

## **Professional Counselors’ Roles and Opportunities in Special Education Advocacy**

Lindsay C. Webster <sup>1</sup>  
University of Tennessee at Chattanooga

Joel H. Muro  
Texas Woman’s University

*Professional counselors are called upon by the American Counseling Association (2018) to advocate on behalf of clients and their families to empower them and facilitate treatment goal achievement. They may accomplish this advocacy work in a variety of ways, including the provision of education and support when external barriers prevent clients' access to valuable community systems and resources. Special education (SPED) represents one such systemic resource that many clients and their families interface, but the lack of knowledge of a family's rights in the individual education planning (IEP) process continues to hinder their participation and utilization of SPED services (Jung, 2011; Lo, 2012). In this article, we illuminate opportunities for clinical mental health counselors to adequately prepare client families for the SPED process and act on behalf of families to advance their children’s treatment progress, educational prospects, and lifelong success.*

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The public school systems are witnessing an influx in mental health diagnoses for children that supersedes other times in public school history. According to the Center for Disease Control (CDC), over 15 million children in the United States are afflicted with

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<sup>1</sup> Correspondence may be sent to: Lindsay C. Webster, University of Tennessee at Chattanooga, 529 Oak Street, Dept 2242; 109 Davenport Hall, Chattanooga, TN 37403. Email: lindsay-webster@utc.edu. Phone: (512) 522-1898.

ADHD. Additionally, the nation has seen a nearly 3% increase in depressive and anxiety symptoms for children ages 3 to 17 since 2012, and a 5.4% increase in learning disability diagnoses in the last 30 years. The school systems, taxed with doing more and receiving less as funding has been cut in many states, are frequently faced with providing more intensive services and care to these students. Many times, caregivers of the afflicted students are not familiar with the diagnoses of their children nor the services that are afforded to them. In turn, some students may not be receiving the interventions they so desperately need at the school level.

Some symptoms of the students are then evidenced by behavioral or communicative issues, and caregivers turn to a mental health practitioner via referral or self-efficacious behavior. Due to this, it is reasonable (and one might argue even within the scope of the profession) that a mental health practitioner can also serve as an advocate for a child with the child's school. In this work, we will review the history and key tenets of special education (SPED), identify barriers to accessing comprehensive SPED services, and offer some best practices that a clinical mental health counselor might employ when advocating for a child in a school system with administration and support services.

### **History, Purpose, and Principles of Special Education**

In 1975, the United States Congress passed the landmark Education for All Handicapped Children Act (EHA), which served as the first piece of legislation to ensure that children with disabilities receive a free and appropriate public education (FAPE) similar to that of their non-disabled peers (Hamlet, 2017; Milsom & Peterson, 2006). Specifically, this law stipulated that school personnel were responsible for evaluating children with disabilities and creating an individualized education program (IEP) in collaboration with students' parents or guardians (U.S. Department of Education, 2007). Prior to the passage of this act, children with disabilities were frequently denied a public education, and many became wards of restrictive state institutions where only their basic needs were met and little, if any, attention was given to their education or rehabilitation. For the first time in our nation's history, the EHA provided children with disabilities access to education tailored to their unique needs. However, as with most large-scale initiatives,

the provisions of the EHA were not effectively implemented. The act was amended in 1983 to authorize school-to-work transition services and again in 1986 to expand intervention services to infants and preschoolers (The Advocacy Institute, 2010).

### **Individuals with Disabilities Education Act**

The EHA was eventually replaced by the Individuals with Disabilities Education Act (IDEA) in 1990. With the change in name came an extension of diagnostic eligibility to autism and traumatic brain injury, additional details and requirements regarding transition services, and revisions to provisions for training, grants, and research related to the education of students with disabilities (IDEA, 1990). At the crux of IDEA are six essential elements, known as pillars, that describe the structure of the special education support and ensure a student's needs are met: the IEP, the guarantee of a FAPE, the stipulation of education occurring in the least restrictive environment (LRE), appropriate evaluation, active participation of the parents/guardians and students, and the guarantee of procedural safeguards (Hulett, 2008).

### ***Individualized Education Program***

IDEA specifies that for each eligible student, there must be in place a written statement that delineates the required content for the student's IEP, including any provided accommodations and modifications, how families will receive updates and reports, who is included on the IEP team, and the processes for reviewing and revising the IEP (Hamlet, 2017; Hulett, 2008). Inherent in its name, the IEP is unique to each student, and it communicates which educational standards the student is expected to meet and how. Most IEPs include a student profile, an assessment of current performance, annual goals, benchmarks and evaluation plans for meeting goals, instructional strategies for special education services, identification of supplementary aids and services, program modifications and accommodations, and other related services to be provided (Hamlet, 2017). At a minimum, the IEP is reviewed by the IEP team annually.

### ***Free Appropriate Public Education***

According to IDEA, all students are entitled to a FAPE at no cost to their families. Embedded within this pillar is the principle of zero reject, which assures that no child, regardless of the type or severity of their disability, can be denied a public education (Heward, 2013; Hulett, 2008). The *appropriate* part of FAPE refers to the stipulation that the special education programming provided must be appropriate for the individual student and their specific needs.

### ***Least Restrictive Environment***

The LRE refers to the mandate that children with disabilities are to be educated in the same environment as children without disabilities, to the greatest practicable extent. The teaching of students with disabilities in a general education classroom is known as inclusion. Inclusion is the preferred method of instruction set forth in IDEA, but exceptions may be decided upon by the IEP team with careful consideration and compelling rationale. Furthermore, school districts are expected to provide a continuum of alternative placements and services to ensure the LRE pillar is followed (Heward, 2013; Hulett, 2008).

### ***Appropriate Evaluation***

The pillar of appropriate evaluation emphasizes the importance of gathering comprehensive data and using technically sound and relevant procedures when assessing a child for a disability (IDEA, 2004a). This section of IDEA specifies that multiple assessment points, including academic, developmental, and family information, must be drawn upon when determining a child's eligibility for special education. Most significantly, the evaluation process should be free of racial and cultural bias and administered by trained professionals in a modality that aligns best with the child's native language and functional development.

### ***Parent and Student Participation***

Shared decision-making is another key component of IDEA (Heward, 2013). Under section 300.322 (IDEA, 2004b), the act outlines the duty schools have to ensure parents and guardians are given the opportunity to participate in the creation, review, and revision of their student's IEP. Additionally, students 16 years of age (or younger, if deemed appropriate) are to be invited to IEP team meetings to provide their input on their postsecondary goals and transition services plans. Embedded within this pillar is an emphasis on parent/guardian involvement. Schools must keep students' caregivers informed if they miss a meeting or choose not to attend.

### ***Procedural Safeguards***

In the sixth pillar of IDEA, the U.S. Department of Education guarantees due process safeguards for the protection of students with disabilities and their families (Heward, 2013). Included among these safeguards are the parents' right to review all educational records, the right to obtain an independent evaluation for their child, the right to an impartial hearing, the right to resolve conflicts through mediation and to be accompanied by legal representation, the right to attorney's fees if they succeed in court, and the right to a state-level appeal if deemed necessary (Hulett, 2008). Despite the focus of this section being on parents' rights, similar safeguards are also extended to the school systems and all individual parties affected by the IEP.

### **Eligibility**

As mentioned previously, eligibility for special education services is determined by diagnostic criteria specified within IDEA legislation. Prior to the reauthorization of IDEA in 2004, school personnel largely relied upon severe discrepancies between students' IQ achievement tests to classify individuals as meeting the criteria for a learning disability (Riley-Tillman et al., 2013). Not only did this approach lack validity, but also, gaps in student achievement are not readily apparent until third grade or later, thereby delaying critical early intervention efforts. Thus, the President's Council on Excellence in Special

Education reported only minimal justification for IQ-based eligibility and recommended tactics aimed at monitoring students' progress data in response to specialized interventions. The resulting shift in determining eligibility has been varied across states, but one strategy has seemed to gain traction over most others: Response to Intervention (RTI). RTI is a three-tiered service delivery model that consists of increasingly intensified and individualized levels of intervention (Ockerman et al., 2012). Tier one involves high-quality classroom instruction with a scientific basis that is delivered to all students (Shapiro, n.d.). Student progress is screened and continuously monitored. Any student needing extra support is provided supplemental instruction during regular class time. Tier two interventions are more intensive in terms of group size, frequency, and duration, and typically occur as pull-out instruction (Ockerman et al., 2012; RTI Action Network, n.d.). Tier three features highly individualized and more frequent interventions aimed at narrowing gaps in skills and achievement. Students who remain non-responsive to tier three interventions are usually assessed for special education eligibility.

### **IEP Meetings**

According to federal legislation, the IEP committee is required to meet a minimum of one time per year to develop (if the student is newly admitted to special education) or review and revise each student's IEP. Meetings can be held more often if agreed upon by the committee and decided to be in the student's best educational interest. The IEP team consists of the following individuals: the student's parent(s) or guardian(s); at least one regular education teacher; a representative of the public agency, such as an administrator; an individual who can interpret the evaluation results, such as a diagnostician or special education teacher; a transition services representative, such as a school counselor or occupational therapist; any individuals with special knowledge or expertise regarding the student, such as a mental health counselor; and whenever appropriate, the student themselves (Stanberry, 2020). If meeting for the first time, the IEP team's purpose is to develop an IEP based on the student's eligibility, demonstrated academic performance, and needs for continued progress. During annual review meetings, the IEP team looks over the student's present level of performance and strengths, yearly goals, supports and services currently

provided and recommended, and parents' concerns for improving their child's education (IDEA, 2004a; Stanberry, 2020). All team members must be provided written documentation of the IEP and sign off on any revisions agreed upon in the meeting.

### **Barriers and Limitations in SPED Programming**

The researchers conducted an extensive literature review; anything directly related to this topic was nonexistent. Instead, the researchers incorporated adjacent studies regarding special education knowledge in the schools and the life to buttress the contention that greater understanding of the IEP process is needed by non-SPED trained individuals.

A 2011 study conducted by Sanders (2011) was created in order to assess teacher candidates' knowledge of special education policies and procedures as mandated by the federal government. Sanders (2011) sought to answer the following research questions: Do teacher candidates have accurate knowledge of special education policies and procedures? Is there a significant difference in the knowledge of special education policies and procedures of regular education teacher candidates versus special education teacher candidates? Do teacher candidates have accurate perceptions of their knowledge of special education policies and procedures? Does a positive correlation exist between teacher candidates' knowledge of special education policies and procedures and the number of special education courses they completed? Do teacher candidates' attitudes toward including students with disabilities in the regular education classroom, the number of special education courses they completed, and perception of their knowledge predict their actual knowledge of special education policies and procedures?

Within this scholarly work, Sanders (2011) studied issues associated with correct understanding of the process. Sanders (2011) surveyed a sample of 111 teacher candidates, drawn from a Missouri private university. Sanders found that teacher candidates had not acquired a proper understanding of special education regulations. The author contended that more special education training was in need for education candidates and perhaps adjustment of attitudes towards inclusion. In an unexpected finding, Sanders (2011) also discovered special education candidates were equally befuddled by special education regulations as those who were deemed regular education candidates. While candidates in

both fields of study agreed the need for inclusion to be of importance, the factors as to why they held that belief are unknown.

In a best practices treatise, Samuels (2019) asserted that children with disabilities are not always identified for special needs and proper interventions when there is a necessity to do so. When children who fall under this wide category are identified, the response and the interventions are questionable. Within that, one sees a lack of national and state funding to do proper interventions. Samuels (2019) took issue with “response to intervention” as, she contended, the decision to receive RTI fluctuates and may be based more on funding than on true need. Texas, for example, one of the researchers’ home states, failed to identify and evaluate students properly, thereby keeping special education numbers artificially low. This was due to the state needing to pay \$3 billion between 2020 and 2023 for additional special education funding.

In addition, Samuels (2019) reported that those deemed in “minority” populations received less funding nationally. Districts reacted with fervor to dispute claims, but according to Samuels (2019), the issue remains pressing in that special education is not funded, and parents/caregivers are not informed as to how to advocate for services. The author noted many parents/caregivers remain fearful that children are not receiving the services they need and are entitled to.

In another best practices article, Mader (2017) asserted the universities who are training teachers are lagging and, in some cases, failing students who are regarded as special education experts. Mader contended that there is a need for teachers who have both the knowledge and the ability to teach special education students. The author argued it is critical to do as such, due to new policies that have been implemented. Those policies include a national push to take students with disabilities out of isolation. By implementing such a move, many students with special education needs now spend the majority of their days in general education classrooms, rather than in separate special education classes. Therefore, the author noted, teachers are actually taking on the bulk of special education students and roles.

Rosen (2020) offered an amalgamation of how parents/caregivers can understand the Individuals with Disabilities Education Act through the study of the law. The author found, though, that states will interpret IDEA in a variety of different ways, which can, in



turn, challenge parents/caregivers – especially if moving from one state to another transpires for a child who is covered under IDEA. Thus, parents/caregivers will need to be informed on state law to ensure proper advocacy for the special education child.

In what might be deemed a seminal article, Knoblauch (2013) reported that the accomplishments gained under the Education for the Handicapped Act (Public Law 94-142) and the Individuals with Disabilities Education Act (Public Law 101-476) were significantly reinforced by the IDEA Amendments of 1997 (Public Law 105-17). The author highlighted that a base staple of these special education laws is the right of parents/caregivers to participate in the educational decision-making process.

Eicher (2018) wrote a best practices article where she noted that parents/caregivers look to teachers and principals to be experts. At times, the author noted, the parents/caregivers do not know what options they have available when a school declines to evaluate a child. In fact, the author said, it is a very common problem. While there are several advocacy groups who might be able to offer assistance, many parents/caregivers are unaware of their existence, much less aware of their availability. Eicher said that when dealing with this, many parents/caregivers are unaware or do not understand the obligation of the school to evaluate their child. Without having this knowledge, parents/caregivers likely are unaware of how to push through a request for evaluation when facing resistance from the administration of a school.

Eicher (2018) furthered that parents are most often not mental-health experts, but they are experts in knowing their children. She encouraged parents to be aware that when something is not right, there is reason to investigate. However, she noted that most parents who have asked for help for their children have not received it initially. Pediatricians may tell parents to be better disciplinarians. Teachers may say, “He doesn’t qualify for services.” Understandably, this might result in parents feeling more frustrated, confused, or hopeless when it comes to providing an atmosphere of care for the child.

### **Advocacy Competencies & Opportunities**

According to the updated (2018) American Counseling Association Advocacy Competencies, the professional counselor is encouraged to embody necessary counselor

skills, knowledge, and behavior that can be implemented to address systemic barriers and issues facing students, clients, client groups, or whole populations. There are two dimensions to the advocacy treatise: Extent of Client Involvement in Advocacy and Level of Advocacy Intervention.

The first dimension, extent of client involvement, distinguishes advocacy done in “collaboration with clients from advocacy conducted on behalf of clients, client groups, or communities” (ACA, 2018, p. 2). In the case of the special needs child, this would mean a clinical mental health counselor would attend the ARD meetings to serve as a resource and in the role of an expert to interventions that are being proposed by the school personnel. This course of action would presumably give greater empowerment not only to the identified client, the child, but also to the caregivers.

The advocacy charges have six different domains – Client/Student Empowerment, Community Collaboration, Collective Action, Child/Student Advocacy, Systems Advocacy, and Social Political Advocacy. All six fall into varying levels of advocacy intervention, but for the purposes of this work, the authors have chosen to focus on the microlevel.

There are several key actions (noted here, but not an exhaustive list) included within the microlevel dimension, *collaboration with clients/caregivers*, that the counselor can assist while undertaking advocacy: identifying key advocates in the school system for the child, developing a plan of action to confront any barriers that might prohibit the child from acquiring necessary interventions (overcoming boundaries), negotiating relevant interventions on behalf of the child/caregivers, helping gain the access needed to important interventions, and perpetually evaluating the efficacy of said interventions.

This leads to the second dimension, focusing the counselor’s energy on advocacy interventions no matter the setting in which the interventions transpire. This is twofold – it assists an individual client, but it also gives aid to a group of clients who are often tasked with understanding the nomenclature of school interventions that many find confusing. It is hoped that starting at the grass roots level, like with a special needs child, will ultimately affect the school, the district, and even the state levels for a better scope of practice that ultimately assists the child.

Counselors are many times the ones who recognize a potential issue not just in the client but in a key environment the client is embedded in; in fact, many counselors wish they were imbued with a magic wand to magically remove the issues that the child is facing. Advocating at a systems level might give greater access to the counselor who is interested in larger change outcomes.

The microlevel change that is done *on behalf of* the client/caregivers, however, comes with issues that differ from advocating in collaboration with one client. There needs to be an understanding of the system (in this case, the school), the culture of the school, as well as vision, leadership, persistence, and very strong outcome-based data. Due to the nature of mental health counselors' work, counselors are often the right people to take on this leadership role.

Here, the counselor undertakes the tasks of identifying any environmental factors that might impinge on the child's development, understanding the issues that are related to children who have specific special needs and finding stakeholders in the school, providing the school with data showing the need for change and the possible outcomes, developing a plan for step-by-step change, recognizing and dealing with resistance, and assessing the changes with the IEP team.

### **Best Practices**

As special education policy and procedures continue to evolve and expand, clinical mental health counselors have the opportunity and responsibility to respond as advocates for clients' academic, vocational, and lifelong success. They may accomplish this advocacy work in a variety of ways, as suggested in the preceding paragraphs. In this section, we offer best practices for counselors seeking to empower clients involved with the SPED system and facilitate their ultimate treatment goal achievement. These recommendations are presented with increasing action and involvement on the part of the counselor.

#### **Educate**

Although it may take the least amount of direct involvement from the counselor, helping familiarize client families with the procedures of an IEP meeting and reviewing their rights as parents or guardians of the identified student are significant and foundational

first steps when engaging in this kind of advocacy work. Special education literature is rampant in the subtopic area of demystifying IEPs for parents (Bacon & Causton-Theoharis, 2013; Lo, 2012). These legal documents can be challenging to both read and comprehend (Jung, 2011; Lo, 2014), and most IEP meetings run so quickly that the case worker seems to report on the student's current performance, evaluation, and goals at lightning speed. Taking the time to discuss what to expect and review paperwork sent home by the IEP team can help one's client family feel more confident and prepared going into an IEP meeting.

This psychoeducation effort could also include attempts to inform and encourage client families about opportunities for self-advocacy. One such opportunity might involve advising families to consult their child's teachers and other school personnel, such as the campus diagnostician, prior to the IEP meeting. Seeking feedback about their child's performance early on not only conveys the family's investment in their child's progress, but also allows them more time to consider what, if anything, they wish to request from the IEP team. Similarly, counselors could educate parents about their own role in collecting data on their child's development and response to interventions. Counselors are adept at tracking clients' behavioral data and documenting their progress. They could use this skill set to help the parents uncover and present areas of need for their child that they have observed outside of school hours. Combining the information shared by the child's teachers with the data they gathered themselves, parents would be able to create educational goals they would like to see addressed in the child's IEP. Counselors could listen to and advise parents as they prepare these goals to be shared with the IEP team.

## **Support**

Counselors wishing to take their advocacy efforts beyond the framework of a typical counseling session have several options for more directly supporting the client family's interactions with special education. Prior to admission to special education and every three years thereafter, students must receive a full and individual evaluation of their physical, mental, and academic functioning to help the IEP team determine their eligibility for new or continued services. Although statutes require schools to provide this evaluation

for the child free-of-charge, parents and guardians may request the services of an outside evaluator, whom they would pay out of their own pocket. School psychology researchers have recently criticized school-based evaluations for bias and unreliability (Sullivan, Sadeh, & Hour, 2019). Counselors could share this research with parents and guardians and inform them of their right for an Independent Educational Evaluation (IEE). Additionally, many counselors qualify to provide this kind of assessment for their client families and could offer to conduct the evaluation themselves or provide referrals for an evaluator in the family's community. The results of these evaluations, whether administered through the school or an independent agency, can be difficult to understand; however, counselors are trained to analyze and interpret assessment results and could utilize this skill set to support their client families.

Another advocacy opportunity lies in the counselor's case notes and conceptualization. A counselor who works directly with the eligible child, holds special information about the child's behavioral, emotional, social, and psychological functioning that could be helpful in determining which accommodations and support services they might need to be successful at school. Per IDEA, students' diagnostic eligibility must be supported by a variety of assessment tools and data sources, such as a counselor's treatment notes. With the parent's consent, the counselor could prepare a treatment summary or other clinical documentation to be shared with the IEP team.

Finally, our most active recommendation for special education advocacy involves the counselor directly supporting the client family by participating in an IEP meeting. Families are allowed to invite anyone "who may have knowledge or special expertise about (their) child" (Rebhorn, 2017, sec. 2), such as their child's counselor. A counselor choosing to participate has the potential to assist their client family in two ways: by providing emotional support and encouragement, and by speaking on behalf of the child and family. It is common for parents to feel like the outsiders in IEP meetings because their experiences of their child's functioning at home might vary greatly from what teachers and support staff see at school. Having an ally present with them can help ease feelings of isolation, promote a sense of we-ness in the room, and serve as an extra set of eyes and ears to absorb information shared. Moreover, a counselor can verbally offer their clinical perspective of the child and serve as a mouthpiece for the parent's perspective and ideas, if so desired.

The following case vignette provides an example of this recommendation in clinical practice.

### **Case Illustration**

I (author's initials struck for blind review) had an opportunity to advocate on behalf of a client and her guardian while working as a mental health counselor at a university-based community clinic. Heather\* was a middle school student who had met special education eligibility for autism spectrum disorder. In addition to some educational delays, she had been experiencing emotional regulation difficulties and externalized behavioral disruptions in class, which prompted her onsite IEP team members to propose supplemental interventions in the form of a behavior intervention plan (BIP). Her great grandmother and newly-appointed guardian, Dina\*, was receiving counseling from another counselor at the clinic when she learned about the IEP team members' desire to amend Heather's IEP with the BIP. Dina, who had no prior experience with special education, reported to her counselor feelings of confusion and overwhelm from the paperwork the onsite IEP team members had sent her. Her counselor called on me to sit in on one of their sessions in consultation about Heather's progress towards her treatment goals and for my expertise in special education processes, having worked as a teacher and school counselor prior to my position at the clinic.

Dina brought in the dense packet of paperwork, which consisted of Heather's IEP and most recent psychological evaluation. After interpreting the assessment results in layman's terms and summarizing the interventions and goals Heather had been receiving, I briefly described the purpose, tasks, and procedures of an IEP meeting so that she would know what to expect the following week. Dina's primary concern about the meeting, which mirrored her counselor's and my own professional opinions, centered on the rigidity of the proposed BIP. Although feeling more aware and informed, Dina conveyed uncertainty about her ability to clearly voice her concern in the upcoming meeting. I offered to represent Dina and Heather in the meeting as a team member with special knowledge about Heather's diagnosis and educational needs. Dina enthusiastically accepted my offer. We then called the school and updated the release of information for Heather's file.

At the meeting, I shared information about Heather's progress in counseling, specifically coping skills she had developed that could be incorporated into her BIP, and my assessment of her need for more control and mastery within her environment. The

onsite IEP team members took these recommendations and Dina's support of them into consideration and opted to amend Heather's BIP so that she would be given more resources for regulating her emotions and controlling her behavior within the classroom. By the end of the school year, Dina reported that Heather's behavior plan had been disbanded due to her increased control in the classroom. Dina attributed this success to the supportive relationships they both developed in counseling and to her increased sense of empowerment in making educational decisions on her daughter's behalf.

## Summary

Clinical mental health counselors play an influential role in supporting their clients and minor clients' families in the identification and resolution of personal, relational, and psychological problems. They are also called upon to advocate for their clients' optimal wellness by helping them overcome and eliminate barriers to their success. This advocacy work includes interacting with academic barriers, such as those often associated with the special education system. As noted in the research, it is too easy for minor clients and their families to feel mystified and unsupported by special education programs, due to a dearth of public knowledge about families' rights and opportunities for involvement in routinized processes. Counselors work to establish intimate and collaborative relationships with their clients and client families that provide them with a comprehensive view of their clients' histories and current problems. This level of support and understanding can make a marked difference for client families experiencing disillusionment from special education bureaucracy. However, passive support that fails to address systemic barriers and the system itself is insufficient. Not only should counselors be familiar with special education legislation and processes, but they should also be aware of best practices and opportunities for supporting clients who receive special education services, including the provision of psychoeducation, preparation of client records for documentation, assessment and interpretation, and attendance at IEP meetings. It is through awareness, active collaboration, and client empowerment that counselors can effectively advocate for their clients and communities.

*\*Names have been changed to protect clients' confidentiality.*



### References

- American Counseling Association. (2018). *American Counseling Association Advocacy Competencies*.  
[https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies-updated-may-2020.pdf?sfvrsn=f410212c\\_4](https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies-updated-may-2020.pdf?sfvrsn=f410212c_4)
- The Advocacy Institute. (2010). *Legislative history of special education*. The Advocacy Institute.  
[https://www.advocacyinstitute.org/academy/Dec10IDEA35/Special\\_Ed\\_Legislative\\_History.pdf](https://www.advocacyinstitute.org/academy/Dec10IDEA35/Special_Ed_Legislative_History.pdf)
- Bacon, J., & Causton-Theoharis, J. (2013). 'It should be teamwork': A critical investigation of school practices and parent advocacy in special education. *International Journal of Inclusive Education*, 17(7), 682-699.  
<https://doi.org/10.1080/13603116.2012.708060>
- Eicher, S. (June 21, 2018). Supporting Parents of Students With Special Needs. Edutopia.  
<https://www.edutopia.org/article/supporting-parents-students-special-needs>
- Hamlet, H. (2017). School counseling practicum and internship: 30 essential lessons. Sage. <https://doi.org/10.4135/9781506382289>
- Heward, W. L. (2013). *Six major principles of IDEA*.  
<http://faculty.metrostate.edu/barrerma/Fall2015/Six%20Major%20Principles%20of%20IDEA.pdf>
- Hulett, K. E. (2008). *Legal aspects of special education* (1st ed.). Pearson.
- Individuals with Disabilities Education Act, 34 C.F.R. § 300.39 *et seq.* (1990).
- Individuals with Disabilities Education Act, 34 C.F.R. § 300.304 *et seq.* (2004a).
- Individuals with Disabilities Education Act, 34 C.F.R. § 300.322 *et seq.* (2004b).
- Jung, A. W. (2011). Individualized education programs (IEPs) and barriers for parents from culturally and linguistically diverse backgrounds. *Multicultural Education*, 18(3), 21-25.
- Knoblauch, B. (1998) Rights and Responsibilities of Parents of Children with Disabilities. *ERIC Digest. ERIC Clearinghouse on Disabilities and Gifted*

- Education*. <https://www.readingrockets.org/article/rights-and-responsibilities-parents-children-disabilities>
- Lo, L. (2012). Demystifying the IEP process for diverse parents of children with disabilities. *TEACHING Exceptional Children*, 44(3), 14-20.  
<https://doi.org/10.1177/004005991204400302>
- Lo, L. (2014). Readability of individualized education programs. *Preventing School Failure: Alternative Education for Children and Youth*, 58(2), 96-102.  
<https://doi.org/10.1080/1045988X.2013.782532>
- Mader, J. (2017). How teacher training hinders special-needs students.  
<https://www.theatlantic.com/education/archive/2017/03/how-teacher-training-hinders-special-needs-students/518286/>
- Milsom, A., & Peterson, J. (2006). Introduction to special issue: Examining disability and giftedness in schools. *Professional School Counseling*, 10(1), 1-2.  
<https://doi.org/10.5330/prsc.10.1.b11503074750v186>
- Ockerman, M. S., Mason, E. C. M., & Hollenbeck, A. F. (2012). Integrating RTI with school counseling programs: Being a proactive professional school counselor. *Journal of School Counseling*, 10(15).
- Rebhorn, T. (2017, March 3). *Developing your child's IEP*. Center for Parent Information and Resources. <https://www.parentcenterhub.org/pa12/>
- Riley-Tillman, T. C., Burns, M. K., & Gibbons, K. (2013). *RTI applications: Assessment, analysis, and decision making* (2nd vol.). Guilford Press.  
<https://doi.org/10.1044/leader.in3.16062011.37>
- Rosen, B. (July 15, 2019). How to find the right special education support. Brandie Rosen Consulting. <https://brandierosenconsulting.com/special-education-support/>
- Sanders, P. (2011). Teacher Candidates' Knowledge of Special Education Law. *Journal of the American Academy of Special Education Professionals*, Fall (96).
- Samuels, C. (2019). Special education is broken. <https://www.edweek.org/teaching-learning/special-education-is-broken/2019/01>
- Shapiro, E. S. (n.d.). *Tiered instruction and intervention in a Response-to-Intervention model*. RTI Action Network.

- <http://www.rtinetwork.org/essential/tieredinstruction/tiered-instruction-and-intervention-rti-model>
- Stanberry, K. (2020). *The IEP meeting: An overview*. Understood.  
<https://www.understood.org/en/school-learning/special-services/ieps/the-iep-meeting-an-overview>
- Sullivan, A. L., Sadeh, S., & Hourii, A. K. (2019). Are school psychologists' special education eligibility decisions reliable and unbiased?: A multi-study experimental investigation. *Journal of School Psychology, 77*, 90-109.  
<https://doi.org/10.1016/j.jsp.2019.10.006>
- U.S. Office of Special Education Programs. (2007). *History: Twenty-five years of progress in educating children with disabilities through IDEA*. U.S. Department of Education. <https://www2.ed.gov/policy/speced/leg/idea/history.html>