



Weighing Risks: How Families of Disabled Children Made School Choices During the Pandemic

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Abstract

In this paper, we show how positionality shapes caregivers' decisions about children's schooling, by expanding on research on Black families' educational decision-making (Cooper, 2025; Posey-Maddox et al., 2021) to examine the positions from which families of disabled and multiply-marginalized children make educational choices. The families of disabled children in our sample made holistic, ongoing risk assessments and weighed trade-offs based on their positions during a period of time marked by multiple, on-going "choice moments" (Posey-Maddox et. al, 2021): the first two years of the Covid-19 pandemic. We show that disability and ableism – intersecting with racism and socioeconomic inequality – increased the frequency, ongoing nature, and complexity of choice moments, as well as the risks embedded in each educational option. This intersectional marginalization constrained the options available to families, forcing them to choose between school settings that caused different kinds of harm. Our findings extend beyond the pandemic by revealing how ableism and special education structures complicate and stratify school choice for families of disabled students.

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How Families of Disabled Children Made School Choices During the Pandemic

Research on how families make decisions about schools and educational options frequently relies on “market-based, color-evasive logics” (Posey-Maddox et al., 2021, p. 39) that assume families “function as objective, rational choosers who maximize benefits for their children” (Cooper, 2005, p. 175). Under this rational choice framework, which argues that families will select schools offering services that meet students’ “special needs and interests” (Chubb & Moe, 1990, p. 6), any poor outcomes resulting from school choices are presumed to be the result of individual families’ poor decisions. Yet this dominant framing ignores how families’ social positions may shape the choices available to students and the choices families make for their children.

In response to rational choice literature, recent scholarship has argued that educational decision-making is actually a complex, socially-embedded process (Butler & Quarles, 2024; Cooper, 2005; Debs et al., 2023; Freidus, 2019; Kafka, 2022; Posey-Maddox et al., 2021; Roda & Wells, 2013). In the words of Jabbar and Lenhoff (2019), families choose schools in response to both push and pull factors, and those choices are “highly subjective, emotional, value-laden, stratified by social class, and shaped by social networks, perceptions, social capital, and identity” (p. 354). These choices are laborious and burdensome for many families (Butler & Quarles, 2024; Cuddy, 2025; Gordon, 2021; Pattillo, 2015), especially those with most restricted access to information, resources, and the social grapevines required to successfully navigate the “rules of the game” (Lareau, 2016). By examining the role that structural forces such as racism and ableism play in families’ educational decision-making, we can better understand the processes

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and outcomes of their choices.

Cooper (2005) introduces “positioned choice” to explain how low-income and working-class Black mothers consider structural constraints and the legitimate roles of subjectivity, emotion, and culture in educational decision-making. While research and policy discourses often frame the “best” choice as a school with the highest test scores (Schneider, 2017), Cooper (2005) shows Black mothers use a more holistic decision-making process, shaped by their unique positionality. They consider elements of school environment, such as racial bias and deficit orientations of teachers, children’s physical safety, and the school’s racial composition, as well as elements of quality learning and instruction, such as curriculum and ability to appropriately serve disabled students. Race and intersecting inequalities are central to how these caregivers understand and consider the educational options available to their children, which involves “ongoing risk assessments” of harm from anti-Blackness in each schooling context (Posey-Maddox et al., 2021). Black families work to ensure high-quality schooling for their children by making racialized trade-offs between schools that are psychologically, academically, or physically “safe” for their children (Butler & Quarles, 2024; Posey-Maddox et al., 2021); they make strategic choices given the often limited schooling options available to them (Pattillo, 2015; Stulberg, 2015). Posey-Maddox and colleagues (2021) also show that while school choice literature treats educational decision-making as a process that occurs at a small number of officially-set “choice moments” (p. 52), such as kindergarten or high school enrollment, Black families across class backgrounds engage in continuous choice-making related to the harms of racism in schools.

The conceptual framework of *positioned choice* provides a vital approach to understanding how families make educational decisions that extends beyond both the specific experiences of

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Black families and the White, middle-class, non-disabled assumptions of rational choice frameworks. It allows us to see how all families' and children's social positions may influence their educational decisions. Indeed, although frequently unacknowledged by the “color-evasive logics” of school choice literature (Posey-Maddox et al., 2021, p. 39), White families' choices reflect their privileged positions in making educational decisions without regard to potential racialized harm.

In this paper, we expand on Cooper's (2005) positioned choice, as well as the school choice literature's findings that choice processes are socially situated and highly stratified (Cuddy 2025; Hailey, 2022; Jabbar and Lenhoff, 2019; Pattillo, 2015), to examine how disability—and its intersections with race and socioeconomic inequality—shape families' educational decision-making. We center disability and ableism as a key system of oppression. Specifically, our paper examines the positions from which families of disabled and multiply-marginalized children make educational decisions, as well as how they enact those choices based on their positions. We use “multiply-marginalized” here to refer to disabled children who are also marginalized by other social categories – largely by race and socioeconomic status, but also linguistic status and gender identity. We interviewed families of disabled children about their schooling experiences and decisions prior to and during the first two years of the Covid pandemic,¹ a time period marked by multiple, on-going choice moments by most families of school-age children in the United States. Our findings extend research on parents' decision-making and positioned choice by showing that families of disabled children continuously consider trade-offs between various risks and needs – physical safety, mental health, academic support and success, and childcare. Their considerations illuminate how ableism – and its intersections with racism and socioeconomic inequality – shapes specific priorities these families consider in their decision-making and exacerbates the

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frequency, complexity, and ongoing nature of educational decision-making by families of disabled children.

Ableism, Intersecting Inequalities, and the Position of Disabled Students in Schools

Disabled students occupy a unique set of positions in schools due to ableism; the political and practical structure of special education; and the intersection of these systems with other social inequalities, including racism and classism. Access to a “free and appropriate public education” through the Individuals with Disabilities Education Act (formerly titled the Education for All Handicapped Children) was a hard-won civil right (U.S. Department of Education, 2010), and special education provides important support, legal protections, and educational benefits for many students (Schwartz et al., 2021). Yet as Sullivan and Proctor (2016) explain, special education is like chemotherapy: while some people benefit greatly, it carries significant risks for students. Research shows that disabled students experience stigma, exclusion from peers, and reduced access to higher-level content (Owens & Jackson, 2016; Shifrer et al., 2013). Below, we discuss how ableism and intersecting inequalities structure schools and special education, so that we can better understand disabled students’ school experiences shape families’ decision-making.

Ableism Structures Our Schools

Beyond the complex, multi-directional effects of special education on disabled students, ableism deeply structures our schools and shapes the experiences of all students. Human brains and bodies naturally vary in cognitive, social, physical, and other skills; impairment is part of this natural variation. Disability is, in part, a socially constructed category designating the social experience of impairment (Shakespeare, 2013). Ableism creates disability as a system of categorization that positions disabled bodies and minds as inferior to non-disabled ones, such that disability is a key axis of stratification in our society and in our schools (Frederick & Shifrer,

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2019; Garland-Thomson, 2005; Leonardo & Broderick, 2011; Maroto et al., 2019; Shakespeare, 2013). Ableism shapes the organization of schools, where cognitive, academic, and behavioral skills are highly valued. Disability and ability define expectations for achievement and behavior, as well as how schools respond when students fail to meet those expectations; ableism undergirds the evaluation systems teachers use to assess student skills, it shapes student identity and post-schooling outcomes, and it structures how students are sorted into programs, classrooms, and ability groups (Fish, 2025). Consequently, the positioning of disabled students below their non-disabled peers in social and educational hierarchies (Fish, 2019; Tringo, 1970), holds a variety of implications for students' educational experiences, schooling options, and outcomes.

Variation in Effects of Ableism: Intersectional Disability Hierarchy

Yet disability is not monolithic. Rather, experiences, outcomes, and social positioning vary by disability category, the extent to which students' disabilities affect cognitive, behavioral, and daily living skills, and by the intersections of disability with other systems of inequality. "Lower-status" disabilities (Fish, 2019) include emotional disturbance (i.e. significant behavioral difficulties, such as oppositional defiance), intellectual disability (i.e. low cognitive skills and impairments to activities of daily living), and other disability categories that present with significant cognitive impairments (e.g., orthopedic impairment and autism do not present with such impairments in all cases, but are lower status when they do) (Fish, 2019; Leonardo & Broderick, 2011; McDonald et al., 2007; Thomas, 2000; Tringo, 1970). Students with these disabilities experience higher levels of social stigma, are more likely than other disabled children to be segregated from their peers, and face more limited schooling options (Fish, 2019; Saatcioglu & Skrtic, 2019; U.S. Department of Education, 2022; Waitoller & Lubienski, 2019).

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In contrast, students with “higher-status” categories of disabilities, including specific learning disability (e.g., dyslexia), autism with average or above-average intelligence, and ADHD, experience higher levels of inclusion with non-disabled peers, lower levels of social stigma, more beneficial educational services, and families tend to advocate for these categories over others (Blanchett, 2010; Harry & Anderson, 1994; Ong-Dean, 2009; Sleeter, 1987; U.S. Department of Education, 2022).

Moreover, disability has different social meanings at the intersection with other social categories, such as race (Bailey & Mobley, 2019). Racism and ableism, in particular, intersectionally construct the notion of “normal” in schools and beyond, and the racialization of disability has “made students of color with dis/abilities the beneficiaries of a double-edged sword” of specialized services that come with segregation, stigma, and other harms (Annamma et al., 2013, p. 13; Blanchett, 2010; Mayes 2023). The disability status hierarchy aligns with the race hierarchy in our society (Blanchett, 2010; Fish, 2019; Leonardo & Broderick, 2011; Saatcioglu & Skrtic, 2019; Sleeter, 1987). White students are more likely than otherwise similar children of color to be diagnosed with higher-status disabilities, and Black and Indigenous students are more likely than otherwise similar White children to be diagnosed with lower-status disabilities (Fish, 2019), and the experiences of children of color in special education are more exclusionary, provide fewer academic benefits, and more social-emotional and academic harms than for White children (Grindal et al 2019; Schwartz et al 2021; Tyson 2024).

The unique positions of students based on their disability category, the extent of cognitive or behavioral impairments, and intersections with racism therefore deeply shape the role ableism plays in disabled students’ educational experiences and outcomes. Yet further research is required to better understand how ableism, disability, and intersecting inequalities shape the

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choices families make about their children's schooling, and how variation across disabled children's social positions might matter.

Ableism and Disabled Experiences of the Pandemic in Schools

While students—both disabled and non-disabled—sustained a variety of negative schooling experiences and outcomes during the first few years of the Covid pandemic (Fahle et al., 2023; Harris et al., 2024; Hough et al., 2021; Kuhfeld et al., 2022; National Academies of Sciences, Engineering, and Medicine, 2023), many disabled students experienced particularly poor educational circumstances during this period. Many schools stopped providing special education services during remote and hybrid schooling, provided less access to live instruction to disabled children than their non-disabled peers, and failed to provide accommodations during general classroom instruction; this was exacerbated for students in lower-status disability categories who had more complex educational support needs (Antonios, 2021; Chung, 2020; Fish et al., 2023; McKittrick & Tuchman, 2020). Legally, this meant that schools were often out of compliance with Individualized Education Plans (IEPs), which are documents outlining services and accommodations that public schools must provide to disabled children, as per federal policy (Antonios, 2021). It also meant that schools were inaccessible and inappropriate for many disabled children (Woulfin & Jones, 2023). Notably, some disabled children experienced some benefits from remote instruction — particularly students with social and emotional difficulties, high levels of distraction, and those whose schooling experiences had been particularly poor prior to the pandemic (Fish et al., 2023; McKittrick & Tuchman, 2020). Yet overall, the picture of disabled students' educational experiences during the pandemic is negative, with generally greater schooling failures than those experienced by non-disabled children.

A great deal of these negative experiences can be attributed to the logistical challenges of

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providing special education in the context of school/classroom closures and remote learning (McKittrick & Tuchman, 2020). However, these educational failures also illustrate the ways that ableism structures our schools (Fish et al., 2023; Freidus et al., 2025) and magnify schools' failures to meet many disabled students' needs, even in the best of circumstances. Prior to the pandemic, many families of disabled children reported physically inaccessible schools, academically inaccessible instruction, and services that were poor in both quantity and quality (Fish et al., 2023). Also prior to the pandemic, special education teachers had particularly high levels of burn-out and turnover due to the high demands and inadequate resources available for their work, especially for teachers in schools with higher proportions of low-income children and children of color (Bettini et al., 2022; Billingsley & Bettini, 2019). These problems illustrate how disabled students are marginalized in so many schools — their needs treated as afterthoughts and their teachers insufficiently supported. The many complicated challenges of the pandemic exacerbated these problems of service provision, IEP compliance, and teacher turnover, heightening the stakes of the choices their families had to make (Board on Children, Youth, and Families et al., 2022).

How Disability and Ableism Shape Families' Educational Decision-Making

In the U.S., the policy and practice of special education presents families of disabled children with many more choice moments than those of non-disabled children. Some of these choice moments occur through official policies and practices, such as the federal requirement that school staff meet with families of children qualifying for special education at least annually to review and write a new IEP, and at least every three years the team must reevaluate the child's educational needs (IDEA). At IEP meetings, the team reviews the child's progress, sets goals for the next year, and determines settings, services, and accommodations that the school is legally

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required to provide. These serve as annual (or more frequent) official junctures for families to participate in or make educational decisions for disabled children that are unique to special education; because these families are tasked with acting as “initiators, developers, and enforcers of special education policy”, they often must also engage in a series of unofficial, difficult choices about whether and how to press schools if the agreed-upon services and supports are not delivered or insufficient to support their children (Cowhy et al., 2024, p. 320).

Research suggests that along with children’s impairments, ableism — intersecting with other systems of oppression — creates quantitatively and qualitatively different sets of risks for disabled children than non-disabled children, setting up families of disabled children to continually assess settings and services for their children. Ableism, disability, and the structure of special education together drive families’ educational decision-making (Cowhy et al., 2023). The range of past and potential harms, systemic constraints, and difficulty of securing a beneficial educational environment for disabled children shapes the choices available to families, as well as their approaches to making these decisions (Waitoller & Super, 2017). Families of disabled children report that staff beliefs about disability, as well as disabled children’s well-being, are key factors in their decisions about schools (Mawene & Bal, 2018). Considerations typically prioritized by the families of non-disabled children are often viewed differently due to the needs of their disabled children, and due the policies and practices of special education. For example, parent-teacher communication is important for many families, but families of disabled children consider it particularly important (Mawene & Bal, 2018), likely due to the high level of communication and collaboration necessary –and legally mandated – for special education services (IDEA). Similarly, families of disabled and non-disabled children alike cite availability of programs and class size as key criteria in choosing schools, but these factors are particularly

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crucial for families concerned with meeting specific programming and instructional needs of disabled children (Mawene & Bal, 2018).

Moreover, like the Black families in research by Cooper (2005) and Posey-Maddox and colleagues (2021), families of disabled children are forced to weigh a multitude of trade-offs in their educational decision-making, often constraining options. For example, many families understand the benefits and value of inclusive settings for their children. However, often only segregated settings offer specific supports disabled children need, such as specialized instructional programming, transportation, and smaller class sizes (Cowhy et al., 2023; Jessen, 2013; Mann et al., 2015). Many schools simply do not provide appropriate services for disabled children, so that families are left with the “choice” to exit the school (Love et al., 2017). Other schools steer away families of disabled children before they even apply for enrollment (Jennings, 2010). Particularly for families of multiply-marginalized disabled children, limited access to appropriate educational options nearby forces them to consider schools further from home (Waitoller & Lubienski, 2019; 2024).

Structural, organizational, and interpersonal ableism also constrain the special education processes legally required to include families in decision-making: IEP meetings. Instead, these meetings typically focus more on compliance than on meaningful engagement; families often feel alienated, unheard, and are offered no opportunities for real choices (Cavendish et al., 2017; Love et al., 2017; Mann et al., 2015). This lack of voice is exacerbated for families of children with more complex disabilities (Love et al., 2017). Despite these hurdles, intense advocacy is necessary to acquire appropriate services and accommodations for disabled children — a role that causes significant strain for families (Blum, 2015; Valle, 2018). Families of color and families with less access to dominant cultural and social capital are disadvantaged in this

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advocacy and participation in special education processes (Hess et al., 2006; Trainor, 2010).

Making Educational Decisions During the Pandemic

The health, safety, and social impacts of the pandemic introduced a host of new or heightened risks for all children in schools, regardless of disability or other social marginalization. Individuals' physical risks of in-school attendance — and their assessments of these risks — varied. Shifts to remote learning changed how and to what extent schools could meet the academic, social, and emotional needs of children who had been previously adequately or well-served by school. Over the course of the first two years of the pandemic, many families had to make decisions about whether to send their children to in-person, hybrid, or remote schooling, or whether to exit their schools entirely; the time-frame and nature of these decisions depended on local policies (NCES, 2022). Because everyone was experiencing new risks, even the most advantaged families were plunged into a position of more frequent and holistic decision-making that involved ongoing risk assessments and making trade-offs. Families had to make decisions based on a variety of priorities: concern about family and child health, children's educational progress and social-emotional development, and families' need for childcare (Calarco et al., 2021; Cotto & Woulfin, 2021; Freidus & Turner, 2023; Quetsch et al., 2022).

Research and news reports show that families' social positions played a role in their perceptions of health and academic risks, priorities, and decision-making processes. Families of color and low-income families were more likely than White families to perceive in-person schooling negatively during the pandemic (Kaiser Family Foundation, 2020). Families of color also had lower levels of trust in schools during the pandemic (Fish et al., 2023; Radey et al., 2021), higher perceptions of health risks (Szabo, 2021) and were more likely to choose home-based care and schooling to minimize health risks (Chua et al., 2020; Radey et al., 2021; Szabo,

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2021). Meanwhile, White and socioeconomically advantaged families were more likely to prefer in-person schooling, and often advocated for school reopenings (Freidus & Turner, 2023).

Families had to make choices based on the most important family needs, which—particularly for more marginalized families—often came down to a need for childcare and to health and safety (Cotto & Woulfin, 2021). The risks and constraints involved in these decisions were exacerbated for racially and economically marginalized families. How did the positionings of families of disabled and multiply-marginalized children affect the educational choices they made and their enactment of those choices during the pandemic?

Data and Methods

This study uses in-depth interviews with parents and guardians of disabled children to explore how families' positions shaped their schooling decisions during the pandemic. Our convenience sample includes interviews with 29 caregivers to 31 children with disabilities during 2021-2022 in Wisconsin and in New York City (NYC). The local contexts for these two sites differed along several dimensions. NYC participants attended an urban, centralized school system at the epicenter of the initial wave of the pandemic. NYC schools offered extremely limited seats in school buildings during the 2020-2021 academic year, but elementary school children receiving special education services were given priority for in-person schooling, if their families chose to send them (Freidus et al., 2025). Participants in Wisconsin attended multiple suburban, rural, and urban school districts, offering a varied constellation of options for in-person, remote, and hybrid schooling.

Recruitment materials (in English and Spanish) were sent to parents through public school teachers to families, through a listserv for parents of disabled children, through organizations that support families of disabled children, and through following up with participants from another

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research study by the first author. Recruitment materials invited any parents of school-aged disabled children to share their experiences about school during the pandemic. The full sample description can be found in Table 1, and listed by participant pseudonyms in Table 2. The 31 students discussed range from Kindergarten to 11th grade, are racially and socioeconomically diverse, and include more boys than girls, which is typical given gender disparities in overall rates of special education receipt (Sadker & Sadker, 1994). The disproportionately high number of autistic children was due to recruitment through organizations that support families of autistic children. Seven families live in New York City; nine families live in Wisconsin suburbs, and the remaining 13 Wisconsin families are spread across cities, a town, and rural locations.

[Table 1 about here]

[Table 2 about here]

The first author and two research assistants interviewed parents using a semi-structured interview protocol (typically 45-60 minutes), including descriptions of the educational supports their child received, how they felt the school met their child's needs, their interactions with school staff, their support of their child at home, and how they made decisions about their child's schooling during the pandemic – asking about these aspects of their lives prior to the pandemic, during the initial school closures in March of 2020, during the 2020-2021 school year, and during the 2021-2022 school year. All interviews were transcribed by either research assistants or a professional transcription service. The interviews in Spanish were conducted by a native Spanish speaker and then transcribed and translated by either that research assistant or a professional transcription/translation service.

To analyze how families made sense of their schooling decisions during the pandemic, we used “flexible coding” (Deterding & Waters, 2018), which uses both inductive and deductive

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analysis, in Dedoose software: first, we indexed each transcript based on the interview protocol and began writing analytic memos; second, we developed an analytic code list based on our review of the literature and from themes that emerged in analytic memos (e.g., “prioritizing health” and “childcare constraints” deductively from the literature; “Covid schooling as beneficial” and “choosing exit” as inductive and emergent themes); third, we applied analytic codes; finally, we explored coding validity, examined trends in the data, and refined theory in the memos. Conceptual understanding of the social processes in the data was developed through abductive reasoning, by “revisiting, defamiliarizing, and alternative casing in light of theoretical knowledge” (Timmermans & Tavory, 2012). Analysis was ongoing during data collection, following the constant comparative method, so that insights could be incorporated and tested with new cases.

Findings and Discussion

The conditions of the pandemic affected the nature, frequency, and complexity of educational decisions for nearly all families of school-aged children, forcing them to make difficult trade-offs as they selected schooling environments. Like families of non-disabled children, families in our sample made these choices based on their own particular children’s needs, their families’ needs, and their perceptions of risk. Yet our data show that families’ understandings of those risks and needs came from a position of being marginalized – sometimes multiply-marginalized – by school practices, prior to and during the pandemic. Disability, ableism, racism, and socioeconomic inequality shaped the choices available to them, the frequency of their risk assessments and decisions, and the potential harms they and their disabled children faced. Like the racialized harms that Black parents sought to avoid as they made their educational decisions (Posey-Maddox et al., 2021), families of disabled children sought to avoid ableist harms in

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schools that often failed to meet their children's needs. Below, we first show how ableism and intersecting inequalities shaped families' engagement with *positioned choice*. Then, we examine the choices that families made—frequently among a set of poor options—and how their social positions shaped the options available to them.

Positioned Choice for Families of Disabled Children

Having a child with a disability during the pandemic required most families to make complex, stressful decisions that involved multiple trade-offs, considering the possibility of harms to their children. Yet the complexity and extent of the potential harms they navigated were shaped by intersections with other systems of inequality, primarily those of race and class.

Intersectional risk assessments & complex trade-offs. Patricia, like many family members described feeling “torn, just torn” between the risks of being in school versus the risks of attending remote schooling. Patricia's grandson Casey, an Indigenous trans boy with a learning disability, needed a variety of academic services at school, and remote learning was extremely challenging for him. However, Patricia feared for Casey's safety, well-being, and ability to access appropriate educational supports within the school building. She was terrified by Covid, particularly because Casey has an autoimmune disease; yet her concerns about in-person schooling went far beyond Covid-related concerns. Patricia reported that prior to the pandemic, Casey had experienced insufficient academic support, and gender-, race-, and disability-related bullying by peers. The teachers and administration, according to Patricia, took a stance of “willful ignorance. . . . No adults say anything.”

Patricia was not alone in her concerns. Carleen, a low-income Black mother of a Black autistic boy, was also “conflicted” about sending her son Harrison to school. She was “afraid he's going to get sick. Am I a bad parent? I want him to go to school because I can't teach him

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the things he needs to know.” Carleen, like Patricia, believed that in-person schooling had always been risky for her child; prior to Covid, she had been so frustrated by schools’ lack of support that she had transferred Harrison twice to new schools. Even before the pandemic started, Carleen had mentally “given up on school for him,” believing that no advocacy would result in better services. Her conflict was particularly apparent as she described judgment by a family member about her choice of in-person schooling: “Her kids don’t go [because she’s worried about Covid]. They’re home-schooled. They don’t have an IEP. I’m like, she doesn’t really know. It hurts my heart, but, you know, I still sent him to school.” She thought sending Harrison to school in person was her only viable option. While this may have felt like Carleen’s “best” choice, it was not clear-cut. Carleen and Patricia’s considerations of intersectional harms, and ensuing ambivalence about the least-bad option, demonstrate the complex decision making undertaken by many families of disabled students, but particularly families of color.

A minority of families reported general satisfaction with their disabled children’s schooling choices. Most of these families were White and/or middle class, had children that largely attended schools that were overwhelmingly White, and had children with “higher-status” disabilities that did not significantly impact cognitive skills or activities of daily living. These families often referred to their districts providing them with choices and voice in what schooling would look like during the pandemic, reflecting broader patterns of how schools cater to the interests of racially and socioeconomically advantaged families (Freidus, 2019; Lewis & Diamond, 2015; Turner, 2020). Natalie, a White, lower-income mother of a boy with ADHD in suburban Wisconsin, was pleased that the district sent out “a survey for the parents” before designing pandemic schooling options. Natalie said, “it was really nice in the fact that we did have a say.” Heather, a White, middle-class mother of a girl with a learning disability, valued

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that her suburban Wisconsin school district “is super open and super adaptive” and provided multiple formats for pandemic schooling to meet her daughter’s needs, with flexibility to change as needed. Moreover, these parents generally reported that their children’s schools had met their needs well prior to the pandemic. School district policies and practices—before and during the pandemic—demonstrated that they listened to White, middle-class families and provided competent care and instruction for their children. Notably, in contrast to the sense of voice and choice reported by these White families above, only two Black families reported satisfaction with their schooling options during the first year of the pandemic. Both of these families’ children were enrolled in schools that only provided remote instruction; these families both felt that their children benefited from the remote setting.

However, the majority of parents—across race, class, and child disability—felt deeply dissatisfied with the schooling options offered by their school districts. They expressed concerns about a variety of harms, including health risks from Covid, poor educational experiences prior to the pandemic, and inadequate childcare offered. Their decision-making was characterized by weighing trade-offs between different kinds of harm. One White, middle-class mother, Melanie, described her assessment of the risks of each choice: “You know, is he going to be safe, or is he going to catch this disease? . . . Are you gonna bring it home, and then it’s gonna kill Grandma?” Like Patricia and Carleen, Melanie also worried about harms to her son beyond Covid: “the teachers and the whole school system—they’re not going to advocate for him. He was feeling bullied by the teacher and he was crying because she was so harsh.” Yet as a single mother with a full-time job, Melanie had no co-parent or other adult who could care for Steven and support remote instruction. Melanie and other families’ experiences of “no good choices,” and of making trade-offs to reduce potential harms to their children, were in part rooted in the

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specific context of the pandemic, which affected all families—but they were also deeply shaped by longstanding school failures to appropriately teach disabled children.

Ongoing risk assessments & ongoing choices. The pandemic context created new choice moments for families with school-age children, regardless of disability, by the very nature of schools asking families to choose between remote or in-person learning options—often at several points in the school year. These additional choice moments throw into relief the many other choice moments that families of disabled children make for their families: throughout the IEP process; as they advocate for services, resources, and protections; and when they decide to leave schools and school systems. Families of disabled children encounter greater frequency of choice moments, in part, due to children’s impairments and to the structure of special education. Yet, like the Black parents in the positioned choice literature, these families’ choice moments are also shaped by structural forces: ableism and its intersections with racism and socioeconomic inequality. Making trade-offs between poor choices entailed ongoing risk assessments and decision-making by families of disabled children, particularly for multiply-marginalized families. Indeed, the “choice moments” we describe generally do not refer to a single decision; rather, families in our study often chose to enroll in remote for some period of time, in-person for another period of time, and some other option, such as home-schooling, for yet another period. Families responded to new information, new risk assessments, and new needs throughout the pandemic.

In part, specialized programming offered to disabled children during the pandemic increased the frequency of choice moments; for some families, these additional choices were welcomed. This was particularly true in school systems with more resources, where students also tend to have racial and class advantages. For example, Katie and Heather were both White,

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middle-class mothers in the same suburban Wisconsin school district, which offered in-person schooling only for children with IEPs. Katie chose this programming for her daughter, who has an orthopedic impairment, recalling “honestly, that was amazing because they all got a lot of one-on-one support and there was some huge gains made there.” Heather, in contrast, chose to keep her daughter Addyson at home. Addyson had “transitioned super well” to remote learning, and Heather did not want to take a risk by changing that setting. Both of these parents appreciated the flexibility and increased choices available to them.

Not all families were happy with their specialized additional choices, though. Ruth, a White, middle-class New Yorker, had jumped at the chance for her daughter, Etta, to attend an in-person program for students determined to be higher priority (e.g., children of essential workers, children with housing insecurity, and children with IEPs) during the early days of the pandemic. In contrast to the experience that Katie and her daughter had, Ruth felt that the program had poor coordination between teachers and service providers. Between this perception of low program quality and frequent shut-downs due to Covid safety “negligence”, Ruth concluded that the program “wasn’t worth it.”

Like families in the literature on positioned choice and in the literature on parent advocacy in special education, many families in our study also had to engage in constant vigilance to monitor their children’s academic and physical safety and to consider if there were any viable alternatives to the poor choices they were weighing. Families of children who receive “related services” (e.g., physical therapy, speech therapy) consistently noted that these services were limited, conflicted with synchronous instruction time with classroom teachers, or were not provided at all during pandemic-period schooling. The responsibility to monitor service access largely fell on families. During the initial school closures, many families quickly concluded that

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“remote schooling is not for *our* children,” as Tammy, a Black middle-class mother, explained. Tammy’s concern about how poorly her autistic son Parker was doing, first in remote instruction and then in-person, led her to escalate her advocacy efforts to get her son into a specialized program for students with significant cognitive impairments. Ruth, the White woman introduced above as Etta’s mother, opted her daughter into full-time in-person schooling as soon as it was offered in the fall of 2021. It had seemed like the best option at the time. Yet even after schools reopened, Ruth had to contend with special education scheduling problems, a failure to honor Etta’s IEP, and her sense that the teachers “were frustrated with Etta and maybe frustrated with me.”

Choosing Priorities

As we argue above, most families were continuously assessing their children’s and families’ needs during Fall 2020 and making decisions about schooling based on the needs that were most urgent or most important at that time. Below, we describe how families of disabled children in our study prioritized among these needs to make schooling decisions that not only focused on physical safety, but also reflected the family’s logistical needs, as well as their child’s academic success, special education supports, and mental health.

Choosing childcare. For families of children with and without disabilities, childcare was an urgent need that often had to be prioritized over other concerns during the first year of the pandemic (Calarco et al., 2021). Natalie, the White, lower-income mother of a first-grader with ADHD in a small city in Wisconsin, was one of many parents who said remote instruction “would not have worked” for her family because “we both work full time. [Learning] from home would not have worked.” Many families like Natalie’s described both childcare and their children’s support needs as a key factor in their decisions to send their children to school in

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person. Betsy, a White middle-class mom of Jasper, an autistic boy, was herself a teacher. Out of Covid safety concerns, she initially chose remote schooling for Jasper in the fall of 2020. Yet Jasper was highly distracted at home with Betsy teaching from her own computer. He also needed intensive monitoring, as “he, like a lot of other kids on the spectrum, has what I would call kind of an unhealthy relationship with screens.” For Betsy, the need for Jasper to be out of the house during the school-day quickly outweighed her health concerns, so the family decided to send him to school in-person: “at least he was again around peers. He wasn’t fighting with his brother 24 hours a day; he was not fighting with me 24 hours a day. It was physical space, it was mental space.” When asked if there were times where Betsy felt unsure about that decision, she replied, “No, no, not at all. I think we made the right choices for our family and we were very, very fortunate to have those options available to us.” The vast majority of families who chose in-person learning described the challenges involved in caring for and academically supporting their children as the primary reasons for their choice.

While Natalie and Betsy were relatively comfortable with their children attending school in person, other families felt more fraught about their need to prioritize childcare. For example, Angela, the Latina, middle-class mother of Leo, explained that “if I was permanently working from home, I might make the step to homeschool him. I’m not happy about [him going back in person]. But yeah, he had to go back” because Angela had to return to work. Angela continued to worry about Leo’s health and Covid-related safety; she was one of many caregivers who felt that “the school he was in was not the place for him . . . But I really felt like I had no choice.” All three of these mothers made the same choice of in-person schooling, and for the same reason—because childcare was a priority. Yet Natalie and Betsy’s comfort with their decisions, in contrast with Angela’s ongoing concerns, illustrate racial disparities in concerns about Covid-

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related health risks (Szabo, 2021).

Notably, childcare concerns and logistics shaped the decisions for most/many families, not only those who chose in-person schooling. Nearly all of the families who chose remote schooling also described the central role that childcare played in their decision, particularly because their children needed such a high level of support with school. Heather, the White, middle-class mother who worked remotely, said it was possible for her child to remain home only because “my boss is really good. There are times where I can walk away for a little bit. I can say, ‘Ok, I see you need one-on-one attention.’” Beatriz, a Latina middle-class mother, credited her ability to keep her son remote to being “a housewife. So, I had no problem. Parents who had to work and see who they left their children with had more problems.” Tammy, a Black, middle-class mother, chose remote instruction for her son Parker, who is autistic and has significant cognitive impairments; she was only able to make this work by deploying her financial and social resources. At first, Tammy hired a babysitter to care for Parker, but “he did not transition well at all. He was crying, and he will close the laptop. One of the problems was the babysitter wasn’t that tech savvy to get him back online and Parker knew it. It was just a mess.” Tammy was able to turn to a tech-savvy cousin for help with childcare, and Parker was able to continue remote instruction more successfully. Access to financial resources, social capital, or a job that allowed for remote work made it possible for these middle-class families to prioritize childcare without choosing in-person schooling.

Choosing academics. Academic concerns played a large role in many families’ decisions—while this was not unique to families of disabled children (Quetsch et al., 2022), these concerns were heightened for many families of disabled children. These concerns were often cited by families who chose in-person learning, calling remote learning “impossible” or

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“not for our children.” These families described remote schooling as severely lacking in the services and accommodations mandated in their children’s IEPs; this lack of IEP compliance reflected broader, nationwide patterns reported in the media (Antonios, 2021; Board on Children, Youth, and Families et al., 2022; Chung, 2020; Fish et al., 2023; McKittrick & Tuchman, 2020). For example, Jeffrey, a White middle-class father, reported that his child, Irene, who is hard-of-hearing, was unable to follow live instruction under remote learning even with headphones and other assistive technology. The school relied on auto-captioning, which was riddled with inaccuracies and is not ADA-compliant (General Services Administration, 2024). Jeffrey believed the school was doing everything they could with the resources they had. Still, the lack of appropriate captioning reflects the fact that disabled children’s needs in remote learning were not met—in part, due to some incompatibility of remote learning with children’s educational needs, but also due to the ongoing marginalization of disabled children in schools.

Race, class, and disability—as well as disability category and extent of cognitive, social, and physical impairment—complicated and exacerbated many families’ concerns with academic progress. Families with more positive pre-pandemic experiences with schools meeting their children’s needs—who tended to be White, middle class, and had children with less intensive support needs—often saw in-person learning as the obvious choice to support their child’s academic success. Sarah, a White, middle-class mother of Finn, a White boy with a learning disability, described her reasoning for choosing in-person learning: “I don’t want the pandemic being another factor to put him behind.” Sandra, an Asian, middle-class mother of a boy with a learning disability also emphasized the need to “catch up.” Molly, a White, middle-class mother in NYC, said that unlike her non-disabled son, “my daughter cannot learn remotely. Her needs are so much higher and things don’t come naturally to her.” To Molly, returning to in-person

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schooling meant that her daughter's needs were met. While these largely middle-class, White families of children with less significant educational support needs often had to advocate fiercely for their children, schools had largely met their children's needs prior to the pandemic. For these caregivers, the return to in-person schooling was a return to schooling that generally worked for their children.

There were also some families of multiply-marginalized children who chose in-person schooling due to a need for instruction and related services. Araceli, a Latina, lower-income grandmother in a large Wisconsin city, was frustrated by the lack of occupational therapy under remote learning. She also described how poorly remote instruction worked for her grandson, Ernesto, a second-grader with autism: "The teacher would teach the class and they could see the teacher teaching the class, but they didn't really participate, so they could hear chaos, everybody talking, all the children, because the teacher had the computer on, you know, so they could see her on Zoom, but you could see everything... Uh-uh, it wasn't good." Beatriz, the Latina, Spanish-speaking, lower-income mother of a non-speaking, autistic boy in suburban Wisconsin, explained that in remote instruction, "all the documents were in English. So I had to translate the documents [using online translators] and think about how I was going to do the programs with Alejandro," she recalled. The school failed to meet Alejandro's language and disability needs in a remote setting, so Beatriz eventually moved him into in-person learning. For these families, choosing in-person instruction was part of their efforts to access more complex supports for their children. Notably, neither Araceli nor Beatriz reported requesting IEP meetings or filing complaints with the school or district to address their concerns with remote instruction. Indeed, positioned choice allows us to consider choices families may not have contemplated or not made. In the cases of Araceli and Beatriz, their *not* confronting school staff may allow us to observe the

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their race and class positioning given the disadvantages racially minoritized and lower-income families experience in advocacy in schools (Hess et al., 2006; Lareau & Horvat, 1999; Trainor, 2010).

In contrast, a few families felt that remote schooling met their children's academic needs better than in-person schooling. Monique, a Black, lower-income mother in NYC had enrolled her son, Mike, a Black 7th grade boy with autism, anxiety, and asthma, at a charter school that only offered remote instruction through the 2020-2021 school-year. Monique was very satisfied by how the school supported Mike through remote learning: "They really handled everything. That's why I made the decision [to keep him there]. It was very well-structured and well-designed. He was able to focus on more things" than he had been able to in-person, prior to the pandemic. Like several families of children with ADHD, Monique perceived remote learning as an improved setting for Mike to focus on instruction. Heather, a White middle-class mother of Addyson, who has a learning disability, also felt that her daughter had "transitioned super well" to remote learning, and Heather did not want to risk any changes.

Many of the families who chose remote for academic reasons, however, did so because schools had so often failed their children pre-pandemic. This set of families were largely multiply-marginalized by disability, race, and/or class. Danielle, a Latina, middle-class mother of Leandro, who was in fifth grade at the beginning of the pandemic and has an orthopedic impairment, kept him in remote schooling because she "didn't think it was worth it" for the limited services he would receive at in-person school. Violeta, a Latina, lower-income mother of Santiago, who has autism, said that prior to Covid, the teachers would complain to her rather than figuring out how to help him, and she felt that the teachers were angry with her and Santiago. She said, "thank God I left Santiago here [in remote schooling]." For these families,

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remote schooling was an escape from academically harmful settings that were not meeting their children's needs.

Choosing mental health. The majority of families described how concerns about their children's mental health shaped their educational decisions during the pandemic. It was most common for racially and socioeconomically advantaged families to express mental health concerns, reflecting the focus on social and emotional well-being among more advantaged families during school-reopening processes (Freidus & Turner, 2023). In most cases, families in our sample did not link these concerns explicitly to disability. For example, Ellie, a White, middle-class mother of a White girl with a learning disability noted that “the complete social isolation really affected the kids,” as she described her decision to return her daughter to in-person instruction. However, it is plausible that social, emotional, and behavioral support needs played a role in many families' choices. In one clear example of this connection, Betsy, a White middle-class mother, described her concerns about her son's mental health and his autism:

For a kid who was very happy living within his own world—in some ways the first year of the pandemic [when he was remote]—he was well suited to it. There was a lot of withdrawal in himself. There's no growth in that. There's no even possibility for growth. So he had gone so deeply back sort of into—I don't want to say a shell—but just a world of his own making. He was not yet old enough to be vaccinated but at that point, honestly, it was worth it [to send him in-person].

For Betsy, remote learning seemed to be setting back her child's social-emotional development. She prioritized his mental health and his social skills needs, despite some concerns about his risk of contracting Covid as an unvaccinated child.

In contrast, for other families, particularly more marginalized families whose children had

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negative experiences in schools, choosing remote schooling was a way to prioritize mental health. Violeta, who as noted above felt her son, Santiago, did better academically in remote schooling, described poor student-teacher relationships and interactions as a primary reason for choosing to remain in remote instruction. Because Santiago participated remotely in a hybrid class with in-person students, Violeta saw the teacher in the classroom, “yelling at a child, and the child was yelling. It was very ugly to be hearing that.” She felt that keeping her son remote, and more distant from this teacher, would protect him from these harms. Similarly, Melanie, who had described her son Steven’s teachers as “bullies,” decided to keep him at home to protect him, despite her lack of childcare. Melanie set up “cameras all over the house” to watch Steven at home while she went to her job, “and I was stressed out because I was at work. And I was like, checking my phone—all the cameras—and I’d be like, ‘Steven! Steven! What are you doing? Get over to the desk!’ Like, ah!” While hardly ideal for either the parent or the child, Melanie considered it the best option, given her concerns about Steven being bullied at school.

Choosing physical safety. Like families of non-disabled children, families in our sample often described Covid-related health concerns, or health safety (Cotto & Woulfin, 2021) as the most important reason for choosing remote schooling. This was particularly the case for Black, Latinx, and Indigenous families and families who had higher-risk children or family members at home. In some cases, children’s health conditions and disabilities were known risk factors for illness with Covid (e.g., asthma (Center for Disease Control, 2024)). In others, families of children with significant social and cognitive impairments were concerned about their children’s abilities to follow Covid safety protocols. For example, Angela, the Latina, middle-class mother of Leo, a Latino first-grader at the beginning of the pandemic, worried about the effects of Leo’s sensory, social, and cognitive impairments on his safety in New York City schools: “I just

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couldn't see him keeping a mask on all day. I couldn't see him being socially distant.” For Angela, Leo’s “social skills were a bit of a concern for me, [but] I didn't feel like that was anything that couldn't be made up with time. As opposed to if we had a health scare, and his life was at risk—then that cannot be made up.”

As described in research reporting that families of color experienced greater health risks and fear of Covid than White families (Sabo & Johnson, 2023), the risks and anxieties for families of disabled children of color were further exacerbated and complicated by their positionalities.

Tammy, a Black, middle-class mother in NYC, kept her son Parker, a Black, non-speaking 8th grade boy with autism and intellectual disability in remote schooling for the first full school-year of the pandemic. “Parker and others [in his class] do not really understand ‘keep your mask on.’ [School staff] said ‘Oh the school is safe. You could send him back.’ They let me look around a little bit and I was like ‘no, he’s not coming back yet.’” Tammy did not trust the school to keep her son safe; this distrust was partially rooted in Parker’s difficulty following health protocols, but also reflected the low levels of confidence in schools and other institutions shared by many families of color, particularly during the pandemic (Radey et al., 2021).

However, for many families in the study, concerns about their children’s physical safety in school went beyond Covid. For example, Monique, a Black, lower-income mother of Mike, an autistic boy, described above how remote schooling supported Mike’s ability to focus. Even more important to Monique, remote learning removed Mike from an unsafe school environment. Prior to Covid, “Mike had so many experiences of bullying.” Monique reported that a group of students would wait for him at a school exit to harass him: “somebody had bit him on the hand. They knocked off his glasses.” During remote learning, Monique felt that Mike “wasn’t a target anymore.” While we cannot know the extent to which ableism mattered here, research

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consistently shows that disabled children are more likely than non-disabled children to experience bullying (Humphrey & Hebron, 2015; Rose & Gage, 2017)—and Mike was hardly alone in his experiences in our sample. Nearly half of the families in the study who chose remote attributed their decisions to harms their children experienced in school prior to the pandemic, including disability-, race-, and gender-based bullying or other social difficulties. Others, like Santiago and Steven, discussed above, experienced what their mothers characterized as bullying by their teachers.

Navigating Choices

Above, we show that families of disabled children experienced a variety of disability- and ableism-related constraints that shaped the set of schooling options they considered viable, as well as the risks and needs they prioritized. In this section, we show that families' positioning and relative privilege also shaped the ways that they were able to navigate, negotiate, and work around these options. While the literature on educational decision-making often assumes the possibility of an equal playing field for families, these families' experiences demonstrate that this is not the case. Their marginalization is extreme and multi-faceted, showing that disability status affects how families navigate their school choices.

Some families were able to exit their children's schools, with mixed results. Several caregivers of Black and Latine children described repeatedly transferring their children to new schools prior, during, and after the pandemic—at times moving homes to change school districts—in attempts to find better settings for their children. They often felt these efforts were futile. Tammy, the Black middle-class mother of an autistic high schooler, Parker, said, “I was trying to get him transferred. I said ‘I can’t take this!’ But you know, what? It’s not, it’s not the school. That’s just how the education system is.” None of her son’s schools provided him with

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appropriate instruction or accommodations, and Tammy was losing hope that there were any good choices for Parker. Similarly, recall Carleen, the Black, lower-income mother who had resigned herself to the understanding that schools would never meet her son Harrison's needs.

Leah, a White lower-income mother of Christopher, a Latino and White autistic boy, faced a similar set of limited choices. Like Tammy and Carleen, Leah felt that Christopher had been poorly served by schools his entire life. Leah had tried a district public school, home-schooling, and a residential school with more intensive supports, and none of them supported him appropriately. She reported that Christopher really regressed at the residential school, particularly when the pandemic hit, and “they just baked cookies all day.” Leah said that the remote version of the public school was “a disaster of a joke.” At the time of our interview, she had turned to a low-cost, fully-voucher-funded private school in the hopes that he would have a better experience there. Yet the school had limited resources, and Christopher was still “struggling very much.” The school told her, “I don't know if we can do this anymore with your son.” At the time of our interview, Leah was unsure what she would do next. Prior to and during the pandemic, Leah, Tammy, and Carleen went to great lengths to choose schools that would adequately serve their disabled children. However, both their capacity and their options were limited.

In contrast, some of the more advantaged families in our sample were able to advocate successfully for their children without moving schools. Moreover, they generally reported that school staff had helped them do so. Sandra, the middle-class Asian mother of Andrew, an autistic boy, was adamant that he never again experience remote schooling. A teacher suggested that she request an IEP meeting for this issue, and Sandra's advocacy at that meeting led to an extraordinary outcome: the school agreed to write an IEP—a legally binding document—that

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mandated Andrew receive in-person schooling even if schools closed again. Betsy, a White middle-class mother, also experienced a highly receptive response to her advocacy for her autistic son Jasper. When she realized that in-person schooling would work better than the current remote setting, she reached out directly to the school administrator for help working around district policy:

I had fully expected her to say “so sorry there’s no way because you know the [NYC] Department of Education has been very clear. You had your window [to select remote or in-person].” And she said, “I think there might be a way. I can’t promise anything, but please give me a little bit of time. And I later found out she had gone to the superintendent and pleaded our case: “Here’s a kid who is really vulnerable who needs to be in person, and what can we do to get him back in person?” And so he actually went back to in-person learning like two months before everybody was allowed to.

Other advantaged families were able to turn to private schooling, private tutoring, or homeschooling during the pandemic. They chose options outside the public school system where, in the words of Joshua, a White middle-class father who had enrolled his son in an expensive boarding school, “we have a say.” The families more likely to successfully enact choices that served their children well—by advocating for better options within the public school system or leaving the system altogether—were more likely to be both racially and socioeconomically advantaged. In contrast, recall Beatriz and Araceli, both Latina and lower-income, both of whom were unhappy with inappropriate services available to their children in remote instruction, did not report considering advocacy to improve these situations. For White and middle-class families, the range of options available to them, such as private schools, as well as the ways that schools tend to cater to these families’ needs, made advocacy and exit more

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effective for their children.

Conclusion

Outside of the pandemic context, school choice research often focuses on parental concerns of “what is best for my child” academically (Jabbar & Lenhoff, 2019) and what school choices are considered academically, socially, or physically “safe” (Butler and Quarles, 2024; Lareau and Goyette, 2014). Prior research on positioned choice has made the important contribution that these considerations are actually multilayered, ongoing, complex, and reflect the risks of schooling for racially marginalized children, so that families consider “quality” and “safety” from multiple vantage points (Cooper, 2005; Posey-Maddox et al., 2021). Our interviews with parents of disabled children builds on this work, showing that considerations of “what is best for my child”—and “for my family”—reflect ableism and the tangible risks of being disabled in a pandemic, and also echo concerns about safety and holistic well-being that are often expressed by Black families (Cooper, 2005; Posey-Maddox et al., 2021).

The experiences of the families in our study illustrate the frequency, ongoing nature, and complexity of “choice moments” for families of disabled children, and in particular, for families of multiply-marginalized disabled children. Our data illuminate choice moments and risk assessments that were, in part, specific to pandemic-related schooling options, but they reflect the many choice moments and risk assessments related to ableism in schools and to special education processes (e.g., deciding on services in an IEP meeting, selecting a school with appropriate supports). The families in our study considered factors including mental health, physiological health, childcare needs, and whether staff could meet their children’s educational needs, all factors with risks that were heightened by disability and ableism. Moreover, at the intersection of disability with race and class, and also depending upon disability category,

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families with more advantages were often able to successfully advocate for more desirable options for their children, or were offered those options without asking; this highlights the intersectional nature of positioned choice for families of disabled children.

This paper is only a starting point in the research needed to better understand the positioned choices that families of disabled and multiply-marginalized children make beyond the pandemic context. Future research should examine how perceptions of disabled children as particularly vulnerable and in need of protection (Freidus, Fish, & Turner, 2025) shape our understandings of which choices are safe enough, good enough, and suitable for these children, as well as what kinds of trade-offs families, educators, and disabled children themselves perceive as inherent or avoidable as they make decisions about schooling. For example, some may consider a segregated special education setting that can provide some protections and targeted instruction for children with disabilities, but limits social inclusion and exposure to high-level academic content, a “good enough” choice, while others may argue that this trade-off is avoidable.

While our findings demonstrate that the framework of positioned choice is key for understanding how families of disabled children made choices about school placements, future research should examine the many other choice moments and ongoing risk assessments these families experience. For example, IEP meetings are official choice moments, and the positioned choice framework would help us better understand placement, service, and accommodation decisions made by IEP teams, and how families navigate these meetings as policy agents (Cowhy et al., 2024). The framework of positioned choice would also greatly expand on extant work on racial and class inequality in those meetings (Cooper, 2005; Trainor, 2010). Considering how families of disabled children make large decisions to transfer schools, as well as smaller decisions like advocating for classroom/teacher changes, would also contribute to our

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understanding of how families navigate ableism and intersecting inequality in schools. Finally, future research should also examine how factors that we were unable to tease apart from race and class, such as school locale and linguistic marginalization, shape educational decision-making.

The extreme marginalization of multiply-marginalized disabled children in schools, and the constraints on families' capacities to choose better options, suggest that urgent change is needed to dismantle ableism in schools – with close attention to how it intersects with racism and socioeconomic inequality. Our findings related to the significant challenges that families experienced prior to the pandemic highlight the urgent need for schools to center the education of disabled children; high quality instruction, full social integration, and bullying prevention for this population should be prioritized. Families' reports about their experiences with IEP processes demonstrate that policy-makers and education leaders must create the conditions for IEP meetings to function as they are intended: as opportunities for real collaboration between educators, families, and students, so that they can problem-solve, consider programming options, and develop high-quality education plans for disabled students (Staples & Diliberto, 2010). Practitioners will need structure, time, and support to implement all of these changes. Moreover, while one implication for families might be that they need to advocate for services and placements that are appropriate, safe, and in compliance with IEPs, it should not fall on individual families to advocate and litigate, particularly given our finding that the effectiveness of such advocacy often depends on families' advantages. Rather, policy-makers should create structures to ensure that schools are accountable to provide quality educational services for all disabled children. These reforms would create disability equity and better services for disabled students in schools, reducing the need for families to seek new schooling environments in the first place. When families of disabled children do need to look to new programs and schools,

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policymakers and education leaders need to ensure that all of the options are required—with appropriate resources and supports—to follow disabled children’s IEPs, rather than constraining families’ choices to small set of schools that are willing and able to do so.

Notes

1. Public health experts do not agree on an end-point for the Covid pandemic (Ducharme 2024). We intentionally use “during the pandemic” to refer to the time period our participants describe as such.

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Table 1. Sample Description, as Reported by Families

	N		N		N
<i>Child</i>	31	<i>Family</i>	29	<i>Household</i>	29
Race/Ethnicity		Race/Ethnicity		Socioeconomic status (defined by Pew Household Income Calculator and eligibility for public assistance)	
Asian	1	Asian	1	Upper Income	1
Black	8	Black	7	Middle Income	16
Indigenous	2	Indigenous	1	Lower Income	12
Latine	6	Latine	6	Location	
Multi-racial	1	Multi-racial	0	NYC	7
White	13	White	14	Wisconsin, large city	4
Gender		Relationship to Child		Wisconsin, mid-sized city	2
Girls	8	Mother	25	Wisconsin, small city	4
Boys	23	Father	2	Wisconsin, suburb	9
<i>One girl and one boy were identified as transgender by their parents. They are included in the gender counts above.</i>		Grandmother	2	Wisconsin, town	1
Primary Disability		Language		Wisconsin, rural	1
ADHD	5	English	26	Wisconsin, location not reported	1
Autism	17	Spanish	3		
Emotional-Behavioral Disorder	1				
Hearing Impairment	1				
Orthopedic Impairment	2				
Speech/Language Impairment	1				
Specific Learning Disability	4				

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Table 2. Participant Information, Reported by Families

<i>Child pseudonym</i>	<i>Parent/guardian pseudonym</i>	<i>Child race</i>	<i>Parent/guardian race</i>	<i>Child gender</i>	<i>Family SES</i>	<i>Child disability</i>	<i>Child grade</i>	<i>Location</i>
Addyson	Heather	White	White	girl	middle income	learning disability	5th	WI: suburb
Alejandro	Beatriz	Latine	Latine	boy	middle income	autism	Kinder	WI: suburb
Andrew	Sandra	Asian	Asian	boy	middle income	autism; speech-language impairment	5th	WI: small city
April	Patricia	Indigenous	Indigenous	girl	lower income	ADHD	9th	WI: rural
Avery	Katie	White	White	girl	middle income	orthopedic impairment	3rd	NYC
Benjamin	Flora	Latine	Latine	boy	middle income	autism	6th	WI: small city
Casey	Patricia	Indigenous	Indigenous	boy	lower income	learning disability	9th	WI: rural
Christopher	Leah	White	White	boy	lower income	autism	9th	WI: small city
Dontrell	Stephani	Black	Black	boy	lower income	autism	11th	WI: large city
Dylan	Kimberly	White	White	boy	lower income	autism	2nd	WI: small city
Ellie	Andrea	White	White	girl	middle income	learning disability	7th	WI: town
Ernesto	Araceli	Latine	Latine	boy	lower income	autism	3rd	WI: large city
Etta	Ruth	White	White	girl	middle income	ADHD; learning disability	6th	NYC
Eve	Savanna	Black	Black	girl	lower income	autism	4th	WI: large city
Finn	Sarah	White	White	boy	middle income	learning disability	6th	WI: suburb
Harrison	Carleen	Black	Black	boy	lower income	autism	6th	WI: suburb
Hunter	Natalie	White	White	boy	lower income	ADHD; suspected autism	2nd	WI: suburb
Irene	Jeffrey	White	White	girl	upper income	hard of hearing	3rd	WI: suburb
Jasper	Betsy	White	White	boy	middle income	autism	7th	NYC
Keon	Donna	Black	Black	boy	lower income	speech-language impairment	3rd	WI: suburb
Lamonte	Michelle	Black	Black	boy	lower income	emotional-behavioral disorder	7th	WI: mid-size city
Leandro	Danielle	Latine	Latine	boy	middle income	orthopedic impairment	7th	WI: suburb
Leo	Angela	Latine	Latine	boy	middle income	autism	2nd	NYC
Micah	Rebecca	Black	White	boy	middle income	autism	2nd	WI: unknown
Mike	Monique	Black	Black	boy	lower income	autism; anxiety; asthma	9th	NYC
Nora	Molly	White	White	girl	middle income	autism	5th	NYC
Parker	Tammy	Black	Black	boy	middle income	autism	8th	NYC
Santiago	Violeta	Latine	Latine	boy	lower income	autism	2nd	WI: large city
Steven	Melanie	White	White	boy	middle income	autism	6th	WI: suburb
Sydney	Kimberly	White	White	boy	lower income	ADHD; autism	6th	WI: small city
Theodore	Joshua	White	White	boy	middle income	ADHD	10th	WI: mid-size city