

# Use and Impact of COACH With Students Who Are Deaf-Blind

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*The purpose of this study was to evaluate the use and impact of COACH (Choosing Options and Accommodations for Children: A Guide to Planning Inclusive Education) with 30 students with deaf-blindness who attended general education classes in public schools. Interview and observational data were analyzed qualitatively while document data were analyzed quantitatively. The findings and discussion centered around five evaluation questions: (a) How do people use COACH? (b) Does the use of COACH result in educational program components referenced to valued life outcomes identified by parents and/or students? (c) How do educational programs developed using COACH differ from those developed prior to its use? (d) In what ways did the use of COACH effect relationships between parents and professionals? and (e) In what ways did the use of COACH effect valued life outcomes for students? Implications for planning in general education settings are discussed.*

**DESCRIPTORS:** assessment, curricula, deaf-blindness, inclusion, multiple disabilities, parent-professional relations, quality of life, school-aged subjects, validation (educational)

*COACH—Choosing Options and Accommodations for Children: A Guide to Planning Inclusive Education* (Giangreco, Cloninger, & Iverson, 1993) is a planning process designed to assist individual student planning teams in identifying the content of educational programs for students with moderate to severe disabilities in general educational settings and activities. COACH is based upon a series of six underlying assumptions

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and a set of five valued life outcomes. The assumptions that form the basis of COACH are:

1. Pursuing valued life outcomes is an important aspect of education.
2. The family is the cornerstone of relevant and longitudinal educational planning.
3. Collaborative teamwork is essential to quality education.
4. Coordinated planning is dependent upon shared, discipline-free goals.
5. Using problem-solving methods improves the effectiveness of educational planning.
6. Special education is a service not a place.

The five valued life outcomes are:

1. Having a safe, stable home in which to live now and/or in the future;
2. Having access to a variety of places and engaging in meaningful activities;
3. Having a social network of personally meaningful relationships;
4. Having a level of personal choice and control that matches one's age;
5. Being safe and healthy.

COACH is organized into three major parts. Part 1 ("Family Prioritization Interview") is used to identify family-selected priority learning outcomes for the student. Part 2 ("Defining the Educational Program Components") is used to: (a) translate the family-selected priority learning outcomes into individualized educational plan (IEP) goals and objectives, (b) assist the full team (including the family) in identifying other important learning outcomes in addition to those selected exclusively by the family, and (c) determine general supports and accommodations to be provided to or for the student to allow access and participation in the educational program. Part 3 ("Addressing the Educational Program Components in Inclusive Settings") is used to determine options for addressing students' educational program components in general education class settings and other settings with people without disabilities (e.g., community, vocational) through the use of a scheduling matrix and a set of lesson adaptation guidelines. Table 1 provides an overview of the various parts of COACH.

As a tool designed to operationalize a series of exemplary practices, studying how people in the field actually learn, use, and adapt COACH can serve to support, refute, and clarify its assumptions, logic, and procedures. Additional insights can be gained by exploring the potential changes in students' educational programs based on planning with COACH. Ultimately, it is imperative to explore whether or not changes in educational planning based on COACH contribute to valued life outcomes for students.

Traditionally, the balance of power when making educational decisions for students with disabilities has remained with professionals rather than with families. At the same time, the field of special education typically has not considered the status of valued life outcomes as a measuring stick for program effectiveness, possibly because such parameters do not readily lend themselves to quantification and are, by their very nature, subjective (Dennis, Williams, Giangreco, & Cloninger, 1993). More typically, we have looked upon progress toward a student's goals and objectives as a primary measure of achievement. When used as the only or primary indicator of success, progress toward goals and objectives is insufficient for determining educational impact because: (a) it cannot be assumed that goals and objectives clearly articulate priority needs of students (Giangreco, Dennis, Edelman, & Cloninger, 1994); and (b) documenting skill attainment based on well conceived goals does not necessarily mean a student has experienced corresponding changes that improve his or her life. The history of special education is replete with examples of our "graduates" who learned a myriad of skills, yet who as adults are lonely, unhealthy, underemployed, and who simply do not have the access and opportunities more typically available to people without disabilities (Hasazi, Hasazi, Gordon, Hull, & Johnson, 1989; Wagner, D'Amico, Marder, Newman, & Blockorby, 1992). As a tool designed to reference curricular content to valued life outcomes and shift more decision-making control to families, evaluating the use and impact of COACH can provide data-based insights into important planning and implementation issues for students with disabilities in general education settings.

An earlier expert and social validation study established COACH as congruent with exemplary educational and family-centered practices (Giangreco, Cloninger, Dennis, & Edelman, 1993). The current investigation extended this inquiry by posing a series of evaluation questions related to the use and impact of COACH:

1. How do people use COACH?
2. Does the use of COACH result in educational program components referenced to valued life outcomes identified by parents and/or students?
3. How do educational programs developed using COACH differ from those developed prior to its use?

4. In what ways did the use of COACH effect relationships between parents and professionals?
5. In what ways did the use of COACH effect valued life outcomes for students?

## Method

### Research Sites

During the 1991-92 and 1992-93 school years, state coordinators for children and youth with deaf-blindness assisted us in identifying 30 research sites where students with deaf-blindness were educated in general education classrooms. Students at the research sites ranged from 4 through 21 years of age. Twenty were males (66.7%) and 10 were females (33.3%). Approximately 73% ( $n = 22$ ) of the children were Caucasian; 27% were from other cultural groups (i.e., Hispanic/Latino = 4; Native American = 3; Asian = 1). Students attended general education classes either full-time ( $n = 25$ , 83.3%) or part-time ( $n = 5$ , 16.7% attending general education classes at least 50% of the school day), in eight different states (Arizona, Colorado, Delaware, Kansas, Massachusetts, Rhode Island, Texas, Vermont) during the 1992-93 and/or 1993-94 school years. Participating school districts were representative of urban, suburban, and rural/remote settings. Students in this study were educated at every general class grade level, kindergarten through grade 12.

Each of the students had at least some residual hearing and/or sight. With the exception of two children, each of the students had disabilities in addition to his or her deaf-blindness, most frequently mental retardation ( $n = 27$ , 90%) and orthopedic impairments ( $n = 27$ , 90%). Other disabilities reported to a lesser extent included seizure disorders ( $n = 7$ , 23.3%), behavior disorders ( $n = 5$ , 16.7%), health impairments ( $n = 5$ , 16.7%), and a variety of conditions that occurred in no more than two children (e.g., Nolfé's syndrome, Sturge-Weber syndrome).

Each student's education was supported by a group of people ranging in size from 5 to 21 ( $M = 10.97$ ,  $SD = 3.76$ ) that typically included the child's parents, special educators, related service providers, paraprofessionals, and general class teachers. Speech/language pathology was the most common related service provided to these students ( $n = 23$ , 76.7%), followed in descending order of frequency by physical therapy ( $n = 22$ , 73.3%), occupational therapy ( $n = 17$ , 56.7%), vision support services including orientation and mobility ( $n = 15$ , 50%), hearing support services ( $n = 10$ , 33.3%), and school health services ( $n = 8$ , 26.7%).

### Study Participants

Seventy-two adults involved in the research sites were interviewed for this study including special educators ( $n = 27$ ), parents ( $n = 17$ ), general education

Table 1

<b>COACH OVERVIEW</b>		
<b>Part of COACH</b>	<b>Divergent Aspect</b>	<b>Convergent Aspect</b>
<b>Part 1.1</b> Valued Life Outcomes	Gather information about the current status and desired future status of valued life outcomes to set a context for the rest of COACH.	Select one to three valued life outcomes that the family feels should be emphasized during the year as part of the school experience.
<b>Part 1.2</b> Selecting Curricular Areas To Be Assessed	Consider all the curriculum areas in COACH to determine which areas need to be assessed in Part 1.	Select a subset of the curriculum areas in COACH to assess in Part 1, those that include potential priorities for this year.
<b>Part 1.3</b> Activity Lists	Gather information on the student's level of functioning regarding activities listed in the curriculum areas being assessed.	Select activities needing work this year.
<b>Part 1.4</b> Prioritization	Within each assessed curriculum area, reconsider all the activities identified needing work this year.	Select which activities needing work are potential priorities and rank the top five.
<b>Part 1.5</b> Cross-Prioritization	Consider a maximum of the top five priorities from each of the assessed curriculum areas.	Rank the top eight overall priorities and determine which priorities to include in the IEP.
<b>Part 2.1</b> Restating Selected Priorities as Annual Goals	Consider the contexts where the priorities to be included in the IEP might be used.	Determine the contexts within which the student will use the priorities and combine to write annual IEP goals.
<b>Part 2.2</b> Breadth of Curriculum	Consider a variety of general education and other curricular areas for potential inclusion in the educational program.	Select curriculum areas and learning outcomes to be targeted for instruction this year in addition to the IEP goals.
<b>Part 2.3</b> General Supports	Consider the variety of general supports/accommodations that may be needed for the student.	Select which general supports are needed for the student to have an appropriate education.
<b>Part 2.4</b> Program-at-a-Glance	None	Summarize educational program components (Parts 2.1, 2.2, 2.3).
<b>Part 2.5</b> Short-Term Objectives	Consider various conditions, behaviors, and criteria.	Write objectives based on selected conditions, behaviors, and criteria.
<b>Part 3.1</b> Organizing the Instructional Planning Team	Identify the individuals who will be affected by team decisions, and consider possible tasks.	Determine which team members will make up the core and extended team and who will be responsible for identified tasks.
<b>Part 3.2</b> Becoming Familiar with the Student	Consider a broad range of facts and needs about the student.	Summarize and document the facts and needs that pertain to the educational experience.
<b>Part 3.3</b> Becoming Familiar with the General Education Program and Setting	Consider a broad range of facts about the general education curriculum, instructions, routines, and settings.	Summarize and document the information relevant for the student, and clarify what each team member needs to know.
<b>Part 3.4</b> Scheduling for Inclusion	Consider possibilities for addressing the student's educational program in inclusive settings.	Develop a schedule addressing the student's educational program components in inclusive settings.
<b>Part 3.5</b> Considerations for Planning and Adapting Learning	Consider specific lesson adaptations to meet student needs.	Select specific lesson adaptations to meet student needs.

Note. From *Choosing Options and Accommodations for Children: A Guide to Planning Inclusive Education* by M. F. Giangreco, C. J. Cloninger, and V. S. Iverson, 1993, Baltimore: Paul H. Brookes. Reprinted by permission.

teachers ( $n = 10$ ), related service providers ( $n = 10$ ), paraprofessionals ( $n = 4$ ), and administrators ( $n = 4$ ). Fifteen of the 17 parents interviewed were mothers, one was a father, and one was a grandmother who was the legal guardian. Fourteen of the 72 participants received awareness/knowledge level training on earlier versions of COACH, not in conjunction with this study.

#### Design and Data Collection

The design of this study was primarily a multisite qualitative evaluation (Bogdan & Biklen, 1992). Qualitative data from semistructured interviews and observations were augmented with quantitative document analysis of completed COACH forms.

A cover letter and brochure explaining the purpose and activities involved in the project was sent to a liaison for each student's individual planning team along with an intake packet (i.e., background information sheet, parent permission, school permission). After completed intake packets were returned, each team was sent a copy of the COACH manual, an open-captioned videotape example of Part 1 (Family Prioritization Interview) with completed companion forms for Parts 1, 2 and 3 (Edelman, Giangreco, Cloninger, & Dennis, 1992), and a checklist indicating activities to be completed. These activities outlined tasks to familiarize team members with COACH: (a) reading the COACH manual and viewing the videotape; (b) completing COACH for the student; and (c) sending completed COACH forms to the researchers. Teams individually decided when during the school year to use COACH. Situations in which teams did not receive training or technical assistance regarding the use of COACH from project staff were studied purposely.

Completed COACH forms were obtained from 28 of the 30 sites; two sites reported being unable to locate their forms. COACH documentation ranged from Part 1 forms only (with missing parts in some cases) to Parts 1, 2, and 3 forms inclusive. Eleven teams used Part 2 of COACH and two teams used Part 3.

After verifying use of COACH through receipt of COACH documents or a phone contact, face-to-face or phone interviews were arranged with study participants. At least one person who was directly engaged in the Family Prioritization Interview at each site was interviewed. As resources allowed, additional team members were interviewed.

Between September 1993 and April 1994, the 72 semistructured interviews, typically lasting between 45 and 75 minutes, were conducted by the four-person research team. All interviews were audiotaped and later transcribed. Each interview consisted of questions pertaining to: (a) the ways students' educational programs were designed prior to using COACH; (b) participants' reactions to using COACH; (c) adaptations, if any, made by the team in their use of COACH;

(d) how, if at all, the educational program designed using COACH differed from previous ones; (e) the extent to which the team implemented the program designed using COACH; (f) perceived negative and positive features of COACH; and (g) direct and/or indirect impact of COACH on valued life outcomes.

Research team members made observations of routine school activities such as class lessons, nonacademic experiences (e.g., lunch, recess), and team meetings at 17 of the sites. Fieldnotes were recorded using either audio-tape for later transcription or on a laptop computer. In the spring of 1994, we sent letters of inquiry to 19 teams regarding their decision not to go beyond Part 1 of COACH. Sixteen teams responded, 13 by mail and 3 by telephone.

#### Data Analysis

Data analysis was conducted in the spring of 1994 by the first author. The first author's analyses were reviewed by each of the other authors in an attempt to improve clarity of data presentation and minimize the potential bias of having a single individual present the findings.

##### Qualitative analysis of interviews and observations.

Interview and observation data were analyzed inductively using categorical coding (Bogdan & Biklen, 1992). The first author ensured his thorough familiarity with the data prior to analysis by participating in data collection (i.e., 44 interviews; observations in 10 sites), listening to taped interviews conducted by other research team members, and reading all transcripts prior to initial coding. Initially 78 codes (e.g., choice, curriculum shift, paperwork) were developed to describe text data. Data were coded with a word or phrase descriptive of the text content. Each transcript was reread twice resulting in the addition, combination, and/or separation of existing codes. *HyperQual2* (Padilla, 1992), a computer application, was used to sort the data by code and generate 56 code-specific reports. These reports reorganized text data by code while leaving the interview transcripts in their initial form. Inductive analysis (Patton, 1990) was applied to the code-specific reports to assist in identification of themes. Since the purpose of this study was to explore the use and impact of COACH, the original evaluation questions served as an overarching framework within which to identify a series of themes. Once initial themes were identified for each of the evaluation questions, positive and negative occurrences were highlighted and organized to assist in understanding and refining themes.

##### Quantitative analysis of COACH documents.

Quantitative data were collected from students' COACH documents including: (a) the valued life outcomes selected by families to be emphasized in their child's educational program for the year (Part 1.1); (b) learning outcomes that were selected by the families as

their top overall priorities for their children (Part 1.5); (c) valued life outcomes that corresponded to the priority learning outcomes (Part 1.5); and (d) priority learning outcomes that should be included in the IEP, as part of the *Breadth of Curriculum*, or those that were to remain primarily a *Home* responsibility.

Interrater agreement was established by having the first and second author independently code each team's written responses on the COACH forms, based on listings within COACH and conduct an item-by-item comparison (30 data points per student for a total of 900 comparisons). Reliability was calculated by dividing the number of agreements by the number of agreements plus disagreements and multiplying by one hundred. Subsequently, the two authors reviewed discrepancies in their rating, clarified code definitions, and did a second round of interrater agreement coding. All statistical computations were calculated using *The SAS System* (SAS, 1985). Interrater agreement on the quantitative data presented in this subsection was 97.11% (874/900) and 99.77% (898/900) during the first and second rounds of coding respectively.

**Data triangulation.** Triangulation is a series of techniques that can "... contribute to verification and validation of qualitative analysis" (Patton, 1990, p. 464). This study relied upon a combination of extensive interview data, observations, and documents (COACH forms) to engage in: (a) *methods triangulation*, to explore the consistency of findings generated by different data collection methods; and (b) *triangulation of sources*, exploring the consistency of different data sources within the same method (Patton, 1990).

## Findings and Discussion

The following sections are organized by the five evaluation questions regarding the use and impact of COACH, each including data-based findings and points of discussion.

### Evaluation Question #1: How do people use COACH?

**Learning and using COACH.** Some study participants reported a desire to learn COACH as it was described in the manual, thereby establishing a level of personal comfort and proficiency prior to considering alternative ways to use it. Other study participants decided to adapt COACH from the outset, citing two primary motivations: (a) reducing the time and paperwork, and (b) seeking to personalize various aspects of administration (e.g., phrasing questions, scoring items).

Data revealed three basic patterns used by study participants to learn COACH. In the first pattern, teams set out to learn COACH as a group by reading the manual, viewing the videotape and/or observing someone experienced with COACH conduct an interview with a family, having discussions, role playing

prior to using COACH with an actual family, and giving each other feedback following actual use of COACH. Several respondents indicated that it took them two or three COACH sessions that typically exceeded the suggested time parameters (60-90 minutes for Part 1) before they felt reasonably confident in their abilities to use the tool effectively. As a special educator said, "As you get more proficient at it, it doesn't take an inordinate amount of time. I think practice and experience sure helps."

In the second pattern, an individual team member, most often the special educator, reported a conscientious attempt to learn COACH on his or her own while other team members had little, if any, knowledge of the assumptions or instructions in COACH. At best, these individuals had passive approval from other team members to use COACH. At worst, other team members were wholly unfamiliar with what was transpiring.

The third pattern again included cases in which an individual team member, most frequently the special educator, reported using COACH with a family but attempted to do so without having learned COACH in advance. In these cases other team members were minimally aware about what COACH was or its intended use and purpose. A small number of professionals reported using the COACH forms in an interview with a parent in what might be described as "winging it." These professionals reportedly: (a) skimmed portions of the manual (sometimes several months prior to actually interviewing the family), (b) did not view the videotape or see a credible model prior to use, and (c) conducted the *Family Prioritization Interview* using blank COACH forms without the instructions available for reference during the interview. These professionals reported that they were unable to describe COACH adequately to the families or other team members. As one special educator candidly shared, "I don't know if they (the parents) really understood what we were doing; I could have explained it better."

As professionals attempt to interact more collaboratively and involve families more substantively by using COACH, their efforts were greatly facilitated or hampered by how they chose to familiarize themselves with the assumptions and instructions for using COACH. As does anything new, proficient use of COACH requires an investment of time and energy. Results of the study strongly suggest that relying on team members to learn together through practice and peer coaching could mitigate some of the problems inherent in learning alone (e.g., misunderstanding of written instructions, individual errors in judgment, lack of motivation to complete the various parts).

**Use of COACH congruent with underlying assumptions.** In cases in which respondents described their use of COACH substantively as described in the man-

ual or with minor adaptations congruent with its underlying assumptions (e.g., scoring variations; individualization of question-asking language), the reaction to its use was predominantly positive. As two special educators said respectively, "I very much like it because it's a very directed and organized way to be able to discuss things that are sometimes difficult to discuss." "It's a combination of structure, but flexibility . . . so we can tailor it to everyone's individual needs."

A prominent theme reported extensively by both professionals and parents was that the use of COACH caused them to think about things differently. A parent commented, "I like the structure because it enabled you to maybe think about things that you would not have considered before." Use reportedly ". . . spurred on some conversations I don't think would have come up if we had not been doing COACH." (special educator). We attribute this primarily to the multiple and alternating use of divergent and convergent question-asking. This strategy is an adaptation of the Osborn-Parnes Creative Problem Solving Process (CPS) (Parnes, 1985; 1992). CPS methods for jarring new ideas loose are facilitated by creating opportunities to defer judgment (divergence) actively and at other times to engage judgment (convergence) actively. The multiple fact-generating and decision points in COACH distinguish it from many other planning tools, such as skill checklists, which may provide for reporting a students' level of functioning but offer no process for decision-making about the information that is gathered. Although certain families are articulate and anxious to give their input when asked open-ended questions, we found that the discrete, short answer format of COACH provides a vehicle for many families to organize and communicate their ideas.

One of the most common comments about COACH was that it assisted people in focusing on what the priorities were for a student. As one general classroom teacher said, "I think COACH helps focus the families' priorities for the students and really makes them look at what's important to them and what's not important to them." Parents echoed this sentiment, as expressed by one mother,

Of everything we've tried, and we've tried lots of different approaches over the years with Sandra of coming up with IEP goals, this just gave us so much assistance in really getting what we wanted for her and helping us crystallize what we really did want.

This focusing reportedly added clarity and relevance to the IEPs developed based on the family-selected priorities from COACH. Families reported that the priority learning outcomes they selected using COACH accurately reflected the needs of their child.

The 11 teams who used the *Breadth of Curriculum*

(Part 2.2) reportedly found it to be an effective mechanism to make decisions about a broader set of learning outcomes to compliment the priorities selected by the family. Included in this broader view were learning outcomes from the general education curriculum, a potential source that reportedly was considered infrequently, if at all, prior to use of COACH. As one special education teacher observed, "Looking at the regular education curriculum, I think people were surprised; . . . it made a big difference when people look at the elementary curriculum and say, 'Wow! Boy, there's a lot here that we can be focusing on.'"

When professionals realized that the Breadth of Curriculum provided a substantial opportunity to share their knowledge and perspectives, it reportedly made it easier for them to relinquish control for the decision making to the parent in the *Family Prioritization Interview*. Some teachers found the *General Supports* (Part 2.3) a useful mechanism for distinguishing and documenting the difference between things they wanted a student to learn versus things they needed to do to or for a student.

Traditionally special education checklists and curriculum guides provide no mechanism for considering the content of the general education curriculum. The *Breadth of Curriculum* explicitly includes fact finding and decision making about learning outcomes from the general education curriculum as a way to augment and extend the listing included in Part 1 of COACH. This expansion ensures that students' learning options will not be limited artificially. The combination of the *Family Prioritization Interview* (Part 1), *Breadth of Curriculum* (Part 2.2), and *General Supports* (Part 2.3) is designed to offer breadth and balance to the educational program unlikely to be achieved when using Part 1 alone.

Although they acknowledged the time commitment involved in doing COACH, study participants commented that it was "worth it" (special educator) and indicated that they were, ". . . really happy with the results" (parent). Use of COACH reportedly served as a motivating prompt for teams to work together; "I believe that the COACH committed us to really working hard to see how we could fit those learning outcomes of the COACH into her school day more." In some cases, COACH-identified priorities were observed being taught in classrooms as staff referred to the student's "Program-at-a-Glance" (Part 2.4), a one- or two-page summary of COACH results. As one general classroom teacher said, "We use it everyday. There's a pretty discreet number that we're trying to address; this has let everyone be able to remember what's being worked on."

Clarifying expectations through the use of COACH reportedly has relieved some anxiety among general education teachers; "the regular grade teacher breathes a sigh of relief when they know they are not

accountable for every essential element that every regular grade child is accountable for as a student" (special educator). One physical therapist summarized her perspectives about COACH use by saying:

I firmly believe in the process and just thought it was extremely challenging and exciting and it made a much better educational program for the child. It was just a very satisfying way to work because you felt you had a road map of where you wanted to be and a way to get there. It was exciting to see; and we saw progress in a child where you would hit plateaus but then there would be breakthroughs. We were seeing progress every time we met. In one way or another and it wasn't somebody else's progress, it was Joe's progress and you had a piece in it, no matter what it was; and that was just really exciting and kept us all going.

COACH was used by some teams as one component of annual transition planning from grade to grade as well as a component for major transitions such as those from early childhood programs to kindergarten, and high school to post school experiences. In two cases, the use of COACH reportedly was instrumental in transitioning students from part-time special class placements to full-time general education placements when team members recognized the valued life outcomes and learning outcomes identified for the student could not be adequately pursued in separate environments. As one mother said, "COACH was instrumental in transition to regular class placement, because we were able to say, 'Well gee, how do we do a large group in a self-contained class?'"

**Use of COACH incongruent with its underlying assumptions.** This section describes the use of COACH in ways that were incongruent with the stated assumptions on which it is based. As indicated previously, some study participants embarked upon the journey through COACH somewhat unprepared and not having a thorough understanding of its assumptions or instructions; this made it difficult for them to explain the process to other team members, including the family. In some instances these professionals ignored or were unaware of the directions written in the manual to include the team in making the decision about whether or not to use COACH. As one speech pathologist said, "I was just basically told I was going to use COACH. I wasn't asked if I wanted to . . . it was a done deal." A parent voiced similar concerns in saying, "I never wanted COACH in the first place. It's not really my style." A different parent agreed to participate because of her relationship with the special educator, "I did it for her as a favor." The special educator in this case independently sensed the same phenomena saying, "I felt that they (parents) were just doing it be-

cause they like me; they don't mind our relationship and they just do this to help me out. They did it more because I asked them to do it."

Participants described changing the directions of COACH by either omitting certain parts or substantively changing them in ways considered by the research team to be incongruent with the underlying assumptions of the tool. For example, one special educator described not allowing the family to retain exclusive control of the selection of priority learning outcomes as suggested in COACH (Part 1.5). In other cases, teams accepted the family's priorities, then unilaterally added their own priorities to the IEP without discussing them with the family. Several teams, having experienced confusion attempting to use COACH without adequate preparation or understanding, stopped after the *Family Prioritization Interview*. In addition to the incomplete nature of COACH when only Part 1 was used, situations arose in which discontinuation of the process led to unnecessary conflicts between families and professionals. For example, one mother who had oriented herself thoroughly to COACH, fully anticipated at some point soon after completing the *Family Prioritization Interview* that the school staff would initiate the *Breadth of Curriculum* and *General Supports* (Parts 2.2 and 2.3); the fact that this never occurred led to what she described as "tense" interactions between her and school staff. Teams responding to the follow-up inquiry about why they chose not to go beyond Part 1 of COACH indicated that they either found Parts 2 and 3 more confusing or felt they had insufficient time.

Lack of familiarity with COACH by general educators led to situations in which some of the teachers reported being unaware of the student's learning outcomes generated by their family. Several special and general educators reported that this contributed to lack of ownership by some general classroom teachers. As one elementary teacher in this situation said, "I'm his classroom teacher and there's somebody else who does all the planning for him, somebody else who does all the one-to-one work with him, . . . it's not my direct responsibility." Correspondingly, the level of actual classroom instruction on family-selected priorities generated through COACH was reported and observed to be minimal in such cases, if evident at all.

Parents who experienced the use of COACH in ways considered incongruent with its underlying assumptions frequently were left with unfavorable impressions of the tool. As parents said, "It wasn't very helpful anyway. It was just filling out a bunch of forms and there was no end result." and ". . . it just seemed like a waste of time to be perfectly honest." In such cases parents said they were ". . . caught off guard" by some of the questions and found that "It did not make a lot of sense" and was "confusing."

Despite problems incurred when COACH is mis-

used, we remain steadfast in our belief that COACH should be adapted and individualized. Standardization cannot account for the innumerable variations in students, families, professionals, and settings. Parents had varying opinions about whether or not they enjoyed using COACH, yet almost universally felt positively about their selection of educational program components. This highlights the variations in individual preferences of families regarding educational planning. Some families may prefer the kind of systematic, structured process provided by a tool like COACH while others may prefer approaches that are less formalized. An operating assumption of COACH is that families should be included with other team members in deciding what approach to use when planning the educational program. To make an informed decision about whether or not to use COACH, it is crucial for team members to be oriented adequately to its assumptions, intent, and procedures.

**Evaluation Question #2: Does the use of COACH result in educational program components referenced to valued life outcomes identified by parents and/or students?**

**Valued life outcomes and learning outcomes.** Near the beginning of the *Family Prioritization Interview* (Part 1.1), families are asked questions that address the current and desired future status of valued life outcomes for their child (see Giangreco, Cloninger, & Iverson, 1993, pp. 97-99). Families are then asked to indicate which of the valued life outcomes they would like to see emphasized during this school year. Later in the *Family Prioritization Interview* (Part 1.5) after specific learning outcomes have been identified, families are asked to verify which of the valued life outcomes were reflected in their selection of specific learning outcomes. This is accomplished by referencing each of their selected priorities to one or more of the valued life outcomes.

As shown in Table 2, both at the beginning and end of the *Family Prioritization Interview* families placed the greatest emphasis on: (a) having choice and control, (b) having a social network, and (c) accessing a variety of places and activities. Health and safety is-

ues were emphasized by families less frequently, while issues pertaining to having a safe stable home were minimally identified in Part 1.1 and not at all in Part 1.5.

Valued life outcomes are used to set a context and to verify the rationale for the selection of priority learning outcomes thus maintaining a focus on selecting priorities to enhance students' lives. The varying emphasis placed on the valued life outcomes by participating families is likely a function of the characteristics of these particular students and families as well as the contents of COACH. Parental responses to questions about valued life outcomes have prompted us to consider valued life outcomes that may not be subsumed adequately under the existing categories. For example, some parents' responses pertaining to their children's development culturally, spiritually, and creatively, sense of self, and a need to learn have prompted us to consider reconfiguring the valued life outcomes to address these personal growth and life-long learning issues or to provide an open category for families to define valued life outcomes in unique ways.

Two valued life outcomes appeared to have been selected situationally. *Having a safe stable home in which to live now and in the future* and *being safe and healthy* were selected less frequently by families in this study. Because the majority of the students were elementary and middle school students and all reportedly had safe, stable homes in which to live, this residential issue was not a pressing concern for these particular families. In situations in which the students are young adults, families are experiencing difficulty coping with their child's needs, or students are self-advocating for greater autonomy, this valued life outcome may be more likely to play a prominent role.

Similarly, health and safety issues were emphasized situationally by families in which such needs were present. Those families whose children did not experience chronic health or safety concerns apparently saw little reason to emphasize these issues. In situations in which students have chronic health problems or personal safety is an imminent threat (e.g., gang violence, busy streets), this valued life outcome is also more likely to be emphasized by families. Another po-

Table 2  
Frequency of Valued Life Outcome Selection by Families

Valued Life Outcomes	Part 1.1 (n = 25 teams)		Part 1.5 (n = 16 teams)	
	Frequency	Rank	Frequency	Rank
Having a safe stable home in which to live now and/or in the future	1	5	0	5
Having access to a variety of places and engaging in meaningful activities	16	3	51	3
Having a social network of personally meaningful relationships	21	1	54	2
Having a level of personal choice and control that matches one's age	19	2	77	1
Being safe and healthy	11	4	8	4

tential reason for limited selection of these two valued life outcomes, particularly in Part 1.5, may be due to the relatively smaller number of learning outcomes listed in COACH that address home living, health, or safety concerns. Although these valued life outcomes were not strongly represented in the selections of families in this study, they remain important components of the valued life outcomes set, allowing for individualization based on the unique circumstances presented by families.

Situationally selected valued life outcomes are contrasted here with more frequently selected valued life outcomes. The remaining three, (a) *having access to a variety of places and engaging in meaningful activities*, (b) *having a network of personally meaningful relationships*, and (c) *having a level of choice and control that matches one's age*, were selected frequently and in various combinations by families when citing the rationale for the selection of the priority learning outcomes. The reality that learning outcomes often address more than one valued life outcome is important as we consider how, where, and with whom we educate students with disabilities. As one mother mentioned, it was using COACH that assisted her in realizing that what she sought for her child could not be realized in a special education classroom where both the activities and setting were designed artificially to accommodate an unnaturally homogeneous congregation of students with severe disabilities. As more opportunities are created for students with disabilities to be included in typical environments, it has become increasingly apparent that location of instruction, the activities of teaching and learning, and the people with whom students learn (students and staff), all interact to form the ultimate meaning and the value of the experience.

Families showed a strong preference for selecting a variety of communication learning outcomes as the top priorities for their children (Table 3). As depicted in Table 4, the top three specific learning outcomes selected as priorities for their children and five of the top seven were in the communication area. Learning outcomes in the curriculum categories labeled socialization, personal management, school, and recreation/leisure were also represented strongly in the families' overall priorities as indicated by both the number and variety of items selected. Learning outcomes in the curriculum areas labeled applied academics, home, vocational, and community were represented modestly as indicated by both the relatively lower number and variety of items selected. Of the learning outcomes identified by families as their overall highest priorities, families requested the majority be included in the IEP ( $M = 6.00$ ,  $SD = 1.70$ ). A smaller number ( $M = 1.24$ ,  $SD = 1.45$ ) of the priorities was designated for inclusion in the *Breadth of Curriculum* or were

Table 3  
Curriculum Areas

Rank	Curriculum area	Total number of items in curriculum areas selected by families	Percentage of items from curriculum areas selected at least once
1	Communication	74	100 (11/11)
2	Socialization	39	83 (10/12)
3	Personal management	35	73 (8/11)
4	School	25	100 (8/8)
5	Recreation/leisure	24	100 (4/4)
6	Applied academics	12	38 (5/13)
7	Home	3	29 (2/7)
8	Vocational	2	18 (2/11)
9	Community	1	14 (1/7)

identified as primarily *home* responsibilities ( $M = 0.24$ ,  $SD = 0.77$ ).

The vast majority of learning outcomes selected by families were those from curriculum areas containing learning outcomes useful across multiple environments (e.g., communication, socialization, personal management, recreation/leisure). Many of these closely reflected the more universally selected valued life outcomes pertaining to: (a) places and activities, (b) personally meaningful relationships, and (c) choice and control.

### Evaluation Question #3: How do educational programs developed using COACH differ from those developed prior to its use?

**How students' educational programs were designed prior to using COACH.** Prior to the use of COACH, less than half of the sites reported using formal meetings, phone conversations, or questionnaires completed by parents in an effort to get parental input for IEP development. More typically, special educators sought parental input through "informal discussions" during which they asked an open-ended question such as, "What are your priorities for your child this year?" Study participants said this approach often resulted in families having minimal input and deferring to the professionals as perceived experts. When parents did respond to open-ended questions, they often gave general statements such as, "I want my child to communicate better." To a lesser extent, parents raised concerns that were fresh in their minds. Parents and professionals acknowledged that such temporal issues did not necessarily reflect the top priorities of families.

In the majority of sites, special educators and related service professionals controlled educational planning decisions and then shared them with families, presumably for their approval or revision. General ed-

Table 4  
Learning Outcomes Selected by Families Using COACH

Frequency	Item
15	Makes choices when presented with options
13	Responds to questions (e.g., will attempt to answer)
12	Makes requests (e.g., for objects, food, interactions)
11	Engages in individual, active leisure activities
10	Maintains socially acceptable behavior alone and with others
9	Follows instructions (e.g., simple one-step or multi-step)
9	Indicates continuation or expresses More
8	Initiates social interactions
7	Participates in small Groups (e.g., tolerates situation, takes turns)
7	Sustains social interactions
6	Cares for bowel and bladder needs
6	Drinks and eats by mouth (e.g., accepts food/drink, chews, swallows)
6	Eats with utensils
6	Engages in individual passive leisure activities
6	Reads individual symbols or sequences of symbols
6	Works at task independently at nonfrustrational level
5	Dresses/undresses
5	Engages in active leisure with others
5	Reacts to objects, activities, people (e.g., shows behavior change)
4	Mobile within and between rooms of a building
4	Participates in large groups (e.g., tolerates situation, takes turns)
4	Summons others
3	Accepts assistance from others
3	Asks questions of others
3	Gives self-identification information (e.g., name, address, phone)
3	Feeds self with hands/fingers
3	Greets others
3	Travels to and from school (e.g., rides bus safely, walks to school)
2	Brushes/flosses teeth
2	Cares for hands and face (e.g., washes, dries, lip balm, blows nose)
2	Counts with correspondence
2	Describes events, objects, interactions and so forth
2	Does job(s) at school, beyond classroom, with peers
2	Expresses rejection/refusal
2	Follows school rules/routines (e.g., follows schedule, raises hand)
2	Reads to get information and/or follow instructions
2	Sustains communication with others
1	Accepts transitions between routine activities
1	Accepts unexpected changes in routine
1	Composes and writes notes, messages, or correspondence
1	Distinguishes and interacts differently with familiar people & strangers
1	Does classroom and/or home job(s)
1	Engages in passive leisure activities with others
1	Manages school-related belongings (e.g., backpack, books, locker)
1	Offers assistance to others
1	Participates in extracurricular activities
1	Prepares food (snacks, cold meals, hot meals)
1	Purchases merchandise or services
1	Terminates social interactions
1	Uses money (e.g., purchasing, saving, budgeting, checking)
1	Uses school facilities (e.g., playground, cafeteria, library)

ucation teachers were involved minimally, if at all, in educational planning decisions for the student with disabilities who was to be in his or her classroom.

Some parents said they felt outnumbered and too inhibited to challenge expert recommendations. As one special educator said, "We had some feedback from parents; but it was mostly the professional team (teachers and related service providers) who sat down

and talked about it and planned it out, . . . and then we met with the parents and said, 'Well, this is what we've come up with. Is there anything you want to add or is there something in there that you feel isn't necessary?'" Another professional said, "An honest answer would be I think, the (special education) teacher wrote the IEP and told them later."

The data indicated that when professionals made decisions without the close involvement of families, they

often did so as individuals, each based on the orientation of their specific discipline.

It was more or less coming from a specialist point of view, doing their own assessment. You know the OT doing an assessment and making some recommendations and objectives. As a speech pathologist I would choose some assessments and write some objectives, the classroom teacher or special ed. person; each person involved would sort of do their own assessment. (speech pathologist)

A parent verified that this approach occurs in other situations, "Well everyone has their [*sic*] own agenda that they [*sic*] set before us." In some cases families had come to expect this type of discipline-referenced approach as legitimate, "... my expectation was that they (goals, recommendations) would be separate because they (professionals) were the experts in this area." Some team members stated that they perceived that territoriality based on disciplinary expertise was an unspoken barrier to effective group functioning: "... no one felt like they [*sic*] could overstep their [*sic*] boundaries." In some cases autonomous, separate decision-making was justified for its ease and speed despite its perceived drawbacks; as one special educator explained, "It probably is quicker and easier to do it that way, but as far as quality, it's much less quality." The result of planning without substantive family involvement was summed up by one inclusion specialist when she said,

The ones (IEPs) developed in my experience without using COACH were unrealistically huge, disjointed, were not necessarily focused on the family's identified priorities and goals, and were unmanageable\* Basically. They did not seem to have the personal focus, "What would this young person and his or her family really like to accomplish this year?"

**How educational programs are different based on use of COACH.** The vast majority of respondents indicated that there were a smaller number of goals included on the IEP after using COACH. These goals that in the past tended to be broad and general (e.g., improve communication skills) now tended to be quite specific (e.g., "makes requests to get out of his wheelchair"). Particularly when the student was still in special class at least part of the school day, curricular content shifted from age-inappropriate skills to skills from functional curricular areas (e.g., personal management, home, community). For students placed in general education full-time, the shift tended to be from functional skills traditionally associated with special classes (e.g., personal management/self-care) to com-

munication and social skills that reflected the changing needs of students when they are in environments predominantly inhabited by students without disability labels. One special educator stated, "... this will be the first time that Kevin hasn't had an eating goal on his IEP which is kind of interesting; that is something that will change as a result of having COACH done." Using COACH to consider potential priorities and other learning outcomes (i.e., *Breadth of Curriculum*) in inclusive settings also reportedly shifted some teams toward considering academic learning outcomes (e.g., literacy) for the first time.

Some items (e.g., providing food through a nasal/gastric tube; hourly repositioning) that were previously identified as annual goals were shifted to *general supports* when team members realized these items did not require the student to acquire new skills, but rather needed to be done to or for the student so he or she could access and participate in the educational program. Additionally, sets of IEP goals previously dominated by distinct input representing a variety of disciplines shifted to become a single unified set of student goals that were family-centered and substantively free of the varied orientations of the participating disciplines.

The combined impact of the aforementioned shifts in the educational program following the use of COACH also assisted families in clarifying their desires and expectations. For example, one parent, while acknowledging the important need for her son to work on self-care skills, was able to articulate through COACH that she would take the primary responsibility for that priority at home. This encouraged school staff to attend to other issues that were less amenable to home instruction, such as appropriately interacting with peers without disabilities in a large group. As one mother mentioned, "It is not necessarily what I want James to do at school, is take off and put on his shirt all day." It should be noted that in a small number of cases, although documents reflected significant changes in the types of goals that were written, corresponding changes were not observed in classrooms. It appeared that COACH could successfully shift the nature of educational program documentation, but not surprisingly, required ongoing actions by school staff to implement agreed upon changes if they ultimately were to be of value.

**Evaluation Question #4: In what ways did the use of COACH affect relationships between parents and professionals?**

**Team relationships and family reactions.** Consumers indicated a collateral effect of using COACH was the enhancement of relationships between parents and professionals. In part, this change was attributed to COACH's providing a process for families to express

their ideas and advocate for their priorities while simultaneously providing a forum in which a primary role of the professional was to listen and seek to understand the perspectives of families. As one special educator said, "I think COACH really gave an opportunity for her parents to have an articulate way to contribute to her educational life, and for us as a team to hear from them."

For some families, using COACH was reportedly the first time they had actually been asked for their input rather than being presented with professional recommendations for their approval or disapproval. As one special educator observed, "They (the parents) were very surprised to be involved in the process; they thought it was wonderful. I think they felt they were valued as part of the team." Parents indicated that COACH gave them an acceptable way to say "No" to professionals that did not require the parents to explain or rationalize their decisions.

In situations in which COACH was used in ways congruent with its underlying assumptions, some parents reported liking their participation in COACH and those who had reservations about it said it was "worth it." As one parent with initial misgivings explained,

After we finished COACH I felt a little on guard, like I was asked a lot of personal questions. But then as I saw it all pulling together and sat down and read it again and saw how the therapists were using it, I realized how valuable it was and how it helped my husband and myself kind of narrow in on the things that we were having trouble with.

COACH helped some families clarify their thoughts within the family unit, as one mother said, "I think it helped my husband and I [*sic*] because we did it (COACH) together, because sometimes we have different views on what Eddie should be doing, or what our vision is for Eddie." One mother generalized what she learned through COACH to her advocacy for her child with an adult employment agency, "... I am going to go to this agency and I am going to act as though we are all doing COACH. We are going to develop the same kind of issues for him that we have been able to do at school using this tool."

Using COACH reportedly served an equalizing effect between parents and professionals. One teacher observed that the use of COACH "made the parent part of the team, not just physically present, but really a critical member." Another special educator said, use of COACH encouraged a "... shared responsibility for the development of the IEP. It was no longer a *school* meeting; it was a meeting of people who know and care about Emilio." The changing nature of interactions between parents and professionals reportedly increased the level of parent participation in educational planning and opened dialogue about previously undiscussed topics, "It helped us broaden our

ideas. . . ." It also served as a starting point for ongoing communication among team members. In reference to a generally quiet parent, one teacher noted, "When she came back to visit us in school (after using COACH), she was a lot more talkative than she had been anytime prior. . . ." For some teams, this established a sense of mutual support and interdependence, "People feel so much better about teaming; that you're not out there by yourself trying to work miracles on this kid . . . getting people to sit down and communicate and talk really helped."

The more holistic view of the child provided by parents using COACH prompted some professionals to reconsider their own view of the child. Several professionals said they came to recognize the value of developing a shared set of goals rather than multiple sets of discipline-specific goals. As one physical therapist shared after coming to this realization, "I just went in (to the team meeting) and said, 'Sorry folks, I'm not doing it (writing separate physical therapy goals).'"

**Professionals' changing view of families.** Initially, some professionals in this study negatively characterized their student's parents (e.g., not knowledgeable, low expectations, unrealistic, demanding, poor judgment). Using COACH reportedly prompted several professionals to view parents in a more favorable light. Professionals reported being pleasantly surprised by the depth, quality, and realism of parental input when using COACH, "They (the parents) are working so hard the whole time (during the *Family Prioritization Interview*). It is like they are thinking and they have so much to say . . . , the comments the parents made were all very valuable." In reference to a set of parents who originally had been described as "very demanding," one related service provider said, "... once we started working with them and really working with them as an integral part of the team, they were exceptionally fine parents and a joy to work with."

Sometimes professionals said they misinterpreted low levels of participation in previous meetings as disinterest, lack of caring, or lack of ability to make appropriate decisions. These professionals said COACH offered a way to draw out important information and insights from parents who tended to be quiet during meetings. This provided opportunities for families to display their knowledge about their child. One teacher explained, "She (mother) told me when he cries he's thirsty or hungry and he needs a bite of something"; before that, staff assumed crying meant that his diaper needed to be changed. What professionals learned from listening to families helped them to better understand families and work with their children.

I certainly have come out of every COACH learning things about children and their families that have helped me do a better job as an educator.  
(special educator)

I was impressed with how well this mother knows her child. I was very impressed with her present goals and expectations for the future and I didn't necessarily have that understanding of the mom up until going through COACH with her the first time. I felt her goals and expectations were very realistic. It exposed a side of the mom to me that I hadn't seen at that level before and I was very pleased and I felt very comfortable with that. (special educator)

**Shifts in control of educational decision-making.** In several cases, use of COACH reportedly challenged traditional types and levels of professional control regarding educational decision-making. Study participants indicated that the use of COACH shifted more control to parents, particularly within the *Family Prioritization Interview*. As one parent acknowledged, "We feel like we have more control." Some professionals reported that the prospect of losing some of their control was "scary" and "uncomfortable." As one special educator said, "I felt like I couldn't surrender the agenda that we (professionals) had. . . ." Some of these same professionals indicated that COACH helped legitimize this shift of control. As a special educator mentioned, "COACH really surrendered that feeling of guilt for me (about not being in control of all educational planning decisions)." For other professionals, relinquishing some level of control reportedly provided a sense of relief:

One thing that was nice for me was some of the letting go, that I could defer to somebody else. I didn't have to have all the answers. They (the parents) could say, "how about we try this?" and I would say "great idea!"

Whether professionals sensed relief or anxiety, several reportedly recognized the value in relinquishing some of their control. As one special educator said:

Even though initially it was like, "oh, this is hard for me," you know by the end of it because of the way I saw it follow through, the way it made the IEP much smoother, the way it made our team work so much better, it made me feel real good. It just made a big difference overall, and the whole relationship I've had with parents. I can honestly say that they are part of our team now.

**Evaluation Question #5: In what ways did the use of COACH affect valued life outcomes for students?**

Study respondents indicated that changes in valued life outcomes, as reflected in new programmatic and social opportunities, were facilitated by the use of COACH. However, it is clear that the reported

changes cannot be attributed to COACH exclusively. Study participants identified key contextual elements believed to enhance COACH use as: (a) inclusive placement, (b) collaborative teamwork, (c) willingness of team members to learn new ideas and skills, (d) willingness to share control, (e) active participation of students in regular class activities even if they have different learning outcomes, (f) peer and other natural supports, and (g) taking action on plans. Therefore, impact on valued life outcomes discussed in this section are those that team members said were facilitated by using COACH in combination with other promising practices.

The potential impact on students' valued life outcomes began for some study participants with basic awareness about what might make a student's life better. As one parent said, "I think probably if anything has benefited my thinking and the team's thinking about what is appropriate for Sam, it is the valued life outcomes." Asking questions about valued life outcomes as a context for educational planning did not necessarily yield immediate results; team members reported that this sometimes has a delayed impact as seeds planted that may sprout at a later date.

For several children, use of COACH led to new opportunities and raised expectations, sometimes as basic as riding the school bus with classmates, access to human touch, or active communication with peers. Parents talked about the routines of their family and the new opportunities their child had as a result of priorities established using COACH. For some families, this meant their child was now attending ball games of an older sibling, attending religious services with family, going shopping, or participating in general education classes. As the mother of a high school student shared, "Her repertoire of activities has expanded and a lot of those things that were identified (during the COACH interview) have been dealt with." New opportunities in school led to other opportunities after school hours:

She's going horseback riding—with at least three or four other kids her own age. (parent)

He went to dances, he went to games, he was just part of it. He was a kid in the 6th grade or 7th grade. It was just exciting to see that; things that people generally take for granted. (parent)

These new experiences reportedly provided opportunities for students with deaf-blindness to make friends.

Study participants highlighted the interrelatedness of the valued life outcomes listed in COACH. For example, Tim's parents were concerned about his health; they selected fitness activities as priority learning outcomes for him. The team arranged for Tim to work out at the local YMCA. While there, Tim met new friends he exercised with on a regular basis. In this example,

at least two other family-identified valued life outcomes were addressed in addition to health: (a) having access to a variety of places and engaging in meaningful activities and (b) having a social network of personally meaningful relationships. The ways in which the team chose to address improvements in Tim's health, in this case at a community setting with other people, created additional opportunities to pursue additional valued life outcomes.

New opportunities frequently prompted both professionals and parents to change, expand, and raise their expectations regarding the ways in which the students could participate in school, at home, and in the community. The mother of a high school student with deaf-blindness came to consider supported employment as a realistic and attainable outcome for her daughter, something she previously said she would not have even considered. This mother's optimism was rooted not in speculation but in the reality of her daughter's high school experiences. As her mother said, "She's a teenager; she's got money; she's getting minimum wage."

Study participants reported that COACH facilitated planning that contributed to a variety of affective and social changes for the students in this study. Seemingly small changes in student behavior reportedly were viewed as highly significant by team members. For example, as one special educator shared, Mary is now

. . . acknowledging the presence of people and saying "Hello" in her way; it's with eye gaze. It's turning the head in the right direction. Turning toward the speaker, the voice; and usually with a movement of the eyes and either an exaggerated mouth movement, she does it almost like a yawn. It looks like a yawn but it's not, and a smile.

A mother contrasted her son's previous educational program in a self-contained classroom for all children with severe disabilities and his educational program based on COACH planning in a general class this way:

He is so different now. He is more social. Oh my God he loves the kids so; It's unbelievable! He really is so happy now, you know. And I used to say to them (school staff), I think we will put a goal on his IEP that he will only eat one button off his shirt a day, and that is what he did; he would just sit there and chew his shirt. It's just, there was no stimulation, there were no friends, and when a kid now (in regular class) says to him like, "Joe, stop chewing your shirt!", he stops.

Use of COACH was reported to prompt more use of natural supports. As one special educator explained,

. . . we started to see things like kids wheeling her down the hall without an adult beside her or find-

ing ways for related service people to learn how to get her goals in or her motor issues in the context of what other children were doing . . . So I saw those kinds of chain reactions occur as a result of COACH.

Study participants reported that when teachers created climates conducive to interaction among students, ". . . they (peers) know when he needs somebody with him so the kids automatically go to be with him." A mother explained,

If she needs something, if she needs help opening the paint, I mean she'll tap one of the other kids and hand them the jar like, "you know, I can't get this cover off," And they have gotten so they've been as excited as I have. "Hey, it's like Holly wants me to open it! Holly asked me to do it! She asked me to do it! She's communicating!"

### Conclusion

This study explored the experiences of professionals and families who used COACH as part of their efforts to educate students with deaf-blindness in general education classrooms. Considering these data, the reader is reminded of this study's limitations. First, although we believe the issues raised in this study have implications for educational planning in inclusive settings, the findings discussed solely reflect the 30 sites studied. Second, the experiences of study participants undoubtedly are related to the interaction of many variables such as attitudes, previous experiences, fidelity of COACH use, and a myriad of contextual factors (e.g., placement in a general education classroom). We present these findings with the full knowledge that COACH is one piece in a much larger constellation of factors affecting educational planning and impact. Third, time and resource constraints precluded conducting follow-up member checks with participants. Fourth, the reader is advised that two members of the research team are authors of COACH, posing a potential source of bias. Lastly, although 27% of the students in this study were from cultural minority groups, none was African-American and only one was Asian-American. At the outset of the study, officials in two states, one each with substantial African-American and Asian-American populations, respectively, were asked to assist in the identification of research sites. Despite repeated attempts, no research sites were established in these states. With these limitations noted, we feel that the data presented in this study still hold valuable insights that we hope will help us better understand how some of the strategies embedded in the COACH process can facilitate positive outcomes for students.

It seems clear that COACH, or any other promising

practice, used as intended in combination within known exemplary practices (e.g., inclusive placement, collaborative teamwork, family involvement) is more likely to affect positive change than if it is used in isolation from those practices. Although the findings of this evaluative study present a generally favorable picture of COACH use and impact when used as intended, they also raise a series of important questions for future consideration. How can COACH be revised to maximize the probability that it will be used as intended? What types of supports do teams need to learn successfully and use COACH? How can COACH be adapted to account for greater participation by students with disabilities, thus allowing them more opportunities to contribute to decisions affecting their own lives? How can COACH be used successfully with families from a broader array of cultural backgrounds? How can COACH be adapted for use with preschool students?

The data from this and other studies are being used to revise each part of COACH. This study clearly demonstrated that people used the Family Prioritization Interview more frequently than any of the other parts of COACH. The Family Prioritization Interview is the part of COACH that has been in existence the longest and has undergone the most extensive field-testing and revision over a period of more than 10 years. The subsequent parts of COACH (e.g., Breadth of Curriculum), have been developed more recently and have not undergone the same level of field-testing and revision. Therefore, it is not surprising that these later parts of COACH are not as clearly articulated for use by consumers. Although this represents an unevenness in the clarity of the various COACH parts, it also highlights the fact that ongoing study and revision of COACH is necessary to improve its utility and keep pace with evolving practices and new learnings.

Through continued efforts to study and refine COACH, educational planning strategies can be understood more fully and improved in ways that seek to address valued life outcomes for students and their families. As students with disabilities and their families gain greater access to participation in educational planning, it is hoped that the relevance and potential impact on their valued life outcomes will increase proportionally, thus supporting people with disabilities in

their efforts to fulfill their personal dreams and potential.

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