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Teacher's Attitudes and Willingness to Refer Sexual Minority Students to Special Education

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Minority Students to Special Education

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Teacher's Attitudes and Willingness to Refer Sexual

Minority Students to Special Education

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Abstract

Research shows that cultural minority students are over-represented in special education services based on teacher bias and attitudes towards these cultural minority students. A cultural minority that has not been as widely researched is the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ). The purpose of this study is to determine if teacher's bias and attitude towards LGBTQ students interferes with their ability to make special education referrals for sexual minority students (Hebl, 2000), who are students identified as LGBTQ. For the purpose of this study, a variety of teachers were asked to complete, two qualifying questions, a detailed demographic questionnaire, the brief RCOPE, the Homosexual Attitude Scale, the Riddle Scale (both measuring attitude and acceptance of sexual minority individuals), two vignettes, and a post-vignette question to determine if the participants' personal biases and attitudes impact their willingness to refer sexual minority students to special education. A logistic regression was used to analyze data. All data was collected from teachers via Mechanical Turk (Mturk) through Amazon. It is hypothesized that teachers are more likely to make a special education referral for sexual minority students than heterosexual students based on personal biases.

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Chapter I

Introduction

Special education is defined as a form of educational programs and practices that ensure learning is provided to students with special needs, including students with learning disabilities, emotional difficulties, physical disabilities, social difficulties, and/or mental challenges (Huefner, 2000). Special education serves children ages three to 21 years old and was mandated by law in 1975 with the Education for all Handicapped Children Act (EHA), now known as Individuals with Disabilities Education Act (IDEA; Harry & Anderson, 2014). The purpose of IDEA is to provide specialized services to students with disabilities that are unable to perform satisfactorily in general educational curriculum and instruction (Harry & Anderson, 2014). The law was intended to provide students in the United States with free and appropriate education, regardless of disability. Since the law was enacted, the number of students served through special education has increased by 81% (Department of Education, 2010). According to the Department of Education (2010), the number of children and youth served under IDEA is roughly six million, or 13% of total public-school enrollment. Males are twice as likely to be in special education than females (Department of Education, 2010). By the time the law was enforced, it was evident that there was misuse of the law as evidenced by minority students being referred and admitted into special education programming significantly more often than non-minority students. IDEA requires that assessment for special

education be nonbiased and conducted by a multidisciplinary team. Despite major concerns, this requirement has proven to be extremely difficult to implement or monitor (Harry & Anderson, 2014).

There has been much research on issues within special education, such as difficulties with funding (Fletcher-Campbell, 2002), difficulties implementing research-based interventions (Boardman, Arguelles, Vaughn, Hughes, & Klinger, 2005), and teacher burnout and turnover (Burnsting, Sreckovic, & Lane, 2014). One of the major issues with special education is the over-representation of racial/ethnic minority students receiving special education services (Morgan, Mancl, Kaffar, & Ferreira, 2017). The number of students from different cultures and minority backgrounds receiving special education services has been researched extensively and research suggests there is a disproportion of students receiving special education across cultures and backgrounds. Harry and Anderson (2014) describe disproportionate placement as the percentage of minority students in special education programs being greater than their percentage in public school enrollment. Chinn and Hughes (1987) define disproportion as "plus or minus 10% of the percentage that would be expected on the basis of the school-age population" (p. 43). For example, if a particular culture accounted for 20% of the U.S. public school enrollment, one would expect for that culture to make up two percent of the special education population but if that culture makes up 12% of special education population, it would be considered disproportionate. African American students make up 16.6% of the total US public school enrollment and 20% of the special education population (Department of Education, 2010), which is considered, by definition,

disproportionate. According to the Department of Education (2010) annual data, African American students are one and a half times more likely to be referred and receive special education services then same-aged peers. When compared to other ethnic groups, African American students are two times more likely to be identified with an Intellectual Disability and two times more likely to be identified with an Emotional Disturbance than their same-aged peers. Native American students are more likely to be identified with a speech or language disorder than their same-aged peers. While the literature is quite focused on racial/ethnic minority over-representation in special education, there appears to be another extreme end to the spectrum. Although, there is much research on disproportionality among racial minorities in special education, not all cultures are represented. More specifically, there is limited research documenting representation in special education for LBGTQ students (Morgan, 2017).

While disproportionality is a complex issue that includes institutional racism, generational poverty, access to health and mental health care, one of the major contributing factors is teacher bias and expectation (Alexander, 2010). Disproportionality can be linked to teacher expectations and bias towards different races (Alexander, 2010). In a meta-analysis of studies measuring teacher expectations, Tenenbaum and Ruck (2007) found that teacher expectation varied based on the race of the students. Twenty-six of the 32 studies reviewed in the meta-analysis revealed that teachers had more positive social and academic expectations for Caucasian students than for African American and Hispanic students (Tenenbaum & Ruck, 2007). Tenenbaum and Ruck (2007) also found that teachers made more special education and disciplinary

referrals for minority children than Caucasian students, while they made more referrals for gifted and talented placement for Caucasian students. Teacher attitude also appears to determine which students are referred for special education. It was found that teachers made referrals for students they thought were unteachable or who they considered threatening (Hale-Benson, 1982; Kunjufu, 1985). Alexander (2010) asserted that teachers feel compelled to refer minority students to special education because a typical classroom has traditional white cultural values and minority students do not often adjust to those values. Therefore, the discrepancy in the number of referrals by race may contribute to teacher attitudes and teacher biases.

Although research has extensively explored disproportionality with consideration given to cultures and teacher bias, there is very little research examining the LGBTQ culture and representation in special education. The topic of teacher attitudes concerning LGBTQ students has also been widely explored, however, teacher attitudes and the number of referrals they make for students of LGBTQ culture to special education has not been as widely researched. It was discovered that LGBTQ students do not conform to typical social norms and beliefs of the majority population (Collier, Bos, Merry, & Sandfort, 2013), similar to gender minority students (Wiggan, 2007). This can contribute to negative teacher attributes and biases towards cultural and sexual minority individuals. Majied (2010) reported that regardless of sexual orientation, African American students educational experience is greatly impacted by the attitudes and biases of teacher and administrators.

Teacher's attitudes and perceptions about minority students (despite their background) can be detrimental to the school environment and student success. Specifically, teacher attitudes can result in student psychological discomfort and possibly low achievement. It may also be responsible for social and academic failure. When teachers fail to connect with their students of different backgrounds, students may experience poor academic achievement, which could result in a teacher referral to special education. Teachers may perceive culturally appropriate behaviors of their students as aggressive, inappropriate, negative, rude, intimidating, threatening, and inappropriate when compared to the majority culture and their own cultural standards. Irvine and Armento (2001) found that teachers overreact to student behaviors who are of cultures they do not understand. This study brought awareness to the notion that when teachers fail to understand the culture of their students; they sometimes submit disciplinary and/or special education referrals for behaviors that may be unfamiliar to them though they may be common in the student's culture. According to Irvine and Armento (2001), 53% of students reported that they witnessed school staff either use negative words and phrases to describe the homosexual (LGBTQ) population or overheard someone using derogatory statements about those who are homosexual. Some of the negative language reported included using the term "faggot" to describe a homosexual youth or failing to respond when a heterosexual student called a homosexual student "gay" or "a faggot". These instances appear to be more pronounced when teachers are unfamiliar with specific culture, and more specifically in this case, the LGBTQ population (Irvine & Armento, 2011).

Hillard, Franks, Laris, and Coyle (2013) explored various reasons why some teachers do not address LGBTQ victimization at school. It was found that teacher attitudes and personal beliefs about homosexuality were contributing factors. Teachers in this study also feared that addressing the issue would make it "larger" than they felt it needed to be. They also felt they did not know the appropriate inoffensive language and were uncomfortable about discussing homosexuality with their students. Kite and Deaux (1986) revealed that 80% of prospective teachers reported negative attitudes towards sexual minority youth and 77% would not consider addressing LGBTQ issues in their classrooms. As a result, the students in this study reported that schools do not provide them with a safe environment and they are victims of verbal and physical bullying daily. Kirby (1994) has also determined that sexual minority students are more likely to have long-term psychological difficulties that affect their ability to be successful in school. As a result, sexual minority students may drop out of school, engage in risky behaviors, and/or attempt suicide. Risk factors combined with teacher attitudes could prove to be problematic to the academic and behavioral success of sexual minority students.

While minority cultures, and more specifically African American youth representation in special education is disproportionate and much higher when compared to different backgrounds, it is believed that referral would be similar with the LGBTQ youth and representation in special education. Research studies have been conducted to examine demographic characteristics that are more or less likely to support LBGTQ individuals in multiple settings. A research study conducted by Cech and Pham (2017) examined establishments that were more likely to adopt LGBTQ issues and less likely to

discriminate against LGBTQ individuals. It was discovered that female dominated

establishments were more likely to adopt and support LGBTQ individuals. It was also

discovered by Irwin (2003) that establishments with sexual minority leaders were more

likely to adopt and support LGBTQ individuals. A research study conducted by

Theodore and Basow (2008) revealed that democrats were twice as likely to adopt rules

supporting the LGBTQ community than republicans. In the present study, it is

hypothesized that much like the above-mentioned studies, teacher demographics will

predict which teachers are more or less likely to support sexual minority students by way

of special education referrals.

   For this study, it is also hypothesized that teachers are more likely to refer

students to special education from the LGBTQ culture due to their own attitudes and

biases towards that group. It is also hypothesized that certain demographic information,

such as gender, sexual orientation, and political affiliation, are more likely to refer

LGBTQ students based on personal biases. Research questions that will be asked in this

study are as follows:

   1(a). Is the direction of teachers' referrals for LGBTQ students who are

   struggling (false positive) academically and emotionally, influenced by their

   attitudes about homosexuality?

   1(b). Do teachers' attitudes about LGBTQ students, who are struggling (false

   positive) academically and emotionally, influence the direction of their referrals?

   2. Do teachers have more positive or negative attitudes towards sexual minority

   youth?

3(a). Are teachers more likely to refer sexual majority students than sexual

minority students to special education when they are not struggling (false

negative)?

3(b). Are teachers more likely to refer sexual majority students than sexual

minority students to special education when they are struggling (false positive)

academically, socially, and behavior?

4. To what degree do teacher characteristics predict the variance in attitudes about

the LGBTQ population?

Definition of Terms

Disproportionality. "Overrepresentation" and "underrepresentation" of a

particular demographic group in special education programs relative to the presence of

this group in the overall student population (McIntosh, Girvan, Horner, & Smolkowski,

2014).

Gay Straight Alliance (GSA). School/student-led or community-based

organizations, found primarily in North American high schools, colleges and universities,

that are intended to provide a safe, supportive environment for lesbian, gay, bisexual,

transgender, and queer/questioning youth and their straight allies (GLSEN, 2011).

Mental Illness. Wide range of mental health conditions and/or disorders that

affect mood, thinking, and behavior (Merriam-Webster, 2015).

Multicultural Curriculum. Informal curriculum that addresses the values, cultural styles, knowledge, and perceptions that all students bring into school (Bennett, 1995).

Multicultural Education. A process in which the major goal is to change the structure of educational institutions (Baptiste, 1986).

Individual Disability Education Act (IDEA). A law mandated to provide specialized services to students with disabilities (ages three to 21) that are unable to perform satisfactorily in general educational curriculum and instruction.

Sexual minority. Students identified as Lesbian, Gay, Bisexual, Transgender or Questioning (Hebl, 2000).

Special Education. A range of educational and social services provided by the public-school system and other educational institutions to individuals with disabilities who are between the ages of three and 21 years of age (Huefner, 2000).

Chapter II

Literature Review

According to (Peterson, 1992), children realize their sexuality younger than many may believe. One report indicated that children become aware of their sexual orientation by the age of 10 (Peterson, 1992). Peterson (1992) also reported that young children experience their first same-sex attraction at about the age of nine, which is usually the third or fourth grade. This appears to be true for both heterosexual and homosexual children. As students become aware of their sexual orientation, many positive and negative feelings may arise. At this age, a child may find it difficult to admit that they have the same sex attraction and many inner conflicts may occur. This could prove to be a long, stressful process for a child to realize their sexual orientation and accept themselves. Further, family disapproval may also cause some distress for the child at home. Although self-acceptance can eventually be achieved in adolescence and adulthood, many students do not feel comfortable in school and do not feel accepted by their teachers or peers (Peterson, 1992). As a result, sexual minority students may experience difficulties (emotionally, socially, and academically) that may need remediation that can be addressed in a special education program.

Mental Health among LGBTQ General Population

According to Gates (2007), nearly six percent of the U.S. adult population are identified as LGBTQ, which is roughly nine million individuals. This number has doubled since 2008 (2%) and has increased since 2012 (3.5%).

According to Johnston (2017) the millennial generation contributed to the increase in LGBTQ identification in the last five years. Older individuals identified as LGBTQ has remained stable throughout the year, while millennials have continually increased. In fact, the millennial generation is 3 times more likely to be identified as LGBTQ than the baby boomer generation and almost 2 times more likely than generation X (Johnston, 2017). Due to the growing numbers of individuals being identified as sexual minorities, Witeck (2014) conducted a survey to determine how acceptable homosexuality is to society. The survey had over 1,000 participants and 92% of the participants responded that LGBTQ is an acceptable way of living. Although over 90% felt that LGBTQ was acceptable, Witeck (2014) found that over 58% of sexual minority adults experienced name calling, such as faggot, and 39% of sexual minority adults were rejected by their families due to their sexuality. Although, diversity in sexuality appears to be more acceptable in the current society, discrimination and rejection still occurs and may contribute to mental health issues within the LGBTQ community (Witeck, 2014).

Mental health among sexual minority adults is a prevalent issue. A meta-analysis conducted by King et al. (2008) utilized 25 studies, totaling over 12,000 LGBTQ participants, found that LGBTQ persons attempt suicide twice as much as heterosexuals and LGBTQ persons are 1.5 times more likely to suffer from depression and anxiety than heterosexuals (King et al., 2008). In a separate study conducted by Ploderl and Trembley (2015), it was found that 89% of sexual minority adults experienced mental health difficulties. Specifically, it was discovered that 98% of participants attempted suicide, 89% experienced depression, 83% had elevated levels of anxiety, and 93% of the

participants used illicit drugs and/or alcohol. Hoy-Ellis and Fredriksen-Goldsen (2016) named discrimination, social isolation, and lack of support as major contributing factors to significant mental health issues in sexual minority adults.

As people get older, the level of support decreases dramatically, which causes depression and other mental health disorders to be untreated (Steele et al., 2017). Mental health in sexual minority adults is highly correlated with untreated mental health in adolescence (Steele et al., 2017). As stated above, sexual attractions occur about the age of nine. Therefore, it is possible that children are aware of their sexual orientation at that age. Without proper supports and services, children may develop mental health issues that may be left untreated in adulthood.

LGBTQ Students in Schools

Many research studies have been conducted on the treatment of sexual minority students in the school environment. Students identified as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) are victims of bullying by teachers and often do not feel protected by the school staff (Mahdi, Jevertson, Schrader, Nelson, & Ramos, 2014). Schools continue to work to increase tolerance and recognition for these students, but more conflicts continue to arise in society (McCabe, Rubinson, Dragowski, & Elizalde-Utnick, 2013). This seems to be even more evident in the school environment as students identified as LGBTQ often report not feeling safe, protected, or supported by the school staff (McCabe et al., 2013). According to a report released by the National Education Association (2010), many students are being underserved educationally and face some type of harassment in school. In a report released by the National School

Climate Survey (2009), 90% of LGBTQ students reported being verbally abused at school, 40% reported being physically abused, and 60% felt unsafe going to school. These students are more likely to skip class in order to avoid harassment and as a result, LGBTQ students on average have lower grade point averages and prefer not to pursue post-secondary education (McCabe et al., 2013). Furthermore, overly stressful environments can negatively impact the psychological functioning of these students, which suggests that LGBTQ students are more likely to suffer from depression and anxiety. Individuals in this population are more likely to attempt suicide, face more sexual risk factors, and abuse substances (Mahdi et al., 2014). Male students suffer from verbal and physical abuse more often than females and it has been asserted to be due to the beliefs about how a typical male should behave (Zack, Mannaheim, & Alfanso, 2010).

According to the National School Climate Survey (2011), 63% of sexual minority youth reported feeling unsafe because of their sexual orientation. Also, over 80% of the students surveyed reported being verbally harassed in the past year due to their sexual orientation. Verbal harassment was defined as name calling or making verbal threats. About 40% of sexual minority students reported being physically harassed, defined as being pushed or shoved, due to their sexual orientation. Roughly 18% of students were physically assaulted due to their sexual orientation. Physical assault was defined as being punched, kicked, or assaulted with a weapon. In the same report, over 50% of LGBTQ students reported being victims of cyberbullying, where the students reported they were harassed or threatened through text messages, Facebook, or e-mail. Most student

answered that they did not report any official complaint with a school official. Approximately 36% of LGBTQ students reported that they made school officials aware of harassment incidents and no action was taken (National School Climate Survey, 2011).

Students who were more frequently harassed because of their sexual orientation had lower grade point averages than students who were less often harassed (McCabe et al., 2013). Students who experienced higher levels of victimization in school because of their sexual orientation or gender expression were more than twice as likely to report that they did not plan to pursue any form of post-secondary education (e.g., college or trade school) than those who experienced lower levels (McCabe et al., 2013). Sexual minority students experience victimization that can affect their emotional, academic, and behavioral functioning across multiple settings (school and home). Special education services may give these students the tools they need to be successful emotionally, academically, and behaviorally. If provisions are put in place, achieving higher grade point averages and attaining post-secondary education seems more possible.

Mental Health among LGBTQ Youth

Mental illness is a significant problem among youth. Youth are forced to become more independent around middle school age. Adolescence is a time of change and gaining independence and adolescents experience many difficult situations, such as toxic peer relationships, managing school, responsibilities at home, extracurricular activities, and coping with their own identities (Bulanda, Bruhn, Byro-Johnson, & Zentmyer, 2014). It is currently unknown whether difficult life situations (described above) causes mental illness or exacerbates a present condition; however, it makes young adulthood a very

stressful time. According to Bulanda et al. (2014), 20% of youth suffer from mental

illness, with five to nine percent being identified as a severe mental illness. Roughly

22% of adolescents that suffer from mental illness also struggle with mental illness in

adulthood.

Although mental illness affects every race, minority students are affected by

mental illness at an alarming rate. Over 14% of minority students suffer from mental

illness, where less than 5% of non-minority youth are affected. African American, Asian,

and Hispanic students suffer from mental illness more than any other race. Mental illness

in these youth groups can be linked to poverty, parental abuse or neglect, institutional

racism, and parental substance abuse or mental illness (Rojas & Coker, 2015). Mental

illness has been researched in young adults extensively. Much like the trends in research

reported above, one culture that may be affected by mental illness the most is LGBTQ

(Bulanda et al., 2014).

According to Bostwick et al. (2014) LGBTQ youth experience greater mental

health problems, such as depression, anxiety, suicide attempts, and posttraumatic stress

disorder (PTSD). Research shows that LGBTQ students also experience greater physical

health difficulties, such as cardiovascular disease because of heightened stress levels than

heterosexual youth (Page, Lindal, & Malik, 2013). Page et al. (2013) sampled 170

LGBTQ youths and found that 30% experience psychological distress that extends into

adulthood. It was also discovered that LGBTQ youth who experience childhood trauma,

such as child abuse and unstable housing may contribute to long-term mental health

difficulties. A common predictor of mental health issues for LGBTQ individuals is

experiencing discrimination, harassment, and victimization (Page et al., 2013). Several

studies also suggest that LGBTQ youth may be at heightened risk for psychological

difficulties (Kosciw, Russell, Horn, & Saewyc, 2010). There are many developmental

challenges beyond what is experienced by heterosexual youth that sexual minority youth

must negotiate. One such challenge is adapting emotionally to their identity as lesbian,

gay, or bisexual. A second is seeking and establishing a positive support system of both

gay and non-gay individuals (Kosciw et al., 2010).

The two most common affective difficulties identified in sexually minority

adolescents are depression and anxiety (Saewyc, 2011). A study discovered that LGBTQ

issues that may contribute to negative mental health found that some religious students

may struggle with mental health difficulties because of conflicts with religious and

personal beliefs. Conflict from religious beliefs and a lack of strength and support from

those beliefs seem to be important contributors to LGBTQ identity challenges. Saewyc

(2011) reported that religiosity tends to have positive impact on youth, however, sexual

minority youth may experience psychological distress because of the conflicts with

personal and spiritual beliefs. Mental health professionals, teachers, and administrators

who work with spiritually-oriented LGBTQ youth suffering from mental health issues

might find success in helping to promote religious and sexual identity integration,

perhaps by finding supportive and complimentary religious associations (Page et al.,

2013). This further supports the notion that a better connection with this group may lead

to more positive outcomes in social, emotional, and behavioral functioning.

Previous studies have employed the use of structured diagnostic interviews to ascertain psychopathology among sexual minority youth. The first study, conducted by Fergusson, Horwood, and Beautrais (1999), sampled 979 heterosexual youths and 28 LGBTQ youths. The results demonstrated that LGBTQ youths had approximately a 4 times greater probability of experiencing major depression and conduct disorder (Fergusson, et al., 1999). The second study, led by Mustanski, Garofalo, and Emerson (2010), which did not have a comparative heterosexual sample, involved interviewing 246 LGBTQ youths between the ages of 16 to 20 and 33% of the sampled population met criteria for some type of mental disorder. Of these individuals 17% met criteria for conduct disorder, 15% for major depression, and nine percent for posttraumatic stress disorder. Lifetime suicide attempts were present among 31% of the LGBTQ youth. While the researchers found higher rates of mental diagnoses of LGBTQ youth as compared to the national samples, the study showed similar incidence among urban and racial/ethnic minority youth (Mustanski, Garofalo, & Emerson, 2010). This study demonstrated that sexual minorities are apt to have more negative health overall and make more reckless health decisions (such as unprotected sex resulting in HIV, syphilis, and other STDs) as compared to their heterosexual counterparts. A meta-analysis, which included 16 state/regional youth studies of sexuality and health related issues of sexual minorities, found that in the general population roughly 3.5% to 18% identify as sexual minorities. The states and provinces in this study included Minnesota, Massachusetts, Vermont, Washington, British Columbia, and Boulder County in Colorado. The studies were extracted from a time period between 1995 and 2007. LGBTQ adolescents, in the

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US cases, were about 2 times more likely to engage in binge drinking in the past month as opposed to their heterosexual peers. Study results indicate that alcohol and cocaine are the most widely abused drugs for non-heterosexuals. LGBTQ respondents were 3 to 8 times more likely to have used cocaine in the past month as compared to their heterosexual counterparts. This study investigated both suicidal ideations and suicide attempts. Non-heterosexual youth were twice as likely as heterosexual youth to experience suicidal ideations. Suicidal prevalence of heterosexual youth respondents ranged from 3% to 13%. LGBTQ youths' suicidal attempts were substantially higher, averaging between 9% and 44% (Lewis, 2009).

Overall, LGBTQ students are reported to have more risk factors than heterosexual students. Due to these risk factors, teachers should be aware of the unique struggle that LGBTQ students are faced with during their adolescent and identity development stage. Teachers are in a critical position due to the amount of time spent with students and the relationships they build throughout the year.

LGBTQ Supports in School

Sexual minority students are among the most vulnerable in schools (Weiler, 2003). These students experience the same challenges as their peers, along with social isolation, self-doubt, and fear (Weiler, 2003). Schools have a moral, legal, and ethical obligation to provide sexual minority adolescents with a safe environment, but schools often fall short. Schools unable to provide LGBTQ students with the supports needed inadvertently promote prejudice, harassment, and discrimination. The Gay, Lesbian, Straight, Educators Network (GLSEN, 2011) conducted a study and described the

following three supports that may contribute to LGBTQ success in school: Gay Straight Alliance, multicultural curriculum, and teacher support.

Gay Straight Alliance. LGBTQ students may be victims of school-based victimization, such as bullying, physical harassment, and/or verbal harassment (Marx & Kettrey, 2016). Victimization of this type may contribute to students developing depression, substance abuse, and/or suicidal thoughts (Marx & Kettrey, 2016). Research suggests a few successful approaches in preventing these problem behaviors, such as teacher support and counseling. One approach that has been successful in reducing school-wide victimizations and promoting student well-being is Gay-Straight Alliances (GSA).

GSAs and similar student organizations can provide safe and important support for LGBTQ students (GLSEN, 2011). GSAs also help create a more accepting school environment where teachers and students are supportive of sexual minority students. Students with a GSA in their school reported hearing less derogatory homophobic remarks and fewer expressions where words such as gay was used in a negative way than students in schools without a GSA. Students with a GSA were more likely to report that school personnel intervened when hearing homophobic remarks. Students with a GSA reported feeling more accepted in the school environment, as well as, in the community (GLSEN, 2011). Although research indicates that schools with a GSA organization have fewer victimization and more tolerance, many schools do not have this organization or a similar one.

Multicultural Curriculum. According to the National Center of Education

Statistics (2009), 21% of students ages five to 17 are diverse students of a different

culture, compared to 5% in 1979. With the diversity rising among student populations, it

is becoming more difficult to determine how and what to teach students (Rhoads, 1995).

As a result, educators recognize the need to understand different cultures and incorporate

different cultural values in public schools. Ozturgut (2011) determined that teacher and

administrator preparation was imperative in ensuring multicultural education was

effective and successful. It was also determined that learning for all students occurs

when teachers and administrators recognize and understand that students of different

cultures may not have the same educational needs to learn effectively (Ozturgut, 2011).

Multicultural education allows students to be successful because it consists of beliefs that

recognize and value the importance of ethnic and cultural diversity which shapes

lifestyles, social experiences, personal identities, and educational opportunities of

individuals (Baptiste, 1986). Multicultural curriculum addresses the values, cultural

styles, knowledge, and perceptions that all students bring into school (Bennett, 1995).

Multicultural education and curriculum are both very important because teachers in

public schools today are required to teach racially, ethnically, and culturally diverse

students (Olson, 2000) and these students are coming to school with many different

experiences, lifestyles, and beliefs.

Studies have shown that incorporating different cultures and lifestyles in

curriculum promotes tolerance and acceptance (Banks, 1994). A curriculum that includes

positive representations of LGBTQ people, history, and events (i.e., an inclusive

curriculum) can promote respect for all and improve LGBTQ students' school experiences (GLSEN, 2011). Students attending schools with a multicultural curriculum reported hearing fewer homophobic remarks and fewer negative comments about student's gender identity than students attending school without a multicultural curriculum. These students also reported classmates who are accepting of their LGBTQ peers and felt connected to their school community than other students (GLSEN, 2011). However, only a small percentage of students attend a school where LGBTQ people are positively represented. Only a small percentage of students attend school where LGBTQ history and events are included in classroom curriculum.

Supportive Staff. According to Madill, Gest, and Rodkin (2014), teacher support includes emotional support, academic support, clear behavioral and academic expectations, and a safe classroom environment. Connor, Miles, and Pope (2014) established that teacher support is correlated with mental health. Specifically, students who perceive their teachers as supportive are less likely to suffer from low self-esteem or depression. Over 95% of student younger than second grade report having supportive teachers (Madill et al., 2014), whereas roughly 65% of students older than eighth grade report supportive staff (Conner, Miles, & Pope, 2014). Although most high school students report having supportive teachers, sexual minority students report the opposite. Approximately 50% of sexual minority students report having no supportive teacher or school staff (GLSEN, 2011).

The presence of educators who are supportive of LGBTQ students can have a positive impact on school experiences of sexual minority students as well as their

psychological well-being (GLSEN, 2014). About half (53.1%) of sexual minority

students who had many (six or more) supportive staff members at their school reported

feeling safe, compared to sexual minority students with no supportive staff. Students

with many supportive staff reported higher grade point averages than other students.

Sexual minority youth with a greater number of supportive staff also had higher

educational aspirations and many of the students planned to pursue higher education.

Although most students could identify at least one supportive staff member at their

school, very few students could identify more than one (GLSEN, 2014). As reported,

teacher attitude has a major impact on students. Not only does it affect the way teachers

interact with students, it also affects the way teachers respond to students. Teachers and

other staff members have the power to promote positive change in their students' lives by

being supportive and making special education referrals. Although little to no research

has been conducted on sexual minority students and special education, it is believed that

LGBTQ students, who struggle academically, behaviorally, and socially would benefit

from special education services (GLSEN, 2014). Supportive staff members have the

power to make those referrals and promote positive change.

Teacher Attitude

Teachers, much like the general population, may have biases (both negative and

positive) towards different genders and races. Teacher bias and attitude towards various

races and genders can cause the teacher to have different expectations for students.

When Jussim and Harber (2005) reviewed how teacher expectations can affect the

behavior of students, they found that students in minority groups are held to different

expectations than other students. Jussim, Eccles, and Madon (1996) found that

prejudiced attitudes of teachers are relevant when looking at ethnic achievement gap.

Teachers hold different expectations of students of different ethnic origins, and

achievement differences between ethnic minority students. The discrepancy between the

expectations of the teachers and the ethnic achievement gap were found to be related to

the implicit prejudiced attitudes of the teachers. Teachers with negative prejudiced

attitudes viewed minority students as being less intelligent and less likely to be

successful. Jussim et al. (1996) found that an implicit measure of the prejudiced attitudes

of teachers better determined teacher expectations and student achievement than an

explicit measure of prejudiced attitudes. Teachers may appear to display similar attitudes

towards sexual minority students.

Two studies found that LGBTQ students believe that teachers promote bullying

by failing to address bullying instances (Vega, Crawford, & Pelt, 2012; Zack et al.,

2010). This means that when school staff do not attempt to stop bullying, students may

believe that teachers are accepting of and engaging in harassment. In one study, it was

reported that half the students surveyed believed that teachers promoted homophobic

rhetoric, either by silence or active participation (Zack et al., 2010). The second study

found that school personnel rarely intervened because of a student's sexual orientation or

because homosexuality is a controversial topic to discuss (Vega et al., 2012).

Although educational institutions promote multicultural acceptance and tolerance;

it was discovered that LGBTQ students are not discussed in mandatory multicultural

acceptance seminars or textbooks because LGBTQ culture is not considered a legitimate

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multicultural category (Zack et al., 2010). A study conducted by Ferfolia and Robinson (2004) surveyed student teachers to assess their attitudes of incorporating LGBTQ issues in the school environment. Results indicated that student teachers reported that other school issues were more important than the issues of sexual minority students. Specifically, they reported that following state and national standards, objectives, and preparing for standardized tests were of more priority than addressing LGBTQ issues. As far as other multicultural issues, student teachers reported that reducing sexism and racial discrimination were more important than reducing homosexual discrimination. Another study conducted by Butler (2004) confirmed that student teachers refused to address LGBTQ issues and were not verbally supportive of these students. Student teachers also reported that sexual issues were a private and moral issue that should not be addressed in the educational setting, especially if the teacher or administrator have specific religious or more conservative views on the homosexual lifestyle. Student teachers also reported that homosexuality should only be discussed in classrooms and that it should be covered in health and sexuality content. A student teacher who was interviewed expressed that students who experience verbal and/or physical abuse are "asking for it" and they could possibly avoid the abuse if they would "tone down" their stereotypical homosexual behaviors (Taylor & Peter, 2011). It seems that university curriculum should consider the changing population and better prepare teachers for the needs of those they will serve. This study was also conducted with teachers and it was discovered that homophobic comments were made when a teacher could hear them, and yet the teacher did not address the issue. Roughly 31% of teachers reported no intention of intervening when hearing

inappropriate comments. This finding was further solidified when students reported that administrative staff members were nonresponsive when they were informed of derogatory comments made by their peers (Taylor & Peter, 2011).

It is extremely important for staff members to be supportive of all students; however, they should be mindful of the difficulties experienced by those students. Teachers have a tremendous impact on student achievement and when teachers are not supportive, students social, behavioral, and academic functioning could be negatively affected. Unfortunately, there are few research studies where the school staff was supportive and prepared to effectively work with LGBTQ students. The few studies conducted found that when staff is supportive and prepared to work with LGBTQ youth, students benefit psychologically, socially, and academically (McCabe et al., 2013).

Teacher Impact on Student Achievement

Cornelius-White (2007) conducted a meta-analysis assessing teacher-student relationships. The variables reviewed included the teacher-student relationship along with positive student outcomes measured through cognitive, affective, and behavioral student outcomes (Cornelius-White, 2007). Cornelius-White (2007) found that the correlation between teacher-student relationships and positive student outcomes was significant. Alexander, Santo, Cunha, Weber, and Russell, (2011) surveyed 339 Brazilian students, ages 11 to 18 years old, to determine if teachers offered support for students who were victimized or bullied. School commitment was measured by asking students about their academic plans, such as whether they plan to graduate high school or continue their education upon completing high school. It was found that teachers support

had a positive impact on students and the relationship was also strong among youth who were victimized and identified as a sexual minority (Alexander et al., 2011).

Murdock and Bolch (2005) surveyed 101 middle and high school students, who identified as sexual minorities to determine if social support was effective on how students viewed school. It was found that family support alone did not make students feel safe at school when the students were being victimized; however, adding teacher support improved the feeling of safety among victimized students (Murdock & Bolch, 2005). Similarly, GLSEN sponsored research (2009) found that students felt most comfortable talking to school mental health workers about LGBTQ issues; however, many students reported preferring to speak with teachers about LGBTQ issues. When asked who they talked to about their issues in the past, most students spoke with teachers. It was also established that the more school staff that students were able to identify as supportive, the less likely they felt unsafe which led to fewer absences. LGBTQ students who had more supportive school staff reported greater sense of belonging, higher grade point averages, and higher education aspirations than LGBTQ students who had fewer supportive school staff (Kosciw et al., 2010). There are many conflicts, beliefs, and misconceptions about gender identity and sexual orientation in schools and in society in general; however, the well-being and safety of children at school is the responsibility of the school staff. Despite personal beliefs, teachers should be required to obtain the necessary skills to work with children of all backgrounds (McCabe et al., 2013).

Purpose of Study

The purpose of this study is to determine teacher's attitudes and willingness to refer struggling sexual minority students for special education. The research questions are as follows:

1(a). Is the direction of teachers' referrals for LGBTQ students who are struggling (false positive) academically and emotionally, influenced by their attitudes about homosexuality?

1(b). Do teachers' attitudes about LGBTQ students, who are struggling (false positive) academically and emotionally, influence the direction of their referrals?

2. Do teachers have more positive or negative attitudes towards sexual minority youth?

3(a). Are teachers more likely to refer sexual majority students than sexual minority students to special education when they are not struggling (false negative)?

3(b). Are teachers more likely to refer sexual majority students than sexual minority students to special education when they are struggling (false positive) academically, socially, and behavior?

4. To what degree do teacher characteristics predict the variance in attitudes about the LGBTQ population?

Chapter III
Methodology

The purpose of this study is to determine teacher's attitudes and willingness to refer struggling sexual minority students for special education. The research questions are as follows:

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1(b). Do teachers' attitudes about LGBTQ students, who are struggling (false positive) academically and emotionally, influence the direction of their referrals?

2. Do teachers have more positive or negative attitudes towards sexual minority youth?

3(a). Are teachers more likely to refer sexual majority students than sexual minority students to special education when they are not struggling (false negative)?

3(b). Are teachers more likely to refer sexual majority students than sexual minority students to special education when they are struggling (false positive) academically, socially, and behavior?

4. To what degree do teacher characteristics predict the variance in attitudes about the LGBTQ population?

Participants

The participants in this study consist of teachers from a variety of grade levels (kindergarten to college age) across multiple school districts. Participants were recruited via Mechanical Turk (Mturk) by Amazon. Participants recruited through Mturk were given two qualifying questions (Appendix B). If the participants chose "response to intervention" on the first qualifying questions, there were able to continue to the second question. If they chose any other item, they were disqualified without compensation. On the second question, if the participants chose "diagnostician," they were able to complete the study. If they chose any other answer, they were disqualified without compensation.

A total of 408 participants attempted to complete the study. Exactly 132 participants were disqualified from continuing the study due to their responses on the qualifying questionnaire. One hundred and fourteen more participants did not complete the study. Of note, most participants discontinued the study while completing the Homosexual Attitude Scale. Other participants left many questions unanswered; therefore, no score for the Homosexual Attitude Scale or the Riddle Scale could be calculated. In the end, 163 qualified participants completed the entire study and are included in the results. Teachers were recruited from a variety of countries through Mturk. It is unknown which countries the participants were from in this study. Teachers were a variety of ages, sexual orientations, and religious backgrounds. Teacher demographics are outlined in Table 5 of the result section (page 48). IRB approval ensured that all APA ethical guidelines were followed to protect participant's confidentiality, receipt of informed consent, and wellbeing.

Mechanical Turk

Mturk by Amazon is specifically designed for individuals to complete surveys and assignments for business and research purposes (Buhrmester, Kwang, & Gosling, 2011). With Mturk, participants can be recruited online from 190 countries. India and the United States have the most recruited participants. Individuals who request for surveys and assignments to be completed are considered "requesters" while individuals who complete surveys or assignments are called "workers" (Buhrmester et al., 2011). Amazon reports that it has access to over 500,000 workers. Tasks available on Mturk are referred to as human intelligence tasks (HITs) and compensation is rewarded to each worker. For education and psychological research, workers can complete surveys, questionnaires, and experiments through the computer. Amazon's Mturk contains critical elements needed to conduct research. It has an integrated participant compensation system and a large participant pool (Buhrmester et al., 2011). Buhrmester et al. (2011) evaluated the potential contributions of Mturk to psychology and other social sciences. It was discovered that Mturk participants are more demographically diverse than standard Internet samples and are significantly more diverse than typical American college samples. It was also discovered that participation is affected by compensation rate and task length, but participants can still be recruited quickly at low compensation rates. Buhrmester et al. (2011) found that realistic compensation rates do not affect data quality. Low compensation rates (five cents) will still produce quality data. Lastly, Buhrmester et al. (2011) found that the data obtained are as reliable as those obtained via traditional methods.

Despite the many benefits, Buhrmester, et al. (2011) discovered many concerns and disadvantages to using Mturk. Buhrmester et al. (2011) expressed a desire to understand the types of individuals that are likely to complete Mturk research tasks. Currently, the motivation behind being a worker is unknown, especially because the compensation is fairly low. It was suggested that Mturk workers' motivations for participation may in part be intrinsically based. For example, surveys of Mturk workers have suggested that workers participate in and complete studies based on interest in the tasks (Buhrmester et. al, 2011). Goodman, Cryder, and Cheema (2013) found important differences between Mturk participants and other samples. Mturk participants are less extroverted than college and community samples (Goodman et al., 2013). In addition, Mturk participants have been found to be more educated, more underemployed, and less religious when compared with the general population (Goodman et al., 2013). Mturk participants are also more liberal with respect to political ideology than other traditional samples.

As discussed above, an advantage of using Mturk is recruiting more diverse participants than those that would be obtained through more traditional sampling such as undergraduate students. However, it was discovered that Asian individuals are overrepresented, while the Black and Hispanic population may be underrepresented relative to the population as a whole (Paolacci & Chandler, 2014). Thus, although Mturk may provide access to samples more diverse than college or community samples, it may not be a true representation of the population as a whole.

Instrumentation

In order to ensure reliability of the results of the data analysis, an alpha level of $p \leq 0.05$ was set for all analyses in this study. Power was set at .80 to obtain a Cohen's medium effect size of $r^2 = .15$, requiring 126 survey respondents. A pilot study was conducted. The purpose of the pilot study was to ensure that participants would respond "yes" to referring the struggling student to special education and "no" to referring the non-struggling student to special education. A total of 21 teachers completed the pilot study. This vignette in the pilot study did not specify sexual orientation. Ninety-six percent of the participants responded "yes" to referring the struggling student to special education, while 4% of the participants responded "no" to referring the struggling student to special education. The same 21 participants read the vignette with the non-struggling student and 21% of the participants answered "yes," while 79% of the participants answered "no" to a special education referral.

All participants signed the consent form, completed two qualifying questions, a demographic questionnaire, the brief RCOPE, the Homosexual Attitude Scale, the Riddle Scale, read a vignette, and answered a post-vignette question. The study took approximately 20 minutes to complete. There was a .10 cent fee awarded to each participant who completed the study.

Qualifying Questions. Although the study specified teachers only, it was discovered that all workers on Mturk had access to complete the study, even if they were not teachers. Two qualifying questions were added to the study to disqualify participants that were not teachers (Appendix B). If participants chose "response to intervention" for

the first question, they were permitted to the second question. If they chose any other

answer choice, they were disqualified from the study. On the second question, if the

participants chose "diagnostician" or "none of the above," they were permitted to the

finish they study. If they chose any other answer choice, they were disqualified from

taking the study. This data was removed from the analysis.

Demographics. The demographic questionnaire included questions pertaining to

participant's age, gender, ethnicity, years of teaching, sexual orientation, and religious

affiliation. A copy of the demographics survey is attached as Appendix C.

The Brief RCOPE. The Brief RCOPE (Pargament, Feuille, & Burdzy, 2011) was used to

measure the extent and nature of religious coping activities. The 14-item survey is

divided into two subscales, each consisting of seven items, which identify clusters of

positive religious coping (PRC*)* and negative religious coping (NRC) methods. A 4-

point Likert scale ranging from 0 ("not at all") to 3 ("a great deal") measures extent of

coping activity. The median alpha for the PRC scale was 0.92. The median alpha

reported for the NRC scale was 0.81 (Pargament et al., 2011). For the purpose of this

study, only the positive religious coping method was used as a predictor. A copy of the

Brief RCOPE is attached as Appendix D.

The Homosexual Attitude Scale. The Homosexual Attitude Scale measures

individual's attitudes about homosexuals. The Homosexual Attitude Scale contains 21

items with a 5-point Likert scale. The scale has internal consistency (alphas >.92). The

scale has a test-retest reliability of $r = .71$. It is equally reliable for gay male and for

lesbian targets. Attitude scores for "gay male", "lesbian", and "homosexual" targets do

not differ significantly (Kite & Deaux, 1986). A low score on the Homosexual Attitude Scale indicate a more positive attitudes towards Homosexual individuals. A high score (78 or higher) indicate a more negative attitudes towards Homosexual individuals. A copy of The Homosexual Attitude Scale is attached as Appendix E.

The Riddle Scale. The Riddle Scale measures attitudes and acceptance of homosexuals. The Riddle Scale is a psychometric scale intended to measure the degree to which one is or is not homophobic. It was created by psychologist Dorothy Riddle in 1973 with the intention to measure attitudes individuals may hold toward those identified as LGBTQ (Peterkin & Risdon, 2003). It is a 16 item yes or no questionnaire. The Riddle Scale measures repulsion, pity, tolerance, and acceptance. Repulsion, in this survey, means homosexuality is seen as a crime. Pity or heterosexual chauvinism is described as the respondent agreeing that heterosexuality is more mature and preferred. Tolerance is described as the respondent agreeing that homosexuality is just a phase of adolescent development that many people go through and most people grow out of. Acceptance implies that homosexuality is acceptable (Rubini, 2014).

The Riddle Scale was used to determine participants' levels of explicit homophobia. The psychometric properties of the scale are unknown as no published studies could be located despite various researchers' efforts (Tucker, 2006). However, the Riddle Scale has been deemed to have acceptable face validity in previous research (Bandele et al., 2003). A participant's Riddle Scale results were calculated by adding up the actual numbered answer to items one, two, three, four, and seven. The remaining items' responses had their numbers reversed in the opposite order and also added to the

score (Rubini, 2014). A low score on the Riddle Scale indicates more acceptable of LGBTQ individuals. The higher the score, the more negative a participant's attitude toward LGBTQ individuals. According to the scoring, a high score on the Riddle scale is 32 or higher.

Though the Riddle scale is frequently used, cited and regarded highly (Rubini, 2014), psychometric properties are currently unknown, which is a limitation in this study. The Riddle Scale's validity has only been assumed by other researchers and has never undergone any controlled scientific testing for validity or reliability (Rubini, 2014) In this study, psychometric properties of the riddle scale were not found. It was used to determine if attitudes toward sexual minorities were more positive or negative and if attitudes about homosexuality (measured by the riddle scale) as a predictor to special education referrals. A copy of the Riddle Scale is attached as Appendix F.

Vignettes. There were two sets of vignettes. The first set of vignettes were of students who was not struggling and has minor difficulties. The first vignette is of a general population/sexual majority student and the second is of a sexual minority student with the same minor difficulties in school. A copy of the vignettes is attached in Appendix G and H. The second set of vignettes are of students who are struggling academically, emotionally, and socially. The first vignette is of a general population student who is struggling and the second vignette is of a sexual minority student who is struggling. A copy of the vignettes are attached in Appendix I and Appendix J.

The Post Vignette Questionnaire. The post vignette questionnaire is a "yes" or "no" question to determine if the teacher would choose to refer the student to special education

services. See Appendices F, G, H, and I for a copy of the question below the vignettes. They are attached to the vignettes.

Research Design

The study utilizes a non-experimental quantitative research design through the form of questionnaires documenting teacher's attitudes about sexual minorities and recording their likelihood to refer students to special education services based on the example vignette and referral. Correlations will be found on teacher demographic information and the HAS and the Riddle Scale. The first research question states, Is the direction of teachers' referrals for LGBTQ students who are struggling academically, behaviorally, and emotionally, influenced by their attitudes about homosexuality? Do teachers' attitudes about LGBTQ students, who are struggling academically, behaviorally, and emotionally, influence the direction of their referrals? A logistic regression was utilized to address the first question. It is hypothesized that teachers referrals of LGBTQ students who are struggling will be influenced by their attitudes towards homosexuality. Specifically, it is hypothesized that teachers are more likely to refer LGBTQ students who are struggling.

The second research question states, do teachers have more positive or negative attitudes towards sexual minority youth? To address the second research question, descriptive statistics will be used. All means and standard deviations were reported. A one-sample t-test will be conducted to determine if the mean score of the HAS and the Riddle Scale are low, indicating more positive attitudes or high, indicating more negative attitudes. It is hypothesized that teacher attitudes will have more negative towards sexual

minority youth. On the Riddle scale, mean scores will be 30 or above and on the HAS, mean scores will be 78 or above to be considered negative attitudes about sexual minority youth.

The third research question states, are teachers more likely to refer sexual majority students to special education that sexual minority students when the student are not struggling? Are teachers more likely to refer sexual majority students to special education than sexual minority students when they are struggling? To address the third research question, a crosstabulation chi-squared analysis was used. It is hypothesized that when the students are not struggling, teachers will not refer students to special education and there will be no significant difference in referrals. In other words, teachers will not refer either group to special education when the students are not struggling. When the students are struggling, it is hypothesized that teachers will refer the sexual minority students more than the sexual majority/general population student.

The fourth research question used a binary logistic regression analysis. The fourth research question asks, to what degree do teachers characteristics predict the variance in attitudes about the LGBTQ population? It is hypothesized that teacher demographic, such as gender, years of teaching, and age will predict whether the teachers will refer the sexual minority students to special education.

The independent variable in this study were demographic information, such as race, gender, sexual orientation, sexual orientation, religious affiliation, and attitude towards homosexuals. Positive and negative attitudes about homosexuals were measured through the Homosexual Attitude Questionnaire and the Riddle Scale. Both

questionnaires ask questions to determine the participant's attitudes about homosexuality in general, as well as, homosexual relationships. Questions also measure attitudes about having a sexual minority as a friend, running for office, the president of an organization of interest, and a co-worker. The dependent variable is whether the teachers would refer the students for special education services based on the information provided in the vignette.

Teachers were asked to complete the informed consent form (Appendix A), qualifying questions (Appendix B), demographic information (Appendix C), The Brief RCOPE (Appendix D), the Homosexual Attitude Scale (Appendix E), and the Riddle Scale (Appendix F). Teachers were randomly assigned to read two of the four vignettes. Teachers were randomly assigned through Qualtrics to read and answer the post-question for one of the two vignettes of the student who had minor struggles (Appendices G and H), then teachers were randomly assigned through Qualtrics to read and answer the post-question for one of the two vignettes of the student struggling (Appendices I and J). The approximate time for them to complete the questionnaires was 20 minutes.

Randomization

All participants were randomly assigned to complete to a group through Qualtrics. Randomization was assessed for the struggling minority vignette and the struggling majority vignette to determine if participant's political affiliation and religion beliefs were similar between the two groups. A chi-squared analysis was conducted on each group to determine significance. No significance results were found indicating that political affiliation and religion beliefs were similar between the two groups. Tables 1

and 2 are political affiliation between the groups and Table 3 and 4 are religion between

the groups.

Table 1

Political Affiliation of Participants who completed the vignette with the Struggling
Minority Student

	Struggling Minority		
Political Affiliation	No	Yes	Total
Republican	11 (15.3%)	7 (9.7%)	18 (25%)
Democrat	16 (22.2%)	14 (19.4%)	30 (41.7%)
Independent	10 (13.9%)	12 (16.7%)	22 (30.6%)
No Preference	1 (1.4%)	1 (1.4%)	2 (2.8%)
Total	38 (52.8%)	34 (47.2%)	72 (100%)

Table 2

Political Affiliation of Participants who completed the vignette with the Struggling
Majority Student

	Struggling Majority		
Political Affiliation	No	Yes	Total
Republican	3 (3.8%)	16 (20%)	19 (23.8%)
Democrat	8 (10%)	25 (31.3%)	33 (41.3%)
Independent	5 (6.3%)	21 (26.3%)	26 (32.5%)
No Preference	0 (0%)	2 (2.5%)	2 (2.5%)
Total	16 (20%)	64 (80%)	80 (100%)

Table 3

Religion of Participants who completed the vignette with the Struggling Minority Student

	Struggling Minority		
Religion	No	Yes	Total
Christian/Catholic	18 (24.7%)	12 (16.4%)	30 (41.1%)
Christian/Non-Catholic	6 (8.2%)	6 (8.2%)	12 (16.4%)
Jewish	1 (1.4%)	1 (1.4%)	2 (2.8%)
Muslim	1 (1.4%)	1 (1.4%)	2 (2.8%)
Agnostic	5 (6.8%)	3 (4.1%)	8 (11.%)
Atheist	0 (0%)	2 (2.7%)	2 (2.7%)
Hindu	8 (11%)	9 (12.3%)	17 (23.3%)
Total	39 (53.4%)	34 (46.6%)	73 (100%)

Table 4

Religion of Participants who completed the vignette with the Struggling Majority Student

	Struggling Majority		
Religion	No	Yes	Total
Christian/Catholic	7 (8.6%)	25 (39.9%)	32 (39.5%)
Christian/Non-Catholic	1 (1.2%)	11 (13.6%)	12 (14.8%)
Jewish	1 (1.2%)	1 (1.2%)	2 (2.4%)
Muslim	0 (0%)	2 (2.5%)	2 (2.5%)
Agnostic	1 (1.2%)	8 (9.9%)	9 (11.1%)
Atheist	1 (1.2%)	2 (2.5%)	3 (3.7%)
Hindu	6 (7.4%)	15 (18.5%)	21 (25.9%)
Total	17 (21%)	64 (79%)	81 (100%)

Chapter IV

Results

Participants included 82 (50.3%) females and 81 (49.7%) males. The average age of the participants was 32 years old (M=32.27, SD=6.31). Marital status of participants are as follows: 103 (63.2%) were married, 4 (2.5%) were widowed, 8 (4.9%) were divorced, 3 (1.8%) were separated, 43 (26.4%) were never married, and 2 (1.2%) did not respond. Participant's income are as follows: 77 (46.2%) participants made under $50,000 per year and 84 (50.4%) participants made over $50,000 per year. Table 5 presents a full list of the participants' demographics.

Table 5

Participants Demographic Information

Demographic	n	%
Gender		
Female	82	50.3
Male	81	49.7
Race		
Caucasian	91	55.8
African American	14	8.6
Asian	39	23.9
Hispanic	6	3.7
Hawaiian/Pacific Islander	2	1.2
American Indian	20	12.3
Years of Teaching		
Under 10 years	118	72.4
Over 10 years	45	27.6
Employment		
Public School	79	48.5
Other (Private, Charter)	83	50.9
Grade Level Taught		
Primary School	20	12.3
Elementary School	51	31.3
Junior High School	48	29.4
High School	42	25.8
No Response	2	1.2
Highest Degree Earned		
Bachelor's Degree	73	44.8
Master's Degree	71	43.6

Table 5 Continued

Doctoral Degree	15	9.2
No Response	2	1.2
Sexual Orientation		
Heterosexual	122	74.8
Homosexual	14	8.6
Bisexual	20	12.3
Transgender	3	1.8
Other/No Response	4	2.5
Area Teach In		
Rural	29	17.8
Urban	61	37.4
Small Town	25	15.3
Suburban	46	28.2
Other/No Response	2	1.2
Area Grew Up In		
Rural	32	19.6
Urban	38	23.3
Small Town	41	25.2
Suburban	52	31.9
Religion		
Agnostic	12	7.4
Christian	89	53.4
Non-Christian	60	36.1
Other/No Response	5	3.1
Political Affiliation		
Democrat	62	38.0
Independent	52	31.9
Republican	41	25.2
No Preference	7	4.3
Subject Area Taught		
English	33	19.8
Humanities	30	18.1
Mathematics	35	21.1
Sciences	31	18.6
Special Education	13	7.8
Multiple Subjects	21	12.6
Know Someone LGBTQ		
Yes	114	69.9
No	49	30.1

Assumptions and Correlation Matrix

A Pearson correlation analysis was performed to examine the relationships between demographic information (years of teaching, grade level taught, gender, sexual orientation, age, and knowing someone who is a sexual minority) and the Homosexual Attitude Scale and the Riddle Scale. Significant correlations were found in multiple areas. A significant positive correlation was found between years of teaching and age ($r=-.66$, $p<.01$, $r^2=.44$); therefore, the longer the participants has been teaching, the older they are. A negative correlation between the grade level taught and gender was discovered *($r=-.26$, $p<.01$, $r^2=.07$)*. Female teachers were more likely to teach lower grade levels. Grade level taught had a negative correlation with the Homosexual Attitude Scale ($r=-.21$, $p<.01$, $r^2=.10$). Teachers who teach lower grade levels have more negative attitudes towards sexual minority individuals. Gender has a positive correlation between age ($r=.20$, $p<.01$, $r^2=.11$); meaning that male teachers were more likely to be older than female teachers. A negative correlation was found between gender and whether the participants know a homosexual individual ($r=-.23$, $p<.01$, $r^2=.04$) and Homosexual Attitude Scale. Female participants were more likely to know and associate with a homosexual individual and they were more likely to have Positive Attitudes towards sexual minorities($r=-.18$, $p<.05$, $r^2=.03$). Sexual orientation had a negative correlation with the Homosexual Attitude Scale ($r=-.33$, $p<.01$, $r^2=.11$) and the Riddle Scale($r=-.27$, $p<.01$, $r^2=.07$), meaning that individuals who identified as sexual minorities has more positive attitudes towards homosexuals than heterosexual individuals. A positive correlation was found between the Riddle Scale and participants

who knew someone who identified as LGBTQ ($r=.20$, $p<.05$, $r^2=.040$). Those who knew someone who identified as LGBTQ are more likely to have positive attitudes towards homosexuals. Lastly, a positive correlation was found between the Homosexual Attitude Scale and the Riddle Scale($r=.16$, $p<.05$, $r^2=.03$). Participants with positive attitudes towards sexual minorities on the Homosexual Attitude Scale also had positive attitudes towards sexual minorities on the Riddle Scale.

The first research question asked: Is the direction of teachers' referrals for LGBTQ students who are false positive, influenced by their attitudes about homosexuality? To address this research question, a binary logistic regression was performed. Results of the binary logistic regression indicated that there was not a significant association between teacher attitude measured by the Homosexual Attitude Scale ($\chi2(3) = .993$, $p=.241$) and the Riddle Scale ($\chi2(3) = .881$, $p=.169$) and teachers referring LBGTQ students who are false positive. Table 6 present the results on the regression.

Table 6

Coefficients for Homosexual Attitude Scale and the Riddle Scale

Model	B	SE	Exp(B)	p
Constant	3.03	2.58	20.56	.24
HAS	-.007	.03	.99	.77
Riddle Scale	-.13	.09	.88	.17

*Note: HAS=Homosexual Attitude Scale

The second research question asked: Do teachers have positive or negative

attitudes towards sexual minority youth? To address the second research question,

descriptive analysis was reported and a one sample t-test was used. According to the

responses on the Homosexual Attitude Scale, teachers have more positive attitudes

towards the LGBTQ population (*M*=60.4, *SD*=11.4), a score above 78 is considered

highly negative (Kite & Deaux, 1986). A high score on the Riddle scale (over 30) is

considered to be more homophobic and negative (Bandele, 2003). Significant results

were found on both measurements. Based on the responses from the Riddle Scale and the

HAS, teachers in this study also have more positive attitudes towards LGBTQ individuals

(*M*=21.7, *SD*=2.80). Table 7 presents the results of the one sample t-test.

Table 7

Results of One-sample t-test and Homosexual Attitude Scale and The Riddle

Outcome	M	SD	N	Comparison Value	Df	t
Riddle Scale	21.74	2.80	163	32	162	-46.72*
HAS	60.37	11.41	163	78	162	-19.73*

The third research question asked: Are teachers more likely to refer general

population students than LGBTQ students to special education? To address the third

research question, a crosstabulation chi-squared test of independence was calculated

comparing teachers referring false negative sexual majority students and sexual minority

students to special education. A significant interaction was not found when the students

were false negative. Seventy-nine participants completed both scenarios of false negative

minority and false negative majority. Out of the 79 people, 21 (26.6%) would refer the

sexual minority student. On the other hand, 34 (36%) of participants would refer the

sexual minority student. Finding were not significant, $X^2(1, n=79) = 1.099, p=.215$.

Table 8 presents the results of the chi-squared test. The same crosstabulation chi-squared

test of independence was calculated comparing teachers referring the sexual majority

student and sexual minority students who were false positive. A significant interaction

was found when the students were false positive. Seventy-four participants completed

both scenarios of the false positive sexual minority student and the false positive sexual

majority student. Out of the 74 people, 64 (87.7%) participants would refer the false

positive sexual majority student. On the other hand, 34 (46.6%) would refer the false

positive sexual minority student, $X^2(1, n=73) =8.950, p=.002$. Results indicate that when

students were false positive, teachers were less likely to refer the sexual minority students

than the sexual majority students to special education. Table 9 present the results of the

chi-squared test.

Table 8

Results of Chi-square Test and Descriptive Statistics for Special Education Referrals

False negative Majority	False negative Minority		
	No, not refer	Yes, will refer	Total
No, not refer	31(39.2%)	27(34.2%)	**58(73.4%)**
Yes, will refer	14(17.7%)	7(8.9%)	21(26.6%)
Total	**45(57%)**	34(43%)	79 (100%)

Note. $\chi^2 = 1.099$, df = 1, *p < .05

Table 9

Results of Chi-square Test and Descriptive Statistics for Special Education Referrals of Students Struggling

False Positive Majority	False Positive Minority		
	No, not refer	Yes, will refer	Total
No, not refer	9(12.3%)	0(0%)	9(12.3%)
Yes, will refer	30(41.1%)	34(46.6%)	**64(87.7%)***
Total	39(53.6%)	**34(46.6%)***	73 (100%)

Note. $\chi^2 = 8.950$, df = 1, *p =.002

The fourth research question asked: To what degree do teacher characteristics predict the variance in attitudes about the LGBTQ population? To address the fourth research question, a logistic regression was performed on the LGBTQ false negative students, as well as, the LGBTQ false positive students. The first analysis examined demographic variables associated with referring false negative LGBTQ students to

special education. A total of 72 participants were included in this analysis. The analysis

was significant ($X^2(10)=34.06$, $p<.001$) and two of the variables were found to be

significant predictors: years of teaching and the Homosexual Attitude Scale. Newer

teachers or teachers with fewer years of experience were more likely to refer a false

negative sexual minority student to special education ($Exp(B)=.502$). The higher the

score on the Homosexual Attitude Scale (more negative attitudes towards sexual

minorities), the more likely the teacher will refer to special education ($Exp (B)=1089$).

Table 10 present the results of the regression of the false negative student. The second

analysis examined demographic variables associated with referring false positive LGBTQ

students to special education. A total of 72 participants were included in this analysis.

The analysis was not significant ($X^2(10)=5.91$, $p=.823$). Table 11 present the results of

the regression of the false positive student.

Table 10

Coefficients for Special Education referral for False Negative Sexual Minority Students

Model	*B*	*SE*	*Exp(B)*	*p*
HAS	.086	.040	1.089	.030*
Years of Teaching	-.690	.328	.502	.036*
Sexual Orientation	.515	.390	1.674	.187
Gender	-1.20	.644	.301	.070
Area Grew Up	.049	.297	1.05	.869
Age	.691	.522	1.99	.186
Constant	-5.83	3.47	.003	.093

*Note: HAS=Homosexual Attitude Scale

Table 11

Coefficients for Special Education referral for F Sexual lase Positive Minority Students

Model	B	SE	Exp(B)	p
HAS	-.002	.030	.998	.949
Years of Teaching	-.133	.106	.875	.924
Sexual Orientation	.239	.295	1.269	.419
Gender	.003	.542	1.003	.995
Area Grew Up	.022	.270	1.022	.935
Age	.222	.433	1.25	.609
Constant	2.07	3.52	7.93	.556

*Note: HAS=Homosexual Attitude Scale

Chapter V

Discussion

Special education is education programs and practices that all students learn, regardless of disability or severity (Huefner, 2000). The mandated law (IDEA) requires entry into special education include as assessment that is non-biased and conducted by a multidisciplinary team with multiple sources of data (Harry & Anderson, 2014). Quickly after the law was mandated, it was evident that some cultural minority groups were being referred and admitted to special education significant more than other cultural groups (Harry & Anderson, 2014). Disproportionality is a significant issue with African American students (Alexander, 2010). While disproportionality has been researched extensively with cultural minorities, little research has been conducted with sexual minority groups (Morgan, 2017). It is known that mental illness is a significant problem among youth, especially sexual minority youth.

According to Bostwick, Boyd, Hughes, West, and McCabe (2014), LGBTQ youth experience greater mental health problems, such as academic difficulties, depression, anxiety, suicide attempts, and posttraumatic stress disorder (PTSD) that could be addressed through special education services. Teachers have a tremendous impact on student achievement and when teachers are not supportive, student's social, behavioral, and academic functioning could be negatively affected (McCabe et al., 2013), which may result in a special education referral for those students. Teacher's personal attitude and

bias can negatively affect how they treat students of different cultures. Research conducted found that teachers with more negative attitudes and biases towards cultural minority students refer those students to special education significantly more than cultural majority students with the same struggles and difficulties. Thus far, no research has determined if the same trend occurs with students who are sexual minority.

The purpose of this study was to measure teacher's attitudes and willingness to help sexual minority students struggling academically, socially, and behaviorally by way of special education referrals. The hypotheses of this study were as follows: (a) teachers negative attitudes about sexual minority students predicted whether they would refer those students to special education; (b) teacher attitudes about sexual minority students are more negative than positive; (c) teachers are more likely to refer sexual minority students to special education than sexual majority students; and (d) teacher demographics, such as sexual orientation, gender, and attitudes towards sexual minority students will predict which teachers refer these students to special education.

Hypothesis 1

On the first research question, the researcher failed to reject the null hypothesis. Significant results were not found between teacher attitudes measured by the Homosexual Attitude Scale and the Riddle Scale and whether teachers refer the false positive sexual minority students to special education. Therefore, teacher attitudes about sexual minority students did not predict whether that teacher referred those students to special education.

In a review of the literature, it was found that Arrieta and Palladino (2014) conducted a case study of nine special education teachers to gain a better understanding of the perceptions they held about the LGBTQ population with special needs. Teachers were asked about their personal treatment of LGBTQ students. Eight participants reported that they treated sexual minority students the same as heterosexual students, while one participant did not answer the questions because he did not know of a sexual minority student in his school. Although all the participants reported treating sexual minority students equal to general population students in one question, seven of the nine admitted to treating sexual minority students differently in sensitive situations in a separate question (Arrieta & Palladino, 2014).

When discussing treatment of sexual minority students versus how colleagues treated LGBTQ students, five of the eight teachers believed that their co-workers did not have the same positive view of sexual minority students as they did. When teachers were questioned about why they feel that others treated sexual minority students differently, teachers reported that lack of professional development was to blame (Arrieta & Palladino, 2014).

Currently, there is very little research that focuses on teacher's treatment of sexual minority students with disabilities or referrals of sexual minorities with disabilities. The small amount of research available has a common theme of the belief that there is a lack of training for working with and helping sexual minority students with disabilities. Teachers believe they are not properly trained to work these individuals; therefore, they are forced to implement what they deem as appropriate interventions and support, which

may differ for each teacher.   Thus, two sexual minority students with similar difficulties

might receive different support or interventions because the two teachers interacting with

them are implementing the support they personally view as appropriate. Although,

attitudes about homosexuality were not formally assessed in this study, no teacher

mentioned attitudes about homosexuality as a reason for treating sexual minority students

differently than sexual majority students.

Hypothesis 2

On the second research question, the researcher failed to reject the null

hypothesis. According to the Homosexual Attitude Scale, negative views about the

sexual minority population is a score above 78 (Kite & Deaux, 1986). Participants in this

study had a mean score that was positive. According to the Riddle Scale, a negative or

homophobic attitude is interpreted when the score is high (Bandele, 2003). According to

the Riddle Scale, participant's scores were also more positive towards sexual minority

individuals. Teacher responses did not classify as negative on either scale, indicating that

teachers' attitudes are more positive towards sexual minority youth. Although the

hypothesis for this study was rejected, findings appear to be reflective of the ever-

changing views on sexual minority individuals.

Ploderl and Trembley (2015) found that the majority of the population reported

positive views of sexual minority individuals and found homosexuality as an acceptable

way of life. McKay (2000) conducted a meta-analysis study to determine the attitudes

towards sexual minority individuals since the late 1970's. Each year, attitudes towards

the LGBTQ population became more positive (McKay, 2000). In 1977, less than 40%

reported that homosexual relations between consenting adults should not be legal. That number has risen to over 60% in 1998. When asked if homosexuality is considered an acceptable alternative lifestyle, 34% agreed in the 1970's. In 1998, over 80% of the population agreed (McKay, 2000). A separate study conducted by Russell and Fish (2016) asked participants if they believed homosexuality should be legal. It was reported that 66% of the participants in this study believed that relations between two consenting same-sex adults should be legal.

Specifically reviewing research only with teachers, a study conducted by Taylor and Peter (2011), found that teachers had more negative attitudes about sexual minority individuals. In this study, over 3,000 students were questioned about school climate, harassment, school attachment, interventions, and teacher interactions (Tyler & Peter, 2011). It was found that teachers were not supportive of sexual minority youth and did not have positive attitudes towards LGBTQ students. It was also found that school had no respect for LGBTQ youth and did not create a safe environment for these students (Tyler & Peter, 2011). In a separate study conducted by Perez-Testor et al. (2010) had opposite findings. In this study, 254 elementary and high school teacher's attitudes and prejudices toward homosexuality were evaluated. The instruments used in this study were a scale of overt and subtle prejudice and a scale of perceived discrepancy of values. Results found that over 80% of the teachers showed no prejudiced attitudes towards the LGBTQ population (Perez-Testor et al., 2010).

On the third research question, the null hypothesis was partially rejected; although significant results were found. It was hypothesized when the students were not struggling (false negative), there was no significant difference in referral between sexual minority students and sexual majority students. Results confirmed this hypothesis. When the student was false negative, teachers were less likely to refer those students to special education despite sexual orientation. Each participant was given the opportunity to provide reasons for their responses. They were able to tell why they would refer or why they would not refer a student to special education. Many participants reported that there was not enough information to make a referral to special education. However, other participants gave detailed reasons why they would not refer the students to special education. Responses were reviewed and direct quotes were taken from the responses. Quotes below are from teachers who read the vignette of the false negative student who identified as a sexual minority.

One participant, who is a special education teacher wrote:

> His grades are mid-range. He is still completing his work. He has friends so it is not ADHD or Asperger's. All teenagers are "weird." The absences need to be looked into and monitored. If he is missing class because it is becoming too difficult to participate, then he needs interventions. He is not far enough along to warrant services.

Another participant, who teaches primary school stated:

> First, I would have him placed on an RTI (response to intervention) plan for Reading and have interventions through the RTI process, which is always done before a Sped. (special education) referral. Also, I would suggest that the school counselor talk to the student because he has other underlying struggles that are influencing his grades."

Another participant, who teachers high school English, wrote, "he completes his work. He doesn't need special education, he just needs discipline to improve his behavior.

Over 90% of the participants who would not refer justified the decision by saying that there was not enough information for a special education referral. They felt that more information or more interventions were needed before a special education referral could be considered. Other participants mentioned behavior supports and felt that special education was not the best approach to address behavioral difficulties. One participant responded, "this is a behavior issue and not a special education issue."

Some participants responded that they would refer the false negative student to special education after reading both vignettes. All participants that would refer justified their decision because the student is struggling enough to warrant special education services. One participant responded, "special education nowadays is more like tutoring and should not be seen as negative. Reading is very important and this student would benefit from the added attention in a special education class." Another participant answered, "we have to help him before it is too late and he drops out." A third participant would refer the non-struggling student to special education because, "according to previous teacher, he struggles with reading comprehension." Overall, when the student was not struggling, there was no significant difference in special education referral between sexual minority students and sexual majority students.

When students were struggling (false positive), significant results were found. It was hypothesized that teachers were more likely to refer sexual minority students in the

same way teacher are more likely to refer cultural minority students. The opposite results were found. Based on participant's responses, teachers were significantly less likely to refer sexual minority students to special education than sexual majority students. When asked to provide a reason for responding the way they did, majority of the teachers felt that the LGBTQ student did not need special education services. Teachers believed that the sexual minority student needed counseling or extra support that could be provided within general education. One participant, who was an English teacher wrote, "SPED (special education) - no, school psychologist – yes." Another participant who teaches primary school wrote "it seems that this student is having issues with his sexuality and it is affecting his school performance. I don't think there is a learning disability involved." Another participant, who teaches at a middle school responded that "the student need social support." When the student was not a sexual minority, participants were more likely to refer the student to special education. A high school teacher responded, "it sounds like interventions have already been put in place. I would encourage them to take him to a doctor to get tested for ADHD/EBD." Another participant, who teaches at an elementary school wrote, "he has already been receiving services with no improvements." A third participant who teaches middle school responded, "his grades in reading and math are bad and the extra attention from a special education evaluation would greatly help. Special education should not be viewed as negative and separating from other students." Based on the responses, teachers were less likely to refer the sexual minority youth to special education because emotional and behavioral supports were more appropriate than special education services.

In reviewing the literature, Harley, Nowak, Gassaway, and Savage (2002)

conducted a review of five literature on LGBTQ college students with disabilities and

found that 11% of LGBTQ college students have disabilities. This percentage includes

all disability categories and the studies did not indicate whether these students received

special education services in elementary or secondary school. No research was found

specifically on teachers referring sexual minority students to special education. Harley et

al. (2002) found that due to absence of policies based on scientific research, teachers are

forced to implement what they feel is appropriate support for sexual minority students

based on teacher's individual opinions. Teachers' idea of appropriate support might not

be what is best for those students, which could lead to individual teachers implementing

different supports for sexual minority students with similar struggles. Inconsistencies

regarding teacher interaction and support could result in a significant detriment to sexual

minority students needing special education supports and services. The teachers who

participated in the study conducted by Harley et al. (2002) reported that sexual minority

students were more likely to struggle behaviorally and emotionally due bullying, social

alienation from family and peers, and possibly an internal struggle involving religion and

sexual orientation.

<u>Hypothesis 4</u>

On the fourth research question, the null hypothesis was partially rejected. When

the students were not false negative HAS and years of teaching significantly predicted if

the teachers would refer for special education. Specifically, teachers with more negative

attitudes towards sexual minority students and less experienced teachers were more likely

to refer sexual minority students to special education. When students were false positive, significant results were not found. When sexual minority students were false positive, teacher demographics did not predict which teachers would refer sexual minority students to special education. It is believed that the Homosexual Attitude Scale may contribute to both finding, although the results do not indicate that. Teachers with more negative attitudes were significantly more likely to refer the student that was not struggling because the teacher believed that the student needed special education due to his sexuality. It is believed that a moderation occurred. More specifically, teachers with more negative attitudes about homosexuality felt the same way, but the results did not indicate these finding because the teachers responded "no" because the participants did not want to appear homophobic.

Moskowitx, Rieger, and Roloff (2010) conducted a study of heterosexual attitudes towards homosexual individuals and same-sex marriage. It was found that heterosexual females are more understanding and compassionate of sexual minority individuals than are heterosexual males. It was found that there were more likely to be support of employment, adoption, and civil rights of sexual minorities and less likely to hold negative stereotypical beliefs about the population. Heterosexual men were significantly less supportive and more likely to have negative views towards homosexual individuals. It was discovered that homosexual men are more likely to believe that homosexuals are mentally ill and sex offenders. Heterosexual males are also more likely to believe negative stereotypes about sexual minorities. Kite and Whitley (1996) discovered that although males are less supportive towards homosexuals, they were more supportive of

lesbian rights that gay rights. For example, heterosexual males supported lesbian adoption rights versus gay adoption rights and they were more in favor of being employed by a lesbian than a gay man. This may be because there is a widespread belief that gay men are more socially and sexually deviant than their female counterparts (Dowsett, 1993).

Specifically reviewing research studies only conducted with teachers, a study by Sargin and Circir (2015) examined the attitudes of perspective teachers on sexual minority students. The results of the study revealed that the female participants had more positive attitude towards homosexuals than the male participants. It was also found that younger teacher (early 20's) had more positive views than veteran teachers. Another study conducted by Kosciw, Greytak, and Diaz (2009) examined how locational (measured by region and locale), community-level (measured by school district poverty and adult educational attainment), and school district-level (measured by district size and teacher to student ratio) predict hostile school climate for sexual minority youth. Hostile climate was defined by frequency of homophobic remarks and victimization towards student who identified as LGBTQ. Data consisted of over 5,000 participants. Results indicated that sexual minority youth living in rural communities and communities with lower adult educational attainment are more likely to experience a hostile school climate. It was also discovered that school district characteristics did not predict hostile school climates.

Implications

According to the results of this study, there appears to be a disproportionality in special education with LGBTQ students. Unlike African American culture, the disproportionality could be underrepresented in special education. It was hypothesized that teacher attitudes and prejudices about sexual minority students would predict special education referrals. This hypothesis was rejected. In this study, it was found that when students were not struggling, demographic information such as attitudes about homosexuality and years of teaching, predicted which (sexual minority or sexual majority) students were more likely to be referred to special education. When students were struggling significantly, there were no demographic predictors. This suggests that teachers, no matter age, gender, or attitudes about homosexuality, teachers felt that when a sexual minority student is struggling behaviorally, socially, and academically, special education referrals were not warranted but without the added information of sexual identity, a special education referral was appropriate. Responses indicated that when the student identities as LBGTQ, the student needed counseling to address the difficulties or the student has behavior issues that were not appropriate for special education. Based on teacher responses, there were three major themes of why a struggling sexual minority student should not be referred to special education. These themes are presented on Table 13.

Table 13

Referral themes for false positive sexual minority student

Those who responded "yes"	Those who responded "no"
He has emotional/behavioral issues that can be addressed through special education	Behavior supports outside special education, such as detention
Grades indicate he needs specialized instruction	Support from counselor or school psychologist
He is an at-risk student that has been through the tiers and special education referral is next	He needs more emotional/behavioral interventions
He needs help	More positive teacher attention
	Home-school to be removed from bullying and harassment
	Social support/mentor
	Tutoring
	His issues are identification and not a learning disability

The vignette of the struggling student reported that the student had received academic interventions, such as tutoring and emotional/behavioral interventions, such as counseling, and was still experiencing great difficulties. With this added information, teachers who would not refer the struggling sexual minority student reported that a referral is not necessary, the student needed counseling to help with difficulties. When teachers were responding to whether the general population or sexual majority student should be referred for special education, teachers used this same added information to

justify why they believed the child should be referred to special education. Over 70% of the teachers who reported they would refer the sexual majority student to special education, wrote that the student was provided with multiple academic and behavioral interventions and was still not successful; therefore, the student warranted a special education referral. Specifically looking at referrals of struggling students, there was a significant difference in referrals. It was found that it was not a result of negative attitudes and prejudices as previously hypothesized. Arrieta and Palladino (2015) found that it was lack of teacher training that contributed to sexual minority referral discrepancies. It was discovered that teachers implement services that deem as appropriate because of their lack of training and knowledge about LGBTQ issues.

Pohl, Fugate, and Kelly (2017) found that it was a common problem within many teacher preparation programs. Teachers were not being trained on the components of special education diversity. Pohl (2013) explained it as overlooked and under-examined especially when it comes to training prospective teachers to work with sexual minority students receiving special education services. As a result, many aspiring special education teachers do not receive the training required to provide services to LGBTQ students (Arrieta & Palladino, 2015). It was discovered that in teacher preparation programs, special education courses are only required to special education certification and not a requirement for all prospective teachers. However, in some cases, special education is covered in courses that are only available as electives or as a one-course requirement for general education teachers (Pohl, Fugate & Kelly, 2017). As a result, many prospective teachers (special education and general education) fail to receive the

training needed to serve diverse groups of students. This problem is especially evident in the lack training and preparation of teachers serving sexual minority students with identified learning or emotional disabilities (Dykes & Thomas, 2015).

The National Association of School Psychologist (NASP) provides ways in which school psychologist and other staff members can provide a safe environment for sexual diverse students (NASP, 2017). Providing professional development to all teachers is highly recommended. Professional development will help teachers recognize and intervene when sexual minority students are struggling and are victims of bullying. Activities are available for teachers and other school staff to become supportive advocates for sexual minority students. Professional development can assist teachers to determine when a sexual minority student needs to be referred for special education due to behavioral, academic, and social difficulties. Training teachers of the importance of special education and the services that special education provides, sexual minority students with disabilities should not be overlooked (NASP, 2017).

Another way to support sexual minority youth is to consult with professional, such as school psychologists, counselors, or other local trainers that can help develop interventions that are appropriate for that particular student. Lastly, it was recommended to provide families in the community with accurate information about sexual orientation and gender identity. School psychologists and other school staff can help families learn how to talk with their children about these difficult topics and encourage them to support their child's identity. This can assist them in developing the skills needed to advocate for their child and teach their children to advocate for themselves (NASP, 2017).

Limitations

There are a number of limitations in this study. One major limitation of this study is the vignettes used to determine if teachers would refer students to special education were created by the researcher and were not vignettes that established validity. A second limitation of this study was all sexual minorities were viewed together when teacher's attitudes were examined. In other words, teacher attitudes in the study measured all LGBTQ individuals and not attitudes about homosexual males vs homosexual females, or attitudes about transgender individuals vs bisexual individuals. It was discovered Kite and Whitley (1996) there is a significant difference when measuring attitudes separately. It was discovered that males had more negative attitudes towards homosexuals then they had about lesbians (Kite & Whitley, 1996).

A third limitation of the study was the participants were all recruited through Mturk by Amazon. As stated above, Mturk was found to be a reliable, cost effective, and rapid method to recruit participants; however, it also has disadvantages (Buhrmester et al, 2011). Paolacci and Chandler (2014) reported that participants were diverse, but were not representative of the general population. That was evident in this study. There were more Asian participants in this study than African American and Hispanic participants, which is not a true representation of the general population. Mturk participants were found to be more educated, more liberal, and less religious when compared with the general population (Goodman et al., 2013). This was also evident in this study. This could contribute to why attitudes towards sexual minority individuals were more positive than negative.

A fourth limitation of the study was that over 114 qualified participants did not complete the study. It is unknown why those participants chose to discontinue the study. Some may have discontinued because they were uncomfortable answering detailed questions concerning their views about homosexuality. If these participants did not discontinue the study, results about sexual minority individuals may have been different. Attitudes towards sexual minority individuals may have been more negative. According to research conducted by Taylor and Peter (2011), it was found that teachers had more negative attitudes about sexual minority individuals. In contrast, Witeck (2014) found that teacher participants felt that homosexuality was an acceptable lifestyle. Teacher's attitudes and views in this study may be more representative of the latter study.

Though the Riddle scale is frequently used, cited and regarded highly (Rubini, 2014), psychometric properties are currently unknown. The Riddle Scale's validity has only been assumed by other researchers and has never undergone any controlled scientific testing for validity or reliability (Rubini, 2014). This study used the Riddle Scale to examine teacher's attitudes about sexual minorities but did not find psychometric properties. The examiner also found that the Riddle Scale's questions are difficult to answer. Many statements were ambiguous, presenting two conflicting ideas. For example, one item stated "We should have compassion for LGBTQ people, they cannot be blamed for how they were born". The first sentence shows compassion for sexual minority individuals. The second sentence implies that if they weren't born this way, they would not be associated with the LGBTQ community. There are a few items similar

to this example, which made calculating the results of the Riddle Scale difficult to take as a participant.

Future Research Direction

There are very few studies that target sexual minority students in special education. It was found that almost no quantitative research on sexual minority students with disabilities has appeared in the last two decades, and the connection between LGBTQ students and special education identification (either over- or under-identification) and is rarely mentioned in literature about the experiences of LGBT youth with disabilities. One study (Fredriksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2012) concluded that LGBTQ adults were more likely to have physical, mental, or emotional disabilities than their heterosexual counterparts, but no such data exists for LGBTQ youth. It is known that sexual minority youth experience mental health difficulties more than their heterosexual peers; however, no data was found to determine if these students were serviced in special education.

More research focusing on teacher programs and preparing teachers may be warranted as individuals identified as sexual minorities have doubled in the last decade (Gates, 2007). It was discovered that in teacher preparation programs, special education courses are only required for special education certification and not a requirement for all prospective teachers. A beneficial research study will be on new teacher's preparedness and competency in working with sexual minority students with disabilities and/or sexual minority students in general. This study could be conducted with teachers in their first years of teaching to determine how prepared they are to work with special education

sexual minority students. This information could help create new college courses for teachers or new lessons and assignments in existing college courses. As stated, individuals identified as sexual minorities doubled in the last decade and it is believed this number will continue to rise. College courses and/or trainings focusing on LGBTQ youth will help teachers become more prepared and eliminate teachers implementing services based on their beliefs when it comes to sexual minorities. Another area of research may be multicultural curriculum with the focus of sexual minority issues.

This study found that teachers with more negative attitudes about sexual minority youth were more likely to refer LGBTQ students to special education when the student were false negative or not struggling. When the students were false positive or struggling, attitudes about sexual minority youth was not a predictor. It is believed that a moderation occurred. More specifically, teachers with more negative attitudes about homosexuality felt the same way in both vignettes, but the results did not indicate these finding because the teachers responded "no" because the participants did not want to appear homophobic. Swanson, Swanson, and Greenwald (2010) used the Implicit Attitude Test (IAT) to confirm that there is an inconsistency in attitudes and behaviors. Individuals may report favorable attitudes towards a behavior when they truly have negative attitudes towards those behaviors because they do not want to reveal their true feelings about that behavior. It is believed similar results occurred in this study. It was found that teacher attitude predicted referrals in one situation but not the other. Future research could determine if moderations occur with teachers and special education referrals.

As identified above, the Riddle scale has no established reliability and validity. Further research is warranted to measure psychometric properties of the Riddle Scale. Such a study could help to identify if the Riddle Scale is an appropriate measure for attitudes towards sexual minority individual.

Conclusion

There is very little research that focuses on sexual minority youth and their achievement and success, specifically in special education (Morgan, et al., (2017). The purpose of this study was to (a) determine if teacher attitudes towards sexual minority youth are more positive or negative, (b) determine if teachers were more likely to refer sexual minority students to special education than general population students, and (c) determine if teacher attitude towards homosexuality and other demographic information are predictors in sexual minority youths special education referrals. Research suggests that teacher's attitudes and biases can be a factor in determining which students are being referred to special education (Jussim & Harber, 2005). It was discovered that African American students were more likely to be referred for special education based on teacher bias and attitude. (Tenenbaum & Ruck, 2007). This study determined that unlike cultural minority referrals, sexual minority referrals occur significantly less than general population/sexual majority students. Findings from previous research indicates that demographic information can predict which individuals are more supportive of sexual minority individuals (Cech & Pham, 2017; Irwin, 2003; Theodore & Basow, 2008). This study revealed that teacher attitude towards sexual minorities and teacher demographics did not predict special education referrals for sexual minority students who were struggling.

This study may assist teachers in realizing how their personal views concerning all minorities (not just racial minorities) may interfere with seeking extra assistance and training for them by making special education referrals for sexual minority students who

are struggling academically, socially, and emotionally. This personal view may not be because of negative attitudes towards LGBTQ youth, it may be that these teachers feel that special education is only for students with learning difficulties and not for emotional/behavioral supports (which some teachers indicated).

Further, understanding how teacher views impact student achievement can help to better train teachers to work with such populations in the future. Teacher training should not focus on attempting to change or alter views, politics, or attitudes; however, the focus should be to help teachers recognize their own personal views and attitudes about different demographics. Trainings should inform teachers that being unaware of personal attitudes and biases can affect student support (in this case, special education referrals). Teacher trainings can also assist teachers in working with this population of students. Teachers indicated that decisions affecting sexual minorities are made based on their personal views and not information learned through trainings or college. Perhaps a Licensed Specialist in School Psychology can provide trainings or identify local trainers to educate school staff about sexual minority issues (NASP, 2017). This may assist in educating on when to intervene in situations where a sexual minority student is struggling. Information found could prove to be valuable and relevant for the ever-changing populations of teachers and students.

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APPENDIX A

Informed Consent

You are invited to participate in a web-based online survey on Teacher's Attitudes and Willingness to refer Students to Special Education. This is a research project being conducted by DiAne' Forney, a doctoral student from Stephen F. Austin State University. It should take approximately 30 minutes to complete.

PARTICIPATION
Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

BENEFITS
Each participant is rewarded with ten cents for participation in this study.

RISKS
There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.

CONFIDENTIALITY
Your survey answers will be sent to me, DiAne' Forney, and they will be kept in a password protected file on my computer. Identifying information such as your name, email address, or IP address will not be requested in the survey. Therefore, your responses will remain anonymous. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study.

CONTACT
If you have questions at any time about the study or the procedures, you may contact my research supervisor, Dr. Nina Ellis-Hervey via email at ellishernm@sfasu.edu or myself, DiAne' Forney at Forney.diane@yahoo.com.

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records. By checking "Agree" you indicate that

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older

☐ Agree

APPENDIX B

Qualifying Questions

What does RTI stand for at your school district?
      A. Response to Independence
      B. Response to Intervention
      C. Research Teaching Institute
      D. Research Teach Instruct

Who is always included in a RTI team?
      A. Parent
      B. Counselor
      C. Diagnostician
      D. All of the Above
      E. None of the Above

APPENDIX C

Demographic Questionnaire

Please answer each question as accurately as possible by circling the correct answer or filling in the space provided.

1. Gender (circle one):
 	
   A. Female
   B. Male
   C. Other: _____
	9. Please report an estimate of your household's combined annual income in thousands of dollars:
	
	   A. Less than 10,000
	   B. 10,000 to 19,999
	   C. 20,000 to 29,999
	   D. 30,000 to 39,000
	   E. 40,000 to 49,999
	   F. 50,000 to 59,999
	   G. 60,000 to 69,999
	   H. 70,000 to 79,999
	   I. 80,000 to 89,999
	   J. 90,000 to 99,000
	   K. 100,000 or more

2. Age_____	10. Please circle one of the following to indicate your primary ethnic identity:
	
	   A. African American
	   B. Asian American
	   C. Caucasian
	   D. Hispanic
	   E. Middle Eastern
	   F. Hawaiian/Pacific Islander
	   G. American Indian
	   H. Other: _____

3. Religion (circle ONE):
 	
   A. Christian/Catholic
   B. Christian/Non-Catholic
   C. Jewish
	11. Subject Area Taught_____

D. Muslim E. Atheist F. Agnostic G. Buddhist H. Hindu I. Other	
4. What kind of area were you raised in? A. Rural B. Small town C. Suburban D. Urban E. Other _____	12. Education: What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received. A. Bachelor's degree B. Master's degree C. Doctorate degree (for example: PhD, EdD)
5. Political orientation: A. Republican B. Democrat C. Independent D. No preference	13. Employment Type. Please describe your work: A. Public School B. Private School C. Charter School D. University
6. Sexual orientation: A. Heterosexual B. Homosexual C. Bisexual D. Transgender D. Other _____	14. Do you have a homosexual family member: A. Yes B. No
7. Marital status of parents: A. Married B. Separated C. Divorced D. Never married	15. Do you have a homosexual friend/co-worker: A. Yes B. No

E. Other _____	

8. Years of Teaching
 	
  A. This is my first year
  B. 1 to 5 years
  C. 6 to 10 years
  D. 11 to 15 years
  E. 16 to 20 years
  F. More than 20 years
	16. What grade level do you currently teach?
	
	  A. Primary (Pre-K to 2)
	  B. Elementary (3 to 5)
	  C. Junior High (6 to 8)
	  D. High School (9 to 12)

APPENDIX D

Brief RCOPE

Think about how you try to understand and deal with major problems in your life. To what extent is each involved in the way you cope?
1– not at all 2 – to a slight degree 3 – to a moderate degree 4 – to a great degree

Positive S/r coping subscale items
1. Looked for a stronger connection with God/a higher power.
2. Sought God/a higher power's love and care.
3. Sought help from God/a higher power in letting go of my anger.
4. Tried to put my plans into action together with God/a higher power.
5. Tried to see how God/a higher power might be trying to strengthen me in this situation.
6. Asked forgiveness for my sins/wrongdoing.
7. Focused on religion to stop worrying about my problems.

Negative S/r coping Subscale Items
8. Wondered whether God/a higher power had abandoned me.
9. Felt punished by God/a higher power for my lack of devotion.
10. Wondered what I did for God/a higher power to punish me.
11. Questioned God/a higher power's love for me.
12. Wondered whether my church/fellow followers had abandoned me.
13. Decided the devil/evil forces made this happen.
14. Questioned the power of God/a higher power.

APPENDIX E

Homosexuality Attitude Scale

Please indicate your level of agreement with the items below using the following scale:

1-Strongly Agree
2-Agree
3-Neutral
4-Disagree
5-Strongly Disagree

1. I would not mind having a homosexual friend.   1 2 3 4 5
2. Finding out that an artist was gay would have no effect on my
    appreciation of his/her work.   1 2 3 4 5
3. I won't associate with known homosexuals if I can help it.   1 2 3 4 5
4. I would look for a new place to live if I found out my roommate
    was gay.   1 2 3 4 5
5. Homosexuality is a mental illness.   1 2 3 4 5
6. I would not be afraid for my child to have a homosexual teacher.   1 2 3 4 5
7. Gays dislike members of the opposite sex.   1 2 3 4 5
8. I do not really find the thought of homosexual acts disgusting.   1 2 3 4 5
9. Homosexuals are more likely to commit deviant sexual acts,
    such as child molestation, rape, and voyeurism (Peeping Toms),
    than are heterosexuals.   1 2 3 4 5
10. Homosexuals should be kept separate from the rest of society
    (i.e., separate housing, restricted employment).   1 2 3 4 5
11. Two individual of the same sex holding hands or displaying
    affection in public is revolting.   1 2 3 4 5
12. The love between two males or two females is quite different
    from the love between two persons of the opposite sex.   1 2 3 4 5
13. I see the gay movement as a positive thing.   1 2 3 4 5
14. Homosexuality, as far as I'm concerned, is not sinful.   1 2 3 4 5
15. I would not mind being employed by a homosexual.   1 2 3 4 5
16. Homosexuals should be forced to have psychological treatment.   1 2 3 4 5
17. The increasing acceptance of homosexuality in our society is
    aiding in the deterioration of morals.   1 2 3 4 5
18. I would not decline membership in an organization just because
    it had homosexual members.   1 2 3 4 5
19. I would vote for a homosexual in an election for public office.   1 2 3 4 5
20. If I knew someone were gay, I would still go ahead and form a

friendship with that individual.   1 2 3 4 5
21. If I were a parent, I could accept my son or daughter being gay.   1 2 3 4 5

APPENDIX F

Attitudes toward Difference Survey: The Riddle Scale

Put the number one for yes and the number two for no on each statement below.

___ 1. Homosexuality is unnatural and immoral. LGBT people are emotionally or psychologically ill.

___ 2. LGBT people should participate in reparative therapy or any other treatment available to help them change their sexual orientation.

___ 3. We should have compassion for LGBT people. They can't be blamed for how they were born.

___ 4. LGBT people didn't choose to be the way they are. If they could somehow become heterosexual, they would surely do so.

___ 5. Homosexuality is a phase that many people go through and most grow out of.

___ 6. LGBT people need our support and guidance as they wrestle with the many difficult issues associated with their lifestyle.

___ 7. I have no problem with LGBT people, but see no need for them to flaunt their sexual orientation publicly.

___ 8. What LGBT people do in the privacy of their own bedroom is their business.

___ 9. LGBT people deserve the same rights and privileges as everybody else.

___10. Homophobia is wrong. Society needs to take a stand against anti-LGBT bias.

___11. It takes strength and courage for LGBT people to be themselves in today's world.

___12. It is important for me to examine my own attitudes so that I can actively support the struggle for equality that LGBT people have undertaken.

___13. There is great value in our human diversity. LGBT people are an important part of that diversity.

___14. It is important for me to stand up to those who demonstrate homophobic attitudes.

___15. LGBT people are an indispensable part of our society. They have contributed

much to our world and there is much to be learned from their experiences.

___16. I would be proud to be part of an LGBT organization, and to openly advocate for the full and equal inclusion of LGBT people at all levels of our society.

APPENDIX G

Vignette 1

Directions:

Please read the following vignette carefully. After reading the vignette, please respond to the question that follow.

The following vignette is a hypothetical situation and does not describe an actual student. Under more typical circumstances, there would be additional information provided that would create a complete picture of the student.

A student in your class has been struggling this year. You spoke with his previous classroom teacher and this student has been struggling for a few years. Currently, this student is identified as "at risk." Previous 9-week grades are as follows: Reading is a D, Math a B, Science a C, Social Studies a D, Physical Education a C, and Drama an A. Based on notes from his previous teacher, he struggles with reading and reading comprehension. This student also has a history of difficulties getting along with his peers. He has reported being teased and bullied in the past and does not make friends easily. His peers say he is "weird" and do not often speak with him. This student is described as a helper but can be argumentative when frustrated. He is frequently being reprimanded by his teachers for being inattentive, distracting other students, and failing to complete homework. Recently you noticed that this student is beginning to come to school less frequently.

Based on the academic and behavioral/emotional concerns, would you refer this student for special education evaluation?

1. Yes
2. No

APPENDIX H

Vignette 2

Directions:

Please read the following vignette carefully. After reading the vignette, please respond to the question that follow.

The following vignette is a hypothetical situation and does not describe an actual student. Under more typical circumstances, there would be additional information provided that would create a complete picture of the student.

A student in your class has been struggling this year. You spoke with his previous classroom teacher and this student has been struggling for a few years. Currently, this student is identified as "at risk." Previous 9-week grades are as follows: Reading is a D, Math a B, Science a C, Social Studies a D, Physical Education a C, and Drama an A. Based on notes from his previous teacher, he struggles with reading and reading comprehension. This student also has a history of difficulties getting along with his peers. He has reported being teased and bullied in the past and does not make friends easily. His peers say he is "weird" and do not often speak with him. This student is described as a helper but can be argumentative when frustrated. He is frequently being reprimanded by his teachers for being inattentive, distracting other students, and failing to complete homework. Recently you noticed that this student is beginning to come to school less frequently.

Based on the academic and behavioral/emotional concerns, would you refer this student for special education evaluation?

3. Yes
4. No

APPENDIX I

Vignette 3

Directions:

Please read the following vignette carefully. After reading the vignette, please respond to the question that follows.

The following vignette is a hypothetical situation and does not describe an actual student. Under more typical circumstances, there would be additional information provided that would create a complete picture of the student.

A student in your class has been struggling this year. You spoke with his previous classroom teacher and this student has been struggling for a few years. Currently, this student is identified as "at risk." Previous 9-week grades are as follows: Reading is a F, Math a D, Science a F, Social Studies a F, Physical Education a C, and Drama a D. Based on notes from his previous teacher, he struggles with reading and reading comprehension. This student also has a history of difficulties getting along with his peers. He has reported being teased and bullied in the past and does not make friends easily. His peers say he is "weird" and do not often speak with him. His peers do not like to work with him in a group and he is often left alone to complete group assignment individually. Discipline records from the past few years report fighting, disrespect towards authority, and use of illicit drugs on school property. This student is described as a helper but is very argumentative when criticized. He is frequently being reprimanded by his teachers for being inattentive, distracting other students, arguing with school staff, skipping school, and failing to complete homework. You scheduled a parent meeting and the parents reported that they witness the same behaviors at home and are very concerned and are open to any suggestions you may have. After looking through his records, you discovered he has received multiple academic interventions (tutoring) and behavioral interventions (counseling). Recently you noticed that this student is beginning to come to school less frequently.

Based on the academic and behavioral/emotional concerns, would you refer this student for a special education evaluation?

5. Yes
6. No

APPENDIX J

Vignette 4

Directions:

Please read the following vignette carefully. After reading the vignette, please respond to the questions that follow.

The following vignette is a hypothetical situation and does not describe an actual student. Under more typical circumstances, there would be additional information provided that would create a complete picture of the student.

A student in your class has been struggling this year. You spoke with his previous classroom teacher and this student has been struggling for a few years. Currently, this student is identified as "at risk." Previous 9-week grades are as follows: Reading is a F, Math a D, Science a F, Social Studies a F, Physical Education a C, and Drama a D. Based on notes from his previous teacher, he struggles with reading and reading comprehension. This student also has a history of difficulties getting along with his peers. He has reported being teased and bullied in the past and does not make friends easily. His peers say he is "weird" and do not often speak with him. His peers do not like to work with him in a group and he is often left alone to complete group assignment individually. Discipline records from the past few years report fighting, disrespect towards authority, and use of illicit drugs on school property. This student is described as a helper but is very argumentative when criticized. He is frequently being reprimanded by his teachers for being inattentive, distracting other students, arguing with school staff, skipping school, and failing to complete homework. You scheduled a parent meeting and the parents reported that they witness the same behaviors at home. They also reported that their child has been very distant, refusing to participate in family activities, and now has a strained relationship with his siblings due to fighting and bullying. They reported that they are very concerned and are open to any suggestions. After looking through his records, you discovered he has received multiple academic interventions (tutoring) and behavioral interventions (counseling). Recently you noticed that this student is beginning to come to school less frequently.

Based on the academic performance and behavioral/emotional concerns, would you refer this student for special education evaluation?

7. Yes
8. No

Vita

After completing High School in Wiesbaden, Germany in 2005, DiAne' Forney entered

Stephen F. Austin State University at Nacogdoches, Texas. DiAne' graduated with her

bachelor's degree in the summer of 2009 with a major in Psychology and a minor in

Theatre. DiAne' went to the University of Houston-Victoria for her master's degree and

graduated in 2013 with a degree in School Psychology. After graduating, DiAne' worked

as a Licensed Specialist in School Psychology (LSSP) for Lufkin Independent School

District for 5 years. While working in Lufkin, DiAne' attended Stephen F. Austin State

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