
איכות חיים בבית הספר בקרב תלמידי בית ספר יסודי עם לקויות למידה / Quality of School Life of Elementary School Students with Learning Disabilities

Author(s): Naomi Weintraub, Odelia Reiss-Poraz, Gili Levy, Ettie Saban, Asnat Bar-Haim Erez, אסנת בר-חיים ארז and נעמי וינטראוב, אודליה רייז-פורז, גילי לוי, אתי סבן

Source: *IJOT: The Israeli Journal of Occupational Therapy* / כתב עת ישראלי לריפוי בעיסוק, מאי 2012, כרך 21, חוברת 2 (מאי 2012), pp. E34-E48

Published by: Israeli Society of Occupational Therapy / העמותה ישראלית לריפוי בעיסוק

Stable URL: <https://www.jstor.org/stable/23470350>

REFERENCES

Linked references are available on JSTOR for this article:

https://www.jstor.org/stable/23470350?seq=1&cid=pdf-reference#references_tab_contents

You may need to log in to JSTOR to access the linked references.

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <https://about.jstor.org/terms>



JSTOR

is collaborating with JSTOR to digitize, preserve and extend access to *IJOT: The Israeli Journal of Occupational Therapy* / כתב עת ישראלי לריפוי בעיסוק

Quality of School Life of Elementary School Students with Learning Disabilities

Naomi Weintraub, Odelia Reiss-Poraz, Gili Levy, Ettie Saban, Asnat Bar-Haim Erez

Key words: School, quality of life, students, learning disability, education system

Abstract

The purpose of this study was to examine if the perceptions of school quality of life (QOL) of elementary-school students differed for children with and without learning disabilities (LD). The study included 286 third through sixth-grade students from three general education schools in Israel. The sample consisted of 50 (17.5%) students who were identified by the school system as having a mild to moderate learning disability (LD). Multivariate analysis, using grade level as a covariate, indicated that the school QOL of students with LD did not significantly differ from that of their peers. These results support the idea of inclusion and the biopsychosocial paradigm, showing that students with learning disabilities who study in the general education system may feel that they participate in school activities and are just as socially satisfied as their normally achieving peers.

Corresponding authors:

Naomi Weintraub, PhD, OTR, School of Occupational Therapy of Hadassah and the Hebrew University, P.O. Box 24026, Mount Scopus, Jerusalem, Israel.
Telephone: +972 2 5945317, Fax: +972 2 5324985,
Email: msnwei@mscc.huji.ac.il

Naomi Weintraub, OT, PhD, Medical Faculty, School of Occupational Therapy of Hadassah and the Hebrew University, Jerusalem, Israel.
msnwei@mscc.huji.ac.il

Odelia Reiss-Poraz, OT, MSc., Ministry of Education, Jerusalem, Israel.

Gili Levy, OT, MSc., "Lemida Barama", Jerusalem, Israel.

Ettie Saban, OT, MSc., Ministry of Education, Holon, Israel.

Asnat Bar-Haim Erez, OT, PhD, Faculty of Health Professions, Occupational Therapy Department, Ono Academic College.

The Israeli Journal of Occupational Therapy, May 2012, 21(2)

Introduction

Students with learning disabilities (LD) account for approximately 10-20% of the population (e.g., Paterson, 2007). By definition, when compared to their typically achieving peers, students with LD often attain lower school achievement, although their intellectual abilities are as expected for their age (APA, 1994). In addition, students with LD frequently display emotional, social and behavioral difficulties (Karande, Bohsrekar, Kulkarni, & Thakker, 2008; Martinez & Semrud-Clikerman, 2004). Many of these students are educated in general education classroom (Kavale, 2002), following the policy of inclusion. The idea of inclusion is based on the value of equality (as opposed to segregation or separation) (McGregor & Campbell, 2001; Simpson, De Boer-Ott, & Smith-Myles, 2003). The goal of inclusion is to enable students with disabilities to become active and equal members of the society (Eriksson, Welander, & Granlund, 2007). When initiated, the policy of inclusion reflected a social trend resulting in a paradigm shift from a medical to a social model, and later to a biopsychosocial model. The biopsychosocial model emphasizes the mutual relationships between the person, the activities he or she needs or wants to perform, and the context within which these activities are performed, namely the physical, social and attitudinal contexts (Simeonsson et al., 2003; WHO, 2001). The biopsychosocial model therefore acknowledges the responsibility of society in creating opportunities for individuals with disabilities to participate in daily activities (Eriksson et al., 2007).

Over the years, much debate has evolved relating to the policy and practice of inclusion. This debate reflects both social views and questions as to the efficacy of inclusion for students with disabilities (Kavale, 2002), as well as for their typically achieving peers (Reiter & Vitani, 2007). Various studies have shown that successful inclusion of students with disabilities depends on a variety factors, including academic issues (Hornby, 1999; Ring & Travers, 2005), the classroom ecology (Fuchs, Fernstrom, Scott, Fuchs, & Vandermeer, 1994) the social climate, (McGregor & Campbell, 2001; Reiter & Vitani, 2007; Ring & Travers, 2005) and the opportunities the children are given to participate in activities (Eriksson et al., 2007; Simpson et al., 2003). Finally, studies have also shown that successful inclusion is further influenced by the teachers' beliefs and attitudes towards children with disabilities and inclusion (Hornby, 1999). Although the underlying premise of inclusion is that it will improve the well being and quality of life (QOL) of the students, there is a lack of research to substantiate this premise (Hornby & Kidd, 2001). A literature

review revealed that health related QOL was researched in children with ADHD, pointing to decreased quality of life (e.g. Escobar et al., 2005, 2010). However, in this study we relate specifically to school's quality of life, which is a less researched aspect of QOL.

School quality of life

As a result of the biopsychosocial model, the QOL group of the World Health Organization (WHO) defined QOL as "Individuals' perception of their position in life, in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns" (WHOQOL Group, 1995, p.1405). Rodger and Ziviani (2006) defined subjective well being as "a child's assessment of their quality of life across domains, and consists of both affective components (happiness) and cognitive-judgmental components (life satisfaction)" (pp. 96, 98), suggesting that life satisfaction also refers to QOL and well being. Similarly, school quality of life may be defined as students' general well-being and satisfaction, from the point of view of their positive and negative experiences, particularly in typical school activities (Malin & Linnakyla, 2001).

Although school QOL definitions vary, there appears to be a consensus that QOL is a multi-dimensional construct (e.g., Mok & Flynn, 2002; Shalock, Bonham, & Verdugo, 2008), as reflected in various measures of school QOL. The most common dimensions that are included are: (a) students' satisfaction with school (Epstein & McPartland, 1976; Keith & Schalock, 1994; Linnakyla, 1996), (b) promotion of academic achievement and/or sense of responsibility (Roeser, Eccles, & Sameroff, 2000; Watson & Keith, 2002), (c) teacher-student relationship (Baker, 1999; Keith & Schalock, 1994; Mansour et al., 2003), (d) commitment to school work (Epstein & McPartland, 1976; Linnakyla, 1996), and (e) social relationships, as in status in the classroom, social climate, etc. (Linnakyla, 1996; Shalock et al., 2008; Watson & Keith, 2002). In the past decade, researchers have also acknowledged the important role of the physical environment, in general, (Law, 2002; Schalock et al., 2008) and specifically, the physical environment at school, in either enhancing or limiting students' academic performance, participation (Almqvist & Granlund, 2005; Rodger & Ziviani, 2006) and well being (Konu & Rimpela, 2002). Thus, when measuring students' school QOL, it is also important to include factors relating to the school's physical environment.

In recognition of the importance of the schools in children's lives, the World Health Organization (WHO, 2007) acknowledged the need to promote students' health within the school context. In the "Global School Health Initiative" it launched, one of the stated purposes was to create a healthy environment in the schools that will respect an individual's well-being and dignity, and provide multiple opportunities for success. Studies have shown a significant relationship between students' perceived QOL and satisfaction and their attitudes toward school (Mok & Flynn, 2002), their relationship with their teachers (Linnakyla, 1996) and their school achievement (Epstein & McPartland, 1976). In contrast, dissatisfaction with school has been found to be related to behavioral problems and poor achievement (Karatzias et al., 2001). Therefore, in examining the efficacy of inclusion, both with respect to the children with disabilities and with the typically-developing children within these inclusive classrooms, it is important to know how children perceive their QOL at school (Lefort & Fraser, 2002).

Given the complexity of the QOL construct, it is not surprising that studies have shown that various factors may be related to students' perceptions of their QOL. The effect of gender on students' QOL appears to be equivocal. A few studies (e.g., Malin & Linnakyla, 2001; Verkuyten & Thijs, 2002) reported that typically developing girls were generally more satisfied at school compared to the boys. In contrast, Petersen, Schmidt, Bullinger, and the DISABKIDS group (2006) found that in comparison to girls, boys with chronic diseases reported a higher QOL. However, most studies did not find a significant gender effects on the perceptions of QOL among typically developing students (e.g., Gilman & Huebner, 2006; Mok & Flynn, 2002; Ng, Chong Lim, Jin, & Shinfuku, 2005; Weintraub & Bar-Haim Erez, 2009). In contrast, most studies have found that age did influence students' perceptions of their QOL. Specifically, older students usually reported lower QOL compared to their younger peers (e.g., Epstein & McPartland, 1976; Gilman & Huebner, 2006; Ng et al., 2005; Weintraub & Bar-Haim Erez, 2009).

School quality of life of children with disabilities

Few studies have examined the school QOL of students with special needs. Most of these studies examined the QOL of students with attention deficits (ADHD). Based on a systematic review of 36 studies, Danckaerts et al. (2008) concluded that parents of children with ADHD viewed their children's QOL as lower than their peers, but the individuals themselves did not do not always see

themselves as having a lower QOL compared to a "normative" control group. This review, however, did not relate to QOL at school. Karande et al. (2008) measured the health-related quality of life of newly diagnosed children with LD, as described by their parents. They found that overall, parent of these children viewed their children's QOL as lower, including in social participation. However, as seen in the study by Danckaerts et al., often children view their QOL as different from their parents. Watson and Keith (2002) were one of the few studies found that examined school QOL among children with and without disabilities including children with learning disabilities. Their results indicated that students with disabilities perceived their QOL at school as worse, compared to their peers. This study, however, did not differentiate between age groups and between students who were included in regular education settings vs. students in special programs. Thus, there is a need for additional studies comparing students with and without disabilities in relation to their perception of their school QOL.

The purpose of this study was to examine if the perceptions of school QOL of elementary-school students differed for children with and without learning disabilities (LD). We hypothesized that students with LD would perceive their QOL as worse than their normally achieving peers.

Methods

Participants

The study population included 286 in 3rd through 6th grade students from three general education schools in Israel, of whom 165 (57.7%) were boys. The sample consisted of 50 (17.5%) students who were identified by the school system as having a mild to moderate learning disability (LD), and who were fully included in the general education classrooms. It should be noted that in Israel, most often students with severe learning disabilities are in special classes or schools. In each of the classrooms, which included between 30 to 40 students, all students participated in the study if their parents granted them permission. The schools included students from average socio-economic status. Table 1 describes the distribution of the participants by disability and grade-level. As seen in Table 1, the percentage of students with LD in each of the grade levels ranged from 12.1% to 21.1%. This percentage is similar to the prevalence of students with LD among the school-age population (e.g., Altarac & Saroha, 2007; Paterson, 2007).

Naomi Weintraub, Odelia Reiss-Poraz, Gili Levy, Ettie Saban, Asnat Bar-Haim Erez

Table 1
Distribution of Study Population by Learning Ability Group and Grade-Level.

Grade Level	Typically Achieving		Learning Disability		Total
	n	%	n	%	n
3 rd	37	86.0	6	14.0	43
4 th	84	83.2	17	16.8	101
5 th	86	78.9	23	21.1	109
6 th	29	87.9	4	12.1	33

N = 286

Measures

Quality of Life at School Questionnaire (QoLS; Weintraub & Bar-Haim Erez, 2007).

The QoLS was constructed to assess elementary school students' perception of their quality of life at school. It is based on the biopsychosocial model of functioning (WHO, 2001) as well as on the theoretical definition of school quality of life by Malin and Linnakyla (2001) (described in the introduction). Following this definition, the QoLS addresses students' feeling of well-being and satisfaction at school, taking into consideration their positive and negative experiences in this context, their relationship with their teachers and their satisfaction from the physical environment. The QoLS includes 36 items, which are divided into four categories: (a) Teacher-student relationship and school activities (12 items; e.g., "I like my teacher" or "I like the various social activities at school"; (b) The physical environment of the school and classroom (11 items; e.g., "My school is well kept" or "The chairs and tables are comfortable for me"; (c) Negative feelings toward school (8 items; e.g., "I feel lonely" or "I would like to transfer to another school"; and (d) Positive feelings toward school (5 items; e.g., "I have friends in school" and "I am satisfied with my grades". Each item is scored on a 4-point Likert-type scale, from 1 - 'never true' - representing the answer that least describes the reality of the student to 4 - 'always true' - representing the answer that *most* describes the reality of the student. A mean score ranging from 1 to 4 is computed for each of the categories as well as for the total QoLS score.

Construct validity of the QoLS was established using exploratory factor analysis. The Eigenvalue for each of the factors ranged between 2.5 - 5.8 and

the percent of variance in QoLS explained by these factors was 50.9. Furthermore, internal consistency analyses were carried out for each of the four categories and for the total score. The final Cronbach's alpha levels were as follows: Teacher-student relationship and school activities 0.91; the physical environment 0.82; negative feelings 0.90; positive feelings 0.68. The internal consistency of the total questionnaire scores was 0.88 (Weintraub & Bar-Haim Erez, 2009).

Procedure

After receiving permission from the Ministry of Education and school administrators, parental permission was requested to allow their children to participate in the study. Teachers then received an explanation as to the purpose of the study, and a time period for administering the questionnaires was set. Graduate students trained in administering the questionnaires entered each of the classrooms. They explained the purpose of the study to the students and the fact that the questionnaires are anonymous, namely, that the students should not write their names on the forms. This ensured that the children would feel comfortable in stating what they feel. Students who needed help with reading parts of the questionnaire were assisted by the graduate students. This process was repeated in each of the classrooms.

Data analysis

All statistical analyses were performed using SPSS. Significance level was set at .05. Descriptive statistics were used to depict the study population. First we employed MANOVA to examine gender and grade-level differences, for each of the QoLS's categories and t-test or ANOVA for the total score. Next, we employed MANOVA with grade level serving as a covariate (due to age differences found) to compare the students' school QOL in each of the QoLS categories. ANCOVA was used to compare the two groups in the total score of the QoLS, while controlling for grade level.

Results

First, we examined gender differences in each of the QoLS categories and the total score. No differences were found, thus, further analyses did not control for gender. Next we examined if there was a grade-level effect on students' perception of their QoLS. Due to the fact that we found significant differences in each of the sub-categories and the total score ($F(3,282) = 6.40 - 22.97, p = .00$),

in the subsequent analyses, we included grade-level as a covariate. MANCOVA analysis showed that the MANOVA model was not significant. Means, standard deviations and difference between typically achieving students and students with LD on the four categories and total score of the QoLS are shown in Table 2.

Table 2
Means and Standard Deviation of the QoLS Scores among Students in the Two Groups.

	Typically Achieving n = 236		Learning Disabilities n = 50		(p)	F
	M	SD	M	SD		
Relationship and Activities ¹	3.16	0.60	3.06	0.67	(ns)	0.84
Physical Environment	2.96	0.52	2.88	0.54	(ns)	0.39
Negative Feelings	2.79	0.85	2.47	0.66	(ns)	0.89
Positive Feelings	3.32	0.49	3.26	0.45	(ns)	0.70
Total QoLS	3.06	0.39	2.92	0.36	(ns)	0.45

¹Relationship and Activities - Teacher-students relationship and school activities

Discussion

In recent years, as part of the policy of including students with special needs in the general education system, there has been an increase in the number of students with learning disabilities in general education settings. The intention of this policy is to improve the students' academic achievement and social well being. However, only few studies were found that examined these students' perceptions of their quality of life in general, and specifically, how they perceived their QOL at school. The purpose of this study was to compare the school QOL of students with and without LD and to examine if these differences were influenced by gender and age.

First we examined if boys and girls scored differently on the QoLS. The results indicated no significant gender differences. These results are commensurate with the results of many of the studies in this area (e.g., Gilman & Huebner, 2006; Ng et al., 2005; Weintraub & Bar-Haim Erez, 2009). In

contrast, our results are different from those of Mok and Flynn (2002) as well as Verkuyten and Thijs (2002), who found that girls perceived their quality of school life as better, compared to boys. The difference in the results of these studies may be explained by the fact that researchers used different questionnaires to measure school QOL, hence operationalizing this construct somewhat differently.

Further analysis indicated that students in the different grade-levels perceived their QoLS significantly different. These results support the findings of previous studies showing developmental trends in children's perception of their QOL (e.g., Eriksson et al., 2007; Gilman & Huebner, 2006; Park, 2005; Weintraub & Bar-Haim Erez, 2009), where younger children usually perceived their school QOL as better than their older peers. It is not quite clear why children are less satisfied with their life or perceive their QOL as lower as they grow older. One explanation for this phenomenon is provided by Eriksson et al. (2007), who found that with age, both typically developing children and children with disabilities seem to lose interest in classroom activities. Yet, QOL in general and specifically school QOL encompasses other factors, and thus, the relationship between age and QOL, in children with and without disabilities should be further investigated.

The major hypothesis of our study was that students with LD will perceive their school QOL as lower, compared to their typically achieving peers. This hypothesis was based, among others, on the findings of Watson and Keith (2002), who reported that students with disabilities (from kindergarten to 12th grade) perceived their QOL at school as worse, compared to their peers. Contrary to our hypothesis, we did not find significant differences between students with and without LD in any of the sub-categories and the total score of the QoLS. One of the major goals of inclusion is to enable students with disabilities to become active and equal members of the society (Eriksson et al., 2007; Kavale, 2002), and consequently improve their QOL. The results of this study suggest that the students' perception of their QOL at school was not related to their learning ability. Given the appropriate opportunity and climate, overall students with LD in this study felt just as good as their typically achieving peers in terms of their relationship with their teachers, their participation in activities as well as about themselves. It appears that the schools where the students studied managed to create an accepting social climate that enabled the students with LD, who were included in the general education classrooms, to participate in the various facets of school-activities (Baker, 1999; Verkuyten & Thijs, 2002).

Our findings are somewhat encouraging given the results of previous studies indicating that students with LD, and especially with severe LD, were less satisfied with their social position and showed more emotional distress (Martinez & Semrud-Clikerman, 2004; Svetaz et al., 2000). However, Martinez and Semrud-Clikerman (2004) also found that students with mild LD did not differ from their typically achieving peers with respect to these aspects. Since the students in our study were younger and most had mild to moderate LD, it appears that perhaps age and the severity of the disability may have had an effect on students' emotional and social well-being. However, it is clear that further studies comparing the general and school QOL of students with and without LD are necessary.

Although this study's results support the idea of inclusion of students with disabilities in general education settings, various limitations of the study suggest that these results should be treated with caution. First, although the sample size of this study was quite sufficient, it was not large enough to examine the interaction between age (grade level) and disabilities. Thus, this study should be replicated with a large sample of students with LD. In addition, the children were sampled from only three schools. Second, existence of learning disability was determined based on the list of students who were diagnosed with LD as reported by the school's authorities. This was due to the policy of the Ministry of Education that allowed research, and access to the students, but not to their personal files. The level of LD in students who are included in the regular system is mild-moderate, and that was our assumption. The analysis of our data could have been more sensitive if we would have had more academic and general information relating to our sample. However, as was stated, this information is not accessible to the researchers. Based on the biopsychosocial paradigm, and studies showing the important influence that the environment may have on individuals' QOL and well being (e.g., Malin & Linnakyla, 2001; Weinstein, 1979; Weintraub & Bar-Haim Erez, 2009) and participation (Law, 2002), future studies should further explore this issue, by sampling a greater number of schools. Such a comparison will enable to further examine the interaction between school and disability on students' perceived quality of life.

Implications for practice

The fact that the results of this study showed that typically achieving students did not perceive their QOL at school as better than their peers with LD, is encouraging. These results may suggest that when a positive school climate is

created, having a learning disability may not be a sufficient cause for these students to be less satisfied with their quality of life at school, compared to their typically achieving peers. Educators and therapists, who work in educational settings where students with disabilities are fully included in general education settings, should take this into consideration. It is the responsibility of the educational team to create a positive school climate which is accepting to students in general, and specifically in relation to students with disabilities. When such a climate exists, it appears that it is possible that students with LD may experience their QOL as good as, or even better than their peers. Although the results of this study are encouraging, it is clear that studies like this, which are quantitative in nature, are not structured to examine specific areas or individual cases. Therefore, educational teams and school-based therapists should focus on the individual cases in their schools; specific classes or children, and examine their perceived school quality of life.

Summary

This study examined the perception of school quality of life of elementary school students with learning disabilities studying in general education settings, as compared to their normally achieving peers, using a questionnaire that was developed specifically to assess quality of life in the school setting (QoLS). Main findings suggest that the students with learning disabilities did not differ from their peers in their perception of quality of life at school. The results are encouraging and may support the idea of inclusion of students with disabilities in general education settings. However, more research is warranted in the area of quality of life at school, for students with and without disabilities.

References

- Almqvist, L., & Granlund, M. (2005). Participation in school environment of children and youth with disabilities: A person-oriented approach. *Scandinavian Journal of Psychology*, 46, 305-314.
- Altarac, M., & Saroha, E. (2007). Lifetime prevalence of learning disability among US children. *Pediatrics*, 119, *Supplement February 2007*, S77-S83.
- American Psychiatric Association (1994). *Diagnostic and statistical manual* (4th ed.). Washington DC: Author.
- Baker, J. A. (1999). Teacher-student interaction in urban at-risk classrooms: Differential behavior, relationship quality, and student satisfaction with school. *The Elementary School Journal*, 100, 57-70.

Naomi Weintraub, Odelia Reiss-Poraz, Gili Levy, Ettie Saban, Asnat Bar-Haim Erez

- Danckaerts, M., Sonuga-Barke, E. J. S., Banaschewski, T., Buitelaar, J., Dopfner, M., & Hollis, C. (2010). The quality of life of children with attention deficit/hyperactivity disorder: A systematic review. *European Child and Adolescent Psychiatry*, 19, 83-105.
- Epstein, J. L., & McPartland, J. M. (1976). The concept and measurement of the quality of school life. *American Educational Research Journal*, 13, 15-30.
- Eriksson, L., Welander, J., & Granlund, M. (2007). Participation in everyday school activities for children with and without disabilities. *Journal of Developmental and Physical Disabilities*, 19, 485-502.
- Escobar, R., Schacht, A., Wehmeier, P., & Wagner, (2010). Quality of life and attention-deficit/hyperactivity disorder core symptoms: A pooled analysis of 5 non-US atomoxetine clinical trials. *Journal of Clinical Psychopharmacology*, 30(2), 145-151.
- Escobar, R., Soutullo, C. A., Hervas, A., Gastaminza, X., Polavieja, P., & Gilaberte, I. (2005). Worse quality of life for children with newly diagnosed attention-deficit/hyperactivity disorder, compared with asthmatic and healthy children. *Pediatrics*, 116(3), 363-370.
- Fuchs, D., Fernstrom, P., Scott, S., Fuchs, L., & Vandermeer, L. (1994). Classroom Ecological Inventory. *Teaching Exceptional Children*, Spring, 11-16.
- Gilman, R., & Huebner, E. S. (2006). Characteristics of adolescents who report very high life satisfaction. *Journal of Youth and Adolescence*, 35, 311-319.
- Hornby, G. (1999). Inclusion or delusion: Can one size fit all. *Support for Learning Disabilities*, 14, 152-157.
- Hornby, G., & Kidd, R. (2001). Transfer from special to mainstream - ten years later. *British Journal of Special Education*, 28, 10-17.
- Karande, S., Bhosrekar, K., Kulkarni, M., & Thskker, A. (2008). Health-related quality of life of children with newly diagnosed specific learning disability. *Journal of Tropical Pediatrics*, 55(3), 160-169.
- Karatzias, A., Power, K. G., & Swanson, V. (2001). Quality of school life: Development and preliminary standardization of an instrument based on performance indicators in Scottish secondary schools. *School Effectiveness and School Improvement*, 12, 265-284.
- Kavale, K. A. (2002). Mainstreaming to full inclusion: From orthogenesis to pathogenesis of an idea. *International Journal of Disability, Development and Education*, 49, 201-214.

The Israeli Journal of Occupational Therapy, May 2012, 21(2)

- Keith, K. D., & Schalock, R. L. (1994). The measurement of quality of life in adolescence: The Quality of Students Life Questionnaire. *The American Journal of Family Therapy*, 22(1), 83-87.
- Konu, A., & Rimpela, M. (2002). Well-being in schools: A conceptual model. *Health Promotion International*, 17, 79-87.
- Law, M. (2002). Participation in the occupations of everyday life. *The American Journal of Occupational Therapy*, 56, 640-649.
- Lefort, S., & Fraser, M. (2002). Quality of life measurement and its use in the field of learning disabilities. *Journal of Intellectual Disabilities*, 6, 223-238.
- Linnakyla, P. (1996). Quality of school life in the Finnish comprehensive school: A comparative view. *Scandinavian Journal of Educational Research*, 40, 69-85.
- Malin, A., & Linnakyla, P. (2001). Multilevel modeling in repeated measures of the quality of Finnish school life. *Scandinavian Journal of Educational Research*, 45, 145-166.
- Mansour, M. E., Kotagal, U., Rose, B., Ho, M., Brewer, D., Roy-Chaudhury, A., . . . DeWitt, T. G. (2003). Health-related quality of life in urban elementary school children. *Pediatrics*, 111, 1372-1381.
- Martinez, R. S., & Semrud-Clikeman, M. (2004). Emotional adjustment and school functioning of young adolescents with multiple versus single learning disabilities. *Journal of Learning Disabilities*, 37, 411-420.
- McGregor, E., & Campbell, E. (2001). The attitudes of teachers in Scotland to the integration of children with autism into mainstream schools. *Autism*, 5, 189-207.
- Mok, M. C. C., & Flynn, M. (2002). Determinants of students' quality of school life: A path model. *Learning Environment Research*, 5, 275-300.
- Ng, T. P., Chong Lim, L. C., Jin, A., & Shinfuku, N. (2005). Ethnic differences in quality of life in adolescents among Chinese, Malay, and Indians in Singapore. *Quality of Life Journal*, 14, 1755-1768.
- Park, N. (2005). Life satisfaction among Korean children and youth: A developmental perspective. *School Psychology International*, 26(2), 209-223.
- Paterson, D. (2007). Teachers' in-flight thinking in inclusive classrooms. *Journal of Learning Disabilities*, 40, 427-435.
- Petersen, C., Schmidt, S., Bullinger, M., & the DISABKIDS Group (2006). Coping with a chronic pediatric health condition and health-related quality of life. *European Psychologist*, 11, 50-56.

Naomi Weintraub, Odelia Reiss-Poraz, Gili Levy, Ettie Saban, Asnat Bar-Haim Erez

- Reiter, S., & Vitani, T. (2007). Inclusion of pupils with autism: The effect of an intervention program on the regular pupils' burnout, attitudes and quality of mediation. *Autism, 11*(4), 321-333.
- Ring, E., & Travers, J. (2005). Barriers to inclusion: A case study of a pupil with severe learning difficulties in Ireland. *European Journal of Special Needs Education, 20*, 41-56.
- Rodger, S., & Ziviani, J. (Eds.). (2006). *Occupational therapy with children*. Oxford, UK: Blackwell.
- Roeser, R. W., Eccles, J. S., & Sameroff, A. J. (2000). School as a context of early adolescents' academic and social-emotional development: A summary of research findings. *The Elementary School Journal, 100*, 443-472.
- Schalock, R. L., Bonjam, G. S., & Verdugo, M. A. (2008). The conceptualization and measurement of quality of life: Implications for program planning and evaluation in the field of intellectual disabilities. *Evaluation and Program Planning, 31*, 181-190.
- Simeonsson, R. J., Leonardi, M., Lollar, D., Bjorck-Akesson, E., Hollenweger, J., & Martinuzzi, A. (2003). Applying the International Classification of Functioning, Disability and Health (ICF) to measure childhood disability. *Disability & Rehabilitation, 25*, 602-610.
- Simpson, R. L., De Boer-Ott, S. R., & Smith-Myles, B. (2003). Inclusion of learners with autism spectrum disorders in general education settings. *Topics in Language Disorders, 23*, 116-134.
- Svetaz, M. V., Ireland, M., & Blum, R. (2000). Adolescents with learning disabilities: Risk and protective factors associated with emotional well-being: Findings from the national longitudinal study of adolescent health. *Journal of Adolescent Health, 27*, 340-344.
- Verkuyten, M., & Thijs, J. (2002). School satisfaction of elementary school children: The role of performance, peer relations, ethnicity and gender. *Social Indicators Research, 59*, 203-228.
- Watson, S. M. R., & Keith, K. D. (2002). Comparing the quality of life of school-age children with and without disabilities. *Mental Retardation, 40*, 304-312.
- Weinstein, C. S. (1979). The physical environment of the schools: A review of the research. *Review of Educational Research, 49*, 561-577.
- Weintraub, N., & Bar-Haim Erez, A. (2007). *Quality of Life at School (QoLS) Questionnaire*. Jerusalem, Israel: School of Occupational Therapy, of Hadassah and the Hebrew University. (unpublished)
-

The Israeli Journal of Occupational Therapy, May 2012, 21(2)

- Weintraub, N. & Bar-Haim Erez, A. (2009). The Quality of Life in School (QoLS) Questionnaire: Development and validity. *The American Journal of Occupational Therapy*, 63, 724-731.
- World Health Organization (2001). *International Classification of Functioning, Disability and Health (ICF)*. Geneva, Switzerland: Author.
- World Health Organization (2007). *Global school health initiative*. Retrieved from www.who.int/school_youth_health/gshi/en/.
- WHOQOL Group (1995). The World Health Organization Quality of Life Assessment (WHOQOL): Position paper from the World Health Organization. *Social Science and Medicine*, 41, 1403-1409.