The Use of Individual Education Programs for Children in Australian Schools

Ian Dempsey
Centre for Special Education and Disability Studies, University of Newcastle, Australia

A cornerstone of special education practice is customising instruction to meet individual students' needs. Individual education programs (IEPs) are used in many countries to document the manner in which such instruction is customised and to provide a record of student outcomes. Using 2009 data from the Longitudinal Study of Australian Children, this paper examines a range of student and school variables associated with Australian children aged 8 to 9 years who had an IEP at the time. There were significant differences across government, Catholic and independent schools, and significant differences across the states and territories in the use of IEPs. The Discussion section of the paper explores possible reasons for those differences and the desirability for more consistent use of IEPs with students with a disability in Australia.

Keywords: individual education program, IEP, special education policy, special education law

Introduction

> *Special education is, first and foremost, instruction focused on individual need. It is carefully planned. It is intensive, urgent, relentless, and goal directed. It is empirically supported practice, drawn from research. To provide special education means to set priorities and select carefully what needs to be taught. It means teaching something special and teaching it in a special way . . . To provide special education means monitoring each student's progress . . . and taking responsibility for changing instruction when the monitoring data indicate that sufficient progress is not being made. (Zigmond, 1997, pp. 384–385)*

To prevent an identity crisis and to prevent lapsing into habitual behaviour, it is important to know who you are and to know your purpose. So, it is for these reasons that my early semester interactions with special education teacher education students make time to explore what special education is. This invariably involves a discussion of Naomi Zigmond's take on the discipline, and forgive me for admitting that whenever I read her quote that the fire in my belly for special education teaching is reignited.

Zigmond's enduring view of special education captures several crucial components of our discipline: individualised instruction, evidence-based practice and the unremitting goal of improving the quality of life of our students. In the decade and a half since Zigmond's publication, there have been several laments (at least from the US) on the

Correspondence: Ian Dempsey, Centre for Special Education and Disability Studies, University of Newcastle, Callaghan, NSW 2308, Australia. E-mail: ian.dempsey@newcastle.edu.au

extent to which special education continues to underachieve (Bateman, 2007; Kauffman, 2003, 2008; Kavale & Forness, 2000), but there is nothing in the literature that would challenge her encapsulation of special education. This paper focuses on the 'goal directed' and 'monitoring each student's progress' components of Zigmond's description and the manner in which educational authorities respond to those aspects of special education practice. In many developed countries, an individualised education program (IEP) is used to document the goals and progress of students with a disability.

IEPs in an International Context

United States

The history of IEPs in the United States (US) is a long and evolving one. In 1975, the Education for All Handicapped Children Act (U.S. Department of Education, 2012) required the development and implementation of IEPs for children with a disability, although at the time of inception of the Act, most students with a disability were educated in segregated settings. Renamed the Individuals with Disabilities Education Act (IDEA) in 1990 (U.S. Department of Education, 2012), some of the notable changes to the original legislation include a 1997 amendment that requires regular education teachers to join the IEP planning team if they have a child with a disability in their classroom (U.S. Department of Education, 2011). Also, IEPs needed to be more closely linked to the general education curriculum and assessments, and parents were elevated to full and equal members of an educational planning team for their child. These changes were retained in the most recent amendment to the legislation in 2004, which now requires that special education and related services are based on peer-reviewed research, to the extent that this is practicable (U.S. Department of Education, 2006).

In the US, the IEP is an individualised statement of an agreed set of educational goals for a student and a description of the support services that the student will receive to achieve those goals. IEPs must include a statement of the student's current levels of education performance, a statement of measurable goals for the student, a description of the special education and other services provided to the student, an explanation of the extent to which the student may be unable to participate in the regular classroom and in other school activities, and a description of modifications needed by the student to allow them to participate in state or national testing (U.S. Department of Education, 2006).

An important feature of recent amendments to IDEA is that IEP goals are measurable. The purpose of annual goals and objectives is to assist teachers, parents and others to reflect on the progress the student is making in achieving their agreed educational plan (U.S. Department of Education, 2006).

The IEP is generally developed at an IEP team meeting early in the school year. The team must include the student's teacher(s) and the student's parents or caregivers, and in some circumstances, other relevant professionals and the child with a disability may also attend the meeting. Rather than being viewed as an administrative requirement, IEPs are better conceptualised as "... a process that can provide important information in developing effective plans, evaluating whether the plans are working, and adapting or modifying the plans as needed" (Cohen, 2009, p. 104).

Canada

In Canada, education is the responsibility of the individual provinces and territories. Several Canadian provinces have a legal requirement for the development of an IEP for

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students with special needs (e.g., British Columbia Ministry of Education, 2010; Ontario Ministry of Education, 2011). After consulting with the student's parent and within 30 days of the student's enrolment in an education program, the IEP must include specific educational expectations, an outline of the student's education program and support services, a description of how the student's progress will be reviewed, and for students 14 years and older, a post-school transition plan.

United Kingdom

In the United Kingdom (UK), IEPs are called individual education plans and are required to be used with students with special educational needs (Department for Children, Schools and Families, United Kingdom, 2011). IEPs should focus on up to three or four key individual targets set to help meet the individual pupil's needs and particular priorities. In addition, IEPs must relate to key areas in communication, literacy, mathematics, and aspects of behaviour or physical skills, and address the pupil's strengths and successes, which should underpin the targets set and the strategies used.

New Zealand

In New Zealand, the use of IEPs is recommended when student assessment shows that modification of the regular curriculum is required for the student, when regular teaching strategies have not been successful, and support is needed for crucial transitions (e.g., from preschool to school; New Zealand Ministry of Education, 2011)

These international requirements for the development of IEPs means that there is a wide range of practical guides for regular and special education teachers to assist in the development of the IEP (Bateman & Herr, 2006; Council for Exceptional Children, 1999; Martin, 2005; Siegel, 1999). IEPs also feature in Australian literature promoting research-based methods for students with special needs (Karten, 2009; Stephenson, 2006).

IEPs in Australia

While Australia, like many western countries, has laws that impact on the education of students with a disability, such legislation in this country is nowhere as prescriptive as that of the US and some other western countries. While the original Disability Discrimination Act 1992 (DDA; Commonwealth of Australia Consolidated Acts, 2011) effectively guaranteed that students were provided with educational services, it had nothing to say about the nature of that education. It took until 2005 for a set of Education Standards to supplement the DDA for some clarification about what students with a disability might expect from schools (Commonwealth of Australia, 2006). While these standards address a range of aspects of the school experience, no standard requires individualised educational planning for students with a disability. The closest the Education Standards come to dealing with individualised planning is the requirement that schools must consult the student and/or their carer about whether the disability affects the student's ability to participate in learning experiences at school, and make reasonable adjustments to the student's education program if such adjustments are warranted (Commonwealth of Australia, 2006).

At the time of writing this paper, a search of each of the state and territory public education websites revealed a wide range of terms used across Australian jurisdictions to describe IEPs. These terms included 'individualised education plan', 'individual support plan', 'negotiated education plan', and 'individual education program'. Using these terms, an investigation of the relevant public education website search engines produced a range

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of search results ranging from six results at one site to 78 results at another. Searches of the Catholic and independent school systems were not undertaken because of the wide policy differences within and across these sectors.

A 2010 NSW enquiry into the education of students with a disability noted that the NSW Department of Education and Training does not maintain records of the number of students with an IEP in schools. However, the department noted that IEPs may be developed where students are at risk of not progressing to their next stage of learning, and/or the student's learning needs require support that is different to their peer age group (Parliament of NSW, 2010). This enquiry recommended that the department publish guidelines on the development of IEPs, including detail on when IEPs are required and who should be involved in their development, and that this information is shared with parents, the community and students with a disability. The official government response to this recommendation was that the department was already addressing this recommendation through a range of existing policy initiatives (NSW Government, 2011).

Given the lack of a coherent policy approach to the use of IEPs in Australian schools and the apparent lack of the monitoring of IEPs across all Australian education jurisdictions, the research reported in this paper attempts to shed some light on this issue. Specifically, this paper poses two research questions. First, to what extent are IEPs used in Australian schools? Second, what are some of the factors related to this usage?

Methodology

Sample and Participants

The Longitudinal Study of Australian Children (LSAC) seeks to examine the impact of a range of social and environmental influences on childhood development (Australian Institute of Family Studies, 2011a). Information on children's physical and mental health, their education, and social, cognitive and emotional development is being collected from parents, carers, and teachers and from the children themselves.

Begun in 2002 and commissioned by the then Commonwealth Department of Community Services, the study recruited and surveyed in 2004 over 10,000 children and their families and teachers in a stratified random sample (based on postcodes) from the Medicare Australia database. Information on overall response rates and response rates from subpopulations are available in several LSAC technical papers (Australian Institute of Family Studies, 2011b). LSAC has collected data from participants every 2 years up to 2010, and later data collection waves are planned. The first wave of data collection involved roughly equal numbers of children in two cohorts of 0–1 (birth cohort) and 4–5 years old (kindergarten cohort).

The data reported in this paper relates to the Wave 3 data collection period in mid 2009. Further, this paper reports selected relevant results from the teacher and parent survey that relates to the cohort of study children (SC) who were between 8 and 9 years of age in 2009 (kindergarten cohort). Teachers were potential participants when the parents of the SC consented to them being contacted. In these respects, the analyses reported in this paper are secondary data analyses. That is, after obtaining rights to access de-identified data from the LSAC, the author completed a range of analyses with this selected data.

Study Instruments

The primary parent or carer of the SC (typically the SC's mother) completed a number of surveys and an interview in Wave 3, which accessed a wide range of

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family and SC information. For the current study, the following parent survey data were used:

- The gender of the SC.
- The parent's rating of the SC's literacy skills, their overall health, and their specialist health care needs.

The 52-question self-completion teacher survey was distributed to the teachers of the SC, where parents consented for this to occur (Australian Institute of Family Studies, 2011c). The questionnaire sought to establish the characteristics of the educational program that the child was attending as well as determining the characteristics of the teacher and the child. For the research reported here, the following survey items were included in analyses:

- Whether the SC had an IEP.
- Whether the SC required specialised services or assistance with their school program, and the main reason for the assistance.
- The highest educational qualification of the teacher.
- The teacher's years of teaching experience.
- Whether the SC's school was a government, a Catholic or an independent school.
- Whether the SC's class was in a special school, was a special education class in a regular school, or was a regular classroom.
- The teacher's rating of the SC's reading, writing, and numeracy skills, along with a rating of the SC's approach to learning and their social and emotional behaviour.

Relevant combinations of data relating to the SC have been amalgamated in the LSAC database to produce a number of outcome indexes to measure how well the SC is developing (Australian Institute of Family Studies, 2005). These outcome indexes are physical (includes motor and health measures), social/emotional (includes social competence and internalising and externalising behaviour), and learning (includes literacy and numeracy skills as well as approach to learning). The current study made use of the Full Outcome Index (FOI), which is a composite of the SC's physical, social/emotional and learning outcome indexes. The FOI is a standardised measure with a mean of 100.

Data Analysis

Prior to analysis, tests for normality were conducted for continuous variables and the results permitted the use of relevant parametric tests for group differences, and the use of relevant non-parametric tests to examine proportionate differences for categorical variables. Given the wide range of variables of interest in this study, and a desire to understand patterns in the data that may help to explain any differences found in the above analyses, a two-step cluster analysis was conducted to reveal natural groupings of relevant SC, school and teacher variables. This particular cluster analysis approach was chosen because of its ability to accommodate both continuous and categorical data. Cluster analysis refers to a number of different statistical methods for grouping objects (in this case variables) of a similar kind into different categories (StatSoft, 2011).

Results

Over 6% of parents ($n = 217$) identified their child as having either an ongoing medical condition or a disability, and 318 (7.1%) of SC had an IEP, as reported by their teacher. Not

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surprisingly, there was a very strong association between being identified with a disability or medical condition and having an IEP, $X^2(1,3561) = 416.56$, $p < .001$, although 53% ($n = 116$) of SC with a parent-identified disability or medical condition did not have an IEP. Regardless, the effect size (Cramer's $\Phi = 0.89$) of this association was large (Hojat & Xu, 2004). Further, while there was an even stronger association between having an IEP and the SC's teacher reporting that the child received specialised school services for a disability or additional need, $X^2(1,3544) = 644.22$, $p < .001$, 381 SC (64.0%) who received additional school services did not have an IEP. The effect size for this association was very large (Cramer's $\Phi = 7.0$).

For students with an IEP, the most frequent reasons for specialised school services were learning problems in reading (24.0%), learning problems in maths (16.2%), autism spectrum disorder (15.7%), and intellectual disability (11.8%). Fifty-five percent of these students were male ($n = 173$). Twenty-four of the SC with an IEP were enrolled in either a special school or a special education class (6.9%). Government schools accounted for 72.0% of the SC with an IEP ($n = 229$), 15.7% ($n = 50$) were enrolled in Catholic schools, and 9.1% ($n = 29$) were in independent schools. Table 1 shows the proportion of SC with an IEP across government, Catholic and independent schools. There were significantly more SC with an IEP in government schools than in the other school types, $X^2(2,3514) = 11.01$, $p = .004$. The effect size (Cramer's Φ) for the proportionate difference between government and Catholic schools was 0.17, and between Catholic and independent schools the effect size was 0.01. This is regarded as a very small effect size that is of little practical importance (Hojat & Xu, 2004).

TABLE 1

Proportion of SC With an IEP by School Type in 2009

Government	Catholic	Independent
9.9%	6.7%	6.4%
a	b	b

Note. Each subscript letter notes column proportions that do not significantly differ from each other at the 0.05 level.

The mean FOI for SC with an IEP was 90.3 ($SD = 13.7$), and for SC without an IEP, the mean FOI was 102.2 ($SD = 8.8$). There was a significant difference in FOI between SC with and without an IEP, $t(3172) = 19.83$, $p < .001$, and a large Cohen's d effect size of 1.35. There was no significant association between whether the SC had an IEP and teacher qualification, years of teaching experience, or gender of the SC.

Table 2 shows the proportion of SC with an IEP across the states and territories in 2009. There were significantly more SC with an IEP in Victoria and Western Australia than in the other jurisdictions, $X^2(7,3561) = 74.57$, $p < .001$. The effect size (Cramer's Φ) for the proportionate difference between Western Australia (highest proportion of students with

TABLE 2

Proportion of Study Children With an IEP by State or Territory of Residence in 2009

NSW	Vic.	Qld	SA	WA	Tas.	NT	ACT
7.0	14.2	4.8	6.0	14.9	8.1	7.5	2.1
a	b	a	a	b	a,b	a,b	a

Note. Each subscript letter notes column proportions that do not significantly differ from each other at the 0.05 level.

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(IEPs) and Queensland (one of the lowest proportions of students with IEPs) was 0.36, a moderate to small effect size.

To explore the reasons underlying the significant differences in the proportion of SC with an IEP across the states and territories and across school systems, a two-step cluster analysis was undertaken to reveal natural groupings of relevant SC, school and teacher variables. The SC variables of gender and FOI were included as input variables, along with teacher years of experience, teacher level of qualification, whether the SC was in a segregated or an inclusive class, type of school (i.e., public, Catholic or independent), and state of residence of the SC. The analysis with seven inputs produced a model with six clusters. However, the silhouette measure of cohesion and separation was borderline between poor and fair (0.2), suggesting that the model was not a good summary of groupings within the dataset.

As an additional step, variables with lower predictive status were deleted from the model (including type of school). A revised analysis with four inputs (state of residence, FOI, teacher qualification and whether the SC was in a segregated class) produced a model with four clusters and a fair (0.3) measure of cohesion and separation. The variables with the highest predictive status were state of residence (1.00) and teacher qualification (0.65). The first cluster ($n = 81$, 31.6%) comprised SC taught by mostly Victorian regular class teachers with a diploma-level qualification working with higher functioning SC. Cluster 2 ($n = 69$, 27.0%) included children with mostly regular class teachers outside of NSW and Victoria with diploma qualifications and with SC across the FOI. The third cluster ($n = 58$, 22.7%) included SC with teachers across the states with both diploma and graduate qualifications working mostly in segregated settings with students at the lower end of the FOI. Cluster 4 ($n = 48$, 18.8%) generally comprised teachers with graduate and postgraduate qualifications across the states in both regular and segregated settings with SC across the FOI.

Discussion

Notwithstanding the differences in the proportion of SC with an IEP across school systems and across the states and territories, the overall proportion of SC with an IEP (7.1%) and the proportion of SC with a medical condition or disability (6.7%) in 2009 are somewhat higher than recent reports of the proportion of children with a disability in Australian schools. Dempsey (2004, 2011) noted that the proportion of Australian school students with a disability had increased from 2.6% in 1998 to 4.8% in 2009. Although the states and territories do not use a consistent educational definition of disability across jurisdictions (e.g., in South Australia some students with a disability include students with language and communication impairments that are not included in some other states), their individual definitions of disability have been stable for some time. Typically, to be included as a student with a disability the student must satisfy the criteria for enrolment in special education services or special education programs provided by the government of the state or territory in which the student lives. It may be that Australian schools have chronically under-reported the incidence of students with a disability and that the trend of increasing numbers of such students now being identified is a correction.

In terms of the proportion of students with an IEP in different school systems, that 72% of the SC with an IEP were educated in government schools is consistent with other evidence. For example, while the Australian Productivity Commission (2011) noted that 66% of all Australian children were enrolled in public schools in 2009, government schools have continued to enrol a larger proportion of students with a disability than the Catholic

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and independent systems (Dempsey, 2011). The very strong association between having an IEP and having either a medical condition or disability, and receiving additional school services, is not surprising. However, the relatively large proportion of SC with an identified disability/medical condition (over 50%) but without an IEP is of interest. No doubt it can be argued that parent report of a medical condition or disability may not be reliable. However, it is harder to justify that nearly two-thirds of SC receiving additional school supports, on the basis of teacher report, did not have an IEP.

The results of the cluster analyses in this study were equivocal. While the second cluster analysis provided an adequate summary of the relationship between the study variables for the SC, it did so at the expense of deletion of several variables of interest. Regardless, that state of residence of the SC was an important predictive variable in both analyses warrants further investigation.

All of the above raises the following questions. Is the use of IEPs largely a US phenomenon that has little application in Australia? Does the use of IEPs increase the likelihood of children with a disability receiving a quality education? Should IEPs be used more consistently with students with a disability in Australia? Each of these questions is now addressed.

IEPs and Quality Instruction

Finding research support for IEPs in promoting students' progress is most difficult. Odom and colleagues (2005) pointed out that some research and policy questions in special education are unanswerable. For example, questions about the effectiveness of IEPs are not addressable via respected research methods such as random assignment of students to treatment and control groups. Indeed, a range of other beliefs that sustain special education (e.g., early intervention and the least restrictive environment) are also effectively untestable. Does this mean that untested propositions must be discarded because they don't constitute evidence-based practice? Since IEPs are no more than administrative records of the planning and teaching process for students with a disability, then the lack of an IEP for a relevant student appears to constitute a lack of accountability for that student's educational program.

Having an IEP is no guarantee of quality individualised instruction, as the US experience has shown (Lynch and Beare, 1990; Smith & Simpson, 1989). Bateman (2007, p. 102) noted that "... a perceived lack of adequate funds plus insufficient and inadequately trained staff often result in services that are not nearly intensive enough to be effective. An additional factor, sadly important here, is the resistance in many quarters to adopting research-proven, effective practices". So, while IEPs don't guarantee a good education, they at least guarantee that an adequate record of that student's education has taken place. Given that some students with special needs do not access the regular curriculum and that some students with a disability are not part of the national testing process in Australia, then the lack of an IEP in this country seems problematic.

The Relevance of IEPs to Australia

In considering whether the use of IEPs is of relevance to Australia, one may take the position that the mandated use of IEPs in the US and in other countries can be regarded as an outlier, and that the less insistent position taken on IEPs in this country may be better regarded as the norm. However, it is just as easy to mount a plausible argument that the US, Canadian and NZ positions represent best practice and that Australian policy is deficient. Further, an argument that the characteristics and needs of students with a disability and

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their families are somehow substantially different across countries and that this justifies differences in educational policy is impossible to sustain. However, it is reasonable to acknowledge that current international IEP policy differences are due almost entirely to the social, political and historical landscapes of the relevant countries.

The Consistent Use of IEPs

Finally, answering the allied question of should IEPs be more consistently used in Australia, hinges on the position one takes about professional standards for special education teachers, the level of detail required in the Education Standards that support the DDA, and whether one believes that students with special needs are entitled to a consistent standard of support services regardless of their state of residence or the type of school system they attend. At the time of writing, while national professional standards for regular class teachers have been recently endorsed, the prospects of agreement on national standards for special education teachers is low in the short- to medium-term. Also at the time of writing, a review of the DDA Education Standards is underway. While calls for the consistent use of IEPs with students with a disability may well be submitted to this review, one can realistically expect considerable resistance from the states and territories to such calls on the grounds of unreasonable costs associated with the monitoring of IEPs and associated professional development for staff. However, it is difficult to continue to accept the current situation which is that being provided with an IEP is heavily influenced by the serendipity of the state you reside in and the type of school system in which you are enrolled, than by any coherent policy.

In conclusion, while this paper provides a snapshot of the use of IEPs in Australian schools, the research reported here has some limitations. First, as a cross-sectional piece of research, it says nothing about changes that may be apparent in the use of IEPs for the selected students over time. Second, the identification of students with a disability or ongoing support need relied on parent and teacher report, rather than evidence of a formal diagnosis. Finally, the inability to complete a detailed analysis of IEP policy and practice across the states and territories has prevented a meaningful explanation for the significant differences in use of IEPs across jurisdictions.

Australia faces a number of pressing challenges in the profession of special education. These challenges include the lack of professional standards for special education teachers, unwillingness by the states and territories to use a consistent definition of disability in schools, and a lack of reporting of educational outcomes for students with a disability. This paper has focussed on another challenge: the inconsistent use of IEPs for students with special needs across Australian jurisdictions. Until we address these challenges, students with special needs and their families will continue to be short-changed in Australian school systems and, as Naomi Zigmond's timeless definition of special education illustrates, Australian special education will be unable to achieve what is widely regarded as best practice.

References

Australian Institute of Family Studies. (2005). *Summarising children's wellbeing: The LSAC Outcome Index* (LSAC Technical Paper No. 2). Retrieved May 17, 2011, from http://www.aifs.gov.au/growingup/pubs/technical/index.html

Australian Institute of Family Studies. (2011a). *Growing Up in Australia: The Longitudinal Study of Australian Children.* Retrieved February 18, 2011, from http://www.aifs.gov.au/growingup/

https://doi.org/10.1017/jse.2012.5 Published online by Cambridge University Press

Australian Institute of Family Studies. (2011b). *Technical papers*. Retrieved February 18, 2011, from http://www.aifs.gov.au/growingup/pubs/technical/index.html

Australian Institute of Family Studies. (2011c). *Study questionnaires*. Retrieved February 18, 2011, from http://www.aifs.gov.au/growingup/studyqns/index.html

Australian Productivity Commission. (2011). *Report on government services 2000–2009*. Retrieved January 28, 2011, from http://www.pc.gov.au/gsp/reports/rogs

Bateman, B. (2007). Law and the conceptual foundations of special education practice. In J.B. Crockett, M.M. Gerber, & T.J. Landrum (Eds), *Achieving the radical reform of special education: Essays in honor of James M. Kauffman* (pp. 95–114). New York, NY: Erlbaum.

Bateman, B.D., & Herr, C.M. (2006). *Writing measurable IEP goals and objectives* (2nd ed.). Verona, WI: Attainment.

British Columbia Ministry of Education. (2010). *Special education services: A manual of policies, procedures and guidelines*. Retrieved March 7, 2011, from http://www.bced.gov.bc.ca/specialed/ppandg.htm

Cohen, M. (2009). *A guide to special education advocacy: What parents, clinicians and advocates need to know*. London, UK: Kingsley.

Commonwealth of Australia. (2006). *Disability Standards for Education 2005*. Retrieved March 7, 2011, from http://www.deewr.gov.au/schooling/programs/pages/disabilitystandardsforeducation.aspx

Commonwealth of Australia Consolidated Acts. (2011). *Disability Discrimination Act 1992*. Retrieved March 7, 2011, from http://www.austlii.edu.au/au/legis/cth/consol_act/dda1992264/

Council for Exceptional Children. (1999). *IEP team guide*. Reston, VA: Author.

Dempsey, I. (2004). Recent changes in the proportion of students identified with a disability in Australian schools. *Journal of Intellectual & Developmental Disability*, *29*, 172–175. doi:10.1080/13668250410001709511

Dempsey, I. (2011). Trends in the proportion of students with a disability in Australian schools, 2000–2009. *Journal of Intellectual & Developmental Disability*, *36*, 144–145. doi:10.1080/13668250.2011.573777

Department for Children, Schools and Families, United Kingdom. (2011). *A guide to the law for school governors*. Retrieved March 7, 2011, from http://www.education.gov.uk/schools/leadership/governance/guidetothelaw/b0065507/gttl

Hojat, M., & Xu, G. (2004). A visitor's guide to effect sizes: Statistical significance versus practical (clinical) importance of research findings. *Advances in Health Sciences Education*, *9*, 241–249.

Karten, T.J. (2009). *Inclusion strategies that work!: Research-based methods for the classroom*. Moorabbin, Australia: Hawker Brownlow.

Kauffman, J.M. (2003). Reflections on the field. *Education & Treatment of Children*, *26*, 325–329.

Kauffman, J.M. (2008). Would we recognize progress if we saw it? A commentary. *Journal of Behavioral Education*, *17*, 128–143. doi:10.1007/s10864-007-9060-z

Kavale, K.A., & Forness, S.R. (2000). History, rhetoric and reality: Analysis of the inclusion debate. *Remedial and Special Education*, *21*, 279–296. doi:10.1177/074193250002100505

Lynch, E.C., & Beare, P.L. (1990). The quality of IEP objectives and their relevance to instruction for students with mental retardation and behavioral disorders. *Remedial and Special Education*, *11*, 48–55. doi:10.1177/074193259001100207

Martin, N.R.M. (2005). *A guide to collaboration for IEP teams*. Baltimore, MD: Brookes.

New Zealand Ministry of Education. (2011). *Who needs an IEP and when?* Retrieved April 4, 2012, from http://www.minedu.govt.nz/NZEducation/EducationPolicies/SpecialEducation/PublicationsAndResources/FormsAndGuidelines/IndividualEducationPlansGuidelines/WhoNeedsAnIEP.aspx

NSW Government. (2011). *NSW Government response to the Report of the Legislative Council General Purpose Standing Committee No. 2: Inquiry into the provision of education to students with a disability or special needs*. Retrieved April 4, 2012, from http://www.parliament.nsw.gov.au/Prod/parlment/committee.nsf/0/47F51A782AEABBABCA25767A000FABEC

Odom, S.L., Brantlinger, E., Gersten, R., Horner, R.H., Thompson, B., & Harris, K.R. (2005). Research in special education: Scientific methods and evidence-based practices. *Exceptional Children*, *71*, 137–148.

https://doi.org/10.1017/jse.2012.5 Published online by Cambridge University Press

Ontario Ministry of Education. (2011). *Requirements of Regulation 181/98*. Retrieved March 7, 2011, from http://www.edu.gov.on.ca/eng/general/elemsec/speced/hilites.html

Parliament of NSW. (2010). *The provision of education to students with a disability or special needs*. Retrieved March 4, 2011, from http://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/0/47F51A782AEABBABCA25767A000FABEC

Siegel, L.M. (1999). *The complete IEP guide: How to advocate for your special ed child*. Berkley, CA: Nolo Press.

Smith, S.W., & Simpson, R.L. (1989). An analysis of individualized education programs (IEPs) for students with behavioral disorders. *Behavioral Disorders*, *14*, 107–116.

StatSoft. (2011). Cluster analysis. Retrieved on August 23, 2011, from http://www.statsoft.com/textbook/cluster-analysis/

Stephenson, J. (2006). Different traditions and practices: Preparing teachers for inclusive classrooms. In P. Aubusson & S. Schuck (Eds.), *Teacher learning and development: The mirror maze — Self-study of teaching and teacher education practices* (Vol. 3, pp. 117–130). Dordrecht, the Netherlands: Springer. doi:10.1007/978-1-4020-4642-1_7

U.S. Department of Education. (2006). *Individualized Education Program (IEP)*. Retrieved February 28, 2011, from http://idea.ed.gov/explore/view/p/%2Croot%2Cdynamic%2CTopicalBrief%2C10%2C

U.S. Department of Education. (2011). *Building the legacy: IDEA 2004*. Retrieved March 3, 2011, from http://idea.ed.gov/

U.S. Department of Education. (2012). *Statute*. Retrieved April 4, 2012, from http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2C

Zigmond, N. (1997). Educating students with disabilities: The future of special education. In J.W. Lloyd, E.J. Kameenui, & D. Chard (Eds.), *Issues in educating students with disabilities* (pp. 377–390). Mahwah, NJ: Erlbaum.

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