does not occur. If the community could be provided with a knowledge base of how to support people with disabilities, they would be equipped with the fundamental tools to improve the quality of life of people with disabilities. With the understanding of the whole community, schools will no longer work alone, and help for students with disabilities will be synchronized as teamwork.

Spreading knowledge about supporting people with disabilities in the community and parent education has not been the focus of my research focus. However, in analyzing how principals in the study mostly focused on the social economic status of parents, I realized that part of the disagreements that occur between home and school, and the problems encountered by students with special needs are really based in the limited knowledge and understanding of parents about how to support their children with special needs. To improve the inclusive system, the first and foremost improvement that needs to be made is to establish teamwork between parents and schools.

I do not intend to blame parents, but instead, I believe that the federal Ministry should take responsibility to improve understanding about people with disabilities and to support inclusive systems in the community. Implementation could be accomplished through the leadership of principals since they are considered educational leaders of the community. As Spillane suggested (2004), leadership is typically thought of as something "done to" followers, but from a distributed leadership perspective, followers co-produce leadership in interaction with leaders. I believe the distributed leadership model is very similar to the teamwork concept that is frequently cited as best practice in special education. If principals in Thailand could step in to play the role of leader in a distributed leadership model, through their efforts to broaden knowledge in the community and by requesting collaboration, many parties in the community would join to support schools and their students.

Training needs to be implemented at both local and national levels in Thailand to prepare all of those involved to support improvements in the inclusive education system.

Training will help construct an understanding about how to support children with disabilities, how to provide proper assistants for the classroom, how to design curriculum for children with special needs, and how to improve the quality of education in schools. Through this process of improving inclusive education in Thailand, there is the possibility that Thai society as a whole could improve its understanding about how to support people with disabilities in the community.

Training

I have discussed at length in Chapter V the need for improvement in assessment protocols and procedures, for a standardized and simplified IEP format, for reduced class sizes and increased staffing, and for ongoing assessment of how curricular strategies are working throughout the school year. However, I want to comment here about the training that will be needed in order for improvements in each of these areas to take effect.

More and different kinds of training need to be provided for school professionals through an ongoing process because there is always new knowledge and information for supporting students with disabilities and for coping with this demanding and often stressful work area. In addition to school personnel, this training process should be extended to medical personnel who are involved in assessment and the critical certification process. Training for both medical and education staff should focus on specifics of types of disabilities, the law related to education in Thailand, knowledge about forms and processes, and on-hands practice with working in collaborative groups across institutional and organizational boundaries.

Because of lack of adequate knowledge and a cultural mindset that may make support the reluctance to participate, parents and community currently do not play the support role recommended in prior research on successful inclusion. If there are appropriate and sufficient trainings provided to parents and other community members, it will help construct understanding about people with disabilities and offer support and knowledge to increase parental confidence. It might even be interesting to explore the use of parent and child advocates in the system to lessen the social strain on parents, particularly in IEP meetings and processes. In addition, Colleges of Education should provide more practice-based courses and fundamental knowledge about supporting people with disabilities for its students in both general and special education. For college students in programs of special education in particular, more courses that provide experience in the field need to be provided in order to expose students to a wide variety of disabilities. Pre-service training in hands-on experience would be as beneficial to students as courses offered in lecture format.

Policy Recommendations

Even though an inadequate budget has been identified as the core constraint for implementing inclusive education in Thailand, an equally important area needing change is educational policy. Schools need to be able to implement the policies written by the Ministry of Education. There needs to be some revision of the correspondence work between schools and special education government agencies to reduce the workload and redundant work of schools. The critical point is that educational law allows all Thai

children to be included in the school system; schools cannot deny these students even though they are unable to provide an adequate education. The educational policy at this point should be explained thoroughly. Back-up plans need to be available for the Thai children who cannot be mainstreamed so that schools have options for parents and children who would otherwise be left out of the educational system. An important point is that even though the policy of decentralization from the Ministry to the local community was logical when it was written, the question came up over and over again in this study about whether the local principal had sufficient power to implement policy decisions. In this study, I found that some local schools were ready for change, and others were not. The process of providing inclusive education is intense and each step needs professional support. I believe that the major support must come from the central government.

Budget is another area needing reform. Ten thousand baht per student (around 300 USD) a year, is too meager to support quality education. Thus there should be a larger budget to subsidize schools in order to reduce the burden placed on parents who have to pay for their children's schooling. Moreover, the budget should be used wisely to improve the quality of education through different kinds of trainings. Thus the most benefit will be gained and the investment will be wise.

Recommendations for Future Research

This study was of a very small sample in a very large and complex country. The study needs to be replicated throughout Thailand. I recommend that replications include more kinds of informants, including parents and teachers. Since it has been obviously

demonstrated here that inclusive education in Thailand needs improved assessment and training processes, additional research would help make the needs and solutions more explicit. Expert direct observations in inclusive classrooms should also be done for authentic determination of appropriate assessment, curriculum development, teaching strategies, and individual educational goals. In addition, research needs to be done on the level of cultural appropriateness in developing IEP and curriculum development.

Because there was a wide range of strategies and resources to serve students among the "best practice" schools in this study, I realized that it would be beneficial if the government could set up a demonstration school. If such a school receives funding from the federal government, it could be used as a research base for inclusion. The school could provide a fully inclusive education to demonstrate to other school settings about how to operate a high quality inclusive school. The school would need to be designed as a typical school so that its practices could be applied to other schools. Once this kind of model is publicized, it could attract more attention from professionals and community members who want to be involved in helping inclusion become successful throughout Thailand.

Limitations of This Study

Samples and Participants

In the first phase of this study in which interviews and observations were conducted, the samples were selected from best practice schools instead of being selected randomly from the pool of 1,499 inclusive schools in the central region of Thailand.

I chose to do this, as described in the research design in Chapter III, because it was more likely that I would see the best inclusion practices in Thailand. However, because of the selection method, the sample is not random and therefore cannot be considered representative. Because the sample size was small, it may also not even be representative of the complete pool of the best inclusive schools. Another potential drawback of the sample is that most of the 10 schools in the study are in Bangkok, but the rest are in nearby provinces. Even though people in the central region share many commonalities, the data comes from a few particular places and may not represent the current practices in schools across the central region or across Thailand. However, since inclusion is new to Thailand, it is likely that these schools do represent the "best practices" in the country.

As this was an exploratory study, there was no attempt made to generalize from the samples to the entire population. Instead, generalization has been made from the sample to the theoretical model, which was then tested against opinions of expert informants in Thailand. Still, the model remains only a "best guess." Whether it is fully appropriate for all of the diversity of Thailand can only be proved through subsequent refinement of the model, adoption, practice, and assessment.

In terms of the second phase of this research study, all of the participants in the focus group were designated experts by the Thai government and were well known in Thailand to Thai educators. They were also busy people, and three of them were unable to participate in the focus group sessions and instead sent representatives. There lack of attendance at the focus groups may have lessened the internal validity of the model. However, since all three experts were well experienced in the field of special education, I

thought it was worthwhile to meet with each individual to share the model and ask for their individual opinions on refinement. In this way, their opinions were incorporated into the study even though they could not participate in the focus groups.

<div align="center">Including Parents</div>

Practices from western countries described in the literature suggest that parents should be included in an inclusive school system. However, the readers may notice that in this study I did not include parents as a direct part of the study. There are four reasons I chose to not include them. First, special education in Thailand began with a legal mandate, not through the parental advocacy or civil rights movements that occurred in other western countries. To date, there has been minimal participation from parents in the processes of law or in requests for service. Second, the cultural personality of Thai people must be taken into consideration. As a people, they are reserved compared to western citizens, and showing opinions is difficult for them. It would be culturally inappropriate in Thailand to include them in this project, and their inclusion might be considered psychologically harmful. Third, Thai people respect teachers very highly; hence, what teachers say is the final word for parents. It would be extraordinary in Thai culture to ask teachers and principals about inclusion, and then ask parents the same questions. Parents would defer to the educational staff. Last, but not least, Thailand is predominantly Buddhist. There are strong beliefs that people born with disabilities may "deserve" them as some part of their behavior in prior lives. Parents are not likely to be forthcoming either about disability or about their children's needs. However, I realized differences

between most parents in Bangkok from those in other provinces during the field research.

Parents in Bangkok were more outspoken than parents in the provinces. To investigate

regional differences, I recommend future study with parents.

Including Teachers

A similar question could be asked about why I did not include teachers directly in

the study. For this study, I was particularly interested in the leadership aspects of

inclusion. However, during field research, principals informed me that teachers are one of

the fundamental parameters that make the system of inclusion function. When I was

observing the classrooms, I could not talk to the teachers because I had not included them

in my original design, and I found that I clearly was missing some essential data. From

this experience comes another recommendation for future research.

Time Constraints

By the time human subjects approval was received in the United States, schools in

Thailand were at nearing the end of the semester. This gave me a time constrain of nine

weeks within which to complete my field research. Time may have been an important

constraint on the validity of the findings, as a lot had to be accomplished in a very short

period of time.

Databases in Thailand

There are at least six universities in Thailand that have departments of special

education. However, none of their published papers are available through a searchable

database. Since I had only a short time to conduct my field research, I was not able to go to each of these departments and see what other Thai research might have that was not available to me online. I believe that there is related Thai literature that I could not reach during the time period of my study, and this may be an additional limitation in the comparison of my findings to prior studies. I undoubtedly do not have all prior studies listed here.

Translation

As this research was done in Thailand, the language used for data collection was Thai. However, to report the findings, I needed to translate Thai into English. I found it extremely difficult to do translation, coding, and analysis simultaneously. Even though I did my best, it took a lot longer than planned in every step and I may have inadvertently introduced some bias into the translation processes.

Problems with Government Agencies

There are at least three ministries in Thailand responsible for taking care of people with disabilities: The Ministry of Education, the Ministry of Public Health, and the Ministry of Interior. Each of them has different policies for providing educational services for people with disabilities. After receiving information about the best practice schools from the Office of the Basic Education Commission, in the Ministry of Education, I assumed that the lists of schools were the most comprehensive for the purposes of this study. However, once I went back to Thailand and began my field

research, I learned from the school principals and some of the experts that there are some good inclusive schools under the umbrella of the Ministry of Interior that were not included in the Ministry of Education list, because they were not part of that ministry. I missed some good inclusive schools that did not belong to the Ministry of Education, and thus what I report here may not include all of the "best of the best" practices.

Conclusions

Thailand has made a great beginning to a monumental and honorable task. The core findings of this research study argue that while more steps need to be taken as implementation of inclusion continues, the principals, teachers, parents, education experts, and the people of Thailand have the commitment and strength of determination to make inclusion an integrated part of Thai education and to provide leadership on inclusion to the world.

APPENDIX A

THE COLOURED PROGRESSIVE MATRICES: CPM

THE COLOURED PROGRESSIVE MATRICES: CPM

Instructions for matrices: Have a child choose one of the choices below to fill in the blank on the big picture. Note: The school provided only these two examples out of the picture series.)
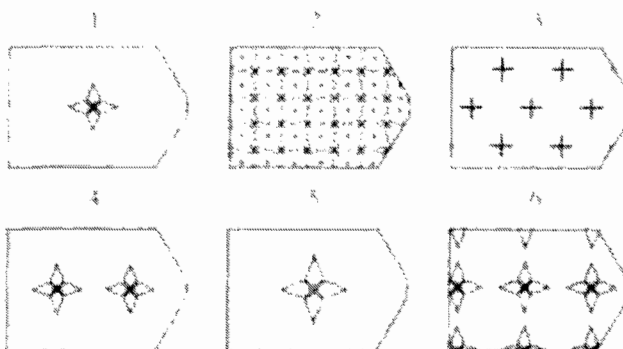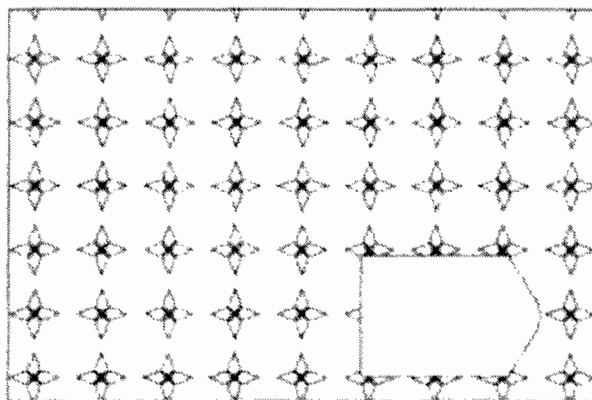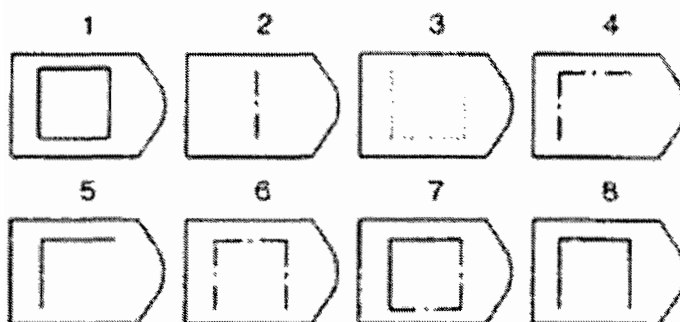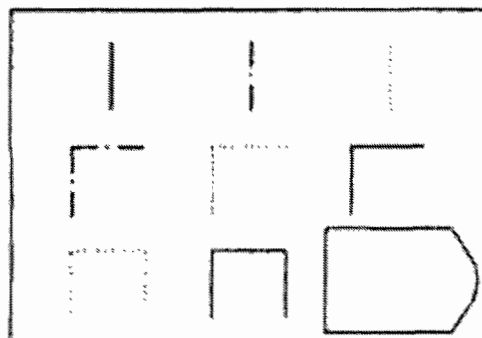
APENDIX B

THE CONNERS ABBREVIATED PARENT/TEACHER QUESTIONAIRE: CPTQ

THE CONNERS ABBREVIATED PARENT/TEACHER QUESTIONAIRE: CPTQ
(excerpts)

Instructions for the questionnaire: Listed below are items concerning children's behavior or the problems they sometimes have. Read each item carefully and decide how much you think this child has been bothered by this problem at this time: Not at All, Just a Little, Pretty Much, or Very Much. Indicate your choice by circling the number in the appropriate column to the right of each item.

Answer All Items	Not at All	Just a Little	Pretty Much	Very Much
1) Disturbs other children	0	1	2	3
2) Fails to finish things he starts (short attention span)	0	1	2	3
3) Mood changes quickly	0	1	2	3
4) Temper outbursts (explosive and unpredictable behavior)	0	1	2	3
	None	Minor	Moderate	Severe
How serious a problem do you think this child has at this time?	0	1	2	3

APPENDIX C

EIGHT FORMS FOR SCREENING DISABILITIES OF SPECIAL EDUCATION

REFERAL OF THE MINISTRY OF EDUCATION

EIGHT FORMS FOR SCREENING DISABILITIES OF SPECIAL EDUCATION
REFERAL OF THE MINISTRY OF EDUCATION (Translated from Thai Language)

1. Screening for Visual Impairment

Student's name _____ Sex _____ Age ___ (years) ___ (months)
Student's date of birth _____ Grade _____
Today's date _____ Person filling out the form _____

Instructions:
1. For individuals with a visual impairment, the screening tool will identify whether or not the student is in need of special education.
2. Please observe the student's developmental areas and behaviors in each item. Check the "Yes" box to indicate if the student is doing the activity regularly and check the "No" box if the student rarely or never does the action.
3. In order to obtain correct and accurate information about the student, the person who completes the form should be the student's teacher, parents, or caregivers.

No.	Area/behaviors	Observation Note	
		Yes	No
1	Walks clumsily and cannot avoid obstacles while walking		
2	Cannot walk or run straight forward and falls down without reason		
3	Head low or bent when looking at an object that is placed in front of him		
4	Has to walk closer to an object or picture when looking at it		
5	Opens eyes wide, squints, or closes one eye to look at an object		
6	Reads the same line or skips a line while reading a book		
7	Rubs eyes, blinks eyes, or move eyes more frequently than usual		
8	Narrows eyes to protect them from light		
9	Red eyes, tears,or frequent rash on eye lids		
10	Usually use hands or other senses to explore objects rather than using eyes		
11	Always has headache, eyeache, stomach sick, dizzy, itchy eyes, or has difficulty seeing		

| 12 | Cannot see the details of a picture or an object | | |
| 13 | Cannot identify similar colors such as blue-green, white-gray | | |

Scoring:
If a student obtains "Yes" on 10 items, the student is likely to have a visual impairment. The student should be referred to an ophthalmologist or other specialist for further evaluation and intervention.

Result:
❑   Detection   ❑   No detection

Other comments:

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_____

_____

_____

Completed by

Name……………………………..(First Screening Administrator)

Signature……………………………..

Name……………………………..(Second Screening Administrator)

Signature……………………………..

2. <u>Screening for Hearing Impairments</u>

Student's name _____ Sex _____ Age ___ (years) ___ (months)
Student's date of birth _____ Grade _____
Today's date _____ Person filling out the form _____

Instructions:
1. For individuals with hearing impairments, the screening tool will identify whether or not a student needs special education.
2. Please observe the student's developmental area and behaviors in each item. Check the "Yes" box to indicate whether or not the student is doing the activity regularly and check the "No" box to indicate whether the student rarely or never does the behavior.
3. In order to obtain correct and accurate information about the student, the person who completes the form should be the student's teacher, parents, or caregivers.

No.	Area/behaviors	Observation Note	
		Yes	No
1	No reaction to loud noise, conversation, or music		
2	No response to being called		
3	Does not speak, but use gestures instead		
4	Unclear spoken voice, abnormal voice, speaks in same rhythm		
5	While having a conversation, looks at speaker's lips or face at all times		
6	Gives the wrong answer or does not give an answer		
7	Cannot repeat or copy words from teachers		
8	Has a history of ear infections		

Scoring:
If a student obtains a "Yes" in 3 items, the student is likely to have a hearing problem. The student should be referred to an ear doctor or specialists for further evaluation and intervention.

Result:
❑   Detection   ❑   No detection

Other comments:

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Completed by

Name………………………………..(First Screening Administrator)

Signature……………………………..

Name………………………………..(Second Screening Administrator)

Signature……………………………..

3. Screening for Cognitive Disabilities

Student's name _____ Sex _____ Age ___ (years) ___ (months)
Student's date of birth _____ Grade _____
Today's date _____ Person filling out the form _____

Instructions:
1. For individuals with cognitive disabilities, the screening tool will identify whether or not a student needs special education.
2. Please observe the student's developmental area and behaviors in each item. Check the "Yes" box to indicate whether or not the student is doing the activity regularly and check the "No" box to indicate whether the student rarely or never does the behavior.
3. In order to obtain correct and accurate information about the student, the person who completes the form should be the student's teacher, parents, or caregivers.

No.	Area/behaviors	Observation Note	
		Yes	No
1	No coordination between fine motor skills and visual skills while doing an activity		
2	Moves or walks more slowly than children his/her age		
3	Does not talk or unclearly speaks		
4	Use inappropriate language for his/her age level		
5	Short attention/ cannot focus on learning or doing activities		
6	Cannot respond for up to 2 commands or gets confused easily		
7	Short memory/ cannot remember what he/she learned		
8	Slow learner or repeats each lesson or task such as mathematics, writing, summary		
9	Imitates friends' gestures or speech		
10	Cannot independently complete daily routines on his/her own		
11	Cannot apply skills that have been learned in daily routine		
12	Likes to play with children younger than his age		
13	Slow response to stimulus environment		
14	Responds to environment inappropriately		
15	Gets angry easily		
16	Gets confused easily		

17	Cannot follow commands		
19	Writes incorrect sentences		
20	Likes to imitate or copy others' ideas (words, speaking) without using his/her own idea		
21	Needs to be under supervision constantly		
22	Does not pay attention to things around him/her		
23	Repeats activity		
24	Cannot concentrate or focus on what he/she is doing		
25	Cannot apply learning skills in daily life		

Scoring:

If a student obtains "yes" on 15 items, the student is likely to have cognitive problems. The student should be referred to specialists for further evaluation and intervention.

Result:

❑   Detection   ❑   No detection

Other comments:

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Completed by

Name………………………………..(First Screening Administrator)

Signature……………………………..

Name………………………………..(Second Screening Administrator)

Signature……………………………..

Notes:

Cognitive disabilities refers to a person who has developmental delays compared to individuals with typical development. The person will have an intelligent quotient below normal (IQ ≤70). The person will have disabilities in at least 2 out of 10 areas:

1. Communication
2. Personal care
3. Adaptive life
4. Social communication
5. Self esteem
6. (I don't understand this)
7. Academic learning
8. Working
9. Leisure
10. Hygiene and safety

Cognitive disabilities can occur from birth to 18 years of age and are divided into 4 categories:
1. Less : Intelligent quotient (IQ) 50-70
2. Middle : IQ 35-49
3. Strong : IQ 20-34
4. Severe: IQ less than 20

4. Screening for Physical Heath Disabilities

Student's name _____ Sex _____ Age ___ (years) ___ (months)
Student's date of birth _____ Grade _____
Today's date _____ Person filling out the form _____

Instructions:
1. For individuals with physical health disabilities, the screening tool will identify whether or not a student needs special education.
2. Please observe the student's developmental area and behaviors in each item. Check the "Yes" box to indicate whether or not the student is doing the activity regularly and check the "No" box to indicate whether the student rarely or never does the behavior.
3. In order to obtain correct and accurate information about the student, the person who completes the form should be the student's teacher, parents, or caregivers.

No.	Area/behaviors	Observation Note	
		Yes	No
1	Can sit without support		
2	Can sit on a chair (a chair without arms) independently		
3	Sits down and stands up		
4	Stands on two feet independently		
5	Stands up on one foot for at least 5 seconds		
6	Walks without a walker or walking assistants		
7	Stands up from sitting down on a chair or furniture		
8	Can run		
9	Jumps on two feet		
10	Jumps on one foot		
11	Alternately walks up stairs		
12	Catches and throws a ball from/to a target		
13	Kicks a ball forward		
14	Peddles tricycle		
15	Walks and holds an object		
16	Uses fork and spoon for eating		
17	Can hold a glass of water for drinking		
18	Uses one hand to comb hair		
19	Uses two hands to button and wear skirt or pants		
20	Turns body on the bed		
21	Sits down then stands up		
22	Walks on the floor for 10 steps		
23	Steps up on at least 4 stairs while holding stair rail		

24	Transfers small toy from one hand to the other hand		
25	Holds up an cylindrical object such as a candle or pencil		
26	Draws a straight line, curve, or curving line		
27	Draws a straight line, vertical and horizontal		
28	Stacks blocks to make a building		
29	Cuts and makes 3 pieces of a puzzle		
30	Opens and closes a screw-on bottle lid		
31	Stacks blocks to make a bridge		
32	Threads a string through different sizes of beads		
33	Cuts up a paper using scissors		
34	Makes shapes such as circle, triangle, or rectangle by cutting with scissors		
35	Uses two hands when doing an activity		

Scoring:
If a student obtains "no" on 21 items, the student is likely to have a physical health problem. The student should be referred to specialists for further evaluation and intervention.

Result:
❏   Detection   ❏   No detection

Other comments:

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                        Completed by
Name…………………………..(First Screening Administrator)

Signature……………………………..

Name…………………………..(Second Screening Administrator)

Signature…………………………

5. <u>Screening for Learning Disabilities</u>

Student's name _____ Sex _____ Age ___ (years) ___ (months)
Student's date of birth _____ Grade _____
Today's date _____ Person filling out the form _____

Instructions:
1. For students age 5-9 years old with learning disabilities (LD), the screening tool will identify whether of not a student needs special education.
2. There are two sections in this area.
3. Please observe the student's developmental area and behaviors in each item. Check the "Yes" box to indicate if the student is doing the activity regularly and check the "No" box if the student rarely or never does the action.
4. In order to obtain correct and accurate information about the student, the person who completes the form should be the student's teacher, parents, and caregivers. The person must have known the student for at least 3 months.

Section I:

No.	Area/behaviors	Observation Note	
		Yes	No
1	Typical development in every area excluding learning area		
2	Has learning problems in at least two of the following areas: 2.1 Reading 2.2 Writing 2.3 Math		
3	No visual, hearing, or cognitive problem, or autism, being abandoned, or coming from a disadvantaged background		

Scoring:
If a student obtains "Yes" on 3 items, the student is likely to have a learning problem. The student should be observed in the second section.

Section I—Result:
❏   Detection   ❏   No detection

Section II

No.	Area/behaviors	Observation Note	
		Yes	No
	Reading Disabilities		
1	Cannot read		
2	Slow reading, reads word by word, cannot remember words		
3	Cannot spell a word		
	Reads the same word, skips passages, or adds words		
5	Cannot use tones (low, mid, high, or highest)		
6	Cannot specify 'm' and 'n' sounds or 'd' and 't' sounds		
7	Misses sentences or loses position, misses a line		
8	Does not know the meaning of words		
9	Does not comprehend reading		
	Writing and spelling Disabilities		
1	Cannot write a letter		
2	Writes letters in reverse		
3	Cannot write a sentence		
4	Writing difficult to read		
5	Cannot put letters in each word in the right position		
6	Confused about similar letters and numbers such as 6-9, b-d, ม-น ค-ค พ-ย		
	Math Disabilities		
1	Cannot count		
2	Cannot understand the counting system		
3	Cannot add, multiply, subtract, divide		
4	Cannot calculate by using plus or minus signs		
5	Cannot solve simple addition or subtraction problems		
6	Cannot understand mathematic concepts such as numbers, shapes, symbols, time, direction, size, distance, ordering, comparing etc.		

Scoring:
1. Reading disabilities: If a student obtains "Yes" on 6 items above, the student may have a reading disability.
2. Writing disabilities: If a student obtains "Yes" on 4 items above, the student may have a writing disability.
3. Math Disabilities: If a student obtains "Yes" on 6 items above, the student may have a math disability.

The student should be referred to specialists or psychologists for further evaluation and intervention.

Section II—Result:
❑ Detection (Reading   Writing   Math)   ❑ No detection

Other comments:

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_____
_____
_____
_____
_____

Completed by

Name…………………………….(First Screening Administrator)

Signature……………………………..

Name……………………………..(Second Screening Administrator)

Signature……………………………..

6. Screening for Communication Disabilities

Student's name _____ Sex _____ Age ___ (years) ___ (months)
Student's date of birth _____ Grade _____
Today's date _____ Person filling out the form _____

Instructions:
1. For individuals with communication disabilities the screening tool will identify whether or not a student needs special education. Please observe the student's developmental area and behaviors in each item. Check the "Yes" box to indicate if the student is doing the activity regularly and check the "No" box if the student rarely or never does the action.
2. In order to obtain correct and accurate information about the student, the person who completes the form should be the student's teacher, parents, or caregivers.

No.	Area/behaviors	Observation Note	
		Yes	No
1	Produces the wrong words by using similar phonemes		
2	Cannot pronounce a double initial consonant such as klang, plaa		
3	Mumbles, speaks unclearly, speaks softly, makes strange sounds		
4	Stutters		
5	Cannot pronounce "kwang" but says "ka wang"		
6	Cannot make high-low sounds or uses the wrong tones		
7	Uses incorrect grammar		
8	Uses lower level language than is appropriate for his/her own age		

Scoring:

If a student obtains "yes" on 6 items, the student is likely to have a communication problem. The student should be referred to specialists for further evaluation and intervention.

Result:
❑   Detection   ❑   No detection

Other comments:

_____

_____

Completed by

Name………………………………..(First Screening Administrator)

Signature……………………………..

Name………………………………..(Second Screening Administrator)

Signature……………………………..

7. Screening for Social-Emotional Problems

Student's name _____ Sex _____ Age ___ (years) ___ (months)
Student's date of birth _____ Grade _____
Today's date _____ Person filling out the form _____

Instructions:
1. For individuals with social/emotional problems, the screening tool will identify whether or not a student needs special education.
2. Please observe the student's developmental area and behaviors in each item. Check the "Yes" box to indicate if the student is doing the activity regularly and check the "No" box to indicate the student rarely or never does.
3. In order to obtain correct and accurate information of the student, the person who completes the form should be the student's teacher, parents, or caregivers.

No.	Area/behaviors	Observation Note	
		Yes	No
1	Complains or makes an excuse to avoid participating in an activity or work		
2	Steals at home or school		
3	Avoids meeting people, close friends		
4	Does not respect others, break school rules or social rules, bullies and discriminates against others		
5	Often gets into a quarrel with others		
6	Cannot control emotions, aggressive, bothersome to others		
7	Lack of confidence, avoids social communication, does not have communication skills		
8	Rushes around, cannot focus on lessons or environment		
9	Skips class, low grades		

Scoring:

If a student obtains "yes" on 4 items, the student is likely to have a social-emotional problem. The student should be referred to specialists for further evaluation and intervention.

Result:
❏   Detection   ❏   No detection

Other comments:

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_____

Completed by

Name………………………………..(First Screening Administrator)

Signature……………………………..

Name………………………………..(Second Screening Administrator)

Signature……………………………..

8. Screening for Autism

Student's name _____ Sex _____ Age ___ (years) ___ (months)
Student's date of birth _____ Grade _____
Today's date _____ Person filling out the form _____

Instructions:
1. For individuals with autism, the screening tool will identify whether or not a student needs special education.
2. Please observe the student's developmental area and behaviors in each item. Check the "Yes" box to indicate if the student is doing the activity regularly and check the "No" box to indicate if the student rarely or never does.
3. In order to obtain correct and accurate information about the student, the person who completes the form should be the student's teacher, parents, or caregivers.

No.	Area/behaviors	Observation Note	
		Yes	No
	Emotional behavior		
1	Avoids friends, likes to be alone		
2	Does not know others' emotions or feelings		
3	Cannot accept change		
4	Does not understand game rules or appears not to want to understand		
5	Constant and persistent behaviors such as shaking fingers, playing with hands etc.		
6	Obsession with certain parts of objects		
7	Walks or stands on toes		
	Communication		
8	Uses own words or speaks in a very odd way using incorrect grammar which others do not understand		
9	Mimics others' sayings or repeat others' questions		
10	Obsession with phrases or speech that has been picked up from books, music, or TV		
11	Cannot start conversation with friends or elders		
12	Uses gestures without using words when asking for something		
	Social		
13	Does not make eye contact when speaking with others		
14	Does not play "make-believe" games or copy other children who are playing		
15	Plays alone		

16	Cannot interact with friends or start friendships/relationships		

Scoring:
If a student obtains "yes" on at least 2 items in each area, the student is likely to have autism. The student should be referred to specialists for further evaluation and intervention.

Result:
❏   Detection   ❏   No detection

Other comments:

_____

_____

_____

_____

_____

_____

Completed by

Name………………………………..(First Screening Administrator)

Signature……………………………..

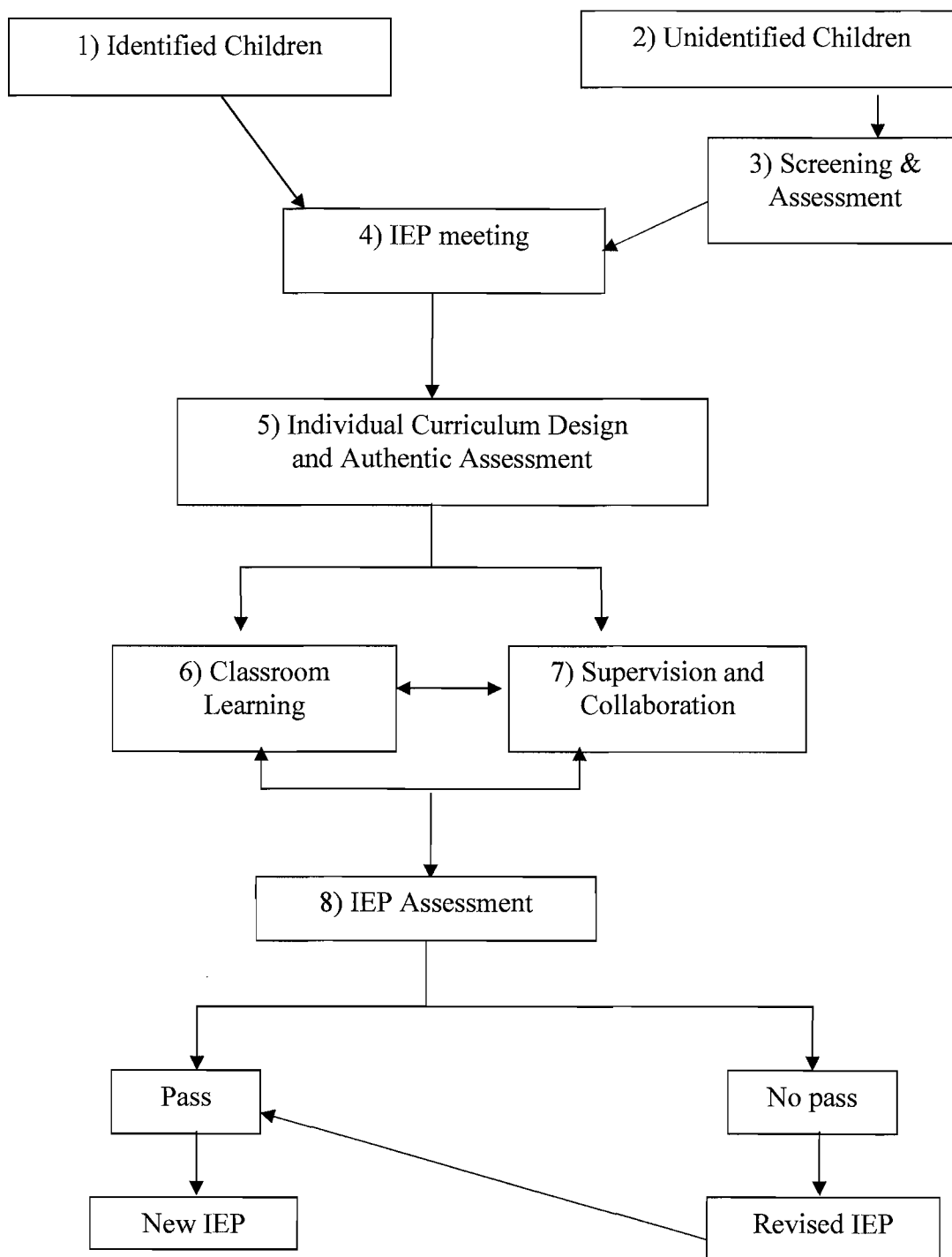Name………………………………..(Second Screening Administrator)

Signature……………………………..

APPENDIX D

A DRAFT MODEL PROPOSED TO THE FOCUS GROUPS FOR

SUGGESTIONS AND REVISIONS

A DRAFT MODEL PROPOSED TO THE FOCUS GROUPS FOR SUGGESTIONS AND REVISIONS (Translated from Thai language)

1) <u>Identified Children:</u> Children who have been diagnosed by physicians and hold a certificate of having disabilities

2) <u>Unidentified Children:</u> Children who have never been diagnosed by physicians, and do not hold a certificate of having disabilities

3) <u>Screening & Assessment:</u>
◉Screening: A rough assessment to identify if children have symptoms or characteristics of having disabilities.
◉Assessment: An assessment provided to diagnose the disabilities of children in depth. The results of this assessing level will be used to develop the IEP.

Note: The process of screening and assessment should be done by a principal, classroom teacher, or teacher trained in special education.

4) <u>IEP Meeting:</u>
This process should have these following people involved: A principal, parents, a classroom teacher, a special education teacher, medical professionals (physician, physical therapist, occupational therapist, nurse, visual specialist, etc.), and other school professionals or non-school professionals (school psychologist, speech pathologist, counseling psychologist, or other specialists if they are available in the community)

5) <u>Individual Curriculum Design and Authentic Assessment:</u>
This stage depends on the results of the IEP meeting.

6) <u>Classroom Learning:</u>
- Activities are appropriated to the capability of the child
- Encourages children both with and without disabilities to work together
- Authentic assessments are employed

7) <u>Supervision and Collaboration:</u>
This process is comprised of all parties working together, including teachers, parents, medical professionals, other school professionals, non-school professionals, and a principal. The support from a resource room or outsourcing agencies are included in this stage to accommodate students' learning.

8) <u>IEP Assessment:</u>
Moving to this level depends upon whether or not a child meets the criteria of the goals and objectives on his/her IEP. If a child meets the criteria (i.e., passes), the next IEP development will occur. However, if a child does not make progress and cannot meet the criteria (i.e., no pass), his/her IEP will be revised and more accommodations must be taken into account.

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