

## Experiences of Parents of Children with Special Needs in the Process of Receiving Reports from Guidance and Research Centers

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### Abstract

This qualitative phenomenological study explores the experiences of parents of children with special needs in Turkey, specifically their encounters with Guidance and Research Centers (GRCs) during the process of obtaining educational assessment reports. Through semi-structured interviews with 25 parents, the study reveals complex emotions and concerns over the assessment process, including the adequacy of assessment tools, the duration of evaluations, and the involvement of parents in the decision-making process. While many parents expressed satisfaction with the outcomes, significant issues were highlighted, such as the lack of communication between professionals and families and discrepancies in the accuracy of assessments and placement decisions. The research underscores the need for a more collaborative approach between parents and professionals, emphasizing the importance of improved communication, enhanced diversity of assessment tools, and longer evaluation periods to ensure a fairer and more comprehensive understanding of each child's unique needs. The findings also suggest that greater parental involvement in the assessment and placement processes could lead to better educational outcomes and increased satisfaction for families. These insights have important implications for future policy and practice in special education assessment and support in Turkey.

**Keywords:** Special needs, Guidance and research centers, Parental experiences, Evaluation processes, Qualitative interviews

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## Introduction

In recent years, the role of Guidance and Research Centers (GRCs) in Turkey has become increasingly important in the educational environment, especially in the context of special education and psychological counseling services. The first GRC opened in Turkey in 1955 and was modeled after the Child Guidance Clinics in the United States (Kiye, 2024). As of the 2023-2024 academic year, the number of GRCs has reached 297 (Ministry of National Education, 2023), and they are responsible for planning, providing, and coordinating special education services as well as guidance and psychological counseling services in provinces and districts (Karal & Ünlüoğlu, 2020; Nazlı et al., 2021). Furthermore, GRCs are tasked with the important responsibility of conducting "educational assessment and diagnosis" for students with special needs; this process includes assessing these students using existing assessment tools and sharing the results with their families (Dayı et al., 2022).

However, when the studies on the participation of parents in the educational processes of children with special needs are examined, it is clearly seen that the involvement of parents in the processes is important in terms of contributing to the development of children with special needs in all areas. Research shows that when professionals such as parents, teachers, therapists, and counselors work together, children with special needs achieve better academic performance, better social skills, and improved self-esteem (Blue-Banning et al., 2004; Griffiths et al., 2021; Trainor, 2010). This collaborative approach fosters a shared understanding and mutual respect between parents and professionals, leading to the development of more effective individualized education plans (IEPs) that respond to the unique needs of each child (Turnbull et al., 2011).

Moreover, the collaboration between parents and professionals is based on the principles of family-centered practice, which recognizes the important role of the family in the child's life and education. This model is known to improve educational planning and practices for children with special needs by promoting open communication, respect, and active parental involvement in decision-making (Espe-Sherwindt, 2008; King & Chiarello, 2014; McCarthy & Guerin, 2022). In addition, such collaboration is known to positively influence parental satisfaction, family stress, and educational services (Harry, 2008; Lalvani, 2015). Therefore, guiding parents and professionals towards strong and respectful collaboration is not only beneficial but also necessary to ensure the holistic development and academic success of children with special needs.

Parents' involvement in the education of children with special needs, along with their interaction with professionals, is one of the critical factors that significantly influences children's academic achievement and social development. Research shows that when parents are actively involved in their children's education, this leads to better educational outcomes for children with special needs, including greater academic achievement and increased self-esteem (Driessen & Slegers, 2005; Henderson & Mapp, 2002; Hirano & Rowe, 2016; Jeynes, 2007). Moreover, parents are known to greatly benefit from a consistent and collaborative home-school partnership, as their direct involvement in education provides a supportive and understanding environment that is crucial for the development of children with special needs (Spann et al., 2003; Šukys et al., 2015). In addition, parental involvement not only is beneficial for children but also empowers parents by giving them a voice in their children's education and ensuring that their needs and concerns are addressed (Fish, 2008; Goldman & Burke, 2017).

On the other hand, the legal framework regulating the functioning of GRCs in Turkey emphasizes the cooperation between the institution and the family in 42 places in the relevant regulation and considers parents a natural part of the functioning of the institution (Guidance and Research Center Directive, 2020). Parents apply in person to obtain an educational report for their child with special needs, and then the GRC takes an active role in line with the relevant guidelines and evaluates the child with special needs. As a result of the evaluation, the positive or negative opinion for the child to receive an educational report is notified to the parent. In the process of obtaining an educational report, the opinion of the parent is taken if deemed appropriate; otherwise, the evaluation process is carried out unilaterally by the GRC. Despite the references to families in the relevant regulation, families do not actively participate in the evaluation process in practice (Dayı et al., 2022). This situation indicates that family support and cooperation are not actively used in the educational evaluation of children with special needs. In addition, although the family is a natural member of the IEP preparation committee in the preparation of the Individualized Education Plan (IEP), which plans the process in which the student will receive education, together with the report received from the GRC, their responsibilities in the functioning and their position in the committee as stakeholders are not clearly explained. The passive position of families in the IEP preparation process is observed not only in the Turkish sample but also in other countries (Heiskanen et al., 2021; Miles-Bonart, 2002; Zeitlin & Curcic, 2014). Zeitlin & Curcic (2014) reported that during the IEP preparation process, parents reported that the IEP turned into a process of preparing documents, that the plan was prepared with a tendency to follow

the rules instead of cooperation, and that IEP meetings were held with a more formalist approach. Families cannot be integrated into some processes as expected in the long-term educational journey they embark on with their children with special needs, and educational planning, such as IEPs, has become a bureaucratic routine. For this reason, the experiences of parents during the process are very important for the efficiency of educational activities, the meaningful development of students, and the continuity of legal rights in general.

Despite the important role of GRCs in the education system, there is a gap in the literature regarding the participation and experiences of key stakeholder groups, namely, parents of children with special needs (Karasu, 2014). The bureaucratic functioning of GRCs often reduces parents to a passive role, receiving only information about the evaluations and decisions made about their children (Sarı et al., 2023). This lack of participation and the fact that the functional roles of parents in the evaluation process have not been sufficiently investigated are important deficiencies in existing studies.

### **Purpose of the Research**

In this context, the experiences of parents in the process of receiving reports from GRCs for individuals with special needs have the potential to provide important data both for improving bureaucratic processes in the process of receiving educational reports and for clarifying the roles of parents in the process. Obtaining the opinions of parents who have had experience receiving educational reports is highly important for guiding parents who have not yet been involved in this process and providing a different perspective to administrators and professionals working in GRCs. From this perspective, this study examined the experiences of parents in the process of receiving educational reports for their children with special needs within the framework of the following research questions:

1. What are the views of parents of children with special needs on the application process at GRC?
2. What are the opinions of parents with children with special needs about the evaluation process at the GRC?
3. What are the opinions of parents of children with special needs about the results of the evaluation at the GRC?

### **Method**

In this section, information on the research design, study group, data collection tools, data collection, analysis, and reliability is given.

#### **Research Design**

Since this study aimed to reveal the experiences of parents of children with special needs in the process of receiving a report from the GRC, it was conducted in a phenomenology design within the scope of a qualitative research approach. Creswell (2016) defines phenomenology as a research approach that allows for a comprehensive examination of how participants experience the phenomenon in their lives. It is aimed at describing the lived experience from the perspective of individuals who encounter the phenomenon to reveal their feelings, perceptions, thoughts, how they structure them, and the state of consciousness they create for themselves (Patton, 2002). The main reason for using phenomenology in the study was to examine the views of parents who received reports from the GRC for their children with special needs.

#### **Participants**

The study group consisted of 25 parents of children with special needs living in Rize Province. Creswell and Poth (2016) emphasize the importance of data saturation in qualitative research. Data saturation occurs when new participants or data no longer provide additional insights or change emerging themes. This concept suggests that the sample size for semi-structured interviews should be sufficient to reach a point where new participants do not significantly change the findings or themes emerging from the data. When it was determined that the information obtained during the interview process was repetitive, data saturation was reached, and the data collection phase was terminated. In sample selection, convenience sampling was preferred. This sampling method is preferred because it is economical in terms of speed, practicality, and application (Yıldırım & Şimşek, 2018). Information about the parents who participated in the study is given in Table 1.

Table 1. Participant Characteristics

Code Name	Mother's Age	Child Age	Child's Disability Type
P-1	34	11	Multiple Disabilities
P-2	33	10	Intellectual Disability
P-3	44	20	Multiple Disabilities
P-4	44	17	Intellectual Disability
P-5	52	18	Multiple Disabilities
P-6	44	6	Intellectual Disability
P-7	34	12	Intellectual Disability
P-8	34	12	Intellectual Disability
P-9	42	18	Intellectual Disability
P-10	43	10	Intellectual Disability
P-11	38	8	Intellectual Disability
P-12	36	9	Intellectual Disability
P-13	39	11	Multiple Disabilities
P-14	35	7	Intellectual Disability
P-15	42	12	Intellectual Disability
P-16	39	13	Intellectual Disability
P-17	44	16	Intellectual Disability
P-18	42	11	Multiple Disabilities
P-19	36	6	Multiple Disabilities
P-20	39	9	Intellectual Disability
P-21	41	13	Intellectual Disability
P-22	38	9	Intellectual Disability
P-23	38	12	Intellectual Disability
P-24	35	10	Intellectual Disability
P-25	37	11	Intellectual Disability

As shown in Table 1, all the parents who participated in the study were women. The mothers were 33–52 years old (mean 39.32), and their children were 6–20 years old (mean 11.64). Six of the parents' children had multiple disabilities, 19 of whom had intellectual disabilities.

### Measurement Tool

In this study, the "Demographic Information Form" and "Semi-structured Interview Form" developed by the researchers were used. The demographic information included information about the ages of the parents, the ages of their children with special needs, and the types of disabilities. Semi-structured interview questions were developed by examining the studies conducted in the literature to determine the experiences of parents of children with special needs in the process of receiving reports from guidance and research centers. The semi-structured interview questions consisted of seven questions and 14 sub-questions (Appendix 1). The questions were sent to five field experts for review and evaluation by creating an expert evaluation form. In the selection of the experts, it was ensured that they had a PhD and were experienced in phenomenological studies. In line with the expert feedback, the researchers removed one question from the interview questions, and two questions were combined and reorganized as one question.

A pilot interview was conducted with one parent to determine whether the questions were understandable to the parents. In the interviews, a demographic information form and semi-structured interview questions that were revised as a result of expert feedback were used. The interviews were audio recorded so that they could be transcribed for later analysis. With the pilot interview, it was determined that the questions were understandable to the parents.

## **Validity and Reliability**

Validity and reliability are among the most important criteria for evaluating the quality of research, especially in the data collection and analysis processes (Mohajan, 2017). Since qualitative research is different from quantitative research in many ways, the concepts of credibility instead of internal validity, transferability instead of external validity, consistency instead of internal reliability, and confirmability instead of external reliability are used (Lincoln & Guba, 1985). In this study, the following steps were taken to ensure credibility, transferability, consistency, and confirmability.

### *Credibility*

In order to increase the credibility of the study, support was received from three field experts in measurement and evaluation and content analysis in the process, from the development of the data collection tool to data analysis. In addition, the credibility of the study was reinforced by including the statements of the participants in the findings section.

### *Transferability*

In order to increase the transferability of the research, direct quotations were made from the statements of the participants regarding the themes obtained as a result of the data analysis. In addition, frequencies were added next to each code to show the number of participants who shared the same opinion.

### *Consistency*

A consistency review was conducted to ensure the consistency of the research. The purpose of this review is to evaluate whether the researcher is consistent throughout the research process (Yıldırım & Şimşek, 2018). In this direction, the data were first coded separately by the researchers, then the codes and sub-themes obtained were compared, and a consensus was achieved to a great extent. Afterwards, the consistency of the research was ensured by determining the themes and finalizing the data analysis.

### *Confirmability*

In order to ensure the confirmability of the research, all studies carried out and data obtained during the research process are meticulously preserved for review when necessary.

## **Data Collection and Analysis**

The parents to be interviewed were contacted by phone in advance, informed about the scope of the study, and asked whether they would like to participate in the study. Appointments were made with the parents, who responded positively according to their availability. Before starting the interview with the parents on the determined day and time, the ethics committee permission document was shown, the prepared research permission document was signed, and the demographic information form was filled out. Then, the voice recorder was turned on, and the interviews were conducted and recorded with the prepared semi-structured interview questions. The interviews with the parents lasted at least 26 minutes and at most 44 minutes (average 38 minutes).

The audio recordings obtained because of the interviews were transcribed without any changes by giving codes to the parents participating in the study. Before starting the data analysis, three of the transcripts (30%) randomly selected from the transcriptions were listened to and verified by a research assistant who is a PhD student in the field of special education, and the data analysis started after 100% reliability was achieved.

## **Ethical Approval**

Ethical permission (07/10/2022 - 2022/186) was obtained from Recep Tayyip Erdogan University Ethics Committee for this research.

## **Findings**

Three main themes were identified: application, evaluation, and outcome. The main theme of the application was formed by the subthemes of who referred you, making an appointment, and being welcomed and waiting. The main theme of evaluation is composed of the subthemes of what happened during the evaluation, information about the evaluation tools, evaluation environment, evaluation period and timing, exchange of opinions, and

thoughts about the evaluation. The subthemes that made up the main theme of Conclusion were opinions about the placement, opinions about the report, opinions about the staff, opinions about the regular renewal of GRC reports, how the report was felt when it was received, the process of delivering the report, information about the result, and another situation to be mentioned.

### Application

The main theme of the application, which constituted the findings of the research, was formed by the subthemes of who referred, making an appointment, and being welcomed and waiting. The themes, subthemes, and codes of parents' views on the application are presented in Table 2.

Table 2. Parents' views on the application

Themes	Subthemes	Codes	<i>f</i>	<i>n</i>
Application	Who Directed?	Doctor	13	13
		Special Education and Rehabilitation Centers	10	10
		Physiotherapist	1	1
		School	1	1
		Special education and Rehabilitation Centers	17	16
	Making an Appointment	Individual application	5	5
		Call by phone	4	4
	Welcoming–Waiting	Good and sufficient	28	25

#### *Who Directed?*

More than half of the parents who participated in the study stated that they were directed by the doctor to evaluate their children. For example, "After receiving the doctor's report, the doctor told us that we should go to GRC" (P. 12). Another participant stated that "we were told by the hospital, so when we had a special child, we first applied to the GRC for his or her education for his or her development" (P. 5).

Some of the participants stated that they were referred to the GRC by special education and rehabilitation centers. This can be considered a remarkable finding. Individuals with special needs, according to a doctor's report, should first be evaluated by the guidance and research center and then referred to a special education and rehabilitation center. For example, "I went to a special education and rehabilitation center; they referred me there, and that is how we applied" (P. 1).

Regarding the referral process to the GRC, one of the participants stated that they were referred by the physiotherapist and the other by the school. Participant 3 stated, "Our physiotherapist referred us to GRC," while participant 8 stated, "I applied to the school to start school, and they referred us there."

#### *Making an Appointment*

Regarding making an appointment with the GRC, most of the parents who participated in the study stated that their appointments were made by the special education and rehabilitation center. For example, participant 10 said, "We started physical therapy. The doctor recommended physical therapy. I met with the rehabilitation center, and the rehabilitation center made an appointment. They are currently following the appointments." Participant 4 said, "The rehabilitation center made an appointment and informed me. I took my child to the center."

Some of the parents stated that they received appointments from the GRC by applying in person, while others stated that they received appointments by calling by phone. For example, "We went in person and got the appointment with our report this way" (P. 23), "I went myself. There was no appointment process at that time. For example, I went there, and they started the reporting process" (P. 17).

*Welcoming – Waiting*

In the interviews, all participants stated that the welcome and waiting process was good and sufficient. Some of the participant statements related to this subtheme were as follows: "We did not wait long because we went with an appointment. Intelligence tests were performed; whatever was needed. I did not experience anything negative" (P. 10), "I am welcomed well when we go to the GRC. I say what comes from my heart; I do not see such disrespect in any way. I mean, they welcome me well" (P. 8). "I have always been welcomed well at the GRC, so I have never had any problems there" (P. 16).

**Evaluation**

Participants' views on the main theme of evaluation are presented in six subthemes: evaluation environment, knowledge about evaluation tools, evaluation duration and timing, experiences during evaluation, thoughts about evaluation, and exchange of views. Parents' views on the evaluation are presented in Table 3.

Table 3. Parents' views on the evaluation

Themes	Subthemes	Codes	<i>f</i>	<i>n</i>
Evaluation	Evaluation Environment	Adequate and good	24	20
		No opinion	6	4
		Can be improved	2	1
	Information about the Evaluation Tools	Parents' lack of knowledge	18	15
		Inadequate assessment tools	8	7
		Parents informed about assessment tools	1	1
		Assessment tools are good, but the way of implementation is wrong	1	1
		Previously, there were no assessment tools	1	1
	Evaluation Duration	5-15 minutes	4	3
		15-20 minutes	20	18
		30-45 minutes	5	4
	What Happened During the Evaluation	I was with my child	20	18
		They measured what you can and can't do	6	4
		My child was under the influence of drugs	1	1
		I was not present when my child was being evaluated	1	1
		The evaluation was done by asking questions to the parents	1	1
	Thoughts about Evaluation	Not satisfied with the evaluation results	16	15
		Satisfied with the evaluation results	10	10
	Opinion Exchange – Interview	We exchanged opinions	24	22
		We did not exchange opinions	3	3

*Evaluation environment*

Most of the parents who participated in the process of receiving a report at the GRC with their children stated that the assessment environment was adequate and good. For example, participant 4 stated that "it was adequate for my child," participant 10 stated that "the evaluation environment was good and adequate," and participant 1 stated that "the environment was very good." Some of the parents stated that they had no opinion on this issue, and one of them explained that the physical environment should be improved as follows: "We do not enter with the children during the assessment. So, I do not know the assessment environment" (P. 4), "physical conditions can be improved a little. The environment is not improved, but I think it can be improved" (P. 7).

### *Information about the Evaluation Tools*

Some of the parents who participated in the study stated that they did not have any information about the tools used in the evaluation of their children with GRC. Participant 3 said, "I do not know what they used; I did not see what kind of things they put in front of him/her," while Participant 1 said, "I do not have any information about the evaluation tools." Some participants stated that the assessment tools were inadequate. For example, "I think the assessment tools are also inadequate because they are not very developed. The tools used in assessments can sometimes be relevant to the child. Sometimes not" (P. 21). Another participant said, "For example, there were some things. They gave them paper and made them do things such as write, draw, and so on. I did not see any extra advanced tools; I did not see any interesting materials; I did not see any materials that I wondered if there was something like this" (P. 9). One of the participant parents stated that she thought that a test and the evaluation made during this period were insufficient for diagnosis, as follows: "They subject the child to a test, but in my opinion, this is insufficient to diagnose the child" (P. 13). However, another parent stated that her child did not want to touch the materials included in the assessment tools: "They tried to attach Legos to my child. Since my child is heavy, he does not touch the objects much; he does not like contact" (P. 19). Only one participant stated that she was informed about the assessment tools by the practitioners during the GRC evaluation process. Participant 10 stated, "I was informed about the assessment tools. You also see what they are doing." There was one parent who thought that the materials were good, but the way they were applied was wrong. Her statements are as follows: "They are very nice, and I just do not like one thing about the tests. I took the educational assessment test when I was a mainstream kindergarten student. There is a rule for these tests. No talking. He just shows the example and says to do the same with his hand. He shows it with his hand, like you will do the same. The materials are good, but the way of applying them is very wrong. The evaluation approaches are good, but we do them without talking. They just stand there. In my opinion, the way of implementation is wrong" (P. 5). The last finding that constitutes this main theme includes the views of a participant who emphasized that there was no assessment tool before. Participant 2 expressed his views as follows: "They did not have much of an evaluation tool before. They write what I say. My child has severe physical and mental disabilities. They ask me, "Does he hold a pencil? My child is just starting to hold a pencil. At most, they would give him a pencil and a toy. There was no such material."

### *Evaluation Duration*

Participants' opinions on the duration of the evaluation of individuals with special needs in GRCs differed between 15–20, 30–45, and 5–15 minutes. In this subtheme, which is among the most striking findings, more than half of the participants stated that the evaluation time of their children with special needs was 15–20 minutes. For example, participant 6 said, "As I said, the interview times are very short. How much can they observe a child in 15 minutes or 20 minutes? I mean, how much can be done with a child in 20 minutes?". Another participant expressed her views as "I do not believe that they can learn anything from my child in 15–20 minutes" (P. 9).

A small number of participants who stated that the evaluation period lasted between 5 and 15 minutes said "5–10 minutes, 15 minutes at most, maybe not even that long" (P. 19) and "Of course they observe the child for 10 minutes, but that observation process is so short that I think it is not healthy" (P. 7). Again, the participant statements indicating that the evaluation process lasted between 30–45 minutes were as follows: "I did not keep a clear minute, but 25–30 minutes" (P. 10) and "Half an hour or so does not take very long; I can say 45 minutes at most" (P. 6).

### *What Happened During the Evaluation*

Most of the parents who participated in the study stated that they were with their children during the evaluation. Participant 1 said, "I was with my child. Since my child has a walking disability, they were making them do things like holding a pencil, coloring, and standing," while another participant, participant 4, said, "I was also with my child."

Regarding what was done during the evaluation at the GRC, some of the parents stated that they tried to measure what their children could and could not do. One participant said, "They tried to measure the child's skills. What does he/she do? How much skill does he/she have? Can he/she put on and take off his/her clothes? Can he/she eat?" (P. 15), while another participant said, "They do tests and stuff; they are alone with my child" (P. 9).

Regarding what happened during the evaluation, one participant said, "When we went, he had started taking psychiatric medication. When we went, he was a little drunk at first, so I can say that the child was in sleep mode."



How can the child be evaluated? The child was not fully conscious. The first time we used this medication, it gave us a lot of sleep mode" (P. 23), drawing attention to the fact that her child could not show her real performance during the assessment due to the medication she was taking. Another participant (P. 11) said, "They did not take me and the child together; I thought this was the procedure. I do not know how my child was evaluated; I do not know what was done; believe me, I did not see it" and explained that she had no information about what happened during the evaluation. Another participant (P. 2) stated that the evaluation was carried out by asking the parent questions with the words "they were asking me during the evaluation, can he/she walk around, can he/she do it, can he/she do it."

### *Thoughts about Evaluation*

A striking finding in the analysis of the parents' opinions on evaluation is that they stated that sometimes healthy decisions are not made. More than half of the participants stated that they had this view. Some of the participant statements on this issue are as follows: "I do not see GRC evaluations as much; GRC does not know my child. They evaluate them according to themselves" (P. 9), "They take children individually. After the evaluation, a healthy decision may not come out." (P. 3), "They told me that mainstreaming is not possible in special education classes. I objected and was successful. When my child was 5 years old, I fought the same struggle again. I objected again, which is why I objected. I see my child. I am among the good ones with Down syndrome, and I also get the opinions of the teachers in the kindergarten class at school. The child can be an inclusion student. I do not think the decisions are always healthy." (P. 11).

Some of the participants expressed that they were satisfied with the evaluation. For example, "I think the evaluation there is good as a parent if you are interested in the child one-on-one and if you are in good communication with the teachers at the school and the rehabilitation center. When I go there, I ask them in detail what I should do, and they help me." (P. 17), "the evaluation was good; there were no problems; it was very good" (P. 12). Only one parent stated, "I did not have any thoughts about this issue" (P. 25).

### *Opinion Exchange – Interview*

The last subtheme regarding the evaluation conducted by parents of children with special needs in GRCs is the exchange of opinions about the evaluation with GRC staff. Almost all of the parents stated that they exchanged views with the teachers working at the GRC. Participant 10 said, "We definitely have a meeting after our child is released. We ask questions about the child," while one participant said, "Afterwards, of course, they interview me and talk to me."

A small number of participants stated that they did not exchange any opinions about the evaluation. For example, "there was no interview personally, no, no" (P. 8). Notably, two participants thought that the interviews with the families were not important. In this regard, participant 3 said, "They do not take into account what the family talks about," while participant 5 said, "We exchange views, but it just stays there. Therefore, it has no importance. I mean, our meetings, they just listen to us."

## **Results**

The participant opinions that constitute the main theme of the results are presented in six subthemes: opinions about the report received, opinions about the staff, delivery time of the report, information about the results, opinions about placement, and regular renewal of the GRC reports. Parents' views on the results are presented in Table 4.

Table 4. Parents' views on the results

Themes	Subthemes	Codes	<i>f</i>	<i>n</i>
Results	Thoughts on the Report	Satisfied	20	20
		Not satisfied	5	5
	Opinions about the Staff	Adequate	25	23
		Insufficient	2	2
	Opinions on the Delivery Time of the Report	7-10 Days	24	24
		1-2 Month	1	1
Information about the Results	I went and got it myself	19	19	

	I received a report from a Special Education and Rehabilitation Center	6	6
Placement Views	Positive views	18	16
	Negative views	10	9
Opinions on the Regular Renewal of GRC Reports	Positive views	16	13
	Negative views	8	7
	Evaluation should not be done for each individual	3	3
	Reports should get updated more frequently	2	2

### *Thoughts on the Report*

Although parents of children with special needs expressed criticism and concerns about some issues in the previous findings, most of them stated that they were satisfied with the reporting process and the outcome. Sample participant statements are as follows: "My teacher did not come across me, but a friend of mine was not satisfied at all. I do not know if it is because my child is different or not" (P. 18); "I think it is good; they measure the level of the child. It is a good thing" (P. 10).

Participant 3, one of the participants who expressed a negative opinion about the report, said, "I mean, how should I put it? Our incidence was at an intermediate level, even though the child was light. We objected, he was observed again, and he was taken back to a mild level. It should be based on what other teachers observed, so I am not satisfied."

### *Opinions about the Staff*

Almost all the parents stated that the staff working at the GRC were good and adequate. Sample participant examples are as follows: "I did not encounter a person with such an attitude; I did not encounter a different process" (P. 3), "I think the staff was adequate; they were interested in my child and me" (P. 14), and "my opinions about the staff are positive; I think they are positive" (P. 22). Only participant 2 expressed the opinion that there was a lack of personnel and said, "There is a difference between now and the first time. In the early days, there were no physiotherapists. There were psychologists to evaluate your child, but no physiotherapist."

### *Opinions on the Delivery Time of the Report*

Almost all the parents with children with special needs stated that GRC evaluation reports were issued within a week to 10 days. Participant 6 stated that "the report comes out within approximately 10 days," while participant 4 stated that "it took approximately 10 days for the report to come out." One participant (P. 5) explained that he received the report in close to a month, saying, "I mean, it does not exceed a month; it comes out around that time." Another parent (P. 1) stated that she received the evaluation report in "I do not remember, but one or two months."

### *Information About the Results*

Regarding how the parents received the evaluation reports and how they were informed about the results, most of the participants stated that they personally went to the GRC and received the report. For example, "we received a message (SMS) that the report was out, so we went and got the report" (P. 2), "they say your report is out, you can get it, and we go and get it" (P. 9), and "they give us the file, that is how. We photocopied one for ourselves and gave the other to the special education and rehabilitation center" (P. 12). Other participants stated that they received the evaluation report from the special education and rehabilitation center. Participant 3 said, "The results in the form of a report are sent from the guidance and research center to the institution where we work, and we receive them from there." Participant 7 expressed his views by saying, "I even learn from the special education rehabilitation center what is written in the report."

### *Placement Views*

The views of the parents who participated in the study regarding the placement of their children in an educational institution as a result of the evaluations made at GRC were mostly positive. Participant 1 said, "My child is receiving education and physiotherapy. I think it is very good; I think positively about the report; my child is already sick." Another participant with the same opinion stated, "The children are our children; we want them to do what they can do. I think the placement results are good. Because now what will these children do when they finish high school?". Some of the parents expressed negative opinions about the placement results. Sample statements are as follows: "During the evaluation, especially the rehabilitation center knows our child more. The most accurate information about the child's development should be obtained from him or her, and what this child needs and what gains he or she needs to gain should be taken from the teachers in the rehabilitation center who know the child better" (P. 9): "My child is currently in a middle-weight class in a school. Therefore, there is nothing we can do. The GRC makes a decision. It does not even know how the school it sends him to is doing, whether there are special educators in the school it sends him to or not. It is not interested in them at all; it just decides there, and that is it" (P. 24).

### *Opinions on the Regular Renewal of GRC Reports*

The participants' parents expressed mostly positive opinions about the regular renewal and review of the evaluation reports of individuals with special needs by the GRC. P. 6 said, "I think it makes sense, teacher. Because children are evaluated every year. According to his or her condition, they give him or her education. I mean, I think it is a good thing because the child grows as time passes. He starts to do some things, and he can receive education accordingly. I think it is good that it is done annually." One of the participants (P. 17), who expressed a negative opinion about the regular renewal of the reports, stated that "every year regularly, if the report is renewed from the hospital, then an arrangement is made. For example, if the report is for two years, they do not call us there. They call us every two years. They do not give much information or do anything there. It is just a formal call. With a few questions, take the child and go in for development. How is this child doing? What can he or she do? There is no such thing as a counselor examining the child." Some participants stated that regular renewal and review of the evaluation report may not be performed for every child. For example, participant 3 said, "I do not think it should be organized for every child. It should be organized for children who are likely to get better. It is not necessary for my child to get a report. My child's condition is clear; he is 97% disabled. It should not be for every child." A different participant parent expressed the opposite view, saying that the evaluations should be performed more frequently; "if they were investigated a little better, if they were done more frequently, the report would be better."

## **Discussion**

This study examined the experiences of parents of children with special needs regarding the process of obtaining a "Special Education Evaluation Board Report" for their children from Guidance and Research Centers (GRC). The results of the research were grouped under three main themes: the application process for obtaining a report, the process of evaluating the educational needs of children with special needs, and the results of the report.

The findings reveal that most parents are referred to the Guidance and Research Centers (GRC) by doctors to initiate the process of evaluating their children's special needs. This reflects the deep trust that parents place in healthcare providers to guide them in securing the necessary educational and developmental support for their children. Research indicates that parents believe their children are often misunderstood or misjudged during the educational evaluation process (Özalp et al., 2022). This suggests that families largely take action under the direction of medical doctors throughout the diagnosis and assessment period. Additionally, the less common referrals from special education and rehabilitation centers may indicate weaknesses in educators' ability to refer, as well as potential overlaps or uncertainties in referral pathways. This situation underscores the need for clearer communication and better integration of services to ensure a more structured and seamless transition from medical diagnosis to educational evaluation.

The appointment scheduling process at GRCs also varies significantly. Some parents are able to schedule appointments independently, either in person or by phone, while others rely heavily on special education and rehabilitation centers to make these arrangements. This reliance suggests that parents face difficulties in navigating the system on their own and highlights the critical support role that these centers play beyond therapeutic services. The inconsistencies in how appointments are scheduled—due to regional differences, procedural variations between centers, or differences in parents' confidence and capabilities—point to the need for a more standardized and accessible appointment system. Standardizing this process could help ensure equal and timely access to GRC services for all parents, regardless of their location or individual circumstances.

Regarding the reception and waiting experience at GRCs, the overwhelmingly positive feedback from parents indicates that these centers are generally successful in creating a welcoming environment. The lack of reported negative experiences related to wait times or staff interactions suggests that parents feel respected and valued during their visits, which is important for establishing trust between parents and the institutions serving their children. This positive reception experience significantly contributes to overall satisfaction with the services provided. Furthermore, similar research has found that reception and waiting experiences consistently receive high positive scores compared to other areas (Güven Ayvaz & Demir, 2022). However, further investigation is needed to determine whether these positive experiences are consistent across different GRCs and regions to ensure equity in service delivery.

The findings regarding the educational needs assessment process for children with special needs suggest that GRCs are generally successful in providing an appropriate environment for the evaluation of children with special needs, and most parents consider the assessment tools used to be adequate. The information gathered indicates that parents believe that an appropriate environment plays a critical role in effective assessment, as it directly impacts the child's comfort and performance during evaluation. Similarly, the need for the assessment process to align with the child's developmental level, as well as the important role that educators play in identifying children's strengths and areas for growth, is evident (Epstein et al., 2004; Öner, 2020). Additionally, the findings show that the assessment processes are designed and implemented to account for the individual differences of children. However, concerns raised by a small group of parents regarding the physical conditions of the assessment process suggest that, while the environment is generally adequate, there are still areas that could be improved, particularly in terms of accessibility and comfort. When examining studies related to assessment tools, the literature includes the work of Hallam et al. (2014), which highlights the discrepancies between the purpose of assessment tools and the interpretation of results and how these discrepancies can lead to misjudgments of children's abilities. In contrast, the research of Visser et al. (2012) emphasizes the importance of practitioners having sufficient knowledge about standardized developmental assessment tools for children with special needs. It is suggested that the lack of sufficient information regarding the tools used during the assessment could contribute to a lack of trust among parents. Thus, not only the selection of appropriate tools but also ensuring that parents are adequately informed and involved in the process emerges as important (Türkkal, 2018). Moreover, parents noted that the assessment processes do not sufficiently reflect their children's unique abilities, interests, and learning styles. These insights point to the necessity of expanding the diversity and scope of assessment tools. Diversifying these tools to be more sensitive to the individual differences of children enables educators to more accurately assess each child's development (Karaca & Tekmen, 2023). On the other hand, some parents expressed greater satisfaction with their communication with educators than with the assessment tools themselves, suggesting that while the tools are effective, there is a need for improvement in their application and the communication surrounding them (Melekoğlu et al., 2018).

The findings regarding the duration of the assessment process by educators for children with special needs show that many parents consider the time allocated to evaluate their child's performance to be insufficient. Similar to the literature, the critical importance of allocating enough time for individualized assessment approaches and determining the educational needs of children with special needs is emphasized, noting that shorter evaluation times can lead to misleading results in identifying these children's educational needs and potentially overlook their true potential (Leeber et al., 2012). Therefore, it is crucial that the assessment time is adjusted according to each child's needs and sufficient time is allocated. The experiences of parents during their children's assessments vary, with many parents having been present during the evaluations, which aligns with studies that emphasize the importance of parental involvement during the assessment process (Küçükgöz, 2020). However, some parents reported that their child was evaluated under less-than-ideal conditions, such as being under the influence of medication, which significantly affected the performance. In other words, the assessment process at the GRCs does not always take the full context of the child's performance into account, leading to evaluations that may not fully reflect the child's actual abilities (Küçükgöz, 2020). These findings highlight the importance of adopting more individualized and context-sensitive approaches in the assessment of children with special needs.

When examining parental feedback regarding the assessment results, some parents expressed satisfaction, but a significant number of parents voiced uncertainty about the accuracy of the recommendations, especially concerning placement in inclusive or special education settings. These concerns underscore the importance of not only accurate assessments but also fostering a sense of trust through principles of honesty, responsibility, and transparency during the assessment process (MEB, 2020). The dissatisfaction expressed by some parents suggests that GRCs need to review their assessment processes and work more closely with parents to address their concerns.

The interaction between parents and GRC personnel during the assessment process was generally positive, with many parents reporting meaningful conversations with staff about their child's assessment. This dialogue is important for parents to feel included in the assessment process and that their views were taken into account in the final evaluation. However, a small number of parents reported that their opinions were not valued, which undermined their trust in the process and the outcomes. This suggests that despite the GRCs' efforts to communicate effectively with parents, there are still areas for improvement to ensure that all parents feel heard and respected during their child's critical evaluation process.

The findings show that while most parents were satisfied with the reports they received from the GRCs, a few expressed dissatisfaction, which highlights potential inconsistencies in the assessment process. The satisfaction of the majority of parents suggests that GRCs are generally successful in producing reports that meet parental expectations. However, concerns raised by some parents, particularly regarding the accuracy and fairness of the reports, emphasize the need for GRCs to continually implement quality control and review processes to ensure that all assessments are conducted to the highest standards. These findings reflect the importance of transparency and consistency in the reporting process, as inconsistencies can lead to a loss of trust among parents (Yılmaz & Doğan, 2022).

Overwhelmingly positive feedback about GRC personnel suggests that these professionals are generally seen as competent and supportive by parents. The competency of staff is critical for establishing trust between parents and the institution and ensuring that the assessment process is smooth and effective (Paccaud et al., 2021). However, concerns raised about insufficient personnel in specialized areas such as physiotherapy suggest that there may be gaps in service delivery, which could affect the quality of the assessments. This emphasizes the need for GRCs to ensure that they have the necessary full staff in all required areas of expertise to meet the diverse needs of the children they assess (Yürekli & Şafak, 2022).

The findings indicate that most parents received their child's assessment report within a week to 10 days, which was generally seen as an acceptable timeframe. However, rare cases where report delivery took up to two months suggest that delays can occasionally occur, potentially affecting timely decision-making. Studies show that these delays are often correlated with the institution's workload (Karakaya & Özen, 2023). These findings point to the importance of maintaining efficient administrative processes to ensure that all reports are delivered on time (Nazlı et al., 2021).

Most parents preferred to collect their child's assessment report in person from the GRC, which suggests that parents take a proactive approach to their child's education and care. This active participation is crucial for ensuring that parents are informed and involved in the decision-making process (McNeilly et al., 2017; Maciver et al., 2019). However, the fact that some parents received the report through special education and rehabilitation centers indicates variability in how information is communicated to families. Ensuring that results are consistently and directly communicated to parents by the GRCs supports transparency and helps ensure that parents are fully informed about their child's progress.

Mixed reactions to placement recommendations reflect broader concerns about trust in the GRC assessment process. While many parents expressed positive views about the placement recommendations for their children, others felt that these decisions did not fully account for their child's unique needs or the expertise of other professionals at rehabilitation centers. This suggests that GRCs need to adopt a more collaborative approach, incorporating information from multiple sources to ensure that placement decisions are as accurate and beneficial as possible (Gürbüz & Bozgeyikli, 2014; Börkan et al., 2017; Yılmaz & Uçar, 2021). Negative experiences also suggest that parents need to be more involved in the placement decision-making process to foster confidence in the outcomes.

Overall positive feedback about the regular renewal of GRC reports shows that parents value the opportunity for ongoing assessment and adjustments to their child's educational plan as needed. Regularly updating these reports is seen as necessary for tracking progress and ensuring that interventions remain appropriate over time (Özak et al., 2008; Yaylacı & Güler, 2022). However, some parents questioned the necessity of frequent renewals, particularly for children with severe disabilities where significant change is not expected. This suggests that GRCs should adopt a more flexible approach, tailoring the frequency of assessments to each child's individual needs. Additionally, some parents' requests for more frequent assessments indicate a desire for closer monitoring, which could support more timely adjustments to educational plans.

## **Conclusion**

This study reveals critical insights into the parental experiences with the GRC assessment process, emphasizing the necessity for more informed and active parental involvement, improved communication, and tailored assessment strategies. More information and guidance for parents, diversifying assessment tools, extending assessment periods, and strengthening parental involvement would allow children with special needs to be assessed more accurately and fairly and to benefit from educational services in the best possible way. These improvements will better meet the needs of parents and children and contribute to more positive outcomes in educational processes.

## **Recommendations**

Based on a comprehensive analysis of the findings from this study, several recommendations emerge to improve the effectiveness and quality of assessment processes conducted at GRCs for individuals with special needs. First, there is a critical need to facilitate the referral process by establishing clearer communication channels between health professionals, educational institutions, and GRCs to ensure accurate and timely referrals. Second, continuous improvement of assessment tools and processes is essential, with a focus on providing comprehensive information to families and extending assessment periods to allow for comprehensive assessments. In addition, transparency and collaboration between GRC staff and families can be increased. Furthermore, GRCs should collaborate closely with educational institutions to ensure appropriate placement and support services for individuals with special needs, as well as set clear guidelines for regular review and renewal of assessment reports to meet changing needs. Finally, the implementation of quality assurance measures and feedback mechanisms can facilitate continuous improvement of service delivery and outcomes in GRCs. To address these needs, this paper recommends developing comprehensive guidelines for parental involvement, enhancing the diversity of assessment tools, and extending the duration of assessments. Implementing these recommendations can significantly improve the assessment process's effectiveness and inclusiveness.

As a first step for future research, longitudinal studies could be conducted to elucidate the long-term impact of assessment results on the education and general well-being of individuals with special needs. In addition, comparative studies between different GRCs with different participant groups and numbers of participants could be conducted. Finally, interdisciplinary collaborations between researchers, practitioners, and policymakers can facilitate the development and implementation of evidence-based interventions aimed at improving the effectiveness and inclusiveness of assessment services in GRCs.

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Please collate acknowledgements or notes in a separate section at the end of the article before the references.

## **Author (s) Contribution Rate**

The first author contributed 40%, the second author 30%, and the third author 30%.

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