

A STUDY OF THE PERCEPTIONS OF ELEMENTARY SCHOOL
PRINCIPALS TOWARD SPEECH LANGUAGE SERVICES IN A
MISSISSIPPI PUBLIC SCHOOL DISTRICT

By

Talatha Bingham

A Dissertation submitted to
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The purpose of this research study was to evaluate the attitudes of elementary school principals of varying years of experience as a principal, highest degree obtained, gender, and ethnicity regarding the speech and language services provided by speech language pathologists within a Mississippi school district. This study used a quantitative design to determine if there were a difference among principal's attitudes regarding the services provided by a speech language pathologist. Descriptive statistics were used to describe all the data presented in the demographics section of the survey. The data for this study was collected via an e-mailed survey link to all elementary principals and assistant principals using a modified version of the Scale of Educators' Attitude toward Speech Pathology. A web-based computer program, Survey Monkey, was used to collect and to tabulate the data on the 34-item questionnaire. A one-way ANOVA was used to test for significance among the independent variables (ethnicity, gender, educational degree level, and years of experience) and the dependent variable (elementary school principals and assistant principals' attitudes regarding the services provided by speech language

pathologists). The results of the analysis showed principals' attitudes differed by gender, education degree levels, years of experience as a principal and ethnicity toward services provided by speech language pathologists.

Key Words: speech language pathologists, communication disorders, school principals

DEDICATION

This dissertation is dedicated to my father, Charles Bingham and my mother, Barbara Ann Bingham (late), who instilled in me the virtues of perseverance and commitment and relentlessly encouraged me to strive for excellence.

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CHAPTER I

INTRODUCTION

One of the most common deficiencies among students is communication disorders (National Institutes of Health, 2013). Approximately seven million individuals have some form of speech language disability, and with speech disorders being a common deficiency among students, the need for educational reforms is necessary to have highly literate citizens (National Institute of Deafness and Other Communication Disorders, 2013). According to the United States Department of Education (2013), there is a trend in many states that decreased achievement gaps, increased graduation rates, and decreased dropout rates are becoming the norm and not the exception for children with speech disorders. Furthermore, the Department of Education placed significant demands on educators to ensure that students are receiving educational benefits and are prepared for postsecondary education and/or employment.

Also, the Individuals with Disabilities Education Act (IDEA) requires school systems to provide learners between the ages of 3-21 with services needed to enhance their speech and language skills through the assistance of a speech language pathologist (Roles and Responsibilities of Speech Language Pathologists in Schools, 2017). A critical aspect of school speech language pathology programs is the review and evaluation of program goals, operational efficiency, and service effectiveness. Speech language pathologists assist teachers, parents, and other stakeholders in creating an Individualized Education Plan (IEP), which aid students in having successful educational outcomes (Roles and Responsibilities of Speech Language Pathologists in Schools, 2017). The U.S. Bureau of Labor of Statistics (2015) reported there were 123,200 jobs held by speech language pathologists, and of those jobs, 44% were in the grades of K-12 schools.

According to Jones (2009), the understanding of principals' attitudes toward speech language pathologists affects program planning, recruitment, and retention of speech language pathologists, and the academic outcomes of students with communicative disorders. Furthermore, Jones noted that as with most aspects of the organization of an elementary school, the principal has a major role in the supervision and evaluation of all staff, including speech language pathologists. This study offers an examination of the attitudes of school principals and speech language pathologists and the services offered to students.

Speech language pathologists are important players in reform efforts for elementary and secondary students by providing services for students with a wide range of speech language disorders to meet performance standards (ASHA, 2017). A speech language pathologist's work includes prevention, assessment, intervention, and program design efforts that are included in the general education curriculum (ASHA, 2017). The educational reform movement has initiated a new source of accountability for student outcomes, thus demanding a strong emphasis on data collection, analysis, and compliance for speech language pathologists.

The various types of assistance involve remediation of pronunciation, mumbling, and communication deficits. Students are more successful when there is an implemented plan (Scope of Practice in Speech language Pathology, 2016). The objective of speech language pathology services is to develop and help to implement a plan to optimize individuals' abilities to communicate and to swallow, thereby improving quality of life. As the United States population continues to become increasingly diverse, speech language pathologists are committed to the provision of culturally and linguistically appropriate services encompassed by diversity in scientific investigations of human communication and swallowing (Clinical Supervision in Speech Language Pathology, 2008).

Background of the Study

Over the past decade, the education sector has made strides to enhance literacy by using speech language pathologists. These reforms include the creation of new and expanding roles and responsibilities of speech language pathologists in schools. The educational reform movement has also introduced a new source of accountability for student outcomes, which educators are expected to implement. To successfully identify and meet student needs, speech language pathologists must collaborate with stakeholders, such as teachers, principals, and support service personnel (National Research Council, 1997).

Speech language pathologists must also decide how student's speech, language, and communication disorders affect the student's academic strengths and weaknesses. Speech language pathologists do this by collecting student data in various contexts, by developing Individualized Educational Plans, and by giving services in collaboration with others to meet the educational needs of the students. The responsibility must be shared with educators in schools to reach the educational goals of enhancing speech language communication. There exists a wealth of evidence within the literature that suggests the importance of the role of the administrator in the provision of services to students with disabilities (Ramirez, 2006).

Speech language pathologists play a vital role in elementary schools by providing services for students who experience a wide range of speech disorders. Two responsibilities of speech language pathologists include treating students after they have been diagnosed with a communicative disorder and diagnosing students with speech impediments (Levey & Sola, 2013). Students are assessed for speech therapy when a disability is suspected, which is mandated by the IDEA, which was once called the Education for All Handicapped Children Act (Shipley & McAfee, 2015). The services provided to students with communication disabilities by

speech language pathologists are critical for achievement in speech and language (Roth & Worthington, 2015).

Speech language pathologists have expertise in the differential diagnosis of communication disorders. Communication, speech, language, and swallowing disorders can occur developmentally, as part of a medical condition, or in isolation, without an apparent underlying medical condition. Competent speech language pathologists could diagnose communication disorders but do not differentially diagnose medical conditions. The assessment process can include but is not limited to, culturally and linguistically appropriate behavioral observation, and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; an interview of the individual and/or family to guide decision making (Scope of Practice in Speech Language Pathology, 2016). The assessment process can be carried out in collaboration with other professionals such as psychometrists and school psychologists. The IDEA was reauthorized to ensure that schools have highly qualified speech language pathologists to implement the speech and language services needed for students (Owens, 2015). Many school districts have an organizational structure, which places speech language pathologists under the direct supervision of school principals to aid in student success. As the instructional leader for the school, principals set the tone for the acceptance or rejection of the methods employed by the speech language pathologists. Therefore, it is vital to investigate school leaders' attitudes of the services provided by speech language pathologists (Service Delivery Models Used with Adolescents: A Pilot Study | Perspectives on School-Based Issues, 2008).

Speech Language Pathologist Shortage

There is a growing population of students with speech and language delays, and there is a lack of qualified speech language pathologists to serve the students (Elliott, 2015). Elliott also found to sustain gains in employment, communication, literacy, education, cognitive and social development; it is of great significance to have effective speech language evaluation and intervention in the country for students. Approximately 20 years ago, there was an agreement to create an interim license for bachelor's level public school employees to serve students with speech language problems through the Mississippi Department of Education (Hulit, Howard & Fahey, 2014). The agreement emphasized the shortage of speech language pathologists. There are approximately 125 emergency licensed personnel serving students in Mississippi public schools (Ho, Whitehill, & Ciocca, 2013).

According to Elliott (2015), finding qualified speech language pathologists in rural southern Mississippi prompts some schools to use online-based speech language pathologists. To redistribute the number of tasks and to fill the gaps, The Stone County School District in Mississippi collaborated with Presence Learning, an online company, to provide students with online access to certified master's level speech language pathologists. Presence Learning employs close to 800 licensed speech language pathologists who provide speech language services for students through the internet. Sessions are live and face-to-face. Speech language pathologists also use a platform that allows them to keep track of the activities. As of 2017, Presence Learning has delivered over one million teletherapy sessions across the United States. Elliot's study has shown that the District has hired three speech language pathology professionals from Presence Learning. Two of the professionals were fully certified and possessed a master's level qualification. They were responsible for complex tasks such as the

evaluation of reports and IEP meetings. The other speech language pathologists had a bachelor's degree and fewer responsibilities.

Currently, Mississippi has four fully accredited Communication Sciences and Disorders programs, which are offered at Jackson State University, University of Mississippi, Mississippi University for Women, and The University of Southern Mississippi. These programs have graduated 247 master's level speech language pathologists from 2012 through 2016. In 2010, the U.S. Bureau of Labor Statistics (2015) indicated there were 207 speech therapists, indicating an increase in the number of students graduating with the degree. However, 38% of the increase was at the bachelor's degree level. With these rates of graduation, approximately 290 speech language pathologists were available for work in public schools. However, despite the shortage, it is the obligation of educational stakeholders in Mississippi to ensure that students who attend public schools receive the necessary speech language services from qualified professionals, as stipulated by the federal legislation on IDEA (United States Department of Education, 2013).

It is critical to provide students who have communication disorders with speech and language services to aid them with academic and career success. The requirements for credentialed speech language pathologists are a master's degree from an accredited university program with approximately 375 hours of clinical practice, a certificate certifying the passage of the Praxis examination, and a 36-week full-time or part-time supervised postgraduate professional practice (Finch et al., 2013). Fewer students interested in pursuing a career in Speech language Pathology puts the profession at risk. In a recent study, Neltner (2014) showed a general lack of interest by students regarding the field of Speech language Pathology. Neltner found the inadequacy of knowledge about the career of Speech language Pathology led students to believe that the field is not scientific, thereby dismissing the career. Moreover, Neltner's study

concluded that if more effort is put in increasing awareness of speech language pathologists' careers, which could improve the interest in joining the field, which may result into a balanced and diverse workforce.

Statement of the Problem

Serving the needs of students with communication disorders is required by IDEA which, according to the National Research Council (n.d.), makes evaluating for speech and language deficiencies necessary for speech language pathologists. In addition to evaluating for speech deficiencies, it is also important for speech language pathologists to gain an understanding of school principals' attitudes relating to the role of the speech language pathologists when providing communication treatments (Blood, Ridenour, Thomas, Qualls & Hammer, 2002). The public school principals' attitude toward students with disabilities has a significant impact on the effective provision of special education services. Several studies have noted that for inclusion to be successful, the public school administrator must display a positive attitude and commitment to inclusion (Boyle & Hernandez, 2016). The attitudes of school principals' regarding speech language services are important when supervising and evaluating school-based speech language pathologists as they precipitate how services will be administered and received in the individual school.

Given that principals play a critical role in the supervision and evaluation of school-based speech language pathologists, the present study is essential in examining the attitudes of school principals relative to speech pathology services. Praisner's study on public school principals' attitudes toward the inclusion of students with disabilities found that positive experience with students with disabilities and exposure to special education concepts are associated with a more positive attitude toward inclusion (Praisner, 2003). With these more positive attitudes and

experiences with students with disabilities, principals are more likely to place these students in less restrictive environments (Blood et al, 2002).

In an exploratory study by Schetz and Billingsley (1992), open-ended interview questions were used to investigate 20 school-based speech language pathologists' perceptions of administrative support and nonsupport as it related to the entire speech language program in their respective schools. In analyzing the data, the researchers found that speech language pathologists needed administrative support to allow for adequate professional development, assistance with time management and the development and maintenance of quality therapeutic programs for students (i.e., facilitate collaboration, assistance with student scheduling). Speech language pathologists felt that principals were not aware or knowledgeable about the field of speech language pathology, did not recognize speech language programs as part of the overall school program, did not communicate the role of the speech language pathologists to others, or did not encourage new ideas or programs. Moreover, Schetz and Billingsley found that speech language pathologists were frustrated that principals did not help with uncooperative teachers when it came to the scheduling of services. Principals can support the use of integrated classroom-based services by providing classroom teachers and speech language pathologists with appropriate scheduling or grouping of students in an area of the building (e.g., pod, floor, and house) or classroom for some period of the day.

An understanding of principals' attitudes could influence areas such as program planning, compensation, recruitment and retention, and the success of students who demonstrated communication disorders. The principal is the leader of the school and their attitude influences how teachers and other staff perceive the effectiveness of the speech language pathologists in the building. The evaluation of programs and personnel in speech language pathology is an essential

component of improving the competency of services; the nature of supervision for this area is worthy of discussion. Blood et al., 2002, proved that school principals have an important impact on the success and failures of students and speech language pathologists in the academic environment.

Purpose of the Study

The purpose of this quantitative research study was to evaluate the attitudes of elementary school principals of varying years of experience as a principal, highest degree obtained, gender, and ethnicity regarding the speech and language services provided by speech language pathologists within a Mississippi school district. Information accumulated from this research study could assist in the development of strategies to bridge the gap between principals' understanding and accepting speech language pathologists and the implementation of collaborative planning, thus helping to change educational outcomes. The total population consists of both lead principals and assistant school principals.

Research Questions and Hypotheses

This study was designed to answer and explore the following four research questions and null hypotheses:

RQ1: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's years of experience?

RQ2: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's degree level of education?

RQ3: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's gender?

RQ4: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's ethnicity?

The differences in the attitudes of elementary principals toward speech language services in public schools were tested based on the following null hypotheses:

H₀₁: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's years of experience.

H₀₂: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's degree level of education.

H₀₃: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's gender.

H₀₄: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's ethnicity.

Significance of the Study

In the Scope of Practice in Speech language Pathology (2016), it was found that speech language pathologists are critical for the success of students with speech language disorders. Given these circumstances, it is important to examine the attitudes of elementary school principals toward the speech language programs. At the state and federal level, school principals have been encouraged and mandated to ensure that the students with disabilities in their buildings received instruction in the least restrictive environment and made progress in the

general education curriculum (Eggen & Kauchak, 2004). To give principals the necessary skills and training to follow these laws, state and local agencies have provided training. Farber, Denenberg, Klyman, and Lachman (1992) found that the failure to examine the impact of principals' attitudes of speech language pathologists can leave many learners dependent upon unprepared IEPs developed by unqualified personnel to have the appearance of providing services. School principals should employ well rounded, prepared, and properly equipped speech language pathologists to assist students from varying backgrounds with diverse language skills (Owens, 2015)

School principals must realize that how they encourage or discourage the speech language pathologists at the building level affects classroom learning. The classroom serves as the preparation field for how the students develop good oral and written communication skills that potentially equip students with the training needed and required outside the classroom (Ritzman et. al, 2006)

The attitudes principals have can influence the reception of the speech language pathologists in the inclusion of academic planning. Those attitudes, as noted in Health and Wellness (2004), positive or negative, may have an impact on the way children are treated, assessed, and ultimately, how they excel in the classroom. Although some principals possess very little knowledge about the roles of speech language pathologists, they hold negative views toward the effectiveness of the integration of services into the academic plan. A study by Boyd (2014) on attitudes of students receiving services reveals that principals many times fail to understand various forms of intervention prescribed by speech language pathologists, and it diminishes their assessment of their speech language pathologists' abilities. Boyle and Hernandez (2016) noted that administrators determine attitudes of faculty and during

introductions of the speech language pathologists and not through observing the individual student outcomes.

As noted in their study on the attitudes of Catholic school principals Boyle and Hernandez (2016) found that researchers could no longer deny the connection between school principals and speech language pathologists' success. In many cases, speech language pathologists work under an administrator who does not hold an American Speech language-Hearing Association (ASHA) certification. When principals have experience with speech communication and have a speech language certificate, they can better help the programs of speech language pathologists to meet the needs of students and mandates. Also, having an administrator with training and a certificate helps speech language pathologists when evaluating programs to find successes and to make revisions for enhancement to better advocate for students and to ensure quality services. Boyle and Hernandez also concluded that due to the components of the evaluation of programs and personnel in speech language pathology, the attitude of the supervisor deserves an evaluation. As a result, it is crucial to study elementary school administrator's attitude regarding speech language pathology services.

Operational Definitions

American Hearing Association (ASHA): The national scientific, professional, and credentialing association for more than 186,000 members and affiliates who are speech language pathologists, audiologists, speech, language, and hearing scientists. (ASHA, 2017).

Certificate of Clinical Competence: Certificate of clinical competence (CCC) is the credential granted by ASHA to professionals in the field such as audiologists and speech language pathologists who have met the academic, clinical, and professional requirements outlined by the Council for Clinical Certification in Audiology and Speech language Pathology (Illinois--Hearing Association, 2017).

Elementary School Administrator: The chief executive officer of an elementary grade institution (Merriam Webster Dictionary, n.d.)

Speech Clinician: A professional responsible for the evaluation and treatment of students and adults with speech-related problems (Illinois Speech language-Hearing Association, 2017).

Speech Pathologist: A qualified professional who is tasked with the responsibility of working with children and adults in solving speech-related problems (Illinois Speech Language-Hearing Association, 2017).

Speech Teacher: A qualified individual, school-based or online-based, who is meant to assist students with speech-related problems (Illinois Speech language-Hearing Association, 2017).

Speech Therapist: A qualified professional who is responsible for formulating measures of preventing and treating speech-related problems in the process of improving social

communication in both adults and children (Illinois Speech language-Hearing Association, 2017).

Limitations of the Study

A limitation of the current study was that it was not a nationwide study. When participants/principals know they are a part of a survey, according to Silverman (2016), this may result in biased responses. While this study reflects the attitudes of the elementary school principals toward the use of speech language pathologists from the chosen school district, this might not be the attitudes shared by other principals in the different regions or throughout the United States. Contamination and experimenter expectancy, as noted by Taylor, DeVault and Bogdan (2015) were also potential threats to the study's internal validity. Such threats may have appeared regarding participation or treatment and through indirect communication of desired findings to participants. Requesting that individuals selected for the current study refrain from revealing the study's details to individuals who may also be in the study sample may have lessened the study's threats.

Assumptions of the Study

Although assumptions are statements that are taken for granted or considered to be true, according to Leedy and Ormrod (2010), they are treated as important because, without them, research projects would be pointless. This quantitative study includes basic assumptions. The first assumption is that the elementary school principal or assistant principal will answer truthfully and honestly about their credentials and interaction with professional development for students who need speech language pathologist assistance. Another assumption is that all

principals/participants understood and interpreted the survey questions. A final and important assumption is that the sample size was enough to preclude non-response bias from participants.

CHAPTER II

REVIEW OF RELATED LITERATURE

The cognitive learning theory of attitudes provides a lens in which to view the conceptual framework of this research. Results are presented from the related literature that provides an overview of the issues that can potentially impact principals' academic experiences, discrimination, and education classroom interaction with speech language pathologists. To have an understanding and awareness of the subject matter, a brief discussion on Speech language Pathology is presented with the concepts that are presented from a psychosocial point of view. The literature will provide a discussion about the variables used in the study, while the second part will include a review of empirical studies, which study the attitudes and perceptions of educators toward speech language services. It will conclude with an international perspective and administration of speech language pathologists around the world.

The Individuals with Disabilities Education Improvement Act (IDEA) has mandated public educational agencies to offer a continuum of alternative placements to students with disabilities in the student's least restrictive environment to the maximum extent appropriate. According to IDEA, this continuum was defined as special education instruction in the general education classroom, specialized classroom, specialized school, student's home and hospitals, and other institutions (Valeo, 2008). Under this same law, the student further possessed the right to be educated with his or her nondisabled peers to the maximum extent appropriate. These mandates included students who were identified as having speech or language impairments (Ritzman, Sanger, & Coufal, 2006).

Given these mandates, Chipman, Segal and Glaser (2013) noted that the principal, in the role as the district representative, was given the responsibility to ensure that all students in the building were educated in the least restrictive environment and that all state and federal laws were followed by Individualized Education Program (IEP) teams and other school personnel. At the state and federal level, school principals have been encouraged and mandated to ensure that the students with disabilities in their buildings received instruction in the least restrictive environment and made progress in the general education curriculum. In order to give principals the necessary skills and training to follow these laws, state and local agencies have provided training.

Speech Language Pathology

Speech language pathologists, according to the Roles and Responsibilities of Speech Language Pathologists in Schools (2017), are to employ methods that prevent cognitive-communication and swallowing disorders in children and adults. In doing this, speech language pathologists assess, diagnose, and treat speech language deficiencies in children and adults. Speech language pathology according to ASHA (2017), is the name given to appraisal, habilitation, recovery, guiding, and aversion administrations for people from birth through maturity who have some speech, voice, language, subjective informative, or gulping issue. The expert who gives these administrations is known as a speech language pathologist (speech pathologist, language teacher, speech language specialists, speech clinician, educator of the speech, and hearing impaired). Speech language pathology is a piece of the training of correspondence sciences and clusters, which additionally incorporates audiology (Carpenter, 2013).

The naming of speech language pathology was developed in the United States from a combination of controls such as training, brain science, etymology, correspondence, and prescription (Geertz, 2010). As enthusiasm for the mind developed through the 19th and 20th centuries, the naming evolved, and attention on recovery strategies with the logical investigation of ordinary speech, language, discernment, and correspondence issues became a concern. Naming also led to the improvement of projects in more than 300 United States schools and colleges where students could concentrate on the logical hypothesis on fundamental speech language pathology principles (Franklin, 2010).

State licensure laws and expert associations, for ASHA, characterize the practices of qualified professionals in speech language pathologists. Also included in the speech language pathologists' practice is the appraisal for the determination and utilization of augmentative and alternative correspondence systems and methodologies (Schraeder, 2015). Providing therapy and care to those with hearing misfortune by screening hearing, utilizing instrumentation, choosing, fitting, and building up powerful utilization of versatile gadgets for correspondence, gulping and other upper aero-digestive capacities will aid in the evaluation and treatment for those with speech problems. Speech language pathologists teach and guide students, families, and others regarding correspondence issues relating to communication disorders. Speech language pathologists offer a full scope of administrations in instructive settings, and approximately 60% of speech language pathologists work in instructive oriented settings offering extended human services and other restoration projects (United States Department of Education, 2013).

Cognitive Learning Theory

The cognitive learning theory is based on the different ways of thinking and mental processes that are affected by internal and external factors of individuals (Siemens, 2014). The

theory assesses the effective learning processes of individuals. The process helps to identify the learning behaviors necessary to accomplish and improve the learning processes. This theory presented by Harmon-Jones, Harmon-Jones and Levy (2015), helps the speech language learners to be aware of all the different external factors that cause a discrepancy in the minds of the individual learners in the schools. An individual's perception is the process used to attach meaning to stimuli.

Similarly, an examination of this theory may offer an understanding of the process school principals' use in attaching meaning to their opinions toward speech language pathology programs. According to Eggen and Kauchak (2004), the principles of cognitive learning theory are based on the ideology that learners are active; understanding of the student is premised on prior knowledge acquired during the educational process; and that learning is exemplified by a change in the thinking processes which promotes the exhibition of different adaptable behaviors. These components serve as one of four components forming the conceptual framework for the current study examining school principals' attitudes toward speech pathology programs. Using this theory may offer an understanding of the attitudes of school principals toward speech language pathologist programs.

A study by Duffy and Jonassen (2013), states that the theory of intellectual development desires for equilibrium, between an individual understanding of the world and experiences. School principals have numerous responsibilities, which need to be managed successfully. Principals must organize new experiences, which may include the supervision and evaluation of speech language pathology programs into systems or schemes to enhance the understanding of the processes toward enhancing students' communication through speech therapy. An example of a new experience may be reflected by the need to increase the understanding of speech

language disorders and the role of a speech language pathologists regarding academic areas such as literacy and reading (National Research Council, 1997).

Quality supervision is essential for success in all academic subject areas. Therefore, the expectations of the role principals have in the supervision of speech language pathologists enhance services and subsequently benefit children with communication disorders (Jones, 2009). As instructional leaders, school principals promote a positive school environment and seek to enhance learning for all students. Jones also found that school principals seeking to support educators of special education programs can do so by acknowledging accomplishments, allowing time for training, providing ample workspace and materials, and giving useful feedback. Considering the importance of leadership and the relationship that leaders share with personnel of specialized populations, the study of attitudes held by school principals toward speech language pathology programs is significant. At the state and federal level, Good (2011) found that school principals have been encouraged and mandated to ensure that the students with disabilities in their buildings received instruction in the least restrictive environment and made progress in the general education curriculum. To give principals the necessary skills and training to follow these laws, state and local agencies have provided training.

Impact of Speech Language Pathologists on Literacy

Speech language pathologists in school districts fill in as an important component group that decides the requirements for assessment and custom curriculum for students with communication disorders (Bloomington & Vicker, 2008). According to Bloomington and Vicker (2008), at the point when an instructor presents a referral for a custom curriculum, or a parent goes to the school requesting an assessment, the specialized curriculum group convenes. This specialized group is comprised of a school assessment personnel, school administrator, general

education teacher, and the speech and the parent upon referral to meet to determine whether a comprehensive assessment is warranted. Speech language pathologists test for speech sound errors, language delays. Voice abnormalities and dysfluencies.

A notable aspect among essential elements of speech language pathologists is the elementary principals' attitude towards students with unique needs and the incorporation of the speech language pathologists' standard (Schraeder, 2015). The school is a central point that provides the presentation and integration of any change, which is most imperative for implementation. Schraeder also found that the activity of the elementary administrator gives the legitimization expected to initiate change and support of educators amid the complexity of the procedure.

The successful execution of speech language pathology programs is, to a great extent, reliant on leadership styles and disposition (McNeil, 2014). Using diverse authority styles clarifies the need for special education laws. Additionally, McNeil also that noted the understanding of instructive change encourages specialists to concentrate on the usage of incorporating their roles in schools. Principals must comprehend their roles and rationale for their supervisory behaviors. Therefore, McNeil concludes that school principals must take an active role in self-evaluation and knowledge to supervise those in which they have limited knowledge of their expertise.

Successful inclusion of the speech language pathologists, according to Praisner (2003), in the public school setting depends on the principals being responsible for the creation and sustainability of such a service delivery model. Principals' support for inclusive practices was determined by their attitudes and values. Administrative support has taken on many forms through the implementation process, and speech language pathologists must solicit this support

from the inception of their collaborative initiative (Lock & Rea, 2005). Building-level principals have played a particularly important role in this educational change process because they have set the school policies, influenced teacher attitudes about students with communication impairments, and ultimately affected the provision of inclusive speech language services (Hunt, Soto, Maier, Müller, & Goetz, 2002). Praisner (2003) felt that principals possessed a limited understanding of the principles and philosophy of classroom-based special education and related services based on the data from their research into administrator and teacher perceptions of inclusion.

In a survey of 408 elementary school principals in Pennsylvania, Praisner (2003) further found that only 18.6% of the principals surveyed had any field-based training in inclusion during their university preparation programs, and only 48.5% were trained to support teachers on matters related to inclusion. Praisner's study found that the more training an administrator received, the more positive their attitudes were toward inclusion. Principals need to support special educators and related service providers to develop and implement classroom-based services for students with disabilities, and to do so, they need to have ample training.

As the number of students with speech or language impairments in the public school setting and identified limitations in administrator preparation programs increased, Bartlett, Weisenstein, and Etscheidt (2002) indicated that textbooks and pre-service coursework on school leadership have attempted to provide an overview to aspiring principals on the disorder, support for inclusive service delivery models, best practices, and legal requirements. Literature and training have also emerged to educate school-based speech language pathologists on classroom-based service deliveries, legal requirements, and best practices (Falk-Ross, 2002). In-service series have also been provided by the Ohio Department of Education to train school leaders on

effective classroom-based practices for students with disabilities. Despite these efforts, classroom-based services have not been widely utilized across the county, and very little had been done to support changing service delivery options for students with disabilities (ASHA, 2017).

In an exploratory study by Schetz and Billingsley (1992), open-ended interview questions were used to investigate 20 school-based speech language pathologists' perceptions of administrative support and nonsupport as it related to the entire speech language program in their respective schools. No attempt was made in this study to specifically investigate the speech language pathologists' perceptions of administrative support or nonsupport of integrated classroom-based speech language pathology services. In analyzing the data, the researchers found that speech language pathologists needed administrative support to allow for adequate professional development, assistance with time management and development, and maintenance of quality therapeutic programs for students (i.e., facilitate collaboration, assistance with student scheduling). Speech language pathologists felt that principals were not aware or knowledgeable about the field of speech language pathology, did not recognize speech language programs as part of the overall school program, did not communicate the role of the speech language pathologists to others, or did not encourage new ideas or programs (Schetz & Billingsley, 1992). Moreover, Schetz and Billingsley found that speech language pathologists were frustrated that principals did not assist with uncooperative teachers when it came to the scheduling of services. Principals can support the use of integrated classroom-based services by providing classroom teachers and speech language pathologists with appropriate scheduling or grouping of students in an area of the building (e.g., pod, floor, and house) or classroom for some period of the day.

Speech language pathologists have needed administrative support to initiate a change toward more appropriate services delivery options (Lock & Rea, 2005). This support was found to be paramount for access to the general education setting, effective time management, and the achievement of successfully implemented integrated classroom-based services in the least restrictive environment. A common conclusion was drawn through the literature review: speech language pathologists believed that building-level administrative support could be secured after the administrator observed the speech language pathologists provide services, discussed integrated services with the special education director, obtained on-going memos about successful services, or received professional development on the role of the speech language pathologists, collaboration, and integrated classroom-based speech language services (Eggen & Kauchak, 2004).

In a recent study by Hutchins (2015), a school administrator at Atholton Elementary School has over 20 years of experience as a speech language pathologist. Hutchins credits the skills learned as a speech language pathologist to work as a team, use data to make decisions, and understands the importance of including all students in the classroom. Working side by side with the speech language pathologist to help teachers develop individual education plans, participate in student circle time, and helps students with augmentative and alternative communication improvement plans are some of the tasks that Hutchins conducts to help speech language pathologists improve student speech and language success.

The Evolution of Speech Language Pathology through Empirical Studies

An early researcher during this period, Jean Anderson (1972) conducted a study to assess the attitudes of teachers in the classroom and the services provided by speech language pathologists. The researcher learned that teachers lacked knowledge about the field of speech

pathology and the services provided to students. Consequently, the classroom teachers did not consistently refer students suspected as having speech disorders to the speech language pathologist.

Anderson (1972) examined the nature of supervision in speech language pathologists and Audiology. There were 211 participants randomly selected from the Indiana State Department of Education and ASHA directories holding titles such as coordinators, supervisors, and directors. The researchers examined the current status of supervision of hearing, speech, and language programs in schools. Due to the diverse problems encountered by supervisors, the need for universities and colleges to train field related supervisors to assist inexperienced speech clinicians was necessary. Descriptive information solicited from participants included their responsibilities, school district, program context and enrollment, professional experience as a supervisor, experience as an educator, title, educational background, training, and nature of clinical experience. There was a positive reaction from the participants as far as the need for training and preparation in the supervision of speech language pathology programs. Information about the problems encountered as supervisors of speech language programs in schools was also solicited from participants. From the findings, a recommendation was made to explore the association between personality and the quality of teacher-speech language pathologists' interactions to link to attitude as opposed to previous studies examining the relationship between demographic variables and attitudes toward speech pathology services in schools.

Other researchers during this era also studied the attitudes of educators within schools regarding speech language pathology services (Clauson & Kopactic, 1975; Phelps & Koenigsknecht, 1977; Ruscello, Lass, Fultz & Hug, 1980; Signoretti & Oratio, 1981; Bennet and Runyan, 1982; Tornes & Sanger, 1986). Most of the research findings reported favorable results

of educators' attitudes toward speech language pathologist. The participants were mainly satisfied with the communication with a speech language pathologist, which resulted in positive student performance outcomes. However, unfavorable results were geared toward the uncertainty of the speech language services provided, the pullout resource model, and speech language pathologists responsibilities (Bennett & Runyan, 1982; Tornes & Sanger, 1986). Participants in those studies had at least a year of experience interacting and communicating with speech language pathologists. However, all participants taught in an elementary school setting. According to Phelps and Koenighsknect (1977) and Tomes and Sanger (1986), there were a limited number of studies that researched the attitudes of elementary principals regarding speech language pathologists.

In the 1990s the focus on academic outcomes for those with speech language disorders changed, and it was indicated when researchers were more focused on training, preparation, and the performance of speech language pathologist (Ritzman et al, 2006; Sanger et. al., 1995; Shaughnessy & Sanger, 2005). As in the previous era, the findings were favorable regarding the attitude of educators toward speech language pathologist. Additionally, common themes among the findings were in areas of role perceptions and the need for collaboration. Findings from a recent study conducted by Shaughnessy and Sanger (2005), which surveyed principals, showed that speech language pathologists' intervention positively affected students socially, academically, and behaviorally. Principals acknowledged the critical role that speech language pathologists play on multi-disciplinary programs for planning to support the academic performance of the students with communication disorders. Farber et. al., (1992) found that building principals needed training in the benefits of integrated classroom-based services. After

training, the principals realized that their students would be receiving more intensive services when compared to the traditional pullout model.

In a research study to determine educators' perceptions of the speech language pathologist's role in literacy and language development of students, a survey was conducted on kindergarten teachers. It was evident that speech language pathologists were working with many of the teachers to help improve student's language and literacy skills (Grigas, 2015). Teachers were asked to agree or disagree with eight statements concerning speech language pathologists' roles and responsibilities. Teachers indicated their agreement with statements containing items such as suggestions regarding students with language and literacy problems, and how classroom teachers can collaborate with speech language pathology teachers in helping students with oral language difficulties.

Previous studies on this topic indicated that the delivery of speech language pathologists intervention services to students with communication disorders was done effectively. Furthermore, the findings of these researchers showed that participants perceived speech language pathologists as a resource for addressing struggling students. They were equally aware of the role of speech language pathologists in language and literacy development among struggling students and admitted that there was a need to share this role for assisting in the language development of students with communication disorders. As far as the positive perceptions are concerned, Bloomington and Vicker (2008) found that most education stakeholders surveyed believed speech language pathologists to be a vital collaborator, regarding students with autism. Also, many stakeholders believed speech language pathologists receive enough education and preparation for the role of a school speech language pathologist.

Service Delivery Models Used with Adolescents: A Pilot Study | Perspectives on School-Based Issues (2012) describes experiences implementing a collaborative, consultative service delivery model in a public school setting. In the beginning stages of implementation, the building administrator felt that the speech language caseload could be increased because an integrated classroom-based service delivery model was used instead of a traditional pullout model. Classroom integration was based on the notion that the speech language pathologists would have more time since students would not be seen directly in the therapy room.

To the administrator, it appeared as though the speech language pathologists had more time. The pilot study addressed the misperception by having the administrator shadow her as integrated classroom-based services were provided in various academic and non-academic (e.g., cafeteria, lunchroom) settings. This strategy was found to be effective in dispelling this misperception. Because school districts have increased the speech language pathologists' workload duties due to changes in state and federal law, speech language pathologists have encountered difficulty finding time to complete compliance paperwork. This increase in workload has limited their access to the regular education classroom and subsequently prevented them from utilizing integrated classroom-based services. Speech language pathologists have been expected to complete large amounts of paperwork, attend excessive or "non-relevant" meetings, and hold parent conferences in addition to educating students (ASHA, 2008b).

Similar findings were made when educators were asked about the role of speech language pathologists in teaching English as a second language. The researchers concluded that even though misconceptions about the functions and responsibilities of a speech language pathologist in a school still exist, educators' perception of the profession was of high regard. Educators were positive towards the collaborative role of speech language pathologists referring

students suspected of having a speech disorder. The lack of knowledge about the career led students to misbelieve that speech language pathologists were not a scientific major causing many of the students to avoid it as a career choice (Siemens, 2014). The low levels of students interested in pursuing a career in Speech language Pathology put the future of the profession at risk.

Cognitive Dissonance and Challenges to the Speech Language Pathologist Profession

Cognitive dissonance is an uncomfortable feeling caused by holding two contradictory ideas simultaneously. The theory of cognitive dissonance prescribed by Festinger (1957), proposes that people have a motivational drive to reduce dissonance by changing their attitudes, beliefs and behaviors, or by justifying or rationalizing them. An important cause of dissonance is an idea in conflict with a fundamental element of the self-concept, such as "I am a good person" or "I made the right decision" (Group, 2017). The anxiety that comes with the possibility of having made a bad decision can lead to rationalization, the tendency to create additional reasons or justifications to support one's choices. Additionally, Group found that attitudinal theory provides insight into the responses gained from participants in the current study with regards to the relationship of variables impacting their indicated attitudes.

In a survey of 2,556 speech language pathologists across the country, administrative nonsupport and lack of understanding of the role of the speech language pathologists were listed as two of the top ten challenges that speech language pathologists faced when working the school setting (ASHA, 2008b). Speech language pathologists have reported that they have been historically restricted in the selection of other more appropriate service delivery due to this lack of administrative support, interest, and understanding of the role of a speech language pathologist (Blood et al., 2002). Although research has shown that principals and teachers did

not hold the same perceptions about inclusive services for students with disabilities, there had been no attempt made to determine whether these differences also existed between principals and speech language pathologists (Valeo, 2008). Valeo found that the discrepancies in perceptions about inclusion that were found between principals and teachers were a cause for concern and the current research on these differences had not shed much light on the matter. Valeo recommended further research in the area of principals' perceptions and general services for students with disabilities. Further, no research has been conducted to investigate whether principals and speech language pathologists differed in their perceptions of this type of inclusive service delivery model.

Cognitive dissonance theory is based on three fundamental assumptions that people are sensitive between actions and beliefs; recognition of the inconsistency will cause dissonance and dissonance will be resolved. According to the theory, people recognize, at some level, when they are acting in a way that is inconsistent with societal norms and beliefs/attitudes/opinions. In effect, there is an internal mechanism that notifies them of such an inconsistency, whether we like it or not. Once a person recognizes the violation of one of their principles, according to this theory, they will feel some mental anguish about this. The degree of dissonance varies with the importance of the person's belief/attitude/principle and with the degree of inconsistency between behavior and this belief. In any case, according to the theory, the greater the dissonance, the more motivation there will be to resolve it. The simplest way to resolve the dissonance between actions and beliefs is to change actions that lead to internal conflict (Festinger, 1957).

The Role of Ethnicity and Attitude Influences

There is a lack of empirical research examining how ethnicity influences the attitude of elementary school principals as it relates to the speech language services provided by speech

language pathologists. A study was conducted to identify the basic components of teachers' attitudes toward speech services in public schools. Participants included 147, K-12 teachers with varying experience and education who were employed within three school districts in New Jersey (Signoretti & Oratio, 1981). Participants of this study were provided with a 69-item questionnaire. The correlation analysis of participant responses revealed no correlation existed between teachers' demographic background and attitudes. A set of demographic variables such as age, sex, ethnicity, experience, and education did not affect attitude. Furthermore, Signoretti and Oratio stated that demographic variables do not place a role in educators' attitudes toward speech language pathologist.

However, a recent study conducted by Wicklund (2013), showed a general lack of information about the speech language pathologists' field and the low levels of male students and minorities interested in pursuing a career in speech language pathology and related fields. The results of this research predicted that the lack of knowledge has harmful consequences on the future of the profession as far as cultural diversity is concerned (Wicklund, 2013). Besides, it showed that students, particularly minorities, valued pursuing a more technical field for a college or bachelor's degree. Limited knowledge about the career led the students to incorrectly believe that speech language pathologist was not a scientific field resulting in most of the students dismissing it as a viable career choice. Additionally, ASHA (2009) records indicated that 93% Caucasian, 4% Hispanic, 3% African American and other American ethnicities contributed to the diversity of those entering the discipline. Furthermore, according to the Working Group on the Preparation of Speech language Pathology Clinical Educators (2012), the 2010-2011 Survey of Undergraduate and Graduate Programs, the population was comprised of 9% ethnic for undergraduate, 10% for masters, and 12% of the doctoral student population.

The Role of Gender and Attitude Influences

As is the case with ethnicity, there exists little empirical research examining how gender influences the attitudes of school principals related to the speech language services provided by speech language pathologists. Thus, according to Signoretti and Oratio (1981), a set of demographic variables may be difficult to predict attitudes toward speech and language services. A study seeking to understand how the effect of public perceptions has on the field of speech language pathology by Harmon-Jones et al., (2015) studied students of age 16 and older who had yet to choose their career, intending to determine their levels of knowledge about the profession. Many misconceptions about speech language pathologists were exposed by the survey results. The survey revealed that a third of the respondents said they knew little about speech and language therapy. Male participants were significantly less familiar with speech and language therapy than females. ASHA reported in 2009, that female students represented approximately 94% of its members, while male students represented 6% of the total membership.

Years of Experience and Attitude Influences

Saltman (2015) conducted a study with the aim of evaluating teachers' attitudes and familiarity with remedial speech programs. The sample included a total of 50 educators, eight male and 42 females, between the ages of 20 to 41 years, with a bachelor's degree and up to 15 years of experience in teaching. Participants listened to the recorded speech of persons with communicative disorders, to judge an individual's disorder, and responded based on their knowledge to a questionnaire regarding speech disorders. Many of the participants were found to have difficulty in identifying normal speech. After analyzing the results, Saltman found that having speech language pathologists and programs would be beneficial to educators. Educators

also expressed their limitations and strengths as related to their knowledge as a speech language pathologist. On the contrary, there were concerns regarding the extent of their desire to improve their skill in speech disorders to diagnose a child with a speech language disorder.

A study conducted by Hussey (2017) was purposed to learn about educators' attitudes toward speech and language programs in schools. The findings revealed that certain variables such as district size, years of experience, and academic background attributed to the array of attitudes among educators including, speech language clinicians, principals, primary teachers, and assistant teachers, in grades four through six.

Another study of supervision of speech, hearing, and language programs in the schools, there were 211 participants in the study who were directors of special education and college and university supervisors (McNeil, 2014). McNeil advocated for the need to employ and train field related supervisors to assist in the professional development of inexperienced clinicians. Descriptive information solicited from participants included professional experience as a supervisor, experience as an educator, educational background, training, and nature of clinical experience. There was a positive reaction from the participants to gain training and preparation in the development of speech language pathology programs as far as supervision was concerned.

Miller, Morfidi, and Soulis (2013) conducted a study about the perceptions of school principals toward the role of a speech language pathologist. The participants were asked questions regarding their training, leadership, and how it has prepared principals to work with speech language pathologists. After reviewing the findings, the researchers learned that principals had positive perceptions of speech language pathologists.

The Role of Speech Language Pathologists in Public Schools

Speech language pathologists have an important part and role to play in different schools around the country apart from delivering appropriate speech language services. They interact with students of varying communication disorders such as language, voice, fluency, and articulation. Current speech language pathologists address the different curriculum demands for students to help encourage success and contribute to decreasing the achievement gaps (McDonnell, McLaughlin, & Morison, 1997).

School principals should have a fundamental knowledge of special education as well as knowledge of current issues in special education to be competent (Wakeman, Browder, Flowers, & Ahlgrim-Delzell, 2006). The need for professional development on special education topics for principals in the public school arena has been well established (Weaver, Davis, & Landers, 2006). However, as Wakeman et al., (2006) suggested, there is little actual professional development in special education provided for public school principals. In addition to knowledge of special education, Ramirez (2006) suggested that the school lead administrator as the instructional leader and agent of change must possess other competencies, such as, “skills in effective instruction, assessment and discipline to provide support and feedback to teachers as they develop environments for teaching heterogeneous groups of students” (p. 63).

The existing speech language pathologists focuses on language barrier problems to progress students in their education. The speech language pathologists help to assist in addressing the different linguistic foundations of learning for students with different disabilities and those who struggle to cope with other learners in the school (Cambridge Scientific Abstracts, 2016). Speech language pathologists usually interact directly with the different learners in the school so that it helps them to learn the problems of the learners individually. Speech language

pathologists provide different types of interrelationship interactions with the different students having communication disorders in writing, learning, and speaking. These interactions have changed over time because of the increasing diversity in the school population. Speech language pathologists give significant contributions to the different learners in the school and notice that the students receive culturally and quality competent services. These professionals are effectively involved in reducing failure in academics by the students who require special attention (Engestrom, 2014).

Principals help to develop a new speech language pathologist design language service that provides delivery models for students with communication disorders. Speech language pathologists also perform the duties of gathering the different types of data relevant to the performance of the various students with disabilities in their schools (Finch et al., 2013). Speech language pathologists can provide training for teachers to identify different students with communication disorders. Speech language pathologists also work in collaboration with various agencies and individuals, according to Shipley and McAfee (2015), who are involved in providing services and teaching to youth in schools across the country. Speech language pathologists also help students with various disabilities by providing training.

Apart from the immediate administration, conference, and cooperation, the speech language pathologist may perform different roles, for example, the support or administration of the augmentative correspondence programs for persons with Autism Spectrum Disorder, and the evaluation and preparation to support students (Hutchins, 2015). Similarly, as the different speech therapy models are utilized as a part of the initiative, some parts may be consolidated with each other, which will help in providing choices necessary for helping the students. A student's needs and channels for learning and rehearsing relational abilities may change,

according to Praisner (2003), through the span of an academic school year. Guardians, educators, and speech language pathologists may consider composing the IEP with the goal that it determines objectives and the measure of time that will be spent by the speech language pathologist on a given student's case or needs throughout seven days, months, or semester (for example 1 hour of speech therapy for each week). The explanation of the frequency and duration of therapy is rather meaningful than the average prohibitive which shows up on numerous IEPs in which both time and strategy for speech therapy are determined, for example, two 30-minute direct pull out therapy sessions every week (Good, 2011).

Individualized Educational Plans and Speech Language Pathology

Studies show that student needs might be more sufficiently met if a blend of speech therapy strategies is considered. IEPs are Individual Education Plans, which are composed after it has been resolved that the student has a communication disorder (Wu, 2012). IEPs permit speech language pathologists the adaptability of adjusting to student's differing needs on a week-by-week premise and a long haul or school year premise (Finch et al., 2013). The ideas of the time portion and different speech therapy alternatives are shown by the accompanying case situations (Boyd, 2014). For instance, if a student presents with dysfluencies, he/she does not receive speech therapy services at school unless the stutter influences the student's academic, social, and/or vocational training. Many students that receive speech services have genuine communication disorders, which affect their academic training and their capacity to receive instruction in the general education programs.

An IEP portrays how the student is working in the classroom. The document is an outline, which indicates the objectives that the student will implement every week. Speech language pathologists choose how to convey speech minutes to students. Most speech

pathologists invest energy consistent with parents in IEP gatherings. At the point when speech language pathologists work with students in a clinical setting, they do not get the chance to see students in a normal situation (Franklin, 2010).

International Correspondence on Speech Language Pathology

Speech language pathology is a developing service in Europe, North and South America, Asia, Africa, and Australia. In the European Union, according to Hopkins, Kanaris, Parsons and Russell (1988), there are around 50,000 speech language pathologists or logopedists. Instructive readiness for speech language pathologists fluctuates incredibly all through the world. Some nations use custom curriculum instructors to arrange processes for the speech language pathologist. Bleile, Ireland, and Kiel (2006) express that no less than 51 countries have post-auxiliary instruction for speech language pathologists in around 672 student programs (Lubinski, 2011).

Additionally, Bleile, Ireland, and Kiel (2006), found speech language pathologists, principals, and experts are less accessible or nonexistent in the poorest nations of the world. Not less than 55 nations have national expert associations that concentrate on communication sciences and disorders. Just two sub-Saharan expert associations exist in the South African Hearing Association that distributes the South African Journal of Communication Disorders and the Nigerian Speech and Hearing Association. The International Association of Logopedics and Phoniatics (IALP) is the most seasoned association that spotlights on the investigation of expert issues identified with correspondence, hearing, and gulping issues (Health and Wellness, 2004). Correspondence Therapy International is another association that was set up by a gathering of British Speech and Language Therapists who had worked in nations where there were few or no

speech language pathologists. The United States incorporates how to guarantee access to satisfactory speech language therapy from qualified experts (Geertz, 2010).

The worldwide maturing of the populace implies that there will be many people who may have a hearing, vision, and perception variations and may affect an assortment of problems, which may eventually influence communication, cognizance, and swallowing (Duffy and Jonassen, 2013). Also, as developing nations start to address the requirements of their speech language pathologists, they will become better-trained experts and be better prepared.

New models of clinical speech language therapy have been created to fit the way of life, languages, and restoration administrations of every nation (Ho et al., 2013). Instructive programming in the United States highlights the relationship between relational abilities and proficiency, along the lines of speech language pathologists in early mediation and educational advancement programs. The increment in speech language therapy for adults and students requires satisfactory, open, and protection financing to bolster programming in a wide range of practice settings (Hulit et al., 2014).

External players, for example, safety net providers and citizens, seek that speech language pathologists utilize strategies from confirmation-based surveys and report utilitarian results for pathology (Harrison & Peralta, 2015). This idea opens the door for this research in knowing how ethnicity, gender, and years of experience of elementary school principals affect the attitudes speech language pathologists services.

The literature has defined the conceptual framework and introduced a background on the significant factors that affect the number of speech language pathologists in public school districts. Moreover, the review illuminates that there exists little information in the literature that specifically explores perceptions held by supervisory personnel who are responsible for

assessing the performance of speech language pathologists in the school setting. Therefore, this study exploring the attitudes of K-5 public school principals in a Mississippi school district toward speech and language services in public schools will assist in diminishing the paucity of literature.

CHAPTER III

METHODOLOGY

Introduction

The purpose of this quantitative research study was to evaluate the attitudes of K-5 elementary school administrators of varying ethnicities, genders, education degree levels, and years of experience regarding the speech and language services provided by pathologists within a Mississippi school district. This chapter includes a description of the research design, population and sample, data collection procedures and methods of data analysis. The demographic variables presented in this study are the independent variables (years of experience as a principal, ethnicity, gender, and educational degree level) and the dependent variable (administrators' attitude). This study was designed to evaluate and examine the attitudes of elementary school administrators' regarding the services provided by speech language pathologists in a Mississippi School District.

The process for conducting this research is discussed in the chapter. Survey research was selected in order to generalize from the sample to the population so that inferences could be drawn about the principals' and speech language pathologists' perceptions of integrated classroom- based pathology services. The use of an online survey further allowed many individuals from the population to be included in an inexpensive and rapid manner.

This study was conducted to answer the following questions and test the following null hypotheses.

RQ1: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's years of experience?

RQ2: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's degree level of education?

RQ3: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's gender?

RQ4: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's ethnicity?

The differences in the attitudes of elementary principals toward speech language services in public schools were tested based on the following null hypotheses:

H₀₁: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's years of experience.

H₀₂: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's degree level of education.

H₀₃: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's gender.

H₀₄: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's ethnicity.

Subjects

The total population for this quantitative study consisted of all elementary school principals and principal assistants in a Mississippi school district. An administrator/principal in

the State of Mississippi must obtain licensure through the Mississippi Department of Education. According to the Mississippi Department of Education (2018), to qualify for an administrative license, the participant must have completed an approved master's, specialist, or doctoral degree program in educational administration/leadership from a state-approved or regionally accredited college/university or completed the School Executive Management Institute Orientation to School Leadership entry-level training modules to apply for the standard career level administrator license. A list of certified elementary school principals and assistant principals in this school district was obtained from the Mississippi Department of Education.

Survey Instrument

The data for this study was collected via an e-mailed survey link using a modified version of the Scale of Educators' Attitude Toward Speech Pathology (Phelps and Koenigsknecht, 1977). The study specifically focuses on speech language pathologists and principals in elementary public schools in K-5 grade in a Mississippi school district. The survey administered for this study has been used in whole, or in part, for previous studies by Jones (2009); Ritzman and Sanger (2007); Blood et. al., (2002); Hall, Larrigan, and Madison (1991); and Hopkins et. al., (1988).

The 34-item survey was used to collect data relating to the attitudes of elementary school principals towards speech language pathologists assigned to their schools.

All participants were asked to indicate the degree to which the participant believed in the effectiveness of the speech language pathologists they encountered in their respective schools. Section one of the survey asked principals to self-report their demographics. Listed in section two of the survey was 34 questions with answers based on a five-point Likert Scale. These are: 5 = Strongly Agree, 4 = Agree, 3= Undecided, 2 = Disagree, and 1 = Strongly Disagree.

Demographic Section

The background/demographic section of the survey asked school principals to share information about themselves. The demographic information section contained four self-reported items (a) years of experience employed as a principal, (b) highest level of education obtained, (c) gender, and (d) ethnicity,

Validity

According to Jones (2009), Phelps and Koenigsnecht tested the survey for both external validity and internal validity through a process that reduced the original 75-question survey to a 34-item version used in subsequent studies that attempt to replicate and advance the data found in the original survey.

“To assist in the final development of the 34-item version of the Scale of Educators’ Attitudes Toward Speech Pathology (containing 17 positive and 17 negative statements), the researchers compared scores from the initial group (Group I) of 30 speech and language subjects with a randomly selected group of 30 speech and language pathologists. The second group (Group II) of subjects was representative of small, medium, and large elementary school districts throughout northern Illinois. Score results from both groups found that the mean ($M = 132.6$, Group I, and $M = 135.8$, Group II), standard deviation ($SD = 14.1$, Group I, and $SD = 14.3$, Group II), t value for comparison of means (-0.86 , Group I and II), and Kuder-Richardson reliability for total items (0.92 , Group I and II) indicated satisfactory reliability and utility of data obtained from the instrument (Phelps & Koenigsnecht, 1977).”
(Jones, 2009, p. 46).

Permission to use the instrument was obtained from the developers of the Scale of Educators’ Attitudes toward Speech Pathology.

Reliability

According to Jones (2009), Phelps and Koenigsnecht tested the survey for reliability. Reliability is the degree to which an instrument consistently measures a construct across items

and time points using the Kuder-Richardson reliability. Based on their finding for total items of (0.92) for Group I and II), the instrument items indicated satisfactory reliability and utility of data gained from the instrument. This indicated that all questions were clearly focused for a prescribed outcome of the description of the treatment. Therefore, for the purpose of this study, the questionnaire was deemed both statistically reliable and valid.

Data Collection

The data for this study was collected via an e-mailed survey link to all elementary principals and assistant principals using a modified version of the Scale of Educators' Attitude toward Speech Pathology. A web-based computer program, Survey Monkey, was used to collect and to tabulate the data on the 34-item questionnaire. Approval to conduct this study was sought from the Institutional Review Board and school district personnel. Upon approval from the Institutional Review Board (IRB) and school district personnel, the questionnaires were e-mailed to school principals as subjects for the study. All participants were informed of their right to refuse to participate in the study and that their participation was strictly voluntary. Each email sent to potential participants included a right to refusal letter. Specific instructions for the completion of the questionnaire were attached to the file. Upon the completion of each survey, a Microsoft Excel file captures all responses and creates a database of all active survey responses. Two attempts besides the initial email ensure a statistical representation in the number of questionnaire responses by school principals.

Analysis of Data

This study used a quantitative design to determine if there were a difference among principal's attitudes regarding the services provided by a speech language pathologist, as it relates to years of experience, gender, and ethnicity in the school district. Descriptive statistics were used to describe all the data presented in the demographics section of the survey. Ferguson and Takane (2005) defined descriptive research as research that explains a characteristic of the complete population. A quantitative research design was implemented to examine differences among elementary school principals' demographic attributes and their attitudes toward speech language pathologists.

The Analysis of Variance (ANOVA), is a statistical procedure used to describe and explain differences between two or more variables at once rather than conducting a series of T-tests, which increases the risk of Type 1 error. In this quantitative study, a one-way ANOVA was used to compare means of different groups while maintaining the Type 1 error at an alpha level of 0.05 for the entire set of comparisons. ANOVA test identifies the effect of the independent variable from the variation due to error.

The one-way ANOVA is associated with the following three assumptions which ensure purity in the data collection: (a) Independence (everyone in the group are independent of one another) (b) Normality (the values of the dependent variable should be normally distributed) and (c) Homogeneity of Variance (the variance of the dependent variable is equal for each population as defined by the levels of the independent variable). Descriptive and inferential statistical techniques were used to analyze the data, using the *Statistical Package for the Social Sciences 24.0* (SPSS).

Summary

The purpose of this quantitative research study was to examine the attitudes of elementary school principals of varying ethnicities, genders, education degree levels, and years of experience regarding the services provided by speech language pathologists in a Mississippi School district. The instrument used for this study was the Scale of Educators' Attitude Toward Speech Pathology. The Scale of Educators' Attitude Toward Speech Pathology is a Likert scaled instrument. The participants in the study were asked to take part in this research via e-mail solicitation.

CHAPTER IV

PRESENTATION OF DATA AND ANALYSIS

Introduction

The purpose of this quantitative research study was to evaluate the attitudes of K-5 elementary school administrators of varying ethnicity, gender, education levels and years of experience regarding the speech and language services provided by speech language pathologists within a Mississippi school district. The findings in this chapter are predicated upon the analysis of data from self-reporting surveys administered to elementary principals and assistant principals. The instrument chosen for this study was the Scale of Educators' Attitude Toward Speech Pathology, which is a five point Likert scaled instrument. School principal's attitudes toward speech language pathologists can be heavily associated with four independent variables (ethnicity, gender, education levels and years of experience) and the dependent latent variable efficacy of speech language services.

The analysis of data answered the following research questions and hypotheses:

RQ1: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's years of experience?

RQ2: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's degree level of education?

RQ3: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's gender?

RQ4: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's ethnicity?

The differences in the attitudes of elementary principals toward speech language services in public schools were tested based on the following null hypotheses:

H₀₁: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's years of experience.

H₀₂: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's degree level of education.

H₀₃: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's gender.

H₀₄: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's ethnicity.

The public school principals' attitude toward students with disabilities has a significant impact on the implementation of special education services. The public school administrator must show a positive attitude and dedication to the inclusion of those students who receive special education services. When supervising and evaluating school-based speech language pathologists, the attitudes of school principals are important as they precipitate how services will be administered and received in the individual school. School-based principals play a critical role in the supervision and evaluation of school-based speech language pathologists. The present

study is essential in examining the attitudes of school principals relative to speech language pathology services. Therefore, the population for this study was purposefully chosen. The population consists of elementary school principals and assistant principals who supervise speech language pathologist within their respective schools.

The total population for this study consisted of all elementary principals and assistant principals in a Mississippi school district. As this study is limited to elementary school principals and assistant principals, the return rate of 55 surveys represents the entire population (100%) of that school district. For this study, the sample size and the population size of the survey are equal. The population included elementary school principals with varied years of socio-experience, attitudes, and dispositions. The confidence level is 95%, and the confidence interval is 5%. Subsequently, the desired minimum sample size and population equaled the number of responses. Surveys were sent out via an e-mail link using Survey Monkey as a data gathering tool. As respondents were allowed to not participate in the study, the researcher made several attempts to reach the desired population, and all elementary principals and assistant principals participated.

Variables

The dependent variable in the present study was the elementary school principals and assistant principals' attitudes regarding the services provided by speech language pathologists in response to survey questions asked by the Scale of Educators' Attitude Toward Speech Pathology. In this study, elementary school principals and assistant principals were compared across four benchmark dimensions. The four benchmarks used in the Scale of Educators' Attitude Toward Speech Pathology, were used as four independent variables for this study: (a) ethnicity, (b) gender, (c) educational degree level, and (d) years of experience.

Demographic Description of Participants

The data for demographics was divided into four categories: (a) ethnicity, (b) gender, (c) educational level, and (d) years of experience. Per the data presented in Table 1.1 most respondents, 87.27%, self-identified as African American. Only 10.91% of respondents self-identified as Caucasian. Moreover, only 1.82% of respondents self-identified as Asian Americans.

Table 1.1

Distribution of Participant Ethnicity

Ethnicity	Frequency	Percent
Caucasian	6	10.91%
African American	48	87.27%
Hispanic	0	0.00%
Native American/Alaskan Native	0	0.00%
Pacific Islander	0	0.00%
Asian	1	1.82%
System Missing	0	0.00%
Total	55	100.00%

As shown in Table 1.2, the population of female principals is greater than the population of male principals who participated in this study. Based upon the data provided, there are 86.79% female elementary school principals and assistant principals who responded to this study. In contrast, there were only 13.21% of respondents who self-identified as male.

Table 1.2

Distribution of Participant Gender

Gender	Frequency	Percent
Male	7	13.21%
Female	46	86.79%
Other	0	0.00%
System Missing	0	0.00%
Total	53	100.00%

The information presented in Table 1.3 presents the level of degree obtained by the principal or assistant principal. Educational acuity is important in viewing the attitudes of those who respond to surveys. As presented in the previous chapter participants had to achieve a minimum of a requirement of administrative certification as an elementary school principal or assistant principal to qualify for the purposeful sampling of this study. Most respondents 47.27% obtained a Specialist's Degree and only 18.18% obtained a Doctoral Degree. All respondents had obtained at least a Master's Degree.

Table 1.3

Distribution of Participant Educational Degree Level

Degree Obtained	Frequency	Percent
Master's Degree	19	34.55%
Specialist's Degree	26	47.27%
Doctorate	10	18.18%
Other _	0	0.00%
System Missing	0	0.00%
Answered	55	100.00%

The data presented in Table 1.4 shows the distribution of participants by years of self-reported educational experience as a principal or assistant principal. Elementary principals and assistant principals reported their years of experience in education based upon their current years at the time of the survey. As reported, 49.09% of those surveyed have only been employed as principal or assistant principal for five years or less. Moreover, in this district, only 9.09% of principals and/or assistant principals have served in this capacity for more than 20 years.

Table 1.4

Distribution of Participant Years of Educational Experience as a Principal or Assistant Principal

Years employed as a principal or assistant principal	Frequency	Percent	
0-5 years	27	49.09%	
6-10 years	14	25.45%	
11-15 years	9	16.36%	
16-20 Years	0	0.00%	
More than 20 years	5	9.09%	
	System Missing	0	0.00%
	Answered	55	100.00%

ANOVA Analysis

For this study, four research questions and subsequent hypotheses were tested to examine the differences in participant’s attitudes toward the services provided by speech language pathologists based on the Scale of Educators’ Attitude Toward Speech Pathology. Each of the four variables tested was converted from the Likert Scale applied in the survey to a numerical number, and that corresponding number was used to conduct the analysis of variance. All variables were converted to a numerical value and the ANOVA test was administered. The results are listed in the four tables below with corresponding each research question and subsequent hypothesis.

RQ1: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal’s years of experience?

H₀₁: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's years of experience.

The data presented in Table 1.5 identifies significant differences in the attitudes of elementary principals and assistant principals in 4 of the 34 indicators in the survey per respondents' years of experience at the $p < .05$ level of significance. There were significant differences in varying attitudes in the belief that most students are seen for therapy generalize noticeable progress to everyday situations [$F(3,51)=1.283, p=0.048$]; attending speech therapy sessions causes a student to become overly concerned about being different from other students [$F(3,51)=2.768, p=0.051$]; the amount of therapy time allotted to each case is usually satisfactory for effecting the desired behavior change [$F(3,50)=3.094, p=0.035$], and speech therapists are not successful treating school children with voice problems [$F(3,50)=3.302, p=0.028$]. Therefore, the null hypothesis is rejected as there is a significant difference in the elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's years of experience.

Table 1.5

Analysis of Variance Results: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's years of experience?

		Sum of Squares	df	Mean Square	F	Sig.
1. Most students seen for therapy generalize noticeable progress to everyday situations.	Between Groups	3.617	3	1.206	2.830	.048
	Within Groups	21.729	51	.426		
	Total	25.345	54			
2. The therapy program helps a speech handicapped student relate better to the peer group.	Between Groups	.887	3	.296	1.169	.331
	Within Groups	12.396	49	.253		
	Total	13.283	52			
3. School psychologists generally evidence an unfavorable attitude toward speech therapy.	Between Groups	2.915	3	.972	.961	.419
	Within Groups	50.567	50	1.011		
	Total	53.481	53			
4. The size of the therapy caseload is too large for the therapist to provide satisfactory remedial help to each student.	Between Groups	9.255	3	3.085	2.475	.072
	Within Groups	63.581	51	1.247		
	Total	72.836	54			
5. Therapists help other educators understand how speech and language problems can be improved.	Between Groups	2.922	3	.974	1.053	.377
	Within Groups	47.187	51	.925		
	Total	50.109	54			
6. Taking students from the regular classroom is an effective way to deliver speech and language programs.	Between Groups	3.589	3	1.196	1.119	.350
	Within Groups	54.520	51	1.069		
	Total	58.109	54			

Table 1.5 continued

7. Tax money is well spent on speech and language therapy programs.	Between Groups	3.848	3	1.283	1.346	.270
	Within Groups	48.588	51	.953		
	Total	52.436	54			
8. Many educators are apathetic toward speech and language programs.	Between Groups	1.714	3	.571	.543	.655
	Within Groups	53.631	51	1.052		
	Total	55.345	54			
9. Attending speech therapy sessions causes a student to become overly concerned about being different from other students.	Between Groups	4.506	3	1.502	2.768	.051
	Within Groups	27.676	51	.543		
	Total	32.182	54			
10. Therapists work mostly with immature speech cases who would outgrow the problem without therapy.	Between Groups	1.505	3	.502	.813	.493
	Within Groups	31.477	51	.617		
	Total	32.982	54			
11. Therapists employ effective remedial procedures.	Between Groups	.201	3	.067	.098	.961
	Within Groups	34.780	51	.682		
	Total	34.982	54			
12. Therapists are not trained to effectively treat the more encompassing disorders of speech and language.	Between Groups	2.148	3	.716	.775	.513
	Within Groups	46.167	50	.923		
	Total	48.315	53			
13. The amount of therapy time allotted to each case is usually satisfactory for effecting the desired behavior change.	Between Groups	7.646	3	2.549	3.094	.035
	Within Groups	41.188	50	.824		
	Total	48.833	53			

Table 1.5 continued						
14. Speech therapists are not successful treating school children with voice problems.	Between Groups	6.200	3	2.067	3.302	.028
	Within Groups	31.300	50	.626		
	Total	37.500	53			
15. The therapy program makes a substantial contribution to the educational goals of the school.	Between Groups	.398	3	.133	.405	.750
	Within Groups	16.361	50	.327		
	Total	16.759	53			
16. Therapists have a good knowledge of the goals of public school education.	Between Groups	.155	3	.052	.072	.975
	Within Groups	35.938	50	.719		
	Total	36.093	53			
17. The therapy program helps a speech and language handicapped student perform better in academic subjects.	Between Groups	.524	3	.175	.277	.842
	Within Groups	31.568	50	.631		
	Total	32.093	53			
18. Therapists do not work with a student intensely enough to do much good.	Between Groups	1.613	3	.538	.554	.648
	Within Groups	47.557	49	.971		
	Total	49.170	52			
19. Therapy provides a good program for the more severe speech and language handicapped students.	Between Groups	1.091	3	.364	.450	.718
	Within Groups	40.390	50	.808		
	Total	41.481	53			
20. Therapists work just as hard at doing their job as anyone else.	Between Groups	.258	3	.086	.146	.932
	Within Groups	29.446	50	.589		
	Total	29.704	53			
21. Therapists get too much release time from therapeutic duties.	Between Groups	1.135	3	.378	.445	.722
	Within Groups	42.513	50	.850		
	Total	43.648	53			

Table 1.5 continued						
22. Therapy programs are not thought of as an integral part of the school curriculum.	Between Groups	.897	3	.299	.244	.865
	Within Groups	61.196	50	1.224		
	Total	62.093	53			
23. Speech and language therapy is not meeting the needs of the public school.	Between Groups	.362	3	.121	.228	.877
	Within Groups	26.471	50	.529		
	Total	26.833	53			
24. The therapy program helps a speech and language handicapped student develop an improved self-concept.	Between Groups	.578	3	.193	.484	.695
	Within Groups	19.497	49	.398		
	Total	20.075	52			
25. Other educators feel very positive about the results speech and language programs show.	Between Groups	.878	3	.293	.546	.653
	Within Groups	26.254	49	.536		
	Total	27.132	52			
26. The gains children receive from the therapy do not justify the overall investment in the therapy program.	Between Groups	1.619	3	.540	.566	.640
	Within Groups	47.714	50	.954		
	Total	49.333	53			
27. The speech and language program integrates well with the total educational program.	Between Groups	2.962	3	.987	1.471	.234
	Within Groups	33.575	50	.671		
	Total	36.537	53			
28. The therapy programs are disruptive of the public school curriculum.	Between Groups	.591	3	.197	.301	.825
	Within Groups	32.743	50	.655		
	Total	33.333	53			

Table 1.5 continued

29. Therapists are not successful in promoting good working relationships with other educators who work in the schools.	Between Groups	.183	3	.061	.124	.946
	Within Groups	24.650	50	.493		
	Total	24.833	53			
30. Therapists have the respect of other educators.	Between Groups	1.083	3	.361	.709	.551
	Within Groups	25.454	50	.509		
	Total	26.537	53			
31. Therapists are successful in the treatment of language disorders.	Between Groups	1.383	3	.461	.641	.592
	Within Groups	35.951	50	.719		
	Total	37.333	53			
32. Therapists are successful in treating the stuttering student.	Between Groups	1.849	3	.616	.774	.514
	Within Groups	39.799	50	.796		
	Total	41.648	53			
33. Speech therapists evidence a condescending attitude toward other members of the educational staff.	Between Groups	1.498	3	.499	.551	.650
	Within Groups	44.389	49	.906		
	Total	45.887	52			
34. The quality of school is inferior to similar services provided in the community (hospitals, centers, universities).	Between Groups	1.286	3	.429	.737	.535
	Within Groups	29.085	50	.582		
	Total	30.370	53			

RQ2: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's degree level of education?

H₀₂: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's degree level of education.

Educational achievement is an indicator of attitudinal differences in principals' perceptions of services provided by speech language pathologists. The data analysis presented in Table 1.6 identifies significant differences in the attitudes of elementary principals and assistant principals in 3 of the 34 indicators in the survey per respondents' level of education at the $p < .05$ level of significance. There were significant differences in varying attitudes in the belief that many educators are apathetic toward speech and language programs [$F(2,52)=5.947, p=0.005$]; therapists do not work with a student intensely enough to do much good [$F(2,50)=4.823, p=0.012$]; and speech and language therapy is not meeting the needs of the public school. [$F(2,51)3.670, p=0.032$]. Therefore, the null hypothesis is rejected as there is a significant difference in the elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's level of education achieved.

Table 1.6

Analysis of Variance Results: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's degree level of education?

		Sum of Squares	df	Mean Square	F	Sig.
1. Most students seen for therapy generalize noticeable progress to everyday situations.	Between Groups	.110	2	.055	.113	.893
	Within Groups	25.236	52	.485		
	Total	25.345	54			
2. The therapy program helps a speech handicapped student relate better to the peer group.	Between Groups	1.111	2	.555	2.281	.113
	Within Groups	12.172	50	.243		
	Total	13.283	52			
3. School psychologists generally evidence an unfavorable attitude toward speech therapy.	Between Groups	.400	2	.200	.192	.826
	Within Groups	53.081	51	1.041		
	Total	53.481	53			
4. The size of the therapy caseload is too large for the therapist to provide satisfactory remedial help to each student.	Between Groups	1.791	2	.895	.655	.524
	Within Groups	71.046	52	1.366		
	Total	72.836	54			
5. Therapists help other educators understand how speech and language problems can be improved.	Between Groups	.177	2	.089	.092	.912
	Within Groups	49.932	52	.960		
	Total	50.109	54			
6. Taking students from the regular classroom is an effective way to deliver speech and language programs.	Between Groups	.171	2	.086	.077	.926
	Within Groups	57.938	52	1.114		
	Total	58.109	54			

Table 1.6 continued

7. Tax money is well spent on speech and language therapy programs.	Between Groups	3.043	2	1.521	1.602	.211
	Within Groups	49.394	52	.950		
	Total	52.436	54			
8. Many educators are apathetic toward speech and language programs.	Between Groups	10.303	2	5.151	5.947	.005
	Within Groups	45.043	52	.866		
	Total	55.345	54			
9. Attending speech therapy sessions causes a student to become overly concerned about being different from other students.	Between Groups	1.138	2	.569	.953	.392
	Within Groups	31.044	52	.597		
	Total	32.182	54			
10. Therapists work mostly with immature speech cases who would outgrow the problem without therapy.	Between Groups	1.517	2	.759	1.254	.294
	Within Groups	31.465	52	.605		
	Total	32.982	54			
11. Therapists employ effective remedial procedures.	Between Groups	.420	2	.210	.316	.730
	Within Groups	34.562	52	.665		
	Total	34.982	54			
12. Therapists are not trained to effectively treat the more encompassing disorders of speech and language.	Between Groups	.371	2	.185	.197	.822
	Within Groups	47.944	51	.940		
	Total	48.315	53			
13. The amount of therapy time allotted to each case is usually satisfactory for effecting the desired behavior change.	Between Groups	1.827	2	.914	.991	.378
	Within Groups	47.006	51	.922		
	Total	48.833	53			

Table 1.6 continued

14. Speech therapists are not successful treating school children with voice problems.	Between Groups	.494	2	.247	.340	.713
	Within Groups	37.006	51	.726		
	Total	37.500	53			
15. The therapy program makes a substantial contribution to the educational goals of the school.	Between Groups	1.244	2	.622	2.044	.140
	Within Groups	15.515	51	.304		
	Total	16.759	53			
16. Therapists have a good knowledge of the goals of public school education.	Between Groups	2.731	2	1.366	2.087	.134
	Within Groups	33.362	51	.654		
	Total	36.093	53			
17. The therapy program helps a speech and language handicapped student perform better in academic subjects.	Between Groups	1.010	2	.505	.828	.443
	Within Groups	31.083	51	.609		
	Total	32.093	53			
18. Therapists do not work with a student intensely enough to do much good.	Between Groups	7.952	2	3.976	4.823	.012
	Within Groups	41.218	50	.824		
	Total	49.170	52			
19. Therapy provides a good program for the more severe speech and language handicapped students.	Between Groups	2.617	2	1.308	1.717	.190
	Within Groups	38.865	51	.762		
	Total	41.481	53			
20. Therapists work just as hard at doing their job as anyone else.	Between Groups	.304	2	.152	.263	.769
	Within Groups	29.400	51	.576		
	Total	29.704	53			
21. Therapists get too much release time from therapeutic duties.	Between Groups	1.575	2	.788	.955	.392
	Within Groups	42.073	51	.825		
	Total	43.648	53			

Table 1.6 continued

22. Therapy programs are not thought of as an integral part of the school curriculum.	Between Groups	2.343	2	1.172	1.000	.375
	Within Groups	59.750	51	1.172		
	Total	62.093	53			
23. Speech and language therapy is not meeting the needs of the public school.	Between Groups	3.376	2	1.688	3.670	.032
	Within Groups	23.457	51	.460		
	Total	26.833	53			
24. The therapy program helps a speech and language handicapped student develop an improved self-concept.	Between Groups	.259	2	.130	.327	.723
	Within Groups	19.816	50	.396		
	Total	20.075	52			
25. Other educators feel very positive about the results speech and language programs show.	Between Groups	1.258	2	.629	1.216	.305
	Within Groups	25.874	50	.517		
	Total	27.132	52			
26. The gains children receive from the therapy do not justify the overall investment in the therapy program.	Between Groups	3.617	2	1.809	2.018	.143
	Within Groups	45.716	51	.896		
	Total	49.333	53			
27. The speech and language program integrates well with the total educational program.	Between Groups	2.131	2	1.066	1.579	.216
	Within Groups	34.406	51	.675		
	Total	36.537	53			
28. The therapy programs are disruptive of the public school curriculum.	Between Groups	.002	2	.001	.001	.999
	Within Groups	33.332	51	.654		
	Total	33.333	53			

Table 1.6 continued						
29. Therapists are not successful in promoting good working relationships with other educators who work in the schools.	Between Groups	.887	2	.444	.945	.395
	Within Groups	23.946	51	.470		
	Total	24.833	53			
30. Therapists have the respect of other educators.	Between Groups	.608	2	.304	.598	.554
	Within Groups	25.929	51	.508		
	Total	26.537	53			
31. Therapists are successful in the treatment of language disorders.	Between Groups	3.779	2	1.890	2.872	.066
	Within Groups	33.554	51	.658		
	Total	37.333	53			
32. Therapists are successful in treating the stuttering student.	Between Groups	3.155	2	1.577	2.090	.134
	Within Groups	38.493	51	.755		
	Total	41.648	53			
33. Speech therapists evidence a condescending attitude toward other members of the educational staff.	Between Groups	2.349	2	1.175	1.349	.269
	Within Groups	43.538	50	.871		
	Total	45.887	52			
34. The quality of school is inferior to similar services provided in the community (hospitals, centers, universities).	Between Groups	.875	2	.437	.756	.475
	Within Groups	29.496	51	.578		
	Total	30.370	53			

RQ3: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's gender?

H₀₃: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's gender.

Based on the results of the data analysis in Table 1.7, the gender of the participants is only significantly different in determining the attitude of principals towards services provided by speech-pathologists in 1 of the 34 indicators in the survey at the $p < .05$ level of significance. While 86.8% of those surveyed were female, the results of the ANOVA yielded a significant difference in the attitude of principals and assistant principals toward the services provided by speech language pathologists. As noted in Table 1.7, the only significant difference was in the belief that the size of the therapy caseload is too large for the therapist to provide satisfactory remedial help to each student. [$F(1,51)=6.688, p=0.013$]. Therefore, the null hypothesis is rejected as there is a significant difference in the elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's gender.

Table 1.7

Analysis of Variance Results: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's gender?

		Sum of Squares	df	Mean Square	F	Sig.
1. Most students seen for therapy generalize noticeable progress to everyday situations.	Between Groups	.240	1	.240	.530	.470
	Within Groups	23.081	51	.453		
	Total	23.321	52			
2. The therapy program helps a speech handicapped student relate better to the peer group.	Between Groups	.038	1	.038	.151	.699
	Within Groups	12.635	50	.253		
	Total	12.673	51			
3. School psychologists generally evidence an unfavorable attitude toward speech therapy.	Between Groups	1.795	1	1.795	1.780	.188
	Within Groups	51.413	51	1.008		
	Total	53.208	52			
4. The size of the therapy caseload is too large for the therapist to provide satisfactory remedial help to each student.	Between Groups	7.892	1	7.892	6.688	.013
	Within Groups	60.183	51	1.180		
	Total	68.075	52			
5. Therapists help other educators understand how speech and language problems can be improved.	Between Groups	.540	1	.540	.587	.447
	Within Groups	46.932	51	.920		
	Total	47.472	52			
6. Taking students from the regular classroom is an effective way to deliver speech and language programs.	Between Groups	1.595	1	1.595	1.519	.223
	Within Groups	53.575	51	1.050		
	Total	55.170	52			
7. Tax money is well spent on speech and language therapy programs.	Between Groups	1.021	1	1.021	1.059	.308
	Within Groups	49.168	51	.964		
	Total	50.189	52			
8. Many educators are apathetic toward speech and language programs.	Between Groups	1.734	1	1.734	1.706	.197
	Within Groups	51.814	51	1.016		
	Total	53.547	52			

Table 1.7 continued

9. Attending speech therapy sessions causes a student to become overly concerned about being different from other students.	Between Groups	1.182	1	1.182	2.083	.155
	Within Groups	28.932	51	.567		
	Total	30.113	52			
10. Therapists work mostly with immature speech cases who would outgrow the problem without therapy.	Between Groups	1.354	1	1.354	2.330	.133
	Within Groups	29.627	51	.581		
	Total	30.981	52			
11. Therapists employ effective remedial procedures.	Between Groups	.165	1	.165	.248	.621
	Within Groups	33.835	51	.663		
	Total	34.000	52			
12. Therapists are not trained to effectively treat the more encompassing disorders of speech and language.	Between Groups	.204	1	.204	.254	.616
	Within Groups	40.966	51	.803		
	Total	41.170	52			
13. The amount of therapy time allotted to each case is usually satisfactory for effecting the desired behavior change.	Between Groups	.047	1	.047	.049	.825
	Within Groups	47.703	50	.954		
	Total	47.750	51			
14. Speech therapists are not successful treating school children with voice problems.	Between Groups	1.696	1	1.696	2.401	.128
	Within Groups	35.304	50	.706		
	Total	37.000	51			
15. The therapy program makes a substantial contribution to the educational goals of the school.	Between Groups	.304	1	.304	.927	.340
	Within Groups	16.370	50	.327		
	Total	16.673	51			
16. Therapists have a good knowledge of the goals of public school education.	Between Groups	.540	1	.540	.776	.383
	Within Groups	34.768	50	.695		
	Total	35.308	51			
17. The therapy program helps a speech and language handicapped student perform better in academic subjects.	Between Groups	.268	1	.268	.421	.519
	Within Groups	31.790	50	.636		
	Total	32.058	51			

Table 1.7 continued

18. Therapists do not work with a student intensely enough to do much good.	Between Groups	.004	1	.004	.005	.947
	Within Groups	49.072	50	.981		
	Total	49.077	51			
19. Therapy provides a good program for the more severe speech and language handicapped students.	Between Groups	.285	1	.285	.351	.556
	Within Groups	40.638	50	.813		
	Total	40.923	51			
20. Therapists work just as hard at doing their job as anyone else.	Between Groups	.123	1	.123	.308	.581
	Within Groups	19.935	50	.399		
	Total	20.058	51			
21. Therapists get too much release time from therapeutic duties.	Between Groups	1.526	1	1.526	1.837	.181
	Within Groups	41.551	50	.831		
	Total	43.077	51			
22. Therapy programs are not thought of as an integral part of the school curriculum.	Between Groups	.123	1	.123	.103	.750
	Within Groups	59.935	50	1.199		
	Total	60.058	51			
23. Speech and language therapy is not meeting the needs of the public school.	Between Groups	.285	1	.285	.557	.459
	Within Groups	25.638	50	.513		
	Total	25.923	51			
24. The therapy program helps a speech and language handicapped student develop an improved self-concept.	Between Groups	.006	1	.006	.014	.905
	Within Groups	20.033	49	.409		
	Total	20.039	50			
25. Other educators feel very positive about the results speech and language programs show.	Between Groups	.014	1	.014	.027	.871
	Within Groups	26.613	49	.543		
	Total	26.627	50			
26. The gains children receive from the therapy do not justify the overall investment in the therapy program.	Between Groups	2.258	1	2.258	2.540	.117
	Within Groups	44.435	50	.889		
	Total	46.692	51			

Table 1.7 continued

27. The speech and language program integrates well with the total educational program.	Between Groups	.040	1	.040	.056	.813
	Within Groups	35.652	50	.713		
	Total	35.692	51			
28. The therapy programs are disruptive of the public school curriculum.	Between Groups	.090	1	.090	.136	.714
	Within Groups	33.217	50	.664		
	Total	33.308	51			
29. Therapists are not successful in promoting good working relationships with other educators who work in the schools.	Between Groups	.111	1	.111	.234	.631
	Within Groups	23.812	50	.476		
	Total	23.923	51			
30. Therapists have the respect of other educators.	Between Groups	.090	1	.090	.179	.674
	Within Groups	25.217	50	.504		
	Total	25.308	51			
31. Therapists are successful in the treatment of language disorders.	Between Groups	1.251	1	1.251	1.774	.189
	Within Groups	35.268	50	.705		
	Total	36.519	51			
32. Therapists are successful in treating the stuttering student.	Between Groups	.813	1	.813	1.043	.312
	Within Groups	38.957	50	.779		
	Total	39.769	51			
33. Speech therapists evidence a condescending attitude toward other members of the educational staff.	Between Groups	.003	1	.003	.003	.958
	Within Groups	45.644	49	.932		
	Total	45.647	50			
34. The quality of school is inferior to similar services provided in the community (hospitals, centers, universities).	Between Groups	.071	1	.071	.122	.728
	Within Groups	29.159	50	.583		
	Total	29.231	51			

RQ4: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's ethnicity?

H₀₄: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech-language pathologists based on the principal's ethnicity.

Based on the surveys received and an analysis of data, the ethnicity of the participants is significantly different in determining the attitude of principals towards services provided by speech language pathologists in 1 of the 34 indicators in the survey at the $p < .05$ level of significance. As noted in Table 1.8, the only significant difference was in the belief that tax money is well spent on speech and language therapy programs [$F(2,52) = 5.829, p = 0.005$]. While 87.27% of those surveyed were African American, the results of the ANOVA yielded a significant difference in the attitude of principals and assistant principals toward the services provided by speech-language pathologists. Therefore, the null hypothesis is rejected as there is a significant difference in elementary school principals' attitude (perception) regarding the services provided by speech-language pathologists based on the principal's ethnicity.

Table 1.8

Analysis of Variance Results: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's ethnicity?

		Sum of Squares	df	Mean Square	F	Sig.
1. Most students seen for therapy generalize noticeable progress to everyday situations.	Between Groups	1.345	2	.673	1.458	.242
	Within Groups	24.000	52	.462		
	Total	25.345	54			
2. The therapy program helps a speech handicapped student relate better to the peer group.	Between Groups	1.174	2	.587	2.425	.099
	Within Groups	12.109	50	.242		
	Total	13.283	52			
3. School psychologists generally evidence an unfavorable attitude toward speech therapy.	Between Groups	1.779	2	.890	.878	.422
	Within Groups	51.702	51	1.014		
	Total	53.481	53			
4. The size of the therapy caseload is too large for the therapist to provide satisfactory remedial help to each student.	Between Groups	.024	2	.012	.009	.992
	Within Groups	72.813	52	1.400		
	Total	72.836	54			
5. Therapists help other educators understand how speech and language problems can be improved.	Between Groups	2.692	2	1.346	1.476	.238
	Within Groups	47.417	52	.912		
	Total	50.109	54			
6. Taking students from the regular classroom is an effective way to deliver speech and language programs.	Between Groups	.463	2	.232	.209	.812
	Within Groups	57.646	52	1.109		
	Total	58.109	54			
7. Tax money is well spent on speech and language therapy programs.	Between Groups	9.603	2	4.802	5.829	.005
	Within Groups	42.833	52	.824		
	Total	52.436	54			
8. Many educators are apathetic toward speech and language programs.	Between Groups	1.845	2	.923	.897	.414
	Within Groups	53.500	52	1.029		
	Total	55.345	54			

Table 1.8

9. Attending speech therapy sessions causes a student to become overly concerned about being different from other students.	Between Groups	.869	2	.435	.722	.491
	Within Groups	31.312	52	.602		
	Total	32.182	54			
10. Therapists work mostly with immature speech cases who would outgrow the problem without therapy.	Between Groups	3.169	2	1.585	2.764	.072
	Within Groups	29.813	52	.573		
	Total	32.982	54			
11. Therapists employ effective remedial procedures.	Between Groups	.836	2	.418	.637	.533
	Within Groups	34.146	52	.657		
	Total	34.982	54			
12. Therapists are not trained to effectively treat the more encompassing disorders of speech and language.	Between Groups	2.911	2	1.455	1.635	.205
	Within Groups	45.404	51	.890		
	Total	48.315	53			
13. The amount of therapy time allotted to each case is usually satisfactory for effecting the desired behavior change.	Between Groups	1.628	2	.814	.879	.421
	Within Groups	47.206	51	.926		
	Total	48.833	53			
14. Speech therapists are not successful treating school children with voice problems.	Between Groups	.465	2	.232	.320	.728
	Within Groups	37.035	51	.726		
	Total	37.500	53			
15. The therapy program makes a substantial contribution to the educational goals of the school.	Between Groups	.621	2	.310	.981	.382
	Within Groups	16.138	51	.316		
	Total	16.759	53			
16. Therapists have a good knowledge of the goals of public school education.	Between Groups	.025	2	.013	.018	.982
	Within Groups	36.067	51	.707		
	Total	36.093	53			
17. The therapy program helps a speech and language handicapped student perform better in academic subjects.	Between Groups	.621	2	.310	.503	.608
	Within Groups	31.472	51	.617		
	Total	32.093	53			
18. Therapists do not work with a student intensely enough to do much good.	Between Groups	.735	2	.368	.379	.686
	Within Groups	48.435	50	.969		
	Total	49.170	52			

Table 1.8 continued

19. Therapy provides a good program for the more severe speech and language handicapped students.	Between Groups	.531	2	.266	.331	.720
	Within Groups	40.950	51	.803		
	Total	41.481	53			
20. Therapists work just as hard at doing their job as anyone else.	Between Groups	.044	2	.022	.038	.963
	Within Groups	29.660	51	.582		
	Total	29.704	53			
21. Therapists get too much release time from therapeutic duties.	Between Groups	.318	2	.159	.187	.830
	Within Groups	43.330	51	.850		
	Total	43.648	53			
22. Therapy programs are not thought of as an integral part of the school curriculum.	Between Groups	4.167	2	2.084	1.834	.170
	Within Groups	57.926	51	1.136		
	Total	62.093	53			
23. Speech and language therapy is not meeting the needs of the public school.	Between Groups	.025	2	.012	.024	.977
	Within Groups	26.809	51	.526		
	Total	26.833	53			
24. The therapy program helps a speech and language handicapped student develop an improved self-concept.	Between Groups	1.090	2	.545	1.435	.248
	Within Groups	18.986	50	.380		
	Total	20.075	52			
25. Other educators feel very positive about the results speech and language programs show.	Between Groups	.219	2	.110	.203	.817
	Within Groups	26.913	50	.538		
	Total	27.132	52			
26. The gains children receive from the therapy do not justify the overall investment in the therapy program.	Between Groups	2.798	2	1.399	1.533	.226
	Within Groups	46.535	51	.912		
	Total	49.333	53			
27. The speech and language program integrates well with the total educational program.	Between Groups	.044	2	.022	.031	.970
	Within Groups	36.493	51	.716		
	Total	36.537	53			
28. The therapy programs are disruptive of the public school curriculum.	Between Groups	.543	2	.271	.422	.658
	Within Groups	32.791	51	.643		
	Total	33.333	53			

Table 1. 8 continued

29. Therapists are not successful in promoting good working relationships with other educators who work in the schools.	Between Groups	.340	2	.170	.354	.703
	Within Groups	24.493	51	.480		
	Total	24.833	53			
30. Therapists have the respect of other educators.	Between Groups	.470	2	.235	.459	.634
	Within Groups	26.067	51	.511		
	Total	26.537	53			
31. Therapists are successful in the treatment of language disorders.	Between Groups	.543	2	.271	.376	.688
	Within Groups	36.791	51	.721		
	Total	37.333	53			
32. Therapists are successful in treating the stuttering student.	Between Groups	.797	2	.399	.498	.611
	Within Groups	40.851	51	.801		
	Total	41.648	53			
33. Speech therapists evidence a condescending attitude toward other members of the educational staff.	Between Groups	.930	2	.465	.517	.599
	Within Groups	44.957	50	.899		
	Total	45.887	52			
34. The quality of school is inferior to similar services provided in the community (hospitals, centers, universities).	Between Groups	.601	2	.300	.515	.601
	Within Groups	29.770	51	.584		
	Total	30.370	53			

Summary

The information in this chapter presented an analyzation and interpretation of the data collected using a $p < .05$ level of significance. The purpose of this quantitative study was to examine whether principals of varying years of experience, educational degree levels, gender and ethnicity exhibit varying attitudes toward services provided by speech language pathologists. Descriptive statistical analysis was performed to obtain the frequency distributions of the demographic variables to ensure that all variables used for obtaining the data observed when using the ANOVA were represented.

Of the four research questions explored and hypotheses tested, all four variables: years of experience as a principal, education degree level, gender, and ethnicity showed that significant differences exist between elementary principals' attitudes towards services provided by speech language pathologists. Data analysis and results were depicted on 8 tables throughout this study.

CHAPTER V

FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

The purpose of this quantitative research study was to evaluate the attitudes of K-5 elementary school administrators of varying ethnicity, gender, education degree levels and years of experience regarding the speech and language services provided by speech language pathologists within a Mississippi school district. The instrument chosen for this study was the Scale of Educators' Attitude Toward Speech Pathology. As with most aspects of the organization, an elementary school, the principal has a major role in the supervision and evaluation of all staff members, including speech language pathologists. This study offers an examination of the attitudes of school principals and speech language pathologists and the services offered to students with disabilities. According to Jones (2009), the understanding of principals' attitudes toward speech language pathologists and the services offered affects program planning, recruitment, and the academic outcomes of students with communicative disorders.

The attitudes of school principals regarding speech language services are important when supervising and evaluating school-based speech language pathologists as they precipitate how services will be administered and received in the individual school. The present study is essential in examining the attitudes of school principals relative to speech language pathology services, given that principals play a critical role in the supervision and evaluation of school-based speech language pathologists. Praisner's study on public school principals' attitudes toward the inclusion of students with disabilities found that positive experience with students with

disabilities and exposure to special education concepts are associated with a more positive attitude toward inclusion. With these more positive attitudes and experiences with students with disabilities, principals are more likely to place these students in less restrictive environments (Blood, et. al, 2002). Thereby facilitating more success and generally positive attitudes toward the services speech language pathologists offer, as they can see the effect on both student academic outcomes and social sustainability. Because it is pertinent to know and understand the attitudes of elementary school principals and assistant principals towards speech language pathologists, this study addressed the following four research questions and their corresponding hypotheses.

RQ1: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's years of experience?

H₀₁: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's years of experience.

RQ2: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's degree level of education?

H₀₂: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's degree level of education.

RQ3: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's gender?

*H*₀₃: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's gender.

RQ4: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's ethnicity?

*H*₀₄: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's ethnicity.

The remainder of the chapter will be the overview of the study, a summary of the findings, an interpretation of the findings, the implications of the findings, limitations of the study, recommendations for future research, and a summary and conclusion.

Summary of the Findings

As the literature indicated, there are varying levels of significant differences in the attitudes of principals and assistant principals about the services that speech language pathologists provide. The researcher analyzed those differences using an ANOVA to explore differences based on differences in years of experience as a principal, educational level obtained, gender, and ethnicity of participants. Descriptive statistical analysis was performed to obtain frequency distribution of the demographic variables to ensure that all variables were displayed and explained. The researcher recognizes that although this study was quantitative, the extent of the findings could be explored as a qualitative analysis if further research was to be conducted using this as the guide to delve deeper into the specifics of the small population used for this study.

Of the four hypotheses tested, all four variables: years of experience as a principal, education level, gender, and ethnicity showed that significant differences exist among elementary school principals and their attitudes regarding the services provided by speech-language pathologists and rejected the null hypothesis completely and accepted the alternative hypothesis.

Interpretation of the Findings

RQ1: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's years of experience?

H₀₁: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's years of experience.

Data analysis indicated that many indicators of the instrument are significant at the $p < .05$ level of significance and that there is a significant difference in principals' years of experience as a principal or assistant principal and the attitudes toward the services provided by speech language pathologists. Therefore, this population exhibits diversity of the respondents, and that years of experience influence the attitude of principals and assistant principals towards the services provided by speech language pathologists. Therefore, this research question rejects the null hypothesis completely.

RQ2: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's degree level of education?

*H*₀₂: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's degree level of education.

Utilizing an ANOVA to measure differences in attitudes of principals and assistant principals towards the services provided by speech language pathologists at the $p < .05$ level of significance, the data showed that there is a significant difference in principals' level of education and the attitudes toward the services provided by speech language pathologists. Therefore, this population exhibits diversity of the respondents and that varying levels of education influence the attitude of principals and assistant principals towards the services provided by speech language pathologists. Therefore, this research question rejects the null hypothesis completely.

RQ3: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's gender?

*H*₀₃: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's gender.

While 86.8% of those surveyed were female, the results of the ANOVA yielded a significant difference in the attitude of principals and assistant principals toward the services provided by speech language pathologists. This is an important finding in that it shows that although female, holding other factors constant, women do not all share the same beliefs and experiences. The null hypothesis was rejected for this question.

RQ4: Is there a difference in the attitudes of elementary principals toward the services provided by speech language pathologists based on the principal's ethnicity?

*H*₀₄: There is no statistically significant difference in elementary school principals' attitude (perception) regarding the services provided by speech language pathologists based on the principal's ethnicity.

Although the respondents were homogeneous in ethnicity, 87.27% African American, there was a significant difference between principals' attitudes toward speech language pathologists and ethnicity. These results show that the homogeneity of the population based solely on ethnicity disproves that those of the same ethnicity have similar attitudes and beliefs toward the services offered by speech language pathologists. This is an important finding in that it shows that although a majority African American research population, holding other factors constant, African Americans do not all share the same beliefs and experiences. The null hypothesis was rejected for this research question.

Implications of the Findings

The implications for this study are numerous in that homogeneous populations tend to think and respond to stimuli similarly. The implication is based upon persons sharing the same or similar experiences and belief systems. As this study was limited to elementary school principals and assistant principals, the population was limited to a specific subgroup within a group, within a school district. This predicates that certain segments of specifically similar population and experiences exhibit the same traits. Moreover, a similar issue occurred when determining the differences in attitudes based on the principals' and assistant principals' ethnicity. For future studies, ethnicity should be included when there is a larger population to choose for study.

The attitudes of those of similar ethnicity should be studied more to determine if there are latent traits, beliefs, or prejudices that represent an inherent belief toward services provided by speech language pathologists and the efficacy of benefits of student achievement. Consequently, the population should be expanded to include elementary principals in varying school districts that serve a heterogeneous student population with varying socio-economic backgrounds, as this would add diversity to the population used for this study.

Limitations of the Study

This study was limited to a specific population of elementary school principals and assistant principals in a school district in Mississippi. Although the total population of principals and assistant principals participated in the study, they are all from the same school district which serves a homogeneous community. The respondents had to self-report their attitudes and beliefs on the survey. Additionally, participation was strictly voluntary, and respondents had the option not to participate. Moreover, those who were surveyed in this study had to be certified by the Mississippi Department of Education as an elementary school principal, hold a valid administrator's license, and currently be employed by a school district in the state of Mississippi.

Delimitations

As the researcher began this study to choose a selected population of principals and assistant principals, the possibility of homogeneity of the group was not considered as a factor for study. If the study was completed with a larger population with more diversity of both principals, assistant principals, and speech language pathologists, the findings could be generalized to represent the entire population of school district principals and assistant principals as opposed to only a segment of the population with similar traits and less diverse populations.

Recommendations for Further Research

Because of the limitations thus identified, it would be advised that future researchers consider the following recommendations: Expounding the research to a quasi-qualitative study with the use of a case study to explain the phenomena that occur in an urban community with a homogenous population. As this study is quantitative, further research should consist of interviews and personalized observations of principal-speech language pathologist interaction to immerse the researcher in the dynamic when there are other stressors at issue. As this research is predicated on the self-reporting of participants based upon similar geographical, ethnic, and social communities, the researcher acknowledges that some homogeneity could undermine the objectivity of the study. However, as the researcher attempted to conduct the research, as scientifically as allowed under the umbrella of survey research, the findings are consistently based on the population.

Additionally, the researcher should consider expanding the research questions addressed in this study. Research questions pertaining only to factors such as demographic characteristics of years of experience as a principal, educational level obtained, gender, and ethnicity, and their possible relationship with attitude towards services provided by speech language pathologists was examined in this study. Considering other questions related to the general topic would contribute to the expansion of social and academic knowledge about the subject and raise awareness of the problem. A further recommendation would be to change, if not widen, the sources from which data were obtained in this study. Including other data sources would contribute largely to the thorough exploration of the subject and would help in shedding more light on the phenomenon examined here. Finally, consider the other demographic information of

the participants. Their geographical location and professional standing could be altered. These changes will make the findings of the study more dynamic and generalizable.

Summary and Conclusion

The purpose of this quantitative study was to examine whether or not elementary school principals and assistant principals of varying ethnicity, gender, education degree levels, and years of experience as a principal exhibit varying attitudes toward the services provided by speech language pathologists. The results of the data analysis showed principals' attitudes differed by ethnicity, gender, education degree levels, and years of experience as a principal.

Further research is recommended to expand the research questions and the data sources for a deeper comprehension of the subject. As this research was limited to include a small population of respondents, the researcher further suggests the use of case study analysis and a re-examination of the outcomes of the study if completed in a rural setting or just expanding the vernacular to include a nation-wide sampling of elementary principals and assistant principals. As this inclusion would expound on the diversity of both subjects and those speech language pathologists that would be required to self-report in the survey.

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APPENDIX

A. SURVEY INSTRUMENT

SCALE OF EDUCATORS' ATTITUDES TOWARD SPEECH PATHOLOGY

Background Information

Note: All responses will be treated confidentially and reported as group data.

1. Years employed served as a principal or assistant principal:

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 Years
- More than 20 years

2. What is the highest degree you obtained?

- Masters
- Specialists
- Doctorate
- Other _____

3. How do you classify your gender?

- Male
- Female
- Other

4. How do you classify your ethnicity?

- Caucasian
- African American
- Hispanic
- Native American/Alaskan Native
- Pacific Islander
- Asian

CONTINUE TO NEXT SECTION

Scale of Educators' Attitudes toward Speech Pathology

Directions for Scale of Educators' Attitudes Toward Speech Pathology

This survey consists of statements designed to sample your opinions about speech and language therapy in the public schools. There are no right or wrong answers. What is wanted is your own individual reactions to the statement. Read each statement and decide how you feel about it.

- If you strongly agree, indicate "SA"
- If you agree, indicate "A"
- If you are undecided or uncertain, indicate "U"
- If you disagree, indicate "D"
- If you strongly disagree, indicate "SD"

Think in terms of the general situation rather than specific ones. Regard therapy, speech therapy, and speech and language therapy as synonymous terms. Please respond to every item.

- | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------|----|---|---|---|----|
| 1. Most students seen for therapy generalize noticeable progress to everyday situations. | SA | A | U | D | SD |
| 2. The therapy program helps a speech handicapped student relate better to the peer group | SA | A | U | D | SD |
| 3. School psychologists generally evidence an unfavorable attitude toward speech therapy. | SA | A | U | D | SD |
| 4. The size of the therapy caseload is too large for the therapist to provide satisfactory remedial help to each student. | SA | A | U | D | SD |
| 5. Therapists help other educators understand how speech and language problems can be improved. | SA | A | U | D | SD |
| 6. Taking students from the regular classroom is an effective way to deliver speech and language programs. | SA | A | U | D | SD |

7. Tax money is well spent on speech and language therapy programs.	SA	A	U	D	SD
8. Many educators are apathetic toward speech and language programs.	SA	A	U	D	SD
9. Attending speech therapy sessions causes a student to become overly concerned about being different from other students.	SA	A	U	D	SD
10. Therapists work mostly with immature speech cases who would outgrow the problem without therapy.	SA	A	U	D	SD
11. Therapists employ effective remedial procedures.	SA	A	U	D	SD
12. Therapists are not trained to effectively treat the more encompassing disorders of speech and language.	SA	A	U	D	SD
13. The amount of therapy time allotted to each case is usually satisfactory for effecting the desired behavior change.	SA	A	U	D	SD
14. Speech therapists are not successful treating school children with voice problems.	SA	A	U	D	SD
15. The therapy program makes a substantial contribution to the educational goals of the school.	SA	A	U	D	SD
16. Therapists have a good knowledge of the goals of public school education.	SA	A	U	D	SD
17. The therapy program helps a speech and language handicapped student perform better in academic subjects.	SA	A	U	D	SD
18. Therapists do not work with a student intensely enough to do much good.	SA	A	U	D	SD
19. Therapy provides a good program for the more severe speech and language handicapped students.	SA	A	U	D	SD
20. Therapists work just as hard at doing their job as anyone else.	SA	A	U	D	SD
21. Therapists get too much release time from therapeutic duties.	SA	A	U	D	SD

22. Therapy programs are not thought of as an integral part of the school curriculum.	SA	A	U	D	SD
23. Speech and language therapy is not meeting the needs of the public school.	SA	A	U	D	SD
24. The therapy program helps a speech and language handicapped student develop an improved self-concept.	SA	A	U	D	SD
25. Other educators feel very positive about the results speech and language programs show.	SA	A	U	D	SD
26. The gains children receive from the therapy do not justify the overall investment in the therapy program.	SA	A	U	D	SD
27. The therapy programs are disruptive of the public school curriculum.	SA	A	U	D	SD
28. The speech and language program integrates well with the total educational program.	SA	A	U	D	SD
29. Therapists are not successful in promoting good working relationships with other educators who work in the schools.	SA	A	U	D	SD
30. Therapists have the respect of other educators.	SA	A	U	D	SD
31. Therapists are successful in the treatment of language disorders.	SA	A	U	D	SD
32. Therapists are successful in treating the stuttering student.	SA	A	U	D	SD
33. Speech therapists evidence a condescending attitude toward other members of the educational staff.	SA	A	U	D	SD
34. The quality of school is inferior to similar services provided in the community (hospitals, centers, universities).	SA	A	U	D	SD

END OF SURVEY

B. PERMISSION TO USE INSTRUMENT

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8.1 User acknowledges that CCC may, from time to time, make changes or additions to the Service or to these terms and conditions, and CCC reserves the right to send notice to the User by electronic mail or otherwise for the purposes of notifying User of such changes or additions; provided that any such changes or additions shall not apply to permissions already secured and paid for.

8.2 Use of User-related information collected through the Service is governed by CCC's privacy policy, available online here:

<http://www.copyright.com/content/cc3/en/tools/footer/privacypolicy.html>.

8.3 The licensing transaction described in the Order Confirmation is personal to User. Therefore, User may not assign or transfer to any other person (whether a natural person or an organization of any kind) the license created by the Order Confirmation and these terms and conditions or any rights granted hereunder; provided, however, that User may assign such license in its entirety on written notice to CCC in the event of a transfer of all or substantially all of User's rights in the new material which includes the Work(s) licensed under this Service.

8.4 No amendment or waiver of any terms is binding unless set forth in writing and signed by the parties. The Rightsholder and CCC hereby object to any terms contained in any writing prepared by the User or its principals, employees, agents or affiliates and purporting to govern or otherwise relate to the licensing transaction described in the Order Confirmation, which terms are in any way inconsistent with any terms set forth in the Order Confirmation and/or in these terms and conditions or CCC's standard operating procedures,

whether such writing is prepared prior to, simultaneously with or subsequent to the Order Confirmation, and whether such writing appears on a copy of the Order Confirmation or in a separate instrument.

8.5 The licensing transaction described in the Order Confirmation document shall be governed by and construed under the law of the State of New York, USA, without regard to the principles thereof of conflicts of law. Any case, controversy, suit, action, or proceeding arising out of, in connection with, or related to such licensing transaction shall be brought, at CCC's sole discretion, in any federal or state court located in the County of New York, State of New York, USA, or in any federal or state court whose geographical jurisdiction covers the location of the Rightsholder set forth in the Order Confirmation. The parties expressly submit to the personal jurisdiction and venue of each such federal or state court. If you have any comments or questions about the Service or Copyright Clearance Center, please contact us at 978-750-8400 or send an e-mail to info@copyright.com.

v 1.1

Questions? customercare@copyright.com or +1-855-239-3415 (toll free in the US) or +1-978-646-2777.

C. IRB APPROVAL DOCUMENT



Notice of Review: Projects Using Human Subjects

Study Title: The Effects of Attitudes of Elementary School Principals toward Speech Language Services in a Large Mississippi Public School District

Principal Investigator: Talatha Bingham

Date of Approval: 7/9/2019

- In accordance with the MC POLICY FOR PROTECTION OF HUMAN SUBJECTS, the MC IRB - Human Subjects Research Committee reviewed and APPROVED this project on the above date. You may begin gathering data immediately.
- In accordance with the MC POLICY FOR PROTECTION OF HUMAN SUBJECTS, the MC IRB - Human Subjects Research Committee reviewed this project and have determined that the project does not meet IRB standards and is therefore DEFICIENT for the reasons listed in our email.
- This project did not qualify for expedited or exempt review status and thus required and received a full Board review.
- This project received expedited review status. This status is based on section VIII of the MC POLICY FOR PROTECTION OF HUMAN SUBJECTS.
- This project received exempt review status. This exemption is based on section III(B) of the MC POLICY FOR PROTECTION OF HUMAN SUBJECTS.
- This project is approved for waiver of informed consent.
- The project is subject to annual continuing review and the conditions listed in the comments sections below.

A handwritten signature in black ink, which appears to read "Keith Randazzo".

Keith Randazzo, PhD.
Co-Chair, MC Institutional Review Board

D. LETTER TO SUPERINTENDENT

Talatha Bingham
234 Bellamy Ct. – Flowood, Mississippi 39232 | 352-219-8305 | tbingham@jackson.k12.ms.us

Research, Evaluation and Assessment-Jackson Public School District
1017 Robinson St.
Jackson, MS 39203

August 27, 2019

Dear JPSD Research Committee:

I, Talatha Bingham, am a graduate student in the Doctoral Program of Teacher Education and Leadership at Mississippi College. In my professional endeavor to fulfill the requirements necessary to obtain this degree, I seek to conduct research in the Jackson Public School District at all elementary schools in your school district.

The study is entitled, “THE EFFECTS OF ATTITUDES OF ELEMENTARY SCHOOL PRINCIPALS TOWARD SERVICES IN A LARGE SCHOOL DISTRICT IN MISSISSIPPI.” The purpose of this study is to evaluate the attitudes of elementary school principals and assistant principals of varying years of experience, educational levels, ethnicity, and gender regarding the speech and language services provided by pathologists (SLPs). I am requesting permission to conduct an anonymous survey of elementary principals and assistant principals in your district.

The name of the school district, individual schools and participants will not be included in this study. The survey will be administered electronically and is designed to capture the attitudes of principals toward services and their knowledge of speech communication disorders.

I have attached a copy of the survey instrument and approval from the Mississippi College Institutional Review Board. If you have further questions and/or concerns, please feel free to contact me at 352-219-8305 or via email at tbingham@jackson.k12.ms. Thank you in advance for assisting in this research endeavor.

Sincerely,

Talatha Bingham
Doctoral Student
Mississippi College

E. PERMISSION TO CONDUCT STUDY FROM THE DISTRICT

Office of Data, Research &
Accountability
1017 Robinson Street
Jackson, Mississippi 39203



Phone 601-960-8850
Facsimile 601-973-8680
Email shollins@jackson.k12.ms.us
www.jackson.k12.ms.us

September 3, 2019

Dear Ms. Talatha Bingham:

The Research Review Committee for the Jackson Public School District has approved your request to conduct research on the title, *"The Effects of Attitudes of Elementary School Principals toward Speech Language Services in a Large School District in Mississippi."* Please ensure that all information used in research activities pertaining to individuals' identity and facilities remain anonymous.

Before beginning your research, you are required to present a copy of this letter along with your original IRB approval letter to specified district sites. This study is limited to Principals and Assistant Principals; failure to comply with these requests will automatically nullify your research approval status. Additionally, let it be noted that your approval status is valid for the 2019 – 2020 school year.

If further assistance is needed, you may contact our office via email at shollins@jackson.k12.ms.us, and in the subject heading, please include "*research*." Best wishes with your research activities!

Sincerely,

A handwritten signature in black ink, appearing to read "SHOLLINS", is written over a faint, circular watermark or stamp.

Sherard S. Hollins, PhD
Director

F. LETTER TO ELEMENTARY SCHOOL PRINCIPALS
AND ASSISTANT ELEMENTARY SCHOOL PRINCIPALS

Talatha Bingham
e-mail: talathab@hotmail.com

Dear Elementary School Principal and/or Assistant Principal:

My name is Talatha Bingham and, I am a doctoral candidate in Educational Leadership at Mississippi College. As part of the program's requirements, I am conducting a research project entitled, The Effects of Attitudes of Elementary School Principals Toward Services in a Large Mississippi Public School District. The purpose of this study is to evaluate the attitudes of elementary school principals of varying ages, ethnicities, genders, education levels and years of experience regarding the speech and language services provided by pathologists. The data from this study will provide insight that may assist in strategy development that bridges the gap between principals understanding, accepting, and implementing collaborative planning with pathologists to improve educational outcomes.

Please take 15 minutes to respond to the attached online questionnaire. ***Your participation is fully voluntary, and you may quit at any time or refuse to answer any questions.*** There are no risks involved by participating in this study. Your responses will be treated with strict confidence. Please do not identify your name, school, or district on any sections of the questionnaire. ***Completing the survey using the link provided below serves as your consent to participate.***

I am available to correspond with you if you have any questions regarding this study by via e-mail at talathab@hotmail.com. Or you may contact my advisor at by phone at (601) 925-3403 or via email rstevens@mc.edu.

Thank you in advance for your prompt attention to my request!

Sincerely,

Talatha Bingham
Doctoral Student
Mississippi College