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THE INVOLVEMENT OF PARENTS OF EDUCABLE
MENTALLY RETARDED IN THEIR CHILDREN'S
EDUCATIONAL PROGRAMS IN SAUDI ARABIA

by

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A Dissertation Submitted to the
University of San Diego
in Partial Fulfillment of the Requirements for
Doctor of Education

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THE INVOLVEMENT OF PARENTS OF EDUCABLE MENTALLY
RETARDED IN THEIR CHILDREN'S EDUCATIONAL
PROGRAMS IN SAUDI ARABIA

FOUZAN, EBRAHIM A., Ed.D. University of San Diego, 1986.

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The major purposes of this study were to identify the involvement level of parents in their EMR children's education in Saudi Arabia, and to investigate the effect of selected demographic variables on the parents' level of involvement. Subjects were (N=338) male parents of EMR boys and (N=252) female parents of EMR girls enrolled in EMR schools in Saudi Arabia.

The study design was based on a questionnaire developed to identify the level of involvement of parents at school, with other parents, at home, and in the community, and to investigate the effect of selected demographic variables on parental involvement.

The Chi-square, t-test, and descriptive methods were used in analyzing the data.

The results indicated that out of 590 surveys distributed, 442 parents responded. Among these responses, 372 were included in the analysis. A major finding was that

total parental level of involvement was generally low. Analysis of the relationship between selected demographic variables and the parental involvement level showed that a higher level of involvement was obtained by: (a) female parents; (b) parents of children in female schools; (c) parents of only one handicapped child; (d) parents of children in daytime program; and (e) parents who spend time with their children at home in educational activities. Other findings indicated a statistically significant difference between parents' willingness and actual level of participation in their children's education.

As a result of these findings, it was suggested that educational authorities in Saudi Arabia should encourage more parental involvement using the following procedures: (a) developing family counseling services; (b) providing public transportation for children; (c) encouraging better home-school communication; (d) creating awareness between school professionals to deal effectively with parents; and (e) issuing regulations to assure the parent rights of involvement.

Further research was recommended to include both parents of a child and to investigate the school attitudes toward parental involvement.

DEDICATION

This study ~~is~~ dedicated to:

My Mother

for her indescribable emotional support,
and her constant prayers for me while
I was away working for my degree.

My Wife

without whose great help, deep encouragement,
and patience this study would
not be in existence

Patricia Anderson

the computer user's consultant at
University of San Diego, who
spent a great deal of her
time working with me on
the statistical
analysis.

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A special thanks is given to Mr. Mohammed Al-Masha'an, Secretary-General of Special Education at the Ministry of Education in Saudi Arabia, for his help and support when the questionnaires were delivered.

For editing the Parents' Involvement Questionnaire, I wish to acknowledge my deep appreciation to Mr. Zaid Al-Muslat; the teachers at the EMR schools for boys and girls in Riyadh, especially Ms. Al-khayal, Ms. Al-Hemeid, Ms. Al-swailem, Mr. Banna, and others; and the parents of the handicapped children in Riyadh for their helpful ideas in evaluating the questionnaire.

In delivering the questionnaire, I am most grateful to the EMR school principals and administrators in Saudi Arabia, especially Ms. Al-Khayal, Mr. Banna, Mr. Al-Zaila'ei, Ms. Al-

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To complete the analysis, I am very gratefully acknowledge the support and hard work of Dr. Susan Zglycinski, Dr. Jerome Ammer, Dr. Patricia Anderson, and Dr. Abdelati Al-Sayyad, in setting up the analysis base for this study.

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I also wish to express my appreciations to the parents who responded to the questionnaire, for their cooperation.

Most of all, I am very grateful and thanful to God, without whose will, neither this work, nor I my self, would be in existence.

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CHAPTER 1

INTRODUCTION

Statement of the Problem

The family is the most important factor in a child's social and emotional adjustment, especially during the years before the child is enrolled in a school. The interaction between parents and children should be as productive and adaptable as possible. Parents are to be encouraged to develop an emotionally warm and secure relationship with their children to support and reinforce their progress and positive behavior (Lillie, 1975). In general, it may be stated that the parents influence a child's activities, interests, and willingness to participate in all areas.

The relationship between a child's learning in school and parental involvement is very significant as a way of keeping up with the school work, which benefits the school program in general and the parents and their children specifically (Lopate et al., 1970; Shaeffer, 1972). Mother is considered "the primary teacher of the child" (Lillie, Trohanis & Goin, 1976), while the father "has a definite role of the entities of rearing a child" (Patterson, 1982, p. 8). Thus, parents are "the most important resource of reinforcing and generalizing the school learning at home" (Karnes & Teska, 1980). In the area of educating the handicapped, parents of the handicapped children were found to also have

an interest in their children's growth. They could acquire more knowledge and skills in order to act as change agents (Karnes, Zehrbach, & Teska, 1972).

In the United States the involvement of Parents of the handicapped in their children's education is mandated by Federal Legislation, such as Public Law 94-142, which offers parents great access to their children's education. On the other hand, parental involvement in some developing countries, such as Saudi Arabia, the major focus of this study, is neither mandated nor organized in schools for the handicapped.

Previous research done in the country has emphasized the great need to establish a strong relationship between parents of the handicapped in Saudi Arabia and their children's school. Working with parents was found to be the third major competency area, according to its perceived importance in schools for the mentally retarded in Saudi Arabia. The two most important competencies were conducting instructions and facilitating social-emotional maturity (Hamdan, 1980, p. 79) Working with parents was also found to be the first major area needing professional development (Hamdan, 1980, p. 83). Hamdan also found (p. 102) that the lack of parental understanding and support of needed services was viewed as the second most significant barrier to the quality of special education programs in Saudi Arabia (the

first barrier being a lack of teacher's aides).

Since Mr. Hamdan's study was published in 1980, no major effort has been made to investigate these factors. Therefore, it is the researcher's belief that the first step in establishing a base for the involvement of parents of the handicapped in Saudi Arabia should be an investigation of the present level of parental involvement. The present research was conducted in three schools for EMR boys and three schools for EMR girls in Saudi Arabia. The total enrollment in these schools is 770 students, as of the academic year 1984-85 (Directorate-General of Special Education, DGSE, 1985b).

Purpose of the Study

The involvement of parents of the mentally retarded in their children's program in Saudi Arabia is not governed by law. The only official type of involvement is the parent-professional conference which is held at the end of each academic year, where open discussion between parents and the school officials is established. Another official "parent-school contacts" are the parent-psychologist and the parent-social worker interviews during the child's admission procedure and psychological testing/retesting.

The purpose of this study was to describe the present level of parental involvement in the education of their educable mentally retarded children, and to investigate the relationship between the level of involvement and other

variables such as parent income, educational background, number of children in the family, and the like. It was also the aim of this study to report this level of involvement and suggest, based on the findings of this study, the best way to enrich and increase parental involvement in their children's program.

Involvement in this study is defined as any type of interaction between parents and their children's school or any other establishment regarding the child's educational progress, other than the routine procedure in registration or bringing in/picking up the child to/from the school without talking to the school professionals. This involvement could be achieved in the school setting by: (a) visiting the child's classroom; (b) involvement in any educational activity in the classroom; (c) discussing the child's progress with the school professionals; (d) attending parent conferences; (e) sending notes to the school regarding student progress; (f) involvement in psychological testing of the child; and other activities. This involvement may also be achieved at home or in community settings in such areas as: (a) helping the child with homework; (b) assessing the child's behavior and notifying the school about it; (c) inviting school professionals to visit the child's home; (d) attending special education conventions or seminars; (e) talking to other parents concerning the child's progress;

(f) volunteering in special services for the handicapped outside the school setting; (g) using the media to discuss special education topics; and (h) discussing special education problems with authorities.

Since this study was done in the Saudi Arabian educational environment, it should be noted that education in Saudi Arabia is segregated by sex. The Educational Policy of Saudi Arabia (1974, pt. V, chap. 2, No. 155) stated that "co-education is prohibited in all stages of education with the exception of nurseries and kindergarten". Therefore, only male parents may be involved in their boys' school programs, and only female parents may be involved in their girls' school programs. This study also compared the level of involvement of male parents with that of female parents and identify factors which may limit the level of involvement for each sex. However, it is known that male parents have a certain limited role of involvement in the education of their female children, as female parents have with their male children's education. Parental involvement in this study was defined as a complete activity as stated in the "Definition" section. Therefore, only parents who were able, based on their sex and their children's schools, to be fully involved were included in this study.

Research Questions

This study proposes the following questions:

1. What is the level of involvement of male parents in their educable mentally retarded boys' education, and female parents in their educable mentally retarded girls' education?

2. What are the major factors affecting the level of involvement of parents of educable mentally retarded in their children's education in Saudi Arabia?

3. Is there a difference between parents' intended level of involvement and their actual level of involvement in their EMR children's education?

4. What types of activities are allowed for parents of EMR students by their children's schools?

5. What is the degree of satisfaction of parents of EMR students with their children's schools, and what are their suggestions for the schools to meet their expectations?

Hypotheses

Based on the results of the questionnaire, parental involvement was defined by scores. The maximum score of involvement was 248 points, and the lowest score of involvement was 52 points (No activity at all). Factors which may play certain roles in increasing or decreasing the level of involvement were compared against each other. All hypotheses were tested as null hypotheses.

1. There is no significant difference between level of involvement of male parents in their EMR boys' education and level of involvement of female parents in their EMR

children's education.

2. Level of family income does not affect the level of involvement of parents in their children's education.

3. Educational background of parents has no significant effect on their level of involvement in their EMR children's education.

4. The nature of parents' occupation in Saudi Arabia has no significant effect on their level of involvement in their children's education.

5. There is no significant difference between the number of children in the family or birth order of the child and parents' level of involvement of parents in their EMR children's education.

6. Level of involvement of parents with more than one handicapped child in their EMR child's education is the same as the level of involvement of parents with only one handicapped child.

7. There is no significant relationship between ages of the parents and their level of involvement in their EMR children's education.

8. Distance between the child's home and school does not affect the level of parental involvement in their EMR children's education.

9. The level of involvement of parents of children in the residential programs in their EMR children's education is

the same as the level of involvement of parents of children in the daytime programs in their EMR children's education.

Dependent and independent variables for each of these hypotheses were discussed in the methodology section of this study.

Definition of Terms

Mental retardation. "Mental retardation refers to significantly subaverage general intellectual functioning resulting in or associated with concurrent impairment in adaptive behavior and manifested during the developmental period" (Grossman, 1983, p. 11).

Educable mentally retarded. "Children who are so intellectually retarded that it is impossible for them to be adequately educated in the regular classroom. They are educable in the sense that they can acquire sufficient knowledge and ability in the academic areas and that these skills will become useful and usable tools" (Cruickshank & Johnson, 1975, p. 202). In terms of intelligence, EMR are those children whose IQ ranges between 50-55 and approximately 70 (Grossman, 1983, p. 13).

For the purpose of this study, the definition of Educable Mentally Retarded is those children who are identified by the use of standardized intelligence tests as EMR (ranging in their IQ level between 50 and 70), and admitted to the school of the Educable Mentally Retarded in

Saudi Arabia.

Parents of the mentally retarded. Parents of the mentally retarded, as discussed in this study, are mothers or female parents of educable mentally retarded children in girls' schools and fathers or male parents of educable mentally retarded children in boys' schools.

Parental involvement. Any kind of interaction between parents and the school or other establishment or persons regarding their children's educational progress, other than routine procedures in registration or bringing in/picking up the child at school without talking to the school's professionals. This interaction may occur in the school setting, at home regarding the child's educational progress, or in the community regarding the child's progress and/or special education in general.

Limitations of the Study

This study was designed to evaluate the involvement level of parents of educable mentally retarded students in Saudi Arabia in their children's education, and to study the effect of different variables on their level of involvement. The population size of those parents in Saudi Arabia was not large enough to be sampled. Therefore, subjects of this study were the total population which exceeds 600 subjects at the time of the study.

To the best of his abilities, the researcher made every

effort to obtain high levels of validity and reliability for the study. However, for any social study involving people, the environment and social situations will play significant roles in limiting the study findings and generalizability.

In this study, the following limitations should be considered:

1. Although it was expected that a high percentage of parents will return their responses in the parents' questionnaire, there will still be a significant number of parents who will not respond for different reasons. Generalizability of the findings of this study is based on the returned responses. If 50% of the parents returned their responses, generalizability of the findings will be applied to 50% of the parents of children in these schools. In other words, The portion of parents who did not respond to the questionnaire is not included in this study.

2. Data was not available about the portion of parents who did not return their responses on the questionnaire. Therefore, results of this study do not reflect the attitudes and demographic data of those parents and their children. It could be said that if all parents of the EMR students had returned their responses, the findings of this study may be changed significantly.

3. A major limitation of the results of this study was related to the fact that many parents, especially female

parents, were illiterate. Therefore, someone other than the concerned parent read the questionnaire items for the parent and wrote the responses on his/her behalf. The parent's responses to these items may be affected by the reader's attitudes. However, different analyses were used to measure the questionnaire reliability, but this limitation was still a valid issue.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Introduction

Interaction between family members is a continuous process which goes on for as long as a person lives in the family environment. The family has proven to be the most effective and economical system for fostering and sustaining a child's development (Bronfenbrenner, 1974, p. 55). At the same time, the family can be a positive or negative reinforcer in the child's life, especially if the child is handicapped. The interaction between the handicapped child and the family may create some levels of behavior management difficulties in the family, which in turn may cause neglect and abusive acts toward the child. The Department of Health, Education, and Welfare (HEW) estimated in 1975 that the number of abused and neglected children in the United States was more than one million, most of whom were handicapped, as reported by researchers who followed this report (Hefler & Kemp, 1976; Martin, 1976).

The handicapping conditions not only affect the relationship between the family and the child, they may affect the family's relationship with the outside world. Families with handicapped children frequently have restricted community contacts. As their handicapped children grow older, their social interaction patterns become more

restricted and the isolation increases (Kirk, Karnes, & Kirk, 1968; McAlister, Butler, & Lei, 1973).

the role of family-child interaction is very important in rearing the child, especially that of the mother, who plays the role of "the primary teacher" (Lillie et al., 1976). This relationship is essential in the school learning situation. Parents feel that they are the major reinforcers of their children's learning (Croft, 1977).

Parent-School Relationship

It has been suggested that parents can play four different roles in the area of education. As individuals, parents should be encouraged to move toward a solution of personal conflict. As learners, parents share information and receive support from the teachers or school professionals. As teachers, parents can play the role of teacher if there is good interaction between them, the child, and the child's teacher. And last, as partners with the school, parents share information with the school staff about the child's behavior and achievement at home (Northcott & Fowler, 1979). It was also suggested that "parents are the first, and often the best, teacher that a child will ever have" (Bloom, Braun & Glazer, 1980, p. 2).

Public Law and Involvement

Public Law 94-142 (The Education of All Handicapped Act) offers parents in the United States a great number of

rights to access to their children's education. Among these rights are the following:

1. Parents must be invited to each IEP (Individualized Education Plan) meeting (Section 121a. 345).

2. Parents and parent groups may provide input to annual program plans (Section 121a. 384).

3. Parents have the right to appeal any and all decisions reached at a hearing (Section 121a. 509).

4. Parents may request an explanation and interpretation of records, and may have a representative review the record (Section 121a. 562).

5. The LEA (Legal Education Agency) must provide parents counseling and training if warranted (Section 121a. 13).

6. The LEA must provide parents with early notification of IEP meetings. Place and time must be agreeable with the parents. The LEA must provide an interpreter for parents who are deaf or whose language is other than English. They must be provided with a copy of the IEP (Section 121a. 345).

7. The SEA (State Educational Agency) must provide public notice describing the rights of parents under the Family Educational Rights and Privileges Act of 1974 (Section 121a. 561) (Vergason & McAfee, 1979).

In comparing this system with the involvement of

parents of handicapped in Saudi Arabia, it should be mentioned that these roles are not mandated. the Director-General of Special Education at the Ministry of Education stated "we are still at the stage of identifying the handicapped and providing the appropriate programs for them. We have not yet gotten to the stage of involving parents in their children's programs in the way you define involvement" (Director-General of Special Education, personal communication, October 1985). The principal of the EMR school for boys in Riyadh responded to the issue of parental involvement in the same way (personal communication, November 2, 1985). However, the task of involving parents of handicapped children in school programs was not mentioned in many publications issued by the Directorate-General of Special Education (DGSE) at the Ministry of Education. One of the special education objectives in Saudi Arabia is to "provide counseling and guidance to the families of the handicapped to lead them to appropriate ways of dealing with their child, which should be achieved through continuous cooperation between school and the family" (DGSE, 1981b, p. 8). At the same time, family roles were discussed as one of the problems facing special education programs in Saudi Arabia. DGSE complains that parents do not respond to recommendations given to them by the school concerning the child's progress and the child's difficulties while attending

the program. DGSE also mentions the families' ignorance about the need to enroll the handicapped child in special education programs at an early stage, and the relative indifference of parents to help the child cope with his/her disabilities (DGSE, 1981b, p. 42).

Parents' Involvement in Definition and Practice

Much research has dealt with the field of parental involvement. They have found that parental involvement facilitates effective preschool programs (Calvert, 1971), and is considered an essential factor in the success of the educational programs for exceptional children (MacDonald, 1971). Hunt (1971) and Hubbard (1967) found that more extensive school-home interaction can be successful in the area of mentally retarded children.

Parental Involvement Activities

Several studies have divided parental involvement activities in two different types: formal involvement where parents participate in district planned parental activities as paraprofessionals, and informal involvement where parents participate in activities in their own children's classrooms in response to the teacher's or school's invitation (Kelly, 1974). In formal involvement, where parents work as teacher-aides, parents will be educated in the area of operations and necessities of the instructional programs to enhance public support (Calvert, 1971); to enable them to see their

children's educational performance from more realistic home and classroom perspectives (MacDonald, 1971); and to provide the school district with inexpensive, highly motivated personal resources (Antrim, 1971). The informal parental involvement, on the other hand, can be obtained by the teacher who invites parents to observe their children's classroom on a regularly scheduled basis to encourage them to participate in certain classroom activities such as modeling teacher's roles, tutoring, or managing small groups (Kelly, 1974). The involvement of parents in their children's education includes both school activities and home activities (Kelly, 1971, 1974). Home involvement includes general activities to encourage children to learn, special activities which teach the child specific subject, or supervising his/her homework as a way of extending the learning process to the child's home (Ginott, 1972).

Objectives of Parental Involvement

Objectives of parental involvement vary. One of them is to provide social and emotional support to the family to reduce parental anxiety and increase positive feelings about themselves (Schlesinger & Meadow, 1976). A second objective of parental involvement is to exchange information between parents and the program of their children to provide parents with a better understanding of the objectives and activities of this program and, on the other hand, to provide the school

with information about the development of the child's learning at home (Jelinek & Kasper, 1976). A third objective of parental involvement is to urge parents to participate in the classroom in activities such as teachers' aides and decision making, and in the school such as helping in administrative work (Northcott & Fowler, 1979). Parental involvement also aims to facilitate positive parent-child interactions to develop the parents' skills in general rearing practices, and to encourage language and cognitive growth of their children (Martin, 1976).

Parental involvement in practice

When Public Law 94-142 (the Education of All handicapped Act) went into effect, many programs were introduced to involve parents of the handicapped in school activities. Although the goal of the present study was not to start a program for parental involvement, it was important to review the major points of examples of these projects in the following pages to give an idea about parental involvement in practice.

In their review of parental involvement programs, Shapero and Forbes (1981) found that most program types were either tutoring or counseling. They also found (p. 501) that the most effective counseling programs combined counseling with academic tutoring and/or praise for academic performance. Warfield (1975) recommended, based on his study

of the effects of the educational program on parents of retarded children, that teacher education and school programs include increased emphasis on teacher experience and training with adults, use of parents to assess teacher training, and assignment of resource teachers to work with parents.

Wakerfield (1984) supported the idea of the Parent-Teacher Association (PTA) and its role in the education system. He believes the PTA can provide valuable human resources to public schools (p. 1); can participate in the decision making process (p. 3); can make a difference in the quality of education (p. 5); and finally, can positively influence the children's lives (p. 6).

One of the programs implemented after PL 94-142 was introduced is Transdisciplinary Service Delivery Model (TSDM), developed to include parents and professionals in an interdisciplinary team using each other's skills to develop a plan for the child. Each team member became a developmental therapist (Geneva, 1980, p. 14).

Another program is Kindall Elementary School (KDES) in Washington D.C., established to define parent and teacher concerns, create awareness of positive accomplishments, define what is effective with the children, set specific goals and reach agreement on these goals, and, follow up with these formats (McAleer, 1978, pp. 103-105).

Utah State University has developed another program,

the Exemplary Service Project (ESP), to use parent trainers to provide a variety of home services to increase parent involvement. ESP developers believe that, in order to make parents part of their children's planning and implementation team, the school staff must provide encouragement, materials, and enthusiasm to the parents (Porcella, 1980, pp. 155-157).

Peters and Stephenson (1978, p. 64) believe that "parental involvement is beneficial for all children, particularly for those with language and/or reading problems." The Oakland School for Reading and Language Clinic has provided a two-part parent program to teach parents the most positive and effective way to interact with their children, and to help the parents facilitate the child's oral language development (Peters & Stephenson, 1978, p. 64).

An intervention program was developed by the Debbie Institute at the University of Miami to teach parents specific intervention skills to assist them to become more effective change agents with their children (Bricker, Seibert & Casuso, 1979).

The Reach Us Now (RUN) program was developed by the North Mississippi Retardation Center to help children from birth to eight years of age. It was based on parental classroom observation and participation, home training, monthly parent meetings, and counseling (Karnes & Teska, 1980).

In summary, it should be stated that these programs have presented only a few of the many purposes of parental involvement programs. Among these purposes are: (a) strengthening the role of the PTA and its effect on the education system; (b) helping professionals in their work, where parents and professionals use each other's skills to develop a plan for the child; (c) creating awareness of positive accomplishments among teachers and parents to set appropriate goals for the child's education; (d) training parents to teach their children at home; (e) helping parent facilitate the child's oral language; (f) creating early intervention for children by assesting parents to become more effective change agents; and (g) encouraging parents to observe the child's educational progress at school and participate in their child's program activities at home and school.

Role of Parental Involvement

It was reported by Bloom, Braun & Glazer (1980) that areas in which parents would be most helpful are: (a) knowledge of the child's development; (b) the child's environment; and (c) the relationship between the child and his/her parents.

At the same time, it was suggested by Berger (1981), Morison (1978), Nadler and McAfee (1979), Hewig (1982), and others that parental involvement includes seven types of

activities. These types are: (a) Parents' observation of their children in the classroom; (b) telephone conversations, notes, and letters between parent and the school; (c) parent-teacher conferences; (d) parent-parent meetings; (e) home visits by the school professionals; (f) individual telephone conferences; and finally, (g) teachers' aides activities.

Other studies have suggested four categories for the roles of parental involvement activities. The first category includes written and telephone communications. Activities in this category include report cards, to give frequent feedback on the student's academic and behavioral performance (Kroth, 1975; Powell, 1980), the periodic grade cards, the learning charts and/or the pupil progress reports (Thorman, 1979), notes or letters between school and parents (Rutherford & Edgar, 1979), and telephone contacts (Chapman & Heward, 1982).

The second category is the parent-teacher conferences, which include the progress report conferences to discuss the child's progress (Freeman, 1975; "The Parent-Child Conference," 1973); the problem-solving conferences to carry out solutions to the child's academic or behavioral problems (Kroth, 1975); the training conferences to train parents on home-school management interventions (Blackard & Barsch, 1982; Kelly, 1974), the IEP meetings which were mandated by PL 94-142 to include parents in the development of the

individualized education plan; the home visit by the teacher by the end of each academic year (Rutherford & Edgar, 1979, 1985; Croft, 1979); and the three-way conferencing which includes parents, teacher, and child (Freeman, 1975; McAleer, 1979).

The parent-teacher groups as the third category in the role of parental involvement activities includes both large group meetings to exchange information, as in the discussion groups and the problem-solving groups, and small group meetings to provide social and emotional support to the family and to train them on specific subjects concerning the child in the family settings (Kelly, 1974; Kroth, 1975, Olson, et al., 1976; Croft, 1979).

The fourth category in the parent's role of involvement includes the interactions between the child's home, his/her school, and the community. Activities in this category include classroom observations (Croft, 1979; Karnes et al., 1972; Shea & Bauer, 1985); parents' work as paraprofessionals in the school settings (Greer, 1978; Croft, 1979); parents' work as nonprofessional instructors in certain activities (Shea, 1978; Greer, 1978); Parents' work as members in school or classroom committees (Karnes et al., 1972; Berger, 1981); and last, parents' work as teachers of their own children in home-based activities (Kelly, 1974; Levitt & Cohen, 1976).

Parents' and professionals' view
of involvement

One of the most comprehensive surveys developed to identify the role of parents in their children's schools was done by the Southwest Educational Development Laboratory (SEDL) in Austin, Texas under a grant from the National Institute of Education. The goals of this survey were to establish a research base of information regarding parental involvement, and to use this base of information to develop guidelines and strategies for training teachers in the area of parent involvement (Williams, 1984, p. 1). Subjects of the Parent Involvement in Education Project (PIEP) were 2,083 parents, 575 teacher educators, 873 teachers, 729 principals, 1,200 school superintendents, 664 school board presidents, and 30 state agency officials (Williams, 1984, p. 2). Results of this study revealed strong agreement among some of the groups involved on the following points.

1. Teacher educators. Parent involvement in all school matters needs to be increased. Teachers need extra training to incorporate parent involvement, and should confer with parents about home life. Parents are usually cooperative with teachers, and the parents would help children more at home if they knew what to do.

2. Principals and teachers. Teachers should provide parents with ideas to help children at home with school work.

Teachers take on too many parental responsibilities. Principals should provide teachers with parent involvement guidelines, and a parent involvement course should be required for undergraduates in elementary education.

3. Parents. Parents should assure that their children do homework. They should feel at ease during school visits, and take responsibility for getting involved at school. Additionally, parents want teachers to send more information about classroom activities.

4. Superintendents. Parents need training before they are involved in decision making.

5. Board Presidents. Parents should take the initiative for getting involved in schools.

6. SEA officials. School districts should provide principals and teachers with guidelines for parent involvement.

In the decision-making process, a majority of all groups were most in favor of having parents involved in such decisions as the amount of homework assigned to the children, and placing their children in special education. A majority of parents, superintendents, board presidents, and SEA officials believe that it would be most useful to involve parents in decisions about evaluating how well their children are learning. Teachers, teacher educators, and principals believe that it would be more useful to involve parents in

decisions such as the effect of family problems on school performance, and how to provide sex role instruction and sex education.

In identifying parental roles, the majority of parents and educators strongly supported the roles of audience home tutors and school program supporters. The most typical activities in parent involvement from the educators' point of view were attending school activities, attending parent-teacher conferences, and helping children with school homework. From the parents' point of view, the most typical activities were visiting the schools and taking part in the PTA meetings. A majority of parents believe they should be responsible for getting more involved in their children's schools.

In parental involvement policies, a majority of the school officials indicated that written parent involvement policies were available mostly regarding placement of the children in special education, informing parents about children's violation of the district/ school's discipline policy, and participating in some decisions regarding certain educational programs such as Head Start. On the other hand, most officials stated that few, if any, written parent involvement policies existed in areas such as teacher home visits, participation in school budget matters, participation in developing district handbook guides, school

administration, curriculum and instruction activities, and parents visiting their children's schools (Williams, 1984).

Education of the Mentally Retarded

Children in Saudi Arabia

As a rich, developing country, the Government of Saudi Arabia is making every effort possible to push the educational system to keep up with modern technology. The following points are considered about the educational system in Saudi Arabia.

1. Education at any level in Saudi Arabia is not mandatory. However, elementary education is provided for every child who has reached school age. The Educational Policy in the Saudi Arabian Kingdom (1974) states that "schooling at this stage [elementary stage] is free for all children reaching the required age" (pt. IV, chap. 2, No. 121).

2. Education in Saudi Arabia is free at all levels. The government also pays monthly allowances to students in religious schools, higher education institutes, and in some other specialized programs such as the technical training centers (The Educational Policy, Pt. IX, Nos. 233 234).

3. Education for exceptional children (gifted and handicapped) in Saudi Arabia is provided when possible based on the availability of teachers and necessary equipment (The Educational Policy, Pt. 5, Chaps. 8-9, Nos. 188, 192-193).

4. Students in the special education programs receive small monthly allowances throughout their training in these schools (Nader, 1978, p. 2). Children identified as severely handicapped but not enrolled in the Social Rehabilitation Centers for any reason receive annual allowances equal to about \$2,850 for as long as they are in their family's custody (The Rehabilitation of the Handicapped Programs Regulation Act, 1980, Chap. 3, No. 23).

Prevalence of Mental Retardation

Grossman and his associates (1983) stated that "the occurrence of mental retardation is influenced significantly by changes of definitions, the use of single or dual criteria, variations of environmental conditions, and the inability, in many cases, to identify the cause of retardation or age of onset" (p. 77). He noted that the percentage of mentally retarded could be as low as 1% or as high as 3% of the population. In other research, the U.S. Office of Education (1971) estimated the mentally retarded to be about 2.5%. of those, 1.5% are mildly retarded (educable mentally retarded), and 1% are moderately or severely retarded. Other studies were conducted by the U.S. Office of Education (1975) and the percent of the mentally retarded was estimated to be 3%.

One of the major attempts to estimate the percentages of mentally retarded was published by Heber (1970), who

estimated the prevalence among many European and American countries from the beginning of this century to the year 1966. From 1951 to 1966, the percentages ranged from 0.3% in Poland in 1966, to 23% in the United States in 1952. The mean prevalence percentages for these countries is 3.67% since 1951.

In Saudi Arabia, there is no official estimate, either for the mentally retarded or for other exceptional children outside the schools. Estimates have placed the number of the country's mentally retarded as low as 12,000 to 16,000 (Hamdan, 1980), or as high as 25,000 (Mikkelson, 1971).

On its attempt to estimate the number of exceptional children in Saudi Arabia, the Directorate-General of Special Education at the Ministry of Education delivered a simple survey to all students at elementary and intermediate school levels for boys in Saudi Arabia, asking the students or their parents to write the name of any handicapped child they know between the ages of 5 and 15 years. The results of this survey indicted that there were only 1,415 mentally retarded boys, 327 mentally retarded girls. Two large cities (Mecca and Taif) and two towns (Al-Laith and Rabig) were not included because their responses did not arrive in time (DGSE, 1980).

If an estimate were to be made, it should be drawn from available statistical data. In 1974, the official estimate

of the Saudi Arabian population (including the Beduines and citizens abroad) was 7,292,466 (Kadi & Ibrahim, 1981, p. 11). The estimate of the mentally retarded would be drawn from the population as a whole and the student-population ratio.

If we take the 2.5% prevalence estimate (U.S. Office of Education, 1971) (although it would not be fully accurate because of the differences between Saudi and American cultures, population, and many other factors), it would be estimated that the number of mentally retarded citizens in the country is 182,311. The number of students enrolled in kindergarten through grade 12 (age 4-18 years) in the academic year 1983-84 was 1,704,212 students (Saudi Arabian Monetary Agency, 1984, p. 111). The student-population ratio is 4:17 which would lead us to estimate that there are 42,896 mentally retarded children ages 4 to 18 (Kindergarten through secondary education) for the academic year 1983-1984. Of those, there were 25,737 educable mentally retarded children in Saudi Arabia based on the U.S.O.E. estimate of the EMR (1971).

Educable Mentally Retarded Programs

In the beginning of its programs for the mentally retarded, educational authorities in Saudi Arabia adapted the British system for categorizing the mentally retarded, dividing them into three groups: morons, imbeciles and idiots (DGSE, 1972a, 1972b). The first school for moron boys

was established in Riyadh in 1971-72, and a school for moron girls was established the following year, 1972-73 (DGSE, 1981a).

In 1979, the Ministry of Education adopted the classifications and definitions for the mentally retarded developed by the American Association on Mental Deficiency (1973 revision). Since that time, mentally retarded children have been divided into three groups: Educable Mentally Retarded (EMR), who attend EMR schools sponsored by the Ministry of Education; Trainable Mentally Retarded (TMR), who are given scholarships to study abroad in neighboring countries until a program is established for them in the country; and Severely Mentally Retarded (SMR). The profoundly retarded were included in the severely retarded group for educational purposes. The severely and profoundly retarded are enrolled in the Social Rehabilitation Centers sponsored by the Ministry of Labor and Social Affairs (DGSE, 1979, 1981b). By 1984-1985, the number of EMR schools had grown to six, in addition to eight special classes in regular elementary schools. Three of the EMR schools are for boys and three are for girls. The number of educable mentally retarded students (I.Q. 50 to 70) in these schools was 827 in 99 classes (DGSE, 1985b).

EMR schools serve as boarding schools for students whose families do not live in the same city where the school

is located. These schools are located in Riyadh, Jeddah, and Damman, and the special classes are located in Medinah. In 1984-85, the number of children in the boarding program was 320 students, with an additional 507 in the daytime program for the same year.

In view of the estimated number of educable mentally retarded (indicated previously as 25,737), it appears that only 3.21% of the total number of educable mentally retarded have been identified and are receiving services in these schools. To compare this statistic with other countries, 15% of EMR students are receiving services in special schools in Sweden, 10% in Denmark, 12% in the USA, 16% in Canada, 20% in England, 15% in France, and 16% in the USSR (Dunn, 1973). In a later section of this study, the moral and environmental issues in Saudi Arabia will be discussed, which may operate to keep the enrollment levels low in special education.

Students who are admitted to EMR schools have been identified as educable mentally retarded, with I.Q. between 50 and 70, as obtained by standardized I.Q. tests such as the Stanford-Binet, WISC, Vineland, etc. These children must be between 4 and 15 years of age. They also must be free from other handicaps which may inhibit their learning in these schools (i.e., multi-handicapped), and have no contagious diseases (DGSE, 1981a). Programs in these schools are offered at two levels: the preschool/kindergarten level for

two years, and the elementary level for six years (DGSE, 1984a, 1984b).

When the child finishes this program, he/she may be enrolled in a vocational rehabilitation program offered by the Vocational Rehabilitation Center of the Handicapped and sponsored by the Ministry of Labor and Social Affairs. The vocational training program takes from 6 to 18 months, depending on the student's ability to receive the training (Ministry of Labor and Social Affairs, MLSA, 1980, 1983). Programs in EMR schools are drawn from the regular school programs, modified to fit the child's mental ability (DGSE, 1981b).

The pre-school curriculum includes religious education, social and health education, motor development, language training, basic math, physical education, leisure time training, and art (DGSE, 1984b). The curriculum in the elementary school program includes religious education, language training, math, health education, social adjustment, physical education, leisure time training, art, and farming (for boys) or home economics (for girls) (DGSE, 1984a).

In summary, educable mentally retarded students are enrolled in six EMR schools, three of which are for girls, and eight classes in regular schools for boys in Saudi Arabia. The number of students enrolled in these programs was 827, including 320 students enrolled in the boarding

program as of the year 1984-85. The curriculum in these programs is drawn from regular school programs with major modifications.

Delivery of Service for the
Mentally Retarded

Although education in Saudi Arabia is not compulsory, the government is establishing schools in every community needing them. For 1983-84, there were 7,269 elementary schools for boys and girls, 3,085 intermediate and high schools for boys and girls, and 7 universities (Saudi Arabian Monetary Agency, 1984). In 1984-85, there were a total of 688,170 boys and 513,227 girls in elementary school. The total number of students in intermediate schools (grades 7-9) was 203,252 boys and 132,891 girls. These numbers only include students in public schools sponsored by the Ministry of Education (boys' schools) and the General Presidency of Girls' Education (girls' schools) (Ministry of Education, 1984-85; personal communication with the General Presidency of Girls Education, December 2, 1985).

By contrast, the number of educable mentally retarded enrolled in special education for that same year (1984-85) was only 827 students. Of those, 316 students were enrolled in preschools, leaving only 511 students in the elementary schools (ages 6-15) (DGSE, 1985b).

As noted previously, the EMR percentage prevalence in

the population is about 1.5%. The ratio of public school students to overall population in Saudi Arabia is 3:14 (1,537 to 7,292,466), which indicates that there could be at least 23,000 educable mentally retarded children in Saudi Arabia between ages 6 to 15. The actual number is probably higher, since this estimate does not include students in private schools and those in schools sponsored by agencies other than the Ministry of Education and the General Presidency of Girls' Education. However, even if this estimated number of educable mentally retarded children ages 6 to 15 is used, it appears that only 2.22% of the educable mentally retarded children in the country ages 6 to 15 are served in EMR schools (511 out of 23,000).

This is a very low ratio in a wealthy and rapidly developing country such as Saudi Arabia, and this researcher could not find any written explanation for it. To discover the reasons for this low ratio, the researcher discussed this issue with a number of special education administrators in Saudi Arabia, including the General Secretary of Special Education, the Director of the Visually Handicapped Education, and two Saudi teachers at the EMR School for Boys in Riyadh (October, 1985). There was general agreement on the following points.

1. The EMR schools for boys and girls are located in three major cities in Saudi Arabia: Jeddah (in the western

province), Riyadh (in the middle province), and Dammam (in the eastern province). Special classes in the regular elementary schools are offered in Medinah (in the western province). Many other large Saudi Arabian cities do not receive services for the educable mentally retarded, even though the distance between those cities and the closest EMR school is great. Among these locations are: (a) Qasim region, population 762,000, with the closest EMR school in Riyadh, about 450 km away; (b) Jizan city, population 408,000, with the closest school in Jeddah, about 800 km away; (c) Aseer region, population 678,000, with the closest EMR school in Jeddah, about 600 km away; (d) Hail city, population 265,000, with the nearest EMR school in Riyadh, about 600 km away; and many other cities and regions (population reference from Kadi & Ibrahim, 1981, p. 11).

2. Although these schools have boarding facilities, only 204 students were from areas other than the cities in which the schools are located, which means that only 24.7% of the total population of EMR schools come from outside the local community. This is evidence that these schools may be serving mainly the local communities where they are located.

3. People in Saudi Arabia feel strong moral and religious obligations toward their families. This leads them to believe that a child, especially if handicapped, should not be left outside the family supervision, even to go to a

special boarding school. Therefore, they would rather keep the child home than send him/her miles away to be enrolled in an EMR school.

4. Many families, mainly in agricultural communities, believe that handicapped children, especially the mentally retarded, should stay home and not have to face the community. Therefore, if their handicaps were mild, the family would enroll the children in regular schools. If the children should fail in regular school or have severe or multiple handicaps, they would be kept at home.

5. Special education personnel (administrators, teachers, and laborers) are mostly non-Saudi citizens. for example, 148 out of 172 teachers, 62 out of 99 administrators, and 59 out of 135 laborers working in EMR schools for the academic year 1984-85 were non-Saudi citizens. This means that 86% of the teachers, 62.6% of the administrators, and 43.7% of the laborers are non-Saudi's (DGSE, 1985a). Thus, it very difficult to establish new EMR schools in the country, since they cannot yet be run by Saudi staff. The problem is compounded by the fact that non-Saudi staff, especially teachers, are difficult to recruit, because they are needed in their own countries.

Summary and Conclusion

It is very important for parents of the mentally retarded to be involved in their children's school programs

for several reasons. The parents themselves will be more in touch with their children's education progress. The schools will enrich their programs as a result of parent suggestions and participation, and receive help from parents in fulfilling the school mission of educating the child. Most important of all, parental involvement benefits the children, helping them maintain their educational progress as well as their overall growth. Involvement of parents includes many activities. Some of which are granted by laws and regulations, such as PL 94-142. Other activities were provided by either the school or the classroom teacher, such as participation in the classroom academic and non-academic activities or in school field trips.

In a country such as Saudi Arabia, parental involvement differs in many ways from practices in the United States. Among these differences are the following:

1. The Saudi Arabian educational system is centralized, which does not leave many choices to local schools to adapt or to modify the program. The child's IEP in this case does not have a wide range of activities designed for the child's individual needs. Rather, the IEP is drawn from pre-set curricula, limiting parental participation in developing the IEP.

2. The Saudi government establishes all the country's schools for the mentally retarded, and private donations are

not allowed. Therefore, the decision making process in these schools always occurs through official procedures. The PTA is nonexistent in the country, and parent groups do not have a significant effect on the educational system unless they have official backing.

3. Voluntary participation in classroom activities by parents or others is limited, due to the fact that teachers have to complete the pre-set program on time, and any voluntary work in the classroom may interfere with this schedule.

4. Parent participation in school activities and involvement in their children's program is not governed by any law. furthermore, it is not mentioned in many publications by the Directorate-General of Special Education at the Ministry of Education in Saudi Arabia, the sponsor of the education of the handicapped. Nevertheless, it was found that working with parents is one of the major important competency areas in the field of working with the mentally retarded, and the first major area which needs professional development (Hamdan, 1980).

5. Since Mr. Hamdan's study was done in 1980, no other study has continued the task of identifying the role of parent participation and involvement in the program for their mentally retarded children. The urgent need to study the role of parental involvement is evident from Mr. Hamdan's

findings, and from the researcher's experience in facing this issue many times in work with the mentally retarded in Saudi Arabia.

This researcher believes the first step in studying the role of parents' involvement in the education of their mentally retarded children within these points should be to evaluate the actual level of parental involvement, then evaluate parent willingness to participate in their children's program, if allowed to participate in certain activities. This evaluation can be done through individualized interviews with parents, or by surveying the parents' involvement roles. Interview procedure in this case is difficult to achieve because of the large number of parents involved, and because of the limited validity of the interview procedure in studying this issue. Therefore, the survey would be the most appropriate and practical way to identify the parents' role of involvement in Saudi Arabia, within the limits of the Saudi educational environment. This is based on studies which were done in the United States concerning parental involvement issues (reviewed in this chapter) and also based on the need to identify parental involvement roles in their EMR children's education, determined by previous research done in Saudi Arabia.

CHAPTER 3

METHOD

Introduction

There were many factors that played different roles in the selection of the design and methodology used in this study. One of these factors is the fact that education in Saudi Arabia is segregated by sex, where male parents cannot attend school activities of their female children, and female parents cannot attend school activities of their male children. Another factor is the definition of parental involvement as stated in Chapter 1 of this study. The definition includes participation in school and classroom activities as a major part of the parental involvement activities which, based on the segregation system and the social values of Saudi Arabia, is not allowed for male parents of female students or female parents of male students. This does not mean that those parents are not involved in many ways in their children's education; rather, it means that neither one of them can offer full participation in the child's education.

In deciding the method of gathering data, the researcher was faced by several factors. Among those is the fact that female parents cannot be contacted by the researcher because of the social custom which does not allow non-relative males to interview females either in person, because

it is prohibited, or by telephone, because most families will not allow it. Also, not all families have telephones; those who do may not have their telephone numbers published in the school list.

If the interview method was considered with male parents only, there will be several limiting factors on the study's validity and reliability. These limiting factors include the time limit of this study and the large number of male parents involved. It takes at least one year to interview all male parents (over 300 subjects), while the design of this study requires that all parents should be interviewed during the same period to measure their involvement level at that time.

Open-end surveys as another way of gathering data from parents are not recommended in Saudi Arabia because of the fact that many parents, especially females, are illiterate. The probability is lessened that they will be able to answer these surveys accurately and completely, because the reader may not write the exact responses of the parent involved. Because of all these factors, the researcher found that the most effective method of collecting data for this study was the questionnaire method, specially when he knows it was used successfully in many studies done with Saudi subjects in the area of handicapped education (Hamdan, 1980; Al-Marsouqi, 1980).

Subjects

Subjects included in this study were all male parents of children in EMR schools for boys in Saudi Arabia who live in the same city as their children's schools, and all female parents of children in EMR schools for girls in Saudi Arabia who live in the same city as their children's schools. Six schools were included in this study: three for boys and three for girls, located in Riyadh, Jeddah, and Dammam.

The male parent is the father of the child or his guardian, while the female parent is the female caretaker of the child, and may be his/her sister, aunt, stepmother, or mother.

EMR schools in Saudi Arabia have boarding facilities for children whose families do not live in the same city where the school is located, or children who have special circumstances that make it difficult for them to attend a daytime program. Parents of children who do not live in the same city where their children's school is located were not included in this study, because they were not able to participate completely in their children's program due to the distance involved.

The total number of subjects to be included in this study was 649 parents: 281 female parents, and 368 male parents. This number was decreased depending on the number of children attending EMR schools at the time of the study.

Questionnaire

Design of the Questionnaire

Parent-child educational interaction is reviewed in many articles and research studies. Two major sources were important in developing this questionnaire. The first one is the legal source, discussed comprehensively in Public Law 94-142 and the literature dealing with it. The major points of this law were summarized in the "Review" section of this study. The second source is similar or related questionnaires developed either in the United States (the major source of this questionnaire) or in Saudi Arabia, where the data for this study will be collected. Based on his experience in the field of special education in Saudi Arabia; other colleagues' experiences; legal studies of parental roles in their children's education; similar or related questionnaires; and many studies done in the same area surveyed in the "Review" section of this study, the researcher developed or adopted 200 items to be included in the questionnaire. These items were divided into four sections. The first section, 35 items, dealt with the child's demographic data such as school, age, grade level, etc. The second section, 40 items, was concerned with the parents' demographic data such as age, sex, educational background, etc. The third section, 90 items, questioned the parents' involvement in classroom activities, with teachers,

in parent conferences, at home, etc. The fourth section, 40 points, dealt with parent willingness to participate in school activities if given enough support from the school.

The first, second, and fourth sections were developed based on previous research and similar or related questionnaires and a previous questionnaire developed by the author, and was delivered to parents of the mentally retarded in the EMR School for Boys and the EMR School for Girls in Riyadh in May, 1983, to study the willingness of parents to participate in parents' activities inside the school (Fouzan, 1983). The major sources of the third section of the questionnaire were similar or related questionnaires. One of them (Cone, Wolfe & DeLawyer, 1984) was developed to measure the parent/family involvement in their children's programs, and was used as a model in this questionnaire with major modifications in content of the adopted items and the scoring system. The other questionnaires were Ammer's (1983) questionnaire dealing with special needs parents; Hamdan's questionnaire (1980), which was developed to assess needs of teachers of mentally retarded children in Saudi Arabia; Al-Marsouqi's questionnaire (1980), developed to measure educators' attitudes toward exceptional children; Williams' questionnaires (1984), designed to survey the parent involvement roles and contents from the point of view of both parents and professionals; and several others.

Based on development stages of the questionnaire (see the "Validity" section of this study), some items were omitted, either because they were inapplicable in the Saudi environment (such as items dealing with the PTA), or because their content was repeated differently in other items. Others were modified to fit the Saudi educational system, such as items requiring both parents to attend school settings. Still others were jointed with other items, as both were dealing with the same situation from different perspectives, and they could be combined into one item, such as allowing the teacher, psychologist and social worker to visit the child's home. There was a total of 86 items in the final copy of the questionnaire, divided into four sections.

Content of the Questionnaire

The first section of the questionnaire deals with demographic data about the child and his/her program. It contains 14 items to provide information about the child in the following areas: child's school; age; sex; grade level; previous education in regular schools; referral agency or person; age of child when found to be handicapped; number of children in the family; child's birth order; other handicapped children in the family; child's program in the school; distance between home and school; and transportation used to take the child to and from school. Items in this section were selected by the researcher, his colleagues, and

the principals of the EMR schools for boys and girls in Riyadh.

The second section deals with items related to the parent-child relationship and parents' demographic data. The section contains 18 items dealing with the parent's relationship with the child; parent's educational background; parent's age; previous training in special education for either self or spouse; work in the area of mentally retarded education; ways of dealing with a handicapped child and allowing the child to play with non-handicapped; time spent with the child daily playing, reading stories, and helping with homework; taking the child shopping, visiting friends or relatives, going to public parks and amusement facilities; parent's job; amount of time and days of work; and family income.

Some of these items were developed by the author, others suggested by his study advisors (such as previous training in special education), and some suggested by the evaluators of the questionnaire, based on the study's objectives. All items were approved by the final evaluators (teachers and parents) (see the "Validity" section).

The third section of the questionnaire contains 52 items divided into eight subscales. These subscales are as follows:

1. Parent-teacher interaction subscale, which contains

six items starting with item 34.

2. Parent-classroom interaction subscale, which contains five items starting with item 40.

3. Parent-school interaction subscale, which contains eight items starting with item 45.

4. Parent's intended level of involvement subscale, which contains five items starting with item 53.

5. Parent-parent interaction subscale, which contains seven items starting with item 58.

6. Parent-child interaction at home subscale, which contains eight items starting with item 65.

7. Parent-community interaction regarding special education subscale, which contains five items starting with item 73.

8. Parent's evaluation of the school level of involvement subscale, which contains seven items starting with item 78.

Items in the third section of the questionnaire were developed, selected, or modified from a pool of over 200 items dealing with the same aspects and were reviewed in many resources, such as similar questionnaires, PL 94-142, and studies dealing with the parent-school relationship, and were reviewed in the "Review of Literature."

The fourth and final section of the questionnaire contained two items. The first asked parents whether they

believed their children's school was achieving its goals in meeting the child's needs. The second item asked parents to write their suggestions for their children's school to help achieve its goals.

These items were developed by the researcher to evaluate the schools' program from the parents' perspectives. The main purpose of the last item was to help the researcher develop new ideas to be used in his profession when he returns to the field.

The pilot study results indicated that three parents had responded positively to some activities which are not allowed for parents, such as participation in developing the IEP, and participation in developing the curriculum. For this reason, another survey was developed based on the third section of the parents' questionnaire to investigate the activities allowed by the school in the area of parental involvement to validate the parents' responses to these activities. This survey was to be answered by all six principals of EMR schools in Saudi Arabia.

The principals' survey called for Yes/No responses to questions on 20 types of activities in which parents may be involved. The principals were asked whether each type of activity was allowed. The purpose of this survey was to learn if each activity was allowed. If a parent responded positively to an item about an activity not allowed for him,

and he did not work in the EMR school, his response on that item would be replaced by response number 1 (not at all).

Validity and Reliability

It was mentioned previously that the time limit of this study, and the environment structure where it was to be applied, necessitated the questionnaire method as the most effective data gathering tool. The questionnaire method has been satisfactory in many educational studies done in Saudi Arabian environment. Therefore, the researcher decided on the same method for his study.

The parents' questionnaire went through different stages to assure content validity. The first was the development stage (February-May, 1985), with the researcher depending on several resources to develop it. Among those resources are the following:

1. The researcher's experience in educating exceptional children in Saudi Arabia as a teacher, supervisor, and then director of the mentally retarded programs at the Ministry of Education.
2. The experience of two Saudi Colleagues working for their Ph.D. in the field of special education in the United States, who also had previous experience in educating exceptional children in Saudi Arabia.
3. Previous questionnaires and studies dealing with the same or related issues. Among these questionnaires were

the Parent/Family Involvement Index developed by Cone et al. (1984) and used as a model in this study with major modifications in scoring system and content; the Special Needs Parent Questionnaire developed by Ammer (1983); the Questionnaire of Assessing the Needs of the Teachers of the Mentally Retarded in Saudi Arabia developed by Hamdan (1980); and the Questionnaire of Measuring the Attitudes of Educators Toward the Exceptional Children in Saudi Arabia used by Al-Marsouqi (1980). Among the research were PL 94-142; Tawney's study of Specialized Training for Exceptional Children (1983); Vergarson & McAfee (1979); Williams (1984); Patterson (1982); McAfee (1984); Lee & Johns (1984); and Humphreys (1984).

After the the questionnaire development, it was revised by a Saudi doctoral candidate, Mr. Zaid Al-Muslat, in September, 1985. Mr. Al-Muslat's major suggestion was to change the first and the second sections of the questionnaire from closed-end questions to open-end questions, to make questionnaire reasonable in length for parents, save space, and allow parents to state their exact answers instead of checking their answers from among the categories.

The second stage in validating the questionnaire was achieved by giving copies of the questionnaire and the study objectives to the principals of the EMR School for Boys and the EMR School for Girls in Riyadh (October, 1985). The

principal of the girls' school has a master's degree in special education and 12 years experience educating the mentally retarded (1974-present), while the principal of the boys' school has a master's degree in special education and six years experience educating the mentally retarded (1980-present). The two principals were contacted by telephone three days after receiving their copies to discuss their suggestions about the questionnaire's content and design. Based on their evaluation, several items were dropped from the questionnaire. Among those are items dealing with private donations, since they are not allowed in Saudi Arabia, and items dealing with the PTA, because the PTA does not exist in the country.

In the third stage of validating the questionnaire, the principal of the EMR School for Boys in Riyadh and the principal of the EMR School for Girls in Riyadh were asked to select 20 of the highest qualified teachers in their schools to evaluate the questionnaire. The school psychologist, the social worker, and 10 teachers were selected from each school. Teachers qualifications included the following requirements: Saudis must have B.A. degrees, and non-Saudis must have at least 5 years experience educating mentally retarded children, two years of which are to be in Saudi schools. At the same time, ten highly educated parents of deaf students studying in the Deaf School for Boys in Riyadh

were selected to evaluate the questionnaire. Seven of those parents were college graduates, and three have master's degrees. Among all respondents, there were 2 Saudi social workers (one male and one female), 11 Saudi teachers (6 males and 5 females), and 9 Saudi parents (all males). Respondents were sent copies of the questionnaire, with a cover letter explaining the study objectives and asking them to read all questionnaire items, evaluate them, and write their modification, replacement, or suggestions about any item as they felt necessary. Teachers and parents were contacted by the last week of January, 1986, and their responses received by the first week of February, 1986.

Based on their evaluation, several items were added to the questionnaire, such as previous education of the child in regular schools, child's order among his/her brothers and sisters, referral agency of child to special education, child's age when the family found he was a handicapped, permitting the child to play with non-handicapped children, and reinforcing the child to do his/her own work at home. Other items were modified, such as "taking the child to friends' invitations," replaced by "taking the child to public parks and amusement facilities."

Pilot Study

The fourth and final stage in developing the questionnaire was derived from the pilot study results. The

pilot study was done for the following reasons:

1. To assure that all items were clear and fully understood by parents.
2. To assure that parents understand the rating system in response to the third section of the questionnaire.
3. To assure that parents respond to all items.
4. To test the return rate of parents' responses.

The sample for the pilot study was selected randomly from parents of deaf children studying in the Deaf School for Boys in Riyadh and the Deaf School for Girls in Riyadh. Fifteen parents were selected from each school. Selection was based on sequence, i.e., the parent of each twelfth child in the school list was selected in the girls' school, where 183 students were enrolled. The parent of each tenth child in the boys' school list was selected, where the enrollment was 162. The questionnaire was delivered to each parent in both schools by the social worker in each school when the male parent came to school to pick up his child on Monday, tuesday, and Wednesday, March 3-5, 1986. All returned responses were received by the social workers on Tuesday and Wednesday, March 11-12, 1986. Results of the pilot study are summarized as follows:

- 1) Twenty-eight copies of the questionnaire were returned to the schools within 10 days, Monday to the following Wednesday. Only two copies were not returned.

2) All returned copies were answered, but two parents from the boys' school did not respond to all items.

3) Although it was stated in the cover letter accompanying the questionnaire that only female parents were to answer the questionnaire of their female children and only male parents were to answer their male children's questionnaire, three male parents responded to their female children's questionnaire.

4) It is known to the researcher from experience in the field that parents may not participate in certain educational activities, such as the IEP and school curriculum. In their responses, four parents had responded positively to items dealing with participation in these activities.

5) Two parents had complained about using the word "child" when referring to the student, by stating that the student is an adult.

6) When relating the parents' responses in item number 39 (parent had told teacher about educational techniques or educational activities) to the educational backgrounds of parents, 21 parents selected response number 1 (not at all), 5 parents selected response number 2 (rarely), and 2 parents selected response number 3 (sometimes). Of parents selecting response number 2, three were secondary graduates and two were college graduates. Of parents who selected response

number 3, one was a post-college graduate, and the other was a secondary graduate. The same seven parents (except one, who gave no response to this item) stated that they had observed their children in the classroom, and three of them stated that they made suggestions for the teacher during the observation period. Six of the seven parents stated that they had attended educational discussion with the school concerning the child's education. In another example of the parents' understanding of the response rating system, 27 parents had checked response number 1 (not at all) for items 43 and 44 which deal with voluntary work in the school. Parent number 28 did not respond to either of these two items. All these examples prove that parents' understanding of the response rating system in the third section of the questionnaire, 5-point Likert scale, was satisfactory.

The final revision of the parent questionnaire was developed based on the results of the pilot study. The following modifications were made in the final revision:

1. The word "child" in the Arabic version of the questionnaire was replaced by the words "student" or "son/daughter."

2. The questionnaire was re-typed into two sets. The first set was addressed completely to male parents, referring to their sons or male students, since it is to be delivered in the boys' schools. The second set was addressed

completely to female parents, referring to their male or female students, because both sexes can study in the preschool program of the girls' schools. The cover letter was modified to fit each set. Female parents were asked to answer the questionnaire themselves or ask someone to answer it on their behalf if they cannot write or read.

3. Another questionnaire was drawn up from the third section of the parents' questionnaire to ask school principals about parent activities that were allowed in their schools. This questionnaire was constructed with Yes/No type questions, with 20 types of activities indicated. The principals were to respond to each type by checking either "yes" if it was allowed or "no" if it was not allowed. This questionnaire is discussed in the "Questionnaire" section of this study.

4. Several items were added to the questionnaire. Among those are item number 22 "Do you work now in one of the EMR schools?", because parents who work in these schools may participate in certain curriculum-related activities, which was not allowed for all parents; and items 25 and 26 (dealing with handicapped child differently, and how differently). Several items were omitted such as sex of parent, because it is already known, and sex of the child in the male parents' questionnaire, because only boys were allowed to study in the EMR school for boys. The cover letter was modified to fit

the new changes.

5. The responses in items 73 through 78 were changed from 5-point Likert scale to a three-point scale. The numerical system for responses to these items was replaced by the words "never," "rarely," and "always," since these items deal with activities that cannot be done weekly or monthly in the same way as the rest of the activities.

Scoring of the Questionnaire

The first draft of the questionnaire was developed in closed-end responses for all items except the last. Parents were to check the appropriate response of each from among the response categories. The list of responses for many items in the first and second sections was too long, such as the items for responses to parent's age; child's age; monthly family income; child's school; and distance between home and school. Responses in the third section of the first draft were also written in sentences' categories, where four possible responses were written in front of each item. These responses were: (a) not at all; (b) rarely; (c) sometimes; and (d) always. It was found that they were adding one more line to each item. When this scoring system was revised by the researcher's colleagues and advisors, it was suggested that items requiring a long list of possible responses should be changed to open-end questions, to give parents the freedom to state their exact responses and to save space in typing.

In the final form of the questionnaire, items which required a long list of responses (five or more) were changed to open-end items. Items with five exact responses or fewer were left as closed-end questions. exact responses are absolute and do not require categories of responses. In scoring items in sections one and two, responses were categorized and each category was given a number as an identifier for computing purposes but not to be used as scores. An example of this procedure is the child's school, where each school is given a number.

The scoring system in the questionnaire's third section went through four stages before it was developed into the system appearing in the final copy. The first stage was writing possible responses in words placed in front of each item. Based on the evaluators' suggestions, the responses were changed to numerical responses, with five numbers in front of each item. Each number is identified at the beginning of each page. Those numbers and their reflected statements were: 0 (not at all); 1 (rarely); 2 (some times); 3 (regularly); and 4 (frequently). Definitions of these statements were decided based on discussion with a number of professionals in the field of educating exceptional children in Saudi Arabia, to include the General Secretary of Special Education at the Ministry of Education, the Director of mentally retarded education, the Principals of the EMR

School for Boys and EMR School for Girls in Riyadh.

Definitions of these responses were as follows: 0 (no involvement); 1 (one to two times a year); 2 (three to four times a year); 3 (once a month at least); 4 (once or more a week). The 5-point Likert scale was selected based on the assumption that parents should participate in each activity as infrequently as once a year and as often as once or more a week. Once a week or more was considered as the highest level of involvement; one to three times a month was the second highest level; once every two or three months was the third highest level; and one or two times a year was the lowest level of involvement. the numerical system was modified to start with number 1 as "not at all" response. The reason behind this modification was to give response "0" to items not answered by respondent.

The final scoring system modification was based on the the pilot study results, as items 73 through 77 cannot be practiced every week and perhaps not every month. such items were "discussing the child's problem with a doctor" and "writing articles in special education". Numerical scoring of these items was changed to sentence reponses "Never," "Sometimes," and "Always." Definitions of these responses were left to the judgment of parents. In computing these responses, the response "Never" was given 1 point; "Sometimes" was given 2 points; and "Always" was given 3

points. A total score for any completed questionnaire may be as low as 52 or as high as 248 points.

Reliability

Reliability of the questionnaire was measured in two different ways:

1. Sections one and two of the questionnaire deal with factual data about the child and his/her parents, where parent responses to these items were expected to be highly accurate. Reliability of these two sections was not tested.

Section four deals with the parents' evaluation of the school program. This section uses one question calling for a Yes/No answer and one open-end question asking parents to write suggestions to help the school achieve its goals and perform its services. Parents' suggestions are summarized in the "Findings" section of this study to help the researcher in developing recommendations.

Section three of the questionnaire deals with the level of parental involvement in their children's programs. It was based on a 5- and a 3- point Likert scale, which needs to measure its reliability. For testing reliability, the internal consistency of the questionnaire was tested using the coefficient Alpha of Cronbach. Results of internal consistency testing are given in Chapter 4.

2. The second way of measuring the questionnaire reliability was also used for section three of the

questionnaire, where the responses of all parents to each of the six subscales in section three (parent-school; parent intended level; parent-parent; parent-child at home; and parent -community; as well as parent evaluation of school participation) were tested using one of the split-half methods (Spearman-Brown formula). The results of these reliability testing are reviewed in Chapter 4.

Procedure Used in Data Analysis

The parent questionnaire deals with 25 factors which may affect the level of parents' involvement in their children's programs. At the same time, the level of parental involvement was discussed in the questionnaire in six subscales. Several items were designed for each subscale. The first three subscales were discussed in the questionnaire separately for organizational purposes, while in an actual education setting they are more integrated than separated. Therefore, these three subscales (parent-classroom; parent-teacher; and parent-school) were analyzed as one large subscale containing 19 items (34 through 52). The following procedure was used in analyzing the data to answer the research questions:

Research Question 1:

"What is the level of involvement of male parents in their educable mentally retarded boys' education, and female parents in the educable mentally retarded

girls' education?"

To answer this question, the level of male parent involvement was compared with the level of female parent involvement. The t -test method was used in analyzing this relation.

Research Question 2:

"What are the major factors affecting the level of involvement of parents of educable mentally retarded in their children's education in Saudi Arabia?"

The parents' questionnaire discusses 25 factors that may play certain roles in the level of parental involvement in Saudi Arabia. Those factors went through several revisions by professionals in the handicapped education field in Saudi Arabia. Each factor was tested using the Chi-square method () to measure its effect on the total level of parental involvement.

Research Question 3:

"Is there a difference between parents' intended level of involvement and their actual level of involvement in their EMR children's education?"

Chi-square analysis was used to compare the actual level of involvement of parents in the parent-school subscale with the intended level of involvement in each of the six schools for the educable mentally retarded (Riyadh boys', Riyadh girls', Jeddah boys', Jeddah girls', Dammam boys', and Dammam girls' schools), to compare parents' level of involvement with their

intended level of involvement in each school.

Research Question 4:

"What types of activities are allowed for parents of EMR students by their children's schools?"

To answer this question, there was a descriptive analysis, where the principals' survey was analyzed to state what types of activities were allowed in each school. Another analysis was a quantitative analysis using the Chi-square method () to test the parents' evaluation of the types of activities in which their children's school allows parent participation. Each one of the seven activities was tested.

Research Question 5:

"What is the degree of satisfaction of parents of EMR students with their children's schools, and what are their suggestions for the schools to meet their expectations?"

To deal with this question, items 85 and 86 were analyzed. The first item was analyzed quantitatively using the Chi-square method (), where the schools were compared to each other in terms of parental satisfaction. The second item (number 86) was analyzed descriptively, where parents' suggestions for each school were summarized.

Delivery Procedure of the Questionnaire

General Procedure

The questionnaire was delivered to all male parents of the educable mentally retarded children studying in the EMR schools for boys, and to all female parents of children studying in the EMR schools for girls in Saudi Arabia (three schools for each sex). Each school was asked to prepare a list with all students' names and addresses (with telephone numbers, if found). The researcher put a serial number on each copy of the questionnaire which matches the student number in the school list, to assure delivery of that copy to the parent of the child whose number was printed on the first and last pages of the questionnaire. The serial number had a letter before the number to identify the child's school. The letter "A" refers to EMR boys in Riyadh, "B" to EMR girls in Riyadh, "C" to EMR boys in Jeddah, "D" to EMR girls in Jeddah, "E" to EMR boys in Dammam, and "F" to EMR girls in Dammam.

The researcher delivered copies of the questionnaire with these serial numbers, along with a copy of the student name list and 15 extra copies with no serial number, to each school. The social worker was asked to manage the questionnaire delivery, with each copy to be delivered to the parent of the child who had the same serial number, to facilitate followup with parents not responding to the first

delivery. Two letters were prepared and signed by Mr. M. Al-Masha'an, the Secretary-General of Special Education at the Ministry of Education, and were addressed to parents to encourage them to participate. One of them was sent to parents with the first delivery, and the other was to accompany the followup copies. Delivery conformed to the following procedure:

1. For parents who personally picked up the children (or their drivers), copies were delivered when they picked up their children from school. The social worker delivered the male parents' copies, and the gate guard delivered the females' copies, on which the child's first name was printed in pencil on the cover letter of each copy, to avoid confusion.

2. For parents of children using the school bus, the bus driver was asked to deliver the copy to each parent when the child left the bus at his/her house. The child's first name was printed in pencil on the cover letter, so the driver would deliver them properly.

3. Parents of children who study in the boarding program but go home on weekends were given their copies when they brought their children to school on Saturday morning.

All delivery was done under the personal supervision of the school principal and was planned and managed by the school social worker.

Timetable of Delivery

Boys' school in Riyadh. Saturday through Wednesday, April 12-16, 1986 for parents of children in the daytime program. The following Saturday, April 19, 1986 was the delivery date for parents of children in the boarding program but who spent the weekends at home. The researcher worked personally with the social worker the first day in managing delivery.

Girls' school in Riyadh. Sunday through Wednesday, April 13-16, 1986 for parents of day school children. Saturday, April 19, 1986, was the delivery day to parents of children in the boarding program who spent the weekends with their families. The researcher worked personally with the social worker the first day to manage delivery.

Boys' school and girls' school in Jeddah. Monday through Wednesday, April 14-16, 1986 for parents of children in the daytime program, and Saturday, April 19, 1986 for parents of children in the boarding program who spent weekends with their families. The first day of delivery the researcher worked with social workers in both schools, as the two schools are located in the same area.

Boys' school and Girls' school in Dammam. Tuesday and Wednesday, April 15-16, 1986 for parents of children in the daytime program, and Saturday, April 19, 1986 for parents of children in the boarding program who spent weekends with

their families. The researcher worked with the social workers in both schools the first day of delivery, as both schools are located in the same area.

An arrangement was made with each school principal to ask the school bus driver to deliver all remaining copies with serial numbers to the homes of parents by Sunday, April 20, 1986.

Each package contained the mean questionnaire with the cover letter, a copy of Mr. Al-Masha'an's letter addressed to parents; and a self-addressed envelope.

First Followup

A letter signed by Mr. Mohammed Al-Masha'an, the Secretary-General of Special Education, was prepared to encourage parents to participate in this study and respond to the questionnaire. A copy of this letter was attached to each copy of the questionnaire and mailed to all parents not returning their responses to either their children's school or to the researcher by Saturday, April 26, 1986, using the self-addressed envelope. Each copy had the serial number of the student, with a stamped, self-addressed envelope attached to it.

Second Followup

Parents who did not respond to the first followup by Monday, May 5, 1986 were mailed another copy of the Secretary-General's letter and a small survey letter where

parents were asked to check one of three items. Those items were: "I answered the questionnaire and returned it"; "I am answering the questionnaire and am returning it with this letter"; and "I do not want to answer the questionnaire for the following reasons."

The time limit for the second followup was ten days (May 5 to May 14, 1986). On thursday and Friday, May 15 and 16, 1986, the researcher contacted a random sample of 10 parents from those not responding to the second followup in the Riyadh area to ask their reasons for not responding to the questionnaire. No more copies of the questionnaire were mailed either to this sample or to other parents who did not respond.

CHAPTER 4

ANALYSIS OF DATA

Introduction

This study deals with involvement of parents of educable mentally retarded in their children's education in Saudi Arabia. A questionnaire developed by the researcher was delivered to all male parents of students in the EMR schools for boys and all female parents of students in the EMR schools for girls in Saudi Arabia by the end of the 1985-86 school year. Delivery was supervised by the researcher himself and was handled by school social workers, bus drivers, group leaders of the residential programs, and by mail for parents not reached by one of the previous methods. There was a total of 649 students enrolled in EMR schools whose families lived in the same city as the school. Delivery procedure and schedule were explained in Chapter 3.

Delivery and Return of Questionnaire

In its first delivery, the questionnaire package included the following materials: (a) a copy of the questionnaire and cover letter (see Appendix A); (b) a copy of the first letter by the Director-General of Special Education, Mr. Al-Masha'an, addressed to parents, encouraging them to respond to the questionnaire (Appendix B includes a copy of the letter); and (c) a self-addressed envelope, in which parents were asked to return their responses to their

children's schools or mail them directly to the researcher using the self-addressed envelopes.

The EMR schools were able to deliver 542 copies of the questionnaire to parents. By calling other parents by telephone, 23 parents came to school to get their copies, and 25 parents asked to have their copies mailed to them. The total number of copies distributed was 590. Fifty-nine parents did not receive their copies because their children were not in school at that time and the school did not have the parents' mailing addresses. In this group are some parents with children in EMR schools for boys in Riyadh and Jeddah, and in EMR schools for girls in Riyadh and Jeddah. By Saturday, April 26, 1986, a total of 383 copies had been returned.

In the first followup (see "Delivery procedure") 217 copies of the questionnaire were sent to parents who did not respond to the first survey. Each of these included a copy of the questionnaire with the cover letter, a copy of Mr. Al-Masha'an's second letter encouraging parents to respond to the questionnaire (see Appendix F), and a researcher self-addressed envelope. Parents were directed to send their response directly to the researcher at the Directorate-General of Special Education in the Ministry of Education. Eighteen copies were returned by May 5, 1986.

In the second followup (see "Delivery procedure") a

copy of Mr. Al-Masha'an's second letter, a copy of the one-page survey, and a stamped self addressed envelope were sent to each parent not responding to the parents' questionnaire. The one-page survey (see Appendix G) included three responses, and parents were asked to check one of them. Those responses were: (1) I have already returned my responses; (2) I am returning my responses with this survey; and (3) I do not want to return my responses for the following reasons. The questionnaire was not included in the second followup package.

The analyses was begun on the day set as the deadline for accepting parent responses, July 20, 1986. The researcher had 41 additional responses to the questionnaire and 29 responses to the one-page survey. These responses were received by his colleagues at the Directorate-General of Special Education and were forwarded to the researcher's address in the United States.

The total copies of the questionnaire received by the day when the analysis was to begin, July 20, 1986, was 442 copies. Table 1 shows totals for delivery and return of responses for all EMR schools.

Standards for Accepting Parent Responses

Six standards were set to qualify parent responses for inclusion in the study, as follows:

1. The questionnaire had to be answered by the male

parent of a child in the boys' school, or the female parent of a child in the girls' school. The questionnaire could have been answered on behalf of the concerned parent by a literate helper.

Table 1
Delivery and Returns of the Questionnaire

Schools	Population			Delivery	Returns		Valid	
	Day	Res*	Total		N	%	N	%
Riyadh Boys	89	76	165	145	62	42.8%	55	37.9%
Riyadh Girls	134	20	154	134	112	83.6%	102	76.1%
Jeddah Boys	133	10	143	133	118	88.7%	98	73.7%
Jeddah Girls	58	11	69	64	64	100.0%	50	78.1%
Dammam Boys	60	00	60	60	52	86.7%	38	63.3%
Dammam Girls	50	8	58	54	34	63.0%	29	53.3%
Total			649	590	442	74.9%	372	63.1%

*Residential students are students whose families live in the same city where the school is located.

2. The questionnaire had to be answered by parents living in the same city where their children's school was located.
3. The questionnaire had to be answered by parents of children enrolled in daytime programs or in residential programs but spending weekends with their families.
4. Parent had to respond to at least 50% of the items

in section one and at least 50% of items in section two of the questionnaire.

5. Parents had to respond to at least 50% of the items in one of the five parental involvement subscales in section three of the questionnaire. Parental involvement subscales are: Parent-school interaction subscale (items 35-52); Parent intended level of involvement subscale (items 53-57); Parent-parent interaction subscale (items 58-64); Parent-child interaction at home subscale (items 65-72); and Parent-community interaction subscale (items 73-77).

6. Responses to items in section three had to refer clearly to the chosen response number. The respondent could use words to describe the response number for each item, but these words had to refer clearly to the response number (i.e., writing the word "yes" on top of the response number, or writing the definition of the response number in front of the item, such as "not at all").

Respondents who did not meet all these standards were dropped from the analysis. Based on this procedure, 70 responses were dropped, leaving 372 to be included in the study. Table 2 explains the reasons for dropping responses not meeting the previous standard points in all EMR schools.

Overview of the Analyses

As mentioned previously, 29 parents did not respond to the questionnaire, but returned their responses to the one-

page survey sent to them in the second followup. The one-page survey asked parents to check if they had sent the questionnaire, if they were sending the questionnaire along with the survey, or if they wished not to respond to the questionnaire, with an opportunity to explain their reasons

Table 2
Reasons for Dropping Some Responses
from the Analysis

Reasons	Riyadh		Jeddah		Dammam		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
No response at all	1	1	4	3	5	-	14
Less than 50% of items completed in section 1	-	2	3	-	2	-	7
No response at all in section 3	2	-	6	2	3	1	14
Responses were not clear in section 3	1	3	4	5	4	3	20
Respond instead of spouse	-	1	-	2	-	-	3
Child spends weekend at school	3	3	3	2	-	1	12
Total	7	10	20	14	14	5	70

for not responding. Parents responses to this survey were as follows:

1. Twelve parents stated they had previously sent their responses. However, these were not recieved. This was

determined because each questionnaire copy had a reference number matching the reference number of the child in the school list (see "Delivery procedure" for more details). Those parents' copies which had their children's referral numbers were not received.

2. Five parents stated the questionnaire items were too difficult for them to answer. They suggested these items should be answered by their children's school.

3. Three parents believed the questionnaire dealt with personal information they did not want to discuss.

4. Nine parents believed the questionnaire items were too long and they did not have the time to answer them.

The total number of copies included in the analysis of this study were 372. Total responses to each item in the questionnaire ranged from 321 to 372 responses for items requiring a response from all respondents. Items requiring a response from all respondents were those items not dependent on a specific response for the previous item (i.e., the item for daily time on the job was to be answered by parents with jobs). Total responses to all items in sections one and two are shown in Table 3, while Table 4 shows means, standard deviations, and total responses to all items in section three and the first item in section four of the questionnaire.

Table 3

Total Responses to All Items in Sections One
and Two of the Questionnaire

Items	Responses		Items	Responses	
	N	%		N	%
School	372	100%	Sp Ed training/self	372	100%
Child age	371	99.7%	Sp Ed training/Spse	371	99.7%
Child sex	372	100%	Type of training	6	1.6%
Child grade	367	98.7%	Work in EMR school	372	100%
Prev Reg Educ	372	100%	Deal Dft with child	372	100%
Referral agency	371	99.7%	How different	101	27.2%
Age found HDPD	369	99.2%	Child play/non-Hdpd	372	100%
Chldn in family	371	99.7%	Play w/supervision	352	94.6%
Birth order	371	99.7%	Play with child	370	99.5%
HDPD in family	372	100%	Read to child	370	99.5%
Type of Handicap	71	19.1%	Help with homework	370	99.5%
Child program	372	100%	Take child shopping	372	100%
Home-Sch. dist.	366	98.4%	Take child visiting	372	100%
Transportation	370	99.5%	Tk Chd to Pub park	371	99.7%
Relation to Chd	372	100%	Parent employer	370	99.5%
Parent read/Wrte	371	99.7%	Daily time at work	184	49.5%
Educ background	371	99.7%	Weekly days of work	184	49.5%
Parent age	364	97.8%	Family income	372	100%

Table 4
Means, Standard Deviations, and Total Responses
For All Items in Section Three
of the Questionnaire

Item Number	Mean	S.D.	Responses	
			N	%
33	2.45	0.606	370	99.5%
34	2.88	1.210	369	99.2%
35	2.64	1.303	360	96.8%
36	1.58	1.028	343	92.2%
37	1.32	0.584	355	95.4%
38	1.88	1.074	354	95.2%
39	1.38	0.825	352	94.6%
40	1.76	1.139	355	95.4%
41	1.26	0.690	356	95.7%
42	1.23	0.716	353	94.9%
43	1.03	0.248	353	94.9%
44	1.03	0.264	356	95.7%
45	1.05	0.356	356	95.7%
46	1.71	1.113	354	95.2%
47	1.51	0.947	354	95.2%
48	1.72	1.049	361	97.0%
49	1.76	1.083	357	96.0%
50	2.18	1.218	365	98.1%
51	1.02	0.176	353	94.9%
52	1.11	0.557	353	94.9%

Table 4 (continued)

Item Number	Mean	S. D.	Responses	
			N	%
53	2.04	1.387	338	90.9%
54	2.13	1.426	334	89.8%
55	1.93	1.381	321	86.3%
56	3.36	1.500	343	92.2%
57	2.96	1.694	347	93.3%
58	1.56	1.002	353	94.9%
59	2.50	1.648	352	94.6%
60	1.41	0.923	352	94.6%
61	1.27	0.710	355	95.4%
62	1.25	0.709	352	94.6%
63	1.03	0.281	350	94.1%
64	1.30	0.680	349	93.8%
65	1.38	0.872	355	95.4%
66	1.50	0.951	353	94.9%
67	1.46	0.885	357	96.0%
68	2.21	1.415	364	97.8%
69	2.25	1.390	350	94.1%
70	4.21	1.101	366	98.4%
71	4.31	1.026	370	99.5%
72	1.42	0.934	355	95.4%
73	1.27	0.522	369	99.2%

Table 4 (continued)

Item Number	Mean	S. D.	Responses	
			N	%
74		1.17	0.439	369 99.2%
75		1.03	0.172	364 97.8%
76		1.19	0.461	371 99.7%
77		1.85	0.778	371 99.7%
78		1.96	1.516	361 97.0%
79		3.35	1.568	365 98.1%
80		3.89	1.283	361 97.0%
81		3.59	1.430	365 98.1%
82		3.63	1.437	369 99.2%
83		1.67	1.249	354 95.2%
84		2.60	1.728	364 97.8%
85		1.79	0.406	371 99.7%

Categorizing Parents' Scores

In analyzing the study data, the researcher did not deal independently with each item in the third section, because of the long list of items in this section, and the way they were stated.

Items in section three were stated in subscale form. That is, subscales were not separated in the questionnaire, but the items were put in sequence so each group refers to the subscale subjects. Six subscales were included in this

section. The first is the parent-school interaction subscale, which contains 19 items starting with item 34. The second is parent intended level of involvement subscale, containing 5 items starting with item 53. The third is parent-parent interaction subscale, with 7 items starting at number 58. The fourth is parent-child interaction at home subscale, which contains 8 items starting with number 65. the fifth subscale is parent-community interaction concernin the child's education or special education in general, which contains 5 items starting with item 73. The sixth is the parent evaluation of school participation in parental involvement subscale, with 7 items starting with item 78. These items and subscales are discussed in detail in the "Questionnaire" section of this study.

Total scores for each subscale showed a very wide range, making it it very difficult to analyze them when taken as raw scores. At the same time, the questionnaire was based on attitude responses, where scores are meaningless if not clustered into categories or levels. Therefore, the researcher decided to categorize the total scores for each subscale into three levels: low, average, and high. This three-level categorization was chosen to simplify the analysis and make it understandable. In deciding the score range for each level, the following calculation procedure was used:

1. The lowest total scores obtained for each subscale was considered as the starting point.

2. The difference between the highest total scores and the lowest total scores obtained in the subscale was calculated and divided by three.

3. The low level scores ranged from the lowest total scores obtained in the subscale to the lowest total scores, plus one-third of the difference between the highest and lowest. The average level ranged from the highest total scores in the low level plus one point, to the highest total score in the low level plus one-third of the difference between the highest and lowest. The high level scores ranged from the highest total score in the average level plus one point, to the highest total scores obtained in the subscale. The following formula explains this procedure:

$$\text{Low level} = \text{Lowest*} + \frac{(\text{Highest**} - \text{Lowest*})}{3} + \text{Lowest*}$$

$$\text{Average level} = (\text{Highest**} - \text{Lowest*}) / 3 + \text{Lowest*} + 1 + \frac{(\text{Highest**} - \text{Lowest*})}{3} (2) + \text{Lowest*}$$

$$\text{High level} = (\text{Highest**} - \text{Lowest*}) / 3 (2) + 1 + \frac{(\text{Highest**} - \text{Lowest*})}{3} + \text{Highest**}$$

* Lowest total score obtained for each subscale.

** Highest total score obtained for each subscale.

As shown in Table 5, the total scores for all subscales

ranged from 21 to 150 points. The parent evaluation of school participation in parental involvement subscale was not categorized. Because each item in this subscale dealt with an activity which may or may not be related to the rest of the activities in the subscale, each item is dealt with as an independent activity.

Table 5
Score Ranges of All Subscales in the Questionnaire

Subscale	Low level		Average Level		High Level	
	Min	Max	Min	Max	Min	Max
Parent-school interaction	04	23	24	42	43	61
Parent intended level of involvement	01	09	10	17	18	25
Parent-parent interaction	01	10	11	18	19	27
Parent-child interaction at home	06	16	17	26	27	36
Parent-community interaction	04	07	08	10	11	13
Total parent involvement	21	64	65	107	108	15

Testing Reliability of the Questionnaire

As discussed in the "Validity" section, the reliability of the questionnaire was analyzed by two methods of reliability testing. These methods consisted of testing the internal consistency coefficient using coefficient Alpha and

split-half methods.

Coefficient Alpha is a valid method for estimating reliability of tests with a long list of items which are perfectly Parallel (Crocker and Algina, 1986, PP. 138-139), while in tests with a short list of items, the split-half method gives a corrected estimate of reliability of the full length scale if the Spearman-Brown formula is used in analysis (Crocker & Algina, 1986, pp. 136-137). The researcher chose to use both methods, as most questionnaire subscales have fewer than 10 items, and individual items in the questionnaire are long. On the other hand, the split-half method explains which half of the subscale obtains a higher reliability. Testing by the use of these two methods will explain the reliability of each subscale and the homogeneity of items in the questionnaire.

It was also mentioned in the "Validity" section of this study that sections one and two of the questionnaire dealt with demographic data about the child and respondent. However, two items in section two dealt with parental attitudes, and are therefore included in reliability testing. Those items are: (1) spending time with child at home playing, reading, or helping with homework; and (2) taking child out when shopping, visiting, or going to public and amusement parks.

As shown in Table 6, which indicates the reliability

testing results by the use of coefficient Alpha, it would be stated that the parent-school interaction subscale obtained the highest reliability (.83), while the parent-community interaction subscale obtained the lowest reliability (.43). When parental involvement as obtained by the total subscales (parent evaluation of school participation not included) was tested, it shows a .74 reliability.

Table 6
Reliability of All Subscales When Testing
the Internal Consistency Coefficient

Subscales	Total Items	Alpha
Time spent with child at home	3	0.41
Taking child out	3	0.61
Parent-school interaction	19	0.83
Parent intended level of involvement	5	0.79
Parent-parent interaction	7	0.55
Parent-child interaction at home	8	0.66
Parent-community interaction	5	0.43
Total parent involvement in all 5 subscales	44	0.74
Parent evaluation of school participation in involvement	7	0.67

In the split-half method, with results shown in Table 7, reliability of all items in questionnaire section three was .81. The second half of that section obtained a

lower Alpha than the first half. It is also shown in Table 7 that the second half of the parent-community interaction subscale obtained the lowest reliability (.16), while the first half of the subscale for the parent intended level of involvement obtained the highest reliability (.92).

Table 7
Reliability of Subscales When Split-half
Method was Used

Subscale	Items	Spearman-Brown*		Alpha	
		Equal- Length	Unequal- Length	1st- Half	2nd- Half
Parent-school	19	-	0.74	0.75	0.71
Intended level	5	-	0.64	0.92	0.59
Parent-parent	7	-	0.41	0.56	0.20
Pt-Chd at home	8	0.67	-	0.54	0.51
Parent-community	5	-	0.47	0.40	0.16
Subscale Items**	45	-	0.81	0.83	0.78
Subscale Totals***	5	-	0.75	0.59	0.58
Parent Eval school	8	0.57	-	0.70	0.35

*There is a slight difference in reliability points (less than 1.0% in this study) if the halves are not equal in length.

**Subscale items include all items in the five involvement subscales and the parent evaluation of self involvement. Parent evaluation of school participation is not included.

***Subscale totals deal with the total scores of each subscale, not with the separate items included in it.

Hypothesis Testing

This section deals with the testing of nine hypotheses stated in Chapter 1. Each hypothesis was developed to analyze the relationship between one or more variables assumed to affect the level of parental involvement. The Validity section in Chapter 3 discusses how these variables were chosen. At the same time, when discussing reliability, it was mentioned that section three of the questionnaire contained six subscales, five of which were to investigate the level of parental involvement in the child's education, and the sixth to investigate parent opinions about the schools' roles in parental involvement. Each hypothesis is concerned with all parental involvement subscales as well as factors affecting parental involvement. The subscales of questionnaire section three are:

1. Parent-school interaction subscale, which contains nineteen items dealing with parental participation in activities in the school setting. This subscale will be referred to in hypothesis testing as school subscale.

2. Parent intended level of involvement subscale, which contains five items dealing with the degree of parent willingness to participate in certain activities connected with the child's education if asked to do so. This subscale will be referred to in hypothesis testing as the intended level subscale.

3. Parent-parent interaction subscale, which contains seven items dealing with parent interaction with other parents concerning the child's education or special education in general. This subscale will be referred to in hypothesis testing as the parent subscale.

4. Parent-child interaction at home subscale, containing eight items concerned with interaction between the child and the parent at home in certain educational activities. This subscale will be referred to in hypothesis testing as the home subscale.

5. Parent-community subscale, with five items on parent participation in certain community activities that concern the child or special education in general. This subscale will be referred to in hypothesis testing as the community subscale.

Total parental involvement is the total of all scores of these five subscales, and will be referred to in hypothesis testing as total parental involvement.

6. The final subscale in section three of the questionnaire is the parent evaluation of the school role in parental involvement. This subscale contains eight items and will be referred to as school evaluation subscale.

Hypothesis 1

There is no significant difference between the level of involvement of male parents in their EMR boys' education and

the level of involvement of female parents in their EMR children's education.

Male parents in this study were parents of children in the EMR schools for boys in Riyadh, Jeddah, and Dammam, while female parents in this study were parents of children in the EMR schools for girls in Riyadh, Jeddah, and Dammam. involvement level of parents with children in male schools and that of parents with children in female schools were evaluated using the Chi-square () method of analysis of all parental involvement subscales in the questionnaire, as indicated previously. As shown in Table 8, the following results were obtained:

1. No statistically significant difference was found between the level of involvement of male parents and of female parents in the school subscale.
2. No statistically significant difference was found between male parents' and female parents' level of involvement in the intended level subscale.
3. No statistically significant difference was found between male parents' and female partents' level of involvement in the parent subscale.
4. There was a statistically significant difference found at $p < .05$ between level of involvement of male parents and that of female parents in the home subscale.
5. There was a statistically significant difference

found at $p < .05$ between the level of involvement of male parents and that of female parents in the community subscale.

6. In total parental involvement, a statistically significant difference was found at $p < .05$ between the level of male parents and of female parents.

Table 8
Relationship Between Sex of Respondents and
Their Level of Involvement

Subscale	N		Chi-square	df	significance
	Male	Female			
Parent-school	191	181	22.9914	2	0.0000
Parent intended level	185	176	0.2917	2	0.8643
Parent-parent	182	181	34.1357	2	0.0000
Parent-child at home	191	181	9.9594	2	0.0069*
Parent-community	190	181	7.5263	2	0.0232*
Total parent involvement	191	181	17.7631	2	0.0001*

* $p < .05$.

Results also indicated, as shown in Table 9, that the great majority of parents demonstrated low or average levels of involvement. In total parental involvement, 39.8% of male parents and 21.5% of female parents fall in the low level, while 58.1% of male parents and 71.3 of female parents fall in the average involvement category.

Table 9
Level of Involvement of Parents According
to their Sex

Subscale	Low Level		Average		High Level	
	Male	Female	Male	Female	Male	Female
Parent-school	45.0%	21.5%	50.8%	72.9%	4.2%	5.5%
Pt. Int. level	44.9%	42.0%	40.0%	42.0%	15.1%	15.9%
Parent-parent	76.4%	42.0%	22.0%	51.4%	1.6%	1.7%
Pt./Chd. at home	48.7%	33.1%	47.1%	59.1%	4.2%	7.7%
Parent-community	87.4%	77.3%	12.1%	19.9%	0.5%	2.8%
Total Pt. Inv.	39.8%	21.5%	58.1%	71.3%	2.1%	7.2

Hypothesis 2

Level of family income does not affect the level of involvement of parents in their EMR children's education.

Item 32 of the questionnaire asks respondents to state the monthly family income. Family income was categorized into six levels, starting with less than 3,000 Saudi riyals in level 1 (one U.S. Dollar is equal to 3.75 Saudi riyals). Level 6 includes incomes over 15,000 Saudi riyals. Levels were set based on the average estimated income of the overall population, where 3,000 S.R. is the average income of high school graduates in government jobs, and the 15,000 S.R. (in level 6) is the starting salary of the deputy minister. Pay in the public sector is usually less than pay in the private

sector for jobs requiring the same qualifications.

To test the effect of family income on the level of parental involvement, family income levels were evaluated using the Chi-square () method of analysis for each of the five involvement subscales in the questionnaire, and for the total level of involvement.

As shown in Table 10, analysis results indicated that no statistically significant difference was found between family income level and involvement subscales (school, intended level, parent, home, or community subscales). Neither was any statistically significant difference found between family income and total parent involvement.

Table 10

Relationship Between Income of the Family
and Parent Level of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school	372	4.8346	10	0.9020
Parent int. level	361	11.8281	10	0.2967
Parent-parent	363	8.7744	10	0.5536
Parent-child at home	372	6.2267	10	0.7959
Parent-community	371	9.8146	10	0.4596
Total parent involvement	372	6.3337	10	0.7865

*p < .05.

Results also indicated, as shown in Table 11, that where family income had reached levels 4, 5, or 6, none of the parents demonstrated a high level of total parental involvement.

Table 11

Total Involvement Levels of Parents According
to Family Income Levels

Income (in SR)	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
Up to 3000	41	30.6%	87	64.9%	6	4.5%	134	36.0%
3001-6000	54	34.4%	95	60.5%	8	5.1%	157	42.2%
6001-9000	14	28.6%	32	65.3%	3	6.1%	49	13.2%
9001-12000	4	18.2%	18	81.8%	-	-	22	5.9%
12001-15000	2	25.0%	6	75.0%	-	-	8	2.2%
Over 15000	-	-	2	100%	-	-	2	0.5%
Total	115	30.9%	240	64.5%	17	4.6%	372	100%

Hypothesis 3

Educational background of parents has no significant effect on their level of involvement in their EMR children's education.

The researcher believed that many Saudi Arabian parents, especially females, either could not read and write at all, or could read and write but without having obtained a formal educational degree. To test the effect of parents'

educational background on their involvement level, item 16 in the questionnaire asked parents to check if they could read and write, while item 17 asked parents to state their educational background. The relationship between parents' ability to read and write and their level of involvement, as well as the relationship between parents educational background and their level of involvement, were evaluated using the Chi-square () analysis method of each involvement subscale and in the total parental involvement.

Analysis results of the relationship between parents' ability to read and write indicated the following points, as shown in Table 12.

1. No statistically significant difference was found between parents' ability to read/write and their involvement level in the school subscale.

2. No statistically significant difference was found between parents' ability to read/write and their involvement level in the parent subscale.

3. No statistically significant difference was found between parents' ability to read/write and their involvement level in the community subscale.

4. There was a statistically significant difference found at $p < .05$ between parents' ability to read/write and their level of involvement in the intended level subscale.

5. There was a statistically significant difference

found at $p < .05$ between parents' ability to read/write and their involvement level in the home subscale.

6. No statistically significant difference was found between parents' ability to read/write and their total level of involvement.

Table 12

Relationship Between Parents' Ability to Read and Write and Their Level of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school	371	1.1441	2	0.5644
Parent intended level	360	7.9205	2	0.0191*
Parent-parent	362	0.2463	2	0.8841
Parent-child at home	371	7.7935	2	0.0203*
Parent-community	370	2.2785	2	0.3201
Total parent involvement	371	1.3652	2	0.5053

* $p < .05$.

Results also indicated, as shown in Table 13, that 25.7% of parents can not read and write.

The relationship between parent educational backgrounds and their involvement levels was tested using the Chi-square () method of analysis, as indicated previously. Results of the analysis indicated that the only statistically significant difference at $p < .05$ was found between parent

Table 13

Total Involvement Levels of Patrents According
to Their Ability to Read and Wrire

Ability to Read/Write	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
Can Rd/Wrt	81	29.3%	181	65.6%	14	5.1%	276	74.4%
Can't Rd/Wrt	33	34.7%	59	62.1%	3	3.2%	95	25.6%
Total	114	30.7%	240	64.7%	17	4.6%	371	100%

Table 14

Relationship Between Parents' Educational
Background and their Involvement Level

Subscale	N	Chi-square	df	Significance
Parent-school subscale	371	4.6285	8	0.7964
Parent intended level subscale	360	33.6213	8	0.0000
Parent-parent subscale	362	3.5768	8	0.8931
Parent-child at home subscale	371	17.5943	8	0.0245*
Parent-community subscale	370	10.4189	8	0.2368
Total Pt. Inv.	371	11.2120	8	0.1900

*p < .05.

educational background and their involvement level in the

home subscale. Table 14 shows the results of testing the relationship between parents' educational background and their level of involvement.

It was also found, as shown in Table 15, that 40.7% of the parents have not obtained any formal educational degree, while the percentage of parents who can not neither read nor write (as shown in Table 13) is only 25.6%, confirming the researcher's assumption that many parents can read and write but do not have a formal educational degree.

Table 15

Total Levels of Involvement of Parents According
to Their Educational Background

Educational Background	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
None	53	35.1%	92	60.9%	6	4.0%	151	40.7%
Elementary	35	33.3%	68	64.8%	2	1.9%	105	28.3%
High School	21	25.6%	55	67.1%	6	7.3%	82	22.1%
College Grad.	5	16.7%	22	73.3%	3	10.0%	30	8.1%
Post College	-	-	3	100%	-	-	3	0.8%
Total	114	30.7%	240	64.7%	17	4.6%	371	100%

Hypothesis 4

The nature of Parents occupation in Saudi Arabia has no significant effect on their level of involvement in their EMR children's education.

Item 29 in the questionnaire asked parents to state the

nature of their jobs. Parental employment was divided into four categories: no job, government job, company, or own business. To evaluate the relationship between the nature of parents' jobs and their involvement level in their children's education, the Chi-square () method of analysis was used to test this relationship. As shown in Table 16, the following results were obtained:

1. Analysis indicated a statistically significant difference at $p < .05$ between the nature of parents' jobs and their level of involvement in the school subscale.
2. Analyses also indicated a statistically significant difference at $p < .05$ between the nature of parents' jobs and their involvement level in the parent subscale.
3. No statistically significant difference was found between the nature of parents' jobs and their level of involvement in the intended level of involvement subscale.
4. No statistically significant difference was found between the nature of parents' jobs and their level of involvement in the home subscale.
5. No statistically significant difference was found between the nature of parents' jobs and their involvement level in the community subscale.
6. No statistically significant difference was found between the nature of parents' jobs and their total level of involvement.

Table 16

Relationship Between the Nature of Parents' Jobs
and Their Level of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school subscale	370	13.6380	6	0.0340*
Parent intended level subscale	359	8.3799	6	0.2116
Parent-parent subscale	361	23.8639	6	0.0006*
Parent-child at home subscale	370	7.7849	6	0.2543
Parent-community subscale	369	5.7228	6	0.4549
Total parent involvement	370	9.1135	6	0.1673

* $p < .05$.

Table 17 shows that 50.3% of the parents in this study had no job, 25.9% work in government jobs, 13.2% works in companies, and 10.5% work in their own private business.

Hypothesis 5

There is no significant difference between the number of children in the family or birth order of the child and parents' level of involvement in their EMR children's education.

Item 8 in the questionnaire asked parents to indicate the number of children they have, and item 9 asked them to

Table 17

Total Levels of Involvement of Parents According
to the Nature of Their Jobs

Job Nature	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
None	48	25.8%	126	67.7%	12	6.5%	186	50.3%
Government	33	34.4%	61	63.5%	2	2.1%	96	25.9%
Company	17	34.7%	31	63.3%	1	2.0%	49	13.2%
Own Business	17	43.6%	21	53.8%	1	2.6%	39	10.5%
Total	115	31.1%	239	64.6%	16	4.3%	370	100%

state the child's birth order. To evaluate the effect of the number of children in the family and child's birth order on the level of involvement of parents in their EMR children's education, the Chi-square () method of analysis was used to investigate the relationship between these factors and all involvement subscales in the questionnaire. Analysis of the relationship between the number of children in the family and the parents' level of involvement (as shown in Table 18) indicates that the only statistically significant difference at $p < .05$ was found between the number of children in the family and the parental involvement level in the home subscale. Analysis of the relationship between the number of children in the family and the parents' level of involvement in all other subscales, and in total parental involvement,

shows no statistically significant differences.

Table 18

Relationship Between Number of Children in
Family and Parents' Levels of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school subscale	371	10.4786	8	0.2330
Parent intended level subscale	360	13.7578	8	0.0883
Parent-parent subscale	362	4.6794	8	0.7912
Parent-child at home subscale	371	15.6709	8	0.0473*
Parent-community subscale	370	6.5779	8	0.5828
Total parent involvement	371	6.7059	8	0.5687

*p < .05.

As shown in Table 19, results also indicated that 1.1% of the responding parents had only one child, while 17.3% of the parents had more than eight children.

Analysis results of the relationship between child's birth order and his/her parents level of involvement show no statistically significant difference in all involvement subscales. Table 20 shows the results of these analyses.

Hypothesis 6

The level of involvement of parents with more than one

Table 19

Total Levels of Involvement of Parents According
to Number of Children in the Family

Children in Family	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
Child alone	2	50.0%	1	25.0%	1	25.0%	4	1.1%
2-3 Children	11	25.6%	30	69.8%	2	4.7%	43	11.6%
4-5 Children	31	31.6%	64	65.3%	3	3.1%	98	26.4%
6-8 Children	48	29.6%	106	65.4%	8	4.9%	162	43.7%
More than 8	22	34.4%	39	60.9%	3	4.7%	64	17.3%
Total	114	30.7%	240	64.7%	17	4.6%	371	100%

Table 20

Relationship Between Child's Birth Order
and Parents' Level of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school subscale	371	7.3590	6	0.2889
Parent intended level subscale	360	2.2800	6	0.8922
Parent-parent subscale	362	2.0020	6	0.9195
Parent-child at home subscale	371	1.6305	6	0.9504
Parent-community subscale	370	3.0542	6	0.8020
Total Pt. Inv.	371	5.0322	6	0.5397

* $p < .05$.

handicapped child in their EMR child's education is the same as the level of involvement of parents with more than one handicapped child.

Questionnaire item 10 asked parents to indicate if they have more than one handicapped child, while item number 11 asked parents to state the types of handicaps of other handicapped children in the family.

The relationship between number of handicapped children in the family and parents' level of involvement in their education was tested using the Chi-square method of analysis. Table 21 shows that the following results were obtained:

1. No statistically significant difference was found between the number of handicapped children in the family and parental involvement level in the school subscale.

2. No statistically significant difference was found between the number of handicapped children in the family and the parents' involvement level in the intended level subscale.

3. No statistically significant difference was found between the number of handicapped children in the family and parents' level of involvement in the community subscale.

4. Results indicated that a statistically significant difference was found at $p < .05$ between the number of handicapped children in the family and parents' level of involvement in the parent subscale.

5. Results indicated that a statistically significant difference was found at $p < .05$ between the number of handicapped children in the family and parents' level of involvement in the home subscale.

6. Results indicated that a statistically significant difference was found at $p < .05$ between the number of handicapped children in the family and the total parental involvement.

Table 21

Relationship Between Number of Handicapped Children
in Family and Parents' Levels of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school subscale	372	0.0839	2	0.9589
Parent intended level subscale	361	5.4224	2	0.0665
Parent-parent subscale	363	7.3327	2	0.0256*
Parent-child at home subscale	372	7.2172	2	0.0271*
Parent-community subscale	371	5.7693	2	0.0559
Total parent involvement	372	6.0298	2	0.0491*

* $p < .05$.

Results also indicated, as shown in Table 22, that there is a very high percentage of parents with more than one

handicapped child who showed a low level of involvement when compared to parents who have only one handicapped child (42.0% to 28.4%, respectively).

Table 22

Total Levels of Involvement of Parents According
to Number of Handicapped Children in Family

Number of Handicapped	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
The Child Only	86	28.4%	201	66.3%	16	5.3%	303	81.5%
Two or More	29	42.0%	39	56.5%	1	1.4%	69	18.5%
Total	115	30.9%	240	64.5%	17	4.6%	372	100%

When the relationship between types of handicaps of other handicapped children and parents' level of involvement in their EMR children's education was tested, results (as shown in Table 23) indicated that the only statistically significant difference at $p < .05$ was found between types of handicaps of other children and parents' level of involvement in the community subscale.

Hypothesis 7

There is no significant relationship between ages of the parents and their involvement in their EMR children's education.

Item 18 in the questionnaire asked parents to state their age. The relationship between parents' ages and their

level of involvement in each of the involvement subscales was tested using the Chi-square method of analysis. The result

Table 23

Relationship Between Types of Handicap of Children
in Family and Parents' Levels of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school subscale	71	3.7263	6	0.7137
Parent intended level subscale	69	2.4954	6	0.8690
Parent-parent subscale	69	6.7272	6	0.3468
Parent-child at home subscale	71	4.8105	6	0.5683
Parent-community subscale	71	13.3917	6	0.0372*
Total parent involvement	71	1.5733	6	0.9545

* $p < .05$.

of the analysis, as shown in Table 24, shows no statistically significant difference between ages of parents and their level in any of the five involvement subscales and the total level of involvement.

Results also indicated, as shown in Table 25, that over two-third of the parents were between ages 25 and 45, while 2.5% of parents were over 65.

Table 24
Relationship Between Parents' Ages and
Their Levels of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school	364	14.4018	10	0.1554
Pt. intended level	353	4.6601	10	0.9127
Parent-parent	356	15.9868	10	0.1000
Parent-child at home	364	6.3654	10	0.7837
Parent-community	363	5.2388	10	0.8747
Total parent involvement	364	9.7294	10	0.4646

* $P < .05$.

Table 25
Total Levels of Involvement of Parents According
to Their ages

Parent's Age	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
Up to 25 Yrs	8	28.6%	20	71.4%	-	-	28	7.7%
26 to 35 Yrs	38	30.2%	81	64.3%	7	5.6%	126	34.6%
36 to 45 Yrs	35	28.5%	83	67.5%	5	4.1%	123	33.8%
46 to 55 Yrs	20	32.3%	39	62.9%	3	4.8%	62	17.0%
56 to 65 Yrs	6	40.0%	9	60.0%	-	-	15	4.1%
Over 65 Yrs	4	40.0%	4	40.0%	2	20.0%	10	2.7%
Total	111	30.5%	236	64.8%	17	4.7%	364	100%

Hypothesis 8

Distance between the home and school does not affect the level of parental involvement in their EMR children's education.

Item 13 in the questionnaire asked parents to estimate the distance between their homes and their EMR children's school, while item 14 asked about the type of transportation used to take the child to and from school.

The relationship between home-school distance and parents' level of involvement was tested in all involvement subscales using the Chi-square method of analysis. The results of the analysis, as shown in Table 26, indicate the following:

1. No statistically significant difference was found between home-school distance and parents' level of involvement in the school subscale.
2. No statistically significant difference was found between home-school distance and parents' level of involvement in the intended level subscale.
3. No statistically significant difference was found between home-school distance and parents' level of involvement in the home subscale.
4. No statistically significant difference was found between home-school distance and parents' level of involvement in the community subscale.

5. No statistically significant difference was found between home-school distance and level of involvement in the total parental involvement.

6. The only statistically significant difference at $p < .05$ was found between home-school distance and parents' level of involvement in the parent subscale.

Table 26

Relationship Between Home-School Distance
and Parents' Level of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school subscale	366	11.9742	8	0.1524
Parent intended level subscale	355	0.9573	8	0.9985
Parent-parent subscale	358	19.2449	8	0.0136*
Parent-child at home subscale	366	13.6283	8	0.0920
Parent-community subscale	365	3.3820	8	0.9082
Total parent involvement	366	7.0292	8	0.5335

* $p < .05$.

Table 27 shows that only 26.3% of the parents live less than 7 KM away from their children's schools, while 24.3% of the parents live over 18 KM away from their children's schools.

Table 27

Total Levels of Involvement of Parents According
to Home-School Distance

Distance	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
Up to 2 KM	8	25.8%	21	67.7%	2	6.5%	31	8.5%
3 to 6 KM	20	30.8%	43	66.2%	2	3.1%	65	17.8%
7 to 12 KM	36	36.7%	59	60.2%	3	3.1%	98	26.8%
13 to 18 KM	18	21.7%	61	73.5%	4	4.8%	83	22.7%
Over 18 KM	28	31.5%	55	61.8%	6	6.7%	89	24.3%
Total	110	30.1%	239	65.3%	17	4.6%	366	100%

When the relationship was tested between the type of transportation used in taking the child to and from school and the level of parental involvement in all involvement subscales and total parental involvement using the Chi-square method of analysis, results (as explained in Table 28) show that the only statistical significant difference at $p < .05$ was found between type of transportation used and parents' level of involvement in the school subscale.

Results of testing the relationship between type of transportation used for the child and parents' total level of involvement shows, as explained in Table 29, that the percentage of parents whose children use the school bus is higher than the total percentages of all other transportation

Table 28

Relationship Between School Transportation
and Parents' Level of Involvement

Subscale	N	Chi-square	df	Significance
Pt-Sch. subscale	370	14.9302	6	0.0208*
Parent intended level subscale	359	6.2000	6	0.4012
Pt-Pt subscale	362	4.5145	6	0.6074
Parent-child at home subscale	370	6.9819	6	0.3225
Parent-community subscale	369	3.2277	6	0.7798
Total parent involvement	370	3.9502	6	0.6834

*p < .05.

Table 29

Total Levels of Involvement of Parents According
to Home-School Transportation Type

Trans Type	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
Own Car	40	30.8%	84	64.6%	6	4.6%	130	35.1%
Taxi	15	38.5%	22	56.4%	2	5.1%	39	10.5%
School Bus	57	28.5%	134	67.0%	9	4.5%	200	54.1%
Others	1	100%	-	-	-	-	1	0.3%
Total	113	30.5%	240	64.9%	17	4.6%	370	100%

types used for the child (54.1% to 45.9%, respectively).

Hypothesis 9

The level of involvement of parents with children in residential programs in their EMR children education is the same as for parents with children in the daytime programs.

Questionnaire item 12 asked parents if their child was in the daytime or residential program. The relationship between the EMR child's program and level of parental involvement in the child's education was tested using the Chi-square method of analysis. As shown in Table 30, the following results were obtained:

1. No statistically significant difference was found between the child's program and parents' level of involvement in the school subscale.

2. No statistically significant difference was found between the child's program and parents' level of involvement in the intended level subscale.

3. No statistically significant difference was found between the child's program and parents' level of involvement in the community subscale.

4. There was a statistically significant difference found at $p < .05$ between the child's program and parent's level of involvement in the parent subscale.

5. There was a statistically significant difference found at $p < .05$ between the child's program and parents'

level of involvement in the home subscale.

6. There was a statistically significant difference found at $p < .05$ between the child's program and parents' total level of involvement.

Table 30
Relationship Between Child's Program
and Parents' Level of Involvement

Subscale	N	Chi-square	df	Significance
Parent-school	372	2.9913	2	0.2241
Intended level	361	2.4220	2	0.2979
Parent-parent	362	6.8367	2	0.0328*
Pt./Chd. at home	372	11.7062	2	0.0029*
Parent-community	371	4.3326	2	0.1146
Tl. Pt. involvement	372	8.1082	2	0.0174*

* $p < .05$.

Table 31
Total Levels of Involvement of Parents According
to Child's Program

	Low Level		Average		High Level		Total	
	N	%	N	%	N	%	N	%
Day Program	85	27.8%	207	67.6%	14	4.6%	306	82.3%
Residential	30	45.5%	33	50.0%	3	4.5%	66	17.7%
Total	115	30.9%	240	64.5%	17	4.6%	372	100%

Table 31 shows that 45.5% of parents with children in the residential programs exhibited a low level in the total level of involvement, versus 27.8% of parents with children in the daytime programs.

Analyses of Research Questions

This section is concerned with the analysis results of the five research questions stated in Chapter 1. Each of these question was drawn from the study objectives developed to investigate the involvement level of parents of educable mentally retarded in their children's education, and to analyze the effect of selected variables on parental involvement level in Saudi Arabia. Analysis methods of this section were done in three different ways:

1. The first is the t-test method of analysis, used in answering the research questions dealing with variables with only two possible responses, namely, the relationship between the sex variable and the level of involvement, as discussed in research question 1.

2. The second is the Chi-square method of analysis, used to analyze relationships dealing with variables with more than two possible responses.

3. The third is the descriptive method of analysis, to answer research questions dealing with descriptive responses, which can not be narrowed into reasonable length categories without losing major ideas. This method was

specifically used in answering parts of research questions 4 and 5.

Research Question 1

What is the level of involvement of male parents in their educable mentally retarded boys' education, and female parents in their educable mentally retarded girls' education?

It was pointed out in Chapter 3 that only male parents are allowed to participate in their sons' schools, and only female parents are allowed to participate in their daughters' schools. Since only one sex of parents is allowed into school-related activities, the purpose of this question was to investigate the level of parental involvement for each sex in the child's program.

To compare the involvement level of each sex, the t -test method of analysis was used to calculate the means and standard deviations of each sex, and to investigate the differences in involvement level between male and female parents. Also, parents of children in each male school were compared to the parents of children in each female school in the same city. The following results were obtained:

1. As shown in Table 32, mean scores for male parents in the parent-school subscale were lower than mean scores for female parents in the same subscale (1.5916 to 1.8398, respectively). The t -test analysis shows a statistically significant difference obtained at $p < .05$ between male

parents and female parents in the parent-school interaction subscale

Table 32

Relationship Between Parents' Sex and Their
Level of Involvement in Parent-School Subscale

Groups	N	Mean	S.D.	df	t-test
Male Parents	191	1.5916	0.572		
Female Parents	181	1.8398	0.496	370	-4.46*

* $p < .05$

2. As shown in Table 33, mean scores for male parents were very close to those for female parents in the intended level subscale (1.7027 to 1.7386, respectively). The t -test shows no statistically significant difference between male parents and female parents in the intended level subscale, although the mean for female parents' was slightly higher.

Table 33

Relationship Between Parents' Sex and Their
Level of Involvement in Intended Level Subscale

Groups	N	Mean	S.D.	df	t-test
Male Parents	185	1.7027	0.717		
Female Parents	176	1.7386	0.717	359	-0.48

* $p < .05$

3. As shown in Table 34, the mean scores for male parents was lower than those for female parents in the parent-parent subscale (1.2527 to 1.5470, respectively). The t -test analysis shows a statistically significant difference found at $p < .05$ between male and female parents in the parent-parent subscale.

Table 34

Relationship Between Parents' Sex and Their
Level of Involvement in Parent-Parent Subscale

Groups	N	Mean	S.D.	df	t -test
Male Parents	182	1.2527	0.472		
Female Parents	181	1.5470	0.532	361	-5.58*

* $p < .05$

4. As shown in Table 35, mean scores for male parents was lower than those for female parents in the parent-child interaction at home subscale (1.5550 to 1.7459, respectively). The t -test results indicated a statistically significant difference found at $p < .05$ between the male parents and female parents in the parent-child at home subscale.

5. As shown in Table 36, mean scores for male parents were lower than mean scores for female parents in the parent-community interaction subscale (1.1316 to 1.2541, respectively). The t -test shows a statistically significant

difference obtained at $p < .05$ between male parents and female parents in the parent-community subscale.

Table 35

Relationship Between Parents' Sex and Their
Level of Involvement in Home Subscale

Groups	N	Mean	S.D.	df	t-test
Male Parents	191	1.5550	0.577		
Female Parents	181	1.7459	0.588	370	-3.16*

* $p < .05$

Table 36

Relationship Between Parents' Sex and
Their Level of Involvement in Parent-Community Subscale

Groups	N	Mean	S.D.	df	t-test
Male Parents	190	1.1316	0.354		
Female Parents	181	1.2541	0.496	369	-2.75

* $p < .05$

6. As shown in Table 37, the mean scores for male parents were lower than mean scores for female parents in the total parental involvement (1.6230 to 1.8564, respectively). The t-test analysis indicated a statistically significant difference obtained at $p < .05$ between male and female parents' total level of involvement.

When male parents' total level of involvement in boys'

Table 37

Relationship Between Parents' Sex and
Their Total Level of Involvement

Groups	N	Mean	S.D.	df	t-test
Male Parents	191	1.6230	0.527		
Female Parents	181	1.8564	0.518	370	-4.30*

*p < .05

school was compared to the female parents' level of involvement in girls' school in each city, the following results were obtained:

a. Mean scores of the total involvement level of parents in the boys' school in Riyadh were lower than mean scores for involvement of parents in the girls' school in Riyadh. The result of the t-test analysis, as explained in Table 38, shows a statistically significant difference at

Table 38

Comparison Between Male Parents' and Female Parents'
Total Level of Involvement in Riyadh Schools

Groups	N	Mean	S.D.	df	t-test
Boys' School	55	1.5818	0.567		
Girls' School	102	1.8627	0.508	155	-3.17*

*p < .05

$p < .05$ between the total level of involvement of parents in Riyadh's boys' school and girls' schools.

b. Mean scores for the total level of parental involvement in the boys' school in Jeddah were lower than mean scores for parents in the girls' school in Jeddah (1.6531 to 1.8400, respectively). The result of the t -test analysis, as Table 39 shows, indicated a statistically significant difference found at $p < .05$ between parents in the boys' and girls' schools in Jeddah.

Table 39
Comparison of Male and Female Parents' Total
Level of Involvement in Jeddah Schools

Groups	N	Mean	S.D.	df	t-test
Boys' School	98	1.6531	0.500		
Girls' School	50	1.8400	0.510	146	-2.14*

* $p < .05$

c) Mean scores of the total level of parental involvement in the boys' school in Dammam were lower than mean scores of parents in the girls' school in Dammam (1.6053 to 1.8621, respectively). As shown in Table 40, a very low statistically significant difference was found between the total level of involvement for parents in the two schools.

When the t -test method of analysis was used to compare each male school to the other male schools, and each female

Table 40

Comparison Between Male and Female Parents' Total
Level of Involvement in Dammam Schools

Groups	N	Mean	S.D.	df	t-test
Boys' School	38	1.6053	0.547		
Girls' School	29	1.8621	0.581	65	-1.85

*p < .05

school to the other female schools, no statistically significant difference was found, clearly indicating that total involvement of female parents is significantly higher than total involvement of male parents.

Research Question 2

What are the major factors affecting the level of involvement of parents of educable mentally retarded in their children's education in Saudi Arabia?

In the Validity section (Chapter 3), it was noted that the Parental Involvement Questionnaire used in this study had gone through different development stages based on several evaluations from both professionals in the special education field and parents of exceptional children. Sections one and two of the questionnaire in final form contained 25 selected variables assumed to play different roles in the involvement level of parents in their EMR children's education in Saudi Arabia. Those variables are explained in Table 41, along

with the analyses results.

To investigate the relationships between these variables and total parental involvement, the relationship between each variable and the total parental involvement was analyzed using the Chi-square () method of analysis. Results of the analysis, as shown in Table 41, are as follows:

1. The relationship between the school variable and total parental involvement shows a statistically significant difference obtained at $p < .05$.
2. The relationship between the child's sex variable (male or female) and total parental involvement shows a statistically significant difference obtained at $p < .05$.
3. The relationship between the variable for number of handicapped children in the family and total parental involvement shows a statistically significant difference found at $p < .05$.
4. The relationship between the variable for the child's program at the EMR school (daytime or residential) and total parental involvement shows a statistically significant difference obtained at $p < .05$.
5. The relationship between parent sex variable (male or female) and total parental involvement shows a statistically significant difference obtained at $p < .05$.
6. The relationship between the amount of time a

parent spends with the child daily in playing, reading, or helping with homework and total parental involvement shows a statistically significant difference obtained at $p < .05$.

7. None of the other variables shows any statistically significant difference in relation to the total parental involvement.

Table 41

Relationships Between Selected Variables
and Level of Parental Involvement

Variables	Item No.	N	Chi-square	df	Significance
CHILD DATA:					
Child's sex	3	372	17.3824	2	0.0002*
Child's age	2	371	5.2794	8	0.7273
Child's birth order	9	371	5.0322	6	0.5397
Age handicapped	7	369	6.8879	6	0.3313
CHILD EDUCATION:					
School	1	372	21.4632	10	0.0181*
Child's grade level	4	367	8.3705	12	0.7555
Prev. regular educ.	5	372	2.4975	2	0.2869
Ref. agency/Sp.Ed	6	371	8.2229	8	0.4120
Child's program	12	372	8.1082	2	0.0174*
Home-school distance	13	366	7.0292	8	0.5335
Transportation	14	370	3.9502	6	0.6834
City of the school	-	372	2.5793	4	0.6305

Variables	Item No.	N	Chi-square	df	Significance
OTHER CHILDREN:					
Chld'n in family	8	371	6.7059	8	0.5687
Other handicapped in family	10	372	6.0298	2	0.0491*
Types of handicap	11	71	1.5733	6	0.9545
PARENT DATA:					
Parent's sex	-	372	17.7631	2	0.0001*
Parent's age	18	364	9.7294	10	0.4646
Parent read/write	16	371	1.3652	2	0.5053
Educ. background	17	371	11.2120	8	0.1900
Parent employer	29	370	9.1135	6	0.1673
Daily work hours	30	184	2.3377	6	0.8862
Weekly work days	31	185	5.0844	4	0.2787
Family income	32	372	6.3337	10	0.7865
PARENT-CHILD:					
Relation to child	15	372	5.8726	8	0.6615
Play with non- handicapped	25	372	0.5300	2	0.7672
Play under family supervision	26	352	1.6621	2	0.4356
Time playing with child	27	370	9.5890	4	0.0480*
Time reading to child	27	370	21.3994	4	0.0003*
Time helping with homework	27	370	11.4122	4	0.0223*

Variables	Item No.	N	Chi-square	df	Significance
Take child shopping	28	372	3.4152	2	0.1813
Take child visiting	28	372	3.8020	2	0.1494
Take child to public parks	28	371	5.7114	2	0.0575

*p < .05

Research Question 3

Is there a difference between parents' intended level of involvement and their actual level of involvement in their EMR children's education?

The purpose of this question was to investigate the parents' willingness to increase their involvement level in their EMR children's education. Five items in the questionnaire discuss the parents' intended level of involvement, as follows:

1. Item 53, which asks parents to state their level of participation in curriculum planning for the child if they were asked to participate.
2. Item 54, asking parents to state their level of participation in evaluating the child's program if asked to participate.
3. Item 55, which asks parents to state their participation level in method of instruction in teaching the

child if asked to participate.

4. Item 56, asking parents to state their level of participation in parent-teacher conferences if asked to participate.

5. Item 57, which asks parents to state their level of participation in allowing school professionals to visit the child's home if they were asked.

To compare the parents' intended level to their actual level of involvement, the Chi-square () method of analysis was used to investigate the relationship between total scores of intended level subscale and the parent-school subscale in each EMR school, and the relationship between each item in the intended level subscale and the total level of parent-school subscale. When total intended level of involvement was compared to the total parent-school subscale in each EMR school, the results (as shown in Table 42) indicated that the only statistically significant difference was found at $p < .05$ between total intended level and parent-school interaction in the EMR School for Boys in Jeddah. No statistically significant difference was found in any of the other schools.

When the relationship between parents' scores for each item in the intended level subscale and the total level of parent-school subscale was tested, the following results were obtained:

Table 42

Comparison Between Parents' Levels in the Intended
Level subscale and Their Actual Levels in
Parent-School Subscale

School	N	Chi-square	df	Significance
Riyadh Boys	53	4.6102	4	0.3297
Riyadh Girls	100	5.8260	4	0.2125
Jeddah Boys	97	13.1043	4	0.0108*
Jeddah Girls	48	6.1054	4	0.1914
Dammam Boys	35	4.8018	4	0.2083
Dammam Girls	28	9.1778	4	0.0568
Total Parents	361	25.6087	4	0.0000

* $p < .05$

1. As shown in Table 43, there was a statistically significant difference found at $p < .05$ between parent's responses to item 53 (participation in curriculum planning) and their level of involvement in the parent-school subscale for the EMR Boys' School in Dammam.

2. There was a statistically significant difference obtained at $p < .05$ between all parents' responses to item 53 and their level of involvement in the parent-school subscale. No other statistically significant difference was found between parents' responses to item 53 and their level of involvement in the parent-school subscale.

Table 43

Comparison Between Parents' Levels in Item 53 in
the Intended Level subscale and Their
Actual Levels in Parent-School Subscale

School	N	Chi-square	df	Significance
Riyadh Boys	50	7.9752	8	0.4359
Riyadh Girls	94	6.9542	8	0.5416
Jeddah Boys	93	5.9962	8	0.6477
Jeddah Girls	45	9.0539	8	0.3378
Dammam Boys	31	17.4474	8	0.0258*
Dammam Girls	25	8.1074	8	0.2303
Total Parents	338	19.0798	8	0.0144*

* $p < .05$

3. As Shown in Table 44, there was a statistically significant difference found at $p < .05$ between all parents' responses to item 54 (participation in evaluating the child's program) and their level of involvement in the parent-school subscale in the EMR School. No other statistically significant difference was found between parents' responses to item 54 and their level of involvement in the parent-school subscale.

4. As shown in Table 45, there was a statistically significant difference obtained at $p < .05$ between parents' responses to item 55 (participation in selecting method of

Table 44

Comparison Between Parents Levels in Item 54 in the
Intended Level subscale and Their
Actual Levels in Parent-School Subscale

School	N	Chi-square	df	Significance
Riyadh Boys	49	13.0639	8	0.1097
Riyadh Girls	93	4.4088	8	0.8185
Jeddah Boys	91	11.5520	8	0.1723
Jeddah Girls	43	13.2238	8	0.1044
Dammam Boys	32	12.3232	8	0.1374
Dammam Girls	26	4.7095	8	0.5816
Total Parents	334	25.1014	8	0.0015*

* $p < .05$

instruction) and their level of involvement in the school subscale for the EMR School for Girls in Jeddah.

5. There was a statistically significant difference found at $p < .05$ between all parents' responses to item 55 and their level of involvement in the parent-school subscale. No other statistically significant difference was found between parents' responses to item 55 and their level in the parent-school subscale.

6. As shown in Table 46, there was a statistically significant difference found at $p < .05$ between parents' responses to item 56 (participation in parent-teacher

Table 45

Comparison Between Parents Levels in Item 55 in the
Intended Level subscale and
Their Actual Levels in Parent-School Subscale

School	N	Chi-square	df	Significance
Riyadh Boys	42	6.4542	8	0.5965
Riyadh Girls	90	8.7644	8	0.3626
Jeddah Boys	90	9.3872	8	0.3107
Jeddah Girls	41	23.7774	8	0.0025*
Dammam Boys	32	8.5490	8	0.3818
Dammam Girls	26	12.4282	8	0.1331
Total Parents	321	21.2567	8	0.0065*

* $p < .05$

conferences) and their level in the parent-school subscale in the EMR School for Girls in Riyadh.

7. There was a statistically significant difference found at $p < .05$ between parents responses to item 56 and their level in the parent-school subscale in the EMR School for boys in Jeddah. No other statistically significant difference was found between parents' responses to item 56 and their level in the parent-school subscale.

8. As shown in Table 47, there was a statistically significant difference found at $p < .05$ between parents' responses to item 57 (allowing school professionals to visit

the child's home) and their level in the parent-school subscale for the EMR Girls' School in Riyadh.

9. There was a statistically significant difference found at $p < .05$ between all parents' responses to item 57 and their level in the parent-school subscale. No other statistically significant difference was found between parents' responses to item 57 and their level in the parent-school subscale.

Research Question 4

What types of activities are allowed for parents of EMR students by their children's schools?

Table 46

Comparison Between Parents Levels in Item 56 in the
Intended Level subscale and Their Actual
Levels in Parent-School Subscale

School	N	Chi-square	df	Significance
Riyadh Boys	49	9.9624	8	0.2677
Riyadh Girls	95	20.0357	8	0.0102*
Jeddah Boys	94	22.6204	8	0.0039*
Jeddah Girls	47	9.5625	8	0.2971
Dammam Boys	32	10.6115	8	0.2247
Dammam Girls	26	7.9926	8	0.4342
Total Parents	343	60.9829	8	0.0000

* $p < .05$

Table 47

Comparison Between Parents' Levels in Item 57
in the Intended Level Subscale and Their
Actual Levels in Parent-School Subscale

School	N	Chi-square	df	Significance
Riyadh Boys	49	4.7765	8	0.7812
Riyadh Girls	97	15.6716	8	0.0473*
Jeddah Boys	94	14.2523	8	0.0754
Jeddah Girls	45	4.9596	8	0.7619
Dammam Boys	35	6.7699	8	0.5616
Dammam Girls	27	11.1161	8	0.0849
Total Parents	347	19.0765	8	0.0145*

* $p < .05$

Two methods of analysis were used to answer this question. The first method is descriptive, where the responses of the EMR school principals on the Principals' Questionnaire are summarized. The second method is statistical analysis, where the parents' evaluation of school participation in parental involvement is analyzed.

The Principals' Questionnaire, as explained in the "Questionnaire" section of Chapter 3, contains twenty types of parental involvement activities from which to require school participation. Principals were asked to indicate whether or not each activity was allowed by the school.

A copy of the Principals' Questionnaire is included in Appendix C.

Results of responses to the Principals' Questionnaire are given in Table 48.

In the Parental Involvement Questionnaire, parents were asked to check one of five responses on seven types of activities requiring school permission and/or participation. The five responses are: I do not know, school does not allow, school does not care, school allows, and school encourages. The seven types of activities are the following:

1. Item 78 asks parents if the school allows their participation in the child's program.
2. Item 79 asks parents if the school allows them to meet with the school psychologist and the school social worker.
3. Item 80 asks parents if the school allows them to meet their child's teacher.
4. Item 81 asks parents if the school allows them to visit the child's classroom.
5. Item 82 asks parents if the school allows them to discuss the child's problems with the school staff.
6. Item 83 asks parents if the school allows them to participate in classroom activities.
7. Item 84 asks parents if the school sends home the child's monthly report.

Table 48

**Parantal Involvement Activities Allowed
for Parents by Their Children's Schools**

Activities	Riyadh		Jeddah		Dammam	
	Boys	Girls	Boys	Girls	Boys	Girls
Meet Classroom Teacher	Yes	Yes	Yes	Yes	Yes	Yes
Participate in IEP	No	No	No	No	Yes	No
Discuss Problems/Teacher	Yes	Yes	Yes	Yes	Yes	Yes
Observe Child in Class	Yes	Yes	Yes	Yes	Yes	Yes
Volunteer in Classroom Non-Academic Activities	No	Yes	Yes	Yes	Yes	No
Volunteer to Work in Classroom/Academic Act.	No	No	Yes	No	No	No
Discuss Problems/Nurse	Yes	Yes	Yes	Yes	Yes	Yes
Discuss Problems/Psycho.	Yes	Yes	Yes	Yes	Yes	Yes
Discuss Child Problems with Social Worker	Yes	Yes	Yes	Yes	Yes	Yes
Make Telephone Call to School	Yes	Yes	Yes	Yes	Yes	Yes
Volunteer/Outside Class	Yes	No	Yes	No	Yes	No
Participate/Field Trips	No	No	Yes	Yes	No	Yes
Participate/ Curri.Plan.	No	No	No	No	No	No
Participate/ Prog.Eval.	No	No	Yes	No	No	No
Participate/ Teaching Method Decision	No	No	No	No	No	No
Attend P.T. Conference	Yes	Yes	Yes	Yes	Yes	Yes
Provide Inf. for Teacher	Yes	Yes	Yes	Yes	Yes	Yes
Receive Monthly Beh.Rep.	Yes	No	Yes	Yes	Yes	No

Activities	Riyadh		Jeddah		Dammam	
	Boys	Girls	Boys	Girls	Boys	Girls
Recieve Monthly Ed. Rep.	Yes	No	Yes	Yes	Yes	Yes
Participate/Assessments	No	No	No	No	Yes	No

Each school was compared to the others on each activity using the Chi-square method of analysis to find if there were significant differences between schools on each activity. The following results of the analysis were found, as shown in Table 49:

1. No statistically significant difference was found between EMR schools in response to item 78.
2. There was a statistically significant difference found at $p < .05$ between EMR schools in response to item 79.
3. No statistically significant difference was found between EMR schools in response to item 80.
4. No statistically significant difference was found between EMR schools in response to item 81.
5. There was a statistically significant difference found at $p < .05$ between EMR schools in response to item 82.
6. No statistically significant difference was found between EMR schools in response to item 83.
7. No statistically significant difference was found between EMR schools in response to item 84.

Table 49
Comparison Between School Participation Roles
in the Parents' Opinions

Item Number	N	Chi-square	df	Significance
78	361	15.8773	20	0.7242
79	365	45.2379	20	0.0010*
80	361	25.3923	20	0.1868
81	365	19.0081	20	0.5213
82	369	33.7964	20	0.0275*
83	354	26.4136	20	0.1526
84	364	271.2334	20	0.0000

*p < .05

Results also indicated, as shown by Table 50, that many parents were confused as to whether the activity was allowed by school. For example, 67.3% of the parents did not know if schools allowed participation in the child's program (item 78), and 72.0% of the parents did not know if schools allowed visiting the child's classroom (item 83).

Research Question 5

What is the degree of satisfaction of parents of EMR students with their children's schools, and what are their suggestions for the schools to meet their expectations?

The purpose of this question is to investigate the parents' opinions about EMR school programs, and to

Table 50

Percentages of Parents' Responses to Each Item in
Parent-Evaluation of School Participation Subscale

Item No.	Don't Know N %	Not Allowed N %	School Does Not Care N %	School Allows N %	School Encourages N %
78	243 67.3%	24 6.6%	17 4.7%	25 6.9%	52 14.4%
79	99 27.1%	7 1.9%	29 7.9%	128 35.1%	102 27.9%
80	47 13.0%	6 1.7%	19 5.3%	158 43.8%	131 36.3%
81	68 18.6%	13 3.6%	30 8.2%	143 39.2%	111 30.4%
82	70 19.0%	10 2.7%	24 6.5%	148 40.1%	117 31.7%
83	255 72.0%	33 9.3%	20 5.6%	20 5.6%	26 7.3%
84	180 49.5%	11 3.0%	41 11.3%	39 10.7%	93 25.5%

review their suggestions on how to improve them.

Item 85 in the questionnaire asked parents to check whether the EMR school was achieving its goals to best meet the child's needs, while item 86 asked parents their suggestions to improve EMR services and programs to meet parental expectations. Two methods of analysis were used to answer this question. The first is statistical, using the Chi-square () analysis method, comparing EMR schools to each other in terms of the parents' evaluation of the school achievement of its goals. The second is descriptive, where major parental suggestions to improve the EMR school programs were summarized for each EMR school.

The results of the Chi-square analysis of parent evaluation of school goal achievement, as shown in Table 51, indicated that there was a statistically significant difference found at $p < .05$ between EMR schools in terms of parent evaluation of how the school was achieving its goals to best serve the child's needs.

Table 51

Comparison Between Parent Evaluation of Schools
in Terms of Achieving Their Goals

Item	N	Chi-square	df	Significance
Parent Evaluation of School Achievement	371	26.3751	5	0.0001*

* $p < .05$

Results also indicated, as shown in Table 52, that 20.8% of parents feel that EMR schools are not achieving their goals to best serve the child's needs, while 79.2% of parents reported the opposite opinion.

Major parental suggestions to improve programs and services in EMR schools are indicated in Table 53, with the top ten suggestions as follows:

1. Ask EMR schools to send a monthly educational progress report to the child's home, suggested by 41 parents.
2. Ask EMR schools to send a monthly behavioral progress report to the child's home, suggested by 39 parents.

Table 52

Parent Evaluation of School Achievement of its Goals

School	School N	Achieves %	School N	Does not %	Total N
Riyadh Boys	34	61.8%	21	38.2%	55
Riyadh Girls	81	79.4%	21	20.6%	102
Jeddah Boys	91	92.9%	7	9.1%	98
Jeddah Girls	42	84.0%	8	16.0%	50
Dammam Boys	25	65.8%	13	34.2%	38
Dammam Girls	21	75.0%	7	25.0%	28
Total	294	79.2%	77	20.8%	371

3. Ask EMR schools to provide family counseling services, suggested by 27 parents.

4. Ask EMR schools to provide transportation services to take the child to/from school, suggested by 22 parents.

5. Ask EMR schools to expand parent-teacher conferences from once a year to at least four times a year, suggested by 22 parents.

6. Ask for more school-home cooperation, suggested by 21 parents.

7. Ask EMR schools to provide better qualified teachers to replace the present ones, as most of the latter are not highly qualified, judging from opinions expressed by the parents. This change was suggested by 20 parents.

8. Ask EMR school to increase the religious program and practice, suggested by 19 parents.

9. Ask EMR schools to expand reading and writing programs, as most children have difficulties in these areas, even though they are in the upper grades. This was suggested by 18 parents.

10. Ask EMR schools to expand speech-therapy and speech training, as many children have speech difficulties. This was suggested by 15 parents.

Table 53

Parents' Suggestions to Improve
EMR School Programs

Suggestions	Riyadh		Jeddah		Dammam	
	Boys	Girls	Boys	Girls	Boys	Girls
SCHOOL-STAFF IMPROVEMENT:						
Provide highly qualified teachers	2	7	4	4	1	2
Improve school administration	3	6	2	-	-	-
Supervised Sch. staff not to abuse children	2	1	2	7	-	1
EMR PROGRAM IMPROVEMENT:						
Extend EMR programs	-	3	1	-	-	-
More educ'l facilities	-	3	1	-	-	-
Extend farming and animal care programs	-	-	3	-	-	-
Close-circuit TV cameras in bedrooms & classrooms	3	-	1	2	2	-

Suggestions	Riyadh		Jeddah		Dammam	
	Boys	Girls	Boys	Girls	Boys	Girls
Psychotherapy	2	-	2	1	-	-
Behavior Mod. therapy	-	2	-	-	-	-
More speech therapy	4	3	3	4	-	1
Vocational programs	1	2	4	1	1	-
More relig. education	6	6	4	-	2	1
Supervise students/break	4	2	1	3	1	2
Older children in different classes	3	-	3	-	1	1
Lower I.Q. students in different classes	2	6	2	2	2	1
Expand reading/writing programs in school	1	3	5	3	3	3
Provide program textbooks	3	6	2	-	-	-
SCHOOL-PARENT INTERACTION:						
Expand P.T. conferences	3	4	6	4	2	3
Allow parents to participate in school activities	-	1	1	2	1	1
SCHOOL-COMMUNITY INTERACTION:						
Community-based activities	1	6	-	1	3	1
Connection with hospitals	2	2	1	1	3	-
Use of media in awareness	1	2	3	1	2	-
After graduation followup	2	1	2	1	3	-
Establish EMR classes in differ. areas of the city	4	2	-	-	-	1
Change school location	3	-	-	-	-	-

Suggestions	Riyadh		Jeddah		Dammam	
	Boys	Girls	Boys	Girls	Boys	Girls
SCHOOL-HOME RELATIONS:						
Expand school-home cooperation	4	4	3	3	4	3
Provide home-school transportation	5	5	2	7	1	2
Provide family counseling	3	8	5	3	7	1
Send monthly Educ. report	8	18	5	5	4	1
Send monthly Beh. rept	4	17	6	6	5	1
Send home program sched. each term	1	4	-	-	-	-
Send homework book to student's home	-	3	4	-	1	-
Home visits from psychologist & social worker	-	4	-	5	2	-

Discussion of Results

This section gives an overview of the meanings and implications of analysis results presented in the previous two sections, where one of the major findings was that the involvement level of Saudi Arabian parents in education for their educable mentally retarded children is very low. Only 4.6% of the parents were identified as being highly involved. Leaders in the field of special education and school professionals should work in a project to encourage parents to increase their involvement in their children's education,

especially at school and with the child at home.

The analysis of the relationship between parent involvement and sex indicated that male parents' level of involvement in their EMR boys' education is lower than female parents' level of involvement in their girls' education in all areas of involvement and in the total level of involvement. Since several parts of this study noted that only one sex of parents can be involved in school related activities in connection with the child's education, the level of involvement for male parents in their boys' education should be increased, which is the responsibility of the EMR schools for boys and the educational authorities in Saudi Arabia.

The relationship between family income and parent involvement level was not significant, indicating that the income factor does not play a major role in parental involvement.

The investigation of the effect of the parents' educational backgrounds on their level of involvement indicated that the total involvement level of parents able to read and write was higher than for parents unable to read and write. The difference was significant in the subscales for parent intended level and parent-child interaction at home. When parent educational background was compared to their level of involvement, results indicated that parents with

higher education (bachelor degree) showed a higher level of involvement than the rest, with 10.0% of them reaching a high involvement level. At the same time, parents with a high school education had a higher level of involvement than parents with less education, as 7.3% of parents with a high school education achieved a high level of involvement. The relationship between parent education and their level of involvement was statistically significant in the parent-child interaction at home subscale. These findings indicate the great need to encourage parent participation in their children's education, especially in view of the fact that only 31.0% of parents with educable mentally retarded children have a high school education or higher, and with 40.7% of parents having no formal degree.

In analyzing the effect of parents' jobs on their level of involvement, significant differences were indicated in the parent-school interaction and parent-parent interaction subscales. The significance favored parents who did not work outside the home, as their level of involvement was higher than working parents. The percentage of non-working parents was very high, 50.8% of the total. This may be due to the fact that most female parents in Saudi Arabia do not work, and may also account for the higher level of involvement by non-working parents, since female parents indicated a higher level of involvement than male parents.

Leaders in special education and school professionals in Saudi Arabia should take advantage of the fact that many parents are not working, to encourage this group to participate in many activities not requiring much professional training, such as serving as teachers' aides or helping with non-academic school activities.

The investigation of the relationship between the number of children in the family and level of parent involvement in EMR education showed a significant difference in the parent-child interaction at home subscale, where parents with a large number of children obtained a lower level of involvement than did parents with fewer children. It also indicated that a majority of the responding parents (43.7%) had six to eight children, while only 1.1% of the parents had just one child. These results may be instrumental in raising a national issue of family size control, to reduce the effect of having many children, such as the ability to provide sufficient financial, emotional, and educational support to all children.

Analysis of the effect of the number of handicapped children in the family on the parents' involvement level in their EMR education indicated significant differences between families with more than one handicapped child and families with only one handicapped child in the subscales for parent-parent interaction, parent-child interaction at home, and on

the total involvement of parents. These results indicate the urgent need to establish family counseling services to help parents having more than one handicapped child cope with their conditions and participate more in their children's education, especially since there is a considerably high percentage of parents in this group.

Analysis of the relationship between parent age and their level of involvement shows no significant difference. At the same time, results indicated that the majority of parents (68.4%) were between the ages of 26-45 years, which may be due to the fact that most wives in Saudi Arabia are younger than their husbands. These results indicated that parent age does not play a major role in their involvement level in Saudi Arabia.

Investigating the relationship between home-school distance and the parent involvement level in their children's education indicated a significant difference in the parent-parent interaction subscale, which may reflect the assumption that parents living some distance from their children's schools (24.3% were over 18 KM away), do not know other parents of handicapped children in their areas. Therefore, parents in this category were less active.

The relationship between the type of transportation used to pick up/bring the child to school and the parents' level of involvement was significant in the parent-school

interaction subscale, indicating that parents with children who use the school buses were more involved than parents whose children use other transportation. Results show that parents whose children use the taxi to travel to/from school showed the highest percentage of parents in the low involvement group and the lowest percentage of parents who were highly involved. On the other hand, parents of children using school buses were generally more involved than other parents, emphasizing the need to provide school buses to all EMR children for transportation to and from school.

The investigation of differences between level of involvement for parents with children in residential programs and parents with children in daytime programs indicated significant involvement differences between the two groups in the parent-parent interaction subscale, the parent-child interaction at home subscale, and the total level of parental involvement. Parents of children in residential programs had significantly lower involvement than parents with children in daytime programs, i.e., low involvement was shown by 45.5% of parents with children in residential programs, versus 27.8% of parents whose children attend day programs. These results emphasize the need to limit enrollment in residential programs of children whose families live in the same city, as residential programs cannot replace the home environment, where the child gets greater emotional and social support.

Analyses of the research questions indicated that female parents' had an involvement level higher than male parents. However, it was found that the school may affect parent involvement regardless of sex, as the highest significant differences between male and female parents was found only in EMR schools in Riyadh and Jeddah. Comparable differences for the EMR schools in Dammam were insignificant. This finding indicates that the individual school may play a major role in the level of parental involvement regardless of the parent's sex. This means each school should assume the role of actively encouraging parental involvement.

The relationship between the amount of time parents spend in educational activities with their children at home and their level of involvement was found to be significant. Parents who spend time at home with their children reading, playing, or helping with homework showed greater involvement than parents who do not engage in these activities. Schools should encourage parents to spend more time with their children at home as part of the school role in increasing the level of parental involvement.

Parents' intended level of involvement, if asked to participate in certain activities, was significantly higher than their actual level of involvement in school-related activities. This indicates that parents were ready to increase their involvement if encouraged by their children's

schools. It is thus the responsibility of EMR schools to increase the parental involvement level.

Many types of parental involvement activities were not allowed by the children's schools. School personnel were confused between what is allowed and what is not, i.e., some activities allowed by one school would not be allowed by others. Only two activities were disallowed by all schools. One was parent participation in deciding the teaching method for the child, and the other was parent participation in curriculum planning for the child. As indicated in the analysis, parents were also confused about what is and is not allowed. The basis for allowing some activities and not others should be discussed with EMR schools, especially in view of the fact that Saudi Arabian education is centralized. The Directorate-General of Special Education, along with each city department of education, should discuss this subject with each EMR school to establish uniform policies on allowing certain parental activities.

The investigation of parents' satisfaction with EMR schools achieving their goals to the best of the child's needs indicated that 20.8% (a high percentage) believed the schools had not achieved their goals. The highest percentage of those parents were in the EMR School for Boys in Riyadh, 38.2%, followed by parents in the EMR School for Boys in Dammam, 34.2%. The lowest percentage of parents

dissatisfied with their children's schools was from the EMR School for Boys in Jeddah, 9.1%, followed by the EMR School for Girls in Jeddah, 16.0%. These results indicate a great need to establish open communication with parents to investigate areas where the EMR schools are not fulfilling their mission. This is not to say the schools should seek to satisfy every parent need, but the high percentage of dissatisfied parents should be considered.

In summary, it may be stated that involvement of parents in their EMR children's education is very low. At the same time, the home-school cooperation was found to be weaker than had been assumed. It is well known that parents, as well as the school, have their duties for educating a retarded child. This study indicated that in Saudi Arabia both sides -school and home- were failing to fulfill their duties adequately. The researcher believes the major reason for this problem is a lack of communication between the EMR child's home and his/her school. This statement is supported by the parents' evaluations of EMR programs and the progress of EMR schools toward achieving their goals. The following chapter will discuss these points comprehensively.

CHAPTER 5
SUMMARY, CONCLUSIONS, IMPLICATIONS, AND
RECOMMENDATIONS

Summary

The relationship between the child's educational progress and parental involvement is very significant, as parents are the most important resource for reinforcing and generalizing school learning at home. Previous research done in Saudi Arabia had emphasized the great need to establish a strong relationship between parents of handicapped and their children's schools. The involvement of parents of the mentally retarded in their children's education is not governed by Saudi Arabian law. The only official type of involvement was the parent-teacher conference held at the end of each academic year. The purpose of this study was to identify the present level of parental involvement in the education of educable mentally retarded children in Saudi Arabia, and to investigate the relationship between the parents' involvement and other selected variables, such as parents' sex, parents' income level, parents' educational background, number of children in the family, and the like. The term "parent" in this study refers to the male parent of an educable mentally retarded child enrolled in an EMR boys' school in Saudi Arabia, and the female parent of an educable mentally retarded child

enrolled in an EMR girls' school in Saudi Arabia, since those are the only parents allowed to participate in activities in Saudi Arabian school setting, due to social and religious customs. Five research questions were developed by this study to investigate the following points:

1. The level of involvement of male parents in their EMR children's education when compared to the level of involvement of female parents in their EMR children's education.
2. The major factors which may play certain roles in affecting the involvement level of parents in their children's education.
3. The parents' willingness to participate in their children's education if encouraged to do so.
4. The types of activities allowed for parents by their EMR children's schools.
5. The degree of satisfaction of parents with their EMR children's school programs.

Research Design

Due to several environmental factors, such as the fact that a great many parents of EMR children were illiterate, and the difficulties of personal communication with female parents (because of social customs), the questionnaire method of gathering data was used. The Parental Involvement Questionnaire developed by the researcher contained 86 items

divided into four sections. Sections one and two requested demographic data about the child, the concerned parent, and the child's education. Section three was based on 5- and 3-point Likert type scales and emphasized the parent's level of involvement at school, with other parents, at home, and in the community. Two other subscales in this section asked parents to define their willingness to participate in their children's education, and to define the school's participative role in parental involvement. The last section of the questionnaire asked parents to state their level of satisfaction with the school programs and to give suggestions to improve EMR school programs and services.

Another questionnaire was developed by the researcher and used in this study to investigate the types of activities allowed for parents by their children's schools. This questionnaire was answered by the EMR school principals in Saudi Arabia, and contained twenty types of parental involvement activities. The respondents were asked to check whether the school allowed each of these activities.

Sample of the Study

Subjects in this study included. all male parents of children enrolled in the EMR schools for boys in Saudi Arabia, located in Riyadh, Jeddah, and Dammam, and all female parents of children enrolled in the EMR schools for girls in Saudi Arabia, also located in Riyadh, Jeddah, and Dammam.

Thus, six EMR schools were surveyed, with a total of 649 parents included. The Principals' Questionnaire was delivered to all EMR school principals in Saudi Arabia, giving a total of six principals involved in this study.

Delivery and Return of the Questionnaire

The parental Involvement Questionnaire was delivered by the EMR school staffs in Saudi Arabia (social workers, residential group leaders, and school bus drivers). Delivery was under the personal supervision of the researcher and the school principals. A total of 590 questionnaires were delivered to parents. The copies returned totaled 442; however, 372 of these were scorable (valid) copies, accounting for 63.1% of the total population in this study.

Method of Analysis

Data were analyzed using three different methods of analysis: the Chi-square (), the t -test, and the descriptive methods of analysis. The Chi-square and t -test analyses were done by computer using the SPSSX package.

Findings

The Parental Involvement Questionnaire was delivered to 590 Saudi Arabian parents with EMR children--338 male parents and 252 female parents. The total number of returned copies was 442, but only 372 were scorable copies. When reliability of the questionnaire items was tested using the Coefficient

Alpha of Cronbach, reliability of the parent-school interaction subscale was found to be 0.83. The parents' intended level of involvement subscale obtained a reliability of 0.79, while the total parental involvement items had obtained a reliability of 0.74. When the split-half method of testing reliability was used, the total parental involvement items had obtained a reliability of 0.81 using the Spearman-Brown formula.

Nine hypotheses and five research questions were analyzed in this study. Analysis results indicated that parents' level of involvement in their EMR children's education was very low, with only 4.6% of the parents reporting a high level of involvement. At the same time, it was found that the involvement level was lower for male parents than for female parents in all areas. The difference in involvement between male and female parents was statistically significant at $p < .05$ in the parent-children interaction at home subscale, parent-community interaction subscale, and the total parental involvement.

It was also found that family income level showed no statistically significant relationship with the level of involvement of parents in any of the parental involvement subscales. However, more parents with high level of monthly income (6,000 SR or higher) indicated an average level of involvement than did parents with lower monthly incomes.

When testing the relationship between parents' education and level of involvement, statistically significant differences were found at $p < .05$ between parents who can read and write and parents who cannot read or write in the subscales for parent intended level of involvement and parent-child interaction at home. Another statistically significant difference was found at $p < .05$ between the parents' education and their involvement level in the parent-child interaction at home subscale, where parents with a high school degree or higher showed a higher involvement level than did parents with less educational achievement.

When testing the relationship between the nature of parents' jobs and their level of involvement, statistically significant differences were found at $p < .05$ in the parent-school interaction and parent-parent interaction subscales. Parents with no jobs obtained higher levels of involvement than did working parents.

The relationship between number of children in the family and the parents' level of involvement was found statistically significant at $p < .05$ in the parent-child interaction at home subscale, where parents with two or three children had a higher level of involvement than parents with more children. When the relationship between the child's birth order and the parents' level of involvement was analyzed, no statistically significant difference was found,

which indicates that the child's birth order does not play a major role in the level of parental involvement.

The relationship between the number of handicapped children in the family and the parents' level of involvement was found statistically significant at $p < .05$ in the parent-parent interaction subscale, the parent-child interaction at home subscale, and the total parental involvement. Parents with only one handicapped child had a higher level of involvement than parents with more than one handicapped child.

The relationship between parents' ages and their level of involvement was not found statistically significant, indicating that this factor does not play a major role in the level of parental involvement.

Distance between the child's home and the EMR school was found statistically significant at $p < .05$ when related to the parental involvement level in the parent-parent interaction subscale, while the relationship between type of transportation used to take the child to/from school and the parents' level of involvement was found statistically significant at $p < .05$ in the parent-school interaction subscale. Parents of children using the school bus showed a higher level of involvement than did parents of children using other types of transportation.

The relationship between child's EMR school program and

his/her parents' level of involvement was found statistically significant at $p < .05$ in the parent-parent interaction subscale, the parent-child interaction at home subscale, and the total parental involvement. Parents of children in residential programs showed a lower level of involvement than parents of children in daytime programs.

When the relationship was analyzed between other selected variables and the total level of parental involvement, statistically significant differences were found at $p < .05$ in several variables. Among those is the school variable, where parents of children in EMR girls' schools had a higher level of involvement than parents of children in EMR boys' schools. Another variable is the amount of time parents spend with their EMR children at home in educational activities. Parents who spent time with their children playing, reading, or helping with homework showed a higher level of involvement than parents who did not engage in these home activities.

When the relationship between parents' intended involvement and their actual involvement level in their children's school was analyzed for each EMR school, a statistically significant difference was found at $p < .05$ for the EMR School for Boys in Jeddah. However, when each item in the intended level of involvement subscale was related to the parent involvement level in the parent-school interaction

subscale, statistically significant differences were found at $p < .05$ in items 53, 54, 55, and 57.

It was found that two types of parental involvement activities were disallowed in all Saudi Arabian EMR schools. These activities were parent participation in curriculum planning, and parent participation in deciding teaching methods. However, it was found that nine activities were allowed in all EMR schools, with nine other activities allowed in some schools. When the parents' evaluation of school participation in parental involvement was analyzed, statistically significant differences were found at $p < .05$ in items 79 (allowing parents to meet the school psychologist and social worker) and 82 (allowing parents to discuss the child's problems with the staff). The great majority of parents were confused about whether some of the activities discussed in the questionnaire were allowed by the EMR schools; 67.3% of the parents did not know if the activity described in item 78 was allowed, and 72.0% of parents did not know if the activity described in item 83 was allowed.

When analyzing parents' evaluation of how well the EMR schools achieved their goals, a statistically significant difference was found between schools at $p < .05$, where the highest percentage of parents who believed the EMR school had not achieved its goals was found in the Riyadh EMR School for Boys (38.2%), and the highest percentage of parents who

believed the school had achieved its goals was found in the EMR School for Boys in Jeddah (92.9%).

Implications

The involvement level of Saudi Arabian parents in their EMR children's education was very low due to a lack of communication between the EMR children's schools and their parents.

Results of this study indicated that parents have not fulfilled their duty to be involved in their children's education. The following situations may have played a major role in this lessfulfillment:

1. Parents' misunderstanding of their duties, because of a weak connection between parents and their children's schools, where parents showed low level of involvement in the school activities, especially when it came to the classroom activities and the voluntary work in school. At the same time, parental involvement activities were not governed by law, which left the level of parents' involvement in school activities to the personal evaluation of the professionals in the EMR schools. In other words, parents' misunderstanding of their duties toward the involvement in their EMR children's education was based on parents' weak relationship with their children's school and the school evaluation of the role of parental involvement.

2. Parents may also be misled by their children's

schools, where it showed that EMR schools were confused about what is and is not allowed in parent participation, especially when it is known that although the educational system in Saudi Arabia is centralized, parental involvement is not guided by regulations.

3. The carelessness on the part of some parents about participating in their children's education, where it showed that parents' involvement level was generally low, even in the home activities, which did not require participation in school setting.

The results also indicated that the EMR schools in Saudi Arabia have not fulfilled their duty to develop strong base for parental involvement activities. The following reasons may have affected the the role that school played in this issue:

1. The EMR schools' misunderstanding of parental involvement, where it showed that the EMR school principals were confused about what is and is not allowed in terms of parental involvement activities, since there is no guidelines that school professionals can follow in this area.

2. The EMR schools' ignorance of the importance of parental involvement in the child's educational progress, where parents had stated that the school encouragement of several parental activities ranged only between 7% and 36%, which meant that EMR schools ignored the importance of

involving parents in school-related activities.

3. The EMR schools' fear of creating more difficulties when parents are encouraged to participate more in school activities, where the results of the Principals' Questionnaire showed that, besides the activities that were not allowed for parents in all schools, nine activities out of twenty were not allowed for parents in some schools. Among them were participation in developing the IEP, participation in the classroom either in academic or non academic activities, and the like.

Despite the fact that education in Saudi Arabia is centralized and school must work according to a pre-set curriculum, parents may be involved in many activities. Some of these activities may be pursued in the school, some at home, and others in the community. Among the possible activities in the school setting are non-academic classroom activities, such as observing the child, and helping as volunteer teachers' aides. Parents can also participate in some school activities outside the classroom, such as helping with office work, supervising children during breaks, playing with the children on the playground, and the like. Other possible school activities for parents would be outside the school grounds, such as participating in field trips, supervising children on the school bus, or participating in community-based activities.

Parents may also be active in numerous home-based activities, such as observing the child's behavior, helping with homework, playing educational games with the child, and encouraging the child to do his/her own work independently. In the community, parents have many involvement opportunities connected with the child's educational progress or special education in general. Among these activities are helping other parents with their handicapped children, taking the child to community-based activities, such as shopping, amusement facilities, and public parks.

Developing a parental involvement program was never an objective of this study. However, the researcher believes that several major issues should be discussed to increase the effectiveness of parental involvement in their EMR children's education. Among these issues are the following.

Family Counseling

Parents emphasized the urgent need for family counseling services provided by their children's schools. The family counseling issue was rated as the third major point by parents when they were asked to write their suggestions to improve the EMR school services and programs. Results indicated that parents with more than one handicapped child, and parents with a large number of children, had a lower level of involvement than other parents. Family counseling service is considered as an important issue in

terms of guiding these parents and others to re-examine their involvement level in their EMR children's programs. Parents may be guided in the following areas:

1. Although the religious impact on the Saudi Arabian people is very strong in affecting the level of acceptance of having a handicapped child, those parents still need counseling in coping with the difficulties of living with this child. Parents may be counseled in the area of prevention, education, and behavioral management. This counseling may be provided by the school professionals, especially the social worker and psychologist.

2. Parents, especially females, need help in managing their daily routine at home. It was found that most female parents do not work outside the home, but they showed a low involvement level, where the inability to manage their daily routine may be taken as one of the reasons behind it. If parents were helped to manage their time, they would have enough time to spend with their handicapped children in their educational progress at home and in school.

3. Most parents showed less awareness of the great importance of the involvement in their handicapped children's education. Several reasons were considered in this regard. One of them pointed to the fact that a great number of parents were illiterate.

Another reason was based on the assumption that the EMR

programs did not lead to a higher degree to prepare the mentally retarded children to live independently. Rather, these programs for mentally retarded only were teaching basic educational materials. Since this was the case, parents believed their first priority for involvement should be given to the education of their non-handicapped children. Parents should be aware that their involvement in the education of their handicapped children is equally importance --if not greater than their involvement in the education of their non-handicapped children. Because this involvement not only serve the educational progress of their handicapped children, but it serve their social and behioral adjustment as well, and help them to live in the community with minimal behavioral management difficulties.

4. Family size among the families of mentally retarded was considerably large, where the great majority of parents (61.0%) had six or more children. At the same time, monthly income of those parents was not enough to support the large size families, where 78.2% of parents had monthly income of 6,000 SR or less (about \$1,600.00 US). Young people seem to be more aware of their inability to provide the necessary emotional, educational, and financial support to large number of children. However, the idea of having a large number of children is still in existance, and parents should be encouraged to consider the issue of family size control.

The issue of family counseling in general may be planned in cooperation with the leaders in the education organizations and the religious organizations. Such organizations are: the schools of education at the universities, Ministry of Education, Ministry of Labor & Social Affaires, and speakers at the Mosques and religious establishments. A long-term plan may be carried out by the school professionals, the media, and the Mosque speakers to work on family awareness programs to create many changes in the family attitudes toward the education of their handicapped children.

Family counseling services can be carried out through several channels. Among them is the media, especially the television and the radio, where different family programs may focus on these points. Another channel is the psychological services at the EMR schools, where the psychologists and social workers may work on the issue of parental awareness. A third channel is the home visits by the school social workers and teachers to convince parents to offer more participation in the education of their childre.

Transportation

There are several facts to be considered in connection with this issue. First, in Saudi Arabia working hours in government employment and in most private sector establishments begin at 7:30 a.m. and end at 2:30 p.m., while

the school day in the EMR schools starts at about 7:30 a.m. and ends at about 1:00 p.m. The second fact is that most parents of EMR students do not live near the EMR school; only 8.5% of the parents live within two km from their children's schools, which means that most parents can not walk their children to school. The third fact is that, although many female parents do not work, they are not allowed to drive because of social regulations.

Due to all these facts, male parents must either drive their children to school and bring them home or enroll their children in residential programs. It was determined by the results of this study that the involvement of parents with children in residential programs to be significantly lower than for parents with children in the daytime programs. At the same time, the involvement of parents whose children use the school bus was higher than involvement level for parents whose children use other types of transportation. Moreover, one of the major suggestions of parents surveyed in this study was to ask schools to provide bus service to take their children to and from school.

The researcher believes that providing school buses for all EMR children enrolled in school is one of the most urgent needs at this time where it will serve four purposes:

The first purpose is to decrease to the lowest possible level the enrollment of children in the residential programs

whose parents live in the same city as the school. The residential program's cost is much greater than the cost of providing school transportation. Besides, residential programs cannot replace the emotional and social supports the child receives at home with the family.

The second purpose is to encourage other parents who cannot drive their children to school and do not want them to be enrolled in residential programs, to enroll them in a daytime program, and the children would be taken to and from school by bus. This is especially important as EMR school enrollment is very low at the national level.

The third purpose is to use the school transportation to take parents, especially females who cannot drive, that would like to participate in school-related activities to and from school, as a way of encouraging them to be more involved in these activities.

The fourth and final purpose is to use transportation in community-based training programs, where buses will be used to take children, along with the volunteer parents, to selected community facilities.

EMR Schools' Awareness

The study results support the assumption that EMR schools do not fully appreciate the importance of parent involvement activities, or they are aware of some of these activities but ignore them to avoid possible difficulties if

the activities are encouraged.

It should be noted that, although education in Saudi Arabia is centralized and the programs are pre-set, the education of the educable mentally retarded is flixable. Schools may play a major role in modifying the program to fit the children's needs. The purpose of EMR education is not to lead to higher degrees, but to teach EMR children basic skills, such as math, reading, and writing. At the same time, EMR education programs were developed to prepare these children to live independently with minimal family support. Therefore, whatever helps to achieve these purposes may be acceptable. EMR pre-set programs are to be used as guidelines for the classroom teacher, but are not "must" activities, as they are in the regular Saudi Arabian schools. This discussion aimed to give a support to the issue of parents playing a greater role in their EMR children's education, inside or outside the school classroom. However, the following points should be considered before encouraging parents to seek this role:

1. EMR school teachers should be trained to interact more effectively with parents. Parents believe the present teachers are not well qualified for their job, and they called for more highly qualified teachers as one of their major suggestions. The researcher believes that parents have some valid reasons for this opnion, as the great majority of

Saudi Arabian EMR school teachers (and in many other Arab countries as well) attended only one year of training in special education after graduating from a teacher training school. Therefore, their knowledge in special education is insufficient, and since it is difficult to find teachers with better qualifications, it is important to increase the knowledge of present teachers through inservice training programs. These programs can be developed by the Directorate-General of Special Education at the Ministry of Education with the cooperation of the universities and teacher colleges in Saudi Arabia.

2. Other professionals in the EMR schools, especially in the administrative level, should be encouraged to provide more participation in developing parental involvement. It is fair to say that, based on the researcher's experience in the field and on discussion with some administrators, most EMR school professionals at the administrative level are not receptive to the idea of cooperating effectively with parents. In private conversation with some administrators, a number of them said they believed if parents were allowed to participate in the school, both inside and outside the classroom, they could create more disturbances than effectiveness, therefore, in their view it was a better practice to keep parents out of these activities. Encouragement of school professionals should come from higher

authorities, such as top officials in the Ministry of Education, and could be communicated through scheduled seminars to convince those professionals to accept the idea of allowing more involvement on the part of EMR children's parents.

There are several points that should be considered about developing of these programs and seminars. Among these, the following are considered important:

a) A great number of EMR children's parents are illiterate. Therefore, their involvement should be in activities not requiring reading or writing. Classroom's activities suggested for those parents may include supervising the childre's behavior in the classroom, helping in the educational games, and toilet training.

b) Parents are less aware of the principals of involvement in the first place. Therefore, they may not accept many parental involvement activities. They may be of the oponion that such activities are the responsibility of the school professionals. Parental involvement in these activities should be encouraged gradually until parents accept the adea of involvement in these activities.

c) Because of the fact that working hours in most Saudi Arabian establishments are from 7:30 a.m. to 2:30 p.m. Working parents cannot attend morning activities. At the same time, a great majority of female parents (as stated

previously) are not working outside their homes. Therefore, involvement training for the morning activities should focus on female parents of both boys and girls. The boys' female parents may be trained on how to deal with the child at home, and since school attendance is not allowed for them, they may be encouraged in school-related activities not requiring school attendance, such as telephone conversation with the school or evaluating the child's behavioral and educational progress at home. The training sessions for the female parents of EMR boys, as well as for the female parents of EMR girls, should be carried out by the EMR girls' schools.

Government Regulations

The researcher believes that now would not be the right time to issue a comprehensive public law such as PL 94-142 to assure parent rights to be deeply involved in their children's programs. The reason is that both groups to be involved in such a law in Saudi Arabia (parents and educational organizations) cannot comprehend and implement comprehensive legislation such as PL 94-142. However, some points discussed in this and other laws could be modified to fit the Saudi Arabian environment for handicapped education. Included in these points would be teacher-parent conferences, described by EMR children's parents as the fifth major suggestion to improve the EMR school programs. Another point is parent involvement in developing the child's IEP (the

Individualized Educational Plan), where parents may play a limited role in explaining the child's abilities and difficulties, and the child's educational and behavioral needs. A third point is the right of parents to observe their child in the classroom, which could be done either through the classroom window or via closed-circuit television, to avoid classroom disturbance in the parents' presence.

Other Issues

Several other issues should be considered to create a more effective parent involvement role in their EMR children's education. Some examples follow:

1. Reporting monthly to parents the children's educational and behavioral progress at school. The first major parent suggestion to improve EMR school services and programs was to ask schools to send a monthly educational report to the child's home, while the second major parent suggestion was asking the school to send home a monthly behavioral report. These reports can be decisive in increasing parent involvement in their children's education; besides, these reports are not difficult for the classroom teacher to develop.

2. Establishing scheduled home visits by school professionals, especially the school psychologist and social worker. These visits serve three purposes: Increasing home-

school communication, learning about the child's life style at home, and counseling the family.

3. Encouraging parents to participate in school activities. A majority (50.3%) of parents with EMR children do not work. Those parents should be encouraged to participate in school-related activities, especially as teachers' aides, as most classrooms do not have aides. They may also supervise the children during break periods to control some children's aggressive behavior, or provide help to children who need it.

Conclusion

The researcher emphasizes the point that these study results are only applicable to the Saudi Arabian educational environment, as the reasearcher believes the restriction limiting male parents to participation in boys' schools and female parents to girls' schools is practiced only in Saudi Arabia.

Saudi Arabian parents of the educable mentally retarded reported a very low level of involvement in their children's education. However, female parents were more involved than were male parents. Several factors were found to have a significant relationship with the level of parent involvement: the school factor, where parents of children in the girls' schools had higher involvement levels than parents of children in the boys' schools; the child's program in the

EMR school, where parents of children in daytime programs had higher levels of involvement than parents of children in residential programs; number of children in the family, as parents with many children showed lower involvement than parents with only two or three children; and the amount of time spent with the child at home in educational activities, where parents who spend time with their children at home playing, reading, or helping with homework were more involved than parents not following these practices.

All these factors played a significant part in lowering parental involvement levels in their EMR children's education, but the major reason for the low involvement level, in the researcher's view, is related to the parents themselves. They are unaware of the importance of their involvement in their children's education. Equally important, the EMR schools were not sufficiently motivated to develop parental involvement.

To conclude this study, it may be stated that in Saudi Arabia, the parents of EMR children, the EMR schools, and the leaders in the field of educating the handicapped in were not fulfilling their duties to the greatest possible extent in the area of promoting parental involvement.

Recommendations for Further Research

The following points are recommended if future research should be conducted on this subject:

1. This study is concerned with the involvement level of male parents in their EMR boys' education and of female parents in their EMR girls' education. The role of female parents' involvement in their boys' education and of male parents' involvement in their girls' education is likewise very significant. Therefore, further research may investigate the level of involvement of both parents in their child's education.

2. This study dealt with parents' attitudes toward a number of educational subjects. One of these was attitudes toward their EMR children's schools, but the EMR schools were not asked to describe their attitudes about parents. A further study could investigate parental involvement, as defined by the school professionals, to make a fair judgment about both parties.

3. Any research dealing with EMR parents should keep in mind that the rate of returned parent responses is not very high. This researcher made every possible effort, with the help of EMR school professionals, to obtain a high rate of response, but only 74.9% of the questionnaires were returned. The final percentage of parent responses included in the study was only 63.1%. It is recommended that further research should be done with different delivery methods to obtain a higher rate of response.

4. Questionnaires with a long list of items seems to

be unfavorable in the area of parental involvement in their EMR children's education. The great majority of parents did not respond to all questionnaire items. If further research is to be done using the questionnaire method, it should have a shorter list of items, or the questionnaire should be divided into different sections where these sections are to be completed at different times.

References

REFERENCES

- Allen, E. K. (1981). The parent-teacher partnership in programs for young children ERIC Document Reproduction Service ED 226 863.
- Al-Marsouqi, H. A. (1980). A facet theory analysis of attitudes toward handicapped individuals in Saudi Arabia. Unpublished doctoral dissertation, Michigan State University, East Lansing, MI.
- Ammer, J. J. (1983). Parent advocacy: Now more than ever active involvement in educational decisions. Paper presented at the annual convention of the Council for Exceptional Children, Detroit, MI.
- Antrim, M. L. (1971). Volunteer aide program. Des Moines, IA: West Des Moines Community Schools.
- Ball, W. B. (1984). Parental rights in schooling. (ERIC Document Reproduction Services ED 250 767)
- Barr, J. H. Jr. (1983). Education for the handicapped in the Arabian Peninsula: Issues and trends. Unpublished doctoral dissertation, Teachers College of Education, Columbia University.
- Beale, A. V. (1985). Toward more effective parent involvement. Clearing House. 85(5), 213-215.
- Beckman, P. J. (1984). Perceptions of young children with handicaps: A comparison of mothers and program staff. Mental Retardation, 22(4), 176-181.

- Beers, M. C., et al. (1982). Parent involvement in day care: A resource manual for day care providers. Washington, DC: Creative Associates.
- Berger, E. H. (1981). Parents as partners in education. St. Lois, MO: The C. V. Mosby Co.
- Biklin, D., & Searl, S. J. (1981). Parent involvement: A practical guide about how to involve parents of children with disabilities in the public schools. Syracuse, NY: Syracuse University, Special Education Resource Center.
- Blackard, M. K. & Barsch, E. T. (1982). Parents' and professionals' perceptions of the handicapped child's impact on the family. Journal of the Association for the Severely Handicapped, 7(2), 62-69.
- Blacker-Dixon, J., & Simensson, R. J. (1981). Consistency and correspondence of mothers' and teachers' assessment of young handicapped children. Journal of the Division for Early Childhood, 3, 64-71.
- Bloom, B., Braun E., & Glazer, C. (1980). The SEEC pre-School Project: Parent-Trainer Training Program. Saskatoon, Saskatchewan: Institute of Child Guidance and Development, University of Saskatchewan.
- Bricker, D., & Casuso, V. (1979). Family involvement: A critical component of early intervention. Exceptional Children, 46, 108-116.

- Bricker, D., & Filler, J. (Eds.). (1985). Severe mental retardation: From theory to practice. Reston, VA: CEC-MR.
- Bricker, D., Seibert, J., & Casuso, V. (1979). Early intervention. in J. Hogg and P. Mittler (eds.), Advances in mental handicapped research. New York, NY: John Wiley.
- Bronfenbrenner, U. (1974). Is early intervention effective? A report on longitudinal evaluation of preschool programs. V. II. Washigton, DC: Dept. of Health, Education & Welfare, Office of Child Development.
- Calvert, D. R. (1971). Demintions of family involvement in early childhood education. Exceptional Children. 37, 655-659.
- Chapman, J. E. & Heward, W. L. (1982). Improving parent-teacher communication through recorded telephone massages. Exceptional Children. 49(1), 79-82.
- Cone, J. D., Wolfe, V. V., & Delawyer, D. D. (1984). The West Virginia System. Morgantown, WV: West Virginia University.
- Cone, J. D., Wolfe, V. V., & DeLawyer, D. D. (1985). Assessing parent participation: The Parent/Family Involvement Index. Exceptional Children. 51(5), 417-424.

- Cooke, S., & Cooke, T. (1974). Parent training for the early education of the handicapped. Reading Improvement, 11(3), 62-64.
- Crocker, L., & Algina, J. (1986). Introduction to classical and modern test theory. New York, NY: Holt, Rinehart and Winston.
- Croft, D. J. (1979). Parents and teachers: A resource book for home, school, and community relations. Belmont, CA: Wadsworth Publishing Co., Inc.
- Cronbach, L. J. (1970). Essentials in psychological testing. (3rd ed.). New York, NY: Harper & Row, Pub.
- Cruickshank, W. M. & Johnson, G. O. (1975). Exceptional children and youth (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Davis, F. J., & Heyl, B. S. (1980). The Illinois state study of the impact of PL 94-142 on the families of children with different handicapping conditions. Normal, IL: Illinois State University.
- de Avilla, M. F. (1976). A model parental involvement program for bilingual/bicultural developmental day care. Unpublished master's thesis, Washington State University.

Direcrorate-General of Special Education. (1972a). The master administrative regulation plan for the mentally retarded institutes. Riyadh, Saudi Arabia: Ministry of Education. (memeographred Arabic copy)

Directorate-General of Special Education. (1972b). Report on special education of handicapped in Saudi Arabia. Riyadh, Saudi Arabia: Ministry of Education.

Directorate-General of Special Education. (1979). Modifications to the master administrative regulation plan for the mentally retarded institutes. Riyadh, Saudi Arabia: Ministry of Education. (Arabic Copy Sent to the EMR Institutes with Opening Letter).

Directorate-General of Special Eucation. (1980). Summary of handicapped children in school age (4-15 years) in all regions in Saudi Arabia. (summary Table.) Riyadh, Saudi Arabia: Ministry of Education. (Arabic Copy.)

Directorate General of Special Education. (1981a). Directory of special education in the Kingdom of Saudi Arabia. Riyadh, Saudi Arabia: Ministry of Education.

Directorate-General of Special Education. (1981b). Special education in Saudi Arabia. Riyadh, Saudi Arabia: Ministry of Education. (Arabic Copy).

Directorate-General of Special Education. (1984a).

Curriculum of the elementary school program in the EMR institutes. Riyadh, Saudi Arabia: Ministry of Education. (Memeogrphed Arabic Copy).

Directorate-General of Special Education. (1984b). Curriculum of the preschool program in the EMR institutes for boys and girls. Riyadh, Saudi Arabia: Ministry of Education. (Memeogrphed Arabic Copy).

Directorate-General of Special Education. (1985).

Professionals working in special education programs. 1984- 85. Riyadh, Saudi Arabia: Ministry of Education. (Arabic copy.)

Directorate-General of Special Education. (1985). Students and classes of special education school. 1984-85. Riyadh, Saudi Arabia: Ministry of Education. (Arabic copy.)

Dudly-Marling, C., & Rosenberg, R. (1979). Parent involvement in the multidisciplinary-team process. (ERIC Document Reproduction Service, ED 235 670)

Dunn, L. M. (Ed.). (1973). Exceptional children in the schools. (2nd ed.). New York, NY: Holt, Rinehart & Winston, Inc.

- Earl, L. M. & Clark, K. (1984). Report on a parent's questionnaire to the task force for the trainable retarded. London, England: The Board of Education for the City of London.
- Easton, D. (1965). A system analysis of political life. New York, NY: John Wiley & Sons.
- Edgington, B. L. & Murdock, E. S. (1984). A parent education center. Paper presented at the annual meeting of the National Association of the School Psychologists, Philadelphia, PA., April 18-21, 1984.
- The educational policy in the Saudi Arabian Kingdom. (1974). (2nd ed.). Riyadh, Saudi Arabia: Ministry of Education.
- Embry, L. H. (1980). Family support for handicapped pre-school children at risk for abuse. New Directions for Exceptional Children, 4, 29-55.
- Evans, E. D. (1975). Contemporary influences in early childhood education. (2nd ed.). New York, NY: Holt, Rinehart & Winston.
- Ewing, P. E., & Hinton, V. S. (1981). The ABCs of special education: A handbook for parents. Springfield, IL: Illinois State Advisory Committee to the U. S. Commission on Civil Rights.

- Fewell, R., & Cone, J. (1983). Identification and placement of severely handicapped children. in M. Snell (Ed.). Systematic instruction of the moderately and severely handicapped. (2nd ed.). Columbus, OH: Charles E. Merrill.
- Fotheringham, J. B., & Morris, J. (1976). Understanding the preschool retarded child. Toronto, Canada: University of Toronto.
- Fouzan, E. (1983). The view of parents of the mentally retarded in Saudi Arabia of their involvement in their children's programs. Unpublished manuscript, University of San Diego, School of Education.
- Freeman, J. (1975). Three-way conferencing. Teacher. 93(4), 40-42.
- Friedrich, W. N.; & Friedrich, W. L. (1981). Psycho-social assets of parents of handicapped and nonhandicapped children. American Journal on Mental Deficiency. 85, 551-553.
- Friedrich, W. N.; Wiltturner, L. T.; & Cohen, D. S. (1985). Coping resources and parenting mentally retarded children. American Journal on Mental Deficiency. 90(2), 130-139.

- Fuqua, R. W., Hegland, S. M., & Karas, S. C. (1985).
Processes influencing linkages between preschool
handicap classrooms and homes. Exceptional Children.
51(4), 307-314.
- Geneva, W. (1980, June). Transdisciplinary approach for
preschool children and parents. The Exceptional
Parents. 10(3), 13-16.
- Ginott, H. G. (1972). Teacher and child. New York, NY:
Macmillan.
- Goebel, C., & Zumberg, M. (1981). Child enrichment program:
Changing attitudes of parents of severely handicapped
children. (ERIC Document Reproduction Services
ED 253 005)
- Golub, J. S., et al. (1984, April). A comparison of
discipline techniques of daycare and nondaycare parent.
Paper presented at the annual meeting of the American
Educational Research Association, New Orleans, LA.
- Gray, S. W. & Claus, R. A. (1970). The early training
project: A seventh year report. Child Development,
41(4), 909-924.
- Greer, J. V. (1978). Utilizing paraprofessionals and
volunteers in special education. Focus on Exceptional
Children. 10(6), 1-15

- Grossman, H. J. (1983). Classification in mental retardation. Washington, DC: American Association on Mental Deficiency.
- Guba, E. G., & Lincoln, Y. S. (1983). Effective evaluation. (3rd ed.). San Francisco, CA: Jossey-Bass
- Hamdan, A. I. (1980). Competencies needed for teachers of the mentally retarded in Saudi Arabia: A need assessment study. Unpublished doctoral dissertation, Michigan State University.
- Heber, R. (1970). Epidemiology of mental retardation. Springfield, IL: Charles C. Thomas Publisher.
- Hefler, R. E., and Kempe, C. H. (eds.). (1976). Child abuse and neglect: The family and the community. Cambridge, MA: Ballinger.
- Herwig, J. E. (1982). Parental involvement: Changing assumptions about the educator's role. In Brigham Young University Press (ed.). How to Involve Parents in Early Childhood Education. Provo, UT: Editor.
- Hinckle, D. E., Wiersman, W., & Jurs, S. G. (1979). Applied statistics for the behavioral sciences. Boston, MA: Houghton Mifflin Co.
- Holroyd, J. (1974). The questionnaire on resources and stress: An instrument to measure family response to a handicapped family member. Journal of Community Psychology. 2, 92-94.

- Hubbard, E. H. (1967). Parent education and handicapped children: The school as a community catalyst. Adult Leadership. 41, 92-94.
- Humphreys, B. E. (1984). Evaluating and modifying the educational expectations which parents and educators perceive as appropriate for Down's Syndrome children. (ERIC Document Reproduction Services, ED 252 297)
- Jelinek, J., & Kasper, A. Y. (1976). Exchanging information. In Lillie, D. L., et al. (eds.). Teaching Parents to Teach. New York, NY: Walker and Company.
- Kadi, O. A., & Ibrahim, H. M. (1981). Urban planning in Saudi Arabia. Riyadh, Saudi Arabia: The Saudi Arabian Printary Co., Ltd. (Arabic Copy.)
- Karnes, M. B., & Teska, J. A. (1980). Toward successful parent involvement in programs for handicapped children. In J. J. Gallagher (ed.), Parents and families of handicapped children. San Francisco, CA: Jossey-Bass, Inc., Pub.
- Karnes, M. B., Zehrbach, R. R., & Teska, J. A. (1972). Involving families of handicapped children. Theory into Practice, 11, 150-156.
- Kelly, E. J. (1971). Common sense in Childraising: A special education approach. Denver, CO: Love Pub. Co.

- Kelly, E. J. (1974). Parent-teacher interaction. Seattle, WA: Bernie Straub Pub. Co., Special Education Publication.
- Kirk, S. A., Karnes, M. B., & Kirk, W. D. (1968). You and your retarded child. Palo Alto, CA: Pacific Books.
- Kroth, R. L. (1975). Communicating with parents of exceptional children: Improving parent-teacher relationship. Denver, CO: Love Publishing Co.
- Lee, M., & Johns, B. (1984). Special education from the parents' point of view. Springfield, IL: Illinois State Board of Education.
- Levitt, E.; & Cohen, S. (1976). Educating parents of children with special needs: Approaches and issues. Young Children. 31, 263-272.
- Lillie, D. (1975). The parent in early childhood education. Journal of Research and Development in Education. 8(2), 7-13.
- Lillie, D. L., Trohanis, P. L., & Goin, K. W. (eds.). (1976). Teaching parents to teach: A guide for working with the special child. New York, NY: Walker and Company.
- Lopate, C., et al. (1970). Decentralization and community participation in public education. Review of Educational Research. 40, 135-150.

- MacDonald, P. (1971). Parents: A new resource. Teaching Exceptional Children, 3, 81
- MacMillan, D. L. (1982). Mental retardation in school and society (2nd ed.). Boston, MA: Little, Brown and Co.
- Martin, A. S. (1976). Facilitating positive parent-child interaction. In D. L. Lillie, P. L. Throhanis, & K. W. Goin (Eds.) Teaching parents to teach: A guide for working with the special child. New York, NY: Walker and Company.
- Maykut, P. S. (1983). Implementing a school-based family outreach project: Assessing the needs of the families. a training manual. Madison, WI: Wisconsin University, Regional Rehabilitation Research and Training Center in Mental Retardation.
- McAfee, O. (1984). School-home communications: A resource book for improving school-home relations. Washington, DC: National Institute of Education.
- McAleer, I. M. (1978, Summer). The parent, teacher and child as conference partners. Teaching Exceptional Children, 10(4), 103-105.
- McInerney, J. F. (1984, April). Rational emotive approaches to the problems of parents of exceptional children: A brief overview. Presented at the annual meeting of the National Association of School Psychologists, Philadelphia, PA.

- Mikkelsen, N. E. (1971). Treatment of the mentally retarded. (Assignment Report, EMRO/71/982). WHO Regional Office for the Eastern Mediterranean.
- Ministry of Education. (1985). Educational Statistics, 1984-1985. Riyadh, Saudi Arabia: Author.
- Ministry of Labour and Social Affairs. (1980). The policy and regulations of the deputy ministry for social welfare. Riyadh, Saudi Arabia: Author. (Arabic Copy).
- Ministry of Labour and Social Affairs. (1982). Lights: on rehabilitation and welfare for disabled categories in the Kingdom of Saudi Arabia. Riyadh, Saudi Arabia: Author.
- Ministry of Labour and Social Affairs. (1983). A study of the handicapped rehabilitation centers and insitutes in Saudi Arabia: their services and the persons served by them. Riyadh, Saudi Arabia: Author. (Arabic Copy).
- Morison, C. S. (1978). Parent involvement in the home, school, and community. Columbus, OH: Charles E. Merrill Pub. Co.
- Nader, A. (1978, June). Special education in the Kingdom of Saudi Arabia. Paper presented at the World Congress on Future of Special Education, Stirling, Scotland, June 25-July 1, 1978.
- Nadler, S. E., & McAfee, O. D. (1979). Working with Parents. Belmont, CA: Wadsworth.

- Northcott, W. H., & Fowler, S. A. (1979). Developing parent participation. In D. L. Lillie, et al., (eds.). Teaching Parents to Teach: A guide for working with the special child. New York, NY: Walker and Company.
- Northern Kentucky University. (1984). Project P.A.V.E. Parents as volunteers in education: Training manual. Washington, DC: Department of Education.
- Olson, S. A., et al. (1976, october). Reinforce that home-school link. Instructor. 112-119.
- The Parent-Child Conference. (1973). The Exceptional Parent. 3(4), 40-44.
- Patterson, R. (1982). A father's role in his child's development. Kinsington, Australia: New South Wales University.
- Paul, J. L. (1981). Understanding and working with parents of children with special needs. New York, NY: Holt, Rinehart, & Winston.
- Peters, N. A., & Stephenson, W. T. (1978, Winter). Parents as partners in a program for children with oral language and reading disabilities. Teaching Exceptional Children, pp. 64-65.
- Porcella, A. (1980, April). Increasing parent involvement. Education and Training of the Mentally Retarded, pp. 155-157

- Powell, T. H. (1980). Improving home-school communication: Sharing daily report. The Exceptional Parent, 10(5), 524-526.
- Rice, M. A. (1983). Working with parents and professionals. The Hague, Netherlands: Bernard Van Leer Foundation
- Rutherford, R. B., Jr.; & Edgar, E. (1979). Teachers and parents: A guide to intervention and cooperation. Boston, MA: Allyn and Bacon, Inc.
- Saudi Arabian Monetary Agency, Research and Statistical Department. (1984). Annual report: 1404 (1984). Riyadh, Saudi Arabia: Author.
- Shaefer, E. S. (1972). Parents as educators: Evidence from cross-sectional, longitudinal and intervention research. Young Children, 27, 227-239.
- Shapero, S., and Forbes, C. R. (1981, November). A review of involvement programs for parents of learning disabled children. Journal of Learning Disabilities, 14(9), 499-504.
- Shea, T. M., & Bauer, A. M. (1985). Parents and teachers of exceptional students: A handbook for involvement. Boston, MA: Allyn and Bacon, Inc.
- Simpson, R. L. (1982). Conferencing parents of exceptional children. Rockville, MD: Aspen Systems Corp.
- Smith, I. (1982). The Parents as an informal teacher. Kensington, Australia: New South Wales University.

- Tawney, J. W. (1983). Project next STEP. University Park, PA: The Pennsylvania State University.
- Tizzard, J., & Grad, J. C. (1961). The mentally handicapped and their families. London, G.B.: Oxford University Press.
- U.S. Office of Education. (1971). Estimated number of handicapped children in the United States, 1971-1972. Washington, DC: Author.
- U.S. Office of Education. (1975). Estimated number of handicapped children served and unserved by type of handicap Washington, DC: Bureau of Education for the Handicapped.
- Vergason, G., & McAfee, J. K. (1979). A layman's guide to parents' rights under P.L. 94-142. The Exceptional Parents (Special 8 page pull-out section).
- Wakefield, R. I. (1984). Enriching education in the community through PTA. Salt Lake, Utah: Salt Lake City School District.
- Warfield, G.J. (1975). Effect of an educational program for parents of retarded children. Unpublished doctoral dissertation, Yashiva University.
- Williams, D. L., Jr. (1984). Parent involvement in education: What a survey reveals. Austin, Texas: Southwest Educational Development Lab.

APPENDICES

- APPENDIX A: Parents' Involvement Questionnaire
(English and Arabic Male/Female Versions)
- APPENDIX B: Approval Letter Accompanying Parents'
Involvement Questionnaire (English Translation)
- Appendex C: Principals' Questionnaire (English and
Arabic Versions)
- Appendex D: Approval for Delivery of Parents' Involvement
Questionnaire (English Translation)
- Appendex E: Letter from Mr. Al-Masha'an Included in
the First Delivery of Parents' Involvement
Questionnaire (Arabic)
- Appendex F: Letter from Mr. Al-Masha'an Included in the
First Followup of the Parents' Involvement
Questionnaire (Arabic)
- APPENDIX G: Survey to Determine Parents' Reasons for Not
Responding to the Parental Involvement
Questionnaire (Arabic)

APPENDIX A
Parents' Involvement Questionnaire
(English and Arabic Male and Female Versions)

Dear Parent..

The major goal of this questionnaire is to define the actual level of parent involvement in their children's program, and to point out the major factors which affect the growth of this involvement. The result of this study will be used to establish a strong base for the parent involvement in their children's school programs. Therefore, your response to the questionnaire is not only important for this study, but more important in establishing a base for stronger relationship between you and the school of your child.

Your response will be dealt with in high confidentiality, and no one, beside the researcher, will look at it. To make it more convenient for you, you are not asked to write your name or the name of your child, and you are provided with a self-addressed envelop to put your response in it and give it to the school of your child which will send it directly to me.

Please answer all items in the questionnaire. Due to the fact that only FEMALE parents are allowed to participate in the GIRLS' school activities, and only MALE parents are allowed to participate in their BOYS' schools, MOTHERS or FEMALE parents are to answer the questionnaire of their children in the GIRLS' school, and FATHERS or MALE parents are to answer the questionnaire of their children in the BOYS' school. Time limit of this study makes it very important to return your response before the end of this school year.

If you have any question about the items of the questionnaire, please do not hesitate to ask the social worker or the psychologist of your child's school who will answer your question or refer it to me if he/she can not answer it.

Wish you, and your child, the best.

Place of the study: EMR boys' schools and EMR girls schools in Saudi Arabia.

Participants: Female parents of children in the EMR schools for girls, and male parents in the EMR boys' schools.

Time of the study: It will be done hopefully by the end of the summer of 1986. If you would like to obtain a copy of the result summary, please contact me on my address by the beginning of next academic year.

 Ebrahim Fouzan/ Ministry of Education/ Dept. of Special Educ.

page (1)

PARENT/FAMILY INVOLVEMENT QUESTIONNAIRE

(To be answered by MALE parent of the child in the boys' school and the FEMALE parent of the child in the girls' school. Please make sure to answer all items.)

SECTION (I)

(Please write the appropriate answer in the line)

- =====
- (1) School of the child -----
- (2) Age of the child -----years
- (3) Child's sex male ---- female ----
- (4) Child's grade level -----
- (5) Did he attend non-handicapped school before his enrollment in this program? yes ----- no -----
- (6) Who had transfered your child to special education? -----

- (7) How old was your child when you find out that he is a handicapped? ----- years
- (8) Number of children in the family (including the child) -----
- (9) Number of children younger and older than the child
Younger -----
Older -----
- (10) Number of handicapped children in the family (beside the child) -----
- (11) Types of handicaps of each child (if there is other handicapped children) -----

- (12) Your child is enrolled in: (check only one please)
Day time Program (-----)
Residential but not the week-ends (-----)
Residential including week-ends (-----)
- (13) Distance between home and school -----K.M.

page (2)

- (14) If your child is in day school, does
 he go to school and come back home by:
 (check the appropriate answer)
- | | |
|-----------------------|---------|
| Your car | (-----) |
| Taxi | (-----) |
| Public transportation | (-----) |
| School bus | (-----) |
| Others (specify) | (-----) |

=====

SECTION (II)

(Please check, or write, the appropriate answer)

- | | |
|---|-------------------------|
| (15) Relationship to student | Parent ----- |
| | Uncle/aunt ----- |
| | Brother/sister ----- |
| | Step parent ----- |
| | Other (explain) ----- |
| (16) Can you | read? ---- write?---- |
| (17) Level of education completed | None ----- |
| | Elementary ----- |
| | Secondary ----- |
| | College ----- |
| | Post college ----- |
| (18) Your age | ----- |
| (19) Have you had any courses or
training in the area of special
education | Yes ----- No ----- |
| (20) Has your spouse had any courses
or training in the area of special
education | Yes ----- No ----- |
| (21) If the answer is "YES" for one of
the two previous items, please
explain the type and time of training | -----

----- |
| (22) Do you work in EMR school | Yes----- No ----- |
| (23) Do you deal with your handicapped
child differently? | yes ----- no ----- |
| (24) If the answer of previous question
is "yes", in what way? | ----- |

page (3)

- (25) Do you allow your handicapped child to play with other non-handicapped children? yes ----- no -----
- (26) If the answer is "yes", does he play with them under the supervision of one of your family? yes ----- no -----
- (27) Average amount of time you spend with your child daily in the following activities:
- | | | |
|----------------------------|-------|-------|
| Playing with him | ----- | hours |
| Reading stories for him | ----- | hours |
| Helping him with home work | ----- | hours |
| Other activities (specify) | ----- | hours |
- (28) Do you take your child with you when you go out :-
- | | |
|-------------------------------|-------|
| Shopping | ----- |
| Visiting friends or relatives | ----- |
| Going to public parks | ----- |
- (29) Your job -----
- (30) Average time spent at job daily -----
- (31) Days of work weekly -----
- (32) Average monthly income of the family ----- S.R.

=====

page (4)

SECTION (III)

- (33) Do you think that you are personally actively involved
in your child's school program?
Actively involved ---- Involved ---- Not involved ----

For each of the following questions, circle the response
which best express your answer. Numbers in front of each item
express the following meanings:

- 1 NOT AT ALL
- 2 RARELY (1-2 times during the school year)
- 3 SOMETIMES (3-4 times during the school year)
- 4 ON A REGULAR BASIS (monthly)
- 5 FREQUENTLY (once or more a week)

=====

- | | | | | | |
|---|---|---|---|---|---|
| (34) You have met teacher of your child | 1 | 2 | 3 | 4 | 5 |
| (35) You have spoken to teacher concerning
your child's education | 1 | 2 | 3 | 4 | 5 |
| (36) You have sent a note to class
concerning child (e.g., medication,
diet, behavior at home, etc.) | 1 | 2 | 3 | 4 | 5 |
| (37) You have participated actively in
educational plan with the teacher
(in asking questions and making
comments) | 1 | 2 | 3 | 4 | 5 |
| (38) You have discussed your child's
problems with the classroom teacher | 1 | 2 | 3 | 4 | 5 |
| (39) You have told teacher about teaching
techniques, educational activities,
or the child's disabilities | 1 | 2 | 3 | 4 | 5 |
| (40) You have observed your child in
the classroom | 1 | 2 | 3 | 4 | 5 |
| (41) You have made suggestions to the
teacher during the observation
period | 1 | 2 | 3 | 4 | 5 |
| (42) You have taken notes or data about
your child's activities in classroom | 1 | 2 | 3 | 4 | 5 |
| (43) You have volunteered to work in the
classroom with non-teaching activity | 1 | 2 | 3 | 4 | 5 |

page (5)

- (44) You have volunteered to work in the classroom with teaching activities such as reading stories for children 1 2 3 4 5
- (45) You have completed screening/assessment device concerning the child with the school 1 2 3 4 5
- (46) You have attended educational discussion with the school concerning your child 1 2 3 4 5
- (47) You have discussed your child's problems with the school nurse 1 2 3 4 5
- (48) You have discussed your child's problems with the psychologist 1 2 3 4 5
- (49) You have discussed your child's problems with the social worker 1 2 3 4 5
- (50) You have made phone contacts with the school concerning your child 1 2 3 4 5
- (51) You have volunteered to provide services to the school outside the classroom such as nursing aide or office help 1 2 3 4 5
- (52) You have participated in school's field trips 1 2 3 4 5
- **** If you were asked to participate in your child's education, how would you be willing to offer in the following activities:-
- (53) participation in curriculum planning (deciding subjects that would be taught to your child) 1 2 3 4 5
- (54) Participation in the evaluation of your child's program 1 2 3 4 5
- (55) Participation in deciding the method and instructional programming 1 2 3 4 5
- (56) Attending parent conferences 1 2 3 4 5
- (57) Allowing professionals from the school to visit your home 1 2 3 4 5

page (6)

1 NONE 2 RARELY 3 SOMETIMES 4 REGULARY 5 FREQUENTLY

=====

- | | | | | | |
|--|---|---|---|---|---|
| (58) You have discussed your child's problems with another parent | 1 | 2 | 3 | 4 | 5 |
| (59) You have attended parent group meetings at the school | 1 | 2 | 3 | 4 | 5 |
| (60) You have called or spoken to other parents regarding classroom related issues | 1 | 2 | 3 | 4 | 5 |
| (61) You have called or spoken to other parents about methods of training their handicapped child at home | 1 | 2 | 3 | 4 | 5 |
| (62) You have helped other parent to become involved in educational activities such as teaching educational or behavioral skills | 1 | 2 | 3 | 4 | 5 |
| (63) You have organized activities and/or groups for parents | 1 | 2 | 3 | 4 | 5 |
| (64) You have referred other parents to special education programs | 1 | 2 | 3 | 4 | 5 |
| (65) You have allowed teacher, psychologist, social worker, or other school personnel to visit your home | 1 | 2 | 3 | 4 | 5 |
| (66) You have read things about teaching techniques, educational activities, or the child disability | 1 | 2 | 3 | 4 | 5 |
| (67) You have collected data about the child's behavior at home for teacher or psychologist | 1 | 2 | 3 | 4 | 5 |
| (68) You have performed informal home activities specially designed to change undesired behavior of your child | 1 | 2 | 3 | 4 | 5 |
| (69) You have performed informal home activities specially designed to reinforce and maintain skills learned at school or suggested by teacher | 1 | 2 | 3 | 4 | 5 |

11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 1044 10

- (72) You have sent teacher written information (notes, data, etc.) about child's behavior at home

(77) You have discussed your child's problems with a doctor

1 DO NOT KNOW 2 DOES NOT ALLOW
3 DOES NOT CARE 4 ALLOWS YOU TO DO IT
5 ENCOURAGES YOU TO DO IT

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(79)	How does the school of your child allow you to meet the psychologist and the social worker	1	2	3	4	5
(80)	How does the school of your child allow you to meet the teacher of your child	1	2	3	4	5
(81)	How does the school of your child allow you to visit your child's classroom	1	2	3	4	5
(82)	Does the school of your child give you the opportunity to discuss all your child's problems with the staff	1	2	3	4	5
(83)	How does the school of your child allow you to participate in the class (by helping teacher or reading stories to the children)	1	2	3	4	5
(84)	How does the school of your child send you your child's monthly evaluation	1	2	3	4	5

PLEASE ANSWER THE FOLLOWING QUESTIONS:-

- (85) Do you feel that the school is achieving its goals to the best of your child's needs? YES--- NO---
- (86) What do you think that school should do to meet your goal expectations (PLEASE EXPLAIN- use the back of the page if you need it).

بسم الله الرحمن الرحيم

اخي الغاضل ولي امر الطالب بمعهد التربية الفكرية للبنين الموقر
السلام عليكم ورحمة الله وبركاته، وبعد/

ان الهدف الرئيسي من الاستبيان المرفق هو التعرف على المستوى الحقيقي
لعلاقة اولياء الامور بالبرنامج الدراسي الذي يتلقاه ابنائهم في معاهد
التربية الفكرية، وتحديد المؤثرات التي قد تؤثر على نمو هذه العلاقة بين
البيت والمدرسة في محاولة للبدء في بناء اساس قوي لربط اولياء الامور بالبرنامج
ابنائهم وبناتهم الدراسي. لذلك فان استجابتك واجابتك على هذا الاستبيان
لن تكون مهمة لهذه الدراسة فقط، وانما هي مهمة اكثر في ايجاد هذا
الاساس لعلاقات اكثر ايجابية بينك وبين المعهد الذي يدرس به ابنك.

ارجو التاكيد من انه سيتم التعامل مع اجابتك بمنتهى السرية والحرمة
حيث لن يطلع عليها - بعد الله - احد غير الباحث، ولتسهيل الامر عليك فانه
لم يطلب منك اعطاء اسمك او اسم ابنك، كما انك قد زودت مع هذا الاستبيان
بمظروف معنون لوضع اجابتك فيه وتغليفه قبل تسليمه للمعهد والذي سيكون
دوره هذا هو استلام المظاريف منك وتسلمها الي.

ارجو اجابتك على جميع الفقرات في الاستبيان، حيث يجيب ولي الامر
على الاستبيان الخاص بمعاهد البنين، كما ارجو ملاحظة ان الوقت المحدد لهذه
الدراسة يجعل من الاهمية بمكان الحصول على اجابتك قبل نهاية العام الدراسي
الحالي.

في حالة وجود اي استفسار لديك حول فقرات هذا الاستبيان، ارجو عدم
التردد في توجيهه للاخصائي النفسي او المشرف الاجتماعي بالمعهد والذي لن
يتردد في الاجابة عليه او ادايته الي اذا لم تكن لديه الاجابة.

اتمنى من الله لك، ولابنك، كل التوفيق والصداد.

مكان البحث:- معاهد التربية الفكرية للبنين والبنات في مناطق المملكة
المشاركة فيه :- اولياء امور الطلاب الدارسين في معاهد التربية الفكرية
للبنين، وامهات الطالبات الدارسات في معاهد التربية الفكرية للبنات
او من يقوم مقامهن .

مدة البحث:- ارجو بعون الله تعالى ان ينتهي تحليل نتائج هذا البحث خلال
العام الحالي او مع بداية العام القادم. في حالة رغبتك الحصول على
نسخة من ملخص نتائج البحث، ارجو الكتابة الي على عنواني مع بدايه
العام الدراسي القادم مزودا ايدي باسمك وعنوانك لارسال الملخص
اليك حال الانتهاء منه انشاء الله...

ابراهيم الفوزان / وزارة المعارف / التعليم الخاص / الرياض

بسم الله الرحمن الرحيم

استبيان
(علاقة اولياء الامور بمعاهد التعليم الخاص)

يرجى من اولياء الامور الاجابة على الاستبيان الخاص بالطلاب الدارسين في معاهد التربية الفكرية للبنين. يرجى التأكد من الاجابة على جميع الفقرات

القسم الاول:-

(الرجاء التاشير او كتابة الاجابة المناسبة على الخط)

- (١) المعهد الذى يدرس به الطالب
- (٢) عمر الطالب سنة
- (٤) المستوى الدراسى للطالب (المف)
- (٥) هل سبق له الدراسة في مدارس التعليم العام؟ نعم..... لا
- (٦) من الذى احالته الى معاهد التعليم الخاص؟
- (٧) كم كان عمره حين اكتشفت انه معاق؟ سنة
- (٨) عدد الابهاء في الاسرة - بما فيهم الطالب
- (٩) ترتيب الطالب في الاسرة (الاول.. الخ)
- (١٠) هل يوجد اطفال آخريين معاقين في الاسرة
عدى الطالب المذكور نعم..... لا
- (١١) في دالة الاجابة ب (نعم) على الفقرة السابقة،
يرجى ايضاح اعاقه كل منهم
- (١٢) هل الطالب منظم في (يرجى التاشير على
واحدة فقط):-

- القسم النهارى بالمعهد فقط (.....)
- القسم الداخلى ويقضى الخميس والجمعة في المنزل (.....)
- القسم الداخلى ويقضى الخميس والجمعة في المعهد (.....)
- (١٣) المسافة التقريبية بين البيت والمعهد كيلو متر
- (١٤) وسيلة المواصلات المستعملة في ايهال الطالب
من والى المدرسة
سيارتك ... سيارة اجرة
النقل الجماعي.....
اوتوبيس المدرسة
وسيلة اخرى (وضح)

القسم الثانى:-

(يرجى الكتابة ، او التاشير على الاجابة المناسبة)

- (١٥) علاقتك بالطالب اب خال/عم اخ زوج ام غيره (وضح)
.....

المفحة (٣)

لكل فقرة من الفقرات التالية ، يرجى وضع دائرة حول الرقم الذى يعبر عن اجابتك على وجه الدقة . الارقام في مقدمة كل فقرة تشير للمعاني التالية :-

- الرقم (١) لم يحمل اطلاقاً
الرقم (٢) حصل نادراً (مرة الى مرتين خلال السنة الدراسية) .
الرقم (٣) حصل في بعض الاحيان (٣ الى ٤ مرات خلال السنة الدراسية) .
الرقم (٤) يحمل بصفة اعتيادية (مرة في الشهر) .
الرقم (٥) يحمل بصفة دائمة (اكثراً من مرة في الشهر) .

- =====
- (٣٤) قابلت مدرس ابنك المعاق ١ ٢ ٣ ٤ ٥
- (٣٥) كلمت المدرس في امور تتعلق بدراسة الطالب ١ ٢ ٣ ٤ ٥
- (٣٦) ارسلت تعليمات خاصة بالطالب الى الفصل تتعلق بـ (جرامات علاجية للطالب، محضرات غذائية ، سلوك الطالب في المنزل ... الخ) ١ ٢ ٣ ٤ ٥
- (٣٧) سبق وان شاركت عملياً في مناقشة الخطة الدراسية للطالب مع مدرس الفصل (عن طريق طرح الاسئلة او اهداء الملاحظات) ١ ٢ ٣ ٤ ٥
- (٣٨) سبق وان ناقشت الصعوبات التي يعاني منها الطالب مع مدرس الفصل ١ ٢ ٣ ٤ ٥
- (٣٩) سبق وان اخبرت مدرس الفصل عما قرأته من مواضيع تتعلق بطرق التدريس، النشاطات التربوية ، او اعاقبة الطالب ١ ٢ ٣ ٤ ٥
- (٤٠) سبق لك مراقبة ابنك خلال دراسته في الفصل ١ ٢ ٣ ٤ ٥
- (٤١) سبق لك وان قدمت اقتراحات للمدرس خلال مراقبتك للطالب في الفصل ١ ٢ ٣ ٤ ٥
- (٤٢) سبق لك وان سجلت ملاحظات او معلومات خلال مراقبتك لنشاط الطالب في الفصل ١ ٢ ٣ ٤ ٥
- (٤٣) سبق لك التطوع للعمل في الفصل في نشاطات لانهجية (لاتدخل ضمن المنهج) ١ ٢ ٣ ٤ ٥
- (٤٤) سبق لك التطوع للعمل في الفصل في نشاطات منهجية (كالمساهمة في التدريس او قراءة القصص) ١ ٢ ٣ ٤ ٥
- (٤٥) سبق وان شاركت في اكمال اختبارات او مقاييس لتحديد المستوى العقلي او الدراسي للطالب في المعهد ١ ٢ ٣ ٤ ٥
- (٤٦) سبق لك حضور مناقشات تربوية في المعهد خاصة بالطالب ١ ٢ ٣ ٤ ٥
- (٤٧) سبق لك وان ناقشت الصعوبات التي تواجه الطالب مع ممرض المعهد ١ ٢ ٣ ٤ ٥
- (٤٨) سبق وان ناقشت الصعوبات التي تواجه الطالب مع الاخضائي النفسي بالمعهد ١ ٢ ٣ ٤ ٥
- (٤٩) سبق وان ناقشت الصعوبات التي تواجه الطالب مع المشرف الاجتماعي بالمعهد ١ ٢ ٣ ٤ ٥

المفحة (٤)

(١) لم يحصل	(٢) حصل نادرا	(٣) يحصل في بعض الاحيان	(٤) يحصل بصفة اعتيادية	(٥) يحصل بصفة دائمة
=====				
(٥٠)	سبق لك الاتصال هاتفيا بالمعهد في امور تتعلق بالطالب	١ ٢ ٣ ٤ ٥		
(٥١)	سبق لك التطوع للعمل في المعهد خارج نطاق الفصل (كالمساهمة في ترميض الطلاب او تقديم خدمات مكتبية)	١ ٢ ٣ ٤ ٥		
(٥٢)	سبق لك المشاركة في رحلات المعهد	١ ٢ ٣ ٤ ٥		
(٥٣)	لو سئلت للمساهمة في برنامج ابنك الدراسي مامدى استعدادك للمشاركة في تخطيط البرنامج الدراسي للطالب (من خلال تقرير الموضوعات التي ستدرس له)	١ ٢ ٣ ٤ ٥		
(٥٤)	وما مدى استعدادك للمساهمة في تقويم البرنامج الدراسي للطالب	١ ٢ ٣ ٤ ٥		
(٥٥)	وما مدى استعدادك للمشاركة في تقرير المنهج او الطريقة التي سيدرس بواسطتها الطالب	١ ٢ ٣ ٤ ٥		
(٥٦)	وما استعدادك لحضور مجالس الآباء	١ ٢ ٣ ٤ ٥		
(٥٧)	وما استعدادك للسماح للعاملين في المعهد (مدرسين واخصائيين) بزيارة منزلك	١ ٢ ٣ ٤ ٥		
=====				
(٥٨)	سبق لك مناقشة الصعوبات التي تواجه ابنك مع اولياء امور طلاب معاقين آخرين	١ ٢ ٣ ٤ ٥		
(٥٩)	سبق لك حضور مجالس الآباء في المعهد	١ ٢ ٣ ٤ ٥		
(٦٠)	سبق لك الاتصال هاتفيا او مكالمة ولي امر آخر في امور تتعلق بنشاطات الطلاب في المعهد	١ ٢ ٣ ٤ ٥		
(٦١)	سبق لك مكالمة ولي امر آخر في امور تتعلق بتدريب ابنه المعاق في المنزل	١ ٢ ٣ ٤ ٥		
(٦٢)	سبق لك مساعدة ولي امر آخر للاشتراك في نشاطات تربوية كتدريس ابنه المعاق او تعليمه انماطا من السلوك	١ ٢ ٣ ٤ ٥		
(٦٣)	سبق لك تنظيم نشاطات او تكوين جماعات من اولياء اميرالطلاب المعاقين	١ ٢ ٣ ٤ ٥		
(٦٤)	سبق لك احوالة ولي امر آخر الى التعليم الخاص	١ ٢ ٣ ٤ ٥		
(٦٥)	سبق لك السماح للمدرس، الاخصائي النفسي، المشرف الاجتماعي او اشخاص من المعهد بزيارة منزلك	١ ٢ ٣ ٤ ٥		
(٦٦)	سبق لك قراءة مواضيع خاصة بطرق التدريس، النشاطات التربوية، او اعاقاة الطفل	١ ٢ ٣ ٤ ٥		
(٦٧)	سبق لك تجميع معلومات خاصة بسلوك الطالب في المنزل بناء على طلب المدرس او الاخصائي النفسي	١ ٢ ٣ ٤ ٥		

(١) لم يحصل (٢) حصل نادرا (٣) حصل في بعض الاحيان
(٤) يحصل بصفة اعتيادية (٥) يحصل بصفة دائمة

- (٦٨) سبق لك وان هيات نشاطات تربوية لامنهجية للطالب في المنزل لتعديل سلوكه
١ ٢ ٣ ٤ ٥
- (٦٩) سبق لك وان هيات نشاطات تربوية لامنهجية للطالب في المنزل لتشجيعه على الاحتفاظ بمهارات تربوية تعلمها في المعهد او اقترحت من المدرس
١ ٢ ٣ ٤ ٥
- (٧٠) تشجع ابنك المعاق على المساعدة في الاعمال المنزلية كاحضار الطعام من المطبخ او فتح الباب للزوار
١ ٢ ٣ ٤ ٥
- (٧١) تشجع ابنك على اداء الاعمال الخاصة به كلبس ملابسه بنفسه او تنظيف غرفته
١ ٢ ٣ ٤ ٥
- (٧٢) سبق لك ارسال معلومات مكتوبة الى المدرسة خاصة بسلوك الطالب في المنزل
١ ٢ ٣ ٤ ٥

(الرجاء وضع اشارة على الاجابة المناسبة)

- (٧٣) سبق لك حضور ندوات او مؤتمرات تربوية خارج المعهد
لا قليلا دائما
- (٧٤) سبق لك الكلام في جماعات محلية او وطنية خاصة بتربية المعاقين (كنادي المم) لا قليلا دائما
- (٧٥) سبق لك كتابة مقالات تتعلق بتربية المعاقين لا قليلا دائما
- (٧٦) سبق لك مناقشة الصعوبات التي يعاني منها ابنك مع مسئول التعليم الخاص في الوزارة او ادارة التعليم في المنطقة لا قليلا دائما
- (٧٧) سبق لك مناقشة الصعوبات التي تواجه ابنك مع طبيب لا قليلا دائما

يعبر كل رقم امام الفقرات اللاحقة عن المعنى التالي:-

- (١) لا اعلم (٢) لايسمح بها المعهد
(٣) ليس هناك اهتمام كاف بها من قبل المعهد
(٤) يسمح بها المعهد (٥) يشجع المعهد على المشاركة بها.

- (٧٨) مامدى موافقة المعهد الذي يدرس به ابنك على مشاركتك في البرنامج الدراسي للطالب
١ ٢ ٣ ٤ ٥
- (٧٩) مامدى موافقة المعهد على مقابلتك للاخصائي النفسي
١ ٢ ٣ ٤ ٥
- (٨٠) مامدى موافقة المعهد على مقابلتك لمدرس ابنك
١ ٢ ٣ ٤ ٥
- (٨١) هل يعطيك المعهد الفرصة لمناقشة الصعوبات التي تواجه ابنك مع العاملين فيه
١ ٢ ٣ ٤ ٥
- (٨٢) مامدى موافقة المعهد على زيارتك لفصل ابنك
١ ٢ ٣ ٤ ٥

(١) لا أعلم (٢) لا يسمح بهذا المعهد (٣) لا يهتم بهذا المعهد
(٤) يسمح بهذا المعهد (٥) يشجع المعهد على القيام بهذا

- =====
- (٨٣) هل يسمح لك المعهد بالمشاركة في نشاطات الفصل
عن طريق مساعدة المدرس في التدريس
١ ٢ ٣ ٤ ٥
- (٨٤) ما مدى استعداد المعهد لارسال التقرير الشهري
الخاص بالطالب الى منزلكم
١ ٢ ٣ ٤ ٥
- =====

القسم الرابع:-

(الرجاء الاجابة على الاسئلة التالية :-)

- (٨٥) هل تشعر بان المعهد قد حقق الاهداف المرجوة منه
الى اقصى حد ممكن فيما يتعلق باحتياجات الطالب؟
نعم لا
- (٨٦) ما الذي يجب ان يقوم به المعهد في اعتقادك لتحقيق
الاهداف المرجوة منه؟
- الرجاء التوضيح، ويمكنك استعمال ظهر الورقة اذا احتجت اليه -

اخواتي الفاضلات امهات الطالبات بمعاهد التربية الفكرية للبنات
السلام عليكم ورحمة الله وبركاته، وبعد/

ان الهدف الرئيسي من الاستبيان المرفق هو التعرف على المستوى
الحقيقي لعلاقة الاباء والامهات بالبرنامج الدراسي الذي يتلقاه ابناؤهم
وبناتهم في معاهد التربية الفكرية، وتحديد المؤثرات التي قد تؤثر
على نمو هذه العلاقة بين البيت والمدرسة في محاولة للبدء في بناء اساس
قوي لربط اولياء الامور - ابناء وامهات ببرنامج ابنائهم وبناتهم الدراسي
لذلك فان استجابتك واجابتك على هذا الاستبيان لن تكون مهمة لهذه
الدراسة فقط، وانما هي مهمة اكثر في ايجاد هذا الاساس لعلاقات اكثر
ايجابية بينك وبين المعهد الذي يدرس به ابنك/ابنتك.

ارجو التاكيد من انه سيتم التعامل مع اجابتك بمنتهى السرية
والحرص، حيث لن يطلع عليها احد عدى الباحث.. ولتسهيل الامر عليك،
فانه لم يطلب منك اعطاء اسمك او اسم ابنك/ابنتك، كما انك قد زودت
مع هذا الاستبيان بمظروف معنون لوضع اجابتك فيه وتغليفه ومن ثم
اعطائه للمعهد الذي يدرس به ابنك/ابنتك والذي سيكون دور هـ
هو استلام المظاريف منكن وتسليمها الي.

ارجو اجابتك على جميع الفقرات في الاستبيان، حيث تجيب الام او
من يقوم مقامها على الاستبيان الخاص بالطالب او الطالبة الذين يدرسون
في معاهد البنات، واذا كانت الام لاتستطيع الكتابة فيرجى من الاب او
ولي الامر الاجابة على لسان الام لان المهم جدا ان يعبر الاستبيان عن
راي ولي او ولية الامر القادرين على دخول المعهد والمشاركة في النشاطات
التربوية داخل الفصل، والام او من يقوم مقامها هي الشخص الوحيد
القادر على دخول المعهد.

كما ارجو ملاحظة ان الوقت المحدد لهذه الدراسة يجعل من الاهمية
بمكان الحصول على اجابتك قبل نهاية العام الدراسي الحالي.

في حالة وجود اي استفسار لديك حول فقرات هذا الاستبيان،
ارجو عدم التردد في توجيهه للاخصائية النفسية او المشرفة الاجتماعية
بالمعهد والتي لن تتردد في الاجابة عليه او ادالته الي اذا لم تكن
لديها الاجابة.

اتمنى من الله لك، ولابنك او ابنتك، كل التوفيق والسداد،،،،

معاهد التربية الفكرية للبنين ومعاهد التربية الفكرية للبنات فبني
مناطق المملكة.

اباء الطلاب الدارسين في معاهد التربية الفكرية للبنين او من يقوم
مقامهم - اولياء الامور، وامهات الطالبات الدارسات في معاهد التربية
الفكرية للبنات او من يقوم مقامهن.

ارجو بعون الله تعالى ان ينتهي تحليل نتائج هذا البحث خلال العام الحالي
او مع بداية العام القادم. في حالة رغبة ولي الامر - الاب - الحصول
على نسخة من ملخص نتائج البحث، ارجو ان يكتب ولي على عنواني
مع بداية العام الدراسي القادم مزودا ايدي باسمه وعنوانه
لارسال الملخص اليه حال الانتهاء منه بعون الله تعالى،،،،

ابراهيم الغوزان / وزارة المعارف/ التعليم الخاص/ الرياض

مكان البحث

المشاركين
فيه

مدة البحث

بسم الله الرحمن الرحيم

استبيان

(علاقات اولياء الامور بمعاهد التعليم الخاص)

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يرجى من وليات الامور الاناث الاجابة على الاستبيان الخاص بالطلاب والطالبات الدارسين في معاهد التربية الفكرية للبنات. يرجى التأكد من الاجابة على جميع الفقرات ..

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القسم الاول :-

(الرجاء التاشير او كتابة الاجابة المناسبة على الخط)

- (١) المعهد الذى يدرس به الطالب او الطالبة
- (٢) عمر الطالب او الطالبة سنة
- (٣) جنس الطالب او الطالبة ذكر انثى
- (٤) المستوى الدراسي (الصف)
- (٥) هل سبق للطالب/الطالبة الدراسة في مدارس التعليم العام ؟ نعم لا
- (٦) من الذى اдал الطالب/الطالبة الى معاهد التعليم الخاص ؟
- (٧) كم كان عمر الطالب/الطالبة حين اكتشفت انه معاق ؟ سنة
- (٨) عدد الابداء في الاسرة - بما فيهم الطالب/الطالبة المذكورين
- (٩) ترتيب الطالب/الطالبة في الاسرة
- (١٠) هل يوجد اطفال معاقين آخرين في الاسرة عدى الطالب المذكور؟ نعم لا
- (١١) في حالة الاجابة ب (نعم) على الفقرة السابقة ،، يرجى ايضاح نوع اعاقه كل طفل منهم

- (١٢) هل الطالب منتظم في (يرجى التاشير على واحدة فقط):-

القسم النهاري بالمعهد فقط (.....)
 القسم الداخلي ويقضي الخميس والجمعة في المنزل (.....)
 القسم الداخلي ويقضي الخميس والجمعة في المعهد (.....)

- (١٣) المسافة التقريبية بين البيت والمعهد كيلومتر

- (١٤) وسيلة المواصلات المستعملة في ابدال الطالب/الطالبة من وإلى المعهد (اشيرى على الاجابة المناسبة)

سيارتكم سيارة اجرة ...
 النقل الجماعي
 اتوبيس المدرسة
 وسيلة اخرى (وضحي)

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القسم الثاني :-

(يرجى الكتابة ، او التاشير على الاجابة المناسبة)

- (١٥) علاقتك بالطالب/ الطالبة ام خالة/عمة
 اخت زوجة اب
 غير ذلك (وضحي)
 (١٦) هل تستطيعين القراءة ؟ الكتابة ؟ ...
 (١٧) مؤهلك الدراسي لا يوجد الابتدائية
 المتوسطة / الثانوية
 الجامعية
 مافوق الجامعية
 (١٨) عمرك سنة
 (١٩) هل سبق لك وان درست او تلقيت تدريبات في مجال تعليم المعوقين ؟ نعم لا
 (٢٠) هل سبق لزوجك دراسة او تلقي تدريبات في مجال المعوقين ؟ نعم لا
 (٢١) في حالة الاجابة ب (نعم) على احدى الفقرتين السابقتين - يرجى ايضاح نوع ومدة هذا التدريب/ الدراسة

 (٢٢) هل تعملين الان في معهد التربية الفكرية ؟ نعم لا
 (٢٣) هل تتعاملين مع ابنك او ابنتك المعاقين بطريقة تختلف عن تعاملك مع ابناءك/بناتك غير المعاقين ؟ نعم لا
 (٢٤) في حالة الاجابة ب (نعم) على الفقرة السابقة - يرجى توضيح وجه الاختلاف
 (٢٥) هل تسمحين للطالب باللعب مع الاطفال غير المعاقين ؟ نعم لا
 (٢٦) اذا كانت الاجابة ب (نعم) على الفقرة السابقة ، هل يكون ذلك تحت اشراف احد افراد العائلة ؟ نعم لا
 (٢٧) متوسط المدة التي تقضينها يوميا مع طفلك/طفلتك المعاقين في النشاطات التالية :-
 اللعب معه / معها ساعة
 قراءة القصص له / لها ساعة
 المساعدة في حل الواجبات المنزلية ساعة
 نشاطات اخرى (يرجى التوضيح) ساعة
 (٢٨) هل تاخذين طفلك/طفلتك معك حين الخروج خارج المنزل لعمل التالي :-
 التسوق (الذهاب للسوق) نعم لا
 زيارة الاصدقاء او الاقارب نعم لا
 الذهاب للملاهي والحدائق العامة نعم لا

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- (٢٩) عملك لا يوجد موظفة حكومية
 موظفة في شركة
 (٣٠) متوسط المدة التي تقضيها في العمل
 يوميا (إذا كان لديك عمل) ساعة
 (٣١) عدد ايام العمل اسبوعيا يوم
 (٣٢) متوسط الدخل الشهري للأسرة (انت وزوجك) ريال

القسم الثالث :-

- (٣٣) هل تعتقد ان شخصا بان علاقتك بالمعهد
 الذى يدرس به ابنك/ابنتك قوية و منتظمة ؟
 قوية ومنتظمة
 موجودة ولكن غير منتظمة
 غير موجودة
 =====

لكل فقرة من الفقرات التالية - يرجى وضع دائرة حول الرقم الذى
 يعبر عن اجابتك على وجه الدقة . الارقام فى مقدمة كل فقرة تشير

الى الاجابات التالية :-

- الرقم (١) لم يحصل اطلاقا
 الرقم (٢) حصل نادرا (مرة الى مرتين خلال السنة الدراسية)
 الرقم (٣) حصل في بعض الاحيان (٣ الى ٤ مرات خلال السنة)
 الرقم (٤) يحصل بصفة اعتيادية (مرة في الشهر)
 الرقم (٥) يحصل بصفة دائمة (اكثر من مرة في الشهر)

- (٣٤) قابلت مدرسة طفلك/طفلتك المعاقين ١ ٢ ٣ ٤ ٥
 كلمت المدرسة في امور تتعلق
 بدراسة الطالب/الطالبة ١ ٢ ٣ ٤ ٥
 ارسلت تعليمات خاصة بالطالب/الطالبة
 الى الفصل تتعلق ب(جرعات علاجية له/لها،
 محضورات غذائية، سلوك الطالب/الطالبة
 في المنزل ... الخ) ١ ٢ ٣ ٤ ٥
 سبق وان شاركت عمليا في مناقشة
 الخطة الدراسية للطالب/الطالبة مع
 مدرسة الفصل (عن طريق طرح الاسئلة او
 ابداء الملاحظات) ١ ٢ ٣ ٤ ٥
 سبق وان ناقشت الصعوبات التي يعاني
 منها الطالب/الطالبة مع المدرسة ١ ٢ ٣ ٤ ٥
 سبق وان اخبرت مدرسة الفصل عما
 قراته من مواضيع تتعلق بطرق التدريس،
 النشاطات التربوية، او اعاقه الطالب/
 الطالبة ١ ٢ ٣ ٤ ٥
 راقبت ابنك/ابنتك اثناء الدراسة في الفصل ١ ٢ ٣ ٤ ٥

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الصفحة (٤)

(١) لم يحصل (٢) حصل نادرا (٣) حصل في بعض الاحيان
(٤) يحصل بصفة اعتيادية (٥) يحصل بصفة دائمة

=====				
١	٢	٣	٤	٥
(٤١) سبق وان قدمت اقتراحات للمدرسة				
خلال مراقبتك للطالب/الطالبة في الفصل				
١	٢	٣	٤	٥
(٤٢) سبق وان سجلت ملاحظات او معلومات خلال				
مراقبتك لنشاط الطالب/الطالبة في الفصل				
١	٢	٣	٤	٥
(٤٣) سبق لك التطوع للعمل في الفصل في نشاطات				
لامنهجية (لاتدخل ضمن المنهج)				
١	٢	٣	٤	٥
(٤٤) سبق لك التطوع للعمل في الفصل في نشاطات				
منهجية (مثل قراءة القمص للطالبات او				
المساهمة في تدريسهن)				
١	٢	٣	٤	٥
(٤٥) سبق وان شاركت في اكمال اختبارات او				
مقاييس لتحديد المستوى الدراسي او				
العقلي للطالب/الطالبة في المعهد				
١	٢	٣	٤	٥
(٤٦) سبق وان حضرت مناقشات تربوية في المعهد				
خاصة بالطالب/الطالبة				
١	٢	٣	٤	٥
(٤٧) سبق وان ناقشت الصعوبات التي يعاني منها				
الطالب/الطالبة مع ممرضة المعهد				
١	٢	٣	٤	٥
(٤٨) سبق وان ناقشت الصعوبات التي يعاني منها				
الطالب/الطالبة مع الاخصائية النفسية				
١	٢	٣	٤	٥
(٤٩) سبق وان ناقشت الصعوبات التي يعاني منها				
الطالب/الطالبة مع المشرفة الاجتماعية				
١	٢	٣	٤	٥
(٥٠) سبق لك الاتصال هاتفيا بالمعهد في امور				
تتعلق بالطالب/الطالبة				
١	٢	٣	٤	٥
(٥١) سبق لك التطوع للعمل في المعهد خارج نطاق				
الفصل (كالمساهمة في تمرير الاطفال او تقديم				
خدمات مكتبيية)				
١	٢	٣	٤	٥
(٥٢) سبق لك المشاركة في رحلات المعهد				
١	٢	٣	٤	٥
(٥٣) لو سئلت للمساهمة في برنامج تربوية				
ابنك/ابنتك، مامدى استعدادك للمشاركة				
في تخطيط البرنامج الدراسي للطالب/الطالبة				
(من خلال تقرير الموضوعات التي تدرس لهم)				
١	٢	٣	٤	٥
(٥٤) وما مدى استعدادك للمساهمة في تقويم				
برنامج الطالب/الطالبة الدراسي				
١	٢	٣	٤	٥
(٥٥) وما مدى استعدادك للمشاركة في تقرير				
المنهج او الطريقة التي يدرس بواسطتها				
الطالب/الطالبة				
١	٢	٣	٤	٥
(٥٦) وما مدى استعدادك لحضور مجالس الامهات				
١	٢	٣	٤	٥
(٥٧) وما استعدادك للسماح للعاملات بالمعهد				
(اخصائيات او مدرسات) بزيارة منزلك				
١	٢	٣	٤	٥

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المفحة (٥)

=١= لم يحصل =٢= حصل نادرا =٣= حصل في بعض الاحيان
 =٤= يحصل بصفة اعتيادية =٥= يحصل بصفة دائمة

=====

- (٥٨) سبق لك مناقشة الصعوبات التي يعاني منها الطالب/الطالبة مع اولياء امور معاقين آخرين
 ١ ٢ ٣ ٤ ٥
- (٥٩) سبق لك حضور مجالس الامهات في المعهد
 ١ ٢ ٣ ٤ ٥
- (٦٠) سبق لك الاتصال هاتفيا او مكالمه وليه امر اخرى في امور تتعلق بنشاطات الطلاب/الطالبات في الفصل
 ١ ٢ ٣ ٤ ٥
- (٦١) سبق لك مكالمه وليه امر اخرى في امور تتعلق بتدريب ابنها/ابنتها في المنزل
 ١ ٢ ٣ ٤ ٥
- (٦٢) سبق لك مساعدة وليه امر اخرى للاشتراك في نشاطات تربوية كتدريس الطفل المعاق او تعليمه انماطا معينة من السلوك
 ١ ٢ ٣ ٤ ٥
- (٦٣) سبق لك تنظيم نشاطات او تكوين جماعات من وليات الامور
 ١ ٢ ٣ ٤ ٥
- (٦٤) سبق لك احواله وليه امر اخرى الى برامج التعليم الخاص
 ١ ٢ ٣ ٤ ٥
- (٦٥) سبق لك السماح للمدرسة ، الاخصائية النفسية ، المشرفة الاجتماعية ، او اشخاص آخرين من المعهد بزيارة منزلك
 ١ ٢ ٣ ٤ ٥
- (٦٦) سبق لك قراءة مواضيع خاصة بطرق التدريس، النشاطات التربوية، او علاقة الطفل/الطفلة
 ١ ٢ ٣ ٤ ٥
- (٦٧) سبق لك تجميع معلومات خاصة بسلوك الطالب/الطالبة في المنزل بناء على طلب المدرسة او الاخصائية النفسية
 ١ ٢ ٣ ٤ ٥
- (٦٨) سبق لك وان هيات نشاطات تربوية لامنهجية للطالب/الطالبة في المنزل لتعديل سلوكها/سلوكه
 ١ ٢ ٣ ٤ ٥
- (٦٩) سبق لك وان هيات نشاطات تربوية لامنهجية للطالب/الطالبة في المنزل لتشجيعها على الاحتفاظ بمهارات تربوية تعلمتها في المعهد او اقترحت من المدرسية
 ١ ٢ ٣ ٤ ٥
- (٧٠) تشجيع ابنك/ابنتك المعاقين على مساعدتك في الاعمال المنزلية كاحضار الطعام من المطبخ او فتح الباب للزوار
 ١ ٢ ٣ ٤ ٥
- (٧١) تشجيع ابنك/ابنتك على اداء الاعمال الخاصة به مثل تنظيف غرفته او لبس ملايسه بنفسه
 ١ ٢ ٣ ٤ ٥
- (٧١) سبق لك ارسال معلومات مكتوبة الى المدرسة خاصة بسلوك الطالب/الطالبة في المنزل
 ١ ٢ ٣ ٤ ٥

امهات

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المفحة (٦)

الرجاء وضع اشارة على الاجابة المناسبة

=====

- (٧٣) سبق لك حضور ندوات او مؤتمرات تربوية خارج المعهد
لا قليلا دائما
- (٧٤) سبق لك الكلام في جماعات محلية او وطنية خاصة بتربية المعاقين
لا قليلا دائما
- (٧٥) سبق لك كتابة مقالات تتعلق بتربية المعاقين
لا قليلا دائما
- (٧٦) سبق لك مناقشة الصعوبات التي يعاني منها ابنك/ابنتك مع مسئول التعليم الخاص في ادارة التعليم او الوزارة
لا قليلا دائما
- (٧٧) سبق لك مناقشة الصعوبات التي يعاني منها ابنك/ابنتك مع طبيب
لا قليلا دائما

=====

يعبر كل رقم امام الفقرات اللاحقة عن المعنى التالي:-

- (١) لا اعلم
(٢) لا يسمح بها المعهد
(٣) ليس هناك اهتمام كاف بها من قبل المعهد
(٤) يسمح بها المعهد
(٥) يشجع المعهد على المشاركة بها

=====

- (٧٨) مامدى موافقة المعهد الذي يدرس به ابنك/ابنتك على مشاركتك في البرنامج الدراسي للطالب/الطالبة
١ ٢ ٣ ٤ ٥
- (٧٩) مامدى موافقة المعهد على مقابلتك للاخصائية النفسية او المشرفة الاجتماعية
١ ٢ ٣ ٤ ٥
- (٨٠) مامدى موافقة المعهد على مقابلتك لمدرسة ابنك او ابنتك
١ ٢ ٣ ٤ ٥
- (٨١) هل يعطيك المعهد الفرصة لمناقشة الصعوبات التي تواجه ابنك/ابنتك مع العاملين فيه
١ ٢ ٣ ٤ ٥
- (٨٢) مامدى موافقة المعهد على زيارتك للفصل الذي يدرس به ابنك/ابنتك
١ ٢ ٣ ٤ ٥
- (٨٣) هل يسمح لك المعهد بالمشاركة في نشاطات الفصل عن طريق مساعدة المدرسة في التدريس
١ ٢ ٣ ٤ ٥
- (٨٤) مامدى استعداد المعهد لارسال التقرير الشهري الخاص بالطالب/الطالبة الي منزلكم
١ ٢ ٣ ٤ ٥

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القسم الرابع:-

الرجاء الاجابة على الاسئلة التالية:-

- (٨٥) هل تشعرين بان المعهد قد حقق الاهداف المرجوة منه الى اقصى حد ممكن فيما يتعلق باحتياجات الطالبة ؟
نعم لا

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(٨٦) ماذى يجب ان يقوم به المعهد في اعتقادك لتحقيق الاهداف المرجوة منه - الرجاء التوضيح ويمكنك استعمال ظهر الورقة اذا احتجت اليه - ؟

اتمنى لك من الله التوفيق والسداد

APPENDIX B

Approval Letter Accompanying Parents' Involvement
Questionnaire (English)

المملكة العربية السعودية

وزارة المعارف

KINGDOM OF SAUDI ARABIA

Ministry of Education الخاص الادارة العامة لبرامج التعليم
S.G. of Special Education

Re:- Arabic translation of Mr. Fouzan's
Questionnaire

Date:- April 17, 1986

"To whom it may concern"

I hereby state that Mr. Ebrahim A. Fouzan has translated into Arabic language the English version of the parents' questionnaire used as a tool in his study entitled "The Involvement of Parents of Educable Mentally Retarded in their Children's Schools in Saudi Arabia".

Few modifications were made in the Arabic version to fit the Saudi social custom. Among those are the followings:-

(1) The word "child" is replaced by the words "male-student, female-student" in some items and the words "son-daughter" in the rest of the items.

(2) The Arabic version was printed into two different sets. The first set was addressed completely to male parents to be used in the boys' schools. the second set was addressed completely to female parents. Item number 3 "child's sex" was dropped out from the male parents' copy.

(3) the words "screening/assessment" in item number 45 were replaced by the words "mental or educational measurements and tests".

I hereby verify -within these modifications- that the translation is honest, accurate, and valid.

Mohammed S. Al-Masha'an
Secretary-General of Special
Education



APPENDIX C
Principals' Questionnaire
(English and Arabic Versions)

Dear EMR school principal,

At the present time, I am working on a research about the relationship between parents of the educable mentally retarded and their children's educational programs in the schools of the mentally retarded in Saudi Arabia. One of the major needs of this study is to define the activities that parents are allowed to participate in inside the school settings. Please take a moment of your time to answer this questionnaire and return it back to me at the Ministry of Education.

Before answering the questionnaire, please understand the following points:-

1. The purpose of this questionnaire is to know what types of parental involvement activities the school allows. School in this case is not the school administration only, but all regulations and laws that control the school policy. Please notice that this questionnaire was not developed to create any problem to the school, but it was developed to know what really is offered by school regarding this issue.

2. There are two responses in front of each item (yes and no). Please circle the appropriate response.

3. Some activities are not controlled by regulations. These activities are left to the school to decide whether to allow them or not. please circle your personal evaluation regarding these activities.

4. Please respond to EVERY ITEM.

My best regards.

Ebrahim A. Fouzan

PRINCIPALS' QUESTIONNAIRE

PARENTS:- (MOTHER) in the girls' schools and (FATHER) in the

 boys' schools.

=====

Each item of the following refers to a type of activity that parents may participate in. Some of these activities are allowed and some are not. Please circle the appropriate response to each activity. Responses in front of each item refer to the following meanings:

(YES) = School allows it; school reinforces it; or,
 school and regulations do not refuse its
 existence

(NO) = School or regulations do not allow it

- =====
- | | | | |
|------|--|-----|----|
| (1) | Parents meet the classroom teacher | YES | NO |
| (2) | Parents participate in the educational plan of the child with the teacher | YES | NO |
| (3) | Parents discuss the child's problems with the classroom teacher | YES | NO |
| (4) | Parents observe the child in the classroom | YES | NO |
| (5) | Parents volunteer to work in the classroom in non-academic activities (not part of the program) | YES | NO |
| (6) | Parents volunteer to work in the classroom in academic activities such as reading stories for the children | YES | NO |
| (7) | Parents discuss the child's problems with the school nurse | YES | NO |
| (8) | Parents discuss the child's problems with the psychologist | YES | NO |
| (9) | Parents discuss the child's problems with the social worker | YES | NO |
| (10) | Parents make telephone calls to school concerning the child | YES | NO |

(2)

=====

(YES)= School and regulations allow or reinforce

(NO)= School or regulations do not allow

=====

(11) Parents volunteer to provide services to the school outside the classroom such as nursing aide or office help	YES	NO
(12) Parents participate in the school field trips.	YES	NO
(13) Parents participate in curriculum planning for the child (in deciding subjects that would be taught to the child)	YES	NO
(14) Parents participate in evaluating the child's program	YES	NO
(15) Parents participate in deciding method and instructional programming for the child	YES	NO
(16) Parents are allowed to attend parent-teacher conferences	YES	NO
(17) Classroom teacher asks for written information about the child's behavior at home from parents	YES	NO
(18) School sends monthly reports to parents about the child's behavior at school	YES	NO
(19) School sends monthly reports to parents about the child's educational progress at school	YES	NO
(20) School administers some assessments or screening devices which require parent's participation	YES	NO

=====

Thank you for your honest answers, with my best regards.

بسم الله الرحمن الرحيم

اخي الفاضل/اختي الفاضلة مديري ومديرات معاهد التربية الفكرية حفظهم الله
السلام عليكم ورحمة الله وبركاته، وبعد/
نظراً لاني اقوم حالياً باعداد بحث عن علاقات اولياء امور المعوقين بالبرنامج
الدراسي الذي يتلقاه الطفل في معاهد التعليم الخاص، ولحاجة البحث الى تحديد النشاطات
التي يسمح لاولياء الامور بممارستها ضمن نطاق المعهد، وذلك لقياس هذه العلاقة - ارجو
التكرم بالاجابة على الاستبيان المرفق واعادته الي في اسرع وقت ممكن على عنواني
في الوزارة :- وزارة المعارف - التعليم الخاص - التربية الفكرية .
ارجو قبل الاجابة مراعاة التالي:-

- (١) ان الهدف من هذا الاستبيان هو التعرف على ما يقدمه المعهد من تهيئات لاولياء الامور
للمشاركة في برنامج اجائهم الدراسي، والمعهد هنا لايشكل ادارة المعهد وحدها،
وانما يشكل كل التنظيمات والتعليمات الخاصة بسياسة المعهد، ولذلك ارجو
التأكد من انه لم يقصد بهذا الاستبيان اى اشارة للمعهد، وانما المقصود بـ
هو الممارسة الاخوية للممول للفضل . ارجو الحصول على اجابتك الصريحة ..
- (٢) امام كل فقرة من فقرات الاستبيان اجابتان (نعم - و لا)، ارجو وضع دائرتين
حول الاجابة التي تناسب الفقرة .
- (٣) هناك بعض النشاطات التي لم تعدر انظمة تمنع وجودها او تحت عليه وانما تركت
مفتوحة للمعهد، ولكنها لم تطبق في المعهد لسبب من الاسباب . وفي هذه الحال
فان الامر متروك غيها لتقويمك الشخصي .
- (٤) ارجو الاجابة على جميع الفقرات .
مع امنياتي لك بالتوفيق ودوام النجاح ..،،،

اخوكم

ابراهيم الفوزان

(ولي الامر) = الام في معاهد البنات والاب في معاهد البنين

(١)

"تشكل كل فقرة من الفقرات التالية نشاطا متعلقا بـ ولي الامر وعلاقتهم ببرنام
اطفالهم الدراسي . بعض هذه الفقرات تتكلم عن نشاطات يسمح نظام المعهد
بوجودها والبعض الآخر لايسمح نظام المعهد بوجودها . ارجو وضع دائرة حو
الاجابة المناسبة لكل نشاط . تشير الاجابات امام كل فقرة الى المعان
التالية :-

(نعم) = يسمح المعهد بوجودها - يشجع عليها المعهد - او لايمانع المعهد
ولا النظام من وجودها .

(لا) = لايسمح المعهد بوجودها - او لا تسمح الانظمة بوجودها

لا	(١) مقابلة ولي الامر لمدرس/مدرسة الفعل في المعهد	نعم
	(٢) مشاركة ولي الامر في مناقشة الخطة الدراسية	
لا	للطفل/الطفلة مع مدرس/مدرسة الفصل	نعم
	(٣) مناقشة ولي الامر للمعوقات التي يعاني	
لا	منها الطفل/الطفلة مع مدرس/مدرسة الفصل	نعم
	(٤) ملاحظة ولي الامر للطفل/الطفلة أثناء	
لا	الدراسة في الفصل	نعم
	(٥) تطوع ولي الامر للعمل في الفعل في نشاطات	
لا	لامنهجية (لاتدخل ضمن المنهج)	نعم
	(٦) تطوع ولي الامر للعمل في الفعل في نشاطات	
لا	منهجية (مثل قراءة القصص للاطفال)	نعم
	(٧) مناقشة ولي الامر للمعوقات التي يعاني منها	
لا	الطفل/الطفلة مع ممرض/ممرضة المعهد	نعم
	(٨) مناقشة ولي الامر للمعوقات التي يعاني منها	
لا	الطفل/الطفلة مع الاخصائي النفسي/الاخصائية	نعم
	(٩) مناقشة ولي الامر للمعوقات التي يعاني منها	
لا	الطفل/الطفلة مع المشرف الاجتماعي/المشرفة	نعم
	(١٠) اتمال ولي الامر ها تفيا بالمعهد لمناقشة	
لا	امور تتعلق بالطفل/الطفلة	نعم
	(١١) تطوع ولي الامر بتقديم خدمات للمعهد	
	خارج نطاق الفعل (كالمساعدة في ترميز الاطفال	
لا	او تقديم خدمات مكتبية)	نعم
لا	(١٢) السماح لولي الامر بالمشاركة في رحلات المعهد	نعم
	(١٣) مساهمة ولي الامر في تخطيط البرنامج	
	التربوي للطفل/الطفلة من خلال تحديد	
لا	الموضوعات التي تدرس للطفل/الطفلة	نعم

"نعم" = يسمح بها المعهد ولا يمنعها النظام
 "لا" = لا يسمح بها المعهد او يمنعها النظام

لا	نعم	(١٤) مساهمة ولي الامر في تقويم برنامج الطالب/الطالبة الدراسي
لا	نعم	(١٥) مساهمة ولي الامر في تقرير طريقة التدريس التي يجب ان يدرس بواسطتها الطالب/الطالبة
لا	نعم	(١٦) السماح لولي الامر بحضور مجالس الآباء/الامهات
لا	نعم	(١٧) السماح للمدرس/المدرسة بطلب معلومات مكتوبة من ولي الامر عن سلوك الطفل/الطفلة في المنزل
لا	نعم	(١٨) يرسل المعهد تقارير شهرية عن سلوك الطفل/الطفلة في المعهد الى ولي الامر
لا	نعم	(١٩) يرسل المعهد تقارير شهرية الى ولي الامر عن سير الطفل/الطفلة الدراسي
لا	نعم	(٢٠) يطبق المعهد اختبارات او مقاييس تتطلب مساهمة ولي الامر

شكراً لحسن استجابتك ومراحتك، مع التمنيات لك بالتوفيق،،،،،

ابراهيم الفوزان
 وزارة المعارف - التعليم الخاص
 التربية الفكرية
 الرياض

APPENDIX D

Approval for Delivery of Parents' Involvement
Questionnaire (English)

الرقم :

التاريخ :

المشروعات :

Re:- Mr. Fouzan's Questionnaire

Date:- May 5, 1986

"To Whom it May Concern"

This is to state that the Parents' Questionnaire which was developed by Mr. Ebrahim A. Fouzan has been delivered to the parents of the educable mentally retarded children in the Educable Mentally Retarded schools in Saudi Arabia as follow:

<u>No. of Copies</u>	<u>Subjects</u>	<u>School</u>
165	Male parents live in Riyadh	EMR School for Boys in Riyadh
154	Female parents live in Riyadh	EMR School for Girls in Riyadh
143	Male parents live in Jeddah or its suburbs	EMR School for Boys in Jeddah
69	Female parents live in Jeddah or its suburbs	EMR School for Girls in Jeddah
60	Male parents live in Dammam or its suburbs	EMR School for Boys in Dammam
58	Female parents live in Dammam or its suburbs	EMR School for Girls in Dammam
<u>649</u>	<u>Total copies delivered</u>	

All these copies were delivered under the personal supervision of Mr. Fouzan and the school principal of each school as stated in the letters received from these schools.

Mohammed S. Al-Masha'an
Secretary-General of Special
Education, Ministry of
Education



APPENDIX E

Letter from Mr. Al-Masha'an Included
in First Delivery of Parents'
Involvement Questionnaire
(Arabic)

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

المملكة العربية السعودية
وزارة المعارف

التعليم الخاص

الرقم :
التاريخ :
المشروعات :

الموضوع :

اخى واختى اولياء امور طلبة وطالبات التعليم الخاص حفظهم الله
السلام عليكم ورحمة الله وبركاته وبعد :-

برفقه الاستبيان الخاص بقياس علاقة اولياء الامور فى معاهد التعليم الخاص
بالبرنامج الدراسى لابنائهم والمعد من قبل الاخ / ابراهيم الفوزان / مدير
التربية الفكرية بالتعليم الخاص والمبتعث حالياً لتحضير درجة الدكتوراه فى
التعليم الخاص والمعد ل من قبل نخبة من مدرسي ومدرسات التعليم الخاص .

ونظرا لاهمية هذه الدراسة لكم - كأولياء امور - ولابنائكم كطلبة فى معاهد
التعليم الخاص ، ولبرامج التعليم الخاص ، فانى أمل منكم التعاون وكتابة

كل المعلومات المطلوبة فى الاستبيان واعادته لان قوة هذا البحث وثباته
تنبع من تعاونكم بملء البيانات واعادة الاستبيان . وانا واثق من أن المستفيد
الاول من هذه الدراسة هو انتم وابنائكم المعاقين .

راجيا لكم التوفيق والسلام عليكم ورحمة الله وبركاته .

الامين العام للتعليم الخاص

محمد سعد المشعان

خ / عابد /

APPENDIX F

Letter from Mr. Al-Masha'an Included
in the First Followup of the
Parents' Involvement Questionnaire
(Arabic)

أخي واختي اولياء امور طلاب وطالبات معاهد التربية الفكرية حفظهم الله
السلام عليكم ورحمة الله وبركاته وبعد :-

سبق وان أرسل لكم الاستبيان الخاص بقياس علاقة اولياء الامور بمعاهد
التعليم الخاص بالبرنامج الدراسي لابنائهم والمعد من قبل الاخ / ابراهيم الفوزان ،
ونظرا لاهمية هذه الدراسة لكم - كأولياء امور - ولابنائكم طلاب وطالبات
معاهد التربية الفكرية ، ولبرنامج التعليم الخاص ككل .. فان تعاونكم في تعبئة
الاستبيان مهمة جدا لهذه الدراسة .
وحيث ان بعضا من اولياء الامور لم يرجع الاستبيان للمعهد بعد تعبئته ،
فانا نرفق لكم مع هذا الخطاب نسخة اخرى من الاستبيان راجين منكم اما الاجابة على
الاستبيان واعادته لصاحب الدراسة في المثلث المرفق ، او تعبئة الورقة المرفقة
موضحين السبب في عدم اجابتكم على الاستبيان .. لان معرفة السبب في عدم الاستجابة
لا تقل اهمية عن الاجابة على الاستبيان بالنسبة للأشخاص الذين لا يرغبون تعبئة
بيانات الاستبيان .

وبما ان الاستبيان يخلو من اسم معي فقراته ، فانه ليس معروفا
لدينا اسماء الاشخاص الذين عبأوا الاستبيان من الذين لم يعبئوه ، ولذلك فبان
هذه الرسالة قد ارسلت لتعبئة من اولياء الامور قد يوجد بينهم من سبق له
تعبئة هذا الاستبيان .

فاذا كنت ممن سبق لهم تعبئة هذا الاستبيان ووصلك هذا الخطاب عن طريق
الخطأ ، فانا نشكركم شكرا جزيلا على تعاونكم ونرجوا اكمال ما ورد في هذا
الخطاب ، اما اذا لم تكن قد عبأت الاستبيان ، فنرجوا استجابتك امّا
بتعبئة الاستبيان او تعبئة الورقة المرفقة موضعا أسباب عدم الاستجابة .
تمنينا من الله لك ولابنائك كل التوفيق . ، ، ،

الامين العام للتعليم الخاص

محمد سعيد المشعان

خ / عابد /

APPENDIX G
Survey to Determine Parents' Reasons for
Not Responding to the Parental
Involvement Questionnaire

الملك فيصل بن عبدالعزيز آل سعود

وزارة المعارف

الادارة العامة لبرامج التعليم الخاص

الرقم :

التاريخ :

المشروعات :

الاخ / ابراهيم الفوزان

اشاره الى خطاب سعاده / أمين عام التعليم الخاص فانه :

قد سبق لى اجابه الاستبيان الخاص بعلاقه أولياء الامور بمعاهد التربيه الفكرية . ☐

لم يسبق لى اجابه الاستبيان ، وارق لكم الاستبيان بعد تعبئته . ☐

لاأرغب فى اجابه الاستبيان للأسباب التالية : ☐
