

SCHOOL ATTENDANCE AND SELF-ESTEEM
OF STUDENTS WITH DISABILITIES

GARY LYNN ADCOCK

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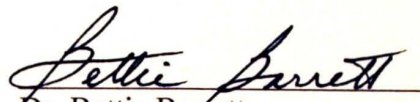

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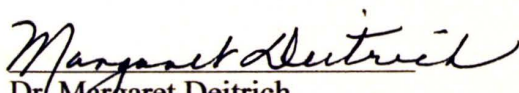
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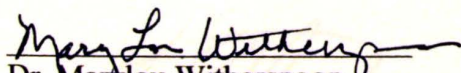
To the Graduate Council:

I am submitting herewith a Field Study written by Gary Lynn Adcock entitled "School Attendance and Self-Esteem of Students with Disabilities." I have examined the final copy of this paper for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Education Specialist, with a major in Educational Leadership.

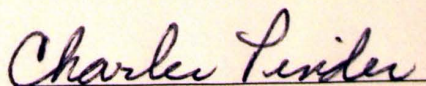

Dr. Bettie Barrett
Major Professor

We have read this Field Study
and recommend its acceptance.


Dr. Margaret Deitrich


Dr. Marylou Witherspoon

Accepted for the Committee


Charles A. Pinder
Dean of the Graduate School

SCHOOL ATTENDANCE AND SELF-ESTEEM OF STUDENTS WITH
DISABILITIES

A Field Study

Presented to

The Faculty of the Graduate School

Austin Peay State University

by

Gary Lynn Adcock

In Partial Fulfillment

of the Requirements for the Degree of

Education Specialist

January 2009

Accepted for the Committee

Charles A. Funder
Charles A. Funder
Dean of the Graduate School

DEDICATION

Praise and honor be to God for allowing me this opportunity and challenge in life. Everything I do is to God's glory. I am not perfect. The work of my hands does not always reflect the God I love and serve, but I strive in all things for my thoughts, actions, and work to bring glory and honor to God. May this work bring God glory. My heart pours out with love and thankfulness for my family for tolerating me as I finished my Educational Specialist degree. To my bride of wonder and delight, I love you and thank you. To my children Gabriel and Elizabeth, value education being filled with an intense desire to learn, but desire to learn about the Lord most of all.

ACKNOWLEDGEMENTS

I am thankful for the supporters that I have had to finish this project. My fellow special education teachers are to be thanked for freeing me up to perform my study. Our secretary is to be thanked for timeless hours spent at my service. Special thanks goes out to Robertson County Schools for allowing me to work on this study. Thanks goes out to my committee especially Dr. Bettie Barrett for getting the ball rolling. Giving thanks is not enough, but it is all that can come out to express my gratitude for everything my bride has went through for my pursuit of this endeavor.

ABSTRACT

The purpose of this study was to determine if there was a relationship between the number of absences and self esteem of students with disabilities and if there is a difference in self-esteem of students with disabilities on gender. Data were analyzed in regards to attendance, self-esteem, and gender. The correlation between the number of absences and self-esteem among students with disabilities was $r = .1161228677$ which means that there is a small (weak) relationship, according to Witte (2007), because the value of r “in the vicinity of .10 ... reflects a small (weak) relationship” p.(135). No statistical significance was found in regards to self-esteem between genders. The t -test showed $p=0.945241$.

It was concluded that there was a weak relationship between the number of absences and self-esteem among students with disabilities. It was concluded that there was no statistical significance in self-esteem comparing genders. High self-esteem did not increase attendance rates and there was no significant difference between gender on self-esteem. Further studies of students with disabilities with a more diverse population, middle school age, or elementary school age would be needed to be done.

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big of an issue, there is a push to have curriculum that boosts students' self esteem (Filozof, Albertin, Jones, Steme, Myers, & McDermott, 1998).

Statement of the Problem

Increased attention today is given to increasing attendance rates in school systems. So many areas play into the role of why a student comes or does not come to school. This study examined the effects of self-efficacy on attendance rates of students with disabilities.

Purpose of the Study

The purpose of this study was to determine if there was a relationship between the number of absences and self esteem of students with disabilities and if there is a difference in self-esteem of students with disabilities on gender. Simply, does high self-esteem increase attendance rates, and is there a significant difference between gender on self-esteem?

Significance of the Study

The huge benefit of this study will be in the results that are added to the existing research regarding absences by students with disabilities. Research has shown that giving students with disabilities volunteer work, letting them help others, and giving them a mentor increases the attendance rates of students with disabilities. The results of this research may add to the body of knowledge by investigating whether or not self-esteem plays a part in attendance rates. The results of this study have been made available to the county and school in which this study took place in determining how self-efficacy plays into absences of students with disabilities.

Null Hypotheses

The null hypotheses below were investigated:

1. For students with disabilities there is no correlation between the number of absences and self-esteem.
2. There is no statistically significant difference in self-esteem between genders.

Limitations

The current study was affected by the limitations below:

1. This study was limited to only one high school in middle Tennessee.
2. This study was limited to only one self-efficacy score near the end of the school year.
3. This study was limited in sample size.

Assumptions

The statement below was assumed for this study:

1. Students gave honest answers on the self-efficacy survey.

Definitions of Terms

Self-efficacy: The self-esteem of a student.

CDC: A CDC (Comprehensive Development Classroom) class generally has students with low cognitive (academic) and adaptive (self-help) skills. Students in a CDC class may have a disability such as a multiple disabilities, autism, Down's syndrome, or any other disability resulting in a low cognitive or adaptive ability.

TCAP Alternative Portfolio Assessment: Tennessee Comprehensive Assessment Program TCAP Alternate Portfolio Assessment is an assessment for students with low cognitive and adaptive abilities. At the high school examined in this study, all of the students in the CDC classroom participated in the TCAP Alternate Portfolio Assessment.

Gifted: A student that is under the special education category as gifted only. These students receive no special education services from the special education department. A student who qualifies as gifted receives services only by the gifted teacher.

Out of county: Students who would go to a certain high school but receive special education services in a different county paid for by their home county.

Alternative students: Students who are not allowed to receive services at the students' home school and must receive special education services at an alternative school due to school related incidents.

Mindfulness-Based Self Efficacy Scale (MSES): A questionnaire developed by Bruno A. Cayoun and Janet Freestun of the University of Tasmania that is used to measure self-efficacy using 35 questions in 7 scales (Behavior, Cognition, Interoception (how sensations in the body are perceived), Affect, Interpersonal, Avoidance, and Mindfulness). Each different scale is addressed by five questions mixed in among the 35. The person being interviewed responded to each question on a five point scale depending on how they agree or disagree with the statement. Circling zero means the person agrees not at all, circling one means the person agrees a little, circling two means the person agrees moderately, circling three means the person agrees a lot, and circling four the person agrees completely. The score of the MSES is calculated by the number chosen and

by inverting some answers. The highest score is 140. The lowest score is 0. A poor sense of self-efficacy is recorded by a score of 0-34. A weak sense of self-efficacy is recorded by a score of 35-69. A moderate sense of self-efficacy is recorded by a score of 70-104. A good sense of self-efficacy is recorded by a score of 105-140.

Chapter II

Review of Literature

Introduction

This chapter uncovers the literature that is available on the history of increasing attendance of students with disabilities, history of increasing attendance of students with or without disabilities, history of Albert Bandura, history of self-efficacy, treatment of self-efficacy, role of self-efficacy, impact of life upon self-esteem, history of increasing self-esteem, impact of disability on self-esteem, benefits of good self-esteem, society and disability, athletics and self-esteem, disagreements about self-esteem, and further study of labeling. This chapter will show the outcomes of disability upon attendance and self-esteem and ways to increase both attendance and self-esteem.

History of Increasing Attendance of Students with Disabilities

Studies have been done that show how to increase the attendance rate of students with disabilities. Carr and Jitendra (2000) present how service learning can be a successful teaching method for a wide range of students from students with disabilities to students without disabilities. Carr and Jitendra conducted a study of nine at risk 10th graders who had learning and emotional disabilities. The students used hypermedia and multimedia technology to present their findings from their volunteer work.

Glomb, Buckley, Minskoff, and Rogers (2006) report that students who are at risk for failure have had an improved attendance rate when they are assigned an adult mentor to provide strength and support to them. In the Glomb et al. study, students with learning

disabilities and attention disorders were paired off with a mentor who is attending a university who has similar life experiences as the youth with disabilities.

Jennings (2003) reports when students with disabilities are able to contribute using skills to help others, they will grow as a person and student. Jennings shows that students with behavioral or learning disabilities targeted as at risk students can help senior citizens use computers. Jennings reports on a 16 week program that has 18 students with learning disabilities or emotional disabilities working with senior citizens teaching them how to use a computer. The study further indicated that the special education students who help the senior citizens out got in trouble less often, completed their homework more often, increased their skills in language arts, and increased their attendance rate of coming to school.

Kortering and Brazier (1999) took 44 former students who had dropped out of school having learning disabilities, mild mental retardation, or behavioral disorders and conducted an interview with them about dropping out of school. The interviews uncover a common theme that students with disabilities have dropped out of school because of administrators and teachers having a negative view of them. The study advises that administrators and teachers need to view students with learning disabilities, mild mental retardation, or behavioral disorders in a more positive attitude in order to keep students with disabilities from dropping out.

Kortering and Konold (2005) study analyzes what motivates 37 students with learning disabilities and 456 students without disabilities to attend school. The study found a varying graduation rate of between 60% and 70% for students with learning disabilities. Kortering and Konold report that for students without a disability the

graduation rate is almost at 90% because half of all dropouts of students without disabilities go back and complete a high school program for adults or get their GED. They went on to say that most students with a learning disability who dropped out of school do not go back and complete a high school program for adults or get their GED unlike half of all students without disabilities that drop out do. Kortering and Konold suggest that students with learning disabilities can be motivated to attend school by intervention directed for them and the high school changing to meet their needs resulting in attending school and completing school. The researchers continued to explain that students with learning disabilities are motivated the most to attend school by being able to develop themselves and being able to socialize. Also, they report that students with learning disabilities are motivated to attend school by the opportunity to develop personally and being able to socialize twice as much as being motivated by having nothing else to do, being involved in an extracurricular activity, and making an authority figure happy.

Imada, Doyle, Brock, and Goddard (2002) present a study in which they teach leadership skills to 12 students with mild disabilities including students with mental retardation, emotional or behavioral disorders, learning disabilities, and physical or sensory deficits. Imada et al. show that teaching the leadership skills to students with mild disabilities is an effort of improving the attendance and involvement of students with mild disabilities in schools.

Rieth, Bryant, Kinzer, Colburn, Hur, Hartman, et al. (2003) present a study that consisted of interviews of students and teachers and observations of classrooms to see the effect of anchored instruction on two freshman language arts classes. The researchers

present that anchored instruction seems to be an intervention tool with lots of merit for students with disabilities such as learning disabilities, behavioral disorders, or mild mental retardation. Rieth et al. show that students had an increase in their attendance rate with the use of anchored instruction. The authors of the study went on to say that the study was an initial study on anchored instruction that will need to be duplicated and carried out by other researchers, but the effects seem worthwhile especially when instruction is tied in to the use of technology.

The *Journal of School Health* (2003) shows students with chronic health issues such as asthma, diabetes, allergies, or epilepsy are more likely to miss school more often and need special care. The *Journal of School Health* goes on to say that meeting the needs of students with chronic illnesses by making a school plan with total team collaboration will increase their attendance rates.

History of Increasing Attendance of Students with or without Disabilities

Many studies have been performed on increasing the attendance rate for all students. Blassingame (2000) presents information of schools increasing attendance rates and decreasing drop out rates through a SCANS 2000 Center CD-ROM that has students design their own imaginary retail store. Kortering and Brazier (1999) show that the students recognize the need for themselves to change their attitude and behavior to become more positive along with the teachers and administrators, and the students who had dropped out expressed a need for support from teachers textbooks that meet their needs more effectively, changes in instruction, and changes in policies in regards to discipline and attendance that seem to be too strict or not fair. Miller (2001) shows how students from families with a low income have a better attendance rate when participating

in an after school program. Taras (2005) reports that breakfast programs initiated by schools decrease the amount of tardies and increase the attendance rate at the school. Thurman (2007) speaks of creating a learning academy that increased attendance rates to 95%. Kopperud (2006) suggests that student attendance should be kept up with and watched so that intervention can be made before the student ends up dropping out. Kopperud (2006) shows students with attendance problems must be sought out as early as possible. The Curriculum Review (2003) stresses that students' attendance records should be reviewed, home visits could be helpful, and records should be kept to increase the attendance of students. Baker (2000) found that attendance levels rose and absenteeism fell as attendance groups were implemented at an elementary school to reduce the absenteeism at the school.

History of Albert Bandura

Albert Bandura is a leading researcher in the field of self-efficacy. Hamilton (2008) speaks of a psychologist named Albert Bandura that has had his groundbreaking research on how to influence the behaviors of humans expressed in a higher level and more successful manner than other psychologists having been emphasized by many researchers in many fields. Hamilton speaks of Albert Bandura as one of the most famous psychologists in the entire world. Bandura was from Stanford and was known for his experiments and his writings. Bandura was a master in getting his research out and putting it into action. According to Hamilton, Bandura's work influenced developing countries to evaluate and change behaviors in respect to genders, family life, and health. Bandura had an influence on showing others how to change behaviors and impact social issues. Bandura has found that behavior change is most effective in creating change from

a negative start to a positive finish. Hamilton says that Albert Bandura functions at a higher level of distinction and productivity than most scientists.

Albert Bandura was the first to come up with the self-efficacy theory (Betz). Each component of the self-efficacy theory is connected with a behavior component. Bandura had each component of self-efficacy to have at least three behaviors tied to it. A person would approach or avoid something, have varying levels of quality of their behavioral performance in a given domain, or stand up or back down to tough experiences or obstacles. A person who registers a low self-efficacy level in regards to a specific behavior or domain will tend to avoid, perform poor on, and quit because of becoming disheartened due to the behavior that they are facing (Betz).

History of Self-Efficacy

Betz (2004) describes self-efficacy as the beliefs of a person in his or her ability to be successful in a given behavior area. A person who has a high self-efficacy level would be more likely to do a given task. A person with a low self-efficacy level would try to avoid a given task. Self-efficacy theory has the how to improve the self-efficacy of a given area built into the theory (Betz).

Betz sees a person who has a low self-efficacy level as a person who is doomed to fulfill it. Betz sees an unlimited number of self-efficacy types because self-efficacy is tied to certain domains of behaviors, which can be anything from investing to working on tires. A person who has a low self-efficacy level in mathematics will try to avoid mathematics courses, perform poorly on tests and assignments, and quit quickly after having trouble on a mathematics assignment (Betz).

The causes that Betz sees of the making of different levels of self-efficacy in an individual are the success a person has performing a task, the models that a person has learned and seen, not having worries in connection to the behavior, and the support a person has from society. Originally, it was thought that self-efficacy was a result of a person's family situation. Self-efficacy was said to be a mix of whether a person was a man or woman, what color skin they had, how rich they were, how educated they were. Betz has found that self-efficacy has a strong influence over a person in regards to choosing a career, performing a job, and overcoming trials. A low level of self-efficacy has an influence on a person being not as likely to pursue a career field that is usually a male dominated field. A person who has a low self-efficacy level in expectations in a given career field tends to avoid those career fields. Almost all people have behavior areas that they are not as confident in. Self-efficacy is becoming a centerpiece of the interventions that can be used to treat individuals (Betz).

In regards to self-esteem, MacMaster, Donovan, and MacIntyre (2002) state that it is how a person judges the amount of self-worth he or she has. Self-esteem is a trait that generally stays at a constant amount not changing (MacMaster, Donovan, & MacIntyre).

Treatment of Self-Efficacy

In the treatment of self-efficacy, it is helpful to have the model be of the same gender as the person being treated (Betz). Teaching others techniques to relaxation and positive self-talk can be a key to raising self-efficacy in an area. Cheering others on to succeed, helping others set goals, encouraging others when they reach a goal, and picking others up when they fall can provide a positive intervention in self-efficacy in a given

area of an individual. Interventions can be provided one on one and in a group setting. Members of the group can help others succeed (Betz).

Role of Self-Efficacy

Bandura (1993) states that the self-efficacy a person has about him or herself will play a role on the cognitive processes and workings. A person's beliefs about his or her efficacy will manipulate feelings, the way they think, his or her motivation level, and behaviors. The four processes that self-efficacy affects are selection, affective, motivational, and cognitive. A person's selection processes are affected by his or her self-efficacy. A person is created in part by the environment that he or she is a part of. If a person cannot stand up to the pressure of a situation, the person will avoid it. A person's affective processes are affected by his or her self-efficacy. When a person is going through a trial, how a person believes in his or her own ability will affect the stress level, motivational level, and depression level of the individual. Bandura continues saying that a person with a low affective self-efficacy will become worried and avoid situations in response to trials. The level that a student believes he or she can master an academic area greatly affects the actual amount of mastery he or she achieves. Teachers who face students that do not achieve and cause problems may have a low self-efficacy that affects their ability to teach, have stress problems, and feel like leaving the teaching profession. When a person has a low self-efficacy in regards to feeling in control, the person may experience depression. A person's motivational processes are affected by his or her self-efficacy. A person can be motivated by something informally, by something expected, or by a goal. Self-efficacy affects motivational process by influencing the goals a person sets, how hard the person works towards the goal, and what the person does when faced

with adversity. A person's cognitive processes are affected by his or her self-efficacy. A person with a high self-efficacy will set higher goals, be committed, and achieve more. A learning environment will be affected by his or her self-efficacy at three levels. The self-efficacy of a student will determine what the student will be able to learn, how motivated the student will be, and how much the student will accomplish in the academic area that the self-efficacy affects. A student with a high academic and self-efficacy will fit in better, be more popular, and behave better than students with a low academic and self-efficacy. A person with a low academic and self-efficacy will be more likely to be physically or verbally aggressive and perform actions that can be harmful to his or her self. The instructional efficacy ideals of a teacher will influence the environment of the classroom. The self-efficacy of a teacher to inspire and encourage learning will affect the ability of the teacher to create an atmosphere of learning and academic mastery. The self-efficacy of a faculty to provide instruction will determine the academic achievement of the school (Bandura).

Impact of Life upon Self-Esteem

Filozof, Albertin, Jones, Steme, Myers, and McDermott (1998) conducted a study to examine the effects of self-esteem on attitudes and behaviors in different academic fields. The study consisted of a home self-esteem, school self-esteem, measure of student progress, academic rank, grade point average, plan of education, records of attendance at the start and end of the school calendar, and records of grades at the start and end of the school calendar of 593 high school students in Louisiana. The authors found that the different academic measures and self-esteem varied by the race of the student, with the student was male or female, and who the guardian of the student was. Also, the authors

found that self-esteem had a significant relationship when it comes to a student's absentee report and to a student's academics. The authors found that different variables of academics will predict a student's self-esteem regardless of the race of the student, whether the student was male or female, and who the guardian of the student was. How well a student performs academically will influence how well a student scores on a self-esteem measure of academic in school and self-esteem measure of home. Experts in the field of education say that students with behavior problems have a low self-esteem. The researchers say that students need to be provided a positive educational time at school. The researchers found that Native American and Hispanic students displayed a lower measure of self-esteem. Also, the researchers found that African American students displayed the highest measure of self-esteem. School health departments and agencies push for a curriculum to contain an enrichment of self-esteem in students. Self-esteem of students can be boosted with the help of parents. When a student's self-esteem is boosted, the student will do better in academics at school. Some researchers disagree when it comes to self-esteem and academic achievement. Some researchers are not sure if a measure of high self-esteem comes before high academic achievement or if high academic achievement comes before a measure of high self-esteem. Filozof, Albertin, Jones, Steme, Myers, and McDermott's study found an average home self-esteem score of 39.01 for the pretest and an average home self-esteem score of 38.66 for the post-test. Also, the researchers found mean days absent from school at 3.51 days for the pre-test and 5.72 days for the post-test. The researchers found that mean home self-esteem measure for males was significantly higher than females. The researchers found that mean school self-esteem measure for females was significantly higher than males. The

researchers found that when it came to the living arrangements of students, students who lived with someone who was not their parent or grandparent had the school self-esteem and home self-esteem score with the lowest average. The authors were surprised to see that the two groups that had the highest average school self-esteem were the group of students who lived only with their father and the group that lived with both parents. The researchers found that the group with the highest average home self-esteem measure lived with both parents at home. The researchers found that there is a strong link between a student's self-esteem measure, the number of days the student misses, and the academic components of the student. The self-esteem of a student upon future academics and being a member of a family is impacted on the student's performance in school. If a student encounters negative experiences, the student's self-esteem will be impacted in a negative way (Filozof, Albertin, Jones, Steme, Myers, & McDermott).

History of Increasing Self-Esteem

Baker (2000) found that an increase in self-esteem when attendance groups were implemented at an elementary school to reduce the absenteeism at the school. Baker speaks of punishment commonly being used for students who miss school. Baker goes on to say that punishing a student for missing school does not improve the child's attendance rate. The opposite happens to a student who misses school who is punished for missing school. The student either misses the same amount of school or starts to miss more often. A student who is punished for missing school is motivated to get away from the source of punishment, which is school. Baker presents attendance groups as a way of replacing

meet once a week for four months. There were three goals for the attendance groups. The goals were to increase attendance by 50 percent for the group members, to have better attitudes in regards to learning and school, and to have a growth of self-esteem in the members of the group. Baker used a theme of it being cool to be in school in the study. Baker set up a group that had eight students with three having a disability being labeled as a mild mental disability. The group Baker created talked about what was going on at home and at school and finished with an activity such as name games and games to build the group up. Baker created the group sessions to be easy and fun which proved to be a success. The study that Baker provided used group activities to explore what was going on in a student's life, improve socialization through games, and perform activities to improve a student's self-esteem. Baker let the students take charge in being a solution to the attendance problem. Having attendance groups that meet once a week has increased attendance, help students see school in a more positive light, and boosted their self-esteem.

Campbell-Whatley (2001) sees mentoring as a solution to the concerns of students who are struggling academically or behaviorally. For students who are part of a mentoring program, it was found that they get suspended less than they used to, come to school more often than they did in the past, make better grades than they used to, and have a better self-esteem than they did to start out. Mentoring helps increase the self-esteem of students with mild disabilities because it meets the needs of students with disabilities that are often ignored. To be a mentor, a person needs to be someone who a person can confide in and be able to be a friend. A mentor provides a relationship that will encourage and help a person grow and mature. During the process of mentoring, the

mentor and the student both gain from the experience. A student will learn how to interact with others and feel more positive about him or herself. Changes do not always happen instantly and may change overtime as the relationship with the mentor and student grows. Campbell-Whatley says that some of the ways to have an effective mentor program is to make sure that the program includes student with disabilities and focuses on what the need help in, target students who are absent from school frequently, and make sure mentors are aware of students they may be mentoring with disabilities. Students with disabilities prosper from having a mentoring curriculum at their school because it can be a great tool for helping to design the proper social skills and academic skills to meet their needs. For students with mild disabilities, it is important to have an intervention approach that is fresh and new that stress a student succeeding socially, academically, and in making crucial decisions. Campbell-Whatley has found that students with behavioral or learning problems have a significantly lower number of days absent from school and significantly higher course grades when paired up with a mentor who meets with them one to two times a week for 30 to 60 minutes at a time.

Glenn and Smith (1998) see building the self-esteem in a student with communication disorders by self-esteem activities as a combined effort of the teacher, speech therapist, and counselor. How a student feels about himself or herself makes up a student's self-esteem. A student must find for him or herself satisfaction in self, respect for self, love of self, and feeling of value. It is up to the school counselor to identify what areas need to be worked on in regards to self-esteem through proper assessments. Glenn and Smith present self-esteem activities to boost self-esteem in students with communication disorders. Glenn and Smith's self-esteem activities are: finding strengths,

learning how disabilities do not limit success, making a comic strip about how to improve an area of weakness, drawing pictures of life highlights, reflecting on successes of the day, making booster boxes of good qualities, acting out emotions, sharing something done in a circle setting, sharing how made others happy, making a tree of positive characteristics, collage from pictures in a magazine, making a timeline of important events in one's life, statements of how proud of improving communications with others, making a self-improvement contract, developing plans for next 15 years in life, design a children's book with a problem and how it is solved, making up six steps to solve a problem, review communication skills, and role play situations to solve problem through communication.

Assistive Technology (AT) is anything from a strategy to technology to a device that allows students with disabilities be able to function without their disability limiting them in order for them to be more independent and more skilled in doing tasks or being able to seek out what they need (Hopkins, 2004). Assistive Technology can lead to students with disabilities being more independent and feeling as if they have achieved something on their own. Assistive technology allows students to be able to not get as mad because the can do it on their own without the help of others making them feel better (Hopkins).

Susskind (2008) found that the self-efficacy of a student would increase when a teacher included PowerPoint during the lecture. Susskind found that presentations done on computer boosted students' self-efficacy. Also, Susskind found that a presentation as a done in a computer format did not have an effect on class attendance. person (Bzell).

Ezell (2003) studied the use of magic tricks as a way to make students with disabilities more self-confident and have a higher self-esteem. The researcher had twenty-six students from elementary up to high school with differing disabilities taught how to do magic tricks. The students had to practice the tricks until they were able to perform them successfully. Then, the students presented the tricks learned to the group. The study used the Student Self-Concept Scale's Self-Image domain of the Self-Confidence dimension to measure a before and after score of self-esteem and self-confidence in the students having disabilities. Ezell found that the final measure of self-esteem and self-confidence produced a statistical increase from the before to after measures.

Other studies have discovered that a student who has a learning disability will have an increase in self-esteem once they are diagnosed and understand how it affects them (Ezell, 2003).

Magic is found to motivate students with disabilities (Ezell, 2003). There are different programs such as Project Magic, Magic for Special Education, and The Magic Within You that have been found to increase self-esteem and self-confidence in students with disabilities by using magic. Magic tricks can be used as an instructional strategy that works especially when used by special education teachers for students with special needs. A student performing magic tricks in front of students without disabilities gives the student with a disability a confidence boost because the student that has a disability knows the trick that the student without a disability does not know. The students with disabilities that learned a magic trick and performed it saw themselves in a new light as a person they are proud of, who is fun to be around, and who is a happy person (Ezell).

Students with learning disabilities have trouble spelling and understanding phonics (Stringer, Morton, & Bonikowski, 1999). There tends to be an increase in self-esteem of students with learning disabilities using process writing. Process writing involves the steps of imitating writing, making up spellings of words, trying to write words, and finally using syllables. Writing can be used to motivate and boost the self-esteem of students. If students with learning disabilities are provided an environment to write in that is free of risks, they will have an increase in self-esteem and will develop confidence in writing and be proud of their work. Students with learning disabilities start to take more risk and are open to learn more when they have a boost in self-esteem. To increase self-esteem of students with learning disabilities when it comes to writing, be excited for what they know not making a big deal about what they do not know (Stringer, Morton, & Bonikowski).

Rush (2004) speaks of a camp that was built for people with exceptional needs. Camp For All is a recreational facility in Washington County, Texas. Every year over 3,500 adults and children attend the camp. The camp helps children and adults with special needs build self-esteem and become more independent while connecting with others with others who go through the same struggles. The camp not only takes in people with disabilities such as mental retardation but has people who are going through cancer, have suffered burns, or have illnesses. The campers engage in activities that are therapeutic and fun in nature (Rush).

Pianoforte (2001) speaks of a summer camp for teenagers who require a wheelchair for mobility and have physical disabilities called The Shake-a-Leg Body Awareness Therapy Program for Teens. The camp helps to teach independence through

the acquisition of learning life skills. As the campers develop more independence, they have an increase in self-esteem from the experience. Some of the campers have cerebral palsy or spina bifida (Pianoforte).

Gieri (2001) speaks of the problem it can be to find a summer camp for a student with disabilities. Some summer camps are not adequately staffed to handle students with disabilities and are not fully accessible for students with disabilities. There is a push in the US to have camps and recreation facilities that are fully accessible to people with disabilities with adaptive equipment and to have a staff that is ready to meet the needs of people with disabilities. When people with disabilities push themselves to do new things, they have a boost in self-esteem because of what they can do. Camps provide opportunities for people with disabilities to be on their own and rely on themselves while developing independence. People with disabilities are motivated by what other people with disabilities can do and develop social networks from camps (Gieri).

Part of the development of students with learning disabilities is their development of self-esteem and self-concept (Ellis, 1998). Self-esteem and self-concept coming from the environment that a teacher creates in the classroom will impact the students' lives down the road more than the academics they were taught. Teachers should create a learning environment where feel free to go out on a limb and guess and feel safe. Students with learning disabilities have a low self-concept when it comes to academics. Students with learning disabilities have a positive social self-concept. A student who has a learning disability will have a drop in self-concept when faced with a huge general education class with a good mix of students and have a drop in self-concept when put in a class that the student doesn't like that is made for very low achieving students. When

students with learning disabilities are given meaningless assignments, they usually have a drop in self-concept. Students with learning disabilities need challenging and meaningful instruction. Some view that when students with learning disabilities are given feedback that is corrective in nature, it is negative and can lower students' self-concept and self-esteem; they want to substitute overstated praise instead of giving corrective feedback. Ellis sees overstated praise as damaging to self-esteem because students see it as fake.

Parents can enhance their child's self-esteem by providing support and encouragement to their child, giving hugs, displaying proper actions for a child to emulate, get you child involved with other children, keep a low stress environment at home, challenge your child and expect high achievement, let your child have some independence, communicate with them, and have a discipline plan in the home (Daves, 1999).

Impact of Disability on Self-Esteem

Students with a learning disabilities experience failures more often as compared to students without learning disabilities (Sideridis, 2007). Failing time after time when doing an academic task, leads a student with a learning disability to feel like they can not help themselves and have no hope leading to becoming depressed. Sideridis conducted a study of 104 students who were thought to have learning disabilities with 51 having a language learning disability and 23 having a math learning disability and the rest having a perceived learning disability. Sideridis used the Rosenberg scale to find the self-esteem of the individuals in the study. Sideridis found that goals that were performance-avoidance had a positive path in connection to students having anxiety, being depressed, and an affect that was negative. Sideridis found that goals that were performance-

avoidance had a negative path in connection with self-esteem and an affect that was positive.

In comparison to students without disabilities, students with disabilities face more negative comments and criticism in the classroom (Sze, 2007). The experts say that the academic, social, and behavioral problems of students can be treated by improving a student's self-esteem. At times, people see students with disabilities as not being able to take care of their self and a cheap laugh. Students with disabilities may look negatively upon themselves because of the negative experiences that they have encountered making them feel unimportant. New studies have discovered that students with a disability don't automatically see themselves in a negative way, and students with disabilities could have self-esteem that is high because of learning to accept that they are different than others. Having a positive self-concept is something to be desired. The way that we view ourselves will be the way we view others. It is important for students with disabilities to see themselves in a good light and of something of value. Students with disabilities may view themselves in an unrealistic exaggerated way, undervalued way, or a real way. A student will influence his or her academic achievement by the way he or she views himself or herself. A student with a negative self image will give up when facing something hard and think that he or she can not achieve academically and will continue to be in a state of hopelessness with their problems in learning. The experiences in which a student encounters will shape the way that the student sees himself or herself. If a student has had academic achievement, the student will have a higher self-esteem. The more positive experiences in school a student has, the higher the self-esteem will be of the student in regards to academics. Sze says that Studies have found that students with

disabilities view themselves in a larger-than-life way. Studies have shown boys with ADHD viewing themselves really high in tasks that they struggled on. If a student has an exaggerated self-concept, the student may believe that he or she already knows all the information and may not pay attention to anything anyone tries to teach it them. Students who receive special education services all day have significantly higher self-esteem in math, reading, and school in general. Size ends by saying depression and low self-esteem are not always connected (Sze).

Glenn and Smith (1998) reported that among students with disabilities communication disorders rank number two. These researchers found that students that have communication disorders tend to have a low self-concept. If a student has a communication disorder that consists of a speech or language impairment and has a low self-concept, the student needs to be provided with one-on-one counseling and group counseling. Glenn and Smith say that a student with a communication disorder may experience frustration, guilt, and anxiety that may lead to anger and a low self-concept (Glenn).

Students with disabilities may have low self-esteem and low self-confidence because of failures on academic tasks (Ezell, 2003). Some see that students may think of themselves to highly thinking that there is nothing they can't do before the age of seven, but at eight years old, students see themselves more realistically. Since students with disabilities may have a mental age that is below there true age, it is important to take that into count when evaluating self-esteem and self-confidence of students with disabilities. It has been found from a study of 33 teenagers with Down syndrome with mental ages ranging from four to seven that 14 believed they could read alone, but they could not read

in reality. Studies show students with behavioral and emotional disorders usually having a low self-esteem. Studies have found students with learning disabilities at a risk for low self-esteem and having low self-esteem because of not fitting in socially, being viewed in a negative light, and having trouble in academics. Ezell found that in comparing students without physical disabilities to students with physical disabilities that there was not an indication of lower self-esteem in the group that had physical disabilities. Ezell found that students with physical disabilities have been found to have a higher self-esteem or at least the same as those who had no physical disabilities.

A person's self-esteem can change in response to a traumatic life experience (MacMaster, Donovan, & MacIntyre, 2002). A student being diagnosed with a learning disorder can be a traumatic life experience that changes a person's self-esteem. Students that have problems in academics, in behavior, and emotionally tend to have low self-esteem. Students that have learning disabilities have an increased risk to having a low self-esteem. Labeling, academic failures, and a student's disability lead to low self-concepts. Labeling a student as learning disabled puts them in a lower social position as seen by adults. Some students may have an increase in self-esteem when labeled with a learning disability because of the diagnosis of their disability explained to them in a way that is clearly understandable. The researchers took 33 students with learning disabilities and 36 students with out learning disabilities. The Rosenberg Self-Esteem Scale was used to measure the self-esteem of the students. The group of students with learning disabilities had a significant increase in self-esteem. The group of students without learning disabilities did not have a significant increase in self-esteem. In regards to levels of self-esteem, the group of students without learning disabilities had a higher self-esteem

measure than the students with learning disabilities. The researchers found that labeling a student with a disability did not hurt the student's self-esteem.

Cosden, Elliott, and Kelemen (1999) studied 95 students with learning disabilities. These researchers found that students with learning disabilities who knew about their learning disability did not have an increase in self-esteem. Self-esteem scores among students with learning disabilities varies as does self-esteem scores of students without learning disabilities. A student just having learning disabilities does not mean the student will have a lower self-esteem. If a student with a learning disability likes his or her physical appearance, athletic ability or relationships with others, the student with a learning disability will have a higher self-esteem. The more severe a student's learning disability is the more doubts the student will have in regards to his or her academics. Students with learning disabilities that had a better outlook on academics had a higher overall self-esteem score than students with learning disabilities that did not feel good in their academic abilities. When a student with a learning disability is able to identify his or her strengths and weaknesses, the student will have a higher self-esteem measure (Cosden, Elliott, & Kelemen).

Benefits of Good Self-Esteem

Self-esteem and self-confidence help to form citizens that contribute to society and are successful (Ezell, 2003). Ezell sees self-esteem and self-confidence as an important aspect to the success of any student with disabilities. Also, Ezell says that self-esteem and self-confidence are seen as the product of having success doing a task. Students with disabilities are in need of good self-esteem when encountering the

real world and challenges of life (Daves, 1999). A person's self-esteem is impacted by

the way he or she looks. Daves sees people with high self-esteem live longer, make more money, stand up to peer pressure, build good relationships, have better health not engaging in as many risky behaviors like sleeping around and drugs, and have fewer teenage pregnancies.

Society and Disability

Findler, Vilchinsky, and Werner (2007) present a study on the Multidimensional Attitudes Scale Toward Persons With Disabilities. The Multidimensional Attitudes Scale Toward Persons With Disabilities finds the attitudes of a person's affect, behavior, and cognition. These researchers used the scale on 132 people along with a self-esteem instrument, and the Attitudes Toward Disabled Persons Scale. In comparison of men with a low self-esteem, men who had a high self-esteem had a higher positive cognition. The attitude in which society views people with disabilities causes problems for many with disabilities. People with disabilities are included when society has a positive attitude of people with disabilities, but exclusion occurs when society has a negative attitude of people with disabilities. Findler, Vilchinsky, and Werner found that a person with a high self-esteem will have a more positive attitude in regards to a person with a disability.

Athletics and Self-Esteem

Academics are important because only 5% of athletes in high school play in college and only 2% play as a professional (Angle, 2007). It is an important task to stress how important academics are to athletes with learning disabilities. The demands of being an athlete and a student are tough on a student with a learning disability. Coaches and teachers must see and understand the learning disability that a student has in order to

meet his or her need on and off the field. Athletes with disabilities should become aware of other athletes with disabilities that have succeeded despite hard times on the playing field and in the classroom. Magic Johnson has trouble reading. Neil Smith who played in the NFL has dyslexia and went to the University of Nebraska on a full ride reading on a third-grade level. Greats Babe Ruth and Michael Jordan had learning disabilities. Being an athlete can positively affect a student academically. Angle states that a student with a learning disability may try to withdraw and avoid in the classroom but may shine on the playing field. Angle says that athletics may help in the effort to increase social skills and self-esteem in students with disabilities.

Disagreements about Self-Esteem

Tobin and Hwang (1997) see programs that are being used to boost self-esteem as having little impact and may be detrimental in nature. If students are puffed up with a self-esteem that is not true, they will not want to grow or improve, will not be able to successfully learn, and not be able to face the working world. Tobin and Hwang believe that students should be filled with a true self-esteem that lets them know when they fail. Good teaching that provides a true opportunity for success is that best way to enrich a student's academic achievement and self-esteem. Low self-esteem has been said to be the culprit behind all the problems that face students today. Students are being praised excessively and not being provided with any criticism and hard work to make sure that students have positive feelings about themselves. Self-esteem is a product of achievement not a requirement for achievement. The way that people teach self-esteem has lead many students in the special education classrooms to try less and not as hard. Students are taught that they are perfect the way they are and feel no need to change. Sometimes,

students who have behavioral disorders are taught that their behaviors are who they are and that they are okay. Tobin and Hwang stated that students with disabilities should be taught in an environment in which they can succeed and do not need to be told lies.

The writing process increases the self-esteem and academic skills of general education students (Stringer, 1999). Stringer states that the writing process increases the academic skills of students with learning disabilities, but there is debate if it increases self-esteem.

In studying self-esteem and self-confidence of students with disabilities, real results are uncertain and should be handled with caution because of disagreements in researchers and findings (Ezell, 2003). Ezell says that out of all the research on self-esteem and self-confidence in students with disabilities, it has not been found that boosting the self-esteem and self-confidence in students with disabilities is a bad thing but is a good thing and something to strive to do.

Further Study

MacMaster (2002) says that there is a lot of knowledge about the negative effects of labeling students with disabilities, but there is a need for more studies about the positive effects of labeling students with disabilities.

Curriculum Review, 2003)

The research shows that students with disabilities can increase their self-esteem with the help of their parents (Filozof, 1998), attendance groups (Baker, 2000), mentoring (Campbell-Whitley, 2001), learning to accept that they are different from others (Sze, 2007), self-esteem activities (Glenn, 1998), assistive technology (Hopkins, 2004), having

Summary

Chapter II uncovered the literature that is available on the history of increasing attendance of students with disabilities, history of increasing attendance of students with or without disabilities, history of Albert Bandura, history of self-efficacy, treatment of self-efficacy, role of self-efficacy, impact of life upon self-esteem, history of increasing self-esteem, impact of disability on self-esteem, benefits of good self-esteem, society and disability, athletics and self-esteem, disagreements about self-esteem, and further study of labeling. It is important to remember that in studying self-esteem and self-confidence of students with disabilities, real results are uncertain and should be handled with caution because of disagreements in researchers and findings (Ezell, 2003).

The research reveals that students with disabilities can increase their attendance through service learning (Carr & Jitendra, 2000), having a mentor (Glomb et al., 2006), teaching others (Jennings, 2003), responding to an interview (Kortering & Braziel, 1999), telling what motivates them (Kortering & Konold, 2005), teaching leadership skills (Imada et al., 2002), providing anchored instruction (Rieth et al., 2003), and meeting their needs (Kortering & Konold, 2005). Also, attendance can be increased through changes in attitudes (Kortering & Braziel, 1999), after school programs (Miller, 2001), learning academies (Thurman, 2007), attendance groups (Baker, 2000), and record keeping (The Curriculum Review, 2003).

The research shows that students with disabilities can increase their self-esteem with the help of their parents (Filozof, 1998), attendance groups (Baker, 2000), mentoring (Campbell-Whatley, 2001), learning to accept that they are different from others (Sze, 2007), self-esteem activities (Glenn, 1998), assistive technology (Hopkins, 2004), having

Teachers use PowerPoint during lectures (Susskind, 2008), learning magic tricks (Ezell, 2003), classroom environments (Ellis, 1998), engaging in process writing (Stringer, 1999), going to a summer camp (Rush, 2004), and identifying their strengths and weaknesses (Cosden, 1999).

Chapter III

Methodology

Introduction

The methods of how this study on school attendance and self-esteem of students with disabilities was developed and the procedures of how this study was carried out are contained in this chapter. This chapter contains the design of the research, the selection of participants, the procedure for collecting data, and the plan for data analysis.

Research Design

The purpose of this study was to determine if there is a relationship between the number of absences and self esteem of students with disabilities and if there was a difference in self esteem of students with disabilities on gender. The relationship between the number of absences and self-efficacy score were investigated for any correlation. The self-esteem scores were investigated for significance in regards to comparing the different gender.

Participant Selection

The research sample will be taken from the students receiving special education services at a high school in middle Tennessee. Students who qualify for the TCAP Alternate Portfolio assessment will not be included in this study. TCAP Alternate Portfolio assessment is an assessment for students with low cognitive abilities. This study will also exclude all CDC students (Comprehensive Development Classes), which include students with autism, Down's syndrome, and low cognitive abilities. The participants and the participants' parents will be given informed consent form of this

voluntary study. For those parents giving permission, students will be given a Student Assent Form to voluntarily complete prior to taking the Self-Efficacy scale. The Self-Efficacy Scale will be returned directly to the researcher.

All students receiving special education services are eligible to be included in this study at this high school with the exclusion of those students that qualify for the TCAP Alternate Portfolio assessment and those students in CDC classes. Only those students whose parents have given voluntary consent and voluntary student assent has been obtained by the student/participant will be included in this study. The maximum number of participants is 200. The maximum number of males is 120 and females eighty.

Data Collection Procedure

The special education secretary will identify all students receiving special education services in the high school that do not qualify for the TCAP Alternate Portfolio assessment. The special education secretary will send home with the students the voluntary consent forms for the parents to sign. The special education secretary will also call the parents telling them about the study. The special education secretary will read the Voluntary Consent Form attached to this application. Any questions from the parents will be referred to this researcher. Once the Parental Voluntary Consent Forms have been received by the researcher, then the researcher will give each student in their home room class a Voluntary Student Assent Form to sign and return to the researcher if they want to participate. To ensure confidentiality, the participating student and the researcher will then meet one-on-one in a room in the front office of the high school to administer the self-efficacy scale test. The researcher will then go to the special education secretary and

find the number of absences for each participant. Once the data has been paired and entered into a database, the identity of the participating students will be erased.

The self-efficacy scale test that is administered is the Mindfulness-Based Self Efficacy Scale (MSES). The MSES is used to measure self-efficacy using 35 questions in 7 scales (Behavior, Cognition, Interoception (how sensations in the body are perceived), Affect, Interpersonal, Avoidance, and Mindfulness). Each different scale is addressed by five questions mixed in among the 35. Of the 35 questions on the MSES, 18 were reversed. The person being interviewed responded to each question on a five point scale depending on how they agree or disagree with the statement. Circling zero means the person agrees not at all, circling one means the person agrees a little, circling two means the person agrees moderately, circling three means the person agrees a lot, and circling four the person agrees completely. The score of the MSES is calculated by the number chosen and by inverting some answers. The highest score is 140. The lowest score is 0. A poor sense of self-efficacy is recorded by a score of 0-34. A weak sense of self-efficacy is recorded by a score of 35-69. A moderate sense of self-efficacy is recorded by a score of 70-104. A good sense of self-efficacy is recorded by a score of 105-140.

The researcher herein orally read the MSES to approximately 77 participants; approximately 26 participants did not require oral administration. The researcher would explain questions on the survey when a student asked. The students would circle the answer for each statement.

The individuals who will describe the study to participants are the special education secretary and this researcher. This researcher will collect the Voluntary Consent Forms signed by the students' parents. Then, the researcher will pass out the

Voluntary Student Assent Form in the students' homerooms. Those students volunteering to participate will be administered the Self-Efficacy Scale by the researcher. The researcher will collect the Self-Efficacy Scales and only the researcher will know the identity of these students. Once the Self-Efficacy Scales have been scored and paired with an ID number for each participant along with the number of absences for the respective participant, the names will no longer be attached to the paired/aggregated data. The parents will receive a phone call describing the study from the Special Education secretary. The Special Education secretary will read from the Voluntary Consent Parental Form. The students receiving special education services and eligible to participate in this study will be identified by the Special Education Secretary and take home the Voluntary Consent Form to their parents. Upon voluntary parental consent, the researcher will pass out in the eligible students' home room classes, the Voluntary Student Assent form and those students willing to participate will give this researcher the signed Student Assent Form. Then, this researcher will administer the Self-Efficacy scale to the participants. The participants will not have to do anything else. The researcher will find the absences for each participant, pair that up with the self-efficacy scale score, and then erase the names from the paired/aggregated data. The data will be analyzed and reported without any names. The researcher will be the only person who knows the names of the participants and the names will not be used on any data. The Self Efficacy scale scores will be kept with the other data in a locked filing cabinet in the office of the Director of the School of Education at APSU for a minimum of three years after completion of this research.

Confidentiality will be kept by coding data given by participants once data is paired/aggregated. All documents and data will be kept in a locked filing cabinet in the Office of the Director, School of Education, APSU, for a minimum of three years after the study is completed.

Data Analysis Plan

Microsoft Excel software was used to conduct a *t*-test to test for statistical significance when comparing the self-esteem scores between genders. The hypotheses were tested at the .05 level of significance. TI-83 Plus software was used to see if there was a correlation between the number of absences and self-esteem among students with disabilities.

Results and Analysis of Data

Introduction

This study observed the effects of self-esteem of students with disabilities on attendance and differences in self-esteem of students with disabilities between genders. There were a total of 173 students receiving special education services including gifted services at the studied school. There were 18 students among the 173 who were gifted leaving 155 students in special education and not gifted. Of the 155 students, 11 students were eligible for the TCAP-Alt portfolio assessment leaving 144 students in special education and not gifted and not eligible for the TCAP-Alt portfolio assessment. Of the 144, three students were receiving services out of county leaving 141 students in special education and not gifted and not eligible for the TCAP-Alt portfolio assessment and not receiving services out of county. Of the 141 students, two students were in an alternative setting leaving 139 students in special education and not gifted and not eligible for the TCAP-Alt portfolio assessment and not receiving services out of county and not in an alternative setting. The study was composed of those 139 students. Of the 139 students who were eligible for the study, 103 students agreed to take part in the study which was 74.1% of available subjects. Of the 139 students who were eligible for the study, 49 students were female. Forty-one females out of 49 available females were surveyed which was 83.76%. Ninety of the 139 students available were males. Sixty-two males out of the 90 available were surveyed which is 68.89%.

Microsoft Excel software was used to conduct a *t*-test to test for statistical significance when comparing the self-esteem scores between genders. The hypothesis

that was analyzed was there is no statistically significant difference in self-esteem between genders. The hypothesis was tested at the .05 level of significance. TI-83 Plus software was used to see if there was a correlation between the number of absences and self-esteem among students with disabilities.

Presentation and Analysis of Data

Null Hypothesis One

Null hypothesis one investigates whether there is a correlation between the number of absences and self-esteem for students with disabilities. The values obtained are from the TI-83 Plus.

The number ($n=103$) of participants was 103. The MSES scores of mean and standard deviation were $\bar{x} = 81.22330097$ and $Sx = 15.89236593$. The mean and standard deviation for absences were $\bar{y} = 17.74757282$ and $Sy = 14.94284434$.

The range of the MSES scores for the lowest 25% (first quartile) was 48 to 70; the range for the second quartile was 70 to 80; the range for the third quartile was 80 to 91; and the range for the upper 25% (fourth quartile) was 91 to 125. The range of the absences was 0 to 70.

The correlation between the number of absences and self-esteem among students with disabilities was $r = .1161228677$ which means that there is a small (weak) positive linear relationship, according to Witte (2007), because the value of r is "in the vicinity of .10 ... reflects a small (weak) relationship" p. (135). The correlation coefficient of $r = .1161228677$ shows that there is a weak relationship between the number of absences and self-esteem. This was a positive correlation and one would have expected a negative

40
near correlation. In other words, as scores increased, absences decreased. The null hypothesis was not rejected because of the weak correlation coefficient found.

Null Hypothesis Two

Null hypothesis two looks to see if there is a statistically significant difference in self-esteem between genders. No statistical significance was found in regards to self-esteem between genders at the .05 level of significance because the t -test showed $p=0.945241$. The male mean was 81.14516129. The female mean was 81.36585366. Microsoft Excel was used to analyze the data. The null hypothesis was not rejected because of the high p value at the .05 level of significance.

Summary

The purpose of this study was to determine if there was a correlation between the number of absences and self esteem of students with disabilities and if there is a statistically significant difference in self-esteem of students with disabilities on gender. Simply, does high self-esteem increase attendance rates, and is there a significant difference between gender on self-esteem?

No Child Left Behind plays a big role on making sure schools have an acceptable attendance rate. If the attendance rate is below the required attendance rate, a school could be targeted in the attendance area. There is a need to find out why students with disabilities drop out of school (Kortering & Braziel, 1999). In view of self-esteem, the way a person sees him or herself will determine how he or she thinks and behaves (Bandura, 1993). Promoting healthy self-esteem in students with disabilities is important. Students need a good self-esteem to be a contributing member of society (Ezell, 2003) and to face the reality of life and its difficulties (Daves, 1999).

The study was conducted from 103 students with disabilities at a high school setting. Using Microsoft Excel software, a *t*-test was conducted to test for statistical significance when comparing the self-esteem scores between genders. The hypothesis was tested at the .05 level of significance. TI-83 Plus software was used to investigate whether there was a correlation between the number of absences and self-esteem among students with disabilities on the other null hypothesis.

Findings

The purpose of this study was to determine if there was a relationship between the number of absences and self esteem of students with disabilities and if there is a difference in self-esteem of students with disabilities on gender. The study found a weak correlation between number of absences and self esteem of students with disabilities, and the study found no statistical significance in self-esteem of students with disabilities on gender.

Null Hypothesis One: For students with disabilities there is no correlation between the number of absences and self-esteem.

This hypothesis was tested by finding the correlation coefficient r value. The $r = .1161228677$ meant, according to Witte (2007), that there was a small (weak) relationship because the value of r is "in the vicinity of .10 ... reflects a small (weak) relationship" p.(135).

Null Hypothesis Two: There is no statistically significant difference in self-esteem between genders.

This hypothesis was tested using Microsoft Excel's t -test software. A $p = 0.945241$ was found at the .05 level of significance. The null hypothesis is not rejected. Gender did not impact self-esteem scores.

Conclusions

The purpose of this study was to determine if there was a relationship between the number of absences and self esteem of students with disabilities and if there is a difference in self-esteem of students with disabilities on gender. The study examined 103

students with disabilities. Centered on the findings of the current study, these conclusions were reached:

1. The self-esteem of a student with disabilities did not impact the number of days absent from school; however, there was a weak correlation between those two variables.
2. There was not a statistical significance in regards to gender on self-esteem scores. Both males and females had around the same self-esteem score.

Recommendations

From what was found from this study, the following is recommended:

1. Schools should focus on continuing to find ways of raising self-esteem in students with disabilities.
2. Schools should focus on continuing to find ways of raising the attendance rates of students with disabilities.
3. Schools should give students with disabilities whatever they need to be successful.

Future Research

1. This study was not a long term study. Future studies could be continued over many years.
2. There were no self-esteem measures given at various points throughout the school year. The self-esteem measure was only given near the end of the year, and the days absent was calculated at the day of the self-esteem measure. The student could have had an off day or feeling sad. Future studies could provide multiple self-esteem measures throughout the year.

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APPENDICES

APPENDIX A

IRB Approval Letter



INSTITUTIONAL REVIEW BOARD (IRB)
For the Protection of Human Subjects

IRB APPROVAL NOTIFICATION FORM
IRB # 08-010

PRINCIPAL INVESTIGATOR: Gary L. Adcock

E-MAIL ADDRESS: adccogl@yahoo.com

TITLE:

IRB #08-010: School Attendance and Self-Esteem of Student with Disabilities

☐ Approved ☐ Full ☐ Exempt ☐ Expedited ☒ Approved with conditions

Conditions:

- #1) Typo with word "on" should be "by".
- #2) Clarification of "more positive" for what purpose?
- #6) Question of appropriateness when conducting "one-on-one" meeting in room. May be perceived as pressure by the participants. Suggest that parent sign consent form.
- #7) The "NOTE:" may be a conflict. Suggest that someone else work with his students. It would exclude a dual relationship.
- #8) Do not erase name of forms. Suggest using a coding or data system instead.
- #11) Risk should be noted as "minimal".
- #12) Risk should be noted as "minimal".

Consent Form

- 1) PI should use appropriate language for understanding in form for parents and minor participants. (Ex: second paragraph, first sentence "self-efficacy" should be easily understood.)
- 2) Risks and benefits: Should read "minimal" not "no known risks".

☐ Disapproved

Comments:

- 1) You are required to immediately report any adverse reactions or complications of the project to the Institutional Review Board.
- 2) There may be no change or addition to the project, or changes of the investigators involved, without prior approval of the Institutional Review Board.
- 3) If applicable, the attached consent statement has been approved by the IRB. Please copy this document and use for all subjects entered into this study.
- 4) The study is subject to continuing review on or before April 25, 2009 unless closed before that date.

Charles A. Pinder

April 25, 2008
Date

Chairperson, Institutional Review Board
Charles A. Pinder, Ph.D. pinderca@apsu.edu (931) 221-7415

EXPECT SUCCESS

Robertson County Schools

1111 Woodland Drive
P.O. Box 126
Springfield, Tennessee 37172
Phone: (615) 584-5100 Fax: (615) 584-5101

1111 Woodland Drive
P.O. Box 126
Springfield, Tennessee 37172
Phone: (615) 584-5100 Fax: (615) 584-5101

Spring Woods
Henderson 20-0000
Henderson@rcs.k12tn.us

APPENDIX B

Approval from School System

Robertson County Board Of Education

Dr. Danny L. Weeks

Dear Mr. Weeks,

Dr. Danny L. Weeks,
Assistant Director of Schools



Phone: 615.584.5100
Fax: 615.584.5101
www.rcschools.org
Henderson@rcs.k12tn.us

2121 Woodland Drive • P.O. Box 126
Springfield, Tennessee 37172

SCHOOL BOARD

BOARD OF EDUCATION • BOARD OF SUPERVISORS • BOARD OF HEALTH • BOARD OF LANDS • BOARD OF TOWNSHIP • BOARD OF VETERANS • BOARD OF WATERS • BOARD OF ZONING

EXPECT SUCCESS

Robertson County Schools

Daniel P. Whitlow
Director of Schools
WhitlowD@k12tn.net

2121 Woodland Street
P.O. Box 130
Springfield, Tennessee 37172
(615) 384-5588 phone ~ (615) 384-9749 fax

Danny Weeks
Assistant Director
WeeksD@k12tn.net

16 April 2008

Gary Adcock
613 3rd. Ave. W.
Springfield, TN 37172

Dear Mr. Adcock:

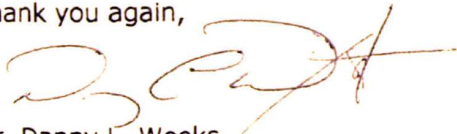
Please accept this letter confirming permission to proceed with your research project as requested last month. The Board of Education approved your request at their April 2008 meeting.

Upon completion, we would request that you would submit a copy of your work to my office.

Robertson County Board of Education

Dr. Danny L. Weeks

Thank you again,



Dr. Danny L. Weeks,
Assistant Director of Schools



Phone: 615.384.5588
Fax: 615.384.9749
www.robcoschools.org
WeeksD@k12tn.net

2121 Woodland Street • P.O. Box #130
Springfield, Tennessee 37172

SCHOOL BOARD

ALLAN HEARD • ALFRED BOYER • STONEY CROCKETT • JIMMY AYERS • GERALDINE FARMER • LARRY FIELDS

APPENDIX C

Parental Consent Form

PARENTAL CONSENT FORM

Your child is invited to be in a research study about whether or not a student's self-efficacy affects their attendance rate. We are asking that your child take part because your child is in the group we want to study, namely students that receive special services. We ask that you read this form and ask any questions you may have before agreeing to allow your child/student to take part in this study. If you agree to have your student participate in this study, the researcher will go to your student's home room class and pass out the Student Assent Forms for your student to sign IF they want to voluntarily participate. Then, for those that voluntarily want to participate, the researcher will meet with each participant on a one-on-one basis and administer the self-efficacy scale described below. The researcher will be the only one who sees the results of this self-efficacy scale, and once the researcher has put the number of days absent beside each participant, your child's name will be erased and no one will know your child's answers but the researcher. Data will be secured in a locked filing cabinet, and after the study is completed, all data will be shredded after three years.

The study: The purpose of this study is to find out what if a student's self-efficacy affects their attendance rate. Your child will be asked to complete the 35 question Mindfulness-Based Self-Efficacy Scale (MSES). Your child will be asked to circle 0 to 4, depending on whether they agree or not with various statements. Zero (0) would mean that they did not agree at all. Four (4) would mean that they completely agreed. Examples of questions are:

I am able to think about what I am about to do before I act. 0 1 2 3 4

I get easily overwhelmed by my emotions. 0 1 2 3 4

When an unpleasant thought enters my mind, I can cope with it. 0 1 2 3 4

I can feel comfortable around people. 0 1 2 3 4

Even when things are difficult I can feel happy. 0 1 2 3 4

When I have a problem, I tend to believe it will ruin my whole life. 0 1 2 3 4

I can feel uncomfortable around people. 0 1 2 3 4

If you agree to allow your child/student to take part, your child/student will be asked to fill out a Student Assent Form. This form states that your child's participation is voluntary. Your child will be asked to complete the 35 question Mindfulness-Based Self-Efficacy Scale (MSES). The self-efficacy scale will take about ten to fifteen minutes to complete.

Risks and benefits: There are no known risks in this study, and the benefit would be to discover whether or not self-efficacy has any relationship to attendance rates. Studies have shown that attendance rates can be increased by students having mentors, being placed in leadership roles, or having students do volunteer work. This study will allow an investigation into whether or not a high self-efficacy can possibly contribute to increased attendance rates.

Compensation: There is no compensation to you or your child if he or she takes part in the study. Participation is strictly voluntary.

Confidentiality: The records of this study will be kept private. The researcher will only ask for the number of days absent for each participant and the gender of each participant. Your child's name will not be included on any data other than the self-efficacy scale. Once these scores have been matched up with the number of days absent, then all names will be erased. The only person knowing a connection between the self-efficacy scale and the days absent will be the researcher. It will not be possible to figure out your child's name or answers once the names have been erased. Surveys will be kept securely in a locked filing cabinet for three (3) years after this study ends and then be shredded.

Voluntary Participation: Your child's participation in this study is strictly voluntary. Your child may skip any questions he or she doesn't feel comfortable answering. Your decision whether or not to allow your child to take part will not affect your current or future relationship with Austin Peay State University or with your child's school. If you decide to allow your child to take part, your child is free to not do the survey or to skip any questions. You are free to withdraw your child at any time without affecting your relationship with the University or your child's school.

The researcher for this study is Gary Adcock. You may reach Mr. Adcock at 615-384-9845, or adcocgl@yahoo.com. Please feel free to ask any questions you have now or at any point in the future. If you have any questions or concerns about your child's rights as a research subject, you may contact the Austin Peay State University Committee on Human Subjects (UCHS) at 931-221-7414, or you may access their website at <http://www.apsu.edu/cogs/research/research/human.htm>

Please enter your child's name and sign below if you give consent for your child to participate in this study.

Your child's name: _____

Your signature _____ Date _____

This consent form will be kept by the researcher for at least three years beyond the end of the study and was approved by the APSU's Institutional Review Board on April 17, 2008.

Dear Members of the APSU Institutional Review Board:

Mr. Gary Adcock from the School of Education at Austin Peay State University is conducting a research study entitled School Attendance and Self-Esteem of Students with Disabilities. The purpose of this research is to find out if I agree, somewhat agree, or completely agree with 35 statements about how I feel about myself. I will be given statements **such as**

- (1) I am able to think about what I am about to do before I act;
- (2) When an unpleasant thought enters my mind, I can cope with it;
- (3) I get easily overwhelmed by my emotions;
- (4) I know that my thoughts don't have the power to hurt me;
- (5) If something needs to be done, I am able to complete it within a reasonable time;
- (6) Seeing or hearing someone with strong emotions is unbearable to me;
- (7) It is often too late when I realize I overreacted in a stressful situation;
- (8) I believe that I can make my life peaceful;
- (9) I can face my thoughts, even if they are unpleasant; and
- (10) I can deal with physical discomfort.

Some of the questions ask about mildly sensitive issues, for example, I am often in conflict with one (or more) family members, but I do not have to answer any questions if I feel too uncomfortable. Some of the questions may make me uncomfortable or upset, but I can leave any question blank that I do not wish to answer or to stop participating at any time. In addition, my responses will only be seen by Mr. Adcock, and once he has written down the number of absences I had in school this year, he will erase my name so that it will not appear anywhere. No one will be able to determine how I responded to the questions. My name would never be used, and my responses could never be tracked to me.

I understand that my parents have given permission for me to take part in this project. I am participating in this study because I want to. I am under no obligation to participate, as it is completely voluntary. If I choose not to participate, or if I initially agree but change my mind before I participate, this will not in any way affect my status in my school or group or with Austin Peay State University.

Also, I understand that this study is being made available through my home room class and that Mr. Adcock will be collecting my parent/guardian permission form and my assent form and then giving me the survey on a one-to-one basis. Mr. Adcock has informed me that I am under no obligation to participate in this study and has not coerced me in any way whatsoever to participate. My participation is strictly voluntary.

If I have any questions concerning the research study, I can contact Mr. Adcock at 615-384-9845 or by email at adcocgl@yahoo.com;

If you agree to participate, please sign below:

Signature _____
Name _____

Date

**THE AUSTIN PEAY STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD HAS
VIEWED THIS PROJECT FOR THE PROTECTION OF HUMAN PARTICIPANTS IN
RESEARCH 931-221-7414.**

APPENDIX D

MSES Survey

MINDFULNESS-BASED SELF EFFICACY SCALE[®] (MSES)

61

Bruno A. Cayoun & Janet Freestun,
University of Tasmania

NAME..... DATE..... Session/Week No.....

Circle one number in the shaded column according to how much you now agree or disagree with each statement below, using the following scale:

Not at all A little Moderately A lot Completely
0 1 2 3 4

Try not to spend too much time on any one item. There are no right or wrong answers.

1. I am able to think about what I am about to do before I act	0	1	2	3	4
2. When an unpleasant thought enters my mind, I can cope with it	0	1	2	3	4
3. When I relax, I can feel sensations in my body	0	1	2	3	4
4. I get easily overwhelmed by my emotions	0	1	2	3	4
5. I find it difficult to make new friends	0	1	2	3	4
6. I try to avoid uncomfortable situations even when they are really important	0	1	2	3	4
7. I am aware when I am about to do something that could hurt me or someone else	0	1	2	3	4
8. Stopping myself from engaging in unwanted or hurtful behaviours is very difficult	0	1	2	3	4
9. I know that my thoughts don't have the power to hurt me	0	1	2	3	4
10. When I am stressed, I am aware of unpleasant body sensations	0	1	2	3	4
11. When I feel very emotional, it takes a long time for it to pass	0	1	2	3	4
12. I feel comfortable saying sorry when I feel I am in the wrong	0	1	2	3	4
13. It is ok for me to feel strong emotions	0	1	2	3	4
14. It is often too late when I realise I overreacted in a stressful situation	0	1	2	3	4
15. If something needs to be done, I am able to complete it within a reasonable time	0	1	2	3	4
16. I get so caught up in my thoughts that I end up feeling very sad or anxious	0	1	2	3	4
17. When I have unpleasant feelings in my body, I prefer to push them away	0	1	2	3	4
18. I believe that I can make my life peaceful	0	1	2	3	4
19. I can resolve problems easily with my partner (or best friend if single)	0	1	2	3	4
20. I can face my thoughts, even if they are unpleasant	0	1	2	3	4
21. I am tolerant with myself when I am repeating old habits that are no longer helpful	0	1	2	3	4
22. My actions are often controlled by other people or circumstances	0	1	2	3	4
23. I get caught up in unpleasant memories or anxious thoughts about the future	0	1	2	3	4
24. I can deal with physical discomfort	0	1	2	3	4
25. I feel I cannot love anyone	0	1	2	3	4
26. I am often in conflict with one (or more) family member	0	1	2	3	4
27. I avoid feeling my body when there is pain or other discomfort	0	1	2	3	4
28. I find it difficult to accept unpleasant experiences	0	1	2	3	4
29. I do things that make me feel good straightaway even if I will feel bad later	0	1	2	3	4
30. When I have a problem, I tend to believe it will ruin my whole life	0	1	2	3	4
31. When I feel physical discomfort, I relax because I know it will pass	0	1	2	3	4
32. Even when things are difficult I can feel happy	0	1	2	3	4
33. I can feel comfortable around people	0	1	2	3	4
34. Seeing or hearing someone with strong emotions is unbearable to me	0	1	2	3	4
35. If I get angry or anxious, it is generally because of others	0	1	2	3	4

Subscale	Item No.	Items to reverse	Raw Score	Scale Score
Behaviour	1.			
	8.	Reversed		
	15.			
	22.	Reversed		
	29.	Reversed		
Cognition	2.		DSE =	
	9.			
	16.	Reversed		
	23.	Reversed		
	30.	Reversed		
Interoception	3.		DSE =	
	10.			
	17.	Reversed		
	24.			
	31.			
Affect	4.	Reversed	DSE =	
	11.	Reversed		
	18.			
	25.	Reversed		
	32.			
Interpersonal	5.	Reversed	DSE =	
	12.			
	19.			
	26.	Reversed		
	33.			
Avoidance	6.	Reversed	DSE =	
	13.			
	20.			
	27.	Reversed		
	34.	Reversed		
Mindfulness	7.		DSE =	
	14.	Reversed		
	21.			
	28.	Reversed		
	35.	Reversed		
			DSE =	
			GSE =	
Name:		Date:		

Gary Lynn Adcock was born in Franklin, Kentucky, October 12, 1981. He grew up in White House, Tennessee and attended school at White House Elementary School, White House Middle School, and White House High School. Gary went on to follow his future bride at Western Kentucky University. Adcock graduated from WKU in 2003 teaching in the Hardeman County School System for two years at Bolivar Middle and Bolivar Elementary School each for one year. The Adcock Family moved to Springfield, Tennessee when they were blessed with the addition of a son to the family. Gary L. Adcock taught three years at Springfield High School. Springfield Middle School is the new home for Mr. Adcock where he teaches students with moderate to severe disabilities.