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THE INFLUENCE OF DIAGNOSTIC LABELS, GENDER, AND ETHNICITY
ON TEACHER PERCEPTIONS, EXPECTANCIES, AND ATTRIBUTIONS:
A CONSIDERATION OF
CLOSURE, ACCEPTANCE, AND STIGMATIZATION

BY
DEANNA RAE VOISINE, M.A.

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
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IN PSYCHOLOGY

UNIVERSITY OF RHODE ISLAND

2009

Abstract

The present study sought to determine the impact of diagnostic labels, gender, and ethnicity on teachers' perceptions, expectancies, and attributions. Following a pilot study to determine if the measure had adequate reliability, approximately 3630 instructional letters were distributed to 65 schools in Rhode Island, Connecticut, and Massachusetts. The Teacher Attitude and Attribution Scale (*TAAS*; Voisine, 2008), a 42 item questionnaire, measured teachers' perceptions, expectancies, and attributions (for parent/family factors, student factors, and teacher/school factors) for a hypothetical student. Vignettes at the start of the questionnaire detailed the student's behavioral problems and had the student's gender (male/female), ethnicity (Hispanic/Caucasian), and diagnostic label (anxiety disorder/ conduct disorder/ learning disability/ no label) manipulated. Three questions on the *TAAS* assessed the degree to which labels provide a sense of closure, acceptance, or stigmatization. It was hypothesized that a) students with a diagnostic label would be perceived more negatively, would have lower expectations from teachers, and would have different attributions from teachers than non-labeled students, b) that minority students would be perceived more negatively, would have lower expectations from teachers, and would have different attributions from teachers, and c) that teachers would have different perceptions, expectations, and attributions for male students and female students. Results revealed no differences between labeled and non-labeled students, and no gender differences were found. Results also indicated no differences in teachers' expectations or attributions for minority students, but revealed that Hispanic students were perceived significantly more positively than Caucasian students. This

study also explored the possible meditational role of students' gender and ethnicity on teachers' perceptions and expectancies, however a meditational relationship was not found. Teachers reported the highest rating for the stigmatizing effect of labels, followed by closure, then acceptance. Teachers most often attributed a child's behavioral difficulties to student factors, followed by family factors, then school factors. Limitations and suggestions for future research are discussed.

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The Influence of Diagnostic Labels, Gender, and Ethnicity
on Teacher Perceptions, Expectancies, and Attributions: A Consideration
of Closure, Acceptance, and Stigmatization

Introduction

Statement of the Problem

Diagnostic labels can influence the perceptions and expectations that teachers hold for their students (Ho, 2004). The existing literature in this area contains gaps and inconsistencies that the present study attempted to address. As Fernald and Gettys (1980) noted, “a review of labeling studies reveals that many are flawed and inconclusive” (p. 229). No studies exist that examine the potentially moderating role that gender and ethnicity play in teachers’ perceptions, attributions, and expectancies of children with different diagnostic labels. Furthermore, few studies examine the negative and positive aspects of labeling, and this issue warrants scientific inquiry (Lauchlan & Boyle, 2007). The importance of a positive school experience (Silberman, 1971) and the impact that teachers can have on their students (Hepperlen, Clay, Henly, & Barke 2002) elucidates the need for the current study.

Purpose of the Study

The experiences that children have in school can have a lasting influence. The perceptions of teachers and their attributions for student behavior can affect their expectancies and subsequent behavior towards students, ultimately having a positive or negative influence on these students (Weisel & Tur-Kaspa, 2002). There are several manners that teachers can differentially behave towards students, including

providing more attention, feedback, and praise (Hepperlen et al., 2002). Some have found that these differential behaviors have more of an impact on minority students and low achievers (Jussim, Eccles, & Madon, 1996; Smith, Jussim, & Eccles, 1999). Specifically, when teachers provide less reinforcement to minority students, these students may develop lowered self-esteem, and their achievement may be influenced by self-fulfilling prophecies (Madon, Jussim, & Eccles, 1997).

Stigma refers to the negative views that result from being a member of a deviant group, with most personal attributes being interpreted based on this group membership (Hinshaw, 2005). Stigma has been found to affect overall quality of life, mostly through its' impact on the self-concept (Markowitz, 1998). Labeling practices may result in stigmatization, and stigma often results in enduring negative consequences (Link et al., 1997). Sherif (1958) found that unfavorable opinions can be formed based on stereotypes of certain groups, which may apply to those who are labeled with a disability. Stigmas include psychological and social processes, since society often governs what is considered 'normal' (Hinshaw, 2005). Teacher perceptions, expectancies and attributions are rooted in social psychological theory, since attributions, bias and stereotypes, and the social context of individuals within their environment are social phenomena.

The History of Diagnostic Labels

Labeling is a common human phenomenon that is a component of information processing (Koonce et al., 2004) and social categorization (Armstrong, 2002). There are both positive and negative effects of labels. Labeling can result in stigmatization (Hinshaw, 2005) and may relate to lowered expectations (Carroll & Repucci, 1978),

but it can also facilitate communication (McPherson & Armstrong, 2006), guide treatment (Hinshaw, 2005), and allow for additional resources for students (Lauchlan & Boyle, 2007). Labels have been used to describe those with mental illnesses, cognitive dysfunction, and academic difficulties for centuries, and terms such as ‘imbecile’ (Van Drenth, 2005a), ‘feeble-minded’, ‘idiot’ (Van Drenth, 2005b), and ‘mentally defective’ (Read, 2004) have been commonplace, for example, children who today would likely be labeled as learning disabled would have been labeled ‘insane’ in the mid-19th century (Hallahan & Kauffman, 1977).

Institutionalization was the standard treatment for the mentally ill in the eighteenth century, and various mental illnesses were considered under one diagnostic category (Van Drenth, 2005b). The considered causes of mental illnesses at this time ranged from an “underdeveloped will and dormancy of the senses” to demonic possession (Van Drenth, 2005b, p. 154). The special education movement began in Europe in the eighteenth century with schools for deaf children (Armstrong, 2002). The person most often associated with the onset of special education is Jean Marc Gaspard Itard, who worked with Victor “the Wild Boy of Aveyron” (Boston University, 1979). Through his work, Itard established the framework for individualized (special) education, which had a humane and scientific focus.

In America, Samuel Gridley Howe was influential in obtaining funding for the education of children with mental retardation. These children were housed with the blind and deaf-blind children at the Perkins Institution in Massachusetts (Smith, 1998). The first special classes are reported to have begun in 1875 in Ohio, and within a decade most American cities had self-contained units in schools for teaching

handicapped children (Boston University, 1979). Early in the nineteenth century, population statistics began to emerge, which led to increased classification systems. Measure of intellectual capacity was primarily conducted by phrenologists and physiognomists, who measured the skulls of individuals in an effort to determine the size of their mind (Van Drenth, 2005a). An increasing emphasis on the humane treatment of mentally ill individuals led to further classifications of disabilities in an effort to tailor interventions in asylums and psychiatric hospitals (Van Drenth, 2005a). Gradually, new methods of measurement were derived to determine the mental capacities of individuals. Binet and Simon were pioneers in the movement towards intelligence tests, and standardized psychometric assessments are still used to classify individuals (Van Drenth, 2005a).

In 1910, the first White House Conference on Children was held, with the goal of establishing programs for children with special needs (Smith, 1998). As a result of this conference, there was a gradual movement from institutions to segregated classes that were being formed in public schools. From this point until 1930, there was an increase in the creation of special classes and services in public schools. The Great Depression, however, resulted in the decline of these classes due to financial difficulties. Compulsory attendance laws early in the twentieth century began to change the treatment of children with disabilities in the field of education. Since the Tenth Amendment of the Constitution dictates that education is the responsibility of states, these laws were an effort to provide equality of educational experiences regardless of where one lived. Equal education opportunities were advocated for by parents of children with disabilities beginning in the 1960s (Yell, Rogers, & Rogers,

1998).

Despite of the compulsory attendance laws enacted in all states as of 1918, children with disabilities were excluded from public schools, and this practice was supported by the courts. *Watson v. City of Cambridge* (1893) and *Beattie v. Board of Education* (1919) supported the exclusion of students with disabilities. In the first case, the Massachusetts Supreme Judicial Court ruled that a child who was a burden to the teacher or a distraction to other students, or who was “weak in mind” and unable to take care of himself, could be expelled from school. In the second case, a child who had facial contortions and a drooling condition was expelled because he took up too much time in the classroom and made the teacher feel sick (Yell et al., 1998).

Several political and legislative movements led to the enactment of laws regarding the education of children with disabilities. The Civil Rights Movement of the 1950s and 1960s led to litigation aimed at providing equal opportunities for all people, regardless of their race or ethnicity. *Brown v. Board of Education* (1954) was a pivotal case that ultimately influenced educational law as well as civil rights action. Since segregation of minorities resulted in unequal educational experiences, segregation of those with disabilities was also seen as a violation of constitutional rights (Smith, 1998). Citing this case, parents began a major advocacy movement for children with disabilities and had a tremendous impact on legislation. Advocacy groups that had previously been focused at the local level banded together at the national level at this time, and these interest groups provided much information and support to Congress on relevant legislation (Smith, 1998). Groups such as the National Association for Retarded Citizens, the Council for Exceptional Children, the

Association for Persons with Severe Handicaps, and other advocacy groups helped the field of special education to make great progress. Even the label of 'disability' began to be used in an effort to reduce the emphasis on personal defects (Norwich, 1999).

Several class action suits have also been highly influential in the equal opportunities for students with disabilities. In *Pennsylvania Association for Retarded Citizens (PARC) v. Pennsylvania* (1972), it was argued that students with mental retardation were not being provided with a publicly supported education, therefore violating their rights under the Fourteenth Amendment. The outcome of this class action suit was that all children between six and 21 years of age with mental retardation must be given a free public education that is most similar to their nondisabled peers (Smith, 1998). *Mills v. Board of Education* (1972) was filed by parents of children with several disabilities who argued that their children were excluded from school without due process. The court mandated that the children must be provided with a free, public education and it also outlined due process procedures for labeling and placement decisions for students with disabilities (Smith, 1998). Following these court decisions, many more cases were filed and had consistent outcomes for the right to education. Most states subsequently passed laws to ensure that all students, particularly those with disabilities, received a public education. The variability in the laws between states led to increased federal involvement.

Several social policies helped to support the advocacy movement for people with disabilities. Section 504 of the Rehabilitation Act of 1973 helped to safeguard public services and education for those with handicaps. President Nixon signed this Act into law, and this was the first legislation geared to protect those with disabilities

against discrimination (Smith, 1998). This law did not initially include what these specific protections were. Section 504 was therefore amended in 1974 by the Education Amendments, which pertained to the Elementary and Secondary Education Act of 1965, and required states to set goals of providing educational experiences for children with disabilities, specified due process procedures, addressed the topic of the least restrictive environment, required the establishment of the National Advisory Council on Handicapped Children, and it also addressed the needs of children classified as gifted and talented (Smith, 1998). Ultimately, Section 504 serves to prohibit agencies that receive federal funds from discriminating on the basis of a handicapping condition. The Rehabilitation Comprehensive Services and Developmental Disabilities Act of 1978 also helped to extend civil rights protection to those with disabilities.

Perhaps most influential to current educational policies and practices, Public Law 94-142 mandated that all students have a free, appropriate education (FAPE), regardless of disability (McGrath, Johns, & Mathur, 2004) and provided federal funds to help states do so (Smith, 1998). Prior to this law, services were not guaranteed for children with disabilities. P.L. 94-142 was a result of many court cases, especially the *PARC* and *Mills* cases, where parents of children with disabilities tried to gain equal access to education for their children (Itkonen, 2007). First enacted in 1975, the Education for All Handicapped Children Act (EAHCA) required that all states receiving federal funds ensure that all children, including those with disabilities, receive a FAPE from six to 18 years of age (Smith, 2000). Children younger (birth to six) and older (18 to 21) than this mandate were under state discretion. Also included

under the EAHCA were the mandates that all children with disabilities had the right to be educated in the least restrictive environment, to have procedural due process, and to have nondiscriminatory testing and placement procedures. The EAHCA also initiated the Individualized Education Plan (IEP), where all goals, objectives, and evaluation criteria are outlined (Smith, 1998). Amendments added to this law created a Transition Program (P.L. 98-199 in 1983), and Part H of the Education of the Handicapped Act of 1986 (P.L. 99-457) created early intervention programs for infants and toddlers (Florian, 1995).

Increased federal involvement ensured that children would receive necessary services, regardless of their jurisdiction. Part H of the Education of the Handicapped Act also shifted the view to that of prevention rather than just intervention, and sought to include all children considered at-risk, rather than just those who had been categorically labeled (Florian, 1995). Amendments in 1990 led to the EAHCA being renamed the Individuals with Disabilities Education Act (IDEA). IDEA was reauthorized most recently in 1997, and the alterations to this law included the provision of the least restrictive environment, in an effort to prevent the isolation of children with special needs. This legislation currently requires the use of diagnostic labels for special education eligibility (and was a major contributor to the codification of categories of exceptionality), and these decisions are made by multidisciplinary teams. The 1997 amendments to IDEA that were signed by President Clinton into law (P.L. 105-17) included the inclusion of students with disabilities in state assessments, the presence of a regular education teacher at IEP meetings, changes in IEPs that entailed measurable goals and short-term benchmarks, specific disciplinary guidelines,

and the use of mediation to resolve parental disputes. Revisions of IDEA in 1990, 1999, and 2004 included different diagnostic labels to be included under special education, including autism, traumatic brain injury, attention deficit-hyperactivity disorder, and Tourette's Syndrome (Itkonen, 2007). In 2004, President Bush signed into law the most recent revisions of IDEA, and increased the focus on accountability (Yell, Katsiyannas, & Shiner, 2006). IDEA 2004 also was an attempt to align IDEA with the No Child Left Behind Act (NCLB, 2001).

The No Child Left Behind Act (NCLB) is a public education law that is the most recent reauthorization of the Elementary and Secondary Education Act. NCLB has been said to be "arguably the most significant piece of federal education legislation in history" (Yell et al., 2006, p. 32). With its emphasis on the outcomes of teaching, NCLB is primarily an accountability law for schools, and seeks to increase the achievement of American students in reading and math. Affecting both students in general and special education, NCLB mandates measurable milestones, or adequate yearly progress, for all schools (Yell et al., 2006). NCLB also requires that teachers be qualified and that federal funds are used on research-based programs that have been proven effective. States are required to set their own standards, and all students are to be proficient by the 2013-2014 school year. Students with disabilities are included in these assessments and most are held to the same standards as their nondisabled peers (Yell et al., 2006). Schools that do not meet standards are at risk of losing federal support.

Labels can be both official and unofficial, and their use reflects predominant social processes (McPherson & Armstrong, 2006). Whereas in the medical field,

diagnoses are typically based on underlying pathology and observable physical symptoms or characteristics, with mental illnesses, the symptoms are often not observable and may vary in their presentation and interpretations. Differences in the diagnosing of various mental illnesses (whether in different cultural areas or by different practitioners) resulted in the creation of diagnostic manuals. These manuals codified the classification of disorders, and were vital to the medical field when death rates were recorded.

The International Classification of Disease (ICD) standardized the causes of death and subsequent revisions included mental illness (McPherson & Armstrong, 2006). The Diagnostic and Statistical Manual of Mental Disorders (DSM) was produced by the American Psychiatric Association in 1952, and revisions of this manual have coincided with revisions of the ICD. The DSM III included a multiaxial system which incorporated a biopsychosocial model (McPherson & Armstrong, 2006). Although both manuals facilitate communication among professionals in various fields, they do not specify all terms related to different diagnoses. Their primary purpose is to report statistics to the World Health Organization and to guide reimbursement for insurance. The DSM is influential in mental health care, and has “remedicalized” psychiatry (Rogler, 1997, p.9).

An examination of the historical changes in the DSM reveals influential factors in the historical changes of labeling processes. From its original version in 1952 to its current version, the DSM has grown in size tremendously and has undergone paradigm shifts. The number of diagnostic categories has more than tripled since the first manual (Rogler, 1997). Diagnoses evolve from professional conceptualizations

of the mental illnesses, and as these conceptualizations change over time, the diagnoses do as well. Through altering theoretical orientations, the DSM gradually came to eliminate etiological assumptions of diagnoses. Descriptive diagnostic criteria were included in later revisions, in an effort to specifically describe the symptoms of different mental illnesses. In addition, the number of disorders has increased due to the discovery of new disorders, and due to the differentiation of previous disorders into several subtypes (Rogler, 1997). However, a few diagnoses have been eliminated or have been converged with other disorders. It has been hypothesized that the paradigm shift in the DSM III was due to “neo-Kraepelinian” psychiatrists who were influential in American society at the time, and who advocated for psychiatry to re-align with the medical model (Rogler, 1997).

In the 1970s, the phrase ‘special educational needs’ began to be utilized in the educational system in an attempt to use words with a more positive connotation (Norwich, 1999, p. 180). Legislation up to that time gradually increased and required the classification of disorders, and in the 1970s, there was a countermovement that sought to stop this classification and labeling (Lieberman, 1980). This noncategorical movement has led to current trends in response to intervention, and inclusion, and has resulted in a slight reduction in labeling practices (Lieberman, 1980). Within the United States Office of Education, the Bureau of Education for the Handicapped (BEH) changed its funding policies from funding only specific disability categories to noncategorical grants (Lieberman, 1980). Labels are continuously being modified, created, and altered, however, to reflect current research and practice, and major legislation such as P.L.94-142 maintains a categorical approach with diagnostic labels.

Social processes such as the revisions of diagnostic manuals, the discovery of effective psychiatric drugs, mental health policies, cultural changes, professional reclassifications, laws and legislation, tensions between different etiological frameworks (biological versus psychoanalytic), political arrangements (Holman & Caston, 1987) and trends such as the increased use of community-based mental health care (McPherson & Armstrong, 2006; Norwich, 1999) impact the use of diagnostic labels. Macro-level processes such as power relations and value conflicts also influence the use of diagnostic labels in the mental health community (Holman & Caston, 1987). For example, some organizations (including schools and juvenile justice organizations) favor less severe diagnoses whereas others (including adult criminal justice organizations) favor more severe diagnoses. The referral source for the clients may have a different value system, and therefore there may be interorganizational value conflicts (Holman & Caston, 1987). These contextual events must be considered when looking at the historical bases of diagnostic labels. As stated by Armstrong (2002), “the processes which underpin the labeling and repartitioning of people across institutions derive from power relations and values in society” (p. 454). Labels have both cultural and historical relevance, and trends in labeling are an indicator of the mental health environment, professional ideals and theoretical frameworks, and the research base of the time.

Early Labeling Studies

In a seminal study on the impact of labels on person perception, Asch (1946) found that by simply altering the words “warm” and “cold”, with all other adjectives held constant, peoples’ first impressions of an individual were greatly altered.

Following this study, Kelley (1950) provided further evidence of the impact of a label on perceptions. In his study, written descriptions of a substitute teacher were given to students, with either the word “warm” or “cold” added. Student interactions with the teacher were documented, and at the end of class all participants completed a questionnaire rating several dimensions of the teacher. Those who were in the “warm” group rated the teacher significantly higher on all positive variables and also interacted more with the teacher during the class than the “cold” group based on a Likert-type scale and behavioral observations.

The impact of diagnostic labels on the perceptions and attitudes of others has been extensively studied. Three dimensions of attitudes frequently cited in the literature are the affective component, which includes underlying feelings and emotions; the behavioral component, which are actions taken towards a particular subject; and the cognitive component, which refers to thoughts, ideas, and perceptions (Antonak & Livneh, 1988). Because perceptions that are held by individuals may have a tremendous influence on behavior, this is an important area for research.

Labeling can cause stigmatization for the children and their families (Foster, Schmidt, & Sabatino, 1976) and can cause negative views from educators (Algozzine, 1981; Batzle, 2007; Foster & Ysseldyke, 1976; Foster, Ysseldyke, & Reese, 1975; Fox & Stinnett, 1996; Gillung & Rucker, 1977; Koonce et al., 2004; Sorensen, 2003; Ysseldyke & Foster, 1978). Diagnostic labels may result in specific treatment based on the label rather than the strengths and needs of the child, and it may result in errors in teachers’ judgment (Stevens, Quittner, & Abikoff, 1998). This labeling bias can result in lower expectations as a result of the diagnostic label given to a student

(Koonce et al., 2004).

Labeling also places a focus on deviancy, is associated with misidentification, and is biased against minority children (Foster et al., 1976). Research has found that there is a significantly disproportionate number of minority students in special education (Mandell et al., 2008; Valenzuela et al., 2006). The process of labeling also introduces the risk of self-fulfilling prophecies, where one person's expectancies of another person's behavior become the other person's actual behavior. Research has revealed that self-fulfilling prophecies can actually cause behavioral problems (Fernald & Gettys, 1980). Expectations may be behaviorally expressed intentionally or unintentionally by teachers (Neuberg, Judice, Verdin, & Carrillo, 1993) and they may result in behavior that is related to a diagnostic label and not to actual deficiencies (Foster & Ysseldyke, 1976). Labeling often "leads to differential interaction styles" by adults (Maniadaki, Sonuga-Barke, & Kakouros, 2003, p. 438). Research has found that children as young as 6 years of age are able to perceive differential treatment towards students (Hepperlen et al., 2002). For example, poor expectations and negative stereotypes may result from the label and not from actual behavior (Foster & Ysseldyke, 1976; Koonce et al, 2004). There is also an increased risk for lower self-esteem, poor adjustment, and peer rejection for those given diagnostic labels (Fernald & Gettys, 1980). Misclassification is an added risk (Lauchlan & Boyle, 2007).

On the other hand, there can be beneficial aspects of labeling. For example, labeling has the potential to explain the origin of difficulties, to facilitate communication, to offer suggestions for future actions, to make services available (Burk & Sher, 1990), and to raise awareness (Lauchlan & Boyle, 2007). Diagnostic

labels may also elicit more helpful and tolerant attitudes (Lauchlan & Boyle, 2007).

Labels also provide a level of understanding for a problem and a sense of closure, in what is referred to as the closure hypothesis (Fernald & Gettys, 1980). Closure refers to a sense of relief that results from understanding the cause of behavioral or academic difficulties (Fernald & Gettys, 1980). For example, Fernald and Gettys (1980) recruited college students and assigned them to a treatment or a control group in order to investigate the impact of using the label "learning disabled". Both groups watched a videotape of a simulated interview between a parent and a mental health worker. For the control group, a second portion of the video had the mental health worker talking about the child without labels, whereas the treatment group watched an identical video with the exception that the mental health worker repeatedly used the words "specific learning disability."

Participants completed a survey that assessed closure, future prognosis, and traits of the child described in the video. No significant differences were reported between the groups on prognosis or desirable traits, but the treatment group did have a significantly higher rating of closure than the control group. While experimentally manipulated, this study was limited by its sample of psychology undergraduate students. This population may not have the same belief system as parents. To address this limitation, the authors conducted a second experiment with parents recruited from local child service agencies. They were asked to complete questionnaires which assessed closure, acceptance of the child, future prognosis, and degree of labeling. The items measuring degree of labeling were not clearly defined, but results indicated that labeling was positively correlated with both closure and acceptance.

Dividing the parents into those with a child who had been given a label and those who had not, it was discovered that those parents whose child had been given a label had higher ratings of closure and acceptance. The sampling procedure in this second study may be a limitation in that these parents may have had different experiences than parents recruited more generally from the population. In addition, they were not randomly assigned to a labeling condition, and the number of participants in the label versus no-label groups was largely discrepant. Furthermore, of 173 questionnaires, only 48 were usable. This is a disproportionately low number. Also, this study only used correlational analyses, which do not allow for exploration of causality. One major flaw in the interpretation section of this study pertained to the authors' use of the term "behavior disorder" in reference to children with dyslexia, mental retardation, and hyperactivity. They were not actually diagnosed as behavior disordered, and confusion of these diagnostic terms can lead to interpretation difficulties.

The negative influence of labels was explored in relation to children whose parents were alcoholics (Burk & Sher, 1990). For example, in the first of their experiments, high school students rated teenagers described only as male or female, mentally ill or not, and child of an alcoholic or not, on many bipolar adjectives. Those labeled as children of alcoholics were rated significantly different from the other children on the adjective scale which included descriptive words such as sad/happy, weak/strong, inactive/active, and so on. In the second of their experiments, mental health workers watched videotapes of an adolescent that was described as having alcoholism in the family or not, and as being a school leader or as having behavior

problems. All other descriptions were held constant. Those who were described as having a family history of alcoholism were rated more negatively on the adjective scale than the child without this description, regardless of the behavioral description. There were also significant interactions between gender and behavioral label. Specifically, when labeled with behavioral problems, males were rated as less pathological than females. Furthermore, when labeled as class leaders males were rated as less pathological than females. The authors noted that the negative influence of labeling was true for both peers and mental health professionals, with clear ramifications of these stereotypes. While this study did use an experimental design allowing for greater confidence in the findings, in their second study mental health professionals viewed the videotape either in a group or individually. To increase consistency and contribute to internal validity, it may have been better to have a uniform procedure, either having all participants be a member of a group, or having them all view the video individually.

Gender Considerations

Several researchers have examined the impact of gender on various dimensions of academic functioning. Martin and Williams-Dixon (1994) noted that within educational settings, there is often social distancing from those of a different gender, race, or age due to stereotypes and negative perceptions. Smith and Niemi (2007) examined teacher perceptions of boys in kindergarten, with a focus on the height and weight of children. Data from the 1998 Early Childhood Longitudinal Survey was analyzed and it was discovered that teachers perceived smaller boys as having less academic abilities (Smith & Niemi, 2007). This gender bias can influence student

outcomes since teachers act out their beliefs about their students in their interactions with them. If a child perceives that a teacher views them in a negative light, they may act accordingly (Smith & Niemi, 2007).

The influence of the gender of a child with disruptive behaviors on teacher perception has also been explored (Maniadaki et al., 2003). Nursery school teachers in training in Athens, Greece completed a version of the Parental Account of the Causes of Childhood Problems Questionnaire. It was discovered that the gender of the child affected the judgments of typicality of behavior problems (with the problem behaviors rated as less typical for females), but not the severity of the behavior problems. Actual prevalence rates for “disruptive behaviour disorders,” which includes attention deficit-hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD) are higher for males than for females (Maniadaki et al., 2003, p. 433). There are also different manifestations of these disorders in males and females, and boys generally experience an earlier onset and greater persistence of symptoms. The authors suggested that gender stereotypic beliefs often influence both parent and teacher perceptions of children.

Gender bias was further explored by Tiedemann (2002). Students from elementary schools in Germany were assigned to high, medium, and low performance groups for math. Teachers then completed questionnaires designed to measure math ability and effort of students in their classes. In this study, teacher perceptions were found to be consistent with gender stereotypes, and they influenced ratings of academic competence and effort in math. Stereotypes influenced attributions for the medium and low performing groups but not the high performing group of students,

showing that actual student performance had a moderating effect. The author speculated that stereotypes help to reduce uncertainty, and those with low or medium performance therefore would be the population judged based on these beliefs.

Tiedemann (2002) examined different gender stereotypes in math performance held by teachers and parents. They found that teachers rated math as more difficult for girls than for equally achieving boys, and they attributed failure to girls' ability more than to effort. Parents attributed successful math performance to girls' effort, while they attributed successful performance to boys' talent. Tiedemann's (2002) study found that students' gender influenced teacher perceptions of academic competency.

Ethnic Considerations

Ethnicity has also been examined with respect to the effects of labeling on teacher perceptions and expectations. For example, Tenenbaum and Ruck (2007) conducted four meta-analyses (with 39, 15, 11, and 10 articles, respectively) of studies in this area, and found that teachers had the highest expectations for Asian American students. Furthermore, expectations were higher for European American students than for African American or Latino students as assessed by a separate meta-analysis. Fewer negative referrals (including referrals for special education) and greater positive referrals (including referrals for gifted programs) existed for European American students than all minority groups, and teachers were reported as giving these students more questions and encouragement in class than other students. The authors reported that teachers' perceptions can influence students' performance through self-fulfilling prophecies. Likewise, lower academic performance demonstrated by students can elicit lower expectations for them by teachers.

The influence of student ethnicity on judgments of ADHD symptoms, and the relationship of teacher ethnicity to these judgments was explored by Dominguez de Ramirez and Shapiro (2005). Hispanic and White teachers watched videotapes of a Hispanic child or a White child and rated their hyperactive and inattentive behaviors on the *Attention Deficit Hyperactivity Disorder Rating Scale-IV School Version* (ADHD-IV; DuPaul, Power, Anastopoulos, & Reid, 2000; cited in Dominguez de Ramirez & Shapiro, 2005). They also completed the *Short Acculturation Scale for Hispanics* (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987; cited in Dominguez de Ramirez & Shapiro, 2005). Hispanic teachers rated these behaviors significantly higher than White teachers for Hispanic, but not White, students. When acculturation was taken into consideration by statistically including this factor as a covariate in a MANCOVA, these differences disappeared and were no longer significant. There was no interaction between the student and the teacher ethnicity. This study demonstrates the importance of taking cultural context into account when examining teachers' perceptions. Perceptions of what is normal or abnormal behavior will vary depending on where these behaviors occur. In their discussion, the authors noted that acculturation had a mediating effect on the ratings, however, no meditational analyses were conducted.

Perceptions, Expectancies, and Disabilities

Research indicates that there is often a "strong negative perception of individuals labeled 'mentally ill,' and this perception is present even in the absence of any evidence of deviant behavior" (Burk & Sher, 1990, p. 158). The importance of teacher perception is widely recognized. There is an established relationship between

teacher expectancies of students and the academic performance of these students (Foster et al., 1976). Lower teacher expectancies may result in lowered academic performance in students as well as lowered self-efficacy (Hepperlen et al., 2002). Students who are aware of low expectations held by teachers often experience lower motivation and less identification with the school (Alvidrez & Weinstein, 1999). Good and Nichols (2001) examined expectancy effects in school through a review of the literature and found that when students are perceived as less capable, their resulting behaviors may have the effect of widening the gap between these students and those who are high achievers.

The relationship between teacher perceptions and later student achievement was explored by Alvidrez and Weinstein (1999). They found that for both naturalistic and experimental studies, there is clear support for teacher expectancy effects on subsequent academic performance in students. In their longitudinal study which utilized previously collected data, they found that students of higher socioeconomic status, and those perceived as more independent and assertive, were rated more positively by teachers than those of lower socioeconomic status and those perceived as more immature. Based on ratings on the California Child Q-Set (CCQ; Block & Block, 1980; cited in Alvidrez & Weinstein, 1999), they noted that student gender, race, and socioeconomic status influence teacher judgments, and these judgments have the potential to become self-fulfilling prophecies in students. However, actual student performance also leads to teacher judgments, as do personality and behavioral characteristics.

Research has demonstrated a clear link between teachers' judgments about

students and their subsequent expectations for students. Teachers' expectations can influence both the psychological and intellectual performance of their students (Rosenthal & Jacobsen, 1968). For example, when identified as "intellectual bloomers" to a randomly assigned group of teachers, students exhibited an academic advantage a year later, as compared to a group of teachers who did not receive this positive biasing information. This "Pygmalion effect" has been studied for years, and some have reported a reverse effect (Babad, 1977). In Babad's (1977) study, children with mental retardation were found to perform worse when teachers had higher expectations for them and had performed an intervention designed to help them. Weinstein, Marshall, Sharp, and Botkin (1987) also examined the Pygmalion effect. Students as young as in the first grade were able to detect differential treatment from teachers. While "student effects on teachers may be as likely as teacher effects on students" (p. 1092), teacher expectancies can shape the expectations that students hold for themselves.

Studies have examined teacher expectancies in relation to several diagnostic labels. Teacher expectancies and the label of learning disability were explored by Foster et al. (1976). In their study, two groups of 22 elementary school teachers watched a videotape of a boy; the control group (the "normal expectancy condition") was told that the child was normal, while the treatment group (the "low expectancy condition") was told that the child was learning disabled (p. 59). The treatment group rated that child more negatively on a referral form (that was developed by the Model Learning Disabilities Systems of Pennsylvania) than the control group. Several potentially problematic areas were included on the referral form including language,

attention, and personality. The authors concluded that the label “learning disabled” caused more negative expectancies in teachers, which could be detrimental to the child. They suggested that the label generated a bias which influenced the teachers’ perceptions of the child’s behaviors.

Learning disabilities were also examined by Vogel, Fresko, and Wertheim (2007), who explored the perceptions of tutors and tutees in relation to the diagnosis of a learning disability in Israel. The authors noted that students diagnosed with learning disabilities often reported feeling unsure about how their disability affects their learning, they often perceived themselves as having lower social or academic competence, and they reported that others often react negatively to their disability. Factors related to the child are often cited as the cause of students’ difficulties in school. In Japan, however, parents and teachers are cited more often as the cause of these academic and social difficulties (Kataoka, van Kraayennoord, & Elkins, 2004).

The perceptions of teachers and principals of students with learning disabilities were examined by Kataoka et al. (2004). One hundred and twenty eight principals and 123 teachers in Japan completed surveys which assessed the perceptions and attributions of academic difficulties. It was discovered that teachers were often confused about the concept of learning disabilities. Principals and teachers viewed teacher factors as the primary cause of learning difficulties. Cultural differences were noted in the identification of the disorder and the associated difficulties. Research has found that American teachers identify a larger number of students as learning disabled, and perceive these students as having areas of weakness in reading, writing, and studying. Japanese teachers perceive these students as having an area of weakness in

social skills. In an alarming and perhaps misguided interpretation of their data, the authors noted, “it could be said that if teachers had ample time for each student, students would not have learning disabilities” (Kataoka et al., 2004, p. 170).

Teacher perceptions were further examined in relation to cognitive difficulties (Roach, Elliot, & Berndt, 2007). Roach et al. (2007) reported on the need for both regular and special educators to be trained on different disabilities and including students in the classroom. Teacher perceptions related to ADHD were explored by Havey, Olson, McCormick, and Cates (2005). Because teachers are the most frequent referral source, their perceptions of hyperactive or inattentive symptoms is important. In this study, 52 elementary and middle school teachers completed a survey of ADHD (adapted from Glass & Wegar, 2000; cited in Havey et al., 2005) and two *ADHD Rating Scales* (*ADHD Rating Scale-IV School Version*; DuPaul et al., 1998; cited in Havey et al., 2005) on the third male and seventh female on their class rosters. The student’s ethnicity, gender, and age were also reported. It was found that males and Whites had higher ratings on the ADHD scale than females and Hispanics, most teachers believed ADHD to be due to biological-chemical factors, and teachers with larger class sizes rated a higher incidence of the disorder than those with smaller class sizes.

Attribution Theory

Attributions refer to what is cited as a cause for behavioral or academic difficulties (Mavropoulou & Padeliadu, 2002). The perceptions that teachers have regarding students of various diagnostic labels cause certain attributes to be made. These attributions then influence both the emotional and cognitive responses of

teachers, which in turn influence the behavior of the teachers towards their students (Poulou & Norwich, 2002).

Several versions of attribution theory exist. Weiner's attribution theory (1992) includes stable (ability) and unstable (effort) attributions that are relevant to academic performance (cited in Tiedemann, 2002). This factor has a clear relation to motivation and expectations for future performance. Weiner's theory also includes locus (internal/external) and controllability (controllable/uncontrollable) causal dimensions that can be relevant to an academic domain (Mavropoulou & Padeliadu, 2002). Furthermore, Weiner's attribution theory is based on the notion that the causal dimension and actual helping behavior are not directly related, rather affective reactions such as pity or anger mediate the relationship. These affective and cognitive reactions then determine subsequent actions taken (Poulou & Norwich, 2002).

Gilbert and Malone (1995) detailed the correspondence bias, or the fundamental attribution error, which refers to people making dispositional rather than situational attributions for the behaviors of others. Even when actions can be fully explained by the situational context, people often attribute the actions to the person. Teachers' causal attributions for behavioral problems were explored by Mavropoulou and Padeliadu (2002). The attributions that teachers make about student behaviors have implications for not only academic expectations, but for treatments and interventions as well. Mavropoulou and Padeliadu (2002) recruited 305 Greek elementary school teachers who were asked to read vignettes about a male student. After reading the vignette, the teachers completed a causal questionnaire (assessing the degree to which pupil, family, or school related factors cause the problem

behaviors) and the *Spheres of Control Scale* (SOC; Paulhus, 1983; cited in Mavropoulou & Padelidu, 2002). Results revealed that teachers rejected school factors as a possible cause of the problem behaviors, and instead rated individual and family factors as potential causes. From the different areas of control measured (personal efficacy, social relationships, interpersonal control, and sociopolitical factors), only interpersonal relationships was related to the causal attributions. This study included only a male in the vignette, so gender differences were not examined. The authors also mentioned an increase in teachers' perceived personal efficacy, however since the study was not longitudinal this claim is not empirically supported.

Conduct Disorder

Background

Behavior disorders include the diagnosis of conduct disorder (CD), and are characterized by antisocial behaviors such as aggression, stealing, running away from home, vandalizing, and committing other crimes (Murrie et al., 2007). Children with conduct disorder often have comorbid ADHD or ODD, with comorbidity estimates as high as 50% (Waschbusch et al., 2002). While the cause is unknown, it is often attributed to poor parenting and a lack of supervision (Waschbusch et al., 2002). In the juvenile justice system, conduct disorder is one of the most common diagnoses, however "there is virtually no published research on the impact of this diagnostic label, although some have debated the possibility of a stigmatizing effect" (Murrie et al., 2007, p. 229). Increasing levels of externalizing problems are correlated with a lower probability of graduating from high school, and this association is due to experiences of academic failure as a child (McLeod & Kaiser, 2004). Teachers are

often in a position of managing difficult behaviors (Christie, 1996), and added insight into these disorders would be useful.

Labeling Studies and Conduct Disorder

Few studies have examined teacher perceptions or expectations for youth with CD. Fox and Stinnett (1996) examined judgments made by special educators, school psychologists, psychology students, and regular educators related to the labels conduct disordered, socially maladjusted, and seriously emotionally disturbed. The most negative judgments resulted from the socially maladjusted and seriously emotionally disturbed labels. Similarly, several studies (Good & Brophy, 1972; Wickman, 1928) have noted that teachers express the greatest concern for conduct disorders since the accompanying behaviors may be dangerous and disruptive (cited in King & Ollendick, 1989). Children with conduct disorder often do not get along well with peers, parents, and teachers, and often experience great difficulty in school (Waschbusch et al., 2002).

Murrie et al. (2007) examined the label of conduct disorder in relation to the juvenile court system. They developed vignettes with mock psychological evaluations, varying diagnostic criteria and 3 diagnostic labels: conduct disorder, psychopathy, and no label. The vignettes were distributed to 326 judges, who were asked to render a decision based on the information given. No negative effects were found for the diagnosis of conduct disorder or psychopathy, but a history of antisocial behaviors did have a significant effect, suggesting that in the context of juvenile justice, labels have less of an influence than underlying behaviors. The results also revealed that the label conduct disorder resulted in judges recommending the least

restrictive options (i.e., probation or supervision).

Learning Disabilities

Background

Learning disabilities affect approximately 5% of students, and encompass disorders in reading, math, and written expression, despite average intellectual abilities. Specifically, learning disorders pertain to at least one of seven areas: receptive language, expressive language, basic reading, reading comprehension, written expression, mathematics reasoning, and mathematics calculation (Lyon, 1996). A learning disability can include more than one of these areas, and those diagnosed with learning disabilities often have social, emotional, or behavioral deficits (Lyon, 1996). These disorders cannot be attributed to emotional, environmental, or medical causes (Weyandt, 2006). The prevalence of learning disabilities is increasing, possibly due to greater identification and a broader definition (Lyon, 1996). Half of all children in special education have a learning disability (Lyon, 1996).

There may be a genetic component to learning disabilities, and genes 2, 6, 15, and 18 have been linked to reading disabilities (Weyandt, 2006). Neuroimaging studies have revealed brain asymmetry in patients with dyslexia, as well as cellular abnormalities in the cortex. Structural differences were also discovered, with individuals with reading disabilities having smaller cerebral volume, and differential activation was noted as well (Weyandt, 2006). Research has also revealed “a disproportionately large number of LD elementary school-aged children with middle ear pathology” (Masters & Marsh, 1978, p. 54).

Labeling Studies and Learning Disabilities

There have been several studies on the effect of the label ‘learning disabled’ (Fernald & Gettys, 1980; Foster et al., 1976; Kataoka et al., 2004; Vogel et al., 2007; Ysseldyke & Foster, 1978). Some report that teachers respond most favorably to a label of learning disabled (Hughes, Kaufman, & Wallace, 1973) while others report negative associations with the label (Boucher & Dino, 1979; Bryan & McGrady, 1972; Moore & Fine, 1978). Higgins et al. (2002) conducted a 20-year longitudinal study of individuals with learning disabilities, and noted that many suffer from the stigma associated with the label. None of the studies examined gender and ethnicity factors.

Anxiety Disorders

Background

Several disorders are included within the category of anxiety disorders, including panic disorder, posttraumatic stress disorder, obsessive compulsive disorder, acute stress disorder, specific phobia, social phobia, generalized anxiety disorder, among others (Weyandt, 2006). These disorders may be comorbid, and may occur with other clinical disorders as well. Adaptive fear responses become maladaptive with increasing frequency, severity, and distress to the individual experiencing it, and anxiety is accompanied by excessive physiological arousal (King & Ollendick, 1989). Several anxiety disorders have the capability of impacting a students’ academic development, including performance anxiety, school phobia, test anxiety, and social anxiety (King & Ollendick, 1989).

While genetic studies suggest there is a heritability factor, it appears that both genetic and environmental factors contribute to the development of anxiety. Y-Amino

Butyric Acid (GABA) has been implicated in its symptoms, as have genes involved in regulating dopamine, serotonin, and corticotrophin releasing hormone receptors. Several anxiety disorders have also been found to be associated with a genetic mutation (DUP25) on chromosome 15 (Weyandt, 2006), and polymorphisms of the catechol-O-methyl-transferase (COMT) gene. The neurotransmitters GABA, dopamine, and serotonin appear to play a role in anxiety disorders, and several regions of the brain have been implicated. Specifically, it appears that the brain stem, cortex, amygdala, hippocampus, limbic system, and many subcortical structures are involved in the development and expression of anxiety disorders (Weyandt, 2006).

Labeling Studies and Anxiety Disorders

No studies to date have examined teacher perceptions related to a diagnosis of anxiety disorder, which is the main reason that this disorder was chosen in the current study. While prevalence estimates vary, it is estimated that between 10 and 30 percent of school-aged children have test anxiety. School phobia, which has received limited empirical investigation, also appears to be increasing in incidence (King & Ollendick, 1989).

Methodological Critique of Existing Literature

Research in the area of teacher perceptions and expectations suffers from a general lack of experimental rigor. Specifically, the instruments that are used to assess these attitudes and beliefs are often designed by the author, with little or no reliability information provided. For example, Babad (1977) explored teacher ratings of mentally retarded students. While the scale was described, no information was provided on the scale design, reliability, or validity, and this was not noted as a

limitation in the study. Good and Nichols (2001) studied the expectations of teachers for minority students. Again, no information was provided on the methodology or instrumentation. Likewise, Maniadaki et al. (2003) provided no details on the reliability or validity of their instrument, which was adapted from the Parental Account of the Causes of Childhood Problems Questionnaire (PACCP; Sonuga-Barke & Balding, 1993). Interestingly, the authors made no mention of the appropriateness of using a survey designed for parents on teachers. Vogel et al. (2007) examined the perceptions of learning disabilities using a questionnaire that they developed; no reliability information was detailed.

Similarly, Sorensen (2003) created a survey designed to measure expectations based on an ADHD label and did not detail how the survey was designed or any reliability or validity information. Batzle (2007) subsequently utilized the scale that Sorensen (2003) developed, and made no mention of the instrument as a potential methodological limitation in the study. Havey et al. (2005) adapted a survey on teacher perceptions of ADHD, but noted that the original survey had no reliability or validity information available. Unfortunately, leaving out essential information on the reliability of an instrument appears too common in the literature in this area (Burk & Sher, 1990; Fernald & Gettys, 1980; Foster, Schmidt, & Sabatino, 1976; Kataoka, vanKraayenoord, & Elkins, 2004; Little, 2005; Mavropoulou & Padeliaadu, 2002).

It is “pertinent for researchers to present their own evaluation of measures’ reliability” (Leong & Austin, 2006, p. 109). One researcher who did provide information on the internal consistency of their measure was Tiedemann (2002), who examined teacher perceptions on the math skills of their students. Weisel and Tur-

Kaspa (2002) also provided a measure of internal consistency (Cronbach's alpha) on their measure of teachers' attitudes towards diagnostic labels. While this is the most frequently used analysis in scale construction, its use appears to be limited in labeling studies.

Many studies in this area suffer from threats to the construct validity of the measures used. The present study will utilize a measure which is grounded in research and theory. For example, items pertaining to teacher attributions are based on Weiner's theory of attributions (1985), which includes locus of control, stability, and controllability dimensions of causal attributions (cited in Mavropoulou & Padeliadu, 2002). Questions that assess teacher perceptions and attitudes are based on Allport's (1954) attitude theory, which includes cognitive, emotional, and behavioral components (cited in Weisel & Tur-Kaspa, 2002).

Conclusions

Labeling of children can be beneficial in some circumstances. For example, labeling may allow for the attribution of problem behaviors to the disorder, rather than to the child. Labels may also result in attributions other than poor parenting, poor motivation on behalf of the student, or other personality characteristics (Fernald & Gettys, 1980). There are many possible positive and negative effects of labels, and different attributions of problem behaviors may have an impact on teacher perceptions and expectancies of students. Some studies have focused on the more negative effects of labels (Batzle, 2007; Foster et al., 1976; Sorensen, 2003), whereas others note the more positive aspects (Fernald & Gettys, 1980). Teachers' views of diagnostic labels have not been sufficiently examined to date.

Teachers can have a tremendous influence on the lives of their students (Yuker, 1988). Furthermore, their expectations ultimately affect their behavior towards students (Levin, Arluke, & Smith, 1982). Some studies report that there are different perceptions and expectations of ethnic minorities (Tenenbaum & Ruck, 2007). Others have failed to find these differences. Studies have examined a negative bias towards males (Smith & Niemi, 2007), whereas others have focused on the negative bias towards females (Tiedemann, 2002). It has also been found that different diagnoses lead to different perceptions and expectations (Levin et al., 1982). Conduct disorder and anxiety disorders have received virtually no empirical investigation.

Causal attributions of student behavior have mostly been examined in cultures outside of the United States (Kataoka et al., 2004; Mavropoulou & Padeliadu, 2002), and studies within America often reveal different results. Furthermore, no studies to date have explored the possible mediational role of students' gender and ethnicity on teacher perceptions, expectations, and attributions of students with labels. The present study attempted to address gaps and inconsistencies in the current labeling literature, in an effort to gain additional knowledge in this important area.

Hypotheses and Research Questions of the Current Study

The following hypotheses and research questions were examined:

1. Does the presence of a diagnostic label alter teachers' perceptions for a student experiencing difficulty? It was hypothesized that students with labels would be perceived more negatively than non-labeled students.
2. Does the presence of a diagnostic label alter teachers' expectancies for a student experiencing difficulty? It was hypothesized that teachers would have

lower expectations for students with labels than non-labeled students.

3. Does the presence of a diagnostic label alter teacher attributions for a student's difficulties? It was hypothesized that teachers would have different attributions for labeled and non-labeled children.
4. Does student gender make a difference in teachers' perceptions? It was hypothesized that there would be gender differences, and that male students would be perceived more negatively than female students.
5. Does student gender make a difference in teachers' expectancies? It was hypothesized that there would be gender differences.
6. Does student gender make a difference in teachers' attributions? It was hypothesized that there would be gender differences.
7. Does student ethnicity make a difference in the teachers' perceptions for a student experiencing difficulty? It was hypothesized that minority students would be perceived more negatively than Caucasian children.
8. Does student ethnicity make a difference in the teachers' expectancies for a student experiencing difficulty? It was hypothesized that teachers would have lower expectations for minority students than for Caucasian students.
9. Does student ethnicity make a difference in teachers' attributions for a student's difficulties? It was hypothesized that teachers would have different attributions for Hispanic and Caucasian students.

10. Does student gender and ethnicity serve as mediating variables between the perceptions, and expectancies of teachers? This question has not previously been empirically studied, and was exploratory in nature.

Method

Design

The current study employed a between-groups 2 X 2 X 4 factorial experimental design. There were 3 independent variables: gender (male and female), ethnicity (Hispanic and Caucasian), and diagnostic label (conduct disorder, learning disability, anxiety disorder, no label). There were 5 dependent variables: teachers' perceptions, expectancies, and attributions to student factors (AS), attributions to parent/family factors (AP), and attributions to teacher/school factors (AT). Perceptions, expectancies, and attributions were each measured by a subscale on the survey.

Participants

Teachers in elementary, middle, and high schools throughout Rhode Island, Massachusetts, and Connecticut were sampled. In an effort to improve the generalizability of the results, teachers at elementary, middle, and high schools in rural, urban, and suburban areas in different states were sampled. Gillung and Rucker (1977) reported that urban and rural teachers have different perceptions of handicapped students, so both areas were equally sampled in the current study. A total of 370 surveys were filled out; 23 were unusable due to missing data. Of the 347 usable surveys, 67 males and 280 females participated. Demographic information about the participants is presented in Table 1.

Materials

Anonymous Consent/Instruction Sheet

An instructional letter was distributed to all teachers by the researcher, explaining the procedure of the study. This letter stated that participation was voluntary, that there was no obligation to complete the materials, and that responses would remain confidential and anonymous, and it provided an online link to one version of the survey. Teachers were instructed to use their professional experience to rate the student, since there would not always be sufficient details to answer all questions. Teachers were also thanked for their time and assistance, and made aware of a raffle that would be drawn from the names of those who complete the survey. A total of 5 monetary prizes were distributed (see Appendix A).

Demographic Questionnaire

A demographic questionnaire was used to obtain information about the participants' gender, ethnicity, age, subject taught (including regular or special education), year taught (elementary, middle, or high school), the state that they teach in (Rhode Island, Connecticut, or Massachusetts), the area they teach in (urban, rural, or suburban) and amount of teaching experience (see Appendix B).

Teacher Attitude and Attribution Scale

The *Teacher Attitude and Attribution Scale (TAAS, Voisine, 2008)* was developed for the current study. This online teacher survey contains a written vignette with descriptions of a student, details regarding their social and academic performance, and gender, ethnicity, and diagnostic label vary depending on the vignette. Vignettes are commonly used in the study of perceptions and attitudes, and

are effective at eliciting how individuals might behave in a situation (Hughes & Huby, 2002). They are more efficient and cost effective than observational studies, can reduce socially desirable responding, and may lead to more accurate data since the participants can respond to the same information given.

The classroom behaviors were consistent across surveys and included: talking out of turn, avoids doing work, lacks concentration, and is physically aggressive. These behaviors were included since they were rated as the most problematic to teachers in previous studies (Little, 2005; Poulou & Norwich, 2000). Diagnoses included conduct disorder (CD), learning disability (LD), anxiety disorder (AD), as well as no label (NL). These diagnoses were chosen to represent behavioral, academic, and affective domains. The ethnicity manipulation entailed either a Caucasian student or a Hispanic student, as previously published by Dominguez de Ramirez and Shapiro (2005), and the gender of the student was also manipulated. Each participant received only one of the 16 versions of the *TAAS*.

Permission was granted from Dr. Weisel in Israel (Weisel & Tur-Kaspa, 2002), Dr. Mavropoulou in Greece (Mavropoulou & Padelidu, 2002), Mr. Sorensen (Sorensen, 2003) and Dr. Fernald in the United States (Fernald & Gettys, 1980) to use items from measures they developed in their studies and to adapt them as needed for the present study (Appendix C).

In the *TAAS*, teachers' perceptions and expectations of social, personal, behavioral, and academic variables were assessed (Sorensen, 2003), along with cognitive, behavioral, and emotional attitudes (Weisel & Tur-Kaspa, 2002) on a Likert-type scale with responses anchored against opposing descriptions. Thirteen

items measure teacher perceptions, and 13 measure their expectations for the hypothetical student described in the vignette. The Perception and Expectancy subscales have a possible range of 13 to 91, with a higher score being indicative of a more negative perception and lower expectations. Several items on these subscales are reverse scored. Teachers' attributions of the students' behaviors, including whether the perceived cause of the behaviors is due to student, family, or school-related factors (Mavropoulou & Padeliadu, 2002) were also assessed in 12 items rated on a 7-point Likert scale. This section included one open ended option for participants to fill in their own thoughts on what caused the students' behaviors. To view the qualitative responses provided by teachers, see Appendix D. Each factor has a possible range of 4 to 28, with a higher rating indicating a higher attribution to that cause. Finally, teachers were asked to indicate the degree of closure, acceptance, and stigmatization associated with labels on three additional survey items (Fernald & Gettys, 1980). These items have a possible range of 1 to 7, with a higher rating indicating a higher score on that item. A pilot study was conducted to assess the reliability of the developed measure, and to gather feedback regarding the items (see Appendix E to view the pilot study and Appendix F to view the *TAAS*).

Procedure

All materials were submitted to and approved by the University of Rhode Island Institutional Review Board.

Pilot Study: Scale Construction

After obtaining permission from professors in the Education department at the University of Rhode Island, the researcher or a research assistant visited classrooms

and the teacher survey was administered to 124 students in upper-level Education courses (standardized instructions can be found in Appendix E). Students preparing to be teachers were chosen since their responses to various measures mirror those of practicing teachers (Maniadaki et al., 2003). Many of those who completed the survey were already teaching.

Following test administration to undergraduate students, SPSS was used to calculate the coefficient alpha for the devised scale, and to conduct an item analysis to seek items that should be deleted. Deleting items that do not correlate with the total score increases the Cronbach alpha coefficient (Marshall et al., 2007); no items were deleted following the pilot study. Based on the pilot study, the overall reliability of the *TAAS* was found to be adequate ($\alpha=.76$, $p<.05$). Each subscale was also found to be reliable (Perception subscale: $\alpha=.63$, $p<.05$; Expectancy subscale: $\alpha=.77$, $p<.05$; Attribution subscale: $\alpha=.73$, $p<.05$). When the Perception and Expectancy subscales were combined into an Attitude composite, the reliability was also adequate ($\alpha=.76$, $p<.05$). Each factor of the Attribution subscale was analyzed (Student factor [AS]: $\alpha=.32$, $p<.05$; parent/family factor [AP]: $\alpha=.79$, $p<.05$; teacher/school factor [AT]: $\alpha=.67$, $p<.05$). Four students completed the open-ended thirteenth question on the Attribution subscale, and they filled in 'uniformity', 'attention', 'trouble connecting with peers', and 'undiagnosed'.

The participants also rated the degree to which diagnostic labels provide a sense of closure, acceptance, and stigmatization. The possible range for each item is 1 to 7, with a higher rating indicating a higher level on that item. Students rated stigmatization the highest ($M=5.54$, $SD=1.27$), followed by closure ($M=3.53$,

SD=1.63), then acceptance (M=2.95, SD=1.53).

Open ended items were included to assess how students felt about scale items, time to complete, and difficulty, as well as to allow them to provide feedback or suggestions. Of the 124 students who completed the survey, 82.9% reported that the survey was easy to complete, 98.4% that the items were clear and understandable, and 97.2% that the survey did not take too much time to complete. The only suggestion offered for improving the measure was to have a label on each of the numbers in the Likert scale. This was the only modification in the final version of the *TAAS*. Once the survey was complete, superintendents and/or principals at several schools in Rhode Island, Massachusetts, and Connecticut were contacted to obtain permission for sampling teachers at their schools.

Approximately 3630 surveys were distributed to 65 schools where permission was granted. The surveys were either placed into the teachers' mailboxes by the investigator or left with the school secretary. Since not every school secretary had an exact teacher count, and letters may have placed into mailboxes of other school personnel, calculation of an exact distribution count was not possible. Eleven high schools, 12 middle schools, and 42 elementary schools were visited. The letters were placed in the mailboxes of all teachers (by the investigator or school personnel), and a link to one version of the instrument on Survey Monkey was provided. Participation was completely voluntary and no teachers from any solicited school were excluded from participating. Approximately 10% of distributed surveys were completed.

The instructional letter contained a computerized link to a detailed scenario that was included in a vignette. The survey items and the debriefing page appeared

after the vignette. Participants were randomly assigned to groups, i.e., different links to the vignettes were provided on the informational letters, which were randomly placed into mailboxes. Following their completion of the materials, participants were redirected to a page where they could provide their name and email address to be entered into a raffle. This information was separate from their responses, protecting participants' anonymity. Participants were also provided with a description of the study, debriefing them on the purpose of the research, and providing the researcher's contact information if they were interested in obtaining the results. To view the frequency and percentage of completed versions of the *TAAS*, see Table 2.

The present study used Survey Monkey to collect data via the computer. Survey Monkey is survey software that allows for the creation and publication of customized surveys. There are numerous advantages to conducting research online (Joison & Reips, 2007). In addition to cost reduction and the possibility of obtaining larger samples, Internet research eliminates human error on data entry, allows for continual data collection, and may reduce socially desirable responding (Joison & Reips, 2007). Internet surveys also allow for the use of audiovisuals, and are convenient for participants to complete (Leong & Austin, 2006). Mail surveys tend to have the lowest response rates (Cozby, 2007), so online research may help to increase participation. Results obtained from online surveys appear to be similar to those obtained from mail surveys (Kraut et al., 2004; cited in Leong & Austin, 2006).

Results

Prior to statistical analysis, all responses to the teacher survey and the demographic survey were numerically coded and entered into the Statistical Package

for the Social Sciences 10.0 (SPSS 10.0). Surveys with more than 5% missing data from each subscale were excluded from the study (DiLalla & Dollinger, 2006), totaling 23 surveys. Statistical analyses were conducted in several steps. First, responses from the demographic survey were summarized and reported regarding the gender, ethnicity, subject taught, years of teaching experience, state and area of teaching, regular or special educator classification, and age of the sample to provide a more detailed description of the participants. These figures are presented in Table 1. Measures of central tendency and variability were also calculated. Descriptive statistics were calculated for each of the dependent variables (perceptions, expectations, and attributions) based on gender, ethnicity, and diagnostic label. To view the means and standard deviations for perceptions, expectancies, AS, AP, and AT by IV manipulation, see Tables 3, 4, 5, 6, and 7, respectively. The means are presented graphically in Figure 1.

Frequency data and percentages were also calculated for the questions assessing closure, acceptance, and stigmatization. The range for each of these variables was 1, the lowest rating, to 7, the highest rating. Teachers reported the highest rating for stigmatization ($\underline{M}=4.88$, $\underline{SD}=1.61$), followed by closure ($\underline{M}=3.71$, $\underline{SD}=1.65$), and acceptance ($\underline{M}=3.20$, $\underline{SD}=1.60$). To view a graph of these means, see Figure 2.

Differences in Teacher Perceptions and Expectancies

To test the hypotheses that a) students with labels would be perceived more negatively than non-labeled students, b) teachers would have lower expectations for students with labels than non-labeled students, c) male students would be perceived

more negatively than female students, d) there would be gender differences in teacher expectations, e) minority students would be perceived more negatively than Caucasian children, and f) teachers would have lower expectations for minority students than for Caucasian students, a factorial multivariate analysis of variance (MANOVA) was performed.

Results of the 2 X 2 X 4 (gender X ethnicity X diagnostic label) MANOVA revealed no significant main effects for gender; ($F(2, 323)=.241, p>.05$, Wilk's $\lambda=.999$), or for diagnostic label; ($F(6, 646)=1.239, p>.05$, Wilk's $\lambda=.023$). Results revealed significant main effects for student's ethnicity; ($F(2, 323)=3.797, p<.05$, Wilk's $\lambda=.977$, partial $\eta^2=.023$). No significant interaction effects were found (see Table 8). Results of a follow-up univariate analysis of variance (ANOVA) indicated significant group differences using a Bonferroni adjusted alpha level of .025 in teacher perceptions; ($F(1, 324)=7.502, p<.01$, partial $\eta^2=.023$). An inspection of the mean scores indicated that Hispanic students were perceived less negatively ($M=42.65, SD=8.69$) than Caucasian students ($M=45.16, SD=9.16$). The means in the MANOVA for each group were graphed to provide a visual display of the data. To view the graph, please see Figure 3.

Differences in Teacher Attributions

To test the hypotheses that that teachers would have different attributions for labeled and non-labeled children, that there would be differences in teachers' attributions based on student gender, and that teachers would have different attributions for Hispanic and Caucasian students, a second MANOVA was conducted. Specifically, this MANOVA was conducted to test the hypotheses that compared

responses to vignettes with independent variables of: a) gender (males/females), b) ethnicity (Caucasian/Hispanic), and c) diagnostic labels (conduct disorder/anxiety disorder/learning disability/no label). The attributional dependent variables were: attribution-student (AS), attribution-parent/family (AP), attribution-teacher/school (AT). Preliminary assumption testing was conducted to ensure that the assumptions of homoscedasticity, linearity and normality were met (Harlow, 2005) and no violations were found. Results were non-significant for the ratings based on student ethnicity; ($F(3,310)=.487, p \geq .05$, Wilk's Lambda=.995, partial $\eta^2=.005$), based on student gender; ($F(3,310)=1.381, p > .05$, Wilk's Lambda=.987, partial $\eta^2=.013$), or based on student label; ($F(9, 754)=.546, p > .05$, Wilk's Lambda=.984, partial $\eta^2=.005$). No significant interaction effects were found.

Mediational Role of Gender and Ethnicity

To explore the research question whether student gender or ethnicity is a mediating variable between teachers' perceptions and expectations, two mediational analyses were conducted, as detailed by Baron and Kenny (1986). Baron and Kenny (1986) define mediators as "the generative mechanism through which the focal independent variable is able to influence the dependent variable of interest" (p. 1173). Furthermore, "the independent variable must affect the mediator in the first equation; second, the independent variable must be shown to affect the dependent variable in the second equation; and third, the mediator must affect the dependent variable in the third equation. If these conditions hold in the predicted direction, then the effect of the independent variable on the dependent variable must be less in the third equation than in the second. Perfect mediation holds if the independent variable has no effect when

the mediator is controlled” (p. 1177).

For each mediational analysis, three regression models were conducted on each of the variables: First, regressing perceptions on student gender (and student ethnicity in the second analyses), regressing perceptions on expectations, and regressing student gender (and student ethnicity in the second analyses) on expectations. For each equation, separate coefficients were estimated. If the mediator (student gender or ethnicity) is affected by teacher perceptions (the independent variable) in the first equation, perceptions affect expectations (the dependent variable) in the second equation, and if student gender or ethnicity affects expectations in the third equation, the first condition of mediation is met. The effect of student gender or ethnicity on expectations must be less in the third equation than in the second equation (Baron & Kenny, 1986).

First, a standard multiple regression (MR) analysis was performed to examine the predictive value for student ethnicity on perceptions. Preliminary analyses examined the required assumptions, and it was found that the variables did not have multicollinearity, and therefore the assumption was not violated. The result was statistically significant, ($F(1, 345)=6.251, p<.05, R^2=.018$, standardized beta weight=.133). A second regression analysis was performed to examine the predictive value of perceptions on expectations. The result was statistically significant, ($F(1, 338)=198.68, p<.001, R^2=.37$, standardized beta weight=--.61), indicating that teacher perceptions are independent predictors of their expectations, with more negative perceptions corresponding with lower expectations. Finally, a third regression analysis was conducted to examine the predictive value of student ethnicity on

expectations. The result was not significant, ($F(1, 338)=1.470$, $p>.05$, $R^2=.004$, standardized beta weight=.066).

A second series of standard MR analyses were then performed to examine the possible mediating role of student gender. A regression analysis was performed to examine the predictive value for student gender on perceptions. Preliminary analyses examined the required assumptions, and it was found that the variables did not have multicollinearity, and therefore the assumption was not violated. The result was not significant, ($F(1, 345)=.775$, $p>.05$, $R^2=.002$, standardized beta weight= -.047).

Another regression analysis was performed to examine the predictive value of perceptions on expectations. The result was significant, ($F(1, 338)=198.68$, $p<.001$, $R^2=.37$, standardized beta weight= -.61). Finally, a regression analysis was conducted to examine the predictive value of student gender on expectations. The result was not significant, ($F(1, 338)=.317$, $p>.05$, $R^2=.001$, standardized beta weight= -.031).

Exploratory Analyses

Factor Analysis

To examine the underlying theoretical dimensions of the *TAAS* and the factor loadings of the scale items, an exploratory factor analysis was performed (Harlow, 2005). Prior to the factor analysis, the correlation matrix of the data was visually inspected. Then, Bartlett's test of sphericity (1950) was conducted and reached statistical significance. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .862, which exceeds the recommended value of .6 (Leong & Austin, 2006). Bartlett's Test of Sphericity reached statistical significance, supporting the factorability of the correlation matrix. In addition, the data was rotated in both oblique

and orthogonal rotations to further explore the factors. Since the instrument was newly developed, exploratory factor analysis (EFA) was conducted, and eigenvalues and a scree plot were examined. Analyses revealed the presence of 10 components with eigenvalues exceeding 1.0, but a detailed examination of the scree plot revealed a clear break after the third component, suggesting three factors as designed. The three components (perceptions, expectancies, and attributions) accounted for 21.52%, 9.22%, and 7.03% of the variance, respectively. Cumulatively, the factors accounted for 37.78% of the variance. See Table 9 for the component loadings.

Post Hoc Regression Analyses

Additional exploratory analyses were conducted to further examine if any of the independent variables or demographic variables were independent predictors of scores on the survey for the dependent variables. Results revealed that diagnostic labels were not independent predictors of perceptions ($F(1, 345)=2.722, p>.05, R^2=.008$, standardized beta weight=.088) or expectations ($F(1, 338)=1.391, p>.05, R^2=.004$, standardized beta weight=.064). Results revealed that perceptions were independent predictors of AT, with more positive perceptions predicting more attributions to teacher/school factors ($F(1, 326)=14.239, p<.001, R^2=.042$, standardized beta weight=.205), AP, with more negative perceptions predicting more attributions to parent/family factors ($F(1, 326)=16.748, p<.001, R^2=.049$, standardized beta weight=.221), and AS, with more negative perceptions predicting more attributions to student factors ($F(1, 326)=23.675, p<.001, R^2=.068$, standardized beta weight=.260). Based on the regression analyses, expectancies were found to be independent predictors of AS, with more negative expectancies predicting more

attributions to student factors ($F(1,326)=43.155, p<.001, R^2=.117$, standardized beta weight=.342) and AP, with more negative expectancies predicting more attributions to parent/family factors ($F(1,326)=13.764, p<.001, R^2=.041$, standardized beta weight=.201), as well as closure, with more negative expectancies predicting higher ratings on closure ($F(1,326)=5.249, p<.05, R^2=.016$, standardized beta weight=.126).

The demographic characteristics of teachers were significant predictors of several things based on the exploratory regression analyses. Teachers' age was an independent predictor of AT ($F(1,326)=13.182, p<.001, R^2=.039$, standardized beta weight=.197), and AP ($F(1,326)=5.04, p<.05, R^2=.015$, standardized beta weight=.123). Higher age predicted lower attributions to teacher/school factors and to parent/family factors. Years of teaching experience was an independent predictor of ratings of acceptance ($F(1,326)=6.384, p<.05, R^2=.019$, standardized beta weight=.139), perceptions ($F(1,345)=6.070, p<.05, R^2=.017$, standardized beta weight=.131), expectancies ($F(1,338)=5.20, p<.05, R^2=.015$, standardized beta weight=.123) and ratings of stigmatization ($F(1,326)=4.538, p<.05, R^2=.014$, standardized beta weight=.117). More years of teaching experience predicted lower ratings of acceptance, more positive perceptions, higher expectancies, and lower ratings of stigmatization.

Regression analyses also revealed that acceptance was an independent predictor of AS ($F(1,326)=4.851, p<.05, R^2=.015$, standardized beta weight=.121), as was closure ($F(1,326)=10.373, p<.01, R^2=.031$, standardized beta weight=.176). Higher ratings on acceptance and closure predicted more attributions to student factors. To view all significant post hoc regression analyses, see Table 10.

Post Hoc Group Differences

To gain a better understanding of the data and the influence of teachers' demographic variables on their perceptions, expectancies, and attributions, additional exploratory statistics were conducted. First, differences in the perceptions and expectancies held by special educators and regular educators were compared using a factorial MANOVA. Results of the factorial MANOVA revealed significant main effects for type of educator; ($F(4, 672)=4.495, p<.001, \text{Wilk's Lambda}=.949$). A small association was found between type of educator and the combined dependent variables (partial $\eta^2=.026$). Results of a follow-up univariate ANOVA indicated significant group differences was in the teachers' perceptions ($F(2, 337)=7.928, p<.001, \text{partial } \eta^2=.045$) (see Table 11). Regular educators had significantly more negative perceptions ($M=45.03, SD=9.54$) than special educators ($M=40.96, SD=6.54$) or those who identified as both regular and special educators ($M=39.87, SD=6.06$).

To examine possible attributional differences in regular and special educators, a second MANOVA was conducted. Results revealed significant main effects on the attributions of regular and special educators; ($F(6, 646)=4.930, p<.001, \text{Wilk's Lambda}=.914$). A small association was found between type of educator on the combined dependent variables (partial $\eta^2=.044$). Univariate ANOVAs were conducted to determine what groups had significant differences. Results of the follow-up univariate ANOVAs indicated significant group differences in AP ($F(2,325)=3.953, p<.05, \text{partial } \eta^2=.024$) and AT ($F(2, 325)=10.552, p<.001, \text{partial } \eta^2=.061$) (see Table 12). Regular educators had lower ratings for AP ($M=18.10, SD=4.52$) than special educators ($M=18.27, SD=5.04$), but reported higher ratings than those who identified

as both regular and special educators ($\underline{M}=14.73$, $\underline{SD}=3.51$). Regular educators had the lowest ratings for AT ($\underline{M}=16.69$, $\underline{SD}=4.46$), followed by those who identified as both regular and special educator ($\underline{M}=17.07$, $\underline{SD}=3.73$), and special educators ($\underline{M}=19.35$, $\underline{SD}=4.16$).

To examine attributional differences based on teacher gender, a third MANOVA was conducted. Results revealed significant main effects on the attributions based on teacher gender; ($F(3, 324)=7.012$, $p<.001$, Wilk's Lambda=.939). A small association was found between teacher gender and the combined dependent variables (partial $\eta^2=.061$). Results of univariate ANOVAs revealed significant group differences in AP; ($F(1,299)=14.431$, $p<.001$, partial $\eta^2=.042$) (see Table 13). Males attributed more of the child's problems to parent/family factors ($\underline{M}=19.98$, $\underline{SD}=3.61$) than females ($\underline{M}=17.53$, $\underline{SD}=4.74$).

To examine differences in the perceptions and expectancies based on teacher gender, a fourth factorial MANOVA was conducted. Results revealed significant main effects on the combined dependent variables of perceptions and expectations based on teacher gender; ($F(2, 337)=11.069$, $p<.001$, Wilk's Lambda=.938). A small association was found between teacher gender and the combined dependent variables (partial $\eta^2=.062$). Results of univariate ANOVAs revealed significant group differences in both perceptions ($F(1, 338)=22.181$, $p<.001$, partial $\eta^2=.062$) and expectations ($F(1, 338)=8.564$, $p<.01$, partial $\eta^2=.025$) (see Table 14). Males had more negative perceptions ($\underline{M}=48.54$, $\underline{SD}=9.21$) and expectations ($\underline{M}=60.37$, $\underline{SD}=9.23$) than females ($\underline{M}=42.81$, $\underline{SD}=8.61$; $\underline{M}=55.88$, $\underline{SD}=11.34$, respectively).

To examine possible attributional differences based on teachers' grade level

taught, a fifth factorial MANOVA was performed. Results revealed no significant main effects in attributions based on grade taught; ($F(15, 884)=1.301, p>.05$, Wilk's Lambda=.941, partial $\eta^2=.02$). Another factorial MANOVA was conducted to examine differences in perceptions and expectations in teachers of different grade levels. Results revealed significant main effects in perceptions and expectations based on grade level taught; ($F(10, 666)=3.16, p<.001$, Wilk's Lambda=.911). A small association was found between grade taught and the combined dependent variables (partial $\eta^2=.045$). Results of univariate ANOVAs revealed significant group differences in both perceptions ($F(5,334)=4.763, p<.001$, partial $\eta^2=.067$) and expectations ($F(5, 334)=2.665, p<.05$, partial $\eta^2=.038$) (see Table 15). To view the means and standard deviations of perceptions and expectations based on grade level, see Table 16.

To further examine differences based on teacher variables (number of years teaching, age, state, area, and ethnicity) additional MANOVAs were conducted. While there were no significant main effects in the perceptions or expectations of teachers based on number of years teaching ($F(6, 670)=1.302, p>.05$, Wilk's Lambda=.977, partial $\eta^2=.012$), there was a significant main effect in their attributions; ($F(9, 784)=2.29, p<.05$, Wilk's Lambda=.939, partial $\eta^2=.021$). Results of univariate ANOVAs indicated significant group differences in AT ($F(3, 324)=3.667, p<.05$, partial $\eta^2=.033$) (see Table 17). To view the means and standard deviations of attributions based on years of teaching, see Table 18. There were no significant differences in the perceptions or expectations of teachers based on their age; ($F(2,333)=1258.03, p>.05$, Wilk's Lambda=.967, partial $\eta^2=.017$). However, there

were significant main effects in attributions based on teacher age; ($F(15, 884)=2.031$, $p<.01$, Wilk's Lambda=.911). A small association was found between teacher age and the combined dependent variables (partial $\eta^2=.031$). A univariate ANOVA revealed a statistically significant difference in AT; ($F(5, 322)=3.248$, $p<.01$, partial $\eta^2=.048$) (see Table 19). To view the means and standard deviations of attributions based on teacher age, see Table 20. No significant differences were found in the perceptions, expectations, or attributions of teachers in the different states (RI, CT, and MA) or in different areas (urban, suburban, and rural). Likewise, no differences were found based on teacher ethnicity.

Post Hoc Correlations

A series of Pearson Product-Moment correlation coefficients were calculated to examine possible relationships between the demographic variables and the dependent variables. Several statistically significant findings emerged. First, number of years teaching had a significant, small negative correlation with perceptions ($r=-.131$, $p<.05$), with a greater number of years relating to more positive perceptions (since a higher score on the perception subscale is indicative of a more negative perception). Second, number of years teaching had a significant, small negative correlation with expectations ($r=-.123$, $p<.05$), with a greater number of years correlating with higher expectations (since a higher score on the expectation subscale is indicative of lower expectations). Third, number of years teaching had a significant, small negative correlation with ratings of acceptance ($r=-.139$, $p<.05$), with a greater number of years teaching associated with lower ratings of acceptance due to labels. Furthermore, number of years teaching had a significant, small negative correlation

with ratings of stigmatization ($r = -.117$, $p < .05$), with a greater number of years teaching associated with lower ratings of stigmatization caused by labels.

Perceptions were positively correlated with AS ($r = .260$, $p < .001$), with more negative perceptions of students associated with higher attributions to the student as the cause of their problems. Similarly, perceptions were positively correlated with AP ($r = .221$, $p < .001$), with more negative perceptions of students associated with higher attributions to the parent/family factors as the cause of their problems. Conversely, perceptions were negatively correlated with AT ($r = -.205$, $p < .001$), with more negative perceptions of students associated with lower attributions to teacher/school factors as the cause. Perceptions were positively correlated with grade level taught ($r = .185$, $p < .01$), with more negative perceptions associated with higher grade level taught.

Expectancies were positively correlated with perceptions ($r = .608$, $p < .001$), with more negative expectations associated with more negative perceptions. Expectancies were also positively correlated with AS ($r = .342$, $p < .001$), with more negative expectations associated with higher attributions to students as a causal factor. Expectancies also were positively correlated with AP ($r = .201$, $p < .001$), with more negative expectations associated with higher attributions to parent/family factors as a causal factor. Expectancies were positively correlated with ratings of closure ($r = .126$, $p < .05$), with more negative expectations associated with higher ratings of closure resulting from labels. Expectancies were positively correlated with grade level taught ($r = .143$, $p < .01$), with more negative expectations associated with higher grade level taught.

The correlation matrix also revealed that AS was positively correlated with AP

($r=.320$, $p<.001$), with higher attributions to students associated with higher attributions to parent/family factors. AS was also positively correlated with AT ($r=.301$, $p<.001$), with higher attributions to students associated with higher attributions to teacher/school factors. AS was positively correlated with ratings of closure ($r=.176$, $p<.01$), with higher attributions to students associated with higher ratings of closure as a result of labels. AS was also positively correlated with ratings of acceptance ($r=.121$, $p<.05$), with higher attributions to students associated with higher ratings of acceptance as a result of labels.

Results also indicated that AP was positively correlated with AT ($r=.240$, $p<.001$), with higher attributions to parent/family factors associated with higher attributions to teacher/school factors. AP was negatively correlated with teacher age ($r=-.123$, $p<.05$), with higher ratings of attributions to parent/family factors associated with younger teachers. AP was positively correlated with grade level taught ($r=.150$, $p<.01$), with higher ratings to parent/family factors associated with higher grade level taught.

Further inspection of the correlation matrix revealed that AT was negatively correlated with teacher age ($r=-.197$, $p<.001$), with more attributions to teacher/school factors associated with lower teacher age. Closure was positively correlated with acceptance ($r=.496$, $p<.001$), with higher ratings of closure associated with higher ratings of acceptance as a result of labels. Closure was negatively correlated with stigmatization ($r=-.231$, $p<.001$), with higher ratings of closure associated with lower ratings of stigmatization as a result of labels. Likewise, acceptance was negatively correlated with stigmatization ($r=-.265$, $p<.001$), with higher ratings of acceptance

associated with lower ratings of stigmatization. To view the correlation matrix, see Table 21.

Discussion

Several important findings emerged from the current study. It was hypothesized that teachers would have more negative perceptions, lower expectations, and different attributions for students with diagnostic labels. While these hypotheses were not supported, many studies have reported that different diagnoses lead to different perceptions and expectations (Algozzine, 1981; Foster & Ysseldyke, 1976; Foster et al., 1975; Foster et al., 1976; Fox & Stinnett, 1996; Ho, 2004; Levin et al., 1982; Ysseldyke & Foster, 1978). Gillung and Rucker (1977) found that teachers perceived labeled children as having more severe behavioral and academic problems than non-labeled children. Koonce et al. (2004) also reported that teachers had lower expectations for children with special education labels. Children with learning disabilities have been described as hostile, disruptive, aggressive, and frustrated (Boucher & Dino, 1979; Bryan & McGrady, 1972; Moore & Fine, 1978). It is unclear why the present study had findings that were discrepant from previous research in this area, however a few possibilities exist. First, the teachers in this study may not hold the biasing stereotypes that participants in other studies have. Second, it is possible that socially desirable responding was an issue, with teachers reporting answers that they thought would be best perceived by the researcher. Finally, they may have been aware of the purpose of the study and answered accordingly. Perhaps if the study had a different methodology, such as a videotape of a child instead of a written vignette, the results may have been different.

It was also hypothesized that there would be differences in teacher perceptions, expectations, and attributions based on student's gender, however the results revealed no significant differences, which is contrary to much of the existing research. Smith and Niemi (2007) examined a negative bias towards males, while Tiedemann (2002) focused on the negative bias towards females. Teachers did report more negative perceptions and lower expectations for males, but the results were not statistically significant. However, based on exploratory group differences statistics, the gender of the teacher was found to be a significant factor for causal attributions (AP), perceptions, and expectations of students. Males had significantly higher ratings to parent/family factors for student difficulties, and they had significantly lower expectations and more negative perceptions of students than female teachers. When considering gender differences, it is clearly important to examine not only the gender of the students, but the gender of the teachers as well. This is an area not sufficiently examined in the current literature.

The hypotheses that Hispanic students would be perceived more negatively and that teachers would have lower expectations and different attributions for the minority students were not supported. There were significant differences in the perceptions of Hispanic and Caucasian students, with the Hispanic students actually being perceived more positively by teachers. Teachers also had higher expectations for Hispanic students, although not statistically significant. Tenenbaum and Ruck (2007) reported significant differences in teacher expectations based on ethnicity, but found that teachers had the highest expectations for European Americans. The possible mediating role of student ethnicity and gender on teachers' perceptions and

expectations was explored by a series of regression analyses as detailed by Baron and Kenny (1986), but was not found to be significant. In the current study, these student factors did not serve to positively or negatively influence teachers' perceptions or expectations. Unlike much of the existing literature (Auwarter & Aruguete, 2008; Dominguez de Ramirez & Shapiro, 2005; Maniadaki et al., 2003; Martin & Williams-Dixon, 1994; Tiedemann, 2002; Tenenbaum & Ruck, 2007;), gender and ethnicity of students did not affect teachers' perceptions or expectancies in the hypothesized directions. While it is encouraging that teachers in the present study did not have more negative perceptions of Hispanic children, it is unclear why teachers reported having more negative perceptions of Caucasian children. Several schools were from urban areas where perhaps a greater percentage of Hispanic children attend, but no differences were found between the urban, rural, and suburban schools on any of their ratings. Again, socially desirable responding must be considered as a potential limitation when interpreting the results.

Post hoc analyses were conducted to explore the possible impact of teachers' demographic variables on their perceptions, expectancies, and attributions. Previous studies have found that teachers' experience level relates to their perceptions of self-efficacy (Koh et al., 2009). Results of the present study revealed that teachers' age was a significant factor in the causal attributions that they made for students' difficulties. Specifically, attributions to teacher/school factors (AT) differed by teacher age, with younger teachers attributing student difficulties to this factor much more than older teachers. Results also revealed significant differences in attributions based on years of teaching experience (again, for AT). Teachers with the least and the

most teaching experience had the lowest ratings on this factor.

Previous researchers have investigated the impact of teacher experience and it was discovered that teachers with more expertise reported higher levels of competence (Wolters & Daugherty, 2007). Further, ratings of competence and self-efficacy were found to impact numerous instructional practices, including student feedback, organization, classroom behavior management, lesson planning, and decision making. Teachers with greater experience also “have different attitudes about their students, and think and behave differently in the classroom when compared with their less experienced peers” (Wolters & Daugherty, 2007, p. 183). Results also revealed that there were significant differences in the perceptions and expectations of teachers in different grade levels taught. It has been reported that teachers of different grade levels differ on several factors, including grading practices (Randall & Engelhard, 2009). Teachers of varying grade levels have different training backgrounds, and most likely experience different external pressures and constraints, which may contribute to some of the differences reported. The underlying school climate and organization also varies depending on academic level (Wolters & Daugherty, 2007). Exploratory regression analyses revealed that years of teaching experience was a predictor for ratings of acceptance, stigmatization, perceptions, and expectations. These findings suggest that with additional experience in school with children, teachers’ viewpoints are altered. It would be interesting to research the specific mechanisms by which teacher perceptions and expectancies, as well as their attitudes about diagnostic labels, are modified over time. A consideration of the curriculum that educators had while working to become teachers would be essential, since

paradigm shifts in educational systems likely affect what is included in educational programming.

The present study also found that regular and special educators significantly differed in their perceptions and attributions for students, consistent with what has been reported in the literature (Carter et al., 2008; Gillung & Rucker, 1977; Tauber, 1977). Regular educators had significantly more negative perceptions of students than special educators and they had significantly different ratings on both AP and AT. Tauber (1977) found that general education teachers had lower expectations for handicapped children than special educators, after reading their cumulative records. Gillung and Rucker (1977) reported that urban and rural teachers have different perceptions of handicapped students, but these differences were not found in the present study. Some studies have reported that regular and special educators have different views of children with diagnostic labels (Gillung & Rucker, 1977; Tauber, 1997), but studies in this area are scant.

The different theoretical orientations, training experiences, amount of student contact, and overall viewpoints held by regular and special educators should be examined in future research. Since the special educators had more positive perceptions and higher expectations for children with diagnostic labels, it would be beneficial to try to determine the causal factors behind their opinions. If certain coursework or particular training experiences led to these differences, it may be beneficial to include these factors into the training of regular educators as well. On the other hand, various personality inventories could be administered to students preparing to be regular and special educators in an effort to determine if there are

innate differences on certain personality variables. Perhaps special educators have certain character traits that differ from regular educators. These research questions should be explored in future studies.

Exploratory correlational analyses were conducted to explore possible relationships between the variables. As would be expected, more positive perceptions were related to higher expectations, and a higher rating on closure was related to a higher rating on acceptance from diagnostic labels. It stands to reason that perceptions and expectations would be related to each other. Likewise, ratings of closure and ratings of acceptance were negatively related to ratings of stigmatization. Closure and acceptance are some of the positive outcomes from labels, whereas stigmatization is perhaps the most negative result of labels. Stigmatization resulting from labels may be the most salient factor for educators since it can impact so many areas. Milich and McAninch (1992) examined the effects of stigmatization and reported that it even has an impact on peer relations, since children respond to stigmatizing information such as diagnostic labels. The authors detailed the possibility of stigmatizing interactions, such as when a school psychologist removes a student from a classroom for testing, and they stressed the importance of minimizing these potentially damaging experiences (Milich & McAninch, 1992).

Number of years of teaching experience was found to be related to both perceptions and expectations, with more experience associated with higher expectations and more positive perceptions. Perhaps teachers develop more tolerance of differences or become more able to adapt their curriculum for individual students as they gain more experience. An alternate explanation is that they have exposed to more

positive role models while teaching, or have had more opportunities for additional training experiences (Wolters & Daugherty, 2007). It is encouraging that these differences were based on experience. If new teachers with less experience reported the higher expectations and more positive perceptions, it could possibly be assumed that teachers experience burnout, or that they become less tolerant of challenging students with greater experience.

More teaching experience was also associated with lower ratings on acceptance and stigmatization. There were also several significant relationships in all of the attributions. AS and AP were positively related to both perceptions and expectations (with more negative perceptions and lower expectations associated with higher ratings on attributions to student and parent/family factors), and AT was negatively related to perceptions (with more negative perceptions associated with higher attributional ratings to teacher/school factors). This seems to indicate that factors that are cited as potential causes of a student's behavioral difficulties influence the overall perceptions and expectations held for that student.

The impact of diagnostic labels, gender, and ethnicity are important to identify and understand. Teachers form perceptions, expectations, and attributions for their students on the basis of limited information (Alvidrez & Weinstein, 1999). These cognitive conceptualizations influence subsequent behavior, and can have tremendous ramifications for students, both academically and socially (Poulou & Norwich, 2002). Teachers form expectations based on several factors, and differential expectations cause differential interactions (Brophy, 1983; Good & Brophy, 1972; Silberman, 1971). These expectations have the potential of influencing academic outcomes

through self-fulfilling prophesies (Madon, Jussim, & Eccles, 1997). Likewise, teachers' expectations and behaviors impact the self-efficacy and overall academic success of students (Hepperlen et al., 2002).

Expectancy effects may have a greater impact on stigmatized groups (Jussim et al., 1996), so this study was essential. The present study hypothesized that the presence of a diagnostic label, and being an ethnic minority would result in more negative teacher perceptions and lowered expectations. It was also hypothesized that these variables would result in more dispositional causal attributions. These hypotheses were not supported by the data. If this had been the case, programs and interventions should be developed to prevent this biasing influence in teachers, and to make them aware of the impact of these perceptions. Lowered expectations generally result in lowered academic performance in students (Good & Nichols, 2001). It is vital that awareness be raised in an attempt to help all students achieve to their fullest potential.

It is possible that the teachers who participated in this study do not have such biasing stereotypes or perhaps they were aware of the potentially biasing views that they have towards students experiencing difficulties. As noted by Burk and Sher (1990), "by becoming aware of personal prejudices, we are less likely to succumb to their influence" (p. 163). Good and Nichols (2001) also noted that when teachers are made aware of their differential behaviors towards students, they are able to change these behaviors. Clearly, this information can affect the learning of all students, both high and low achieving. This study also lends to the knowledge base in the field of social psychology, since stereotypes, bias, attributions and perceptions are all social

psychological phenomena. Importantly, school psychologists are in a key position to disseminate information of this kind, which can ultimately help a school to better educate their youth.

There are several limitations of the current study. The sample included schools only in the Northeast, which may represent a different group of teachers than in other parts of the country. Specifically, only schools in Rhode Island, Massachusetts, and Connecticut were sampled and therefore, the generalizability of the results are limited. It is important to note that the low reliability coefficient of the AS subscale is an area of concern and the results based on this subscale should be interpreted accordingly. Another potential limitation was that the response rate (approximately 10%) was quite low for the survey, which may have affected the results. Those who completed the survey may differ in their perceptions or expectancies than those who chose not to complete the survey, potentially biasing the results. It is also possible that people encountered difficulties with the internet link, since the investigator did hear of some issues (for example, a principal said he was trying to access the survey by searching for the link rather than entering the link in the address bar). If some teachers encountered problems, they may have discarded the letter. It is also possible that after a principal had granted permission and surveys were distributed, the superintendent revoked the permission and removed surveys from a school.

Some disadvantages to online research include the fact that since not everyone has a computer, some potential participants are excluded. Furthermore, people may have more than one email address, and response rates often cannot be calculated (Leong & Austin, 2006). An online survey was chosen to collect the data in the

present study since it eliminates errors of recording and transcription, and it also eliminates experimenter expectancy effects and social interactional biases, since the study is double blind and the participants and experimenter do not interact (Leong & Austin, 2006). Furthermore, an estimated response rate was calculated based on the instructional letters distributed and the number of completed surveys.

Another potential limitation is socially desirable responses to the survey. Social desirability is often a factor in studies which examine ethnicity (Dominguez de Ramirez & Shapiro, 2005). The demand characteristics of the study may have given clues to participants as to the purpose of the study, which may have influenced their responses (i.e., they may have answered as they thought one should answer).

The results of this study are encouraging, in that diagnostic labels did not result in lower expectations or more negative perceptions. There has been a movement recently to reduce the use of labels (Lieberman, 1980) and to instead focus on the presenting concerns. The results regarding ethnic differences were also encouraging, since minority students were perceived more positively by teachers. Previous studies however have reported that Hispanic students have the most negative attitudes towards schooling (Sullivan, Riccio, & Reynolds, 2008), so further research into the variables that contribute to positive academic attitudes among ethnic minorities is important.

Future research in this area could also employ a longitudinal design in order to explore the long-term impact of teacher perceptions and expectations. Specifically, a more detailed analysis of students' response to teacher expectancies and to the long-term outcomes related to these perceptions and expectancies may be useful. Studies conducted in other cultural contexts could also help to add to the knowledge in this

area. Including an assessment of the amount of prior contact with students with disabilities may provide useful information on teachers' perceptions and interactions with students. Students' perceptions of their own labels would also be an important area of future study, as would the influence of socioeconomic status or intact versus not intact family structure. A more detailed analysis of the influence of attributions on teachers' differential treatment of students is also vital. This study found that factors related to the teachers (such as their age, gender, or grade taught) were important to consider, and future research should examine these variables.

School experiences have long-lasting consequences for students' academic, social, and behavioral outcomes, as well as overall quality of life (McLeod & Kaiser, 2004). Importantly, teachers' perceptions of their students influence their subsequent behavior, resulting in differential treatment towards students (Good & Brophy, 1972; Kavale & Reese, 1991). Informing educators of the potential effects of their expectations and attributions, and educating educators about the stigma associated with various disabilities may help these students have better school experiences (Hinshaw, 2005). Students' relationships with teachers are related to academic motivation, school involvement, and achievement (Roeser, Eccles, & Sameroff, 1998), so interventions designed to foster these relationships may be beneficial in creating a more positive school experience for all students.

Appendices

Appendix A

Dear Teacher:

My name is Deanna Voisine and I am a graduate student at the University of Rhode Island pursuing my doctorate in School Psychology under the supervision of Dr. Lisa Weyandt. I am currently seeking teachers willing to participate in my research study that examines teachers' perceptions of student behaviors. Many teachers in your district and other districts are being asked to complete this survey. Please do not discuss your survey with anyone else. There are no risks in participating in the study. No one will know if you participated in this study and no one can find out what your answers were.

All of the information you provide will be strictly anonymous, but may be published in a scientific journal. Your identity and your responses will be kept anonymous, and under no circumstances will individuals or schools be identified. Because you are not asked to disclose any identifying information, you are not asked to sign a letter of consent. By filling out the survey, you are giving your consent to participate. Participation is completely voluntary. If you choose not to participate, simply discard this information. Completing the survey should take no longer than 8 minutes. If you choose to participate, at your earliest convenience, please go to:
www.surveymonkey.com/taas1

Please respond honestly, and be aware that there are no wrong answers. All surveys must be completed by _____.

When the survey is complete, you will be redirected to a page (separate from your responses) where you may provide your contact information, which will be entered into a raffle for a monetary prize. **There will be 5 monetary prizes awarded.**

I realize that your time is extremely valuable and I greatly appreciate your participation in my research study. Teachers play a vital role in their students' lives, and this study can be beneficial to the field of education. If you have any questions concerning this project, please contact me at 401-615-5619 or my dissertation chair, Dr. Lisa Weyandt at 401-874-2087. If you have questions about your rights as a participant, please contact the Vice President for Graduate Studies, Research and Outreach, 70 Lower College Road, Suite 2, University of Rhode Island, Kingston, Rhode Island (401-874-4328). Thank you again for your time.

Sincerely,

Deanna Voisine, M.A.

Approved by the
University of Rhode Island
Institutional Review Board
on 12/29/2008

Appendix B

1. Demographic Survey

1. Gender

☐ Male

☐ Female

2. Years of teaching experience

☐ 0-5 yrs

☐ 6-10 yrs

☐ 11-15 yrs

☐ 16+ yrs

3. Type of educator

☐ Regular education

☐ Special education

4. In what state do you teach?

☐ Connecticut

☐ Massachusetts

☐ Rhode Island

5. How would you classify your school?

☐ Rural

☐ Urban

☐ Suburban

6. Ethnicity

☐ White/European American

☐ Pacific Islander

☐ Latino/Hispanic American

☐ Asian/Asian American

☐ Black/African American

☐ Multirethnic

☐ American Indian or Alaska Native

☐ Other

7. Age

- ☐ 18-25 yrs
- ☐ 26-35 yrs
- ☐ 36-45 yrs
- ☐ 46-55 yrs
- ☐ 56-65 yrs
- ☐ 65+ yrs

8. Subject(s) taught

9. School grade taught

- ☐ Elementary School
- ☐ Middle School
- ☐ High School

Appendix C

From "Fernald, Denny" <cdfernal@uncc.edu>
Date 2008/09/02 Tue AM 08:22:23 CDT
To deannavoisine@verizon.net
Subject RE: 'Diagnostic Labels and Perceptions...'

Dear Deanna,

I was nice to learn of your interest in this article. You have my permission to use the scale. It was a one-time little scale and I have no more information on it for you except what was reported in the published study. I would have had that info until about a year ago, when I cleaned out old papers as part of my retirement.

I am glad to hear you are following up on this, as I continue to observe, anecdotally, that some of these effects of labeling are very potent, but have received little attention in the popular or professional literature.

Best wishes with your work,

Dr. Denny Fernald

C. D. (Denny) Fernald, Ph. D.
Associate Professor of Psychology, Emeritus
Department of Psychology
University of North Carolina at Charlotte
9201 University City Blvd.
Charlotte, NC 28223-0001 USA
Voice 704-687-4741
Email cdfernal@uncc.edu
Web <http://www.psych.uncc.edu/cdfernal>

From smavrop@uth.gr
Date 2008/08/29 Fri PM 07:18:30 CDT
To deannavoisine@verizon.net
Subject Re: 'Causal Attributions for Behavioural Problems'

Hello Dr Voisine,
I appreciate your interest to the scale used in that publication.
I will get back to you soon with more details about your request.

Best,
Sophia Mavropoulou
Dept. of Special Education
University of Thessaly

From =?ISO646-US?B?Pz8/Pz8gPz8/Pw==?=
< anife@post.tau.ac.il>
Date 2008/08/29 Fri AM 01:28:57 CDT
To deannavoisine@verizon.net
Subject Re: Effects of Labels...

Dear Deanna Voisine,
Please feel free to use the scale as you need.
Once you have new results – please share it with me.
All the best,
Prof. Amatzia Weisel

Appendix D

he may be autistic and unable to communicate and therefore acts out when he wants to communicate.

Diagnosis

desire to be noticed in a positive way

Lack of a teacher investing time with him

Jose's "wired" differently; Jose's from a different cultural background; Jose's suffering from depression

Undiagnosed learning disability

maybe he can't read, maybe he is autistic, not enough info. To judge him by outside influences

Abuse in the home, cultural differences, eating habits

Lack of Previous Success in School

language issues

No self confidence used to repeated failure

language barrier

lack of success in school

He does not understand the material, and doesn't want others to know, so he acts out to draw attention away from that fact.

He is probably in need of intensive reading intervention.

Undiagnosed illness or condition

attention need to be popular

lack of interest in school topics

pass failures and lack of success in school

struggling to meet the demands-needs support and understanding.

Sleep deprivation, environmental concerns (temp.), organizational difficulties

cultural expectations

lack of support services for learning disability

Jose could have a processing disorder as well as ADHD and a learning disability

needs genuine attention

Parents are the biggest part of the equation, and often the most absent. Parents have no accountability in the educational equation.

No boundaries at home

medication not adequate

Family does not value education, student has been given opportunities to do nothing and get by.

Anything is possible. Really need more information about Jose to best determine causes of behavior

Not being given an appropriate outlet for demonstrating his knowledge

Anxiety disorder not being accommodated

family issues

learning disability, no positive relationship with teacher

Learning difficulties that have not been identified

Adhd

structure and consistency in home life

Anger in school may be him lashing out against other things in his life that he is frustrated with and cannot control

overwhelmed with material/doesn't know how to or is afraid to self-advocate for help

abuse, neglect

personal issues

Environmental

medical, nothing interests him- need to find a "hook" to get him interested

ADD/ADHD

Psychological issues

health issues

A negative reputation that unfortunately has followed him, relocated or moved often, divorce or new marriage, no one has ever truly listened to him

Difficulties relating to peers; social/emotional problems

Failure to determine best learning style for Joe and what motivates him. I have a student just like this and his case is too much parental anifes. They get him out of all snags and he is not held responsible for his learning.

Poor social skills

learning disability being covered up

Joe does not understand what is going on in the classroom so he is acting out in an effort to avoid the task.

Peer group

Joe has not felt success in any content area at school.

Behavior problem not addressed in school

economic lack of medical care and nutrition

sibling issues

lack of trust insecure

has no help and trusts no one

child abuse, death in the family

habits developed that are ineffective; learned helplessness

Attention Deficit Disorder, Depression

English not being his first anifest, but anifest assumes he can "speak English fine."

Being picked on by other student, never having any successes in school, never having a teacher or adult care if he succeeded or not, finding school too hard for his learning disabilities.

Inconsistency at home

Past negative school experiences

He could be bored and require from stimulating/difficult work
attention getting

Too much free time outside of school, video games, texting, unsupervised television shows

ADHD or misdiagnosis

Needs some medicine to alleviate some of his anxiety

There are many other factors that enter into a student's success, or lack of success, in a classroom or in school in general. We have had success with many students with an individual, class by class, behavior plan with a fine each day such as lunch with peers or as a consequence of poor choices, lunch in detention room. Quite a lot of work for all, successful as there is a quick reward/consequence then there is a new day. The term "indifferent" in the survey has a very negative connotation!

Diet, brain integration

due to behaviors throughout the years, Joe may have fallen behind academically and may need remediation in academic areas or extra help to fill in gaps

This is truly not enough information to answer most of these questions. I tried but you are asking me to make leaps in judgement on a child I never met. To be honest this survey seems a bit ridiculous to me. Usually, as a teacher you would have a social history, meetings with other teachers, testing, personal interactions etc to try and come to some conclusions. Often, given that amount of information I would feel more confident in coming up with strategies to help a child like this.

Inability to pay attention due to anxiety disorder

Processing problems,

seeking approval of peers

other learning disabilities

Staff continues to disregard his behaviors

not feeling control of situation in school

Joe has been written off by too many people

social/emotional frustration

seeking attention

Being bullied, Friendship/girlfriend issues, abuse(physical, or drugs/alcohol)

have not tapped into his interest, and natural abilities

Abuse

ADHD and lack of attention at home

Embarrassed about possibly being different/not fitting in

Unable to understand material taught.

Anger, feeling of rejection, feeling different, not enough attention at home

Ability level and learning style may not be addressed-lack of differentiation in the classroom-teacher attitudes greatly enhance low self esteem and manifests result in troublesome behaviors. Medication may be an issue-Too much, not enough, wrong manifests as, hormonal changes requiring meds change, etc...

Many factors may play a part in her acting out-not enough background on her or her family life to determine exact causes.

Hasn't felt successful yet

insecurity, seeking attention

she is acting out to get more attention, parents are busy

Maria may not see the value in learning.

Maria has not found success in school so she does not expect success.

This is a catch 22 for her, a cycle of lack of success.

Attention Seeking

poor reading skills. Peers do not like her.

Peer pressure to act out caused by negative attention

anxiety or depression

I would need to know a lot more

Not receiving differentiated instruction designed to meet her needs thus

adding to her frustration; lack of expectations

biological/medical/sensory

unable to understand language

Maria's difficulties could stem from any number of things including poor mental effort (inability to concentrate), attention issues or social/emotional issues.

Teacher inattention to them, addressing them inappropriately

lack of feeling successful

attentional difficulties

Learning Disability -- can't access curriculum/school "code"

Language

A myriad of scholastic issues from the previous year may carry over and cause her trouble day one, even if she's never met her teachers before. She could be in perfect health and have had negative experiences. Or she might have health issues (mental, physical, emotional) that haven't been diagnosed/treated appropriately. The problems could be coming from inside or the world around her (including family, friends, school, bus, etc.). It's too small of a snapshot to make any real diagnosis.

Confusion over directions/ELL?/difficulty organizing/difficulty prioritizing/

feeling defeated/thinks teacher has low expectations or doesn't like her/

inconsistency with enforcing classroom norms

difficulty with language

lack of interest in topics taught

issues at home/school-bullying

Medical concerns, background (ie. Race, language)

Has had no structure and/or high expectations

Attention

Difficulty understanding the lang. of the curriculum, lack of support and accommodations within clrm.

Social issues with other girls?

Language barrier, cultural manifests, no counseling

anxiety disorder manifests in many ways

not sure hard to tell with the limited info

learning disabled?

Age in general, other students in Maria's class (social influences)

learning disability

language barrier

lack of understanding on how anxiety disorder causes other issues with school/social interaction and productivity

Something very serious happening like sexual abuse

She has little control at home/school is where she can control what happens friends she is attracted too

Learning Disabilities such as reading/listening/auditory or other type learner Needs attention, to feel accepted.

Lack of proper interventions tried up until now

She wants someone to care for her and give her positive attention.

Possible language issues if she is ESL

My first opinion is a learning disability. I'd also like to get a better idea of any cultural or language barriers that may exist. I'd also like to know more about her life outside of school.

Peers

different learning style, lacks knowledge of how to study

teasing/bullying

Peer relationship, bullying, substance abuse

Material is too easy that she becomes bored, therefore acts-out

Mary's interests not being considered

Medication or Lack of

A past experience

poor diet, lack of exercise/interests, poor sleep/routines at home

lack of structure, no counseling, no social skills

Emotional

Possible social promotion in elementary schools, lack of a transition grade and/or early interventions, lack of an extension of Mary's school day if needed, peers attitude towards her, hearing/vision issues

Social

Mary may simply need encouragement

It is Mary's way of 'saving face' for her frustrations/insecurity

she gets no parental support/attention

lack of structure and consistency

Her learning disability compounded by lack of teacher/special educator support and high academic demands

ADHD or other behavioral condition

If she is on meds perhaps the wrong meds and/or dosage

abuse, other disorders, poor diet, lack of health care, medication

not taken regularly, visual processing issues, hearing issues at early age,

auditory processing, early intervention not utilized and should have been,

fetal alcohol syndrome,

anxiety manifests itself in many ways such as hyperactivity, teacher should

encourage communication between home, counselor, therapists and school
learned behavior

experienced trauma as some point;

ADHD, spoiled child

Feeling inadequate, power/control, fear of failing, ridicule, social difficulties
in school.

Inattention at home and lack of friends

Peer pressure anxiety

LACK OF ATTENTION AT HOME.

Her Anxiety Disorder – difficulty with focus adds to probable academic difficulties
which add to her insecurity with herself and others.

Friends

peer problems – friend issues

uninterested in curriculum, maybe needs a vocational setting

There is not enough information

medical for attention problems, does not like the subject

adhd, add, dyslexia

Not understanding the material could be causing acting-out behaviors. Not
feeling supported by teachers could also cause the behaviors.

Death in Family

Appendix E

Pilot study

Standardized instructions read to students by researcher or research assistant: My name is _____ and I am working on a research study that examines perceptions and expectations. Your participation is voluntary, and all responses are confidential. Please answer all questions honestly, and place them in this box when you are finished. Thank you.

Pat is a 12 year old student in middle school. In class, he frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. Pat lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school.

People often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read.

Perceptions

(Rate each statement based on what you just read using your personal and professional judgment.)

1. Pat's behavior is

Disciplined -- 1 2 3 4 5 6 7 -- Undisciplined

2. To help Pat in his studies, I am willing to invest

Great effort -- 1 2 3 4 5 6 7 -- Minimal effort

3. Pat is a student I

Dislike -- 1 2 3 4 5 6 7 -- Like

56 Pat's attitudes to his studies are

Serious -- 1 2 3 4 5 6 7 -- Careless

56 If Pat asked me to help with something not related to school, I would

Refuse -- 1 2 3 4 5 6 7 -- Agree

6. The prospect of teaching Pat next year makes me feel

Happy -- 1 2 3 4 5 6 7 -- Sad

7. Compared to my expectations of Pat, his actual achievements are

Excellent -- 1 2 3 4 5 6 7 -- Disappointing

8. If Pat stopped coming to school for over one week, I

Would check on him -- 1 2 3 4 5 6 7 -- Would ignore the situation

9. In class, Pat

Pays attention -- 1 2 3 4 5 6 7 -- Does not pay attention

10. Pat is

A popular child -- 1 2 3 4 5 6 7 -- An isolated child

11. Helping Pat makes me

Happy -- 1 2 3 4 5 6 7 -- Sad

12. The likelihood that Pat will graduate high school is

Highly unlikely -- 1 2 3 4 5 6 7 -- Highly likely

13. When Pat refuses to participate in school social activities, I

Ask him why -- 1 2 3 4 5 6 7 -- Disregard the situation

Expectations

(Circle the number that best describes how you would expect Pat to perform in school.)

1. Normal behavior	1	2	3	4	5	6	7	Unusual behavior
2. Likely to succeed	1	2	3	4	5	6	7	Unlikely to succeed
3. Popular	1	2	3	4	5	6	7	Unpopular
4. Friendly	1	2	3	4	5	6	7	Unfriendly
5. Intelligent	1	2	3	4	5	6	7	Unintelligent
6. Disorganized	1	2	3	4	5	6	7	Organized
7. Quick learner	1	2	3	4	5	6	7	Slow learner
8. Insecure	1	2	3	4	5	6	7	Confident
9. Aggressive	1	2	3	4	5	6	7	Passive
10. Unmotivated	1	2	3	4	5	6	7	Motivated
11. Trustworthy	1	2	3	4	5	6	7	Untrustworthy
12. Cooperative	1	2	3	4	5	6	7	Uncooperative
13. Inattentive	1	2	3	4	5	6	7	Attentive

Attributions

(Rate each of the following factors as a cause of the behavior problems for Pat.)

	Strongly Disagree	Disagree	Agree	Strongly Agree			
1. Overactivity	1	2	3	4	5	6	7
2. Large number of students in class	1	2	3	4	5	6	7
3. Lack of parental interest	1	2	3	4	5	6	7
4. Family problems	1	2	3	4	5	6	7
5. Heavy school demands	1	2	3	4	5	6	7
6. Teacher's attitude	1	2	3	4	5	6	7
7. Lack of motivation	1	2	3	4	5	6	7

8. Lack of classroom rules	1	2	3	4	5	6	7
9. Low self-esteem	1	2	3	4	5	6	7
10. Parental attitude	1	2	3	4	5	6	7
11. Low family income	1	2	3	4	5	6	7
12. Learning difficulties	1	2	3	4	5	6	7
13. Other: _____							

Closure, Acceptance, Stigmatization

(Please circle the number that best describes your views.)

1. Labels provide a sense of closure (a sense of understanding and relief from feeling that you understand the nature of the problem).

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4
5	6	7	

2. Labels help to increase the acceptance of a person.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4
5	6	7	

3. Labels cause stigmatization, or negative perceptions, of a person.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4
5	6	7	

Did you find this scale easy to complete? _____

Were any items difficult to understand? If so, which? _____

Was this scale too time consuming? _____

Any final thoughts or suggestions on this scale? _____

THANK YOU for your participation!

Appendix F

2. Perceptions

Jose is a 12 year old Hispanic boy in middle school. In class, he frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Jose was diagnosed with conduct disorder. Jose lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Jose's behavior is

	Disciplined							Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

2. To help Jose in his studies, I am willing to invest

	Great effort							Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

3. Jose is a student I

	Dislike							Like
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

4. Jose's attitudes to his studies are

	Serious							Careless
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

5. If Jose asked me to help with something not related to school, I would

	Refuse							Agree
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Jose next year makes me feel

	Happy							Sad
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Jose, his actual achievements are

	Excellent							Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

8. If Jose stopped coming to school for over one week, I

	Would check on him							Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

9. In class, Jose

	Pays attention							Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

10. Jose is

	A popular child							A isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

11. Helping Jose makes me

	Happy							Sad
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Jose will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Jose refuses to participate in school social activities, I

Rating: ☐ Ask him why ☐ ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Jose to perform in school.

1.

	Normal behavior						Unusual behavior
Rating:	☐	☐	☐	☐	☐	☐	☐

2.

	Likely to succeed						Unlikely to succeed
Rating:	☐	☐	☐	☐	☐	☐	☐

3.

	Popular						Unpopular
Rating:	☐	☐	☐	☐	☐	☐	☐

4.

	Friendly						Unfriendly
Rating:	☐	☐	☐	☐	☐	☐	☐

5.

	Intelligent						Unintelligent
Rating:	☐	☐	☐	☐	☐	☐	☐

6.

	Disorganized						Organized
Rating:	☐	☐	☐	☐	☐	☐	☐

7.

	Quick learner						Slow learner
Rating:	☐	☐	☐	☐	☐	☐	☐

8.

	Insecure						Confident
Rating:	☐	☐	☐	☐	☐	☐	☐

9.

	Aggressive						Passive
Rating:	☐	☐	☐	☐	☐	☐	☐

10.

	Unmotivated						Motivated
Rating:	☐	☐	☐	☐	☐	☐	☐

11.

	Trustworthy						Untrustworthy
Rating:	☐	☐	☐	☐	☐	☐	☐

12.

	Cooperative						Uncooperative
Rating:	☐	☐	☐	☐	☐	☐	☐

13.

Inattentive

Attentive

Rating:

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Jose.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Jose's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: deannavoisine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Jose is a 12 year old Hispanic boy in middle school. In class, he frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Jose was diagnosed with a learning disability. Jose lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Jose's behavior is

	Disciplined						Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐

2. To help Jose in his studies, I am willing to invest

	Great effort						Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐

3. Jose is a student I

	Dislike						Like
Rating:	☐	☐	☐	☐	☐	☐	☐

4. Jose's attitudes to his studies are

	Serious						Careless
Rating:	☐	☐	☐	☐	☐	☐	☐

5. If Jose asked me to help with something not related to school, I would

	Refuse						Agree
Rating:	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Jose next year makes me feel

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Jose, his actual achievements are

	Excellent						Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐

8. If Jose stopped coming to school for over one week, I

	Would check on him						Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐

9. In class, Jose

	Pays attention						Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐

10. Jose is

	A popular child						An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐

11. Helping Jose makes me

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Jose will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Jose refuses to participate in school social activities, I

Rating: ☐ Ask him why ☐ ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Jose to perform in school.

1.

Normal
behavior

Unusual
behavior

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

2.

Likely to
succeed

Unlikely to
succeed

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

3.

Popular

Unpopular

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

4.

Friendly

Unfriendly

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

5.

Intelligent

Unintelligent

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

6.

Disorganized

Organized

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

7.

Quick learner

Slow learner

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

8.

Insecure

Confident

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

9.

Aggressive

Passive

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

10.

Unmotivated

Motivated

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

11.

Trustworthy

Untrustworthy

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

12.

Cooperative

Uncooperative

Rating:

☐ ☐ ☐ ☐ ☐ ☐ ☐

13.

Inattentive

Attentive

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Jose.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Jose's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: deannavoisine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Jose is a 12 year old Hispanic boy in middle school. In class, he frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Jose was diagnosed with an anxiety disorder. Jose lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Jose's behavior is

Rating: ☐ Disciplined ☐ ☐ ☐ ☐ ☐ ☐ ☐ Undisciplined

2. To help Jose in his studies, I am willing to invest

Rating: ☐ Great effort ☐ ☐ ☐ ☐ ☐ ☐ ☐ Minimal effort

3. Jose is a student I

Rating: ☐ Dislike ☐ ☐ ☐ ☐ ☐ ☐ ☐ Like

4. Jose's attitudes to his studies are

Rating: ☐ Serious ☐ ☐ ☐ ☐ ☐ ☐ ☐ Careless

5. If Jose asked me to help with something not related to school, I would

Rating: ☐ Refuse ☐ ☐ ☐ ☐ ☐ ☐ ☐ Agree

6. The prospect of teaching Jose next year makes me feel

Rating: ☐ Happy ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sad

7. Compared to my expectations of Jose, his actual achievements are

Rating: ☐ Excellent ☐ ☐ ☐ ☐ ☐ ☐ ☐ Disappointing

8. If Jose stopped coming to school for over one week, I

Rating: ☐ Would check on him ☐ ☐ ☐ ☐ ☐ ☐ ☐ Would ignore the situation

9. In class, Jose

Rating: ☐ Pays attention ☐ ☐ ☐ ☐ ☐ ☐ ☐ Does not pay attention

10. Jose is

Rating: ☐ A popular child ☐ ☐ ☐ ☐ ☐ ☐ ☐ An isolated child

11. Helping Jose makes me

Rating: ☐ Happy ☐ ☐ ☐ ☐ ☐ ☐ ☐ Sad

12. The likelihood that Jose will graduate high school is

Highly unlikely

Highly likely

Rating:

13. When Jose refuses to participate in school social activities, I

Ask him why

Disregard the situation

Rating:

3. Expectations

Choose the rating that best describes how you would expect Jose to perform in school.

1.

Normal
behavior

Unusual
behavior

Rating:

☐☐☐☐☐☐☐

2.

Likely to
succeed

Unlikely to
succeed

Rating:

☐☐☐☐☐☐☐

3.

Popular

Unpopular

Rating:

☐☐☐☐☐☐☐

4.

Friendly

Unfriendly

Rating:

☐☐☐☐☐☐☐

5.

Intelligent

Unintelligent

Rating:

☐☐☐☐☐☐☐

6.

Disorganized

Organized

Rating:

☐☐☐☐☐☐☐

7.

Quick learner

Slow learner

Rating:

☐☐☐☐☐☐☐

8.

Insecure

Confident

Rating:

☐☐☐☐☐☐☐

9.

Aggressive

Passive

Rating:

☐☐☐☐☐☐☐

10.

Unmotivated

Motivated

Rating:

☐☐☐☐☐☐☐

11.

Trustworthy

Untrustworthy

Rating:

☐☐☐☐☐☐☐

12.

Cooperative

Uncooperative

Rating:

☐☐☐☐☐☐☐

13.

Inattentive

Attentive

Rating:

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Jose.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Jose's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: deannavoisine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Jose is a 12 year old Hispanic boy in middle school. In class, he frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. Jose lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Jose's behavior is

Rating: ☐ Disciplined ☐ ☐ ☐ ☐ ☐ ☐ Undisciplined

2. To help Jose in his studies, I am willing to invest

Rating: ☐ Great effort ☐ ☐ ☐ ☐ ☐ Minimal effort

3. Jose is a student I

Rating: ☐ Dislike ☐ ☐ ☐ ☐ ☐ Like

4. Jose's attitudes to his studies are

Rating: ☐ Serious ☐ ☐ ☐ ☐ ☐ Careless

5. If Jose asked me to help with something not related to school, I would

Rating: ☐ Refuse ☐ ☐ ☐ ☐ ☐ Agree

6. The prospect of teaching Jose next year makes me feel

Rating: ☐ Happy ☐ ☐ ☐ ☐ ☐ Sad

7. Compared to my expectations of Jose, his actual achievements are

Rating: ☐ Excellent ☐ ☐ ☐ ☐ ☐ Disappointing

8. If Jose stopped coming to school for over one week, I

Rating: ☐ Would check on him ☐ ☐ ☐ ☐ ☐ Would ignore the situation

9. In class, Jose

Rating: ☐ Pays attention ☐ ☐ ☐ ☐ ☐ Does not pay attention

10. Jose is

Rating: ☐ A popular child ☐ ☐ ☐ ☐ ☐ An isolated child

11. Helping Jose makes me

Rating: ☐ Happy ☐ ☐ ☐ ☐ ☐ Sad

12. The likelihood that Jose will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Jose refuses to participate in school social activities, I

Rating: ☐ Ask him why ☐ ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Jose to perform in school.

1.

Normal
behavior

Unusual
behavior

Rating:

☐
☐
☐
☐
☐
☐
☐

2.

Likely to
succeed

Unlikely to
succeed

Rating:

☐
☐
☐
☐
☐
☐
☐

3.

Popular

Unpopular

Rating:

☐
☐
☐
☐
☐
☐
☐

4.

Friendly

Unfriendly

Rating:

☐
☐
☐
☐
☐
☐
☐

5.

Intelligent

Unintelligent

Rating:

☐
☐
☐
☐
☐
☐
☐

6.

Disorganized

Organized

Rating:

☐
☐
☐
☐
☐
☐
☐

7.

Quick learner

Slow learner

Rating:

☐
☐
☐
☐
☐
☐
☐

8.

Insecure

Confident

Rating:

☐
☐
☐
☐
☐
☐
☐

9.

Aggressive

Passive

Rating:

☐
☐
☐
☐
☐
☐
☐

10.

Unmotivated

Motivated

Rating:

☐
☐
☐
☐
☐
☐
☐

11.

Trustworthy

Untrustworthy

Rating:

☐
☐
☐
☐
☐
☐
☐

12.

Cooperative

Uncooperative

Rating:

☐
☐
☐
☐
☐
☐
☐

13.

Inattentive

Attentive

Rating

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Jose.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Jose's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: deannavoisine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Joe is a 12 year old Caucasian boy in middle school. In class, he frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Joe was diagnosed with conduct disorder. Joe lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Joe's behavior is

	Disciplined							Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

2. To help Joe in his studies, I am willing to invest

	Great effort							Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

3. Joe is a student I

	Dislike							Like
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

4. Joe's attitudes to his studies are

	Serious							Careless
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

5. If Joe asked me to help with something not related to school, I would

	Refuse							Agree
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Joe next year makes me feel

	Happy							Sad
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Joe, his actual achievements are

	Excellent							Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

8. If Joe stopped coming to school for over one week, I

	Would check on him							Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

9. In class, Joe

	Pays attention							Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

10. Joe is

	A popular child							An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

11. Helping Joe makes me

	Happy							Sad
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Joe will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Joe refuses to participate in school social activities, I

Rating: ☐ Ask him why ☐ ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Joe to perform in school.

1.

Rating: ☐ Normal behavior ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unusual behavior

2.

Rating: ☐ Likely to succeed ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unlikely to succeed

3.

Rating: ☐ Popular ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unpopular

4.

Rating: ☐ Friendly ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unfriendly

5.

Rating: ☐ Intelligent ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unintelligent

6.

Rating: ☐ Disorganized ☐ ☐ ☐ ☐ ☐ ☐ ☐ Organized

7.

Rating: ☐ Quick learner ☐ ☐ ☐ ☐ ☐ ☐ ☐ Slow learner

8.

Rating: ☐ Insecure ☐ ☐ ☐ ☐ ☐ ☐ ☐ Confident

13.

Inattentive

Attentive

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Joe.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Joe's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: deannavolsine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Joe is a 12 year old Caucasian boy in middle school. In class, he frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Joe was diagnosed with a learning disability. Joe lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Joe's behavior is

	Disciplined						Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐

2. To help Joe in his studies, I am willing to invest

	Great effort						Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐

3. Joe is a student I

	Dislike						Like
Rating:	☐	☐	☐	☐	☐	☐	☐

4. Joe's attitudes to his studies are

	Serious						Careless
Rating:	☐	☐	☐	☐	☐	☐	☐

5. If Joe asked me to help with something not related to school, I would

	Refuse						Agree
Rating:	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Joe next year makes me feel

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Joe, his actual achievements are

	Excellent						Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐

8. If Joe stopped coming to school for over one week, I

	Would check on him						Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐

9. In class, Joe

	Pays attention						Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐

10. Joe is

	A popular child						An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐

11. Helping Joe makes me

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Joe will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Joe refuses to participate in school social activities, I

Rating: ☐ Ask him why ☐ ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Joe to perform in school.

1.

Normal
behavior

Unusual
behavior

Rating:

☐☐☐☐☐☐☐

2.

Likely to
succeed

Unlikely to
succeed

Rating:

☐☐☐☐☐☐☐

3.

Popular

Unpopular

Rating:

☐☐☐☐☐☐☐

4.

Friendly

Unfriendly

Rating:

☐☐☐☐☐☐☐

5.

Intelligent

Unintelligent

Rating:

☐☐☐☐☐☐☐

6.

Disorganized

Organized

Rating:

☐☐☐☐☐☐☐

7.

Quick learner

Slow learner

Rating:

☐☐☐☐☐☐☐

8.

Insecure

Confident

Rating:

☐☐☐☐☐☐☐

13.

Inattentive

Attentive

Rating:

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Joe.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Joe's behavior problems:

6. Thank you!

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THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Joe is a 12 year old Caucasian boy in middle school. In class, he frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Joe was diagnosed with an anxiety disorder. Joe lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Joe's behavior is

	Disciplined						Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐

2. To help Joe in his studies, I am willing to invest

	Great effort						Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐

3. Joe is a student I

	Dislike						Like
Rating:	☐	☐	☐	☐	☐	☐	☐

4. Joe's attitudes to his studies are

	Serious						Careless
Rating:	☐	☐	☐	☐	☐	☐	☐

5. If Joe asked me to help with something not related to school, I would

	Refuse						Agree
Rating:	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Joe next year makes me feel

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Joe, his actual achievements are

	Excellent						Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐

8. If Joe stopped coming to school for over one week, I

	Would check on him						Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐

9. In class, Joe

	Pays attention						Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐

10. Joe is

	A popular child						An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐

11. Helping Joe makes me

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Joe will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Joe refuses to participate in school social activities, I

Rating: ☐ Ask him why ☐ ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Joe to perform in school.

1.

Normal
behavior

Unusual
behavior

Rating:

☐☐☐☐☐☐☐

2.

Likely to
succeed

Unlikely to
succeed

Rating:

☐☐☐☐☐☐☐

3.

Popular

Unpopular

Rating:

☐☐☐☐☐☐☐

4.

Friendly

Unfriendly

Rating:

☐☐☐☐☐☐☐

5.

Intelligent

Unintelligent

Rating:

☐☐☐☐☐☐☐

6.

Disorganized

Organized

Rating:

☐☐☐☐☐☐☐

7.

Quick learner

Slow learner

Rating:

☐☐☐☐☐☐☐

8.

Insecure

Confident

Rating:

☐☐☐☐☐☐☐

13.

Inattentive

Attentive

Rating:

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Joe.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Joe's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: decnnavolsine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Joe is a 12 year old Caucasian boy in middle school. In class, he frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. Joe lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Joe's behavior is

Disciplined Undisciplined
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. To help Joe in his studies, I am willing to invest

Great effort Minimal effort
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. Joe is a student I

Dislike Like
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

4. Joe's attitudes to his studies are

Serious Careless
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

5. If Joe asked me to help with something not related to school, I would

Refuse Agree
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

6. The prospect of teaching Joe next year makes me feel

Happy Sad
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

7. Compared to my expectations of Joe, his actual achievements are

Excellent Disappointing
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

8. If Joe stopped coming to school for over one week, I

Would check on him Would ignore the situation
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

9. In class, Joe

Pays attention Does not pay attention
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

10. Joe is

A popular child An isolated child
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

11. Helping Joe makes me

Happy Sad
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

12. The likelihood that Joe will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Joe refuses to participate in school social activities, I

Rating: ☐ Ask him why ☐ ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Joe to perform in school.

1.

Rating: ☐ Normal behavior ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unusual behavior

2.

Rating: ☐ Likely to succeed ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unlikely to succeed

3.

Rating: ☐ Popular ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unpopular

4.

Rating: ☐ Friendly ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unfriendly

5.

Rating: ☐ Intelligent ☐ ☐ ☐ ☐ ☐ ☐ ☐ Unintelligent

6.

Rating: ☐ Disorganized ☐ ☐ ☐ ☐ ☐ ☐ ☐ Organized

7.

Rating: ☐ Quick learner ☐ ☐ ☐ ☐ ☐ ☐ ☐ Slow learner

8.

Rating: ☐ Insecure ☐ ☐ ☐ ☐ ☐ ☐ ☐ Confident

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

13.

Inattentive

Attentive

Rating

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Joe.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Joe's behavior problems:

6. Thank you!

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THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Maria is a 12 year old Hispanic girl in middle school. In class, she frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Maria was diagnosed with conduct disorder. Maria lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Maria's behavior is

Disciplined Undisciplined
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. To help Maria in her studies, I am willing to invest

Great effort Minimal effort
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. Maria is a student I

Dislike Like
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

4. Maria's attitudes to her studies are

Serious Careless
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

5. If Maria asked me to help with something not related to school, I would

Refuse Agree
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

6. The prospect of teaching Maria next year makes me feel

Happy Sad
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

7. Compared to my expectations of Maria, her actual achievements are

Excellent Disappointing
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

8. If Maria stopped coming to school for over one week, I

Would check on her Would ignore the situation
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

9. In class, Maria

Pays attention Does not pay attention
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

10. Maria is

A popular child An isolated child
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

11. Helping Maria makes me

Happy Sad
Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

12. The likelihood that Maria will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Maria refuses to participate in school social activities, I

Rating: ☐ Ask her why ☐ ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Maria to perform in school.

1.

	Normal behavior							Unusual behavior
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

2.

	Likely to succeed							Unlikely to succeed
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

3.

	Popular							Unpopular
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

4.

	Friendly							Unfriendly
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

5.

	Intelligent							Unintelligent
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

6.

	Disorganized							Organized
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

7.

	Quick learner							Slow learner
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

8.

	Insecure							Confident
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

9.

	Aggressive							Passive
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

10.

	Unmotivated							Motivated
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

11.

	Trustworthy							Untrustworthy
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

12.

	Cooperative							Uncooperative
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

13.

Inattentive

Attentive

Rating:

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Maria.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Maria's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: deannavoisine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Maria is a 12 year old Hispanic girl in middle school. In class, she frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Maria was diagnosed with a learning disability. Maria lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Maria's behavior is

	Disciplined						Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐

2. To help Maria in her studies, I am willing to invest

	Great effort						Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐

3. Maria is a student I

	Dislike						Like
Rating:	☐	☐	☐	☐	☐	☐	☐

4. Maria's attitudes to her studies are

	Serious						Careless
Rating:	☐	☐	☐	☐	☐	☐	☐

5. If Maria asked me to help with something not related to school, I would

	Refuse						Agree
Rating:	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Maria next year makes me feel

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Maria, her actual achievements are

	Excellent						Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐

8. If Maria stopped coming to school for over one week, I

	Would check on her						Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐

9. In class, Maria

	Pays attention						Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐

10. Maria is

	A popular child						An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐

11. Helping Maria makes me

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Maria will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Maria refuses to participate in school social activities, I

Rating: ☐ Ask her why ☐ ☐ ☐ ☐ ☐ Disregard the situation ☐

3. Expectations

Choose the rating that best describes how you would expect Maria to perform in school.

1.

	Normal behavior						Unusual behavior
Rating:	☐	☐	☐	☐	☐	☐	☐

2.

	Likely to succeed						Unlikely to succeed
Rating:	☐	☐	☐	☐	☐	☐	☐

3.

	Popular						Unpopular
Rating:	☐	☐	☐	☐	☐	☐	☐

4.

	Friendly						Unfriendly
Rating:	☐	☐	☐	☐	☐	☐	☐

5.

	Intelligent						Unintelligent
Rating:	☐	☐	☐	☐	☐	☐	☐

6.

	Disorganized						Organized
Rating:	☐	☐	☐	☐	☐	☐	☐

7.

	Quick learner						Slow learner
Rating:	☐	☐	☐	☐	☐	☐	☐

8.

	Insecure						Confident
Rating:	☐	☐	☐	☐	☐	☐	☐

9.

	Aggressive						Passive
Rating:	☐	☐	☐	☐	☐	☐	☐

10.

	Unmotivated						Motivated
Rating:	☐	☐	☐	☐	☐	☐	☐

11.

	Trustworthy						Untrustworthy
Rating:	☐	☐	☐	☐	☐	☐	☐

12.

	Cooperative						Uncooperative
Rating:	☐	☐	☐	☐	☐	☐	☐

13.

Inattentive

Attentive

Rating

☐ ☐ ☐ ☐ ☐ ☐ ☐

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Maria.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Maria's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: deannavoisine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Maria is a 12 year old Hispanic girl in middle school. In class, she frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Maria was diagnosed with an anxiety disorder. Maria lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Maria's behavior is

	Disciplined						Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐

2. To help Maria in her studies, I am willing to invest

	Great effort						Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐

3. Maria is a student I

	Dislike						Like
Rating:	☐	☐	☐	☐	☐	☐	☐

4. Maria's attitudes to her studies are

	Serious						Careless
Rating:	☐	☐	☐	☐	☐	☐	☐

5. If Maria asked me to help with something not related to school, I would

	Refuse						Agree
Rating:	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Maria next year makes me feel

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Maria, her actual achievements are

	Excellent						Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐

8. If Maria stopped coming to school for over one week, I

	Would check on her						Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐

9. In class, Maria

	Pays attention						Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐

10. Maria is

	A popular child						An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐

11. Helping Maria makes me

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Maria will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Maria refuses to participate in school social activities, I

Rating: ☐ Ask her why ☐ ☐ ☐ ☐ ☐ Disregard the situation ☐

3. Expectations

Choose the rating that best describes how you would expect Maria to perform in school.

1.

	Normal behavior						Unusual behavior
Rating:	☐	☐	☐	☐	☐	☐	☐

2.

	Likely to succeed						Unlikely to succeed
Rating:	☐	☐	☐	☐	☐	☐	☐

3.

	Popular						Unpopular
Rating:	☐	☐	☐	☐	☐	☐	☐

4.

	Friendly						Unfriendly
Rating:	☐	☐	☐	☐	☐	☐	☐

5.

	Intelligent						Unintelligent
Rating:	☐	☐	☐	☐	☐	☐	☐

6.

	Disorganized						Organized
Rating:	☐	☐	☐	☐	☐	☐	☐

7.

	Quick learner						Slow learner
Rating:	☐	☐	☐	☐	☐	☐	☐

8.

	Insecure						Confident
Rating:	☐	☐	☐	☐	☐	☐	☐

9.

	Aggressive						Passive
Rating:	☐	☐	☐	☐	☐	☐	☐

10.

	Unmotivated						Motivated
Rating:	☐	☐	☐	☐	☐	☐	☐

11.

	Trustworthy						Untrustworthy
Rating:	☐	☐	☐	☐	☐	☐	☐

12.

	Cooperative						Uncooperative
Rating:	☐	☐	☐	☐	☐	☐	☐

13.

Inattentive

Attentive

Rating:

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Maria.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Maria's behavior problems:

6. Thank you!

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THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Maria is a 12 year old Hispanic girl in middle school. In class, she frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. Maria lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Maria's behavior is

Rating: ☐ Disciplined ☐ ☐ ☐ ☐ ☐ ☐ ☐ Undisciplined

2. To help Maria in her studies, I am willing to invest

Rating: ☐ Great effort ☐ ☐ ☐ ☐ ☐ ☐ Minimal effort

3. Maria is a student I

Rating: ☐ Dislike ☐ ☐ ☐ ☐ ☐ ☐ Like

4. Maria's attitudes to her studies are

Rating: ☐ Serious ☐ ☐ ☐ ☐ ☐ ☐ Careless

5. If Maria asked me to help with something not related to school, I would

Rating: ☐ Refuse ☐ ☐ ☐ ☐ ☐ ☐ Agree

6. The prospect of teaching Maria next year makes me feel

Rating: ☐ Happy ☐ ☐ ☐ ☐ ☐ ☐ Sad

7. Compared to my expectations of Maria, her actual achievements are

Rating: ☐ Excellent ☐ ☐ ☐ ☐ ☐ ☐ Disappointing

8. If Maria stopped coming to school for over one week, I

Rating: ☐ Would check on her ☐ ☐ ☐ ☐ ☐ ☐ Would ignore the situation

9. In class, Maria

Rating: ☐ Pays attention ☐ ☐ ☐ ☐ ☐ ☐ Does not pay attention

10. Maria is

Rating: ☐ A popular child ☐ ☐ ☐ ☐ ☐ ☐ An isolated child

11. Helping Maria makes me

Rating: ☐ Happy ☐ ☐ ☐ ☐ ☐ ☐ Sad

12. The likelihood that Maria will graduate high school is

Rating: Highly unlikely Highly likely

☐ ☐ ☐ ☐ ☐ ☐ ☐

13. When Maria refuses to participate in school social activities, I

Rating: Ask her why Disregard the situation

☐ ☐ ☐ ☐ ☐ ☐ ☐

3. Expectations

Choose the rating that best describes how you would expect Maria to perform in school.

1.	Normal behavior	☐	☐	☐	☐	☐	Unusual behavior
Rating:							
2.	Likely to succeed	☐	☐	☐	☐	☐	Unlikely to succeed
Rating:							
3.	Popular	☐	☐	☐	☐	☐	Unpopular
Rating:							
4.	Friendly	☐	☐	☐	☐	☐	Unfriendly
Rating:							
5.	Intelligent	☐	☐	☐	☐	☐	Unintelligent
Rating:							
6.	Disorganized	☐	☐	☐	☐	☐	Organized
Rating:							
7.	Quick learner	☐	☐	☐	☐	☐	Slow learner
Rating:							
8.	Insecure	☐	☐	☐	☐	☐	Confident
Rating:							
9.	Aggressive	☐	☐	☐	☐	☐	Passive
Rating:							
10.	Unmotivated	☐	☐	☐	☐	☐	Motivated
Rating:							
11.	Trustworthy	☐	☐	☐	☐	☐	Untrustworthy
Rating:							
12.	Cooperative	☐	☐	☐	☐	☐	Uncooperative
Rating:							

13.

Rating	Inattentive						Attentive
	☐	☐	☐	☐	☐	☐	☐

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Maria.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Maria's behavior problems:

6. Thank you!

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THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Mary is a 12 year old Caucasian girl in middle school. In class, she frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Mary was diagnosed with conduct disorder. Mary lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Mary's behavior is

	Disciplined						Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐

2. To help Mary in her studies, I am willing to invest

	Great effort						Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐

3. Mary is a student I

	Dislike						Like
Rating:	☐	☐	☐	☐	☐	☐	☐

4. Mary's attitudes to her studies are

	Serious						Careless
Rating:	☐	☐	☐	☐	☐	☐	☐

5. If Mary asked me to help with something not related to school, I would

	Refuse						Agree
Rating:	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Mary next year makes me feel

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Mary, her actual achievements are

	Excellent						Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐

8. If Mary stopped coming to school for over one week, I

	Would check on her						Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐

9. In class, Mary

	Pays attention						Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐

10. Mary is

	A popular child						An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐

11. Helping Mary makes me

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Mary will graduate high school is

Rating: Highly unlikely Highly likely

☐ ☐ ☐ ☐ ☐ ☐ ☐

13. When Mary refuses to participate in school social activities, I

Rating: Ask her why Disregard the situation

☐ ☐ ☐ ☐ ☐ ☐ ☐

3. Expectations

Choose the rating that best describes how you would expect Mary to perform in school.

1.

	Normal behavior							Unusual behavior
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

2.

	Likely to succeed							Unlikely to succeed
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

3.

	Popular							Unpopular
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

4.

	Friendly							Unfriendly
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

5.

	Intelligent							Unintelligent
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

6.

	Disorganized							Organized
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

7.

	Quick learner							Slow learner
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

8.

	Insecure							Confident
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

9.

	Aggressive							Passive
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

10.

	Unmotivated							Motivated
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

11.

	Trustworthy							Untrustworthy
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

12.

	Cooperative							Uncooperative
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

13.

Rating							
	Inattentive						Attentive

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Mary.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Mary's behavior problems:

6. Thank you!

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THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Mary is a 12 year old Caucasian girl in middle school. In class, she frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Mary was diagnosed with a learning disability. Mary lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Mary's behavior is

	Disciplined						Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐

2. To help Mary in her studies, I am willing to invest

	Great effort						Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐

3. Mary is a student I

	Dislike						Like
Rating:	☐	☐	☐	☐	☐	☐	☐

4. Mary's attitudes to her studies are

	Serious						Careless
Rating:	☐	☐	☐	☐	☐	☐	☐

5. If Mary asked me to help with something not related to school, I would

	Refuse						Agree
Rating:	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Mary next year makes me feel

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Mary, her actual achievements are

	Excellent						Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐

8. If Mary stopped coming to school for over one week, I

	Would check on her						Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐

9. In class, Mary

	Pays attention						Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐

10. Mary is

	A popular child						An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐

11. Helping Mary makes me

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Mary will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Mary refuses to participate in school social activities, I

Rating: ☐ Ask her why ☐ ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Mary to perform in school.

1.

Normal
behavior

Unusual
behavior

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

2.

Likely to
succeed

Unlikely to
succeed

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

3.

Popular

Unpopular

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

4.

Friendly

Unfriendly

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

5.

Intelligent

Unintelligent

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

6.

Disorganized

Organized

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

7.

Quick learner

Slow learner

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

8.

Insecure

Confident

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

9.

Aggressive

Passive

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

10.

Unmotivated

Motivated

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

11.

Trustworthy

Untrustworthy

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

12.

Cooperative

Uncooperative

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

13.

Inattentive

Attentive

Rating

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Mary.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Mary's behavior problems:

6. Thank you!

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THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Mary is a 12 year old Caucasian girl in middle school. In class, she frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. A few years ago, Mary was diagnosed with an anxiety disorder. Mary lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Mary's behavior is

	Disciplined						Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐

2. To help Mary in her studies, I am willing to invest

	Great effort						Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐

3. Mary is a student I

	Dislike						Like
Rating:	☐	☐	☐	☐	☐	☐	☐

4. Mary's attitudes to her studies are

	Serious						Careless
Rating:	☐	☐	☐	☐	☐	☐	☐

5. If Mary asked me to help with something not related to school, I would

	Refuse						Agree
Rating:	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Mary next year makes me feel

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Mary, her actual achievements are

	Excellent						Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐

8. If Mary stopped coming to school for over one week, I

	Would check on her						Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐

9. In class, Mary

	Pays attention						Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐

10. Mary is

	A popular child						An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐

11. Helping Mary makes me

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Mary will graduate high school is

Rating: Highly unlikely Highly likely

☐ ☐ ☐ ☐ ☐ ☐ ☐

13. When Mary refuses to participate in school social activities, I

Ask her why Disregard the situation

Rating: ☐ ☐ ☐ ☐ ☐ ☐ ☐

3. Expectations

Choose the rating that best describes how you would expect Mary to perform in school.

1.	Normal behavior	☐	☐	☐	☐	☐	☐	Unusual behavior
Rating:								
2.	Likely to succeed	☐	☐	☐	☐	☐	☐	Unlikely to succeed
Rating:								
3.	Popular	☐	☐	☐	☐	☐	☐	Unpopular
Rating:								
4.	Friendly	☐	☐	☐	☐	☐	☐	Unfriendly
Rating:								
5.	Intelligent	☐	☐	☐	☐	☐	☐	Unintelligent
Rating:								
6.	Disorganized	☐	☐	☐	☐	☐	☐	Organized
Rating:								
7.	Quick learner	☐	☐	☐	☐	☐	☐	Slow learner
Rating:								
8.	Insecure	☐	☐	☐	☐	☐	☐	Confident
Rating:								
9.	Aggressive	☐	☐	☐	☐	☐	☐	Passive
Rating:								
10.	Unmotivated	☐	☐	☐	☐	☐	☐	Motivated
Rating:								
11.	Trustworthy	☐	☐	☐	☐	☐	☐	Untrustworthy
Rating:								
12.	Cooperative	☐	☐	☐	☐	☐	☐	Uncooperative
Rating:								

13.

Inattentive

Attentive

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Mary.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Mary's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: deannavolsine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

2. Perceptions

Mary is a 12 year old Caucasian girl in middle school. In class, she frequently talks out, avoids doing work, lacks concentration, and is physically aggressive towards other students. Mary lives with both parents, has an older sibling, has a few close friends, and has generally done poorly in school. Teachers often have to make judgments and decisions based on limited information. Please answer the following questions based on what you have just read using your personal and professional judgment.

1. Mary's behavior is

	Disciplined						Undisciplined
Rating:	☐	☐	☐	☐	☐	☐	☐

2. To help Mary in her studies, I am willing to invest

	Great effort						Minimal effort
Rating:	☐	☐	☐	☐	☐	☐	☐

3. Mary is a student I

	Dislike						Like
Rating:	☐	☐	☐	☐	☐	☐	☐

4. Mary's attitudes to her studies are

	Serious						Careless
Rating:	☐	☐	☐	☐	☐	☐	☐

5. If Mary asked me to help with something not related to school, I would

	Refuse						Agree
Rating:	☐	☐	☐	☐	☐	☐	☐

6. The prospect of teaching Mary next year makes me feel

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

7. Compared to my expectations of Mary, her actual achievements are

	Excellent						Disappointing
Rating:	☐	☐	☐	☐	☐	☐	☐

8. If Mary stopped coming to school for over one week, I

	Would check on her						Would ignore the situation
Rating:	☐	☐	☐	☐	☐	☐	☐

9. In class, Mary

	Pays attention						Does not pay attention
Rating:	☐	☐	☐	☐	☐	☐	☐

10. Mary is

	A popular child						An isolated child
Rating:	☐	☐	☐	☐	☐	☐	☐

11. Helping Mary makes me

	Happy						Sad
Rating:	☐	☐	☐	☐	☐	☐	☐

12. The likelihood that Mary will graduate high school is

Rating: ☐ Highly unlikely ☐ ☐ ☐ ☐ ☐ ☐ Highly likely

13. When Mary refuses to participate in school social activities, I

Rating: ☐ Ask her why ☐ ☐ ☐ ☐ ☐ Disregard the situation

3. Expectations

Choose the rating that best describes how you would expect Mary to perform in school.

1.

	Normal behavior							Unusual behavior
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

2.

	Likely to succeed							Unlikely to succeed
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

3.

	Popular							Unpopular
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

4.

	Friendly							Unfriendly
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

5.

	Intelligent							Unintelligent
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

6.

	Disorganized							Organized
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

7.

	Quick learner							Slow learner
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

8.

	Insecure							Confident
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

9.

	Aggressive							Passive
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

10.

	Unmotivated							Motivated
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

11.

	Trustworthy							Untrustworthy
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

12.

	Cooperative							Uncooperative
Rating:	☐	☐	☐	☐	☐	☐	☐	☐

13.

Inattentive

Attentive

4. Attributions

1. Please rate each of the following factors as a cause of the behavior problems for Mary.

	Strongly Disagree	Disagree	Slightly Disagree	Indifferent	Slightly Agree	Agree	Strongly Agree
Overactivity	☐	☐	☐	☐	☐	☐	☐
Large number of students in class	☐	☐	☐	☐	☐	☐	☐
Lack of parental interest	☐	☐	☐	☐	☐	☐	☐
Family problems	☐	☐	☐	☐	☐	☐	☐
Heavy school demands	☐	☐	☐	☐	☐	☐	☐
Teacher's attitude	☐	☐	☐	☐	☐	☐	☐
Lack of motivation	☐	☐	☐	☐	☐	☐	☐
Lack of classroom rules	☐	☐	☐	☐	☐	☐	☐
Low self-esteem	☐	☐	☐	☐	☐	☐	☐
Parental attitude	☐	☐	☐	☐	☐	☐	☐
Low family income	☐	☐	☐	☐	☐	☐	☐
Learning difficulties	☐	☐	☐	☐	☐	☐	☐

2. Other possible cause of Mary's behavior problems:

6. Thank you!

Thank you SO much for participating in this study! This research was specifically examining teachers' perceptions and expectations of students of different ethnicities, diagnostic labels, and gender. If you would like to be entered into a raffle for a monetary prize (and/or if you'd like to receive the results of this study), please email your name and contact information (which will be kept separate from this survey to keep all responses anonymous) to: deannavoisine@verizon.net

THANK YOU for your time!! It is greatly appreciated.

Table 1

Participants' Demographic Information

Variable	N	%
Gender		
Male	67	19.3%
Female	280	80.7%
Years Teaching		
0-5	62	17.9%
6-10	97	28%
11-15	59	17%
16+	129	37.2%
Type of Educator		
Regular Education	251	72.3%
Special Education	81	23.3%
Both	15	4.3%
State		
Connecticut	72	20.7%
Massachusetts	35	10.1%
Rhode Island	240	69.2%
Area		
Rural	95	27.4%
Urban	51	14.7%
Suburban	201	57.9%

Table1 (Continued)

Variable		N	%
Ethnicity			
White		332	95.7%
Latino		3	.9%
African American		1	.3%
Multiethnic		8	2.3%
Other		3	.9%
Age			
18-25		20	5.8%
26-35		94	27.1%
36-45		85	24.5%
46-55		91	26.2%
56-65		54	15.6%
65+		3	.9%
Grade Taught			
Elementary		133	38.3%
Middle		84	24.2%
High		111	32.0%
Elementary & Middle		8	2.3%
Middle & High		7	2.0%
Elementary, Middle, & High		4	1.2%

Table 2

Frequency and Percentage of Completed TAAS by IV Manipulation

	N	%
HMC	22	6.3
HML	22	6.3
HMA	21	6.1
HMN	22	6.3
WMC	31	8.9
WML	20	5.8
WMA	20	5.8
WMN	20	5.8
HFC	23	6.6
HFL	27	7.8
HFA	23	6.6
HFN	18	5.2
WFC	21	6.1
WFL	20	5.8
WFA	19	5.5
WFN	18	5.2

Note. H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Table 3

Means and Standard Deviations of Perceptions by IV Manipulation

	M	SD
HMC	43.18	6.88
HML	42.86	11.81
HMA	41.35	6.58
HMN	47.18	7.69
HFC	41.74	9.10
HFL	43.73	8.21
HFA	38.78	8.35
HFN	42.18	8.70
WMC	44.24	9.38
WML	41.80	7.02
WMA	47.35	8.80
WMN	46.26	10.20
WFC	45.38	7.53
WFL	43.95	11.21
WFA	44.47	10.11
WFN	48.76	7.95

Note. H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Table 4

Means and Standard Deviations of Expectancies by IV Manipulation

Version	M	SD
HMC	57.00	10.60
HML	56.41	10.28
HMA	52.40	14.71
HMN	59.18	7.91
HFC	53.74	14.08
HFL	58.19	10.51
HFA	54.96	11.06
HFN	55.41	14.71
WMC	56.13	9.76
WML	56.60	11.12
WMA	61.15	11.52
WMN	57.74	9.22
WFC	56.38	11.25
WFL	55.65	9.80
WFA	57.11	11.85
WFN	59.94	8.26

Note. H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Table 5

Means and Standard Deviations of AS by IV Manipulation

Version	M	SD
HMC	19.14	3.43
HML	20.55	4.66
HMA	21.40	3.32
HMN	21.05	3.26
HFC	21.13	3.17
HFL	19.42	3.55
HFA	19.83	2.82
HFN	20.38	2.53
WMC	20.56	3.15
WML	21.30	2.68
WMA	21.25	3.01
WMN	20.26	3.49
WFC	21.11	2.59
WFL	19.11	3.79
WFA	19.61	4.06
WFN	19.80	5.53

Note. AS= Attributions to Student factors; H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Table 6

Means and Standard Deviations of AP by IV Manipulation

Version	M	SD
HMC	17.36	5.39
HML	16.82	6.40
HMA	18.40	4.19
HMN	19.62	4.44
HFC	18.61	5.02
HFL	17.35	4.00
HFA	17.78	4.28
HFN	18.19	3.47
WMC	17.19	4.39
WML	20.35	3.66
WMA	16.55	5.07
WMN	18.53	3.67
WFC	19.06	3.72
WFL	16.78	4.93
WFA	17.22	3.70
WFN	18.60	6.54

Note. AP= Attributions to Parent/Family factors; H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Table 7

Means and Standard Deviations of AT by IV Manipulation

Version	M	SD
HMC	16.23	5.59
HML	16.36	4.90
HMA	17.70	5.05
HMN	17.95	4.83
HFC	19.87	4.22
HFL	17.08	4.30
HFA	18.17	3.50
HFN	17.38	4.13
WMC	16.11	4.57
WML	19.70	3.64
WMA	17.55	3.41
WMN	15.53	4.25
WFC	16.83	4.30
WFL	16.44	4.27
WFA	16.61	4.07
WFN	17.47	5.30

Note. AT= Attributions to Teacher/School factors; H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Table 8

Multivariate Analysis of Variance for Student Ethnicity, Gender, and Diagnostic Label on Perceptions and Expectancies

Effect	<i>df</i>	<i>F</i>	η^2	<i>p</i>
Ethnicity (E)	2	3.797	.023	.023
Gender (G)	2	.241	.001	.786
Label (L)	6	1.239	.011	.284
E X G	2	1.571	.010	.210
E X L	6	.988	.009	.433
G X L	6	.611	.006	.722
E X G X L	6	.787	.007	.580

Between-Subjects Effects

Source	DV	<i>df</i>	SS	MS	<i>F</i>	η^2	<i>p</i>
E	Perceptions (Perc)	1	587.104	587.104	7.502	.023	.007
	Expectancies (Exp)	1	234.573	234.573	1.884	.006	.171
G	Perc	1	35.71	35.719	.456	.001	.500
	Exp	1	35.78	35.789	.287	.001	.592
L	Perc	3	489.548	163.183	2.085	.019	.102
	Exp	3	219.280	73.093	.587	.005	.624
E X G	Perc	1	159.615	159.615	2.040	.006	.154
	Exp	1	2.697	2.697	.000	.000	.988
E X L	Perc	3	415.962	138.654	1.772	.016	.152
	Exp	3	481.650	160.550	1.290	.012	.278
G X L	Perc	3	201.100	67.033	.857	.008	.464
	Exp	3	42.485	14.162	.114	.001	.952

Table 8 (Continued)

Source	DV	<i>df</i>	SS	MS	<i>F</i>	η^2	<i>p</i>
E X G X L	Perc	3	164.172	54.724	.699	.006	.553
	Exp	3	500.052	166.684	1.339	.012	.262
Error	Perc	324	25356.063	78.259			
	Exp	324	40335.654	124.493			

Table 9

Teacher Attitude and Attribution Scale Principal Components Loadings

Item	Component 1	Component 2	Component 3
E4	.735		
E3	.693		
E12	.674		
E2	.662	.397	
E1	.651		
E9	.644		
E10	.625		
E6	.585		
E8	.575		
E13	.547		
E7	.528		
P10	.517		
E11	.513	.344	
P9	.492		
P12	.428		
P1	.386	.317	
A12	.363		
P7	.300		
A1			
P3		.716	
P2		.652	
P6		.635	
P8		.612	

Table9 (Continued)

Item	Component 1	Component 2	Component 3
P13		.569	
P11		.565	
E5	.314	.557	
A6		-.451	.346
P5		.416	
P4	.317	.385	
A10			.795
A3			.791
A4			.784
A7			.552
A11			.510
A5		-.318	.357
A8		-.301	.356
A9	.324	-.321	.337

Note. P=Perceptions, E=Expectancies, A=Attributions

Table 10

Regression Analyses

Variables	<i>B</i>	<i>SE B</i>	β
P, E	.490	.035	.608***
P, AT	-.407	.108	-.205***
P, AP	.425	.104	.221***
P, AS	.667	.137	.260***
E, AS	1.089	.166	.342***
E, AP	.481	.130	.201***
Acceptance, AS	.055	.025	.121*
Closure, AS	.083	.026	.176**
Years, Acceptance	-.194	.077	-.139*
Years, Stigma	-.166	.078	-.117*
Years, P	-1.032	.419	-.131*
Years, E	-1.200	.526	-.123*
E, Closure	.019	.008	.126*
Age, AT	-.743	.205	-.197***
Age, AP	-.481	.214	-.123*

Note: P=Perceptions, E=Expectancies, AP=Attributions to Parent/Family factors, AT=Attributions to Teacher/School factors, AS=Attributions to Student factors

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 11

Analysis of Variance for Type of Educator on Perceptions and Expectancies

Source	DV	<i>df</i>	SS	MS	<i>F</i>	η^2	<i>p</i>
Type	Perceptions	2	1231.625	615.812	7.928	.045	.000
	Expectancies	2	179.154	89.577	.725	.004	.485
Error	Perceptions	337	26177.420	77.678			
	Expectancies	337	41655.020	123.605			

Table 12

Analysis of Variance for Type of Educator on Attributions

Source	DV	df	SS	MS	F	η^2	p
Type	AS	2	27.104	13.552	1.115	.007	.329
	AP	2	167.744	83.872	3.953	.024	.020
	AT	2	402.495	201.248	10.552	.061	.000
Error	AS	325	3951.259	12.158			
	AP	325	6895.180	21.216			
	AT	325	6198.529	19.072			

Note. AS=Attributions to Student factors, AP=Attributions to Parent/Family factors, AT=Attributions to Teacher/School factors

Table 13

Analysis of Variance for Gender on Attributions

Source	DV	df	SS	MS	F	η^2	p
Gender	AS	1	2.662	2.662	.218	.001	.641
	AP	1	299.401	299.401	14.431	.042	.000
	AT	1	45.135	45.135	2.244	.007	.135
Error	AS	326	3975.701	12.195			
	AP	326	6763.523	20.747			
	AT	326	6555.889	20.110			

Note. AS=Attributions to Student factors, AP=Attributions to Parent/Family factors, AT=Attributions to Teacher/School factors

Table 14

Analysis of Variance for Gender on Perceptions and Expectancies

Source	DV	<i>df</i>	SS	MS	<i>F</i>	η^2	<i>p</i>
Gender	Perceptions	1	1687.920	1687.920	22.181	.062	.000
	Expectancies	1	1033.744	1033.744	8.564	.025	.004
Error	Perceptions	338	25721.124	76.098			
	Expectancies	338	40800.430	120.711			

Table 15

Analysis of Variance for Grade Level on Perceptions and Expectancies

Source	DV	<i>df</i>	SS	MS	<i>F</i>	η^2	<i>p</i>
Grade	Perceptions	5	1824.359	364.872	4.763	.067	.000
	Expectancies	5	1604.763	320.953	2.665	.038	.022
Error	Perceptions	334	25584.685	76.601			
	Expectancies	334	40229.411	120.447			

Table 16

Means and Standard Deviations of Perceptions and Expectancies by Grade Level

Grade Level	M	SD
Perceptions		
Elementary	41.67	7.96
Middle	43.20	8.99
High	47.04	9.54
Elementary & Middle	45.75	7.09
Middle & High	41.86	8.09
Elementary, Middle & High	42.75	10.14
Expectancies		
Elementary	54.08	12.80
Middle	58.23	10.65
High	58.44	9.24
Elementary & Middle	61.25	6.07
Middle & High	57.29	5.35
Elementary, Middle & High	54.50	8.06

Table 17

Analysis of Variance for Years of Teaching Experience on Attributions

Source	DV	df	SS	MS	F	η^2	p
Years	AS	3	71.054	23.685	1.964	.018	.119
	AP	3	72.397	24.132	1.119	.010	.342
	AT	3	216.788	72.263	3.667	.033	.013
Error	AS	324	3907.308	12.060			
	AP	324	6990.526	21.576			
	AT	324	6384.237	19.704			

Note. AS=Attributions to Student factors, AP=Attributions to Parent/Family factors, AT=Attributions to Teacher/School factors

Table 18

Means and Standard Deviations of Attributions by Years of Teaching Experience

	Years	M	SD
AS			
	0-5	20.05	3.19
	6-10	20.84	3.64
	11-15	19.52	3.06
	16+	20.55	3.64
AP			
	0-5	18.34	4.08
	6-10	18.54	4.60
	11-15	17.29	5.16
	16+	17.71	4.68
AT			
	0-5	16.64	4.53
	6-10	18.31	4.68
	11-15	18.02	4.27
	16+	16.55	4.28

Note. AS=Attributions to Student factors; AP=Attributions to Parent/Family factors; AT=Attributions to Teacher/School factors

Table 19

Analysis of Variance for Teacher Age on Attributions

Source	DV	df	SS	MS	F	η^2	p
Age	AS	5	101.594	20.319	1.688	.026	.137
	AP	5	127.222	25.444	1.181	.018	.318
	AT	5	316.924	63.385	3.248	.048	.007
Error	AS	322	3876.769	12.040			
	AP	322	6935.702	21.539			
	AT	322	6284.101	19.516			

Note. AS=Attributions to Student factors, AP=Attributions to Parent/Family factors, AT=Attributions to Teacher/School factors

Table 20

Means and Standard Deviations of Attributions by Teacher Age

	Age	M	SD
AS			
	18-25	20.11	2.74
	26-35	20.75	3.70
	36-45	20.10	3.34
	46-55	19.74	3.60
	56-65	21.31	3.25
	65+	19.67	3.21
AP			
	18-25	19.33	3.43
	26-35	18.49	4.71
	36-45	18.17	4.77
	46-55	17.42	4.69
	56-65	17.47	4.47
	65+	15.00	6.56
AT			
	18-25	18.06	3.00
	26-35	18.35	4.69
	36-45	17.97	4.41
	46-55	16.25	4.67
	56-65	16.12	3.92
	65+	16.33	2.52

Note. AS=Attributions to Student factors; AP=Attributions to Parent/Family factors; AT=Attributions to Teacher/School factors

Table 21

Correlation Matrix

Correlations												
		YRS	PERC	EXP	AS	AP	AT	CLOSURE	ACCEPT	STIGMA	AGE	GRADE
YRS	Pearson Correlation	1.000	-.131*	-.123*	.012	-.073	-.064	-.093	-.139*	-.117*	.667*	-.032
	Sig. (2-tailed)		.014	.023	.830	.186	.251	.094	.012	.034	.000	.546
	N	347	347	340	328	328	328	328	328	328	347	347
PERC	Pearson Correlation	-.131*	1.000	.608*	.260*	.221*	-.205*	.106	.068	-.017	.063	.185*
	Sig. (2-tailed)	.014		.000	.000	.000	.000	.056	.218	.765	.242	.001
	N	347	347	340	328	328	328	328	328	328	347	347
EXP	Pearson Correlation	-.123*	.608*	1.000	.342*	.201*	-.058	.126*	.097	-.011	-.030	.143*
	Sig. (2-tailed)	.023	.000		.000	.000	.296	.023	.080	.841	.579	.008
	N	340	340	340	328	328	328	328	328	328	340	340
AS	Pearson Correlation	.012	.260*	.342*	1.000	.320*	.301*	.176*	.121*	.017	.007	.062
	Sig. (2-tailed)	.830	.000	.000		.000	.000	.001	.028	.753	.900	.262
	N	328	328	328	328	328	328	328	328	328	328	328
AP	Pearson Correlation	-.073	.221*	.201*	.320*	1.000	.240*	.013	.080	.083	-.123*	.150*
	Sig. (2-tailed)	.186	.000	.000	.000		.000	.809	.147	.132	.025	.007
	N	328	328	328	328	328	328	328	328	328	328	328
AT	Pearson Correlation	-.064	-.205*	-.058	.301*	.240*	1.000	.007	-.026	.078	-.197*	.002
	Sig. (2-tailed)	.251	.000	.296	.000	.000		.897	.645	.160	.000	.974
	N	328	328	328	328	328	328	328	328	328	328	328
CLOSURE	Pearson Correlation	-.093	.106	.126*	.176*	.013	.007	1.000	.496*	-.231*	-.062	-.042
	Sig. (2-tailed)	.094	.056	.023	.001	.809	.897		.000	.000	.263	.447
	N	328	328	328	328	328	328	328	328	328	328	328
ACCEPT	Pearson Correlation	-.139*	.068	.097	.121*	.080	-.026	.496*	1.000	-.265*	-.095	-.072
	Sig. (2-tailed)	.012	.218	.080	.028	.147	.645	.000		.000	.085	.192
	N	328	328	328	328	328	328	328	328	328	328	328
STIGMA	Pearson Correlation	-.117*	-.017	-.011	.017	.083	.078	-.231*	-.265*	1.000	-.080	.103
	Sig. (2-tailed)	.034	.765	.841	.753	.132	.160	.000	.000		.146	.063
	N	328	328	328	328	328	328	328	328	328	328	328
AGE	Pearson Correlation	.667*	.063	-.030	.007	-.123*	-.197*	-.062	-.095	-.080	1.000	-.008
	Sig. (2-tailed)	.000	.242	.579	.900	.025	.000	.263	.085	.146		.880
	N	347	347	340	328	328	328	328	328	328	347	347
GRADE	Pearson Correlation	-.032	.185*	.143*	.062	.150*	.002	-.042	-.072	.103	-.008	1.000
	Sig. (2-tailed)	.546	.001	.008	.262	.007	.974	.447	.192	.063	.880	
	N	347	347	340	328	328	328	328	328	328	347	347

*.Correlation is significant at the 0.05 level (2-tailed).

**.Correlation is significant at the 0.01 level (2-tailed).

Note. YRS=Years of teaching experience, PERC=Perceptions, EXP=Expectancies, AS=Attributions to Student factors, AP=Attributions to Parent/Family factors, AT=Attributions to Teacher/School factors, CLOSUR=Closure, ACCEPT=Acceptance, STIGMA=Stigmatization, AGE=Age of teacher, GRADE=Grade level taught

Figure 1.

Means for Perceptions, Expectancies, and Attributions

Note. AS=Attributions to Student factors, AP=Attributions to Parent/Family factors, AT=Attributions to Teacher/School factors

Figure 2.

Means for Closure, Acceptance, and Stigmatization

Figure 3.

Means for Perceptions by IV Manipulation

Note. H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Figure 4.

Means for Expectancies by IV Manipulation

Note. H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Figure 5

Means for AS by IV Manipulation

Note. AS= Attributions to Student factors; H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Figure 6

Means for AP by IV Manipulation

Note. AP= Attributions to Parent/Family factors; H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

Figure 7

Means for AT by IV Manipulation

Note. AT=Attributions to Teacher/School factors; H=Hispanic, W=Caucasian, M=Male, F=Female, L=Learning Disabled, C=Conduct Disorder, A=Anxiety Disorder, N=No Label

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