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ABSTRACT

This study investigated the effects of a video-based training program on the quantity and quality of family involvement in special education, perceptions of both family members and educators concerning parental competence as team members, and family members' satisfaction with their own involvement, team processes, and decisions made by the team. Twenty-seven adult family members of elementary grade children referred for special education eligibility in three schools and twenty-seven educational professionals, one per participating family, were the study's subjects. All family members received a packet of materials in preparation for their child's multidisciplinary team meeting, and half the family members also received an 18-minute videotape entitled "Welcome to Your First Team Meeting" and accompanying written study materials. Results indicated that the increased knowledge provided by the videotape effectively increased overall rates of family involvement but did not significantly change quality of involvement. Family participants perceived improvement in their own performance and reported feeling more competent, but these differences in behavior and self-perception apparently were not perceived by educators. Thirteen appendices include video-based training materials, the knowledge test, family and educator questionnaires, and the observation recording form. (Contains approximately 330 references.) (DB)

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KNOWLEDGE AND FAMILY INVOLVEMENT IN SPECIAL EDUCATION: THE EFFECTS OF VIDEO-BASED TRAINING ON VERBAL BEHAVIOR, PERCEPTIONS OF COMPETENCE, AND SATISFACTION

by

DALE R. MYERS

A DISSERTATION

Presented to the College of Education,
and the Graduate School of the University of Oregon
in partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

December 2000

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"Knowledge and Family Involvement in Special Education: The Effects of Video-Based Training on Verbal Behavior, Perceptions of Competence, and Satisfaction," a dissertation prepared by Dale R. Myers in partial fulfillment of the requirements for the Doctor of Philosophy degree in the College of Education. This dissertation has been approved and accepted by:

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Despite legislative mandates requiring parental involvement, and overwhelming evidence that family involvement results in positive outcomes, day-to-day practice in schools has changed little. Family involvement in education continues to be primarily school-directed, and more procedural and pro forma than substantive and meaningful. Lack of critical information is one reason why families are unable to advocate effectively for their children. Interventions to increase meaningful family involvement must: convey critical knowledge effectively and efficiently, be easy and convenient to use, require minimal commitment of district resources, and help bridge the perceptual gap between home and school. This study investigated the effects of a video-based training program on the quantity and quality of family involvement in special education, perceptions of both family members' and educators' of parental competence as team members, and family members' satisfaction with their own involvement, team processes, and decisions made by the team. Results indicated that increasing knowledge effectively increased overall rates of family involvement, but did not significantly change quality of involvement. Family participants perceived improvement in their own performance and reported feeling more competent, but these differences in behavior and self-perception apparently were not perceived by educators. Implications for practice and future research are discussed.

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CHAPTER I

INTRODUCTION

Statement of the Problem

When the United States Congress enacted Public Law 94-142, The Education for All Handicapped Children Act, in 1975, it was one of the most sweeping and contentious pieces of legislation to ever affect the American educational system. The product of intense parental and professional advocacy, and propelled by growing case law (Kirp, Buss, & Kuriloff, 1974; Lipsky, 1989; Sarason, 1982; Turnbull, Turnbull, & Wheat, 1982; Weintraub & Abeson, 1972), this federal statute not only mandated that states provide a free appropriate public education (FAPE) for all school-age children with disabilities, it required that the families of these children play a significant role in the special education process.

In enacting this law, federal representitives were not simply reacting to growing sociopolitical pressure to officially acknowledge the important roles of families in their children's lives. Public Law 94-142 was simultaneously a legislative response to a growing body of empirical research and professional judgment attesting to the importance of families in children's development and education, as well as an important stimulus for further research efforts to assess the impact of different types of family involvement on educational and family outcomes. The results of this line of research are now in, and the conclusion couldn't be more clear -- family involvement yields significant benefits to students, families, schools, and the community (Davies, 1988; Educational Testing Service, 1991; Fehrmann, Keith, & Reimers, 1987; Henderson, 1987).

Despite the legal entitlement and empirical evidence of the many benefits of a variety of forms of family involvement in their children's education, there is also considerable evidence that typical educational practice has seldom moved beyond encouraging family participation in support of traditional home-school activities such as open houses, fund-raisers, and athletic events. Schools have only rarely developed programs to foster more meaningful collaboration in making important educational decisions (Cochran & Dean, 1991; Seeley, 1989; Wolfendale, 1986). Moreover, this appears to be true whether one looks at the macro level -- the quantity and quality of family participation in matters of school governance, or the micro level -- the design of educational programs for their own children. Furthermore, teachers often incorrectly interpret traditional types of involvement as significant indicators of the family's value of the educational process and respect for teachers (Lareau, 1989). The assumption that may flow from this erroneous interpretation is that families who don't participate in these activities do not value education and do not support or respect teachers. Sadly, some educators argue that these traditional activities are the only ones in which families *should* be involved (Southwest Educational Development Laboratory, 1983; Williams, 1984).

Given this context, it should be no surprise that families are often frustrated outsiders in their children's schools. It is difficult for meaningful family involvement to occur within this social and structural context, despite the many reasons that building this relationship should be a priority for schools.

The Rationale for Family Involvement in Education

Arguments for family involvement in children's education draw considered support from a variety of sources. Legal, empirical, professional, sociopolitical, and moral/ethical evidence can be marshaled to support the argument that families should be accorded meaningful involvement in all-important aspects of their children's development and education. This type of involvement is particularly valuable for families of children who are at-risk for failure or who have special needs in order to experience success (Anastasiow, 1986).

Legal Support

Case Law

American courts have consistently supported the rights of parents to direct their children's education. The U.S. Supreme Court determined that parents have the right, under the 14th Amendment to the United States Constitution, to "bring up children" without interference from the state. The High Court, as well as several lower courts, have held that parents more specifically have the right to choose where their child attends school (Pierce v. Society of Sisters of Holy Names, 1925) and the activities in which they participate (Hardwick v. Board of School Trustees, 1921; Meyer v. State of Nebraska, 1923). Landmark legal decisions such as these often become the foundation for future legislative action by state and federal representatives. The Education for All Handicapped Children Act of 1975 was, at least in part, a response to previous case law (Turnbull, Turnbull, Buchele-Ash, & Rainbolt, 1998).

Legislation

Public Law 94-142 and its subsequent amendments (now referred to as The Individuals with Disabilities Education Act or IDEA) was neither the first nor the last time that federal legislators officially recognized the importance of family involvement by including it in educational or social legislation. The Head Start program initiated by Congress some 10 years prior to P.L. 94-142, provided services to families as well as children, and required parental involvement as an important element of its overall mission to prepare at-risk children for school. Other federal programs for children that have included mandates for family involvement in governance or programming include Title I, Parent and Child Centers, Home Start, Parent Child Development Centers, and Project Follow Through (see Berger, 1991; Moles, 1993; or Spring, 1986 for a more detailed history of family involvement in education). Public Law 94-142 however, was unique in the sheer numbers of families that it impacted. In subsequent amendments, IDEA continues to be unique in its ever-stronger message that families are to be an integral part of the decision-making process for their child with special needs. Legislative intent and mandate are clear, family involvement must be a priority.

Empirical Support

When Congress reauthorized and amended IDEA in 1997, they began by citing the more than 20 years of research and experience accumulated since P.L. 94-142 was first enacted. They noted that

> The education of children with disabilities can be made more effective by...strengthening the role of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home (P.L. 105-117, Title I, Part A, Sec 601 (C)(5)).

More than 10 years prior to the current IDEA amendments (P.L. 105-117), Anne Henderson (Henderson, 1987) stated that, after her most recent review of the family involvement literature, there could be little argument against the conclusion that parental involvement improves student achievement. Indeed the professional literature is now replete with empirical evidence and everyday examples of how meaningful family involvement can produce beneficial outcomes. These benefits accrue not only for students, but for their families, teachers, schools and their communities as well. This compelling message has been utilized by professionals and family advocates to help shape federal and state legislation to more closely approximate standards of best professional practice, rewrite local educational policies, and guide further research efforts.

Furthermore, other scholars have noted the serious negative effects on children of discontinuities between families and school (Bronfenbrenner, 1979; Lightfoot, 1978). Differences in values, beliefs, expectations, and messages between the child's home environment and their classroom, between their parents and their teacher, can create dissonance and conflict. The child may feel forced to choose between their family and their teachers. Family involvement can enhance the effectiveness of educators by decreasing the differences, perceptions of differences, and the pressure for the child to choose between the two (Comer & Haynes, 1991; Epstein et al., 1993; Searls, Lewis, & Morrow, 1982).

The lack of more recent reviews of the family involvement literature would appear to indicate a certain confidence in the previous conclusion. The result of this line of research is unambiguous. The conclusion is -- family involvement "pays off."

Professional Support

Family involvement also enjoys strong backing from a variety of professional associations, advocacy groups, and even business organizations. Several of these groups were responsible, in part, for the original passage of P.L. 94-142 in 1975. Many organizations also have supported or conducted important research, and subsequently developed policy statements, professional guidelines and recommendations, technical assistance documents, and training materials for parents and educators. After 20 years of relatively quiet groundwork, family involvement in education has now become a frequent subject for discussion in educational circles and a hot topic at professional conferences and workshops.

Sociopolitical Support

Families who wish to be involved in their children's education also find themselves in a sociopolitical climate of support for family's rights (Rotter, Robinson, & Fey, 1987; Wolfendale, 1985), and cultural antagonism towards the traditional paternalistic modus operandi of governmental control. This broad attitudinal shift is reflected in the increasing number of students who are homeschooled, expansion of charter schools legislation and programs, and growing demands for greater parental and local community control over public school matters (Giroux, 1998; Smith, 1998). There can be little doubt that the concept of family involvement in education is in sync with the current zeitgeist, and that the "quiet revolution" is definitely over (Abeson & Zettel, 1977). A not-so-quiet revolution is underway.

Moral/Ethical Support

Another type of support for family involvement is provided by recognition of the fact parents are the first teachers for their children and the ones ultimately responsible for their children's care and welfare (Educational Testing Service, 1991; Mishne, 1996; Swick, Duff, & Hobson, 1981; Thornton, 1992; Vartuli & Winter, 1989). A quarter of a century ago, Burton White (White, 1975) concluded from both research and experience that the informal education of the home had a far greater impact on the child's overall educational development, than did the formal educational system. And White was not the first (Bloom, 1964). Although the courts have acknowledged the schools' right to act "in loco parentis," schools are, at best, only a temporary surrogate for the child's parent. It can hardly be considered ethical for the state, a school, or individual educators to prevent families from carrying out in the educational arena this sacred trust and important duty of childrearing.

In addition to the more commonsense, colloquial ethics of parents rights, professional ethics also seem germane to the issue of family involvement. Codes of conduct are written to serve as guides to the ethical behavior of professionals. Numerous professional associations include requirements that their members act in the best interest of clients, treat clients with dignity and respect, and use interventions that are research-based and appropriate (American Counseling Association, 1988; National Association for the Education of Young Children, 1992; National Association of School Psychologists, 1992; National Association of Social Workers, 1993). Effective and respectful family involvement interventions would seem to meet all of these criteria. To exclude families from this critical aspect of their children's lives is certainly not in the best interest of the family or the child. Furthermore, it is arrogantly disrespectful of the important roles and responsibilities of families, and ignores the overwhelming empirical evidence that family involvement benefits children and families.

As Nicholas Hobbs (Hobbs, 1978) noted, "Parents have to be recognized as the special educators, the true experts on their children; and professional people--teachers, pediatricians, psychologists, and others--have to learn to be consultants to parents."

Whether educators look to legal, empirical, professional, sociopolitical or moral/ethical mandates, their conclusion must be the same -- family involvement is valuable and desirable, and must be encouraged and supported. It is not only the right thing to do, it is a wise investment in America's future.

The Current Status of Family Involvement in Education

Despite the plethora of research findings supporting the benefits of family involvement, clear legal mandates requiring family involvement in special education, and the burgeoning public outcry for greater participation in educational matters, meaningful family involvement in the education of children with special needs continues to be the noteworthy exception rather than the rule. Indeed, Henderson (Henderson, 1987) stated that there were two inescapable conclusions from the professional literature. First, parental involvement programs work when implemented. Second, they are rarely implemented.

One of the places Congress was most explicit in their requirements that families be involved, was the special education team meetings. Referred to as Individualized Education Program (IEP) meetings, Individualized Family Service Plan (IFSP) meetings, or Multidisciplinary Team (MDT) meetings depending on the age of the child and the decisions to be made, these meetings are where the most important educational decisions are formally made for children with special needs. Bateman (Bateman, 1997, p. 1) describes the IEP process as "the centerpiece, the heart and soul, of the Individuals with Disabilities Education Act." Nonetheless, researchers (Goldstein, Strickland, Turnbull, & Curry, 1980; Vaughn, Bos, Harrell, & Lasky, 1988) and professional commentators (Bell-Nathaniel, 1979; Marion, 1980; McLaughlin & Shields, 1987) conclude that parents often are simply "passive recipients" of professional-produced and professional-delivered information, and are not active decision-makers in these important educational meetings for their children.

In 1997, Congress acknowledged that, despite their earlier attempts to encourage meaningful parent participation through procedural requirements, parents were not being included in many important decisions regarding their child's special educational program.

This was finally formal recognition that many important decisions were being made by educators in unofficial gatherings prior to the official team meeting where family members were included. In an attempt to remedy this problem, the amendments to IDEA in P.L. 105-17 explicitly states that parents must be allowed participation in *all* meetings where educational decisions were made pertaining to their child (P.L. 105-17, Title I, Part B, Sec. 615,(b)(1)). Although this is a move in the right direction, it still may not be sufficient motivation to resolve the problem. Historically, procedural requirements have not guaranteed meaningful family involvement in their children's education (Cochran & Dean, 1991; Wolfendale, 1986).

Barriers to Family Involvement

There are numerous reasons that meaningful family involvement does not occur more frequently in schools. Many potential barriers have been identified in the professional literature, and these generally can be divided into four broad categories: (a) Lack of important knowledge and critical skills, (b) strategic and logistical barriers, (c) quasi-legal concerns, and (d) attitudinal or perceptual barriers.

The first group of barriers to meaningful family involvement in education can be described as problems arising from a lack of necessary knowledge or information, and the skills necessary to make use of that information.

Research indicates that many parents lack the information necessary to make informed decisions in the educational arena (Brantlinger, 1987; Roit & Pfohl, 1984). This is particularly true of minority parents (Marion, 1980). Additionally, parents and educators receive little or no information about team processes or formal training in collaboration (Chavkin & Williams, 1988; Kroth, 1985). Collaboration, the process of working together to achieve shared goals, is critical if families and educators are to effectively help students achieve their highest potential. Collaboration and teamwork are skills that can and must be learned if family involvement in team meetings is going to become meaningful.

The second group of barriers to meaningful family involvement can be described as strategic or logistical barriers. For example, parents may have difficulty leaving their job during the workday to attend school activities or meetings. There may be problems arising from a lack of affordable childcare for other children or access to transportation. Some families may not speak English and therefore do not understand telephone calls or written invitations to parent-teacher conferences, messages from their child's teacher expressing concerns about student performance, or other notifications of problems at school.

The third group of barriers to family involvement can be described as quasi-legal concerns. Although this author has found no empirical work on the subject, personal experience includes contact with several school administrators who contend that increased parental knowledge and self-advocacy skills will result in better informed parental demands and thus increase school district exposure to legal liability. This argument seems debatable however, and does not appear to be supported by the professional literature.

Many families who complain the loudest, or decide to take their educational complaints to due process hearings or court often seem to be those who are most marginalized or alienated by the school (Abeson, Bolick, & Hass, 1975; Osborne, 1995; Strickland, 1982; Turnbull & Leonard, 1981). Rotter (Rotter et al., 1987/p. 9) notes that "when meaningful communication and collaboration is occurring between parents and teachers, such charges do not hold the attention of the school patrons; when parents feel alienated or isolated, however, irresponsible and unfounded criticisms grow out of proportion." Thus, those families who are least knowledgeable or informed are further excluded from a potential source of support, information, and training, and can become powerful foes. If educators make unilateral decisions without meaningful family involvement, they must take full responsibility for those decisions and their outcomes. Shared decision-making, although it may not be as easy or expeditious, results in a greater sense of shared ownership and responsibility, and may thus reduce legal exposure.

Finally, a fourth group of barriers to meaningful family involvement can be described as issues of attitude or perception. When educational professionals are perceived as the "experts," it is predictable that information flow typically will be unidirectional -- emanating from the experts downward to the families. Indeed, that is exactly what research has found. Parents typically are passive recipients of professional information (Goldstein et al., 1980; Vaughn et al., 1988). This is particularly true when perceived differences between educators and families are greatest. For example, because most practitioners and educational researchers are middle-class, English-speaking Caucasians, families from language or ethnic minorities might perceive that they have little in common with these professionals. This belief often gives rise to further misunderstandings and miscommunication between educators and families (Ramirez & Cox, 1980; Sipes, 1993; Yao, 1993). In sum, educators' frequently lack concrete knowledge of their students' homes and thus develop views of the home environment that is nothing short of imaginary (Connell, Ashenden, Kessler, & Dowsett, 1982).

Teacher expectancies are powerful factors that shape relationships with families and students (Foster & Ysseldyke, 1976; Rist, 1970; Rosenthal & Jacobsen, 1968; Rowser, 1994). When educators incorrectly assume that families, particularly those who are poor, or are from ethnic or language minorities, do not wish to be involved (Becker & Epstein, 1982; Kroth, 1975), the result often is lowered expectations for the student, poorer relations with the family, and diminished opportunity for both the family and the student.

The experience of being a student in an unsupportive or hostile social environment shapes the attitudes about education and educators when that child becomes an adult. Later, when these adults become parents, this experience then is reproduced in the attitudes and perceptions of their children (Connell et al., 1982). Ironically, although children from these at-risk families have the most to gain from family involvement, school-based attempts to improve the home-school linkage often tend to be geared towards middle-class parents who are least likely to need such interventions (Davies, 1987).

If home-school relationships are to be improved, we can no longer afford the "pleasures of mutual ignorance" (Connell et al., 1982). Attitudes and perceptions of both educators and families must be a focal point of change. Because home-school relations have their own histories that shape attitudes and behaviors (Connell et al., 1982), it is important that educators work differently with families, particularly those who are at-risk, to create a new history, with new expectations, and new possibilities.

Interventions to Increase Family Involvement

Numerous interventions designed to increase family involvement in education have been developed, implemented, and evaluated in the past two decades. Interventions range from school governance bodies that include established positions for family representatives, to home-school liaisons who serve as intermediary between families and their children's school. Unfortunately, due to limited personnel and financial resources, these interventions are rarely implemented as intended (McLaughlin & Shields, 1987) and do not appear to be maintained long-term.

To increase meaningful family involvement in education, educators must utilize interventions that address the primary barriers mentioned previously. First, the intervention package must effectively and efficiently deliver the important knowledge and information, and teach the skills critical to functioning as a valuable member of the educational team. While increases in declarative knowledge may be one important goal of the intervention, positive changes in educator and family member behaviors must be the ultimate outcome.

Second, the intervention also must address the strategic and logistical concerns of families and educators. The package must be resource efficient, family- and educator-friendly, and self-contained. That is, it must be respectful of the real-world demands and constraints on the lives of families. That is, it must be easy to use; available whenever needed; and non-threatening in style, content and form. Additionally, in order to realistically expect implementation in schools, such an intervention must not require additional staff resources or incur more than modest financial costs.

If an intervention could address these first two categories of barriers, it may also result in positive secondary outcomes. If families are actively invited to participate, given the necessary information and training in a user-friendly package, families may perceive themselves as a more integral part of the process. This perceptual shift then may result in higher levels of satisfaction and decreased exposure to liability for the district.

Finally, changes in family knowledge and behavior may also result in enhanced perceptions of their own competence as team members (Bailey et al., 1998). In turn, these changes in knowledge and skills may also result in changes in the perceptions of other team members. That is, educators may conclude that the family members are more competent and valuable participants in the special education team and the decision making process. Changes in attitudes and perceptions may help to address the fourth and final group of barriers listed above.

Video-based training programs have been shown to meet all of the aforementioned criteria. The video medium has proven to be an effective and efficient means of transmitting important information and teaching complex skills in a wide variety of training settings (Aguirre & Marshall, 1988; Baker, 1998; Becker & Welch, 1994; Drew, Richert, & King, 1992; Federal Aviation Administration, 1998; Forgatch & Ramsey, 1994; Lonnecker, Brady, McPherson, & Hawkins, 1994; Mandel, Bigelow, & Lutzker, 1998; Popkin, 1989; Robergs, Bereket, & Knight, 1998; Rye, 1998; Starkes & Lindley, 1994; Thomas & Thomas, 1984; Weiner, Kuppermintz, & Guttman, 1994; Winett et al., 1993). Videotape programs can be used when needed, without taxing trainer or learner resources, and are viewed as examples of a user-friendly training method (Kashima, Landen, & Baker, 1986).

Video-based training was chosen as the medium for the present study because it meets all of the selection criteria listed above. It was hypothesized that video might offer educators one strategy for delivering important knowledge and critical skills to families in an effective and efficient, user-friendly, and low cost manner.

The Purpose of This Study

The present study was designed to investigate the effectiveness of one video-based intervention package in delivering important knowledge and critical skills to families as they prepared to participate in an initial multidisciplinary team (MDT) meeting. If successful, it was predicted that the knowledge transmitted via this package would enhance family involvement in the process of special education decision-making.

Specifically, this study assessed the effects of a video-based training package on the quantity and quality of family participants' verbal interactions in the initial special education eligibility meeting, the family participants' perceptions of themselves as contributing team members, the perceptions of other educators about the family participants as contributing team members, and finally, family participants' satisfaction with the team process and resulting educational decisions.

Major Research Questions

Family Involvement Questions:

1. Are there differences in quantity of family participants' involvement in the initial multidisciplinary team meeting as a function of participation in a knowledge-based video training program?

2. Are there differences in quality of family participants' involvement in the initial multidisciplinary team meeting as a function of participation in a knowledge-based video training program?

Perceived Family Participant Competence Questions:

3. Are there differences in family participants' perceptions of their own competence as a contributing multidisciplinary team member as a function of participation in a knowledge-based video training program?

4. Are there differences in other team members' perceptions of family participants' competence as a contributing interdisciplinary team member as a function of participation in a knowledge-based video training program?

Family Participant Satisfaction Questions:

5. Are there differences in family participant satisfaction with the multidisciplinary team process, educational decisions, and school program or staff as a function of participation in a knowledge-based video training program?

6. Are there differences in family participants' satisfaction with the multidisciplinary team process, educational decisions, and school program or staff as a function of the quantity or quality of participation in the team process?

CHAPTER II

LITERATURE REVIEW

Definition of Key Terms

Because the research and writing in the field of family involvement in education has used a dizzying array of words, definitions, and typologies, any review of the literature on the subject necessarily requires some explication of the terms to be used in order to understand the focus or scope of the review. Specifically, the words "family" and "involvement" must be more carefully examined and clearly delineated.

Family

Although the term "family involvement" is the one that will be used most frequently in this study, the seminal work in the field typically utilized the terms parent or parental involvement. Because of the tremendous changes in the makeup of the American family, the term "parent" is often too narrowly defined to include the range of individuals who may serve as the primary caregivers for today's children (Berry, 1997; Cochran & Dean, 1991; Correa & Weismantel, 1991; Gestwicki, 1996; Swap, 1990). Today's families are not the traditional, stable mother-father-child constellation of television's "Leave it to Beaver" or "Happy Days" (Bennett, Bloom, & Craig, 1992; Fish, 1991; Foster, 1990; Johnston, 1990; Mishne, 1996; Schneider, 1993; US Department of

Commerce, 1991). Social researchers no longer consider single parent families as atypical (Epstein, 1990; Garfinkel & McLanahan, 1986), and primary caregivers frequently include adoptive parents, stepparents, grandparents, uncles or aunts, older siblings, foster parents, and even family friends and neighbors who have assumed the practical role or legal responsibilities of child care.

There may be any number of individuals who are important in a child's life. These people often have important information that could be valuable in planning an optimal program of educational services for the child (Krupp & Pauker, 1984). Schools that are effective with vulnerable children include and actively work to engage custodial and non-custodial parents, and other adults who are of great importance to their students (Weissbourd, 1996, p. 181). It also is important that schools include non-custodial parents who wish to be involved with their children's education (Archinard, Sale, Wasserman, & McCall, 1971). While continuing to follow legal guidelines regarding parental or guardian rights, educators must acknowledge the important demographic changes that have occurred in contemporary American families and respond appropriately to meet the diversity of needs represented by people who live in non-traditional family units.

In the current study, the terms "family" or "family member" are used to encompass the variety of individuals who present themselves as caregivers, family, or important persons to the student. These "family members" may be self-identified, identified by other family members, or may be identified by the student as a significant person in his or her life. (Note: Although this study did not address the issue of self-advocacy by students themselves, the author fully supports such involvement as both desirable and valuable. See (Fullan & Stiegelbauer, 1991; Thoma, 1999)).

This definition of "family" or "family member" however does not include involvement by community members, organizations, agencies, or businesses that express interest in educational issues or students from a more general perspective. While these community-school partnerships may be highly beneficial to all involved, they are not the focus of the present study.

The term "family participant" is used here specifically to refer to those family members who were involved as active subjects in the present study.

Involvement

Another word with substantial variation of definitions in the professional literature is the term "involvement." Numerous terms and typologies have been developed to define or encompass the various types, amounts, and degrees of actions or interactions that occur between family members and their child's school program or school personnel. Terms such as participation, collaboration, cooperation, partnership, coalition or alliance have been used in editorial discussions and empirical investigations of home-school relationships. Further complicating matters, is the wide variety of formal operational or working definitions for each of these terms.

Educational research historically has held a narrow definition of parent involvement, such as preparing children for school, attending school events, and fulfilling requests of their child's teachers. Furthermore, these studies have examined each of these activities primarily from the perspective of the teacher (Lareau, 1989). More recently however, educational authors have developed family involvement typologies that can be used to classify a more complete spectrum of forms of home-school involvement (Brandt, 1989; Chrispeels, 1996; Epstein, 1986, 1987; Epstein & Connors, 1992; Henderson, Marburger, & Ooms, 1986; Petit, 1980; Swap, 1990; Wissbrun & Eckart, 1992). The interactions included in these typologies range from verbal or moral support of educational activities, to integral participation in the governance of schools, and the development, implementation, and evaluation of educational or developmental programs for individual children.

In this study, unless it is indicated otherwise, the term "involvement" is used to include all family member actions, and interactions between family members and schools that are designed or intended to benefit specific children. This definition subsumes most of the other terms listed earlier, without consideration of the specific balance of power implied by the term, or the degree of formality of the interaction. Family members participating in parent-teacher conferences, tutoring their children with homework, encouraging their child's pursuit of academic excellence, maintaining home-school communication systems, reinforcing at home those concepts or skills taught at school, and assisting teachers in the classroom would all be considered positive examples of family involvement. These would fall within this definition of "involvement", as would active family participation in the design, implementation and evaluation of an educational program for their child.

Although family member participation on the school board or site council, legislative activities, political lobbying, or other governance and policy involvement is absolutely of vital importance to democratic and effective education, and would undoubtedly indirectly impact individual students, these broader types of home-school activities were not specifically included in the definition of family involvement used in this context, evaluated in this review of the professional literature, or in this study.

Finally, although the intervention package utilized in this study was designed to impart knowledge that would increase family participation, the researcher's personal and professional philosophies include and support the concept of family-directed involvement. That is to say that families should be offered the important information and critical skills necessary to make informed decisions and participate meaningfully in the education of their children. Then they should be allowed to choose the level of participation that is most appropriate for their family. The rest of the team should respect the validity of that decision given the current set of circumstances, while leaving open the possibility that a change in context may result in a different decision at a later date.

The Rationale for Family Involvement in Education

Family involvement in children's education has garnered considerable support from a variety of sources, as well as a broad cross-section of the American public. Two important sources of support include case law and legislation.

Legal Support for Family Involvement

Case Law

Case law is a term that is used to include the decisions and opinions of judges or judicial bodies, as distinguished from those statutes that are written and enacted by elected representatives or legislative bodies (also known as "statutory law"). The most important case law in our country includes decisions and opinions of the Justices of the highest court of the land, the U.S. Supreme Court. In turn, the High Court recognizes the highest form of legal rights in America as those derived from the supreme written law of the land, The Constitution of the United States.

Nearly 75 years ago, the Supreme Court concluded that the value of parental determination in the upbringing and education of their children belonged among such well known Constitutional rights as freedom of speech, due process, and the prohibition of slavery (Padover, 1995, pp. 370-371; Pierce v. Society of Sisters of Holy Names, 1925). Furthermore, the High Court declared that the 14th Amendment to the U.S.

Constitution prohibited governmental interference with these parental rights under "the guise of protecting the public interest."

Although case law only represents the courts' interpretation of existing statutory law, it often becomes the respected foundation for future legislation. This is the case in some of the most important pieces of educational legislation.

Legislative History

When the U.S. Congress enacted Public Law 94-142, The Education for All Handicapped Children Act (EAHCA) in 1975, it created one of the most comprehensive and controversial pieces of legislation to ever affect the American educational system, and by extension, children and their families.

Responding to the shaping forces of relevant case law and sociopolitical pressure, the result was a profound change in educational programs and services available to children with disabilities. This federal legislation not only mandated that the state education agencies provide a free appropriate public education (FAPE) for all children with disabilities ages 3 through 21 by September 1, 1980, it also required that the families of these children play a significant role in the special education process. Although they may seem like conventional wisdom today, the parental participation provisions of P.L. 94-142 have been described as "radical" for their time in American history (Turnbull et al., 1982, p. 2).

To achieve the goal of meaningful family involvement in the education of their children with special needs, Congress included several specific procedural requirements as important components of P.L. 94-142. For example, school districts were required to notify parents whenever making important decisions about their child's identified disability, eligibility for special education services, educational program to be provided by the school, or the educational placement where that program would be provided to the child. Districts also were required to obtain written parental consent prior to conducting the initial eligibility evaluation for, or placement of, the child in a special education program. Additionally, school districts now were required to invite parents to participate in the development and review of their child's Individualized Education Program (IEP). This requirement was critically important to families, as the IEP is the legally binding contract between the school district and the family, documenting the specific educational program and related services to be provided by the school district for their child with special needs.

Congress' creation of the groundbreaking Education for all Handicapped Children Act of 1975 followed enactment of P.L. 93-380 the Family Educational Rights and Privacy Act of 1974 (FERPA, also known as the Buckley Amendment). This important piece of legislation continues to define and protect the privacy rights of children and their parents in matters pertaining to educational records. In creating this law, Congress was recognizing the necessity of protecting families from the growing power of the educational bureaucracy.

Nearly a decade later, P.L. 99-457, The Education of the Handicapped Act Amendments of 1986, expanded special education services to include infants and toddlers with disabilities, and those at-risk for developmental problems. Family advocates successfully persuaded Congress that not only was family involvement in decision making critical to the education of these youngest children with special needs, but that special education services also must be provided to their families, to best benefit their child (Turnbull, 1993, p. 74). For the families of infants and toddlers with special needs, P.L. 99-457 dramatically increased their control over their child's developmental and educational program. Explicit mandates required family involvement in assessment activities, special education service delivery, and evaluation of services. A team approach was necessary and families were seen as essential members of that team (McGonigel & Garland, 1988).

The amendments to special education law found in P.L. 99-457 specifically required that school districts (a) conduct an evaluation of the "needs of the families to appropriately assist in the development of the handicapped infant or toddler," (b) create a written Individualized Family Service Plan (IFSP) developed by a multidisciplinary team, including the family's needs as identified in the evaluation, and (c) provide services to meet those needs in a timely manner. Moreover, families were now allowed to select and utilize only those services they believed to be most useful to them in meeting the unique needs of their infant or toddler with special needs.

Finally, Congress required that each state establish an Interagency Coordinating Council (ICC) to advise and assist the state agency responsible for early intervention services, and to provide the governor with an annual report on the status of early intervention services. In specific, P.L. 99-457 required that at least three members of this council be parents of infants, toddlers or children ages 3-6 who have disabilities. The states also were strongly encouraged to have parents participate in the development and operation of early education programs for children with special needs, including experimental, demonstration, and outreach programs.

These legislative changes placed families in active roles at all levels of education, from the broadest levels of system planning and governance, to the most specific decision-making aspects of planning and selecting the services for their own child.

Although many of the changes to special education law included in P.L.99-457 only directly affected the families of infants and toddlers with special needs, empirical and professional support for family involvement in special education was mounting. Sociopolitical pressure for meaningful family involvement was growing (McGonigel & Garland, 1988). Congress was acknowledging this fact, and federal legislation was officially reflecting this paradigm shift in educational philosophy.

Current Legislative Mandates

With the most recent reauthorization of the special education law, P.L. 105-17, The Individuals with Disabilities Education Act Amendments of 1997, Congress and the President reaffirmed the importance of providing a free appropriate public education for all children with disabilities. There were many hotly debated issues in the reauthorization process. Some of the most notable revisions included in this significant piece of legislation, once again, involved the increased emphasis on the importance of the role of family in the education of children with special needs, and the mandates demanding broader and more meaningful family involvement in educational planning and decision-making.

In addition to maintaining all previous rights and procedural safeguards for families of children with identified disabilities, P.L. 105-17 included important modifications in three areas pertaining to family involvement. First, the multidisciplinary teams conducting initial evaluations and reevaluations for special education eligibility with infants and toddlers were now *required* to use information and input provided by the family. This went beyond a recognition of parental rights to be involved, and acknowledged research findings that parents could provide valuable and valid information about their child (Bates, 1994; Miller, Sedey, & Miolo, 1995; Tein, Virdin, & West, 1990). Congressional intent was clear, parents were not to be viewed as merely passive recipients of information, they were to be recognized as valuable sources of unique information about their child's development, strengths, and needs.

Second, Congress required that the IFSP planning process for infants and toddlers include a "family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the infant or toddler" (P.L 105-17, Title I, Part C, Sec. 636(a)(2)). The notion that assessment was to be "family-directed" was nothing short of revolutionary. Assessment historically had been the sole domain of "qualified professionals," and the right to assess confers incredible power (Withers & Lee, 1988). Qualifications for conducting educational assessments were often codified in law and policy, and served to highlight the professional-layperson distinction between educators and family members. Although these first two changes in the law were limited to families of infants and toddlers with disabilities, they represented additional statutory recognition of the importance of families in the development and education of their children with special needs.

Finally, for all children covered by IDEA, current special education law expanded parental access to all meetings where important decisions are made about their child. School districts were now required to include parents of children with disabilities in the design, evaluation, approval, and, where appropriate, implementation of school-based improvement plans. The most critical portion of this change in mandates regarding family involvement was the specific statement that "the parents of each child with a disability are members of any group that makes decisions on the educational placement of their child" (P.L. 105-17, Title I, Part B, Sec. 614,(f)). No longer could educators legally hold informal gatherings or impromptu meetings to "get on the same page," or otherwise make important decisions for these children without offering families the opportunity to be present and participate.

Parental access was further specified under procedural safeguards to include the examination of "all records relating to such child and to participate in meetings with respect to the identification, evaluation, and educational placement of the child, and the provision of a free appropriate public education to such child..." (P.L. 105-17, Title I, Part B, Sec. 615,(b)(1)) This third group of legislative requirements was very specific and struck at the very heart of meaningful family involvement -- access to critical information, and the right to be present when and where important decisions are made. Legislators were attempting to provide families with important information and give them the opportunity to use it to advocate and make important decisions for their children.

But the power of legislation has its limits. Just as special education legislation was shaped by case law, case law has been forced to deal with interpretive challenges to this legislation. Herr (Herr, 1999) notes that "case law and an extensive array of advocacy strategies have had to be deployed to assist children and their parents to preserve and realize the Act's benefits" (p. 337).

Some writers have argued that social policy in general, and educational policy in particular, have often been the product more of sociopolitical pressures, than of scientifically documented research (Bricker, 1985; Carnine, 1991; Cuban, 1990; Engelmann, 1992; Glass, 1987; Kauffman, 1994). While this may be the case in many instances, family involvement in children's development and education not only enjoys the backing of case law and legislative mandate, but of considerable philosophical and empirical support in the professional literature (Bronfenbrenner & Neville, 1994; Moles, 1993). As McLaughlin and Shields (McLaughlin & Shields, 1987, p. 158) note, "there is a strong case for parent involvement as a policy priority."

Empirical Support for Family Involvement

When Congress reauthorized and amended IDEA in 1997, they referred to the more than 20 years of research and professional experience accumulated since P.L. 94-142 was first enacted. After considerable investigation, federal legislators astutely noted in their findings that "the education of children with disabilities can be made more effective by... strengthening the role of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home" (P.L. 105-117, Title I, Part A, Sec 601 (C)).

Indeed, the professional literature offers overwhelming empirical evidence and voluminous case study examples of how family involvement can produce beneficial outcomes for students, families, teachers, schools, communities, and society at-large.

When there is meaningful family involvement in a child's education, there are many benefits that accrue to students. These benefits include improvements in attitude towards school and learning (Epstein et al., 1993; Hao & Bonstead-Bruns, 1998), general academic and cognitive gains (Becher, 1984), and higher levels of student achievement (Becher, 1984; Epstein, 1991; Epstein et al., 1993; Hao & Bonstead-Bruns, 1998; Henderson, 1987; Kagan, 1984; Lareau, 1989; Lee, 1994; Schaefer, 1972; Stevenson & Baker, 1987; Swap, 1990; Walberg, 1984a). One study showed that improvements in academic performance was particularly marked in children with the least educated parents (Cochran & Dean, 1991). Other benefits include increased language achievement for students with limited English proficiency (Bermudez & Padron, 1989), better homework (Epstein, 1984; Epstein & Becker, 1982; Lee, 1994; Rhoades & Kratochwill, 1998), greater motivation (Henderson, 1987; Lyons, Robbins, & Smith, 1983; Scott-Jones, 1995), improved self-esteem; (Epstein et al., 1993; Henderson, 1987), increased school attendance (Henderson, 1987; Lee, 1994), improved school behavior (Comer & Haynes, 1991; Epstein et al., 1993; Henderson, 1987; Lee, 1994; Lyons et al., 1983; Weikert, 1973), influenced important retention/promotion decisions (Lareau, 1989); and possibly decreased student dropout rates (Calabrese, 1988; Hamby, 1992; Sinclair, Christenson,

Evelo, & Hurley, 1998). As Comer (Comer, 1984) notes, "it is the attachment and identification with a meaningful adult that motivates or reinforces a child's desire to learn (p. 327). Finally, teachers and principals also show more positive attitudes toward the children of involved parents (Lyons et al., 1983).

While the benefits of family involvement may be important to all students, they are most important to students who are most at-risk for school failure. The benefits of family involvement and strong home-school relationships do not end with positive student outcomes however.

Family involvement also has been shown to significantly benefit families. These benefits include decreased misunderstanding of schools and teachers (Chavkin, 1989), improved relationships with teachers and principals (Lyons et al., 1983), improved perceptions of themselves as parents (Cochran & Dean, 1991) and as advocates for their children (Cochran & Dean, 1991), broadened social networks, particularly for single parents (Cochran & Dean, 1991); increased confidence in interacting with their child's teacher (Cochran & Dean, 1991) more positive aspirations for their child (Hao & Bonstead-Bruns, 1998; Rosenholtz & Simpson, 1984), increased involvement in their child's learning (Becker & Epstein, 1982; Bermudez & Padron, 1987; Dauber & Epstein, 1993) and more positive attitude towards parental involvement (Cochran & Dean, 1991; Dauber & Epstein, 1993), improved attitudes towards school and education (Comer & Haynes, 1991; Searls et al., 1982), including among language minority parents (Bermudez

& Padron, 1987), increased knowledge about their rights, roles and responsibilities in school-related activities (Bermudez & Padron, 1987), greater parental satisfaction with their knowledge of their child's school (Cochran & Dean, 1991) and with their child's education (Polifka, 1981), and a decreased sense of alienation for minority parents (Bell-Nathaniel, 1979; Calabrese, 1990). These benefits can be roughly mapped to an improved quality of life for the families of these children, possibly one of the most important indices of whether or not an intervention is truly meaningful and valid (Horner, 1991; Meyer & Janney, 1989).

The benefits of family involvement are particularly important to children with disabilities and their families (Turnbull & Turnbull, 1990). Anastasiow (Anastasiow, 1986) concluded that the earlier and more extensive the collaboration between schools and families, the more successful these children are likely to be. But benefits of family involvement in education do not end with students and their families either.

Teachers also benefit from meaningful family involvement. These benefits include an increased desire to understand and work with families (Cochran & Dean, 1991), decreased stereotypes about lower-SES families (Becker & Epstein, 1982), improved attitudes towards language minority parents (Bermudez & Padron, 1987), decreased misunderstanding of parents and greater awareness of needs of families (Bermudez & Padron, 1988; Chavkin, 1989; Cochran & Dean, 1991; Epstein, 1983; Robinson, 1980), particularly for families from minority cultures (Ramirez & Cox, 1980), improved collaboration and communication skills (Bermudez & Padron, 1988; Cochran & Dean, 1991; Linan-Thompson & Jean, 1997; Yao, 1993), and a decreased need to control parental involvement (Cochran & Dean, 1991). These benefits to teachers are directly related to increases in the alignment between home and school. This is most important for children and families who often see themselves as most marginalized by mainstream American culture, and who may be the most at-risk for school failure (Ramirez & Cox, 1980; Sipes, 1993; Yao, 1988, 1993). And this group is growing (Oswald, Coutinho, Best, & Singh, 1999). Unfortunately for these children, these two powerful institutions seem to be at odds with each other (Cardenas & Zamora, 1980). Interestingly, exemplary teachers have been found to value family involvement more than other teachers (Corter & Pelletier, 1995) as have effective schools (Christenson, Rounds, & Gorney, 1992). Benefits to teachers also translate to benefits to schools.

Schools benefit in a variety of ways when families are meaningfully involved. Shevin (Shevin, 1983) has shown that parental involvement tends to lessen parent-professional conflicts and result in the provision of better services to students. This may be due to the improved attitudes towards the school (Bermudez & Padron, 1987; Rotter et al., 1987). Family involvement also has been shown to result in improved overall school climate (Comer & Haynes, 1991). Involved parents also become important political resources (McLaughlin, Shields, & Rezabek, 1985), and motivated adult volunteers can save schools money (Myers, 1985), no small asset in an era of limited resources and increased political pressure (Comer, 1980). Finally, in addition to these more obvious benefits of improved home-school relationships, the indirect benefit of improved lines of communication is the ability of these schools to be more responsive to the needs of children and their families (Lareau, 1989; Lyons et al., 1983).

Finally, because communities are comprised of individual members, they too benefit from meaningful family involvement. Thomas Jefferson, in the seventeenth century, was one of the first and most important American philosophers to argue the absolute necessity of an educated electorate in a democratic society (Hiatt, 1994). Family involvement has been show to result in increased resources available to families (Cochran & Dean, 1991) and a community of better-prepared and more actively involved citizens (Cochran & Dean, 1991). One might conclude that the best national defense plan would be one built on the best possible educational plan, and that a blueprint for success would certainly include meaningful family involvement.

In an excellent review of the family involvement literature, Henderson concluded that "the form of parent involvement does not seem to be as important as that it is reasonably well-planned, comprehensive, and long lasting" (Henderson, 1987, pg. 2). The conclusion seems inescapable, family involvement should matter to everyone!

Professional Support for Family Involvement

Professional organizations, governmental agencies, education and child advocacy groups, and even businesses have long recognized the important role families play in the development and education of their children (see Appendix L for a partial list of agencies and organizations that encourage family involvement in education). In fact, armed with social support and empirical evidence, several of these groups played an instrumental role in both the content and passage of P.L. 94-142 in 1975 (Lipsky, 1989; Sarason, 1982; Turnbull et al., 1982).

Furthermore, since 1975 when P.L. 94-142 was first passed, professional journals and magazines dealing with educational concerns have devoted no less than 30 special issues to families and/or home-school-community collaboration (see Appendix M). The chronological progression of topics in these special issues reflects the shifting tenor and perspective regarding families and family involvement in education.

Early special issues addressed working with families and parent participation. This focus later changed to issues of partnership and collaboration with families. And finally, a recent special issue of Educational Leadership (1998) boldly questioned, "Whose schools?" This question implies a completely different perspective of home-school relations. To fully explore the issues of power differential and desired relational outcomes, educators would be well-advised to explicitly address questions such as, "Who is my employer?" and "Who is my client?"

It is advisable to consider two important points when examining these special issues however. First, articles in professional journals, rather than reflecting current reality, often presage changes in professional practice. Second, although language is important and powerful, changes in terminology do not always result in changes in behavior. To be "real," these changes in philosophy and terminology must result in changes in the experience of families who are trying to be meaningfully involved with their children's education.

Moral/Ethical Support for Family Involvement

In addition to legal entitlements, empirical and professional support, and the sociopolitical tenor of our times, compelling arguments can be made for moral and ethical reasons for encouraging family involvement in education.

Several professional associations include in their ethical standards, statements directing members of their organizations to act as advocates for their clients, and behave in a manner that shows respect for human dignity (American Counseling Association, 1988; Jacob-Timm & Hartshorne, 1994; National Association for the Education of Young Children, 1992; National Association of School Psychologists, 1992; National Association of Social Workers, 1993). The National Association of Social Workers explicitly states that its members should "foster maximum self-determination on the part of clients" (National Association of Social Workers, 1993, p. 1). The Code of Ethical

Conduct for the National Association for Education of Young Children clearly articulates their profession's commitment to working with and respecting each family's "childrearing values and their right to make decisions for their children" (National Association for the Education of Young Children, 1992, p. 6).

The traditional paternalistic system that fostered dependence upon professionals cannot be in the best interest of students or show dignity for either the child or their family. Failure to encourage, or even allow meaningful family involvement in making important decisions regarding their children's education is quite simply inconsistent with the ethical principles set forth by most education-related professional organizations.

The field of medicine is now recognizing the importance of patients taking greater responsibility for their own care, and is currently moving more and more towards physicians as expert consultants in health care matters (Erlen, 1998; Gallagher, 1998; Guadagnoli & Ward, 1998; Hamilton, 1998; Miller & Bolla, 1998; Reust & Mattingly, 1996). In this new consultant model, the physician provides patients with information and expert judgment, but allows the patient to make the final decision on specifics of treatment.

While the traditional physician-controlled medical model fostered dependence and helplessness, this new relationship decreases dependence, increases personal responsibility, and enhances capacity for healthy interdependence. Not only is this a more ethically defensible model of practice, it also offers risk management benefits as clients take a more active role in decision-making. Educators may find valuable analogies to educational practice in this model of medical service delivery. A family and child empowerment model may serve to strengthen and liberate families at a time when they are confronted by myriad other challenges in our culture. This seems a clear moral and ethical choice. Families must be recognized as the "ultimate decision makers and long-term caregivers", if they are to feel competent as advocates for their children (Bailey et al., 1998, p. 314).

Finally, the National Association of School Psychologist's ethical code also notes that school psychologists should utilize assessment and intervention techniques that are appropriate and research-based (National Association of School Psychologists, 1992, p. 10). Family involvement would seem to meet these criteria as an appropriate and research-based strategy for addressing a variety of educational concerns.

Family involvement in education seems to have the depth and breadth of support that would lead one to expect that it is a professional practice that is openly embraced and routinely practiced in the educational world. Unfortunately, this all too frequently is not the case. While few educators will openly argue against family involvement in their children's education and meaningful home-school partnerships, this important relationship frequently continues to be limited in scope, and often characterized by unsupported assumptions and unproductive tensions. To understand why this current schism exists, one must look back at the history of home-school relationships.

Family Involvement in Education

A Brief History of Family Involvement in American Education

"Historically, a child's education has always been seen by parents, and perhaps by society as a whole, as the purview of the child's parents" (Hiatt, 1994 /p. 27).

In colonial America, education was under the control of the individual colonies. This meant that there was direct local parental control of school governance, selection and adoption of curriculum, hiring and firing of teachers, and support of religious teachings of the school. Schools of the day were typically one-room and ungraded, and there was routine social and professional contact between parents and teachers (Hiatt, 1994). The purpose of schooling during this era was to supplement the parents' important work as primary teacher of their children.

The concept of public education for all children in Europe grew from the philosophy of Locke and Rousseau (Spring, 1986) and was brought to America by the articulate and persuasive writings of Thomas Jefferson (Jefferson, 1961). Jefferson's concept of universal education for all children was advocated by other influential American leaders, including George Washington and Benjamin Rush. Based on the egalitarian values of education for all and equality of opportunity, almost every state in our young nation had a public school system by 1860 (Hiatt, 1994). What had been born of idealistic philosophies however, was soon to be changed by the practical realities of economics, politics, and social fear.

With the nineteenth century came new technologies, a new wave of immigrants, and new ideas. The industrial revolution brought unprecedented changes in American life. Employment shifted from agricultural settings where children were an economic necessity, to factory settings where children were simply more cheap labor. Labor unions, faced with a surplus of cheap, untrained and unskilled laborers, advocated for child labor laws and supported compulsory education in order to protect their members. Urban employers upset by the disruption in their labor force complained and got concessions such as night classes and part-time school schedules that were more compatible with full-time work (Kaestle & Vinovskis, 1978). American public schools were soon seen by many as a place, not so much for creating equality of opportunity, as a place for efficiently integrating and enculturating the newest immigrants (Bowles & Gintis, 1976). Adapting the factory model to education, schools were scientifically managed, education became increasingly bureaucratized, and teachers moved increasingly towards professionalization. As Hiatt (Hiatt, 1994) noted, these and other social changes resulted in dramatically reduced parental influence in public schooling:

> The bureaucracy controls the schools, and parents feel powerless over this overwhelming system. The system controls governance, daily administration, curriculum content, and hiring faculty. In addition, the professionalization of faculty separates the teacher from the parent, placing the role of "expert" upon the teacher and administrator. (p. 34)

These dramatic changes in educational policy and practice did not go unnoticed by families. The National Congress of Mothers organized in 1897 to advocate on behalf of their children. This group was the basis for today's Parent-Teacher Association (PTA), a formal link between home and school, and a powerful political constituency. "Education quickly became the chosen instrument of social reformers" (Bowles & Gintis, 1976, p. 19). The scene was set, families were now outsiders in education, former allies had become adversaries, and education was simply another tool of an increasingly unfriendly, bureaucratic, and divisive sociopolitical system.

Rather than supporting families in their important role, teachers now expect families to provide a rich educational environment, participate in school events, and generally support teachers' efforts (Gallup, 1985; Lareau, 1989), and harshly judge those families who don't meet their expectations (Connell et al., 1982). Schools were becoming increasingly separated from the rest of society, and more of a social laboratory than an aid to parents (Bowles & Gintis, 1976). Almost 60 years ago, William G. Carr, former executive secretary of the National Education Association, described the rift between home and school at the 1942 National Congress of Parents and Teachers thus:

> Many schools are like islands set apart from the mainland of life by a deep moat of convention and tradition. A drawbridge is lowered at certain periods during the day in order that the part-time inhabitants may cross over to the island in the morning and back to the mainland at night. (Decker, Gregg, & Decker, 1994, p. iv)

As families became better educated and better informed, they increasingly felt the need to turn to the legal system to effect change within the increasingly monolithic and unresponsive bureaucracy of education (Hiatt, 1994). Cases such as Brown v. Board of Education of Topeka (1954), Serrano v. Priest (1977), Lau v. Nichols (1973), and Pennsylvania Association for Retarded Children v Commonwealth of Pennsylvania (1972) gave important victories to families and children. Parents had rights, and educators were forced to acknowledge them. With case law in hand, and a growing body of empirical evidence supporting the benefits of active parental involvement, families and advocacy groups began to shape family-friendly legislation at the highest levels of American government (Turnbull et al., 1998).

The history of home-school relationships is one of struggle. As Hiatt (Hiatt, 1994) summarizes family involvement:

> The pendulum has swung from strong parent involvement in the home- and community-based schools of the agrarian seventeenth century to the bureaucratic factory model schools of the industrial revolution. The pendulum appears to be swinging back again, slowly at first, but gathering momentum, towards schooling which increasingly involves parents. (p. 37)

Although it is important to understand the historical context for these changes, it is important to recognize that "the reasons for involving parents and other adults anew in education are not rooted in nostalgia, but rather in necessity" (Myers & Monson, 1992, p vii).

The Current Status of Family Involvement

Despite clear legal entitlements, strong empirical evidence, recommendations for best professional practice, powerful sociopolitical forces, and ethical guidelines that support it, meaningful family involvement in the education of children continues to be the notable exception rather than the rule in day-to-day educational practice. While there are individual educators who are strong advocates for families and encourage their meaningful involvement, the educational system has yet to embrace or even accept the systemic practices necessary to make it happen on an institutional level.

One of the most critical areas for meaningful family involvement involves the educational decisions made concerning children with special needs. This also is where Congress has been most detailed in its delineation of parental rights in education.

Despite the increasingly specific requirements for family involvement in the special education decision-making process, observational analyses of the IEP meeting (Goldstein et al., 1980; Vaughn et al., 1988) support the assertions of professional commentators (Bell-Nathaniel, 1979; Marion, 1980). Both describe parents as simply "passive recipients" of professional-produced and professional-delivered information, and not as active decision-makers in these important meetings for their children.

Though the spirit and intent of the educational legislation seems to be crystal clear, McLaughlin and Shields (McLaughlin & Shields, 1987) concluded that the strategies of mandated parental involvement programs of the 1970s and 1980s generally were not implemented as intended. Some notable education writers have even argued that phrases such as "parents as partners" are nothing more than rhetoric and "window dressing." They concluded that parental involvement has become more ritualistic than substantive, and that the opinions of parents simply are undervalued and ignored by educators (Bell, 1980; Cochran & Dean, 1991; Harry, 1992; McLaughlin & Shields, 1987; Seeley, 1989; Wolfendale, 1986).

Congress was made aware of what professionals had known for some time, parents were not being included in many important decisions regarding their child, including development of the child's IEP (Goldstein et al., 1980). Whether persuaded by empirical or testimonial evidence, federal legislators responded to calls to go beyond "token efforts at interactions with parents" (Cochran & Dean, 1991) and demands for a change in the status quo of family involvement. Congress recognized that if family involvement in educational planning and program evaluation was to be meaningful, families must be provided necessary information, and included and allowed to participate equally in all important meetings regarding their child. Explicit statements about family involvement that legislators have included in amendments to special education law represent a valiant effort to rectify this problem. As Bell (Bell, 1980) noted, to be most effective, the strong and distinct thread of family involvement must be woven into the fabric of all social legislation. But legislative calls for meaningful family involvement have not been enough to make it happen. Legal mandate quite simply may be necessary but is not sufficient to produce collaboration (Swan & Morgan, 1993). There remain a variety of challenges facing educators and families who would like to collaborate.

Barriers to Family Involvement

The U.S. Congress clearly intended that families be accorded real opportunity for meaningful involvement in the education of their children with special needs, but the result seems to have fallen significantly short of that goal. The professional literature contains no simple answers to the complex question of why parents are not more meaningfully involved in educational decision-making. But the long list of potential barriers to family involvement seems to cluster into four broad categories: (a) Knowledge and/or skill barriers, (b) strategic or logistical barriers, (c) quasi-legal concerns, and (d) attitudinal or perceptual barriers.

It is important to note that these are potential barriers, as challenging circumstances can be viewed either as opportunities or as obstructions. Not all barriers will exist in all settings, or be a problem or concern for every family. Educators however must be aware of potential barriers to home-school collaboration so that proactive policies and interventions can be developed that reduce their likelihood, as well as immediately and effectively responding to them should they arise.

Knowledge or Skill Barriers

Some writers have argued that home-school collaboration does not occur because educators simply do not have the requisite skills, knowledge, or training to collaborate with families (Chavkin & Williams, 1988; Kroth, 1985) and that such training must become an integral part of preservice teacher training programs (Ashline, 1993; Blue-Banning, Turnbull, & Pereira, 2000; Chavkin & Williams, 1988; Foster, 1990; Rich, 1993) for meaningful family involvement to occur. These skills are particularly important for team leaders and facilitators. Even though it may not be easy, these skills can be learned (Caminiti, 1995). Unfortunately, some professionals may not only lack these skills, they may not see any need for them (Blue-Banning et al., 2000). Although, it can be argued that the onus of responsibility for fostering productive home-school relationships rests on the school, families may also need information and training in order to collaborate effectively with educators (Deslandes, Royer, Potvin, & Leclerc, 1999; Gloeckler, 1978).

Schools are complex systems with multiple levels of regulation, complicated patterns of political structure and influence, and often, poorly explicated social expectations and networks. Results of a study by the Rand Corporation on services to people with disabilities documented that both providers and consumers were often denied services due to the complexity and disorganization of the system (Brewer & Kakalik, 1982). Additionally, it is hypothesized that institutional systems typically become more complex over time (Shapiro, 1985), thus making it increasingly difficult for consumers to understand the system and access services.

Research by Brantlinger (Brantlinger, 1987) and Roit (Roit & Pfohl, 1984) concluded that parents lacked the information necessary to make informed decisions or to meet the legal standard for giving "informed consent" in educational matters. Attorney Daniel Oran (Oran, 1983) points out from a legal perspective that informed consent is "based on a full disclosure of the facts needed to make the decision intelligently" (p. 216). In these studies, parents did not understand their roles, the process, or the options available to them in the special education system. Lareau (Lareau, 1989) found that schools often fail to explain expectations and opportunities, thus increasing the importance of informed social networks; a type of resource or social capital that is typically limited in poorly-educated and lower-SES families. When educators do try to communicate with families, they often use technical language and jargon that may confuse many parents, particularly those whose first language is not English (Krantz, 1996; Linan-Thompson & Jean, 1997; Marion, 1980). If parents are confused about how to best help their child, home-school relationships can become negative (Clark & Clark, 1989; Doyle & Barber, 1990).

Interestingly, teacher knowledge and skills may also have an indirect effect on the home-school relationship through perceptions of teacher efficacy. Research by Hoover-Dempsey and colleagues (Hoover-Dempsey, Bassler, & Brissie, 1987) indicates that teacher beliefs in their own effectiveness as a teacher was a strong predictor of teacher success in involving families.

The status quo is simply not acceptable. Families must be provided necessary information and critical skills training (Ashline, 1993; Deslandes et al., 1999; Gloeckler, 1978; Krantz, 1996; Turnbull, Strickland, & Goldstein, 1978; Yonezawa & Oakes, 1999), and their culture respected (Bruns & Fowler, 1999; Harry, Rueda, & Kalyanpur, 1999; Quiroz, Greenfield, & Altchech, 1999; Sileo, Sileo, & Prater, 1996) if they are to be meaningfully involved in education and make informed decisions on behalf of their children.

Strategic or Logistical Barriers

The second group of potential barriers to family involvement in education can be described as strategic or logistical difficulties. For example, family members may have difficulty leaving work to participate in school activities or attend meetings during their workday. There may be problems due to lack of affordable childcare for other children or access to transportation (Baxter & Kahn, 1996). This may be particularly true for families in rural settings (Gallegos & Medina, 1995). Another related barrier to involvement reported by families is poor health (Leitch & Tangri, 1988). These problems often are most serious for those families who already frequently struggle with issues of resources; single parent families, families in poverty, and families without the support of extended families or effective social networks (Mishne, 1996).

The result of these barriers can be seen in lower-class parents failing to attend parent-teacher conferences almost twice as often as middle-class parents (Lightfoot, 1978; Ogbu, 1974; Van Galen, 1987), and the more active role taken by middle-class parents in promoting pre-academic and academic skills and interacting with schools (Baker & Stevenson, 1986; Heath, 1983; Heyns, 1978; Stevenson & Baker, 1987; Wilcox, 1978). Though easily misinterpreted as lack of concern or interest, these differences are often only artifacts of social and economic conditions of the family.

Schools often can begin to reduce the impact of these strategic or logistical barriers to family involvement by asking family members what they need, being flexible in the time and location of meetings, and providing accessible transportation or short-term childcare (Gallegos & Medina, 1995). These types of accommodations can go a long ways to showing families that schools are concerned about their needs -- an important first step in building a positive working relationship.

Quasi-Legal Concerns

A third set of barriers arises from what can best be described as quasi-legal concerns in a litigious society. Some educational administrators seem reluctant to educate family members about their rights or increase their participation in the education process out of fear that it will increase the demands on an already overburdened educational system. That argument often proceeds to the conclusion that better informed parents increase the legal exposure of the school district, and are therefore undesirable from a risk management perspective. A similar concern is that talking openly with parent about their rights is something best left to attorneys.

The result of this type of thinking is a bureaucratic system that does not adequately inform parents of their rights or responsibilities, limits information about potential programs or services for children with special needs, does not teach families the skills necessary to collaborate effectively, and ultimately pushes away those families who are most in need of professional support. This approach also closes the door to the things families most desire, the "personal touch" (Lindle, 1989) and collaboration with people they can trust and respect (Blue-Banning et al., 2000). Good risk management, like successful teamwork, demands greater education, better information, and more meaningful opportunities for participation in the process, not less. Shared decision-making is a smart idea.

Attitudinal or Perceptual Barriers

Finally, a fourth group of potential barriers to family involvement involves attitudinal and perceptual issues. For example, perceptions of power and competence as team members can play a significant role in collaboration. Crais (Crais, 1993) noted that when professionals are viewed as the experts, while family members are perceived as the passive recipients of information and help, collaboration is not likely to occur. In this type of relationship, professionals are unlikely to solicit input or information from the family, and parents are equally unlikely to offer information, make suggestions, or question professional decisions. Furthermore, even when well-intentioned, it is possible to overwhelm families with the demands of a large team of professionals evaluating their child. As these demands for the parents' time and attention exceed their resources, it is possible to achieve iatrogenic or unintended negative consequences for the child and their family (Doernberg, 1978).

Gilliam (Gilliam, 1979; Gilliam & Coleman, 1981) found that, although parents are reported by other members of the multidisciplinary team to be important members, analyses of team process and decisions do not support these statements. In fact, several studies have found that many educators do not believe parents should be involved in important aspects of education such as decision-making (Boston, 1977; Southwest Educational Development Laboratory, 1983; Williams, 1984; Yoshida, Fenton, Kaufman,

& Maxwell, 1978). This corresponds to parent reports that "their involvement is not wanted and they are just in the way" (Hammond, 1999, p. 42). While other teachers report that they desire family involvement, they do not necessarily wish to create a relationship based on an even distribution of power and control--that is to say, a partnership (Gray, 1984; Seeley, 1982, 1984).

In her excellent book that describes how and why schools and families are "Worlds Apart," Sarah Lawrence Lightfoot argues that "creative conflict can only exist when there is a balance of power and responsibility between family and school, not when the family's role is negated or diminished"(Lightfoot, 1978, p. 42). Unfortunately, what many teachers seem to want is a professional-client relationship based on an expert model (Lareau, 1989) with the accompanying privileges of power, status and prestige.

David Seeley (Seeley, 1993) has argued that *meaningful* family involvement is nothing short of a paradigm shift in education. Many of the books advocating greater home-school interaction encourage primarily school-directed activities that leave families in supporting roles (Steele, 1996). If families are to be able to exercise their rights to meaningful involvement in the special education decision-making process, their expertise about their children must be recognized, sought out, and utilized in true democratic fashion (Ashline, 1993; Brantlinger, 1991; Comer, 1980).

Parental characteristics also can, in part, effect these changes. Parents who are more confident of their right to be involved may take a more active role in their children's education (Hoover-Dempsey et al., 1987), and their sense of self-efficacy may then determine the amount of help they provide their child (Hoover-Dempsey & Sandler, 1995, 1997). Cochran and Dean (Cochran & Dean, 1991) point out that parents must begin to perceive themselves as important and effective advocates for their children if they are to get involved. Lee (Lee, 1994) takes this argument one step further, arguing that families will only participate in their child's education if they believe their activities will benefit their child. This is consistent with Bandura's (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996) assertion from self-efficacy theory that "unless people believe that they can produce desired effects by their actions, they have little incentive to act" p. 1206.

One way to increase family members' sense of value, competence and self-efficacy may be through providing them important information and critical skills, and thus creating opportunities for effective participation in team meetings where important decisions are made about their children's education. Changes in family member behavior may then result in changes in the perceptions of educators.

Educators' attitudes about minority, working-class, or lower-income families can dramatically affect the home-school relationship and outcomes for children (Brophy & Good, 1974; Obiaker, 1999; Proctor, 1984; Rosenthal & Jacobsen, 1968). Often these outcomes are based on idiosyncratic judgments about the students (Obiaker & Schwenn, 1995). A student's social class has been shown to influence placement in kindergarten group (Rist, 1970), guide high school counselors' recommendations regarding attending college (Cicourel & Mehan, 1985), result in differential educational tracking, class content and quality of student-teacher relationships (Aggleton & Whitty, 1985; Anyon, 1980, 1981; Mickelson, 1987; Oakes, 1982, 1985), and affect how teachers and administrators treat parents and their attempts at involvement in their child's education (Lareau, 1989; Lightfoot, 1978; McPherson, 1972).

Many educators do not believe that parents in general, and minority and poor parents in specific, wish to be involved in their children's education (Brantlinger, 1987; Clark, 1993; Davies, 1993; Elam & Gallup, 1989; Lightfoot, 1978; Moles, 1993). Differences in level of family involvement between the social classes are often attributed to lack of parental motivation, based on the erroneous belief that low-income or poorly educated parents simply do not value education (Lareau, 1989). Nothing could be further from the truth.

Research and the experience of veteran program evaluators clearly indicate that low-income, poorly educated, and minority families value education, are interested in their children's education, and do want to be involved (Calabrese, 1990; Chavkin, 1989; Chavkin & Williams, 1993; Chrispeels & Coleman, 1996; Dauber & Epstein, 1993; Davies, 1993; Henderson et al., 1986; Holden, Hughes, & Desforges, 1996; Lareau, 1989; McLaughlin & Shields, 1987; Rich, 1988). Despite their desire for meaningful participation in their child's education, many minority, second language, and low-income families simply lack the knowledge, skills and other "cultural capital" to make this happen (Lareau, 1989; Yanok & Derubertis, 1989), or the self-confidence to try (Davies, 1988). These arguments seem to be primarily a deflection of responsibility by "blaming the victim."

Some educators point to students' home and family life, the availability of this "cultural capital," as the reason why some children cannot be expected to do well in school. Yet, some research indicates that access to these resources does not have equal impact across the cultural and economic spectra (Roscigno & Ainsworth-Darnell, 1999). Furthermore, a study of 1,653 families in the Netherlands (De Graaf, De Graaf, & Kraaykamp, 2000) concluded that the critical capital is much less the "highbrow" lifestyle and activities associated with higher SES than it is specific parental behaviors such as reading to their children. These behaviors are amenable to intervention (Christenson et al., 1992). In fact, in a quantitative synthesis of 29 controlled studies, Walberg (Walberg, 1984b, p. 25) found that "the alterable curriculum of the home is twice as predictive of academic learning as is family socioeconomic status." Indeed, some parent involvement programs included in this study had effect sizes 10 times as large as that of SES. The family environment has even been shown to affect children's intrinsic motivation to learn (Gottfried, Fleming, & Gottfried, 1998). Families, while not all being the same, nonetheless all have strengths and can offer much to their child's development and education.

Because of the diversity represented in American families today, family involvement, interest, and support for children's education may take many different forms. Almost two decades ago, Clark (Clark, 1983) showed that these indicators of parent-child and parent-school relationships in turn are very powerful indicators of child futures. Parents frequently aid children with homework (Epstein, 1983; Menacker, Hurwitz, & Weldon, 1988), often attend and assist in school events (Chavkin, 1989; Chavkin & Williams, 1989), repeatedly report their desire to be included in determining and evaluating their child's educational program (Epstein, 1983), and consistently request to be notified immediately about any problems their children are experiencing at school (Gotts & Purnell, 1987; Harris, Kagay, & Ross, 1987; Steinberg, 1988). Although these forms of support and involvement may go unnoticed by many educators, they should be recognized as legitimate evidence of genuine family interest in their children's development and education (Yonezawa & Oakes, 1999).

As our society becomes ever more heterogeneous, and teachers and families are less likely to share a sense of common experience (Gallegos & Medina, 1995; Rotter et al., 1987), it is increasingly important that teachers communicate effectively with the families of their students (Gotts & Purnell, 1985; Yao, 1993). This means both talking and listening to these important stakeholders in student development and achievement (Nahmias, 1995).

These potential barriers to family involvement may be seen as roadblocks, or as opportunities for educators to work *with* families and children. Solutions may range from very narrow strategies designed to address a single specific problem, to broad family involvement programs with a number of systematically-related and philosophically interconnected components. As schools develop programs to inform, train and include families, all educational stakeholders benefit. But, if educators are to successfully involve families in meaningful ways, these barriers cannot be ignored.

Team Processes and Family Involvement

A broader challenge to home-school collaboration also exists. This challenge involves the issues of group dynamics and team processes. Any time a group of people assembles, whatever the intended purpose or outcome, group dynamics and team processes are in play. This challenge is broader than the four preceding groups of barriers however because it includes all of these issues and adds a few twists of its own.

In order for a team to assemble, issues of logistics and strategy often must be resolved. This may include getting people to the meeting, and arranging solutions to problems of childcare. For a team to function well, issues of attitudes and perceptions of members must be addressed, and fears must be faced. Interestingly, a well-functioning team also may be the solution to decreasing problems of attitudes and perceptions that limit positive interactions, and resolving quasi-legal concerns. Finally, specific knowledge and skills are necessary in order for a team to achieve functional status and arrive at the desired outcomes.

In an effort to improve the literature base regarding team processes, social scientists and business experts have attempted to define, quantify and evaluate effectiveness of the spectrum of types of teams, team member interactions, and stages of team development. The result was a variety of typologies and terminology surrounding the concept of team functioning. During the 1980's, Benard (Benard, 1989) referred to "collaboration" as the buzzword of the time. Swan and Morgan (Swan & Morgan, 1993, p. 19) defined collaboration as "efforts to unite organizations and people for the purpose of achieving common goals that could not be accomplished by any single organization or individual acting alone.

The preferred term for the 1990's seemed to be "partnership." Chrispeels defined partnership specifically in the educational context as "mutual collaboration, support, and participation of families, community members and agencies, and school staff, at home, in the community, or at school, in activities and efforts that directly and positively affect the success of children's learning and development" (Chrispeels, 1996, p. 299).

Whatever the term currently in vogue, the common theme spanning the changes in popular terminology seems to be the desire to allow meaningful involvement by all stakeholders or team members, while achieving a common goal. Unfortunately, simply changing terminology does not necessarily reflect or cause the desired change in behavior.

These efforts to better understand and enhance team processes have resulted in more terms and new conceptual frameworks. Static models, or typologies, provide a “snapshot” description of the various types of groups, while developmental models have been created to explain the process by which groups grow and change with time and experience. The latter models are based on the assertion that group dynamics change in an evolutionary process that occurs in a predictable and logical sequence of stages.

Foster (R. E. Foster, 1986) offers a three stage model of organizational development; cooperation, coordination, and collaboration, while Corey (Corey, 1990) proposes a four stage model, including: orientation, transition, working, and consolidation. Hansen, Warner and Smith (Hansen, Warner, & Smith, 1980) describe therapeutic groups as developing through five life stages: initiation, conflict and confrontation, development of cohesiveness, productivity, and termination.

Regardless of the number of stages, these models typically have several features in common. These models: (a) Describe healthy team processes as beginning at neutral points and moving past initial apprehension and uncertainty towards higher levels of trust, cohesion and productivity, (b) acknowledge the reality of conflict as a normal and even useful part of the developmental process, (c) recognize and identify critical developmental tasks necessary to moving the group to higher levels of collaborative functioning, and (d) tend to focus on normal, healthy development of typical "teams" of people. Unfortunately, family involvement in special education decision-making teams often does not fit this profile in one or more aspects.

First, when a child is referred for special education services, it is because someone believes there is a problem. This negative starting point for the multidisciplinary team is only exacerbated if either side is perceived as blaming the other as the source of the problem (Alessi, 1988). Unfortunately, the negative home-school relationship often does not begin with the referral for special education (Barro & Kolstad, 1987; Bowles & Gintis, 1976, p. 106; Decker et al., 1994).

Connell and colleagues (Connell et al., 1982) found that parents' views of education and educators is profoundly shaped by their childhood experience as students. Parents often arrive at their child's school with unpleasant memories of schooling and authority figures from their own unsuccessful school experiences. When triggered, these memories can evoke fight-flight responses during stressful situations, such as team meetings (Hansen et al., 1980). The formation of adult home-school relationships then begins with these earliest interactions.

Research by Davies (Davies, 1988) found that contact between schools and low socioeconomic families was "primarily negative, focused largely on academic and behavioral problems of children," thus continuing a cycle of negative interactions. This is hardly a 'neutral point" from which to begin building a cohesive and productive team.

Second, if a team is given the opportunity to move to the stage where conflict and confrontation occur, concerns of dominance, power, and control may consume the group's focus (Hansen et al., 1980). In this phase, team members may actively or passively disagree with group purpose or goals, assigned roles, or definitions of group identity. Overt acknowledgment and resolution of conflict is both time and energy consuming. Because time is such a valuable commodity in schools, educators may ignore these social processes in favor of completing the task functions of the group. Additionally, the power structure in schools may inhibit conflict resolution (Lightfoot, 1978). Conflict resolution is more likely to be resolved effectively when the players are of equal social status (Bond & Keys, 2000). The importance of the role of power is one that has often been ignored in analyses of group processes (W. Foster, 1986). The power imbalance in home-school relationships may even be the cause of some conflict. If these relational matters go unresolved, it is unlikely that the group will move beyond them to achieve cohesiveness and productiveness. As Fewell (Fewell, 1983, p. 304) cautions, "teams are made, not born."

The third place that multidisciplinary teams diverge from normal team development is in the attention to process. The process of team development, if attended to at all in these groups, often ignores family participants, because each family is only viewed as a transient component of the otherwise mostly stable educational team. While there is often a group of professionals that remains the same across time and meetings, family members are not a consistent part of this core group. The identity of the multidisciplinary team is created without family members, the crucial balance in team roles cannot be reached (Cleese, 1998). Therefore, even if the team does actively work on team processes, families are not likely to be part of the team building activities. They are rarely given the opportunity to work through their feelings of apprehension and uncertainty, develop a sense of trust and safety within the team, and bond with other team members.

Finally, models based on normal, healthy development of a "typical" team seem less applicable to special education teams. Special education team membership is somewhat unstable, prior interpersonal experience of team members may be primarily negative, time constraints do not permit team building processes, and team members are often untrained in cooperation, collaboration or teamwork.

There are a number of barriers that impede the process of improving home-school relationships. These barriers include lack of necessary knowledge and skills, strategic or logistical issues, quasi legal concerns, and attitudinal or perceptual obstacles. Related to all four of these barriers are issues of teamwork and process. But even with these challenges facing educators and families, there is hope.

Interventions to Increase Family Involvement

Many educators do want to involve families, and numerous programs have been developed to provide the necessary information, encouragement, and resources to increase family involvement in education (Collins, Moles, & Cross, 1982; Creekmore & Creekmore, 1981; Davies, 1988; Goldstein & Turnbull, 1982; Henderson, 1987; Lynch & Stein, 1987; Moles, 1982; Rich, 1985, 1988, 1993; Simich-Dudgeon, 1993; Tangri & Moles, 1987, etc.). Some of these interventions were designed to alter specific parent or child behaviors, others were more broadly conceptualized as educating families or improving the relationships between home and school. The literature is seldom clear about the "active ingredient" in these interventions. Unfortunately, many of these programs or strategies required additional funding for staffing, materials, or activities. Interventions such as family centers, additional conferences with families, workshops and seminars, home visits, and home-school liaisons, program coordinators or parent advocates are resource intensive. One state spent $1,000,000 to develop 11 parent models at 17 sites across their state (Lueder, 1989).

While, social planners and funding sources balk at costly interventions (Bowman, 1994), school administrators must somehow find a way to balance the demands of competing interests (Booth, 1988) and meet the requirements of law. Mandates for parental involvement must be met despite indications that schools are insufficiently staffed and inadequately funded to do so (Solomon, 1991). Unfortunately, most parent involvement mandates have not been met (Cochran & Dean, 1991; McLaughlin & Shields, 1987; Seeley, 1989; Wolfendale, 1986), and most parent involvement strategies have not been implemented as planned or intended (McLaughlin & Shields, 1987).

One avenue to enhancing home-school relationships then is to work with families to provide them the knowledge and skills necessary to interact more knowledgeably, confidently, and effectively with educators. If a simple, and resource-efficient intervention for transmitting critical knowledge and skills were available, this could be one important step in providing schools with an economical means to affirmatively meet legal requirements, create meaningful opportunities for families to exercise their parental rights, and offer children a better education. Training delivered via such an intervention medium could serve as the "foot-in-the-door" for subsequent restructuring of the educational system on a broader and more meaningful level.

Parent training is an intervention strategy with a long history (Hess, 1980). After extensive review of the professional literature, Walberg (Walberg, 1984b) concluded that seven factors contributed to the success of parent education programs. These critical elements included: (a) having parents view the program as an opportunity and not a requirement, (b) treating parents as interested members in the education of their children, (c) providing parents with a clear idea of what is expected of them in the program, (d) giving the parents specific strategies and skills needed, (e) praising and recognizing the parents' participation, (f) allowing parents to use objects they can manipulate, and (g) providing materials that do not need much explanation. These critical components are clearly related to three of the four groups of barriers to meaningful family involvement. Providing clear expectations and transmitting strategies and skills addresses the problem of lack of knowledge and skills, while acknowledging parents' interest and participation begin to address the issues of attitudes and perceptions. Finally, providing materials that are user-friendly is closely related to strategic or logistical problems noted previously.

Whether the goal of such training programs is to empower families through enhanced parenting skills (Zigler & Black, 1989) or to prevent potential problems such as child abuse (Wolfe & Edwards, 1988), parent training can be an important component in the broader family involvement movement (Becher, 1984; Hess, 1980). But to be effective, these programs must be done well, and address the potential barriers to meaningful family involvement.

Video-based programs have been one training modality shown to effectively and efficiently deliver target information and skills in parent training (Forgatch & Ramsey, 1994; Mandel et al., 1998; Reamer, Brady, & Hawkins, 1998; Weiner et al., 1994; Winett et al., 1993).

Video-Based Interventions

Video-based training programs have proven useful in a variety of settings to efficiently accomplish a broad spectrum of training objectives (Popkin, 1989). Intervention programs utilizing a videotape format have been utilized to deliver knowledge and information, provide skills, increase awareness, and directly alter attitudes, opinions and perceptions.

Rye (Rye, 1998) found the video presentation, "People Like Us" to be an effective tool for increasing AIDS awareness and promoting safer sex practices among university students. Winett and colleagues (Winett et al., 1993) also found a video presentation to increase knowledge about AIDS, as well as increasing communication skills and family problem-solving. A video vignette intervention developed and tested by Foxx (Foxx, Bremer, Shultz, Valdez, & Johndrow, 1996) resulted in increased treatment acceptability of highly restrictive behavioral interventions. Video programs also have been used to alter athletes' perceptions of physical effort and significantly increase the intensity of their exercise training experience (Robergs et al., 1998).

Videotape interventions have been successfully used to increase declarative knowledge, and alter behavioral skills and performance. Video-based programs have been successfully utilized to increase quantity of verbal responses and improve the therapeutic relationship between a school counselor and a student (Becker & Welch, 1994), improve communication between parents and children (Weiner et al., 1994), expand secondary students' definitions of bullying (Boulton & Flemington, 1996), increase residential care providers' use of health precautions and improve social interactions with residents (Baker, 1998), improve the care of geriatric patients (Drew et al., 1992), increase both knowledge and practice of family day care providers in the areas of health and safety, nutrition, child development and business management (Aguirre & Marshall, 1988), increase parental involvement with their child's homework and the quality of the child's homework (Forgatch & Ramsey, 1994), improve social interactions of parents with their children who have developmental disabilities, resulting in improvements in children's social behavior and task completion as their parents' interactions changed (Reamer et al., 1998), significantly reduce home safety hazards with parents reported for child abuse and neglect (Mandel et al., 1998), and improve classroom behavior for children with learning and behavior problems (Lonnecker et al., 1994). And finally, a videotape program is the *only* method approved by the Federal Aviation Administration (FAA) for training commercial airline crew members in critical aviation security procedures regarding hijacking and international terrorism (Federal Aviation Administration, 1998).

It appears that viewing visual materials such as a videotaped presentation can even affect basic cognitive processes. Starkes and Lindley (Starkes & Lindley, 1994) conclude that video-based training can increase the speed of some cognitive and decision-making processes, and research by Kline and colleagues (Kline, Greene, & Noice, 1990) has shown that viewing a video with violent content can decrease speed and flexibility of cognitive processing.

In comparison to traditional leader-led training activities, video-based training fares very well. Kashima and colleagues (Kashima et al., 1986) used video-based training with parents. These researchers compared the effectiveness of a video-based program to a leader-led program in showing parents how to teach social skills to their children with developmental disabilities. The results of this study indicated that parents exhibited equal attendance, participation, and understanding; demonstrated equal mastery of behavioral principles; and gave equally high evaluations of the programs. Reamer's (Reamer et al., 1998) findings of improved parenting and child behavior subsequent to video-based training also were found to generalize across non-training, tasks, settings, and parents.

Although the exact properties of videotape that make it an effective training medium are not clear, video-based training programs clearly offer a number of significant advantages over more traditional training modalities such as instructor-led training, consultant services, or computer-based programs. Thomas and Thomas (Thomas & Thomas, 1984) concluded "The most efficient medium for presenting massive amounts of information and examples is videotape." Because of the effectiveness, flexibility, consistency, ease-of-use, and resource efficiency of video-based training, it offers a logical alternative for providing families with the knowledge and skills necessary to participate more actively and meaningfully in the educational decision-making process for their children with special needs. These features increase the likelihood that a school district would select such an intervention, and subsequently implement it with fidelity.

The present study investigated the effects of one video-based training program on several important aspects of family involvement in special education decision-making; quantity of family involvement, quality of family involvement, perception of parental competence as team members, and family participant satisfaction with the special education process and resulting decisions.

It was hypothesized that family members who utilized the video-based program would exhibit significant increases in declarative knowledge about the special education process. It was further hypothesized that increased knowledge would result in more and better family participation in the initial eligibility meeting, a greater sense of competence in their role as team member; and that these family members would be more satisfied with the team meeting process, resulting decisions for their child, and with the other members of the multidisciplinary team involved in the team meeting. Though not directly tested in this study, it was further postulated that improvement in these areas ultimately would improve the overall quality of home-school relationships, and thus indirectly benefit the child.

CHAPTER III

METHODOLOGY

The purpose of this study was to investigate the effects of knowledge delivered via video-based training program format on quantity and quality of family involvement, perceptions of family participant competence, and family participant satisfaction with special education decision-making. This chapter provides a description of the research design and methodology employed in the study.

This chapter includes a review of the major research questions to be answered by this study; description of participating research subjects, including the recruitment phases and procedures and selection/exclusion criteria; discussion of the specific research design and process; delineation of the independent and dependent variables of interest, a description of the measures used; and discussion of the specific statistical analyses utilized to answer the research questions posed in the project.

Major Research Questions

Family Involvement Questions:

1. Are there differences in quantity of family participants' involvement in the initial multidisciplinary team meeting as a function of participation in a knowledge-based video training program?

2. Are there differences in quality of family participants' involvement in the initial multidisciplinary team meeting as a function of participation in a knowledge-based video training program?

Perceived Family Participant Competence Questions:

3. Are there differences in family participants' perceptions of their own competence as a contributing multidisciplinary team member as a function of participation in a knowledge-based video training program?

4. Are there differences in other team members' perceptions of family participants' competence as a contributing interdisciplinary team member as a function of participation in a knowledge-based video training program?

Family Participant Satisfaction Questions:

5. Are there differences in family participant satisfaction with the multidisciplinary team process, educational decisions, and school program or staff as a function of participation in a knowledge-based video training program?

6. Are there differences in family participants' satisfaction with the multidisciplinary team process, educational decisions, and school program or staff as a function of the quantity or quality of participation in the team process?

Subjects and Recruitment

Family Participants

The "family participants" in this study were 27 adult family members of children who had been referred for initial evaluation for special education eligibility under the criteria of the Individuals with Disabilities Education Act (IDEA). Subject selection criteria for this study specified that the referred child must: (a) be enrolled in kindergarten through fifth grade, except in cases of "community schools" where higher (secondary) grades are included, (b) not previously have been evaluated and found eligible for special education services under IDEA, and (c) attend one of the elementary or community schools participating in the present study. Additionally, family participants were those individuals who agreed to: (a) participate in the present study and signed the family participant informed consent form, (b) participate in training and assessment activities of the experimental group to which they would be randomly assigned, (c) be present at the initial multidisciplinary team (MDT) meeting where their child's eligibility for special education was to be determined, and (d) agreed to be videotaped during the initial multidisciplinary team meeting.

To reduce possible confounds arising from the extraneous effects of language comprehension and expressive communication skills, all family participants were further required to be native or highly proficient English speakers.

Family Participant Recruitment

Family participants initially were recruited by personal and/or telephone contact. To maintain strict confidentiality for the student and their family, this initial contact with potential family participants was made by a school district representative after the child had been referred in the district for initial evaluation for special education eligibility. During this initial contact these family members were provided general information about the study, including an explicit statement that there was no penalty for non-participation. In some cases prospective participants were given a brief introductory letter (Appendix A). Family members were then asked if the school district representative could give their name and telephone number to the investigator for further contact and possible inclusion in the study.

If the family agreed to have the researcher contact them, more detailed information about the project was subsequently provided to them, usually via telephone contact. This conversation included a description of possible costs and benefits associated with participation in the study, requirements for participation, and, once again, an explicit statement that there would be no penalty if they chose not to participate in the study. No family members who were referred to the researcher for contact subsequently declined participation in the project, and no participants elected to withdraw from the study after initially agreeing to participate.

In addition to the incentive of any direct benefits that they or their children might receive through participation in the project, all participating family members' names were entered into a lottery for a variety of small gifts, in exchange for their participation in the project. Additionally, family participants were allowed to keep all written materials and encouraged to utilize the accompanying 3-ring binders for organizing educational and developmental information regarding their child.

The demographic characteristics of the family participants in this study are included in Table 1. The majority of the 27 family participants were mothers of the referred children (89%), while two were fathers (7%), and one was the child's grandmother and legal guardian. The average age of family participants was 33.3 years, with a range in age from 23- to 53-years-of-age. Most family participants reported having completed "some college" (63%), while 19% reported having graduated from high school, 7% reported completing "some high school", and 11% reported having earned a 2-year college degree. Three of the family participants (11%) reported having themselves received some form of special education services when they were children.

TABLE 1. Demographic Characteristics of Family Participants (FP)

Characteristic	n	Percent of Total
FP Gender		
Female	25	93
Male	02	07
FP Relationship to Child		
Parent or step-parent	26	96
Grandparent	01	04
FP Educational Attainment		
Some high school	02	07
High school graduate or GED	05	18
Some college	17	63
2-Year college degree	03	11
FP Received Special Education as a Child		
Yes	03	11
No	24	89
FP Community Size		
Population = 10,001 - 25,000	03	11
Population = 25,001 – 75,000	24	89

Note. Some groups do not sum to 100% due to rounding.

Prior to the first multidisciplinary team (MDT) meeting, thirteen of the family participants (48%) reported that they believed their child should receive special education services, while an equal number (48%) said they were unsure whether or not their child should receive services (Table 3). Only one family participant (4%) said they did not believe their child should receive special education services. Interestingly, when asked if their child believed that he or she needed special education services, 11 of the family participants (41%) did not know whether their child believed he or she should get special services to help them resolve their current problems at school. Eight of the family participants (30%) believed their child perceived a need for additional help, while an equal number thought their child did not perceive a need for additional assistance.

Tables 2 and 3 provide information about the referred children, as well as reported perceptions about their need for special education services. The referred children averaged 7.5-years-of-age, and were in second grade. Seventeen of these children (63%) were male, while 10 (37%) were female. The family participants reported that 24 of these children (89%) had been referred for evaluation for special education eligibility because of concerns about academic performance, 8 children (30%) had been referred due to concerns about behavior, 4 (15%) for speech/language difficulties, and 1 child each (4%) for physical/medical problems and "other" concerns. Because some parents listed more than one primary referral concern, these percentages do not always sum to 100%.

In the course of data collection and coding, the researcher noted that family participants' perceptions of the primary referral problem prior to the initial team meeting did not always match that of the referring party. For example, one family participant indicated that their child was having difficulty with academic work, and was currently being evaluated by school staff for attentional problems. Later, she was shocked and dismayed in the team meeting to discover that her child had been found to qualify for special education services under the category of mental retardation. No formal data were collected on the match between educators' perceptions of student problems and parental knowledge of the referral concern of perception of the problem however.

TABLE 2. Demographic Characteristics of Referred Children

Characteristic	M	SD
Age of Referred Child	7.5	1.6
Grade of Referred Child	1.8	1.6

When asked if their child was successful at school other than the primary referral problem noted previously, 24 of the family participants (89%) reported that their child was otherwise doing well. Two of the family participants (7%) believed their child was not doing well otherwise, and one (4%) was unsure of their child's overall success in school.

TABLE 3. Child Demographics

Characteristic	n	Percent of Total
Child Gender		
Male	17	63
Female	10	37
Primary Referral Concern		
Academic	24	89
Behavioral	08	30
Speech/Language	04	15
Physical/Medical	01	04
Other	01	04
FP Perception of Child's Need		
Child needs SPED	13	48
Child does not need SPED	01	04
Unsure of child need	13	48
FP Perception of Child's Perception of Need		
Perceives needs for SPED	08	30
Doesn't perceive need for SPED	08	30
Unsure of child's perception	11	41
FP Perception of Child's General Success		
Otherwise doing well	24	89
Otherwise not doing well	02	07
Unsure	01	04

Note. Some groups do not sum to 100% due to rounding.

Participating School Districts and Schools

Participating schools were drawn from each of the four participating school districts in Western Oregon. These school districts were recruited based on geographic accessibility to the researcher and their willingness to participate in the study. Incentives to participate offered to the school districts included: (a) direct benefits to families involved in the project, and to the referred children, (b) improved relationships with families and the community as an indirect benefit of the project, (c) master packets of written materials and an intervention videotape donated to each participating school at the completion of the project for the schools' continued use, (d) the offer to write a brief article for the district newsletter upon completion of the project, and (e) the opportunity to add to the professional knowledge base about ways in which educators can better involve families in the special education decision-making process.

Tables 4 and 5 provide descriptive information about the participating school districts and schools. The school districts that agreed to participate in this study included one district in a rural community with a population of less than 10,000 people. This district joined the project late however, and did not refer any potential family participants before completion of the 1999-2000 school year. Of the three school districts that did refer family participants, one district represented a community of 10,001 to 25,000 people, and two districts were in communities with populations of 25,001 to 75,000. Participating schools ranged in size from 211 students to 447 students, with an average enrollment of 365 students. These schools averaged 40.8% of enrolled students receiving free and reduced lunch, and 11.4% of students were listed as minority.

TABLE 4. Sizes of Participating Districts and Schools

Level	Number	Percent
Participating Districts by Community Size (Total N=03)		
Population = 10,001 – 25,000	n=01	33
Population = 25,001 – 75,000	n=02	66
Participating Schools by Community Size (Total N=08)		
Population = 10,001 – 25,000	n=04	50
Population = 25,001 – 75,000	n=04	50

TABLE 5. Demographic Characteristics of Participating Schools

Characteristic	Students	Percent
Participating School -- Enrollment		
Range =	211 – 447	
Average =	365	
Participating School -- SES		
Average percent free/reduced lunch		40.8
Range of percent free/reduce lunch		16 – 56
Participating School -- Ethnicity of Students		
Average of percent minority		11.4
Range of percent minority		05 – 20

Educator Participants

Educator participants were 27 educational professionals, one per participating family, recruited from members of the multidisciplinary team involved in determining initial special education eligibility and developing the IEP for that family participant's referred child. Selection criteria required that educator participants also must have agreed to: (a) participate in the project and have signed the educator consent form, (b) be present at the initial MDT meeting where eligibility for special education services would be determined for the referred child, (c) complete the educator questionnaire immediately following the initial multidisciplinary team meeting, and (d) sign the informed consent for the MDT meeting to be videotaped.

Table 6 provides demographic characteristics for the educator participants in the study. These participants were typically the school counselor (52%) or special education teacher (44%) who served as case manager for the referred student and their family. In one case (4%), the educator participant was the school psychologist who was "standing in" for the school counselor who could not be present. All educator participants were female. Some educators served as the educator participant for more than one family.

TABLE 6. Demographic Characteristics of Educator Participants

Characteristic	n	Percent of Total
EP Gender		
Male	00	00
Female	27	100
EP Professional Role		
School counselor	14	52
Special education teacher	12	44
School psychologist	01	04

Educator Participant Recruitment

Potential educator participants were invited to participate in the study in a variety of ways. In most cases, district level administrators encouraged special education team members to participate in this project through e-mail or written communication because the administrators believed it could benefit their district and the families involved. These initial contacts were then followed-up by contacts from the researcher who described the project in greater detail, discussed research design, and answered specific questions about strategic issues or logistical concerns.

A variety of concerns surfaced during these discussions with school personnel. Some educators expressed apprehension about being evaluated based on their performance in the team meetings. Others voiced concerns about the presence of a videocamera in the MDT meeting resulting in alterations in team member behavior for those or other reasons. In anticipation of the possibility of concerns such as these, all parties (school district representatives, building administrators, family participants, and educator participants) were required to agree prior to participation in the study that the videotapes of the team meetings would not be accessible to anyone but the researcher, and would be used only for research purposes.

In some cases, the district liaison to this project also contacted the potential educator participants to encourage participation and recruitment of families who would be interested in participating. Educator participants also were offered a small incentive to participate in the present study, in the form of participation in a separate lottery with various small prizes.

Protection of Human Subjects

This study was approved by the University of Oregon Committee for the Protection of Human Subjects/Institutional Review Board (CPHS/IRB). Family and educator participants in this study were subject to the protections of the University's CPHS/IRB. Participation in this study by either family members or educators was strictly voluntary. Participants were informed both verbally and in writing that they could terminate their participation at any time without penalty to themselves, the student being evaluated for eligibility, or other team members. All participants signed the informed consent forms (Appendices B and C) prior to participation in the study.

Research Design

Design of Study

The present study utilized an experimental design with counterbalanced random assignment to experimental condition to assess the effects of a video-based training program on the quantity and quality of family participants' involvement in special education decision-making; family participants' perceptions of their own competence as contributing members of the multidisciplinary team; educator participants' perceptions of the family participants' competence as a team member; and the family participants' satisfaction with the decision-making process, decisions of the team, and resulting educational program. These constructs were assessed via multiple dependent measures and multiple sources of information.

Family participants (N = 27) were randomly assigned, within participating schools, to either the control (n = 13) or treatment condition (n = 14). Neither the family participants nor the educator participants were informed about the exact differences between treatment and control group conditions. Furthermore, educator participants were not informed about the experimental condition to which any given family participant was assigned. Keeping all participants "blind" to group membership was intended to reduce the likelihood of reactive effects.

Additionally, providing more detailed information about specific elements of the intervention or experimental conditions could have posed a substantial threat to the integrity of the research design. For example, family participants assigned to the control condition could have become frustrated or demoralized had they discovered that they had not received the intervention videotape designed to assist families in understanding and preparing for the team meeting. As a result, they might have attempted to compensate through changes in their behavior in the team meeting or on responses on the questionnaire completed afterward. Alternately, educators who were aware of assignment of particular families might have altered their behavior towards families during the team meeting, or their responses on the Educator Participant Questionnaire. These types of changes would have posed a threat to the internal validity of the study.

Subject Assignment

Table 7 illustrates the procedures for counterbalanced random assignment of family participants in this study. The counterbalancing of subject assignment across participating schools was designed to reduce the chance that there might be extraneous systematic differences between family participant or educator participants at different participating schools that might affect the critical outcomes of the study. To reduce this threat, subjects were randomly assigned within participating schools within their districts. For example, in district number 1, school number 1, the first family participant was assigned to the treatment group. Subsequent families were then assigned to control, treatment, control, treatment on an alternating basis. In district number 1, school number 2, the first participating family was assigned to the control condition, with subsequent groups assigned in alternating fashion to treatment, control, treatment, etc. In district number 2, school number 1, assignment began with control, and so forth.

TABLE 7. Subject Assignment Procedure

Order of Family Participant Assignment Within Schools Within Districts				
District 1:				
	School 1:	#1 = Treatment	#2 = Control	#3 = Treatment
	School 2:	#1 = Control	#2 = Treatment	#3 = Control
	School 3:	#1 = Treatment	#2 = Control	#3 = Treatment
District 2:				
	School 1:	#1 = Control	#2 = Treatment	#3 = Control
	School 2:	#1 = Treatment	#2 = Control	#3 = Treatment
	School 3:	#1 = Control	#2 = Treatment	#3 = Control
District 3:				
	School 1:	#1 = Treatment	#2 = Control	#3 = Treatment
	School 2:	#1 = Control	#2 = Treatment	#3 = Control
	School 3:	#1 = Treatment	#2 = Control	#3 = Treatment

Group Equivalence

In order to reduce the likelihood that results and conclusions were a function of systematic selection bias, it was necessary to assess pre-intervention equivalence of the treatment and control groups. This was accomplished by having all family participants complete a brief questionnaire (Appendix F) and a Knowledge Pre-Test (Appendix G) immediately after signing the informed consent forms (Appendix B).

This initial questionnaire included questions about demographic characteristics of the family participant, such as age, gender, highest level of educational attainment, and self-perceptions of knowledge and skills regarding participation in an educational team. The questionnaire also solicited information about their child who has been referred for evaluation. These items including questions about the child's age, grade level and type of problem that resulted in the referral for assessment (e.g., academic, behavioral, medical, etc.). The pre-intervention knowledge test (Appendix G) also was completed at this time to determine their baseline knowledge about special education eligibility and the multidisciplinary team process. Tables 8 and 9 provide pre-intervention demographic information about the two experimental groups for comparison.

When these characteristics were analyzed using individual one-way analyses of variance (ANOVA), no statistically significant pre-intervention differences were found between the treatment and control groups on family participant age or level of education, score on the knowledge pre-test, the referred child's age or grade level, or a variety of other dimensions.

TABLE 8. Pre-Intervention Group Demographics

	GROUP			
	Control (n=13)		Treatment (n=14)	
Variable	M	SD	M	SD
Child Age	7.1	1.4	7.9	1.7
Child Grade	1.2	1.2	2.4	1.8
Family Participant Age	32.4	8.5	34.1	6.1
Knowledge PreTest Score	1.0	1.1	1.3	1.9

Note. No statistically significant differences at $p \leq .05$.

Because of the small sample size in this study, homogeneity of variance was of particular concern. In all analyses, group results were tested for homogeneity of variance and found to meet this statistical assumption. The F statistic included in these and subsequent ANOVA tables is equivalent to the computed value of the t test (t), and may be interpreted in the same manner.

TABLE 9. Pre-Intervention Group Demographics

Variable	Control (n=13) Number	Control (n=13) Percent	Treatment (n=14) Number	Treatment (n=14) Percent
Family Participant Gender				
Male	01	08	01	07
Female	12	92	13	93
Family Participant Education				
Some High School	01	08	01	07
High School Grad/GED	04	31	01	07
Some College	07	54	10	71
2-Year College Degree	01	08	02	14
FP Special Education as Child				
Yes	02	15	01	07
No	11	85	13	93
FP Perception of Child General Success				
Otherwise Doing Well	12	92	12	86
Otherwise Not Doing Well	00	00	02	14
Unsure	01	08	00	00
FP Perception of Child Need				
Child Needs SPED	05	38	08	57
Child Does Not Need SPED	01	08	00	00
Unsure of Child Need	07	54	06	43

TABLE 9. Pre-Intervention Group Demographics continued

Child Gender				
Male	08	62	09	64
Female	05	38	05	36
FP Perception of Child Perception of Need				
Perceives Needs for SPED	04	31	04	29
Doesn't Perceive Need for SPED	03	23	05	36
Unsure of Child's Perception	06	46	05	36

Note. No statistically significant differences between groups at $p \leq .05$.
Note. Some groups do not sum to 100% due to rounding.

Materials and Procedures

Intervention Materials

After participating family members completed the informed consent forms, the general information questionnaire, and the knowledge pre-test, both experimental groups then received a 3-ring binder containing generic educational and parenting information of general interest to families of children with special needs (e.g., homework help, study tips, parents' rights, etc.). The family participants were told to make use of whatever written materials they found to be relevant and useful as they prepared for their child's MDT meeting.

Additionally, family participants assigned to the treatment group received an 18-minute VHS videotape titled, "Welcome To Your First Team Meeting!" (Appendix D) and corresponding written study materials (Appendix E). These materials were designed to help family members prepare for their role in the initial multidisciplinary team meeting where their child's eligibility for special education services would be determined. Family participants in this group were asked to view the videotape and complete the accompanying preparation materials prior to attending their child's MDT meeting. Each family participant assigned to the treatment group reported having immediate access to a VHS player and television with which they could watch the intervention videotape.

Treatment Integrity

Immediately prior to the initial MDT meeting, all family participants were asked to complete a knowledge post-test (Appendix G) to see if there had been an increase in their level of basic information about the special education decision-making process, the initial multidisciplinary team meeting, and their rights and responsibilities as parents or legal guardians. This test included four fill-in-the-blank type questions requiring production responses, and one multiple-choice selection type question. It was hypothesized that participants in the treatment group would show significant increases from pre-test to post-test on this measure of declarative knowledge.

In addition to assessing acquisition of target knowledge, this measure was designed to assess treatment integrity. It was hypothesized that greater gains in declarative knowledge from pre- to post-test for the treatment group would indicate that these subjects had done something differently during the preparation process, namely, watched the intervention videotape.

Additionally, treatment integrity was assessed more directly through self-reports of family members on the Family Participant Questionnaire. Here these subjects reported the amount of time spent in preparation. Family participants assigned to the treatment condition also reported how much of the videotape they watched, and how much of the accompanying written materials they had used in preparation for the MDT meeting.

Videotaping

During the MDT meeting, quality and quantity of verbal interactions of the family participants were recorded using a VHS videocamera. The videocamera was set to record, then left to run unattended during the team meeting. This recording modality was utilized in hopes of best addressing and reducing the likelihood of reactivity. These videotaped family participant verbal interactions were later coded by a research assistant who had been trained to a reliability standard of at least 90% agreement with the researcher. To reduce unintended rater bias, this coder was "blind" to the exact nature of the intervention, as well as to the family participants' assignment to treatment or control condition.

Due to technical difficulties, one multidisciplinary team meeting was not successfully videotaped. Therefore, behavioral data available in this study reduced sample size to 26 for any analyses including these data.

Participant Questionnaires

Immediately following the initial MDT meeting, family participants and educational participants each completed a brief questionnaire (Appendices H and I) about the family participants' involvement in the meeting, family participant competence as multidisciplinary team members, and participant satisfaction with the process and results of the team meeting.

Variables and Measures

Independent Variables

The independent variables of interest in this study were declarative knowledge, and the preparation and training for multidisciplinary team participation. A video-based intervention package was developed in order to operationally manipulate these variables. This intervention package included a videotape and accompanying written materials. The effect of this intervention on dependent measures was investigated.

"Welcome To Your First Team Meeting!" is an 18-minute VHS videotape training program developed by the researcher specifically for this project (Appendix D).

This video includes several important components, including: (a) the training objectives for the videotape, (b) a brief rationale for family involvement in the special education team process, (c) an outline of the process and phases of the initial evaluation for special education eligibility, (d) a discussion of the important questions that are answered during the initial multidisciplinary team meeting, (e) guidance on how family members can collect and organize important developmental and educational information about their child, and (f) suggested methods for sharing that information at the multidisciplinary team meeting.

The training videotape was accompanied by a corresponding set of written materials. This “Family Training Packet” (Appendix E) contains an advance organizer and a worksheet, in addition to the handouts on various topics related to parenting and education included in the packet given to the control group. The advance organizer for the video includes questions to be answered as the family participant watches the intervention videotape. This form is intended to structure family participant viewing for maximum retention of critical information. The family report form worksheet is designed to assist family members as they prepare for the meeting by stimulating and structuring information to be reported.

These materials were provided to family participants in a 3-ring notebook binder with tabbed divider pages that could later be used to develop and maintain a file of reports and records pertaining to their child.

Some training programs have been designed to target improvement of the quality of IEP or IFSP goals and objectives (Hamilton, 1995). However, little information exists to support a positive functional relationship between these written documents and the child's special education program and services (Smith, 1990). The same is true regarding individual planning for adults with disabilities (Stancliffe, hayden, & Lakin, 1999). Research by Gelzheiser and colleagues (Gelzheiser, McLane, Meyers, & Pruzek, 1998) found that the presence of an IEP with accurately identified needs did not predict delivery of appropriate services.

The current intervention focused on improving the family participant's declarative knowledge prior to the team meeting, and thereby observable behaviors during the team meeting, and self-perceptions during and after the team meeting. If families are to be advocates for their children, they must be actively involved decision-makers (Bailey et al., 1998). Thus the focus on verbal behaviors and perceptions of competence was based on the hypothesis that these are components of a larger constellation of family "advocacy skills" that are more directly related to the long-term quality of educational programming and care provided to the child with special needs.

Dependent Variables

The primary dependent variables measured in this study were: (a) quantity of family member participation in the initial MDT meeting, (b) quality of family member participation in the MDT meeting, (c) perceptions of family member competence as a member of the multidisciplinary team, and (d) family participant satisfaction with team process and decisions. Secondarily, changes in declarative knowledge were assessed to determine impact of the videotape on family participants' basic information, as well to evaluate treatment integrity of the intervention package.

Whenever possible, dependent variables were assessed using multiple methods of inquiry and collected from multiple sources (Campbell & Fiske, 1959; Cook & Campbell, 1979). For example, family member participation was assessed via direct observation of behavior, self-reports from the family participants themselves, and by report of the educator participants who were present at the meeting. This multisource-multimethod approach was utilized in order to provide information about criterion-related validity of each of the other measures, as well as to directly measure the perceptions of the parties involved in the meeting. Although it is always possible, even probable, that perceptions may not exactly match observed behavior, it was hypothesized that these differences would be less prominent than any differences between the treatment and control groups.

Additionally, in intervention work, it may be as important to change perceptions of the target behavior as it is to make statistically significant changes in the behavior itself. Taking some liberty with the old saying, If a tree falls in the forest but nobody perceives that the tree has fallen, did the tree really fall? Or... would anyone care that the tree fell?

While statistical significance of changes is necessary, it is not sufficient to judge an intervention as successful. Social validity is one of the key criteria for evaluating usefulness of interventions (Bahr, 1994; Kazdin, 1977; Shapiro, 1987; Wolf, 1978). Perceptual changes comprise one important aspect of the construct of social validity -- consumer perception of meaningful change. In the case of this study, changes in the perceptions of both family participants and educator participants were targeted as desired outcomes and were assessed via questionnaires.

Dependent Measures

Family Participant Questionnaire

The Family Participant Questionnaire (Appendices H and I) is a brief questionnaire administered to all family participants immediately following the initial MDT meeting. This tool was designed by the researcher to operationally assess the family participant's preparation for the MDT meeting, perceptions of their own participation as a team member, satisfaction with the team process and decisions, and their satisfaction with their child's school and school program. The questionnaire includes 26 items constructed in a 5-step Likert scale format (scores ranging from 1 to 5), with low scores being more desirable. These questions were designed to specifically assess self-perceptions on the dimensions of quantity of involvement, quality of involvement, perceived competence, and satisfaction. Family participants also were asked to report the amount of time spent in preparation for the MDT meeting.

For those family members assigned to the treatment group, an additional 8 questions pertaining to treatment integrity and evaluation of treatment materials were included in the questionnaire. For example, family participants were asked to report how much of the training videotape they watched and how much time they spent interacting with the accompanying written training materials. These questions are a combination of Likert-type items, multiple choice questions, and open-ended questions such as, "What was the most useful part of the videotape?" Family participant responses to these items will be used as formative feedback to guide future revisions of the intervention materials, packaging, or presentation.

Educator Questionnaire

The Educator Questionnaire (Appendix J) is a 26-item questionnaire administered to all educator participants immediately following the initial MDT meeting. Designed to mirror the Family Participant Questionnaire, this tool utilizes a 5-step Likert scale construction with questions paralleling those asked of family participants. Again, low scores are more desirable.

Also developed by the researcher for the present study, this questionnaire was designed to assess how the educator team members perceived family member participation in the team meeting process, family participant competence as multidisciplinary team members, family participant satisfaction, and their own satisfaction with the MDT meeting and resulting decisions.

Behavioral Recording/Observation

During the initial MDT meeting, verbal behaviors of the family participants were recorded by videotape for later coding. Despite concerns about subject reactivity to the presence of a video camera, videotaping was chosen over live observation for a variety of reasons: (a) issues of confidentiality, (b) less reactivity than a live observer, (c) opportunities for less intrusively calculating interrater agreement, (d) ability to reliably code multiple important behaviors, and (e) the possibility of post hoc analysis of behaviors not originally targeted by this study. As Lareau (Lareau, 1989, p. 190) noted, videotaped observations offer "a form of insurance on the accuracy and comprehensiveness of data, collected in the face of shifting intellectual concerns." As both treatment and control groups were videotaped, it was hypothesized that reactivity affects, if any occurred, would be similar across experimental groups. Both the researcher and the research assistant coding the videotapes noted behaviors during the meeting that indicated little awareness of, or minimal concern for, the presence of the videocamera.

The videotaping of observations was another of the assessment tools utilized to measure changes in quantity and quality of the family participants' verbal behaviors during the team meeting.

Training of Data Coder

One research assistant coded all 26 videotapes (videotape data was not available on one subject due to technical difficulties) from this project. Because this data coder was a veteran educator who was familiar with educational terminology and the MDT process, she was able to more quickly interpret the educational language and discern response types. After approximately 2 hours of training on coding example videotapes, interrater agreement with the principal investigator exceeded 96% on each of the three major categories of verbal behavior (Total Utterances, Total Elicited, Total Volunteered). Because of the paucity of behavior in some subcategories, calculating interrater agreement was meaningless (e.g., there were only two examples of elicited questions in all 26 recorded observations).

Interrater agreement was then assessed on every fifth videotape (19%) throughout the coding process. The average interrater agreement for Total Utterances was 98%, with a range of 95% to 100%. Average interrater agreement on the two major categories (Total Elicited Utterances and Total Volunteered Utterances) was 97%, with a range from 91% to 100%.

Coding Procedures

After all MDT meetings had been videotaped, the trained research assistant watched the videotapes and manually recorded the frequency of verbal utterances by family participants utilizing the Interaction Observation Form (Appendix K). In addition to counting overall frequency of verbal interactions, the research assistant further determined whether these observed utterances were questions or statements, and whether they were "emitted" or "elicited."

Emitted verbal behaviors included those statements that were volunteered by the family participants (e.g., descriptions of their child's present level of performance) as well as volunteered questions (e.g., requests for clarification or additional information). Elicited utterances included those verbal behaviors of the family participants that were responses to questions by other non-family team members (e.g., answering questions about their child's favorite activities). Throughout the videotape coding process, the research assistant utilized a list of decision rules to guide decisions on coding more difficult or subtle interactional differences.

The final product of coding these videotaped observations was a frequency count of total utterances, total elicited utterances, total emitted utterances, total elicited questions, total elicited statements, total emitted questions, and total emitted statements.

After this information was coded, all totals were standardized to a frequency count per hour to adjust for the varying lengths of MDT meetings.

The separation of total verbal behaviors into emitted versus elicited verbal behaviors comes from the work of Bergan and Kratochwill (Bergan & Kratochwill, 1990) who used this as one dimension in their assessment of the interactions between consultants and consultees in clinical settings.

Hypotheses

It was hypothesized that participation in the intervention group would result in gains in declarative knowledge that would in turn result in greater quantity and quality of family participants' verbal behaviors during the team meeting, improved self-perceptions of competence as contributing team members, and increased satisfaction with the team meeting process and resultant decisions.

Statistical Analyses

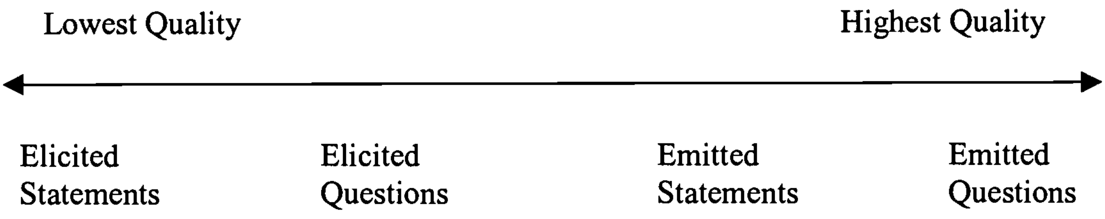
Scores

The 26 primary items from the Family Participant Questionnaire and the 26 items from the Educator Participant Questionnaire are grouped into five general clusters: Quantity of Interaction, Quality of Interaction, Perceptions of Competence, and Family Participant Satisfaction.

Behavioral observations recorded by videotape and coded manually also address the areas of Quantity and Quality of Interaction, and provide cross-validation data.

The Quantity of Interaction cluster includes items number 1 through 3 on the Family Participant Questionnaire. These three items address the frequency, or perceived frequency, of interactions during the MDT meeting by the family participants. This construct also was assessed from the perspective of the educator participants by items 1 through 3 on the Educator Participant Questionnaire. In both cases, the minimum possible score was 3 and the maximum score was 15 (Likert scale with a range of 1 to 5 on each item). The third method of assessing this construct was through frequency counts of the verbal behavior of family participants as observed on the videotapes of the MDT meeting.

The Quality of Interaction cluster includes items 4 through 11 on both the Family Participant Questionnaire and the Educator Participant Questionnaire. The minimum possible score on this cluster was 4 and the maximum was 40. This construct was assessed by differentiating observed behaviors into the subcategories of emitted or elicited, then standardized for purposes of comparison by determining the percent (proportion) of total utterances that was emitted (volunteered) for each group. There was hypothesized to be a qualitative difference between interactions initiated by the family participant, versus those in which the family participant simply responded to educator comments or questions. A simple continuum of quality of verbal interactions was used:



This continuum reflects the researcher's postulation that asking questions involves more active and meaningful engagement than simply acknowledging the statements of others. It is further postulated that all types of interactions are important at different points in a collaborative process, and thus a mixture of types of interactions may be preferable to a single type. This continuum was developed in direct response to previous findings that families are often unquestioning, passive recipients of educator information (Bell-Nathaniel, 1979; Goldstein et al., 1980; Marion, 1980; McLaughlin & Shields, 1987; Vaughn et al., 1988).

Perceptions of the competence of family participants as contributing members of the multidisciplinary team was collected from 12 items on each of the two participant questionnaires. Family participants reported self-perceptions of competence on items 4 through 15 on the Family Participant Questionnaire, and educator participants reported their perceptions of the family participants' competence on matching items on the Educator Participant Questionnaire. Once again, low scores are desirable on each of these items.

The Parental Satisfaction cluster includes items 16 through 26 on the Family Participant Questionnaire. These 11 items are intended to assess the family participants' perceptions of their relationship to their child's school and educational program in general, and the special education team and process in specific (minimum score = 11, maximum score = 55).

The Treatment Integrity cluster includes either 1 item or 3 items (depending on the treatment group) intended to assess the amount of interaction family participants had with the training materials. Both treatment and control subjects were asked how much time they spent preparing for the team meeting. Family participants in the treatment group also were asked how much of the videotape they watched, and how much of the written materials they had used in preparation for the MDT meeting. This assessment was necessary to insure that the intervention package had been an active factor, and that the observed treatment effects were not minimized by those subjects who may not have utilized the materials.

The Family Participant Questionnaire for the treatment group also included a section for feedback about the training materials. These qualitative questions focused on which portions of the intervention package had been most useful as family participants prepared for the team meeting, and which components needed to be revised. This information will be used in revising and improving the intervention materials for future use.

Data Analyses

Reliability

The dependent measures utilized in this study were developed by the researcher specifically for this project and did not have previously established technical characteristics. Salvia and Ysseldyke (Salvia & Ysseldyke, 1991, p. 142) note the importance of evaluating the technical adequacy of assessment tools, and provide general guidelines for reliability. These authors propose that a minimum reliability of .60 should be the standard when scores are to be reported for groups of individuals. This criterion appears to apply to use and purpose of the dependent measures in this study. The suggested reliability standard for measures reporting group data is lower than the reliability standards for assessment tools used to make important decisions about individual students (.90) or even the standard for screening measures (.80), due to the differential consequences potentially associated with the different uses of each. At no time was the data from this study utilized to make decisions about students or their families.

Three methods for increasing the reliability of the measurement of constructs are: (a) using multiple-methodologies to collect information, (b) collecting information from multiple informants, and (c) aggregating individual scores from observation and questionnaire measures into cluster scores (e.g., Quantity of Participation, Quality of

Participation, Satisfaction, etc.). All three of these techniques were utilized in the present study to strengthen assessment conclusions.

Internal consistency is one method of evaluating the reliability of an assessment tool. The reliability of the Family Participant Questionnaire and Educator Participant Questionnaire were quantitatively evaluated by computing the internal consistency of individual items utilizing coefficient alpha methodology.

The internal consistency on all 4 score clusters (Quantity, Quality, Competence, and Satisfaction) on each of the dependent measures (Educator Participant Questionnaire and Family Participant Questionnaire) exceeded the criteria set forth by Salvia and Ysseldyke (Salvia & Ysseldyke, 1991, p. 142). Coefficient alpha for these clusters ranged from .67 to .93 with a median alpha of .86. Table 10 provides more detailed information on the internal consistency of the nine cluster scores used to answer the major research questions in this study.

TABLE 10. Internal Consistency of Cluster Scores

Cluster	Coefficient Alpha
Quantity of FP Involvement	
Family Participant Questionnaire (QuantFQ)	0.88
Educator Participant Questionnaire (QuantEQ)	0.68
Quality of FP Involvement	
Family Participant Questionnaire (QualFQ)	0.87
Educator Participant Questionnaire (QualEQ)	0.73
Competence of FP	
Family Participant Questionnaire (CompFQ)	0.90
Educator Participant Questionnaire (CompEQ)	0.86
Satisfaction of FP	
Family Participant Questionnaire (SatisFQ)	0.93
Educator Participant Questionnaire (SatisEQ)	0.67
Satisfaction of EP	
Educator Participant Questionnaire (EPSatisEQ)	0.83

The internal reliability of the QuantEQ cluster was found to be weakened by Item 1 on the Educator Questionnaire. Without this item, the overall coefficient alpha for this cluster would have increased to .85. The SatisEQ cluster had similar level of internal reliability. However, in this case the scale items were equally contributory, and no single item accounted for the lower coefficient alpha.

Overall, the internal reliability of both of these questionnaire measures met or exceeded the aforementioned criteria for use in reporting group results.

Validity

Although reliability is a necessary ingredient of technical adequacy, by itself it is not sufficient. Validity is another important component of technical adequacy. In order to provide evidential support for the validity of the dependent measures in this study, multiple informants (i.e., family members, educators, and neutral well-trained behavioral observers) were queried, and multiple measures (i.e., family member questionnaires, educator questionnaires, and behavioral observations) were utilized. Correlations across informants and methods provided independent information about the concurrent criterion-related validity of results from each data source. It was expected that there would be at least moderate correlations across the data obtained from each of these different sources. These correlations would be expected to be negative between results from the behavioral measures and questionnaires, and positive between the two questionnaires, as high scores are desirable on the behavioral measures and low scores are desirable on the questionnaires.

Messick (Messick, 1975, 1986, 1988) however provided the classic discussion of the importance of considering not only the evidential bases for the validity of an assessment tool or procedure, but also of evaluating the consequential bases. In addition to the standard technical definitions of face validity, content validity, concurrent and predictive criterion-related validities, and construct validity, test authors and test users must consider the consequences of usage of a particular test or reporting the scores derived from the test (American Educational Research Association, American Psychological Association, & National Council on Measurement in Education, 1985).

In keeping with professional standards of practice, it is important that assessment results be utilized in such a way as to first, do no harm, and second, be appropriately interpreted and used to benefit students. The individual data collected in this study was not reported in this final analysis, nor was any individual or identifying data reported to the participating families or schools. Maintaining strictest standards of confidentiality was intended to eliminate the chance that comparisons of individual teachers or families could result in harmful consequences for either party.

On the other hand, if group results indicated that the experimental group showed significantly positive gains over the control group on measures of interest, this information would support the conclusion that interventions such as video-based training may be an effective and efficient method of delivering information vital to increasing meaningful family involvement in special education decision-making. This information could provide significant potential benefits to researchers, practitioners and families alike.

Treatment Effects

Scores from the two experimental groups on each of the three quantitative clusters were analyzed using analysis of variance techniques, either univariate analysis of variance (ANOVA) or multivariate analysis of variance (MANOVA). These analyses were employed in order to determine if there were significant differences between the mean scores for treatment and control group samples, thus answering the 6 major research questions in this study. When appropriate, MANOVA was utilized to control for inflation of experimentwise Type I and Type II error rates (also known as *probability pyramiding*) and to take into account the correlation among dependent variables (Haase & Ellis, 1987). Following determination of significance in the MANOVA model, univariate analyses were evaluated. In all cases, the assumption of homogeneity of variance for the experimental groups was confirmed prior to pursuing further statistical analyses.

A positive main effect of treatment was predicted in regard to research questions 1 through 5. That is, it was hypothesized that participation in the treatment group would result in increased declarative knowledge, and subsequently in increased quantity and quality of family participants' verbal interactions with the multidisciplinary team, increased self-perceptions of competence, increased perceptions of family participant competence among educator participants, and increased family participant satisfaction with team process and products.

A positive main effect of participation also was predicted in regard to research question number 6. That is, it was hypothesized that family participant satisfaction would increase as participation increased. No interaction effects were predicted in this study.

CHAPTER IV

RESULTS

The purpose of this study was to investigate the effects of a video-based training program on quantity and quality of family involvement, perceptions of family participant competence as team members, and family participant satisfaction with special education decision-making. This chapter provides a detailed description of the results of the statistical analyses on the data, with specific attention paid to the six major research questions posed at the outset.

Statistical analyses of the data were conducted utilizing the Statistical Package for the Social Sciences version 10.0.5 (SPSS, 1999) on an IBM-compatible personal computer. Results were derived from family information questionnaires, written knowledge tests, behavioral observations during the MDT meeting, and questionnaires completed by family participants and educator participants immediately following the MDT meeting.

Pre-Intervention Group Equivalence

To confidently conclude that an intervention was effective, one must have experimental groups that are equivalent in relevant ways prior to receiving the intervention in question. In order to evaluate the possibility of pre-intervention differences between subjects in the control and treatment groups in the present study, individual one-way analysis of variance (ANOVA) analyses were conducted on family participant reports of their age, highest level of education, whether they had received special education services as a child, their pre-intervention belief about whether or not their child should receive special education services, their child's age and grade, and the family participant's perception of their child's overall success in school other than with regards to the referring problem. One-way ANOVA was also conducted on Pre-Test Knowledge scores. There were no significant ($p \leq .05$) pre-intervention differences between these two groups on any of these dimensions (refer to Tables 8 and 9).

Treatment Integrity

In order to better ensure that any post-intervention differences found between the experimental groups were attributable to use of the intervention package, family participants assigned to the treatment group were asked how much of the video they watched, and how much of the written study materials they used. Table 11 summarizes the self-report of utilization of intervention materials by family participants assigned to the treatment group.

Ninety-two percent of the treatment group subjects reported having watched all of the videotape, while only one subject reported watching none of the videotape. 61% of the treatment group reported they had also used all or most of the written study materials, 38% reported using some, and none of the treatment group subjects reported that they had not used any of the written study materials. Family participant reports of use of written study materials would likely have been higher except that some respondents reported confusion in the wording of the question. Several thought that the question referred to all written materials (including the generic educational and parenting information received by all subjects), and thus were noting that they had not read all of the written materials contained in the binder. Family participants assigned to the control condition were not asked these two questions.

TABLE 11. Reported Use of Intervention Materials by Treatment Group

	Videotape		Written Materials	
	Number	Percent of Total	Number	Percent of Total
All	12	92	02	15
Most	00	00	06	46
Some	00	00	05	38
None	01	08	00	00

Note. Total Treatment Group n=13.

All family participants were asked how much time they spent preparing for the team meeting. Self-reports of the amount of time spent in preparation for the initial team meeting were analyzed utilizing univariate ANOVA and yielded no significant ($p \leq .05$) differences. (see Table 12).

TABLE 12. Meeting Preparation Time by Group

	GROUP			
	Control (n=13)		Treatment (n=14)	
Variable	M	SD	M	SD
Time Spent in Preparation	2.5	1.4	3.4	1.6

Note. No statistically significant differences at $p \leq .05$.

Major Research Questions

Family Involvement Questions

Question 1: Are there differences in quantity of family participants' involvement in the initial multidisciplinary team meeting as a function of participation in a knowledge-based video training program?

The question of quantity of family involvement was addressed through analysis of quantitative data collected via two different methodologies from three different sources; videotaped behavioral observations, Family Participant Questionnaires, and Educator Participant Questionnaires. In coding verbal behavior that occurred during the MDT meeting, quantity of involvement was assessed in terms of frequency counts of overall verbal behavior (total utterances), as well as frequency counts of those total utterances broken into two major categories (total emitted or volunteered utterances, and total elicited or responsive utterances). Three items from each of the Questionnaires were used to assess perceptions of the quantity of the family participants' involvement in the MDT meeting. It was hypothesized that participation in the video-based training intervention would result in higher levels of both observed and reported quantity of family involvement, than would participation in the control condition.

Multivariate analysis of variance (MANOVA) procedures were utilized to assess differences between the treatment and control group means on the combination of the three dimensions of quantity of family involvement; observed, self-report of family participants, and report of educator participants. The independent variable in this analysis was the randomly assigned experimental condition of family participants. The dependent variable was quantity of involvement. This construct was operationalized as: (a) quantity of recorded verbal behavior, (b) responses on "quantity" items on the Family Participant Questionnaire, and (c) responses on "quantity" items on the Educator Participant Questionnaires.

The recorded behaviors included three types of verbal behavior, the total number of utterances made by the family participant during the meeting (FPTUrate), the total number of volunteered utterances (FPTVrate), and the total number of solicited utterances (FPTSrate). The raw frequency counts of these behaviors were converted to rates per hour for the purpose of creating a standardized metric across 26 meetings with different lengths (range = 19 to 75 minutes). The dependent variables also included self-report by the family participants of their frequency of participation in the meeting (QuantFQ), and reports by the educator participants of their perception of the quantity of family interactions (QuantEQ).

The n for the control group was 13, however one meeting was not taped due to technical difficulties. This accounts for the n of 12 in behavioral observations for this group. Table 13 summarizes the results of the univariate tests of quantity of involvement measures. The Eta Squared is included as appropriate in this and subsequent tables. This statistic represents the magnitude of the relationship in these tests.

TABLE 13. Quantity of Involvement in MDT by Group

	Group (N=26)						
Variable	Control (n=12)		Treatment (n=14)				
	M	SD	M	SD	Sig.	Eta Sq	Adj R Sq
FPTUrate	115.07	50.87	172.03	40.14	.004	.298	.269
FPTVrate	48.67	30.22	71.64	22.39	.036	.171	.136
FPTSrate	66.40	24.43	100.38	29.18	.004	.297	.268
QuantFQ	7.75	2.14	5.71	2.09	.022	.200	.167
QuantEQ	6.92	2.19	6.07	1.68	.278	.049	.009

Results of the analyses indicated that family participants assigned to the treatment group exhibited significantly higher rates of verbal interaction during the initial MDT meeting than did those family participants assigned to the control group, when assessed by behavioral observation or self-report of the family participant. Though group means were different in the predicted direction on all measures, these differences on quantity of involvement were not significant ($p \leq .05$) when assessed by report of the educator participants (QuantEQ).

Question 2: Are there differences in quality of family participants' involvement in the initial multidisciplinary team meeting as a function of participation in a knowledge-based video training program?

The question of quality of family involvement also was addressed through analysis of quantitative data drawn from videotaped behavioral observations, Family Participant Questionnaires, and Educator Questionnaires. Regarding verbal behavior during the team meeting, quality of involvement was assessed by calculating and comparing the proportion (percentage) of total utterances that were *volunteered*. Based on the continuum of verbal interactions described previously, the higher the percentage of total utterances that were *volunteered*, the higher the quality of verbal interactions with the team.

Additionally, eight items from each of the questionnaires were used to assess participant perceptions of the quality of the family participants' involvement during the MDT meeting. It was hypothesized that participation in the treatment group would result in increases in observed and reported quality of family involvement.

Again, multivariate analysis of variance (MANOVA) procedures were utilized to assess differences between the treatment and control groups on each of the three dimensions of quality of family involvement; observed behavior, self-reported behavior of family participants, and report of educator participants. The independent variable in this analysis was assigned experimental condition of the family participant. The dependent variable was quality of involvement. This construct was operationalized using three measures: (a) observed behaviors, the proportion (percentage) of the total number of utterances made by the family participant during the meeting that were volunteered utterances (FPQual), (b) self-report by the family participants of the quality of their participation in the meeting (QualFQ), and (c) reports by the educator participants (QualEQ). Table 14 summarizes the results of the univariate analyses of quality of involvement measures.

TABLE 14. Quality of Involvement in MDT by Group

Variable	Control (n=12)		Treatment (n=14)				
	M	SD	M	SD	Sig.	Eta Sq	Adj R Sq
FPQual	40.22	9.32	41.76	9.26	.677	.007	-.034
QualFQ	19.67	4.42	14.79	5.01	.015	.222	.189
QualEQ	19.08	4.21	17.14	3.68	.221	.062	.023

Note. Total N = 26 because videotape data was not available for one control subject.
Note. MANOVA multivariate tests using Pillai's Trace was not significant for this model (F = 2.234, df = 22.000, Sig. = .113).

Results of these statistical analyses indicated that although differences between group means on quality of involvement were different in the predicted direction, and univariate tests indicated significance for the family participants' perception of quality, these differences were not statistically significant ($p \leq .05$) in the MANOVA multivariate tests. The multivariate model may not have been significant due to correlation between the dependent variables. Univariate tests were included here because this study is exploratory in nature, and these results may provide helpful hints that could guide future research efforts.

Perceived Family Participant Competence Questions

Question 3: Are there differences in family participants' perceptions of their own competence as a contributing multidisciplinary team member as a function of participation in a knowledge-based video training program?

Question 4: Are there differences in other team members' perceptions of family participants' competence as a contributing interdisciplinary team member as a function of participation in a knowledge-based video training program?

The questions of perceptions of family participant competence were assessed through analysis of self-reports on the Family Participant Questionnaires and responses on the Educator Participant Questionnaires. Responses on 12 items from each of the questionnaires were used to assess perceived competence.

It was hypothesized that participation in the treatment group would result in higher levels of perceived competence as self-reported by family participants, than participation in the control condition. It also was hypothesized that educator perceptions of parental competence would also be higher for those family participants assigned to the treatment condition, than for family subjects assigned to the control condition. There was concern however, that increased participation and self-advocacy behaviors on the part of family participants might result in some frustration on the part of educators if it were perceived as threatening the status quo of power in the team meeting. If this were the case, it would be consistent with findings that meetings have historically focused on what professionals want for the individual rather than accommodating the goals of the individual (Butterworth, Steere, & Whitney-Thomas, 1997; Mount, 1992).

Once again, multivariate analysis of variance (MANOVA) was utilized to evaluate differences between the treatment and control groups on both measures assessing perceptions of family participant competence. The independent variable in this analysis again was assignment to experimental condition. The dependent variable was perceived competence. This construct was operationalized as: (a) self-reports of competence from the family participants (FCompFQ), and (b) reports from the educator participants of their perception of family participant competence (FCompEQ). Table 15 summarizes the results of the MANOVA univariate tests of family participant reports of their own competence as well as the corresponding reports from educator participants.

TABLE 15. Perceptions of Family Participant Competence

Variable	Control (n=12)		Treatment (n=14)				
	M	SD	M	SD	Sig.	Eta Sq	Adj R Sq
FCompFQ	27.77	6.07	20.64	6.64	.008	.252	.222
FCompEQ	26.38	6.24	22.64	4.97	.096	.107	.071

Note. Total N = 27 for analyses including only written materials.

Results of this analysis indicated that although group means on perceptions of family participant competence as a team member were different in the predicted direction, once again these differences were significant ($p \leq .05$) only for the self-reports of family participants. The educator participants' perceptions of family competence were not significantly different between groups.

Family Participant Satisfaction Questions

Question 5: Are there differences in family participant satisfaction with the multidisciplinary team process, educational decisions, and school program or staff as a function of participation in a knowledge-based video training program?

This question of family participant satisfaction was assessed through analysis of self-reports on the Family Participant Questionnaire. Responses to 11 items from the questionnaire were used to assess the family participants satisfaction with their participation in the team meeting, structure and process of the meeting, decisions made in the meeting, and their relationship with the school and staff. It was hypothesized that participation in the treatment group would result in higher levels of self-reported satisfaction, than participation in the control condition.

Univariate analysis of variance (ANOVA) was utilized to assess differences between the treatment and control groups on family participant reports of satisfaction. The independent variable in this analysis again was assignment to experimental condition. The single dependent variable was the self-report of satisfaction by the family participants (FSatisFQ). Table 16 summarizes the results of the analysis of family participant reports of their satisfaction.

TABLE 16. Family Participant Report of Satisfaction by Group

Variable	Control (n=13)		Treatment (n=14)				
	M	SD	M	SD	Sig.	Eta Sq	Adj R Sq
FSatisFQ	19.23	6.70	17.79	6.08	.562	.014	-.026

Note. Total N = 27 for analyses including only written materials.

Results of this analysis indicated that there were no statistically significant differences between treatment and control group on reports of satisfaction. Though group means were different in the predicted direction, they did not reach statistical significance ($p \leq .05$).

It also may be of interest that educator participants again reported no statistically significant (significance = .526) differences in their perceptions of family participant satisfaction between the treatment and control groups, though groups means were in the predicted direction.

Question 6: Are there differences in family participants' satisfaction with the multidisciplinary team process, educational decisions, and school program or staff as a function of the quantity or quality of participation in the team process?

The first portion of this research question about family participant satisfaction was assessed through analysis of responses on 11 items from the Family Participant Questionnaire, in relationship to the quantity of involvement observed during the MDT meeting and the family participants' reports of their involvement. It was hypothesized that greater quantity of involvement would result in higher levels of satisfaction as self-reported by the family participants.

Multiple regression was utilized to determine if there was a statistically significant linear relationship between the observed quantity of family involvement in the team meeting, family participant reports of involvement, and family participant reports of satisfaction. The independent variables in this analysis were total quantity of family participant involvement in the team meeting (FPTUrate) and self-reports of quantity of involvement (QuantFQ) on the Family Participant Questionnaire. The single dependent variable was satisfaction as operationalized by the self-report of satisfaction from family participants (FSatisFQ).

No significant linear relationship was found between either measure of quantity of family participant involvement and their reports of satisfaction, or the combined model including both independent variables.

TABLE 17. Summary of Regression Analysis for Quantity Variables Predicting Satisfaction of Family Participants

Variable	B	SE B	β	t	sig
FPTUrate	-1.083	.026	-.009	-.042	.967
QuantFQ	.450	.598	.165	.754	.459

Note. Ajdusted R Square = -.056, F = .334, df = 2, 23

The question of family participant satisfaction also was assessed to determine if there was a linear relationship between the quality of involvement observed during the MDT meeting, family participant self-evaluation of the quality of their involvement, and the family participants' reports of satisfaction. It was hypothesized that higher levels of quality of involvement would result in higher levels of satisfaction as self-reported by the family participants.

Multiple regression again was utilized to determine if there was a statistically significant linear relationship between the observed quality of family involvement in the team meeting, family participant reports of the quality of their own involvement, and family participant reports of satisfaction. The independent variable in this analysis was quality of involvement, and was operationalized as the proportion of verbalizations that were volunteered during the team meeting (FPQual) and family participant reports of the quality of their involvement (QualFQ). The single dependent variable was the self-report of satisfaction by the family participants (FSatisFQ).

No significant linear relationship was found between observed quality of involvement (FPQual) and their reports of satisfaction. Nor was there a significant linear relationship between the combination of the two independent variables and family participant satisfaction. A significant linear relationship was found however between family participant reports of quality of involvement (QualFQ) and their subsequent reports of satisfaction (FsatisFQ). Table 18 summarizes the results of these analyses.

TABLE 18. Summary of Regression Analysis for Quality Variables Predicting Satisfaction of Family Participants

Variable	B	SE B	β	t	sig
FPQual	3.569	.141	-.052	.253	.803 *
QualFQ	.656	.199	.552	3.306	.003 **

* Note. Ajdusted R Square = -.039, F = .064, df = 1, 24
** Note. Ajdusted R Square = .276, F = 10.930, df = 1, 25

A linear regression was conducted to evaluate the relationship between family participant reports of competence and their reports of satisfaction. The analysis indicated a highly statistically significant (see Table 19).

Although no research question initially addressed this issue, linear regression techniques were utilized post hoc to assess the relationship between family participant self-reports of satisfaction and educator participant perceptions of the family participant's satisfaction. However, no significant linear relationship was found ($p \leq .05$). Table 19 illustrates the results of the regression analyses for family report of competence (FCompFQ) and family satisfaction as perceived by educator participants (FSatisEQ).

TABLE 19. Summary of Regression Analysis for Other Variables Predicting Satisfaction of Family Participants

Variable	B	SE B	β	t	sig
FCompFQ	.604	.126	.692	4.799	.000 *
FSatisEQ	-.447	.598	-.148	-.747	.462 **

* Note. Ajdusted R Square = -.459, F = 23.034, df = 1, 25
** Note. Ajdusted R Square = -.017, F = .558, df = 1, 25

Finally, another post hoc analysis was conducted utilizing univariate ANOVA to assess differences in educator participant satisfaction as a function of the family participant's group membership. Differences in group means were not found to be statistically significant different ($p \leq .05$).

Summary of Results

In summary, the results of this study support the conclusion that video-based programming can offer an effective medium for transmitting important knowledge and skills to families. Data analyses indicated that the use of the video-based intervention package yielded significantly higher post-test scores of declarative knowledge about special education and the multidisciplinary team process, than did participation in the control group.

Use of the video-based intervention package and higher levels of declarative knowledge also were related to significant changes in important behaviors, perceptions, and self-confidence. Participation in the treatment group produced significant differences in the quantity of observed family participant behaviors during the multidisciplinary team meeting. Furthermore, family participants who utilized the intervention package reported feeling more competent as team members, and higher levels of overall satisfaction following the team meeting, than did control group participants.

These data support the hypotheses that knowledge plays an important role in family involvement, and that video-based training can be an effective medium for providing this information. The video-based intervention package utilized in this study effectively transmitted important knowledge, and led to positive outcomes for family participants.

CHAPTER V

DISCUSSION

In order to best understand and interpret the results from this study, one must recall the context from which it arose.

Despite a groundswell of support for family involvement in education, legal mandates requiring it, and overwhelming empirical evidence that such involvement yields substantial benefits for children, families, teachers, schools, and society, meaningful involvement is not the norm in American public schools today (Henderson, 1987). When it does occur, family involvement tends to be defined by schools and on the schools' terms (McLaughlin & Shields, 1987). For this reason, some scholars have labeled current educational rhetoric about collaboration with families to be meaningless "window dressing" (Wolfendale, 1986).

Although the current schism between the home and the school has a long and complicated history, many would like to see this rift closed so that educators and families can truly serve the best interest of children. Despite these good intentions, there are a number of significant barriers that must be overcome for meaningful family involvement in education to occur.

The first group of barriers to effective home-school collaboration involves the problems that arise when teachers or families lack important knowledge or critical skills.

The educational system is a very complex, disorganized, and bureaucratic system that can be challenging to understand and navigate. To be able to participate meaningfully in education, families must have the information necessary to understand the system, as well as the skills to participate and collaborate successfully (Brantlinger, 1987; Roit & Pfohl, 1984). Because teamwork and collaboration involve higher order skills, it also is critical that educators receive intensive preservice and inservice training in the skills necessary to work effectively in groups, particularly with families of the children they teach (Ashline, 1993; Blue-Banning et al., 2000; Foster, 1990). Currently, collaboration with families, particularly those from minority cultures, receives irregular attention in teacher preparation textbooks (Sileo & Prater, 1998).

A second group of barriers to meaningful family involvement can be described as strategic or logistical challenges to collaboration. Problems with work schedules, health or medical issues, lack of transportation, and the absence of affordable childcare can prevent families from attending school functions or participating in meetings about their child. Accommodations by the school may be critical to setting the stage for positive interactions to occur with the families in greatest need (Gallegos & Medina, 1995).

A third group of barriers to home-school collaboration can be described as quasi-legal concerns. Because some educational administrators are fearful of due process complaints and legal action, they may believe that better informed and more involved families pose a legal risk to their school or district. These fears do not appear to be supported by the evidence.

The fourth group of potential barriers involves attitudinal or perceptual obstacles to meaningful home-school relationships. Often arising out of differences of culture, the middle class, white experience of most educators often generates inaccurate interpretations of behavior of minority families (Elizalde-Utnick, 1998; Quiroz et al., 1999; Scott-Jones, 1993). Although it is a common belief among teachers that lower SES and minority families do not value education and do not want to be involved with their children's school experience (Moles, 1993), the evidence says otherwise (Chavkin & Williams, 1993; Dauber & Epstein, 1993; Delgado-Gaitan, 1994; Goldenberg & Gallimore, 1995; Holden et al., 1996). Families do want to be involved, but need to be provided the knowledge and skills to do this in a meaningful way.

Although a variety of strategies and programs to increase family involvement have been attempted, most have never achieved full implementation (McLaughlin & Shields, 1987). In order to be successful, family involvement interventions must address the potential barriers mentioned previously. Additionally, to be implemented with integrity by schools and districts, these interventions must be resource efficient and easy to employ. Finally, these interventions must be packaged in such a way as to make them effective and efficient, while remaining user-friendly.

Parent training is an intervention strategy with a long history (Hess, 1980), and video-based training has proven to be an effective and efficient method of delivering information in a variety of settings (Thomas & Thomas, 1984).

This study was designed to investigate the effectiveness of a video-based intervention package in delivering important knowledge and critical skills to families as they prepared to participate in an initial multidisciplinary team meeting. If successful, it was predicted that the knowledge transmitted via this training format would enhance family involvement, improve perceptions of family member competence, and increase family member satisfaction with the process and products of the meeting.

The results of this study indicate that delivering knowledge to family members in a simple, user-friendly manner can alter their behavior, perceptions and satisfaction. Furthermore, the video-based intervention package utilized in this study exemplifies an effective, resource efficient method for delivering this information. Unfortunately, educator perceptions were not as readily amenable to change via this intervention.

Outcomes and Contributions

Summary of Outcomes

Research Question 1

The data from this study support the hypothesis that providing families with knowledge about special education and the multidisciplinary team process would result in significantly different quantity of behavior, than for those families in the control group.

Family participants in this study who received the intervention video exhibited significantly higher total verbal behavior, total elicited verbal behaviors, total emitted (volunteered) verbal behaviors, and perceptions of quantity of verbal behavior during the team meeting, than did those assigned to the control condition.

Results from this study however indicate that educator participants did not appear to perceive these differences in family participant behavior. It's possible that educators simply did not monitor, or find relevant, the "quantity" dimension of family involvement. They may instead have focused on other factors in the team meeting, such as delivery of information, task completion, and overall family attitude.

An alternative explanation for educators' failure to notice differences in quantity of family participation during the team meeting might be referred to as issues of instrumentation sensitivity. That is, teachers may not have been sensitive to small, though statistically significant differences in quantity of family participation. This could be thought of as an issue of social significance, one aspect of social validity. This may indicate the need for interventions to go beyond mere statistical significance to achieve socially and educationally meaningful results.

Research Question 2

The data from this study did not provide support for the hypothesis that providing families with knowledge about special education and the multidisciplinary team process would result in significant differences in quality of behavior, compared to those assigned to the control condition, when quality is defined as the proportion of verbal interactions that were volunteered by family participants during team meetings.

It is possible to conclude that the present metric of assessing quality of interaction was inadequate to measure real differences in quality of interactions. That is to say that another operational definition of the construct of "quality" might better represent this construct.

Broader interpretations of these results might conclude that although there were significant changes in the overall quantity of verbal interaction during the team meeting, more intense intervention would be required to change the quality of these interactions given the operational definition of quality utilized in this study.

Alternately, it could be argued that the type of parent-teacher interactions that occur during a team meeting are largely a function of the "climate" or tone of the meeting. This would be consistent with Berger's (Berger, Cohen, & Zelditch, 1972; Berger, Wagner, & Zelditch, 1985) findings that opportunities to participate are related to one's social standing in a group. If this were true, then one would need to alter the context of the meeting in order to promote more or better interactions. In order to most effectively change the social context of these team meetings, additional intervention may need to be targeted toward changing educator behaviors to compliment changes in family behavior.

Research Question 3

The data from this study did support the hypothesis that providing families with knowledge about special education and the multidisciplinary team process would result in significant differences in their perceptions of their own competence as an effective team member from those of control participants.

Family participants in this study reported feeling more competent as team members when they had received the video-based intervention package. This could be a critical finding, as confidence and a sense of efficacy (Bandura, 1977) may be the necessary catalysts for families to begin to advocate for their children (Cochran & Dean, 1991; Hoover-Dempsey & Sandler, 1995, 1997).

Bandura (Bandura, 1977, 1989, 1993; Bandura et al., 1996) has noted that self-efficacy beliefs are directly related to aspirations, likelihood of taking action, level of effort that will be expended, and perseverance in difficult tasks across diverse domains.

Furthermore, absolute accuracy of those self-assessments of efficacy, skills or control is not critical. Evidence indicates that the most socially successful people may be those individuals whose self-ratings exceed their actual skill level (Bandura, 1989; Glasgow & Arkowitz, 1975). Indeed, people struggling with depression hold accurate perceptions of their social competencies, and effective therapy results in self-enhancing biases that characterize nondepressed people (Alloy & Abramson, 1979; Alloy, Abramson, & Viscusi, 1981; Lewinsohn, Mischel, Chaplin, & Barton, 1980). Bandura (Bandura, 1989) notes that "optimistic self-appraisals of efficacy that are not unduly disparate from what is possible can be advantageous, whereas veridical judgments can be self-limiting" p. 40.

These findings about the critical role of self-efficacy in successful behavior are important not only because they may help to explain changes in family participants' self-assessment of their competence without concomitant changes in observed quality of their behavior. These results also would place these positively biased self-assessments of competence in the context of healthy and productive behavior, and make enhanced perceptions of efficacy a worthy goal of future intervention efforts.

Research Question 4

The data from this study did not provide support for the hypothesis that providing families with knowledge about special education and the multidisciplinary team process would result in significant differences in the perceptions of other team members (educator participants) about the competence of family participants. This is important because educator perceptions clearly shape their interactions with families and students (Lareau, 1989; Mickelson, 1987; Oakes, 1985).

In this case, modest observed power (.384) for educator reports is less likely to have played an important role in the outcome.

Again, these findings may indicate that educators either cannot or do not monitor the types of behaviors that are assessed by the cluster of competence questions included on the educator questionnaire. This interpretation receives additional support from the finding that the educator participants also did not seem to be aware of differences in level of parent participant satisfaction (see Table 19).

Although the study was designed to reduce or limit the amount of previous contact between special educators and family participants by focusing on the initial MDT meeting, it is possible that educators arrived at the meeting with well-defined perceptions about the family participants. If this were the case, these attitudes and perceptions may not be readily amenable to change, and even more unlikely to be modified by the relatively limited exchanges occurring in a single team meeting. Even if they are realistic, these perceptions may then further limit the range of interactions and outcomes possible in the team meeting.

This explanation for the present findings would be consistent with the original work by Bales and colleagues on expectation states theory (Bales, 1953; Bales & Slater, 1955; Bales, Strodtbeck, Mills, & Roseborough, 1951). Results of this line of inquiry indicated that inequality of power and prestige in small, problem-solving groups emerged regularly, even when the members had begun as equals, and that these differences were highly stable. It seems likely that when educators view themselves as the experts, the role of family members in the multidisciplinary team setting begins with a negative bias. This is further complicated by professionals attributing student failure exclusively to characteristics of the child and problems within the family (Alessi, 1988). In fact, a number of characteristics completely unrelated to task performance such as age, gender, race and physical attractiveness have been shown to determine the performance expectations of others (Berger et al., 1972; Berger et al., 1985). These status characteristics, shape performance expectations, and in turn may be assumed to determine subsequent power and prestige behaviors (Driskell & Mullen, 1990), thus maintaining the power and prestige structure of the group.

Berger (Berger et al., 1985/ p. 6) summarized the research on inequalities in power and prestige as being reflected in four areas of behavior: (a) opportunities to contribute to problem solving, (b) attempts to solve problems, (c) communicated evaluations of problem-solving attempts, and (d) changes of opinion after exposure to disagreement. In this case, family participants who participated in the treatment group may have attempted to participate more, performance outputs (see the results of research question 1), without effecting change in the other three domains symbolic of group status, such as action opportunities, reward actions, and influence. In groups with pre-existing differences in power and prestige, the hierarchy will only be altered by some external factor or changes in the conditions of group action (Berger & Conner, 1974), that is, an intervention.

Research Question 5

The data from this study did not support the hypothesis that providing families with knowledge about special education and the multidisciplinary team process alone will result in significant differences in their reports of satisfaction, when compared to families in the control group. Family participants in this study did not report higher levels of satisfaction as a function of having received the video-based intervention package.

Though group means were different in the predicted direction, low observed power (.087) once again may have contributed to the failure to reach statistical significance in this analysis.

These findings also may indicate that simply having an intervention, even one that effectively transmits important knowledge, is not enough to produce family satisfaction. This also was supported by the findings regarding question 6 that follow.

Research Question 6

The data from this study did not support the hypothesis that higher quantity or quality of family involvement in the team meeting predicted higher levels of reported satisfaction.

The data however did support the hypothesis that the higher family participants' perceptions of the quality of their involvement the greater levels of satisfaction they would report.

Self-reported level of family participant satisfaction seemed to vary as a function of self-perceptions of competence. That is, as family participants felt more competent in their performance as a team member, level of satisfaction was higher. This might indicate a new level of support for the assertion that parents want to be meaningfully involved. In this study, it would appear that one index of meaningful family involvement resulted in greater satisfaction.

Again, this finding may well be related to Bandura's (Bandura, 1989) concept of self-efficacy and the importance of optimistic assessments of efficacy on mental well-being and successful outcomes. An intervention that leads to enhanced perceptions of efficacy may lead not only to higher levels of satisfaction, but to enhanced opportunities for long-term accomplishments.

Limitations of the Study

This section focuses on limitations of the present study. Statistical conclusion validity refers to the confidence with which we can state conclusions about the data from a study. Internal validity is the extent to which the research design rules out alternative hypotheses that might plausibly explain the obtained results. External validity refers to the extent to which the results of the study can be considered to generalize to other persons or settings.

Statistical Conclusion Validity

Low Statistical Power

One of the most apparent limitations of the present study is the small sample size, and resulting concerns about low statistical power. Although the sample was large enough to find statistically significant results in a number of areas, sample size may have been a factor in failure to reach statistical significance for certain findings. For example, although group means for educator responses were in the predicted direction for research questions 1, 2, and 5, low statistical power may have played a role in failure to reach statistical significance. This limitation was consistently observed on response clusters from the Educator Participant Questionnaire.

Non-significant findings in this study must be interpreted with a certain degree of caution. Rather than an indication of non-support for any given hypothesis, lack of significance may simply represent an artifact of low statistical power.

Internal Validity

Selection Bias

One of the most disconcerting limitations in this study involves the possible effects of educator selection bias. During the recruitment phase of this project it became immediately apparent to the researcher that there were individuals at every level in every district who were adamantly opposed to the present study and the underlying philosophy, as well as individuals who were enthusiastically supportive. The districts, schools and educators who chose to participate in the study were those who already supported the concept of family involvement, were most comfortable with families being involved, and were eager to find ways to make family involvement more meaningful.

Those who chose to participate in the study were in the minority. One recruited school district actively chose not to participate in the project. In the 4 participating school districts there were a total of 37 elementary schools eligible to participate. Of these 37 eligible schools, only 7 participated. Of the remaining 30 schools, 14 actively declined to participate, while most simply did not respond to multiple telephone or e-mail contacts from the researcher. When given, a variety of reasons for not participating in the study were proffered. Two examples illustrate the differences between educators who participated and those who chose not to.

One of the teachers recruited to participate in this study was difficult to reach. When the researcher was able to contact her, she angrily stated that she was a veteran teacher who had been teaching long before special education law took effect in the 1970s. She went on to say that there was never any need for such a law ("It was a complete waste of time"), because teachers had already been doing the things the law required. Furthermore, she noted that she resented the implication that she didn't do her job! Not surprisingly, this teacher elected not to participate in the project.

There was a broad range of reasons given by those educators who chose not to participate. These reasons included: (a) lack of time or energy, (b) fear of job or performance evaluation, either by their administrators or by the researcher, (c) lack of experience or appropriate training for team members in how to conduct an MDT or IEP, (d) concern that this project would only further burden busy parents (interestingly, the families contacted by the researcher did not express this concern after the project had been described), and (e) the comment that their schools were already involving families. The preceding example was the most salient teacher recruiting experience for the researcher during the course of this project.

Another teacher recruited to participate in this study expressed immediate interest when she saw how it might benefit children and families. After making sure that families' confidentiality and right to decline participation were protected she became an enthusiastic participant. She later asked the researcher for any feedback he could provide on ways to work more effectively with families, conduct more family-friendly team meetings, or improve the decision-making process. This example was quite typical of the responses of the educators who chose to participate in the study.

Although these examples illustrate the starkest differences between the two groups, those educators who chose to participate and those who refused, it is not clear exactly what effects this apparent selection bias might have had on the final outcomes of the study.

Additionally, because there may have been consistent biases in educator participant selection, there also may have been selection biases in the family participants educators referred for recruitment. Although some precaution should be taken in interpreting the data, it also should be noted that random assignment to experimental condition should lend considerable support to the validity of observed differences between the control and treatment groups.

History

Another possible limitation of this study involves the unknown effect of history on family participant behavior. Although potential family subjects were excluded if the currently referred child had been previously referred for eligibility assessment and received services, the selection criteria did not exclude those parents who had previously had other children who were evaluated for or received special education services. In fact, 7 of the 27 family participants indicated that they had previously had contact with special education regarding other children (4 families could not be contacted to collect this information).

Although family participants were randomly assigned to experimental condition, and pre-intervention analyses indicated no significant differences between these two groups on a variety of dimensions, it is not clear what effects prior contact with special educators and the special education system might have had on family participant behavior, perceptions, and attitudes in the present study.

Testing Effects

One limitation of this study involves the unknown effect of the videotape medium of intervention itself. Because the control group in this study did not receive an inert videotape for purposes of comparison, it is plausible that at least part of the "active" effects of the intervention was due the presence or use of videotape, rather than the content.

Another possible limitation of this study related to testing or instrumentation, is the concern that the presence of an observer, whether live or via videotape, could create reactive differences in subject behavior. This potential threat to internal validity was addressed by random assignment and videotaping of both groups, assuming that subjects in the control and treatment conditions would be similar. Additionally, there were several things that occurred during the videotaped meetings that indicated that this was not a major problem. On several videotapes, people made explicit comments at some point during or after the meeting that they had forgotten the videocamera was present. At other times people engaged in conversation or behaviors that would indicate they were not immediately reactive to being observed.

External Validity

Interaction of Selection and Treatment

Another limitation of this study is the possible threat to external validity, the generalizability of findings, resulting from limitations in subject selection. Although there was some diversity in the districts and schools that participated in the study (see Table 5), all participating schools were located in Western Oregon and included mostly small cities and towns. No rural areas or large urban areas were included in the study, nor was there a significant representation of minority families among family participants.

Additionally, as noted previously, the districts, schools, and educators who chose to participate in the study appeared to be the ones most open to, and supportive of, the concept of family involvement in education. By extension then, it is easy to imagine that the educator participants in this study might also create the warmest environment for home-school collaboration, devote the most resources to working with families, and have the best skills in collaboration. The style and nature of their interactions with families may well be significantly different than those who chose not to participate.

Research and experience indicate that there are significant differences in patterns of home-school relationships between elementary schools and junior high or high schools (Epstein & Lee, 1995; Manning, 1992; Myers & Monson, 1992; Rutherford & Billig, 1995). Therefore the extent to which the findings in this study generalize to families of older children is unclear and should be interpreted with some caution.

Finally, because this study did not assess outcomes beyond the initial multidisciplinary team meeting, it is not possible to predict the long-term effects or generalization of this intervention. That is to say that it is unclear whether changes in behaviors, perceptions and attitudes found in this study would be maintained over time or across settings.

Implications for Research

The conclusions from this study suggest many possible avenues for future research. The first would be a new and improved version of the current study. The present study could be strengthened in several ways. First, by increasing the sample size some of the questions of statistical significance of findings may be resolved. Second, by including students in rural and urban settings, external validity (generalizability of findings) would be expanded. Third, the addition of a third experimental group could clarify questions about the active component of the intervention. This additional group would be a "current status" control group and receive no intervention package prior to the initial multidisciplinary team meeting. This would more closely match what families currently receive prior to the initial team meeting, and allow the researchers to tease apart the effects of individual pieces of the intervention package. Although the current investigation evaluated the specific impact of the videotape component (by comparison with a "neutral" intervention that included only inert written materials), it did not make a comparison to a no intervention or "wait list" condition.

Another issue for future investigation would involving recoding the current videotaped verbal interactions to assess what if any change in results would occur if quantity of participation were operationalized as duration of verbal interactions rather than as the frequency of those verbalizations. This additional information also could be analyzed to determine the relationship between frequency and duration of verbalizations during the team meeting. The distinction of frequency versus duration is important because clear and consistent differences appeared while viewing the communication patterns of the various family participants. While some spoke in brief "bursts" of information, other family participants shared information in a longer, slower, more detailed manner.

A related issue would be the use of alternative operational definitions of the concept of quality of verbal interactions. In lieu of, or in addition to, the stimulus for observed verbalizations (internal -- volunteered, or external -- elicited), the content of verbalizations might also be considered. This content analysis might be pursued from a more research-oriented and technical perspective, such as the discourse analysis performed by linguists, or by the more subjective, educator ratings of the treatment utility (Hayes, Nelson, & Jarrett, 1987) of the information provided by family participants.

Another direction for future research would be the investigation of effective interventions for promoting changes in educator awareness, attitudes and behaviors that would facilitate more meaningful family involvement. Specific questions could address: (a) the types of information, knowledge and experiences that most increase the likelihood of educators supporting the concept of family involvement, (b) the types of information, skills and experience that relate to educator behaviors that best facilitate meaningful involvement of families, and (c) the service delivery setting and mode that are most effective in transmitting the critical information, skills and experiences to educators.

A follow-up study could then compare a combination of intervention conditions: (a) no intervention -- "current conditions" control group, (b) family intervention only, (c) educator intervention only, and (d) both family and educator interventions. If the interventions used in the current study had been previously established as effective, this follow-up study would help evaluate the comparative effectiveness of different foci of interventions.

As is the case in many areas in educational research, there is ample research to indicate the positive outcomes of meaningful family involvement in education. What is needed now is further research on how to make the changes necessary for this to occur. Whether this research is framed as expanding the knowledge base on implementation and systems change, or as applied research focused on evaluating the effectiveness of specific intervention strategies and packages, the outcome must be socially validated changes in educational practice that benefit families and children.

Implications for Practice

The conclusions from this study provide guidance to practitioners who wish to involve families more meaningfully in the special education decision-making process. The results of this study indicate that parents want information about their child's education, and when given that information, will be more involved. If educators want meaningful home-school collaboration to occur, then we must provide them with sufficient information and skills to have "informed" involvement.

Furthermore, the old adage "knowledge is power" seems to apply here. Parents know that there is a power imbalance (Blue-Banning et al., 2000). The disparity of power in home-school relationships appears often to be the result of an imbalance in access to information. Not only does acquisition of knowledge change family behavior, it changes their feelings of confidence and competence. These changes alone can lead to benefits to the family and their child. But there is a benefit to schools as well.

Educators who choose to push away families because they are “risk averse” and fear litigation, would be wise to consider the findings in this study. Families who were given information reported feeling more competent. This experience served to increase their sense of satisfaction with the team process and products, as well as with their child’s teacher and school. This investigation provided additional evidence that families want to be a part of the process, and experience greater satisfaction when meaningfully drawn into the process. This is risk management at its best.

Another implication from this study is that interventions to change family involvement may need to specifically target each side of the equation. That is, a family intervention is good, but only solves half of the puzzle. To most effectively create positive home-school relations, it will likely be necessary to develop an intervention specifically to address the awareness, knowledge and skill level, and attitudes and perceptions of educators. Moreover, such an intervention may be most effective if directed at preservice and new teachers.

Though they are not sufficient to create the desired change, policies and procedures supporting meaningful family involvement may go a long way to encouraging educators to operate in a more “family friendly” manner. This means that educational policies should state a desired outcome regarding family involvement, administrators must provide incentives for working with families in non-traditional and meaningful ways, and teachers must be provided the knowledge and skills to collaborate with families.

Another possible implication of this study is the importance of small changes in educator behavior -- "little things mean a lot" (Goldstein, 1993). After viewing the videotapes of the team meetings, the researcher and the research assistant created a list of "small" behaviors that may help create an environment that is more comprehensible and welcoming to families. Home-school collaboration may be enhanced when educators: (a) sit "with" the family, (b) begin with introductions of everyone present, (c) maintain a balance of process (social-relational) focus and task focus, (d) state the purpose of the meeting and what will happen there, (e) minimize interruptions and distractions during the meeting, (f) avoid educational jargon, and explain information that may be less familiar to non-educators, (g) summarize and check for understanding after sharing important information, (h) ask families for their input and what information they would like to share with the team, (i) use the child's name, rather than referring to them as "the student", (j) discuss only relevant information -- if it doesn't have direct bearing on the referral problem, don't include it, (k) use a low level of inference when discussing child performance, and (l) don't rush through meetings just to get done, it implies a lack of concern for the child and disrespect for the family.

Although most of these recommendations seem simplistic and commonsensical, they came from problematic interactions or situations observed in team meetings with teachers who were supporters of family involvement.

Finally, because not all school districts and educators are supportive of interventions to increase meaningful family involvement, advocates may have to disseminate information to families in alternative locations and through creative use of alternative channels. This may mean contacting families through daycare facilities, preschools, churches, pediatrician's offices, and hospitals. Information could be shared at parent support groups or advocacy group meetings, written-up in parent magazines, or presented in public-service announcements on radio or television. Advocating for family involvement in education is not for the timid.

Like other issues of social justice, achieving meaningful family involvement will not be easy or quick. There is a long history of the divisive expert model inhibiting healthy, equitable home-school relationships. Changing attitudes will likely be a slow process that starts with changing behavior. Using empirically supported, user-friendly interventions is an important first step in that process.

Conclusion

This study demonstrated that providing family members with knowledge about special education and the multidisciplinary team process can produce positive changes in their behavior, attitudes and perceptions, and ultimately their level of satisfaction. Additionally, video-based training proved to be an effective method for delivering this information.

The results of this study add to the knowledge base about the factors that contribute to family involvement in special education decision-making, expand families abilities and willingness to advocate for their children, and enhance their satisfaction. The conclusions from this study also offer guidance in the further development of interventions that are not only effective, but are more likely to be implemented by schools and utilized by families.

APPENDIX A

RECRUITMENT LETTERS

Superintendent/Principal
School District
xxx Whatever Street
City, ST Postal code

Re: Strengthening Collaborative Relationships (SCoRe) Project

Dear (superintendent/principal)

I am writing to ask for your support for my doctoral dissertation project.

Having been a school administrator, I understand the importance of strong positive relationships between schools and families. Home-school relationships can represent a powerful ally and source of support, or they can be very difficult and challenging, and a serious distraction from our goal of educating children.

Research has documented the benefits that can accrue from family involvement in their children's education. The best practices literature strongly encourages family involvement. And the latest amendments to IDEA now require greater parental participation in the special education process. But the law does not fully explain how to satisfy this requirement, and many family involvement projects have been too costly to realistically implement without the benefit of outside funding.

I believe that the SCoRe Project can inexpensively and efficiently document the school's good faith efforts to meet its legal duty to include parents in the special education process, increase parental satisfaction with the initial special education eligibility process thus reducing chances for conflict, and place your school district on the cutting edge of home-school collaboration efforts. Additionally,

- Your district may participate in development of, and review, all project materials.
- Your district will receive at no cost, copies of all project materials for unrestricted future use.
- If the project materials are published, you will receive a copy of these materials at no cost.
- A district staff member may be hired as a data collector for the project.
- Your district's support for home-school collaboration and this project will be specifically mentioned in the project materials to be provided to families participating in the project.
- At the completion of the project, I will write a brief article for your district newsletter describing your district's enthusiastic efforts to strengthen home-school relationships, and creatively and collaboratively meet the needs of children with special needs.

I would appreciate the opportunity to discuss this project with you in greater detail.

Dale R. Myers, doctoral candidate

Larry K. Irvin, Ph.D., Committee Chair

To the parents of ______________________________

Re: Your participation in the SCoRe Project

Dear Parent:

My name is Dale Myers, and I am currently a doctoral student at the University of Oregon, and a long-time advocate for children and their families.

This letter has been sent to you by ____________ Elementary School staff because your child has been referred for an initial evaluation for special education eligibility. This is an important time for you and your child. My dissertation project is designed to help parents and schools collaborate more effectively to meet the needs of students with special needs.

I would be delighted to work with you on this project, but if you choose not to participate in this project it will not affect in any way your child's eligibility for special education services. Your participation costs you nothing, and may benefit both you and your child. There will also be a small gift to thank you for your participation. As you can see below, the SCoRe project enjoys the support of the Bethel School District and the University of Oregon. I have attached a sheet with answers to common questions about this project.

If you are interested in participating in this exciting project, have questions, or would like more information about the project, please do not hesitate to call me at (541) 338-9335, or at the address listed below. I look forward to hearing from you.

Dale R. Myers, Doctoral Candidate University of Oregon	Larry K. Irvin, Ph.D., Associate Dean University of Oregon, College of Education

Q&A About the SCoRe Project

1. What does it cost to participate in this project? *There is no charge for participating in this project – Information and materials are provided to you for free.*
2. What benefits are there for participation in this project? *You will receive information and materials that can be useful to you in planning and monitoring your child's educational program. You will also be ensured transportation to the initial eligibility meeting, if that is a concern. At completion of your participation you will receive a small gift in appreciation of your involvement in the project.*
3. How much time will it take? *It will take approximately an hour.*
4. What will I be asked to do? *You will be asked to complete a brief questionnaire following the initial team meeting (20-30 minutes). Some families will also be asked to watch a short video (20-30 minutes) at another time.*
5. How will this affect my child? *Your choice to participate or not participate in this project will Not affect your child's eligibility for special education or entitlement to services. However, it may help the team better assess and plan for your child's educational program by helping you communicate your knowledge about your child's strengths and unique needs.*
6. How will this affect me? *Your participation in the SCoRe Project will take approximately an hour of your time. But I believe it will offer you the opportunity to be a more effective advocate for your child.*
7. How will the information from this project be used? *This information will be used to help schools more effectively involve families in the important process of planning for their children's education.*
8. Will my name be used? *You will be assigned a case number to protect your confidentiality. At no time will your name or your child's name be used as part of this project. Furthermore, school district personnel will never see the information you provide us for this project.*
9. What if I start the project, but later decide I want to quit? *Although I hope you will complete the project, and will provide some small gifts doing so, you may quit the project at any time without penalty to you or your child.*

xx January 1999

Dear Parent:

Thank you for agreeing to be part of the SCoRe project. This is a very important time for you and your child. Strong home-school relationships are important for designing the best educational program for your child. As parents, you are experts about your child. You have valuable information to share as members of the team that makes important decisions about your child's education. I believe this project can help both you and your child.

The Bethel School District is committed to enhancing home-school partnerships and collaboratively creating educational programs for students with special needs. The SCoRe Project is designed to help parents work collaboratively with school staff as they plan for your child's educational future.

I will be contacting you in the next few days to give you more information about this project and answer your questions.

Sincerely,

Dale R. Myers, doctoral candidate
University of Oregon

APPENDIX B

FAMILY PARTICIPANT CONSENT FORMS

Informed Consent to Participate: Family Participants

You are invited to be in a research study called the Strengthening Collaborative Relationships or SCoRe Project. It will be conducted by Dale R. Myers, from the University of Oregon, School Psychology Program. This study is part of a doctoral dissertation project, and is trying to find out how to help parents be involved most effectively in making educational decisions for their child who has been referred for special education services. You were selected as a possible participant in this study because your child was recently referred to see if he or she is eligible for special education services.

If you decide to be in the study, you will be asked to use some training materials to prepare for your child's eligibility meeting. This will take from 20-60 minutes. You will also be asked to complete two brief questionnaires that will take an additional 15-45 minutes. During the eligibility meeting, videotape will be taken to record the interactions that take place in the team meeting. The information you provide in the questionnaires and the videotapes will be kept confidential and will not be seen by school staff, or anyone other than the researchers.

There is no cost to participate in the SCoRe Project. All materials are provided at no cost to you. Although I cannot guarantee that you personally will receive any benefits from this research, I believe that being in this project may help you as you make important decisions for your child's education. Also, at the completion of your participation in the study, your name will be entered into a raffle where you can win prizes including free food, services, or a grand prize of $35.00 worth of Oregon Lottery tickets.

Information you provide as part of this study will be kept confidential from the school, and will be used only for research purposes. Your questionnaires and the videotapes will be given an identifying code, so that your name will not be included in the final data or dissertation. The questionnaires and videotapes will be destroyed 2 years after completion of the project.

Your participation is voluntary. Your decision whether or not to be in the study will not affect your relationship with your child's school or your child's eligibility for special education. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions, please feel free to contact Dale R. Myers, 1265 University of Oregon, Eugene, OR 97403-1265 or by telephone at (541) 338-9335. The University of Oregon advisor for this project is Dr. Larry Irvin, (541) 346-0730. If you have questions regarding your rights as part of this research study, please feel free to contact the Human Subjects Compliance Office, University of Oregon, Eugene, OR 97403, (541) 346-2510. You will be offered a copy of this form to keep for your records.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims, rights or remedies.

Participant Signature ______________________________________ Date_________

Consent to Videotape: Family Participants

I have received an adequate description of the purpose and procedures for videotaping the eligibility team meeting during the course of the proposed research study. I give my consent to allow myself to be videotaped during participation in this meeting, and for those videotapes to be viewed by persons involved in the study.

I understand that all information will be kept confidential and will be reported in an anonymous fashion, and that the videotapes will be erased after 2 years from completion of the study. I further understand that I may withdraw my consent at any time.

Participant Signature ____ Date_________

APPENDIX C

EDUCATOR PARTICIPANT CONSENT FORMS

Informed Consent to Participate: Educator Participants

You are invited to be part of a research study called the Strengthening Collaborative Relationships or SCoRe Project. It will be conducted by Dale R. Myers, from the University of Oregon, School Psychology Program. This study is part of a doctoral dissertation project, and is designed to determine how to help parents be involved most effectively in making educational decisions for their child who has been referred for special education services. You were selected as a possible participant in this study because you will be participating in multidisciplinary team meetings involving families who have agreed to participate in this project, and we believe you can provide valuable information about the process.

If you decide to participate, you will be asked to complete a brief questionnaire at the end of the eligibility team meeting. This questionnaire should take approximately 10-15 minutes to complete. During the eligibility meeting, videotape will be taken of the family member participants to record their interactions in the team meeting. Although you will not be visible in the videotape, your voice may be heard on the tape. The information you provide in the questionnaire and the videotapes will be kept confidential and will not be seen by family members, school or district personnel, or anyone other than the researchers involved in this project.

There is no cost to participate in the SCoRe Project. All materials are provided at no cost to you. Although I cannot guarantee that you personally will receive any benefits from this research, I believe that participation in this project may assist families as they prepare to make important decisions for your child's education. It will also help in development of an inexpensive intervention to help schools meet their affirmative duty to involve families in this important process. Also, at the completion of your participation in the study, your name will be entered into a raffle where you can win prizes including free gifts, food, services, or a grand prize of $35.00 worth of Oregon Lottery tickets.

Information you provide as part of this study will be kept confidential from the school, and will be used only for research purposes. Your questionnaires and the videotapes will be given an identifying code, so that your name will not be included in the final data or dissertation. The questionnaires and videotapes will be destroyed 2 years after completion of the project.

Your participation is voluntary. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty.

If you have any questions, please feel free to contact Dale R. Myers, 1265 University of Oregon, Eugene, OR 97403-1265 or by telephone at (541) 338-9335. The University of Oregon advisor for this project is Dr. Larry Irvin, (541) 346-0730. If you have questions regarding your rights as a research subject, please feel free to contact the Human Subjects Compliance Office, University of Oregon, Eugene, OR 97403, (541) 346-2510. You will be offered a copy of this form to keep for your records.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims, rights or remedies.

Participant Signature ____________________________________ Date_________

Consent to Videotape: Educator Participants

I have received an adequate description of the purpose and procedures for videotaping the eligibility team meeting during the course of the proposed research study. I understand that although I will not be the focus of the videotape, my voice my be heard on the tape. I give my consent to allow the meeting to be videotaped, and for this videotape to be viewed by persons involved in the study.

I understand that all information will be kept confidential and will be reported in an anonymous fashion, and that the videotapes will be erased after 2 years from completion of the study. I further understand that I may withdraw my consent at any time.

Participant Signature ____ Date_________

APPENDIX D

SCRIPT FOR FAMILY TRAINING VIDEOTAPE

SCRIPT – VIDEO-BASED TRAINING PROGRAM FOR SCoRe PROJECT

I. HEADER

{Dale R. Myers & FotoFx Productions presents... }

{Title screen: "Welcome To Your First Team Meeting"}

{"A presentation of the Strengthening Collaborative Relationships {SCoRe) Project"} SCoRe Logo
{add "Dale R. Myers, University of Oregon, principle investigator"}

II. INTRODUCTION

Hello, my name is Dale Myers. And this is.... Welcome to Your First Team Meeting!

I know... you probably intended to grab that videotape of Titanic to watch again, but I made sure that you would find this videotape more easily.

In the training package along with this videotape, you'll find a piece of paper called an Advance Organizer. This is designed to tell you what to expect in this video, and what you will learn. There is also a Worksheet on which you can make notes ....as we go along, and after you have finished watching the videotape.

The 3-ring binder with divider pages may be useful in organizing information about your child. You may want to stop the tape now to briefly look at these materials, and grab a pencil or pen for taking some notes and filling in the blanks on the worksheet as we go along.

Thank you for participating in this project, it means a lot to me, and in turn, I hope that you will find it beneficial as you make some very important decisions about your child's educational program.

The purpose of this project is to help you as you prepare for your child's evaluation for special education.

After viewing this videotape, you will be able to: (First) describe the steps in the process that has been initiated; (Second) list the "Big Three" important decisions that will be made regarding your child at the first team meeting; (Third) discuss your rights and responsibilities as a full member of the team making these important decisions; (Fourth) develop a brief report about your child – including information that will be useful in making decisions; and finally (Fifth) discuss some ways that you can advocate for your child most effectively.

Let's begin.....

III. THE PROCESS

All children are unique and have special needs. You're part of this project because your child has been referred for an evaluation for special education eligibility... and you want to do your best as part of this important process. I'm sure that you have many questions, and this video is designed to help answer some of those questions

< I have a question.... What does a referral for special education eligibility mean? >

A referral for special education eligibility means that someone noticed that your child is experiencing some difficulty in one or more of the following areas: Schoolwork, Behavior, Social Skills, Speech & Language, or they have a Physical or Medical Condition This difficulty may require special assistance in order for them to learn and develop effectively. The evaluation or assessment process will help the team determine if your child is eligible for services under state and federal special education laws.

< So... what or who is a Multidisciplinary Team? >

The Multidisciplinary Team or MDT is a group of people with special skills or knowledge that can help evaluate the problems your child is currently experiencing, and together determine what educational program will best meet your child's unique needs. As parents or legal guardians, you are full members of this team, with the right to share information, ask questions, and participate fully in

making decisions and developing the educational program for your child. This team may also include a school administrator, your child's teacher, a special education teacher, school psychologist, or other professionals as they are needed.

Let's look at the process that has begun (Do you have your worksheet ready?)....... The steps in the process include:

(1) Referral for special education evaluation – this referral happens when someone notices that a child is having difficulty at school, and may need extra help... they ask the mutlidisciplinary team – the MDT -- to determine if the child is eligible for SPED services? To answer this question, the MDT will need to know what kind of problem the child is experiencing, how serious the problem is, and some other information. This leads to the Second Step in the Process....

(2) In step two Assessment information is collected – This phase is designed to gather information to answer three important questions. The BIG 3 are: Eligibility, Program, and Placement. After the information has been collected. The team will get together to discuss their findings and make a decision. That is Step 3 in the process... The team meeting.

(3) The Team Meeting .... this is the place where the multidisciplinary team discusses what they found when assessing the child. This meeting is divided into three parts based on the Big 3 Questions to be answered:

A) First, Is the child eligible for special education? The team will discuss their findings and determine if the problem is serious enough to require special services. If the team determines that the child is eligible for special education, the child is then entitled to a Free Appropriate Public Education – that means appropriate services must be provided to the child at no cost to the parent. But what are the appropriate services? That is Question #2.

B) If eligible, the team must determine the appropriate educational program – The MDT must decide what kind of program and services the child needs to help deal with any and all of the problems found during the assessment process. Once this is completed, we move to the third part of the team meeting... Answering Question #3 - After finding the child eligible for special education, and deciding the appropriate program and services, the team must then...

C) Determine appropriate placement – Placement refers to the appropriate location for your child to receive these special services. This may be in the general education classroom with some extra help, in a special education class for part or all day, or in a special setting. Once these questions have been answered the meeting is over, but the Team still has work to do...

(4) The next step is to implement the plan that the team has designed, and finally...

(5) the team must Evaluate and Revise the plan at least once a year, or more often if necessary.

< Tell me again.. What are the Big Three Questions that need to be answered by the MDT? >

Three Important Decisions will be made in this initial team meeting. The "Big 3" are: Eligibility, Program, & Placement.

(1) Eligibility - is the *if* question. The team must determine if your child meets the criteria or rules for eligibility for special education services. It is important that you know the basis for making this decision for your child. Feel free to ask how the team will make this decision. The second question to be answered is...

(2) Appropriate Educational Program and Services - this involves answering the *what* and *who* questions. If your child is eligible for special education services, then the team must determine what services should be provided and who should provide them. This is done by completing a document called an Individualized Education Program or IEP. This is a legal document outlining the services the school district will provide your child. This is an important document. Make sure you have a copy of your child's IEP and know what it says. The third question is...

(3) Appropriate Educational Placement - this is the where question. After the IEP is developed, then the team must determine the most appropriate place for delivering these services. The preference should always be for the Least Restrictive Environment. That means that services should be provided in the general education classroom whenever that is appropriate.

Remember – as a full member of the multidisciplinary team, you are an equal partner in answering these questions, and making important decisions for your child.

IV. COLLECTING INFORMATION

< How does the MDT make these important decisions? >

They do so first, by collecting and compiling information. This part of the process is called the evaluation or assessment phase.

The team must collect appropriate information about any and all areas of concern for your child. A teacher may collect information about your child's academic skills, the school psychologist may administer some tests or do behavioral observations, and other paraprofessionals such as a nurse, speech therapist, occupational therapist or physical therapist may also collect assessment information.

< So, what do I do during this assessment process? >

As a family member you have an important job too? You can collect information that will be very useful when the team makes decisions. As family members, you can provide valuable information and insights about your child. School staff rarely get to see your child at home, or have the complete historical picture of your child's development, personality, and behavior that you have.

< So what type of information can I collect? >

In general, there are four types of helpful information that family members can share with the team.

First... Your child's strengths, gifts, assets, and abilities – Sometimes when dealing with a difficult issue, it is easy to miss all the things the child does well... This is your chance to talk about all the wonderful things your child loves to do and can do well. What is your child interested in? For example; your child might love to read, make friends easily, be kind and thoughtful, follow directions well, or maybe they are athletic. These are all gifts or abilities that can be noted. A list of 3-7 of your child's strengths, gifts, or abilities would be a nice addition to the information collected by the other team members.

Second Your current concerns for your child – If there are areas of your child's behavior or development that worry you, this is a good time to talk about them. Remember to be specific and give examples. If your child throws temper tantrums, you might want to relate a time when it happened, what your child did during the tantrum, what you did, and how it was finally resolved. You also may want to include your child's concerns. Ask your child if they believe they are having problems at school, and if so, why? Your concerns might be the same as other team members, or they may be different. By sharing your concerns you may help the team better understand your child, make a better educational plan, and enlist some assistance in addressing your concerns.

The third type of information is Specific developmental or behavioral information – You may be able to provide the team with unique information about past skill development or behavior relating to your child's current difficulties. For example, if your child is a third grader having problems with schoolwork, it's important to know if they have always had difficulty with schoolwork, or if this is a new problem. Or... if teachers are observing angry and aggressive behavior in your child, you might be able to give information about things that are going on in the child's life that distress him, such as the death of a family member or pet, or a recent move.

There are several areas that you might want to consider while you think about how your child is doing: * Development – this can include Mental, Physical, and Social Development, * Schoolwork – how is your child doing with their classwork? Are they completing and turning in all of their homework? Is it done correctly?,
* Behavior – does your child behave well or do they have difficult behaviors that you find challenging to deal with? * Social Skills – How does your child get along with others, both peers and adults?, and finally, * Include any Physical or Medical Conditions that might affect development or learning. Does your child have asthma or allergies that interfere with their daily routine? Do they have problem with coordination or balance? What medications do they take and why do they take them?

Another type of information that you can provide is , Your short- and long-term goals for your child – It's important that the rest of the team know what goals and dreams you have for your child. Think about what you would like your child to be able to do in 6 months, in a year ..... What would you like for your child to be doing in 5 years? When the team knows this, they can help you make plans to reach those goals. For example, you may want your child to be able to read a chapter book by the end of the school year, do their multiplication tables through 11, or, to have two good friends with whom they can play during the summer break.

Any other information you believe is important for the team to know, and you would like to share, also can be included in your report. Take this opportunity to share what is important to you and to your child. Remember... this is your report.

V. SHARING INFORMATION

< I've never been in a team meeting... How is information shared in the team meeting, and how can share what I know about my child? >

In addition to collecting information, the MDT makes decisions by sharing the information in a team meeting and making decisions a group. Typically, information is shared by team members in what is called "round-robin" fashion. That is, they each take turns presenting their information, and answering questions from other team members. As a full team member, you may wish to provide information to the other members of the team, and you can always ask questions of other team members.

Not all parents choose to give a report during the team meeting. But if you would like to do this, it is important to let the other team members know at the beginning of the meeting that you have information to share with the team, and ask for an opportunity to do so.

< Any other helpful hints? >

When you share your information It's important to be concise – say what you need to say, but keep it brief and to the point. Don't be afraid to ask for what you and/or your child needs. Be specific – give examples of what you mean.

If possible, give a written copy of your report to each of the other team members, and ask that a copy be placed in your child's school file.

When other team members give their reports, be sure to Listen carefully – ask Questions whenever you don't understand – Summarize what they say, to make sure you understand them correctly – and feel free to Take Notes.

There are some things everyone should try to avoid when working in a team: Judging, Blaming, and Name calling. These are never helpful, and never in the best interest of the child. Working together is enhanced when everyone tries to understand the other members' points of view, and how they can work cooperatively.

Some child advocates suggest that the family bring a big photograph of their child and set it right in the middle of the table during the team meeting. The idea is that this will keep team members focused on the purpose of the meeting – the child!

Finally, at the end of the meeting, you should obtain copies of all written materials presented in the meeting. This would include copies of assessment reports and the Individualized Education Program (the IEP). These should be filed away in the binder that came with this training package. Although you can always access your child's school records, you may find it more convenient to maintain your own file of information about your child's educational progress.

VI. SUMMARY & FINAL THOUGHTS

You are a full member, and crucial part of the multidisciplinary team who will make three important decisions: (1) Whether or not your child is eligible to receive special education, if so (2) The appropriate educational program and services, and (3) the appropriate educational placement.

You can assist the team by providing four useful types of information: (1) Your child's strengths, abilities, and gifts; (2) Your concerns for your child; (3) Specific developmental or behavioral information; and (4) Your short- and long-term goals for your child.

By working cooperatively with the rest of the team, you can be a very valuable asset in making decisions and planning a program for your child.

If you have concerns about the process or the decisions that are made in the team meeting... be honest, talk about it with the team.

If you continue to disagree with the decisions of the MDT, you always have the option to appeal those decisions.

I hope that this videotape has been helpful as you learn about this process and prepare to work as a member of the MultiDisciplinary Team making these important decisions about your child's education.

I know that you will be a valuable part of this process as you act as your child's most important advocate.

VII. FOR FURTHER READING

{FOR FURTHER READING}

- Bateman, B. D. (1997). Better IEP's: How to develop legally correct and educationally useful programs. (2nd ed.). Longmont, CO: Sopris West.
- Krantz, D. O. (1996). Taming the IEP: A handbook for parents. (2nd ed.). Longmont, CO: Sopris West.

VIII. CREDITS

{"CREDITS"}

- Executive Producer
  Dale R. Myers
- Associate Producers
  Ray C Myers & D. Mardee Myers
- Script by
  D. R. Myers
- add: "Based on the doctoral dissertation "The Effects of a Video-Based Training Program and Practice on Family Involvement, Perceptions of Family Competence, and Family Satisfaction in Special Education Decision-Making.""
- add: "Larry K. Irvin, Ph.D., Dissertation Committee Chair and Advisor
- Director of Photography
  Arden Munkres
- Film Editor
  A. Munkres

- Cast:
  * Dale R. Myers, Narrator

  in alphabetical order
  * Aanya Aguilar
  * Jani Aguilar
  * Jacquelyn Bayonne
  * Lori Bernstein
  * Jeffrey Carpenter
  * Sherrie Carpenter
  * Mark DeBow
  * Carrie Ebmeyer
  * Dante J. Hackney-Vera
  * Laura L. Hackney
  * Tyler LaCompte
  * Whitney LaCompte
  * Vicky Lynn Ledbetter
  * Josh Patterson
  * David Pottorf
  * Wendy Weller
- Lettering:
  Herr Gutenberg
- Key Grip
  Venus d'Milo
- Dollie
  Barbie Millicent Roberts
- Set Designer
  Tim Taylor
- Medical Services
  Florence Nightengale
- Driver
  Mario Andretti, XII
- Personal Protection Services
  Frank N. Stein
- Many thanks to the University of Oregon Museum of Art.
- Support provided in part by the following:
  * University of Oregon, Institute on Violence and Destructive Behavior
- Legal Disclaimer: This videotape and accompanying materials are not intended to serve as legal advice. Please consult with an attorney to obtain legal information and/or advice.
- Add Content Disclaimer: The views expressed in this videotape and accompanying materials are those of the author, and may not represent those of the sponsors.

- The Soundtrack to this fine movie cannot be found at Tower Records, Music World, CD World, Joe's Pre-Owned Vinyl, or any other reputable music dealer.
- Copyright: WARNING: Federal law provides severe civil and criminal penalties for the unauthorized reproduction , distribution, or exhibition of copyrighted motion pictures, video tapes, or video discs, no matter how little money you make from doing so. Criminal copyright infringement may be investigated by the FBI, local law enforcement authorities, and/or Dick Tracy, and may constitute a felony with a maximum penalty of up to five years in the "Big House" and/or a $25,000 fine (or not so fine).
- © 1999 Dale R. Myers and FotoFx Productions
- That's All Folks! Really! It is!

APPENDIX E

VIDEO-BASED TRAINING PROGRAM MATERIALS

Videotaped Presentation - Advance Organizer

OVERVIEW

- Purpose: Help you as you prepare for your child's initial evaluation for special education.
- After viewing this videotape, you will be able to:

    (1) describe the steps in the initial evaluation process

    (2) list three important educational decisions that will be made regarding your child

    (3) develop an informal report about your child

    (4) discuss techniques for enhancing your participation in the team process

STUDY GUIDE: Filling in the blanks as you watch the videotape can help you remember the critical information! Relax – No one is going to check your answers here. This is just for you!

- Steps in the Initial Special Education Process include:

    (1) ____

    (2) ____

    (3) ____

    (4) ____

    (5) ____

    (6) Implement and Monitor the Plan Developed by the Team

    (7) Review and Revise the Plan At Least ____________ (more often if necessary).

Three Important Decisions to be Made at the Team Meeting are:

(1) ____

(2) ____

(3) ____

- Three Type of Information Family Members Can Collect are:

  (1) Your child's ____________________________________

  (2) Your ____

  (3) Your ____

- The child's parents/guardians are ____________ members of the Multidisciplinary Team.

- If the family disagrees with team decisions:

  (1) They can discuss it with ______________________________

  (2) They can ______________________________________

- When the Multidisciplinary Team meeting is finished, the family should get copies of

  ____

- _____ am the most important advocate for my child! (Yes, _you_ are!)

REMINDERS

- Ask for an opportunity to share your information with the Team.
- Listen – Question – Summarize – Take Notes.
- State what you and/or your child needs.

Meeting Preparation Worksheet

Here are some sentence starters that may help prompt you when preparing for the upcoming meeting for your child. Remember – This is the time to ask for what you and your child need!

- My child is really great at...
- My child really enjoys...
- My child's favorite activity is...
- My child's favorite part of school is...

- By (end of school term, school year, etc.), I would like my child to be able to...
- My goals for my child are (educational achievement, employment, social experience, etc.)...
- My dream for my child is that someday they will...

- I am concerned that...
- My concerns for my child are... (make a list and prioritize them in order of importance)
- I am worried about...

- When my child was younger, I noticed that they seemed different than/the same as other children in... (behavior, social skills-friendships, academic/cognitive skills, medical/health, physical development, etc.)
- My child has had difficulty at school in...
- My child has done well at school in...

- The most important part of school for my child is...
- My child needs...
- I would like for my child's IEP to include a goal about...

- I would like information about...
- I would like to know how I can best help my child...
- The best way to communicate with me about my child's successes or challenges is...

APPENDIX F

FAMILY INFORMATION QUESTIONNAIRE

General Information

About You:

1. What is your relationship to the child who was referred for special education eligibility (e.g., mother, father, grandmother, etc.)? ______________________________
2. Your Age ________
3. Your Gender Male Female
4. What is the highest level of education you have completed?
    - _____ Some grade/elementary school
    - _____ Completed grade/elementary school
    - _____ Some high school
    - _____ Completed high school or GED
    - _____ Some college
    - _____ Completed associate's (2 year) degree
    - _____ Completed undergraduate/bachelors (4 year) degree
    - _____ Completed advanced degree (masters or doctorate)
5. Did you ever receive special education services as a child? Yes No
6. Do you believe your child should receive special education? Yes No Unsure

About the Child

7. What is the Child's Age ________
8. What is the Child's Grade ________
9. The Child's Gender Male Female
10. What was the primary problem or main concern that led to this referral for special education?
    - _____ Difficulty with Schoolwork/Academics
    - _____ Behavioral Problems
    - _____ Physical or Medical Problems
    - _____ Speech and/or Language Difficulty
    - _____ Other: ______________________________________
11. Other than the problem listed in question 10, is the child doing well in school? Yes No
12. Does the child believe he/she needs extra help? Yes No Unsure
13. Have you had other children who were evaluated for, or received, special education? Yes No

APPENDIX G

KNOWLEDGE TEST

Knowledge Test – SCoRe Project

Name: ______________________________

Date: ______________________________

1. Name three (3) important decisions that will be made at the first meeting of the multidisciplinary team?

   ____

   ____

   ____

2. Name three (3) important types of information you can share with the team.

   ____

   ____

   ____

3. According to the law, what is your place on the multidisciplinary team? (circle one)

   A. Observer

   B. Consultant

   C. Full Member

   D. Partial Member

4. If you disagree with the decisions made at this meeting, what are two things you can do?

   ____

   ____

5. When the meeting is all done, I should get copies of ______________________.

APPENDIX H

FAMILY PARTICIPANT QUESTIONNAIRE: CONTROL

Family Participant Questionnaire

Please answer each item by circling the *single* number that best reflects your response to that statement. All of your answers will be kept confidential – they will *not* be shown to school staff!

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I provided lots of information in the meeting.	1	2	3	4	5
2. I asked lots of questions of other team members.	1	2	3	4	5
3. I often spoke during the team meeting.	1	2	3	4	5
4. I provided information that was helpful/useful.	1	2	3	4	5
5. I provided information that other team members did not have or did not know.	1	2	3	4	5
6. I asked questions whenever I did not understand.	1	2	3	4	5
7. I shared my goals and dreams for my child.	1	2	3	4	5
8. I shared my concerns and fears for my child.	1	2	3	4	5
9. I felt well-prepared to participate in this meeting.	1	2	3	4	5
10. The information I shared was helpful in making *eligibility* decisions for my child.	1	2	3	4	5
11. The information I shared was helpful in making decisions about my child's *educational program*.	1	2	3	4	5
12. I was comfortable sharing information with, and asking questions of the other team members.	1	2	3	4	5
13. I felt confident when I shared information.	1	2	3	4	5
14. My participation was important to this meeting.	1	2	3	4	5
15. I am an important and valued member of the team.	1	2	3	4	5
16. I am satisfied with my role in the team meeting.	1	2	3	4	5
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. I am satisfied with the amount of time and opportunity to participate in this meeting.	1	2	3	4	5
18. I shared all the information I wanted to share.	1	2	3	4	5
19. Team members really listened to what I had to say.	1	2	3	4	5
20. I am satisfied with the decisions made in this meeting.	1	2	3	4	5
21. I am satisfied with the answers/information I received.	1	2	3	4	5
22. I am satisfied with the process of the meeting.	1	2	3	4	5
23. I am satisfied with the outcomes of this meeting.	1	2	3	4	5
24. I am satisfied with my child's educational program.	1	2	3	4	5
25. I am satisfied with my relationship with my child's school.	1	2	3	4	5
26. I am satisfied with my relationship with my child's teachers.	1	2	3	4	5

27. How much time did you spend preparing for this team meeting?
(This could include reading or thinking about the materials, preparing a report about your child, or thinking about what questions you wanted to ask of the team.)

00-15 Minutes _____
16-30 Minutes _____
31-45 Minutes _____
46-60 Minutes _____
61-75 Minutes _____
76-90 Minutes _____
91-120 Minutes _____
120+ Minutes _____

What other kinds of materials or information would have been helpful to you as you prepared for this team meeting? Please feel free to include any suggestions.

APPENDIX I

FAMILY PARTICIPANT QUESTIONNAIRE: TREATMENT

Family Participant Questionnaire

Please answer each item by circling the *single* number that best reflects your response to that statement. All of your answers will be kept confidential – they will *not* be shown to school staff!

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I provided lots of information in the meeting.	1	2	3	4	5
2. I asked lots of questions of other team members.	1	2	3	4	5
3. I often spoke during the team meeting.	1	2	3	4	5
4. I provided information that was helpful/useful.	1	2	3	4	5
5. I provided information that other team members did not have or did not know.	1	2	3	4	5
6. I asked questions whenever I did not understand.	1	2	3	4	5
7. I shared my goals and dreams for my child.	1	2	3	4	5
8. I shared my concerns and fears for my child.	1	2	3	4	5
9. I felt well-prepared to participate in this meeting.	1	2	3	4	5
10. The information I shared was useful in making important decisions for my child's education.	1	2	3	4	5
11. I was comfortable sharing information with, and asking questions of the other team members.	1	2	3	4	5
12. I felt confident when I shared information.	1	2	3	4	5
13. My participation was important to this meeting.	1	2	3	4	5
14. I am an important and valued member of the team.	1	2	3	4	5
15. I am satisfied with my role in the team meeting.	1	2	3	4	5
16. I am satisfied with the amount of time and opportunity to participate in this meeting.	1	2	3	4	5
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. I shared all the information I wanted to share.	1	2	3	4	5
18. Other team members listened to what I had to say.	1	2	3	4	5
19. I am satisfied with the answers/information I received.	1	2	3	4	5
20. I am satisfied with the decisions made in this meeting.	1	2	3	4	5
21. I am satisfied with the process of the meeting.	1	2	3	4	5
22. I am satisfied with the outcomes of this meeting.	1	2	3	4	5
23. I am satisfied with my child's educational program.	1	2	3	4	5
24. I am satisfied with my child's school.	1	2	3	4	5
25. I am satisfied with my child's teachers.	1	2	3	4	5

Please feel free to use the space below to write any additional comments about the meeting or the planning process.

If you watched the videotaped presentation, please answer the questions on the following pages.
If you did not watch the videotape, thank you for your participation.

Please answer the following questions by placing an **X** or √ on the appropriate line.

14. How much of the videotape did you watch?

None ____ Some _____ Most _____ All _____

15. How much of the written materials did you read or use?

None ____ Some _____ Most _____ All _____

16. How much time did you spend preparing for this meeting?
(This could include reading or thinking about the materials, preparing a report about your child's strengths and needs, or listing your goals or concerns for your child.)

00-15 Minutes _____
15-30 Minutes _____
30-45 Minutes _____
45-60 Minutes _____
60-75 Minutes _____
75-90 Minutes _____
90-120 Minutes _____
120+ Minutes _____

17. What was the most useful part of the videotape?

____
____
____
____

18. What was the least useful part of the videotape?

____
____
____
____

19. What was the most useful part of the written materials?

20. What was the least useful part of the written materials?

21. What would you have liked that this package didn't provide? What would have made this more useful to you? Or, what other suggestions would you make about the video, materials or SCoRe Project?

APPENDIX J

EDUCATOR PARTICIPANT QUESTIONNAIRE

Educator Participant Questionnaire

Please answer each item below by circling the *single* number that best reflects your response to that statement. Please answer only about the events of this team meeting. Your responses will be kept confidential – They will *not* be shown to school staff or family members!

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Family members provided lots of information.	1	2	3	4	5
2. Family members asked lots of questions.	1	2	3	4	5
3. Family members spoke frequently during the meeting.	1	2	3	4	5
4. The family provided helpful/useful information.	1	2	3	4	5
5. The family provided information that other team members did not have or did not know.	1	2	3	4	5
6. The family asked questions whenever they needed clarification or information.	1	2	3	4	5
7. The family shared their goals/dreams for their child.	1	2	3	4	5
8. The family shared their concerns/fears for their child.	1	2	3	4	5
9. The family seemed well-prepared to participate.	1	2	3	4	5
10. Information shared by the family was useful for making decisions about the child's *eligibility*.	1	2	3	4	5
11. Information shared by the family was useful for making decisions about the child's *educational program*.	1	2	3	4	5
12. The family appeared comfortable sharing information.	1	2	3	4	5
13. The family members' participation was important to the overall outcomes of this meeting.	1	2	3	4	5
14. The family members were important and valued members of this team.	1	2	3	4	5
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
15. I am satisfied with the family members' role in this team meeting.	1	2	3	4	5
16. The family was satisfied with the outcome of this meeting.	1	2	3	4	5
17. I am pleased with the school's relationship with this family.	1	2	3	4	5
18. I am pleased with my relationship with this family.	1	2	3	4	5

Thank you for your participation in this project.

Please feel free to use the space below to write any additional comments or provide feedback about the team meeting, family involvement, the planning process, or this project.

APPENDIX K

INTERACTION OBSERVATION RECORDING FORM

ERIC
Full Text Provided by ERIC

INTERACTION OBSERVATION RECORDING FORM

	00-05 mins	05-10 mins	10-15 mins	15-20 mins	20-25 mins	25-30 mins
Solicited: Q						
S						

	00-05 mins	05-10 mins	10-15 mins	15-20 mins	20-25 mins	25-30 mins
Volunteered: Q						
S						

	30-35 mins	35-40 mins	40-45 mins	45-50 mins	50-55 mins	55-60 mins
Solicited: Q						
S						

	30-35 mins	35-40 mins	40-45 mins	45-50 mins	50-55 mins	55-60 mins
Volunteered: Q						
S						

Solicited: Questions: Family member asks for clarification in response to question of another team member's question of them.
Statements: Family member responds to question of another team member.

Volunteered: Questions = Family member asks question of another team member or the group.
Statements = Family member offers unsolicited information, makes statements, comments on other's statements, etc.

INTERACTION OBSERVATION RECORDING FORM Page 2

	60-65 mins	65-70 mins	70-75 mins	75-80 mins	80-85 mins	85-90 mins
Solicited: Q						
S						

	60-65 mins	65-70 mins	70-75 mins	75-80 mins	80-85 mins	85-90 mins
Volunteered: Q						
S						

	90-95 mins	95-100 mins	100-105 mins	105-110 mins	110-115 mins	115-120 mins
Solicited: Q						
S						

	90-95 mins	95-100 mins	100-105 mins	105-110 mins	110-115 mins	115-120 mins
Volunteered: Q						
S						

APPENDIX L

RESOURCES FOR FAMILY INVOLVEMENT

RESOURCES FOR FAMILY INVOLVEMENT

Many resources are available to assist parents and educators as they develop, implement, or evaluate family involvement programs. The following is a list of organizations that provide information, training, products, or materials related to family involvement in education or child development.

1. Academic Development Institute
   121 N. Kickapoo Street
   Lincoln, IL 62656-2714
   (217) 732-6462 voice
   (217) 732-3696 fax
   (217) No TDD/TTY
   (800) 759-1495 toll free voice
   E-mail: adi@abelink.com
   http://www.abelink.com\csc

2. Academy for Educational Development
   1875 Connecticut Avenue, N.W.
   Washington, DC 20009-1202
   (202) 884-8000 voice
   (202) 884-8400 fax
   (202) No TDD/TTY
   (800) 864-0465 toll free voice
   E-mail: admindc@aed.org
   http://www.aed.org

3. Alliance for Parental Involvement in Education (ALLPIE)
   29 Kinderhook Street
   P. O. Box 59
   East Chatham, NY 12060-0059
   (518) 392-6900 voice
   (518) 392-6900 fax
   (518) No TDD/TTY
   (800) No toll free voice
   E-mail: allpie@taconic.net
   http://www.croton.com/allpie/

4. American Association of School Administrators (AASA)
1801 N. Moore Street, Suite 100
Arlington, VA 22209-1888
(703) 528-0700 voice
(703) 841-1543 fax
(703) No TDD/TTY
(888) 782-2272 toll free voice
E-mail: membership@aasa.org
http://www.aasa.org

5. American Association of University Women (AAUW)
1111 16th Street, N.W.
Washington, DC 20036-4873
(202) 785-7700 voice
(202) 872-1425 fax
(202) 785-7777 TDD/TTY
(800) 326-2289 toll free voice
E-mail: info@mail.aauw.org
http://www.aauw.org/

6. American Bar Association
Commission on Mental & Physical Disability Law
1800 M Street, N.W., Suite 200 South
Washington, DC 20036-
(202) 662-1570 voice
(202) 331-2220 fax
(202) 331-3884 TDD/TTY
(800) No toll free voice
E-mail: service@abanet.org
http://www.abanet.org/disability/home.html

7. American Council on Education (ACE)
One Dupont Circle, N.W., Suite 800
Washington, DC 20036-1132
(202) 939-9300 voice
(202) 833-4760 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: gpa@ace.nche.edu
http://www.acenet.edu/

8. American Federation of Teachers (AFT)
555 New Jersey Avenue, N.W.
Washington, DC 20001-2079
(202) 879-4400 voice
(202) 879-4556 fax
(202) No TDD/TTY
(800) 238-1133 toll free voice
E-mail: dcorbin@aft.org
http://www.aft.org/index.htm

9. Appalachia Educational Laboratory (AEL)
P. O. Box 1348
Charleston, WV 25325-1348
(304) 347-0400 voice
(304) 347-0487 fax
(304) 347-0488 TDD/TTY
(800) 624-9120 toll free voice
E-mail: aelinfo@ael.org
http://www.ael.org

10. ARC of the United States (ARC)
500 East Border Street, Suite 300
Arlington, TX 76010-7450
(817) 261-6003 voice
(817) 277-3491 fax
(817) 277-0553 TDD/TTY
(800) 433-5255 toll free voice
E-mail: thearc@metronet.com
http://thearc.org/welcome.html

ERIC Full Text Provided by ERIC

11. ASPIRA Association, Inc.
1444 I Street, NW, Suite 800
Washington, DC 20005-2210
(202) 835-3600 x12 voice
(202) 835-3613 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: No
http:// No

12. Association for Childhood Education International (ACEI)
11501 Georgia Avenue, Suite 315
Wheaton, MD 20902-1954
(301) 942-2443 voice
(301) 942-3012 fax
(301) No TDD/TTY
(800) 423-3563 toll free voice
E-mail: aceihq@aol.com
http://www.acei.org

13. Bazelon Center for Mental Health Law
1101 Fifteenth Street, N.W., Suite 1212
Washington, DC 20005-5002
(202) 467-5730 voice
(202) 223-0409 fax
(202) 467-4232 TDD/TTY
(800) 959-5730 toll free voice
E-mail: leec@bazelon.org
http://www.bazelon.org

14. Beach Center on Families & Disabilities
Bureau of Child Research
University of Kansas
3111 Haworth Hall
Lawrence, KS 66045-
(913) 864-7600 voice
(913) 864-7605 fax
(913) TDD/TTY
(800) toll free voice
E-mail: beach@dole.lsi.ukans.edu
http://

15. Bureau for At-Risk Youth
135 Dupont Street
P. O. Box 760
Plainview,NY 11803-0760
(516) 673-4584 voice
(516) 349-5521 fax
(516) No TDD/TTY
(800) 999-6884 toll free voice
E-mail: info@-risk.com
http://www.at-risk.com

16. Center for Educational Renewal
University of Washington, College of Education
313 Miller Hall, Box 353600
Seattle, Washington 98195-3600
(206) 543-6230 voice
(206) 543-8439 fax
(206) No TDD/TTY
(800) No toll free voice
E-mail: rsoder@u.washington.edu
http://weber.u.washington.edu/~cedren/

17. Center for Effective Collaboration & Practice
at American Institutes for Research
1000 Thomas Jefferson Street, N.W., Suite 400
Washington, DC 20007-3805
(202) 944-5400 voice
(202) 944-5454 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: center@air-cd.org
http://www.air-dc.org/cecp/

18. Center for Effective Schools
University of Washington College of Education
M214 Miller Hall, Box 353600
Seattle, Washington 98195-3600
(206) 543-8439 voice
(206) 671-6762 fax
(206) 685-9232 TDD/TTY
(800) No toll free voice
E-mail: jbamburg@u.washington.edu
http://www.educ.washington.edu/COE/centers/EffectiveSchoolCenter.htm

19. Center for Effective Services for Children
P. O. Box 27412
Washington, DC 20038-7412
(202) No voice
(202) No fax
(202) No TDD/TTY
(800) No toll free voice
E-mail:
http://

20. Center for Excellence in Education
    7710 Old Springhouse Road, Suite 100
    McLean, Virginia 22102-3406
    (703) 448-9062 voice
    (703) 442-9513 fax
    (703) No TDD/TTY
    (800) No toll free voice
    E-mail: cee@cee.org
    http://rsi.cee.org/

21. Center for Family-School Collaboration
    The Ackerman Institute for the Family
    149 East 78th Street
    New York, NY 10021-0405
    (212) 879-4900 ext. 123 voice
    (212) 744-0206 fax
    (212) No TDD/TTY
    (800) No toll free voice
    E-mail: hweiss@ackerman.org
    http://www.handinhand.org/weiss.html

22. Center for Indian Education
    Arizona State University
    College of Education
    Box 871311
    Tempe, AZ 85287-1311
    (602) 965-6292 voice
    (602) 965-8115 fax
    (602) No TDD/TTY
    (800) No toll free voice
    E-mail: anna.fig@asu.edu
    http://asu.edu/educ/cie/

23. Center for Law & Education's
Community Action for Public Education (CAPS)
1875 Connecticut Avenue, N.W., Suite 510
Washington, DC 20009-5738
(202) 986-3000 voice
(202) 986-6648 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: cle@cleweb.org
http://www.cleweb.org/

24. Center for Parenting Studies
Graduate School
Wheelock College
200 Riverway
Boston, MA 02215-4176
(617) 879-2218 voice
(617) 232-7127 fax
(617) No TDD/TTY
(800) No toll free voice
E-mail: jskutski@wheelock.edu
http://www.wheelock.edu

25. Center for Schools of Quality
P. O. Box 810
Columbia, MD 21044-0810
(410) 997-7555 voice
(410) 997-2345 fax
(410) No TDD/TTY
(800) No toll free voice
E-mail: bonstingl@aol.com
http:// No

26. Center for the Study of Parent Involvement
John F. Kennedy University
370 Camino Pablo
Orinda, CA 94563-1602
(925) 254-0110 voice
(925) No fax
(925) No TDD/TTY
(800) No toll free voice
E-mail: dsafran@jfku.edu
http://www.jfku.edu

27. Center for the Study of Social Policy
1250 Eye Street, N.W., Suite 503
Washington, DC 20005-3922
(202) 371-1565 voice
(202) 371-1472 fax
(202) No TDD/TTY
(800) No Toll free voice
E-mail: mriordan@cssp.org
http://www.cssp.org

28. Center for Work and Family at Boston College
Wallace E. Carroll School of Management
St. Clement's Hall
140 Commonwealth Avenue
Chestnut Hill, MA 02467-3862
(617) 552-2844 voice
(617) 552-2859 fax
(617) No TDD/TTY
(800) No toll free voice
E-mail: lynchks@bc.edu
http://www.bc.edu/cwf

29. Center on Families, Communities, Schools & Children's Learning
Boston University School of Education
605 Commonwealth Avenue
Boston, MA 02215-1605
(617) 353-2000 voice
(617) 353-2053 fax
(617) 353-2447 TDD/TTY
(800) No toll free voice
E-mail: No
http://www.bu.edu

30. Center on Families, Communities, Schools & Children's Learning
Johns Hopkins University
3505 N. Charles Street
Baltimore, MD 21218-2404
(410) 516-8800 voice
(410) 516-8890 fax
(410) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.csos.jhu.edu

31. Center on School, Family, & Community Partnerships
Johns Hopkins University
3003 North Charles Street, Suite 200
Baltimore, MD 21218-3888
(410) 516-8808 voice
(410) 516-8890 fax
(410) no TDD/TTY
(800) no toll free voice
E-mail: p2000@csos.jhu.edu
http://www.csos.jhu.edu/p2000/center.htm

32. Child & Family Policy Center
    218 Sixth Avenue, Suite 1021
    Des Moines, IA 50309-4006
    (515) 280-9027 voice
    (515) 244-8997 fax
    (515) No TDD/TTY
    (800) No toll free voice
    E-mail: No
    http://www.cfpciowa.org

33. Child Welfare League of Ameri
    440 First Street, N.W., Suite 310
    Washington, DC 20001-2085
    (202) 638-2952 voice
    (202) 638-4004 fax
    (202) No TDD/TTY
    (800) 407-6273 toll free voice
    E-mail: webweaver@cwla.org
    http://www.cwla.org

34. Childhelp USA
    15757 North 78th Street
    Scottsdale, AZ 85260-1737
    (602) 922-8212 voice
    (602) 922-7061 fax
    (800) 4-A-Child (422-4453) toll free voice
    (800) 2-A-Child (222-4453) toll free TDD/TTY
    E-mail: No
    http://www.childhelpusa.org

35. Children & Adults with Attention Deficit Disorder (CHADD)
    8181 Professional Place, Suite 201
    Landover, MD 20785-2226
    (301) 306-7070 voice
    (301) 306-7090 fax
    (301) 306-7070 TDD/TTY
    (800) 233-4050 toll free voice
    E-mail: No
    http://www.chadd.org

36. Children First for Orego
921 S.W. Morrison Street, Suite 418
Portland, OR 97205-2734
(503) 294-1456 voice
(503) 294-1806 fax
(503) No TDD/TTY
(800) 544-0376 toll free voice
E-mail: childrenfirst@inetarena.com
http:// No

37. Children's Defense Fund
25 E Street, N.W.
Washington, DC 20001-1522
(202) 628-8787 voice
(202) No fax
(202) No TDD/TTY
(800) 233-1200 toll free voice
E-mail: cdfinfo@childrensdefense.org
http://www.childrensdefense.org

38. Citizen Involvement Network
1216 Connecticut Avenue, N.W., Suite
Washington, DC 20036-2602
(202) No voice
(202) No fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: No
http:// No

39. Citizens for Excellence in Education
at National Association of Christian Educators
P. O. Box 3200
Costa Mesa, CA 92628-3200
(949) 251-9333 voice
(949) 251-9466 fax
(714) No TDD/TTY
(800) 969-8003 toll free voice
E-mail: info@nace-cee.org
http://nace-cee.org

40. Clearinghouse for Immigrant Education (CHIME)
a service of the National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116-4610
(617) 357-8507 voice
(617) 357-9549 fax
(617) No TDD/TTY
(800) 441-7192 toll free voice
E-mail: ncasmfe@aol.com
http://www.ncas1.org

41. Coalition for America's Children
1634 I Street, N.W.
Washington, DC 20006-
(202) 638-5770 voice
(202) No fax
(202) No TDD/TTY
(877) 223-6866 toll free voice
E-mail: No
http://www.usakids.org/home.html

42. Coalition for Children
P. O. Box 6304
Denver, CO 80206-0304
(303) 320-6321 voice
(303) 292-5802 fax
(303) No TDD/TTY
(800) 320-1717 toll free voice
E-mail:kraizer@safechild.org
http://www.safechild.org

43. Coalition for Quality Education
1702 Upton Avenue
Toledo, OH 43607-1638
(419) 537-9246 voice
(419) 537-7102 fax
(419) No TDD/TTY
(800) No toll free voice
E-mail: mfecqe@aol.com
http:// No

44. Coalition of Essential Schools
1814 Franklin Street, Suite 700
Oakland, CA 94612-
(510) 433-1451 voice
(510) 433-1455 fax
(401) no TDD/TTY
(800) no toll free voice
E-mail: hortiz@essentialschools.org
http://www.essentialschools.org

45. Consortium on Children, Families & The Law
Institute for Families in Society
University of South Carolina
937 Assembly Street, Suite 1220
Columbia, South Carolina 29201-3937
(803) 777-9124 voice
(803) 777-1120 fax
(803) No TDD/TTY
(800) No toll free voice
E-mail: jmcdonel@ss1.csd.sc.edu
http://www.sc.edu/ifis/web7.html

46. Cornell University Family Matters Project
7 Research Park, Cornell University
Ithaca, NY 14850-1272
(607) 255-2080, 255-2531 voice
(607) No fax
(607) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.cornell.edu

47. Council for American Private Education (CAPE
18016 Mateny Road, Suite 140
Germantown, MD 20874-2112
(301) 916-8460 voice
(301) 916-8485 fax
(301) No TDD/TTY
(800) No toll free voice
E-mail: cape@impresso.com
http://www.capenet.org/

48. Council for Basic Education
1319 F Street, N.W., Suite 900
Washington, DC 20004-1152
(202) 347-4171 voice
(202) 347-5047 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: info@c-b-e.org
http://www.c-b-e.org/

49. Council for Exceptional Children (CEC)
1920 Association Drive, Suite A
Reston, VA 20191-1589
(703) 620-3660 voice
(703) 264-9494 fax
(703) 264-9446 TDD/TTY
(888) 232-7733 toll free voice
E-mail: service@cec.sped.org
http://www.cec.sped.org/

50. Council for Learning Disabilities (CLD)
P. O. Box 40303
Overland Park, KS 66204-4303
(913) 492-8755 voice
(913) 492-2564 fax
(913) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.coe.winthrop.edu\cld

51. Council of Chief State School Officers
One Massachusetts Avenue, N.W., Suite 700
Washington, DC 20001-1406
(202) 408-5505 voice
(202) 408-8072 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: info@ccsso.org
http://www.ccsso.org

52. Council of the Great City Schools
1301 Pennsylvania Avenue, N.W., Suite 702
Washington, DC 20004-1701
(202) 393-2427 voice
(202) 393-2400 fax
(202) No TDD/TTY
(800) 394-2427 toll free voice
E-mail: webmaster@cgcs.org
http://www.cgcs.org/

53. Disabilities Law Project
801 Arch Street, Suite 610
Philadelphia, PA 19107-2430
(215) 238-8070 voice
(215) 625-9589 fax
(215) 238-6070 TDD/TTY
(800) no toll free voice
E-mail: no
http://www.dlp-pa.org

54. Disability Rights Education & Defense Fund (DREDF)
2212 6th Street
Berkeley, CA 94710-2219
(510) 644-2555 voice
(510) 841-8645 fax
(510) 644-2555 TDD/TTY
(800) 466-4232 toll free voice
E-mail: dredf@dredf.org
http://www.dredf.org/

55. Education Law Center of New Jersey
155 Washington Street, Suite 205
Newark, NJ 07102-0000
(973) 624-1815 voice
(973) 624-7339 fax
(973) No TDD/TTY
(800) No toll free voice
E-mail: educlawctr@aol.com
http//www.edlawcenter.org

56. Education Law Center of Pennsylvania
801 Arch Street, Suite 610
Philadelphia, PA 19107-2445
(215) 238-6970 voice
(215) 625-9589 fax
(215) No TDD/TTY
(800) No toll free voice
E-mail: elc@elc-pa.org
http// No

57. Education Commission of the States
707 17th Street, Suite 2700
Denver, CO 80202-3425
(303) 299-3600 voice
(303) 296-8332 fax
(303) No TDD/TTY
(800) No toll free voice
E-mail: ecs@ecs.org
http://www.ecs.org/

58. Educational Excellence Network
1015 18th Street, N.W., Suite 300
Washington, DC 20036-5215
(202) 223-5452 voice
(202) 223-9226 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: tbfintern@aol.com
http://www.edexcellence.net/

59. Effective School Products
2199 Jolly Road, Suite 160
Okemos, MI 48864-5983
(517) 349-8841 voice
(517) 349-8852 fax
(517) No TDD/TTY
(800) 827-8041 toll free voice
E-mail: staff@effectiveschools.com
http://www.effectiveschools.com/

60. ERIC Clearinghouse on Elementary & Early Childhood Education
University of Illinois
Children's Research Center
51 Gerty Drive
Champaign, IL 61820-7469
(217) 333-1386 voice
(217) 333-3767 fax
(800) 583-4135 toll free voice
(800) 583-4135 toll free TDD/TTY
E-mail: ericeece@uiuc.edu
http://ericeece.org

61. Exceptional Parents Unlimited
4120 North First Street
Fresno, CA 93726-4310
(209) 229-2000 voice
(209) 229-2956 fax
(209) No TDD/TTY
(800) No toll free voice
E-mail: epu1@cybergate.com
http://www.exceptionalparents.org

62. Families & Work Institute
330 Seventh Avenue, 14th Floor
New York, NY 10001-5010
(212) 465-2044 voice
(212) 465-8637 fax
(212) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.familiesandwork.org/

63. Family Impact Seminar
1730 Rhode Island Avenue, N.W., Suite 209
Washington, DC 20036-3101

(202) 496-1964	voice
(202) 496-1975	fax
(202) No	TDD/TTY
(800) No	toll free voice

E-mail: tooms@familyimpactseminar.org
http:// No

64. Family Resource Coalition of America (FRCA)
20 North Wacker Drive, Suite 1100
Chicago, IL 60606-2806

(312) 338-0900	voice
(312) 338-1522	fax
(312) No	TDD/TTY
(800) No	toll free voice

E-mail: frca@frca.org
http://www.frca.org/

65. Family Resource Network
School District of Philadelphia, Room 509
21 St. So. of Parkway
Philadelphia, PA 19103-0000

(215) 299-7461	voice
(215) 299-2689	fax
(215) 335-5674	TDD/TTY
(800) No	toll free voice

E-mail: nerskine@mail.phila.k12.pa.us
http://www.phila.k-12.pa.us/offices/frn.html

66. Federation for Children with Special Needs
95 Berkeley Street, Suite 104
Boston, MA 02116-6264
(617) 482-2915 voice
(617) 695-2939 fax
(617) 482-2915 TDD/TTY
(800) 331-0688 toll free voice (MA only)
E-mail: fcsninfo@fcsn.org
http://www.fcsn.org

67. Hand in Hand
part of Parent Schools Communities United For Kids
at the Institute for Educational Leadership
1001 Connecticut Avenue, N.W., Suite 310
Washington, DC 20036-5530
(202) 822-8405 ext. 25 voice
(202) 872-4050 fax
(202) No TDD/TTY
(800) 953-4263 toll free voice
E-mail: hand@iel.org
http://www.handinhand.org

68. Higher Education & The Handicapped (HEATH)
at American Council on Education (ACE)
One Dupont Circle, N.W., Suite 800
Washington, DC 20036-1132
(202) 939-9320 voice
(202) 833-4760 fax
(202) 939-9320 TDD/TTY
(800) 544-3284 toll free voice
(800) 544-3284 toll free TDD/TTY
E-mail: heath@ace.nche.edu
http://www.acenet.edu

69. Hispanic Policy Development Project
36 East 22nd Street, 9th Floor
New York, NY 10010-6124
(212) 529-9323 voice
(212) 477-5395 fax
(212) No TDD/TTY
(800) No toll free voice
E-mail: siobhan96@aol.com
http:// No

70. Home & School Institute
1500 Massachusetts Avenue, N.W., Suite 42
Washington, DC 20005-1812
(202) 466-3633 voice
(202) 833-1400 fax
(202) No TDD/TTY
(800) 634-2872 toll free voice
E-mail: hsidra@erols.com
http://www.MegaSkillsHSI.org

71. Home School Legal Defense Association
P. O. Box 3000
Purcellville, VA 20134-9000
(540) 338-5600 voice
(540) 338-2733 fax
(540) No TDD/TTY
(800) No toll free voice
E-mail: mailroom@hslda.org
http://www.hslda.org

72. Homework Hotline Educational Services
    part of the Bureau for At-Risk Youth
    1451 Elm Hill Pike, Suite 107
    Nashville, TN 37210-4551
    (615) 360-7001 voice
    (615) 360-7001 fax
    (615) No TDD/TTY
    (800-529- 9799 Ext.245 toll free voice
    E-mail: Markmm@ix.netcom.com
    http://www.

73. Indian Youth of America
    Badgerow Bldg., Suite 609
    Sioux City, IA 51102-0000
    (712) 252-3230 voice
    (712) 252-3712 fax
    (712) No TDD/TTY
    (800) No toll free voice
    E-mail: No
    http:// No

74. The Indiana Parent Information Network, Inc.
    4755 Kingsway Drive, Suite 105
    Indianapolis, IN 46205-1545
    (317) 257-8683 voice
    (317) 251-7488 fax
    (317) No TDD/TTY
    (800) 359-2010 toll free voice (IN only)
    E-mail: ipin@indy.net
    http://ideanet.doe.state.in.us/~rumschla/info.html

75. Institute for Educational Leadership
see also Hand in Hand / Parents Schools Communities United for Kids
1001 Connecticut Avenue, N.W., Suite 310
Washington, DC 20036-5530
(202) 822-8405 voice
(202) 872-4050 fax
(202) No TDD/TTY
(800) 953-4263 toll free voice
E-mail: hand@iel.org
http://www.handinhand.com

76. Institute for Responsive Education
Northeastern University
50 Nightingale Hall
Boston, MA 02115-0000
(617) 373-2595 voice
(617) 373-8924 fax
(617) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.resp-ed.org

77. Institute for the Study of Educational Policy
University of Washington, College of Education
M203 Miller Hall, Box 353600
Seattle, WA 98195-3600
(206) 543-4955 voice
(206) 616-6762 fax
(206) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.educ.washington.edu/COE/centers/ISEP.htm

78. Institute for Urban & Minority Education
Box 75 Teachers College
Columbia University
New York, NY 10027-6696
(212) 678-3444 voice
(212) 678-4137 fax
(212) No TDD/TTY
(800) No toll free voice
E-mail: IUME@Columbia.edu
http://iume.tc.columbia.edu/

79. Intercultural Development Research Association
5835 Callaghan Road, Suite 350
San Antonio, TX 78228-1125
(210) 684-8180 voice
(210) 684-5389 fax
(210) No TDD/TTY
(800) No toll free voice
E-mail: idra@idra.org
http://www.idra.org/

80. International Reading Association
800 Barksdale Road
P.O. Box 8139
Newark, DE 19174-8139
(302) 731-1600 voice
(302) 731 1057 fax
(302) 731-1600 x293 TDD/TTY
(800) 336 READ toll free voice
E-mail: rlong@reading.org
http://www.reading.org/

81. The Juvenile Law Center
    801 Arch Street, Suite 610
    Philadelphia, PA 19107-2430
    (215) 625-0551 voice
    (215) 625-9589 fax
    (215) No TDD/TTY
    (800) 875-8887 toll free voice (PA only)
    E-mail: HN2403@handsnet.org
    http://www.usakids.org/sites/jlc.html

82. The Laboratory at Brown University (LAB)
    222 Richmond Street, Suite 300
    Providence, RI 02903-4226
    (401) 274-9548 voice
    (401) 421-7650 fax
    (800) 521-9550 toll free voice
    (800) 745.5555 toll free TDD/TTY
    E-mail: Phil_Zarlengo@Brown.edu
    http://www.lab.brown.edu/

83. Laboratory for Student Success at Temple University (LSS)
    933 Ritte Annex, 13th Street & Cecil B. Moore
    Philadelphia, PA 19122-
    (215) 204-3030 voice
    (215) 204-5130 fax
    (215) No TDD/TTY
    (800) 892-5550 toll free voice
    E-mail: lss@vm.temple.edu
    http://www.temple.edu/departments/LSS/

84. Learning Disabilities Association of America (LDA)
4156 Library Road, Suite 12
Pittsburgh, PA 15234-1390
(412) 341-1515 voice
(412) 344-0224 fax
(412) No TDD/TTY
(888) 300-6710 toll free voice
E-mail: ldanatl@usaor.net
http://www.ldanatl.org/

85. Massachusetts Education Center
101 Mill Road
Chelmsford, MA 01824-4844
(617) No voice
(617) No fax
(617) No TDD/TTY
(800) No toll free voice
E-mail: No
http:// No

86. Mexican American Legal Defense & Education Fund (MALDEF)
634 South Spring Street, 11th Floor
Los Angeles, CA 90014-1974
(213) 629-2512 voice
(213) 629-0266 fax
(213) No TDD/TTY
(800) No toll free voice
E-mail: info@maldef.org
http://www.maldef.org/

87. Mid-Continent Regional Educational Laboratory (McREL)
2550 South Parker Road, Suite 500
Aurora, CO 80014-1678
(303) 337-0990 voice
(303) 337-3005 fax
(303) No TDD/TTY
(800) No toll free voice
E-mail: info@mcrel.org
http://www.mcrel.org

88. Migrant Head Start Quality Improvement Center
at the Academy for Educational Development
1255 NW 23rd
Washington, D.C. 20037-1199
(202) 884-8729 voice
(202) 884-8732 fax
(202) No TDD/TTY
(800) 864-0465 toll free voice
E-mail: vcantu@aed.org
http://mhsqic.org/

89. National Alliance of Black Educators (NABE)
2816 Georgia Avenue, N.W., Suite 4
Washington, DC 20001-3819
(202) 483-1549 voice
(202) 483-8323 fax
(202) No TDD/TTY
(800) 221-2654 toll free voice
E-mail: nabse@nabse.org
http://www.nabse.org

90. National Asian Family School Partnership Project (NAFSPP)
a program of the National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116-4610
(617) 357-8507 voice
(617) 357-9549 fax
(617) No TDD/TTY
(800) No toll free voice
E-mail: nafsp2bt@aol.com
http://www.ncas1.org/nafspp.htm

91. National Association for the Advancement of Colored People (NAACP)
4805 Mt. Hope Drive
Baltimore, MD 21215-3206
(410) 521-4939 voice
(410) 358-1607 fax
(410) No TDD/TTY
(877) 622-2798 toll free voice
E-mail: No
http://www.naacp.org

92. National Association for the Education of Young Children (NAEYC)
1509 16th Street, N.W.
Washington, DC 20036-1426
(202) 232-8777 voice
(202) 328-1846 fax
(202) No TDD/TTY
(800) 424-2460 toll free voice
E-mail: naeyc@naeyc.org
http://www.naeyc.org

93. National Association for Gifted Children (NAGC)
1707 L Street, N.W., Suite 550
Washington, DC 20036-4212
(202) 785-4268 voice
(202) No fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.nagc.org/

94. National Association of Elementary School Principals (NAESP)
1615 Duke Street
Alexandria, VA 22314-3406
(703) 684-3345 voice
(703) 549-5568 fax
(703) No TDD/TTY
(800) 386-2377 toll free voice
(800) 386-2377 toll free fax
E-mail: naesp@naesp.org
http://www.naesp.org/

95. National Association of Partners in Education (NAPE)
901 North Pitt Street, Suite 320
Alexandria, VA 22314-1536
(703) 836-4880 voice
(703) 836-6941 fax
(703) No TDD/TTY
(800) No toll free voice
E-mail: napehq@napehq.org
http://www.napehq.org/

96. National Association of Protection & Advocacy Systems (NAPAS)
900 Second Street, N.E., Suite 211
Washington, DC 20002-
(202) 408-9514 voice
(202) 408-9520 fax
(202) 408-9521 TDD/TTY
(800) No toll free voice
E-mail: No
http://www.protectionandadvocacy.com

ERIC
Full Text Provided by ERIC

97. National Association of School Psychologists (NASP)
4340 East West Highway, Suite 402
Bethesda, MD 20814-4411
(301) 657-0270 voice
(301) 657-0275 fax
(301) 657-4155 TDD/TTY
(800) No toll free voice
E-mail: nasp8455@aol.com
http://www.naspweb.org

98. National Association of Secondary School Principals (NASSP)
1904 Association Drive
Reston, VA 20191-1502
(703) 860-0200 voice
(703) 476-5432 fax
(703) No TDD/TTY
(800) No toll free voice
E-mail: nassp@nassp.org
http://www.nassp.org/index.htm

99. National Association of State Boards of Education (NASBE)
1012 Cameron Street
Alexandria, VA 22314-2427
(703) 684-4000 voice
(703) 836-2313 fax
(703) No TDD/TTY
(800) No toll free voice
E-mail:
http://www.nasbe.org

100. National Association of State Directors of Special Education
1800 Diagonal Road, Suite 320
Alexandria, VA 22314-2840
(703) 519-3800 voice
(703) 519-3808 fax
(703) 519-7008 TDD/TTY
(800) No toll free voice
E-mail: pking@nasdse.com
http://www.nasdse.org

101. National Black Child Development Institute
1023 15th Street, N.W., Suite 600
Washington, DC 20005-2602
(202) 387-1281 voice
(202) 234-1738 fax
(202) No TDD/TTY
(800) 556-2234 toll free voice
E-mail: moreinfo@nbcdi.org
http://www.nbcdi.org

102. National Center for Family Literacy
Parade Family Literacy Hotline
325 West Main Street, Suite 200
Louisville, KY 40202-4251
(502) 584-1133 voice
(502) 584-0171 fax
(502) No TDD/TTY
(877) 326-5481 toll free voice
E-mail: ncfl@famlit.org
http://famlit.org/

103. National Center for Infants, Toddlers, & Families
formerly National Center for Clinical Infant Programs
734 15th Street, N.W., Suite 1000
Washington, DC 20005-1013
(202) 638-0840 voice
(202) 638-0851 fax
(202) No TDD/TTY
(800) 899-4301 toll free voice
E-mail: 0to3@zerotothree.org
http://www.zerotothree.org

104. National Center for Learning Disabilities
381 Park Avenue South, Suite 1401
New York, NY 10016-
(212) 545-7510 voice
(212) 545-9665 fax
(212) No TDD/TTY
(888) 575-7373 toll free voice
E-mail: No
http://www.ncld.org

105. National Center to Improve the Tools of Educators (NCITE)
805 Lincoln Street
Eugene, OR 97401-2810
(541) 346-5818 voice
(541) 346-1646 voice
(541) 683-7543 voice
(541) 346-3581 fax
(541) No TDD/TTY
(800) No toll free voice
E-mail: ncite@darkwing.uoregon.edu
http://darkwing.uoregon.edu/~ncite/index.html

106. National Child Care Association (NCCA)
1016 Rosser Street
Conyers, GA 30012-4464
(770) 922-8198 voice
(770) 388-7772 fax
(770) No TDD/TTY
(800) 543-7161 toll free voice
E-mail: nccanac@nccanet.org
http://www.nccanet.org

107. National Coalition for an Urban Children's Agenda
at National Association of State Boards of Education (NASBE)
1012 Cameron Street
Alexandria, VA 22314-2427
(703) 684-4000 voice
(703) 836-2313 fax
(703) No TDD/TTY
(800) No toll free voice
E-mail: boards@nasbe.org
http://www.nasbe.org

108. National Coalition of Advocates for Students (NCAS)
100 Boylston Street, Suite 737
Boston, MA 02116-4610
(617) 357-8507 voice
(617) 357-9549 fax
(617) No TDD/TTY
(800) 441-7192 toll free voice
E-mail: ncasmfe@aol.com
http://www.ncas1.org/

109. National Coalition of ESEA Title 1 Parents
1010 Vermont Avenue, N.W., Suite
Washington, DC 20005
(202) voice
(202) fax
(202) TDD/TTY
(800) No toll free voice
E-mail:
http://

110. National Coalition for Parent Involvement in Education (NCPIE)
1201 16th Street, N.W., Suite 39
Washington, DC 20036-3207
(202) 822-8405 voice
(202) 872-4050 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: ferguson@iel.org
http://www.ncpie.org

111. National Coalition for Title 1/Chapter 1 Parents
1541 14th Street, N.W.
Washington, DC 20005-3706
(202) 547-9286 voice
(202) 544-2813 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail:
http:// No

112. National Committee for Citizens in Education
900 2nd Street, N.E., Suite 8
Washington, DC 20002-3557
(202) voice
(202) fax
(202) TDD/TTY
(800) toll free voice
E-mail:
http://

113. National Community Education Association (NCEA)
3929 Old Lee Hwy, Suite 91-A
Fairfax, VA 22030-2401
(703) 359-8973 voice
(703) 359-0972 fax
(703) No TDD/TTY
(800) No toll free voice
E-mail: ncea@ncea.com
http://www.ncea.com

114. National Congress of Parents & Teachers
now known as the National Parent Teachers Association

115. National Council of La Raza
1111 19th Street, N.W., Suite 1000
Washington, DC 20036-3603
(202) 785-1670 voice
(202) 776-1792 fax
(202) No TDD/TTY
(800) 311-6257 toll free voice
E-mail: nclr@inf.org
http://www.nclr.org

116. National Dropout Prevention Center
Clemson University
209 Martin Street
Clemson, SC 29634-0726
(843) 656-2599 voice
(843) 656-0136 fax
(843) No TDD/TTY
(800) 443-6392 toll free voice
E-mail: ndpc@clemson.edu
http://www.dropoutprevention.org

117. National Early Childhood Technical Assistance System (NEC*TAS)
Frank Porter Graham Child Development Center
University of N. Carolina @ Chapel Hill
500 Nations Bank Plaza
137 East Franklin Street
Chapel Hill, NC 27514-3628
(919) 962-2001 voice
(919) 966-7463 fax
(919) 962-8300 TDD/TTY
(800) No toll free voice
E-mail: nectas@unc.edu
http://www.nectas.unc.edu/

118. National Education Association (NEA)
P. O. Box 2035
Annapolis Junction, MD 20701-2035
(301) 617-7830 voice
(301) 206-9789 fax
(202) No TDD/TTY
(800) 229-4200 toll free voice
E-mail: neapl@pmds.com
http://www.nea.org

119. National Family Partnership
922 S.W. Barbur Blvd.
P. O. Box 119-284
Portland, OR 97219-
(503) 768-9659 voice
(503) 244-5506 fax
(503) No TDD/TTY
(888) 311-1933 toll free voice
E-mail: jcushing@orpartnership.com
http:www.nfp.org

120. National Federation of the Blind
1800 Johnson Street
Baltimore, MD 21230-4914
(410) 659-9314 voice
(410) 685-5653 fax
(410) No TDD/TTY
(800) No toll free voice
E-mail: nfb@nfb.org
http://www.nfb.org/

121.National Head Start Association
1651 Prince Street
Alexandria, VA 22314-2818
(703) 739-0875 voice
(703) 739-0878 fax
(703) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.nhsa.org

122.National Homeschool Association
P.O. Box 290
Hartland, Michigan 48353-0290
(513)772-9580 voice
(513) No fax
(513) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.n-h-a.org/

123.National Information Center for Handicapped Children & Youth
P. O. Box 1492
Washington, DC 20013-1492
(202) 884-8200 voice
(202) 884-8441 fax
(202) 884-8200 TDD/TTY
(800) 695-0285 toll free voice
(800) 695-0285 toll free TDD/TTY
E-mail: nichcy@aed.org
http:// www.nichcy.org/

124.National Information Center on Volunteerism
P. O. Box 4179
Boulder, CO 80306-4179
(303) No voice
(303) No fax
(303) No TDD/TTY
(800) No toll free voice
E-mail: No
http:// No

125.National Parent Information Network (NPIN)
ERIC Clearinghouse on Elementary & Early Childhood Education
University of Illinois at Urbana-Champaign
Children's Research Lab
51 Gerty Drive
Champaign, IL 61820-7469
(217) 333-1386 voice
(217) 333-3767 fax
(800) 583-4135 toll free voice
(800) 583-4135 toll free TDD/TTY
E-mail: arobrtsn@uiuc.edu
http://ericps.ed.uiuc.edu/npin/

- or -

National Parent Information Network (NPIN)
ERIC Clearinghouse on Urban Education
Teachers College, Columbia University
Institute for Urban and Minority Education
Main Hall, Room 303, Box 40
525 W. 120th St.
New York, NY 10027-6696
(212) 678-3433 voice
(212) 678-4012 fax
(212) No TDD/TTY
(800) 601-4868 toll free voice
E-mail: eric-cue@columbia.edu
http://ericps.ed.uiuc.edu/npin/

126.National Parent Network on Disabilities (NPND)
1130 17th Street N.W., Suite 400
Washington, DC 20036-4641

(202) 463-2299	voice
(202) 463-9403	fax
(202) 463-2299	TDD/TTY
(800) No	toll free voice

E-mail: NPND@cs.net
http://www.npnd.org/

127.National Parent Teacher Association (PTA)
330 North Wabash Avenue, Suite 2100
Chicago, IL 60611-3690

(312) 670-6782	voice
(312) 670-6783	fax
(312) No	TDD/TTY
(800) 307-4782	toll free voice

E-mail: info@pta.org
http://www.pta.org/index.stm

128.National Research Center on the Gifted & Talented
362 Fairfield Road, U-7
University of Connecticut
Storrs, CT 06269-2007

(860) 486-4676	voice
(860) 486-2900	fax
(860) No	TDD/TTY
(800) No	toll free voice

E-mail: epsadm06@uconnvm.uconn.edu
http://www.ucc.uconn.edu/~wwwgt/nrcgttxt.html

129.National School Boards Association
1680 Duke Street, Suite 100
Alexandria, VA 22314-3493
(703) 838-6722 voice
(703) 548-5560 fax
(703) no TDD/TTY
(800) 950-6722 toll free voice
E-mail: info@nsba.org
http://www.nsba.org/

130.National School Public Relations Association
15948 Derwood Road
Rockville, MD 20855-2123
(301) 519-0496 voice
(301) 519-0494 fax
(301) No TDD/TTY
(800) No toll free voice
E-mail: nspra@nspra.org
http://www.nspra.org

131.National School Safety Center
a partnership of Pepperdine University and the
U.S. Departments of Justice & Education
4165 East Thousand Oaks Blvd., Suite 290
Westlake Village, CA 91362-3815
(805) 373-9977 voice
(805) 373-9277 fax
(805) No TDD/TTY
(800) No toll free voice
E-mail: june@nssc1.org
http://www.nscc1.org

132.National School Volunteer Program, Inc.
300 North Washington Street, Suite
Alexandria, VA 22314-2530
(703) voice
(703) fax
(703) TDD/TTY
(800) no toll free voice
E-mail:
http://
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450 North Grand Avenue
Los Angeles, CA 90012-2123
(213) voice
(213) fax
(213) TDD/TTY
(800) No toll free voice
E-mail:
http://

133.National Urban League
120 Wall Street
New York, NY 10005-3904
(212) 558-5300 voice
(212) 344-5332 fax
(212) No TDD/TTY
(800) No toll free voice
E-mail: info@nul.org
http://www.nul.org

134.New England Center for Community Education
University of Connecticut U-142
249 Glenbrook Road
Storrs, CT 06269-2064
(860) 486-3813 voice
(860) 486-0210 fax
(860)No TDD/TTY
(800) No toll free voice
E-mail: soeadmo4@uconnvm.uconn.edu
http://www.uconn.edu/

135.North Central Regional Educational Laboratory (NCREL)
1900 Spring Road, Suite 300
Oak Brook, IL 60521-1480
(630) 571-4700 voice
(630) 571-4716 fax
(630) No TDD/TTY
(800) 356-2735 toll free voice
E-mail: info@ncrel.org
http://www.ncrel.org

136.Northwest Regional Education Laboratory (NWREL)
101 S.W. Main Street, Suite 500
Portland, OR 97204-3213
(503) 275-9500 voice
(503) 275-9489 fax
(503) No TDD/TTY
(800) 547-6339 toll free voice
E-mail: simone@nwrel.org
http://www.nwrel.org

137.Office of Bilingual Education & Minority Languages Affairs
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-6510
(202) 205-5426 voice
(202) No fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: obemla@ed.gov
http://www.ed.gov/offices/OBEMLA/

138. Operation PUSH
930 East 50th Street
Chicago, IL 60615-2702

(773) 373-3366	voice
(773) 773-3773	fax
(773) No	TDD/TTY
(800) No	toll free voice

E-mail: No
http:// No

139. Oregon Advocacy Center
620 S. W. 5th Avenue, 5th Floor
Portland, OR 97204-1428

(503) 243-2081	voice
(503) 243-1738	fax
(800) 452-1694	toll free voice
(800) 556-5351	toll free TDD/TTY

E-mail: oradvocacy@aol.com
http://No

140. Oregon School Study Council (OSSC)
1215 University of Oregon
Eugene, OR 97403-1215

(541) 346-1397	voice
(541) 346-5818	fax
(541) No	TDD/TTY
(800) No	toll free voice

E-mail: pmccullu@oregon.uoregon.edu
http://interact.uoregon.edu/ossc/Index.html

141. Pacific Resources for Education & Learning (PREL)
1099 Alakea Street, 25th floor
Honolulu, HI 96813-4500

(808) 533-6000	voice
(808) 533-7599	fax
(808) No	TDD/TTY
(800) No	toll free voice

E-mail: askprel@prel.hawaii.edu
http://www.prel.hawaii.edu/

142. The Parent Institute
P. O. Box 7474
Fairfax Station, VA 22039-7474
(703) 323-9170 voice
(703) 323-9173 fax
(703) No TDD/TTY
(800) 756-5525 toll free voice
(800) 216-3667 toll free fax
E-mail: webmaster@parent-institute.com
http://www.par-inst.com/

143. Parent Power
P. O. Box 40504
Indianapolis, IN 46240-0504
(317) 577-8088 voice
(317) 577-8088 fax
(317) No TDD/TTY
(800) No toll free voice
E-mail: ajg19@inetdirect.net / slsr@aol.com
http:// No

144. Parent Training & Information Centers
see Federation for Children with Special Needs
95 Berkeley Street, Suite 104
Boston, MA 02116-6264
(617) 482-2915 voice
(617) 695-2939 fax
(617) 482-2915 TDD/TTY
(800) 331-0688 toll free voice (MA only)
E-mail: fcsninfo@fcsn.org
http://www.fcsn.org/text/ptitext/home.htm

145. Parenting Network
27229 Avenue 88
Terra Bella, CA 93270-9412
(209) 625-0384 voice
(209) fax
(209) TDD/TTY
(800) No toll free voice
E-mail:
http://

146. Parents As A Resource
464 Central Avenue
Northfield, IL 60093-3040
(847) 675-3555 voice
(847) fax
(847) TDD/TTY
(800) No toll free voice
E-mail:
http://

147. Parents As Teachers National Center
10176 Corporate Square Drive, Suite 230
St. Louis, MO 63132-2924
(314) 432-3330 voice
(314) 432-8963 fax
(314) No TDD/TTY
(800) No toll free voice
E-mail: patnc@patnc.org
http://www.patnc.org

148. Parents for Academic Excellence
P. O. Box 1077
Clatskanie, OR 97016-1077
(503) voice
(503) fax
(503) TDD/TTY
(800) No toll free voice
E-mail:
http://

149. Parents for Public Schools
P. O. Box 12807
Jackson, MS 39236-2807
(601) 982-1222 voice
(601) 982-0002 fax
(601) TDD/TTY
(800) 222-1222 toll free voice (MS only)
E-mail: ppschapter@aol.com
http://

150. Parents Helping Parents
3041 Alcott Street
San Jose, CA 95126-
(408) 727-5775 voice
(408) 727-0182 fax
(408) 727-5775 TDD/TTY
(800) toll free voice
E-mail:
http://portal.com/~cbntmkr/php.html

151. Parents in Touch
Indianapolis Public Schools
901 North Carrollton
Indianapolis, IN 46202-3437
(317) 266-4134 voice
(317) fax
(317) TDD/TTY
(800) No toll free voice
E-mail:
http://

152. Parents Schools Communities United for Kids
at the Institute for Educational Leadership
1001 Connecticut Avenue, N.W., Suite 310
Washington, DC 20036-5530
(202) 822-8405 x25 voice
(202) 872-4050 fax
(202) No TDD/TTY
(800) 953-4263 toll free voice
E-mail: hand@iel.org
http://www.handinhand.com

153. Partnership for Family Involvement in Education
at the U.S. Department of Education

Washington, DC
(202) voice
(202) fax
(202) TDD/TTY
(800) toll free voice
E-mail: partner@ed.gov
http://pfie.ed.gov/

154. Partnerships in Public Education
The Department of Education and Training
35 Bridge Street
Sydney, New South Wales, Australia
61-2- voice
fax
TDD/TTY
(800) toll free voice
E-mail:
http://www.dse.nsw.edu.au/dse/D1.0/partner.htm

155. Personal Communications Interactive (PCI)
at the Bureau for At-Risk Youth
1 Fishers Road
Pittsford, NY 14534-9511
(716) 340-0000 voice
(716) 340-0034 fax
(716) No TDD/TTY
(800) 999-6884 toll free voice
E-mail: smith-gwyeth@email.msn.com
http://www.at-risk.com

156. Professional Association for Childhood Education (PACE)
74 New Montgomery, Suite 230
San Francisco, CA 94105-3411
(415) 764-4805 voice
(415) 764-4915 fax
(415) No TDD/TTY
(800) 924-2460 toll free voice (CA only)
E-mail: paceadm@pacenet.org
http://pacenet.org

157. Quality Education for Minorities (QEM) Network
1818 N Street, N.W., Suite 350
Washington, DC 20036-2406
(202) 659-1818 voice
(202) 659-5408 fax
(202) No TDD/TTY
(800) No toll free voice
E-mail: qemnetwork@qem.org
http://qemnetwork.qem.org/

158. Research & Training Center on Family Support & Children's Mental Health
Regional Research Institute
Portland State University
P.O. Box 751
Portland, OR 97207-0751
(503) 725-4040 voice
(503) 725-4180 fax
(503) No TDD/TTY
(800) No toll free voice
E-mail: rtcpubs@rri.pdx.edu
http://www.rtc.pdx.edu

159. Research for Better Schools, Inc.
444 North Third Street
Philadelphia, PA 19123
(215) 574-9300 voice
(215) 574-0133 fax
(215) No TDD/TTY
(800) No toll free voice
E-mail:info@rbs.org
http://www.rbs.org

160.RMC Research Corporation
1512 Larimier Street, Suite 540
Denver, CO 80202-1620
(303) 825-3636 voice
(303) 825-1626 fax
(303) No TDD/TTY
(800) 922-3636 toll free voice
E-mail: lastname@rmc.uucp.netcom.com
http://www.teleport.com/~rmc/index.html

RMC Research Corporation
1000 Market Street, Building 2
Portsmouth, NH 03801-3306
(603) 422-8888 voice
(603) 436-9166 fax
(603) No TDD/TTY
(800) 258-0802 toll free voice
E-mail: rmcc@rmcres.com
http://www.rmcres.com

RMC Research Corporation
522 SW Fifth Avenue, Suite 1407
Portland, OR 97204-2131
(503) 223-8248 voice
(503) 223-8399 fax
(503) No TDD/TTY
(800) 788-1887 toll free voice
E-mail: rmc@rmccorp.com
http://www.teleport.com/~rmc/index.html

161. San Diego County Office of Education
6401 Linda Vista Road
San Diego, CA 92111-7399
(619) 292-3500 voice
(619) 292-3517 fax
(619) No TDD/TTY
(800) 200-3626 toll free voice (San Diego County only)
E-mail: rcastrui@sdcoe.k12.ca.us
http://www.sdcoe.k12.ca.us/iss/family/welcome.html

162. School Improvement Council Assistance (SICA)
University of South Carolina
College of Education, Room 001
Columbia, SC 29208-0002
(803) 777-7658 voice
(803) 777-0023 fax
(803) No TDD/TTY
(800) No toll free voice
E-mail: sica@ed.sc.edu
http://ed.sc.edu/sica/sica.html

163. Schoolwatch
104 North Broad Street
Trenton, NJ 08608-1304
(609) voice
(609) fax
(609) TDD/TTY
(800) no toll free voice
E-mail:
http://

164. Single Parent Resource Center (SPRC)
("virtual site" only)
E-mail: bevhamilton@yahoo.com
http://www.singleparentresources.com/

165.SouthEastern Regional Vision for Education (SERVE)
P. O. Box 5367
Greensboro, NC 27435-0367
(910) 334-3211 voice
(910) 334-3268 fax
(910) No TDD/TTY
(800) 755-3277 toll free voice
E-mail: dholznag@serve.org
http://www.serve.org

166.Southern Coalition for Educational Equity
P. O. Box 22904
Jackson, MS 39225-2904
(601) 355-7398 voice
(601) fax
(601) TDD/TTY
(800) No toll free voice
E-mail:
http:

167.Southern Regional Council
133 Carnegie Way, N.W., Suite 900
Atlanta, GA 30303-1024
(404) 522-8764 voice
(404) 522-8791 fax
(404) No TDD/TTY
(888) 772-5571 toll free voice
E-mail: 73251.2024@compuserve.com
http://www.src.w1.com/

168.Southwest Educational Development Laboratory (SEDL)
211 East Seventh Street
Austin, TX 78701-3281
(512) 476-6861 voice
(512) 476-2286 fax
(800) 476-6861 toll free voice
(800) 476-6861 ext 304 toll free TDD/TTY
E-mail: whoover@sedl.org
http://www.sedl.org/

169. Statewide Parent Advocacy Network (SPAN)
35 Halsey Street, 4th floor
Newark, NJ 07102-3000
(201) 642-8100 voice
(201) 642-8080 fax
(201) No TDD/TTY
(800) 654-7726 toll free voice (NJ only)
E-mail: span@bellatlantic.net
http://www.taalliance.org/ptis/nj

170. Student Advocacy Center
2301 Platt Road
Ann Arbor, MI 48104-5115
(313) 973-7860 voice
(313) 973-7864 fax
(313) TDD/TTY
(800) toll free voice
E-mail:
http://

171. Success For All
Center for Research for Effective Schooling for Disadvantaged Students
Johns Hopkins University
3505 North Charles Street
Baltimore, MD 21218-2404
(410) 516-8809 voice
(410) 516-8890 fax
(410) No TDD/TTY
(800) 548-4998 toll free voice
E-mail: info@successforall.net
http://www.successforall.com/

172. Technical Assistance Alliance for Parent Projects
The Alliance is funded through PACER (Parent Advocacy Coalition for Educational Rights)
8161 Normandale Boulevard
Bloomington, MN 55437-1044
(952) 838-9000 voice
(952) 838-0199 fax
(952) 838-0190 TDD/TTY
(888) 248-0822 toll free voice
E-mail: alliance@taalliance.org
http://www.taalliance.org

173. The Association for Persons with Severe Handicaps (TASH)
29 W. Susquehanna Avenue, Suite 210
Baltimore, MD 21204-5218
(410) 828-8274 voice
(410) 828-6706 fax
(410) 828-1306 TDD/TTY
(800) No toll free voice
E-mail: info@tash.org
http://www.tash.org

174. United National Indian Tribal Youth (UNITY)
P. O. Box 25042
500 North Broadway Street, Suite 250
Oklahoma City, OK 73125-0042
(405) 236-2800 voice
(405) 971-1071 fax
(405) No TDD/TTY
(800) No toll free voice
E-mail: unity@unity.inc.org
http://www.codetalk.fed.us/unity.html

175. WestEd (formerly Far West Laboratory)
730 Harrison Street
San Francisco, CA 94107-1242
(415) 565-3000 voice
(415) 565-3012 fax
(415) No TDD/TTY
(800) No toll free voice
E-mail: gharvey@wested.org
http://www.wested.org

176. WestEd (formerly Southwest Regional Laboratory)
4665 Lampson Avenue
Los Alamitos, CA 90720-5139
(562) 598-7661 voice
(562) 985-9038 fax
(562) No TDD/TTY
(800) No toll free voice
E-mail: No
http://www.wested.org

177. Work/Life Leadership Council
The Conference Board, Inc.
845 Third Avenue
New York, NY 10022-6679
(202) 759-0900 voice
(212) 980-7014 fax
(212) No TDD/TTY
(800) No toll free voice
E-mail: info@conference-board.org
http://www.conference-board.org/

178.Zero to Three
see National Center for Infants, Toddlers & Families
734 15th Street, N.W., Suite 1000
Washington, DC 20005-1013
(202) 638-0840 voice
(202) 638-0851 fax
(202) No TDD/TTY
(800) 899-4301 toll free voice
E-mail: 0to3@zerotothree.org
http://www.zerotothree.org

APPENDIX M

SPECIAL JOURNAL ISSUES ON FAMILY INVOLVEMENT

SPECIAL JOURNAL ISSUES

The following is a partial list of education-related publications that have had special issues pertaining to family involvement or home-school-community collaboration between 1975 and 2000.

1. (1975) Exceptional Children, 41(8) – "The Parent-Professional Partnership"
2. (1978) Teachers College Record, 79(4) – "Families and Communities as Educators"
3. (1980) Pointer, 25(1) – "Working with Parents: Practical Issues & Methods"
4. (1981) School Psychology Review, 10(1) – "Services to Families and Parental Involvement with Interventions"
5. (1982) Exceptional Education Quarterly, 3(2) – "Parent Participation in the Education of Exceptional Children"
6. (1983) Education and Training of the Mentally Retarded, 18(1)
7. (1984) Journal of Career Education, 10(4) – "Special Issue on Parents and Career Education"
8. (1986) Journal of the Division for Early Childhood, 11(1) – "Family Involvement"
9. (1986) Journal of Educational Public Relations, 9(1) – "Developing a Family-School Partnership in Every School"
10. (1986) Educational Leadership, 43(5) – "Collaboration for Change"

11. (1986) Sociology of Education, 59(3) –
12. (1987) Education and Urban Society, 19(2) – "School-Family Relations: Issues for Administrators
13. (1987) The Journal of Negro Education, 56(1) – "The Black Child's Home Environment and Student Achievement"
14. (1988) Educational Horizons, 66(2) – "Parents and Schools"
15. (1989) Educational Leadership, 47(2) – "Strengthening Partnerships with Parents & Community"
16. (1989) Community Education Journal, 16(4) – "Empowering Communities, Preserving Diversity"
17. (1990) Education Week, 9(29) –
18. (1990) Topics in Early Childhood Special Education, 10(1) – "Gathering Family Information: Procedures, Products, and Precautions"
19. (1991) Elementary School Journal, 91(3) – "Educational Partnerships: Home-School-Community"
20. (1991) Phi Delta Kappan, 72(15) – "Parent Involvement"
21. (1990) Topics in Early Childhood Special Education, 10(4) – "Intervention in Home Settings"
22. (1992) Contemporary Education, 64(1) – "Home, School, and the Counselor"
23. (1992) NASSP Bulletin, 76(543) – "Increasing Parent Involvement in Schools"

24. (1992) Schools in the Middle, 1(4) – "Leadership: Parents & Principals"
25. (1994) Preventing School Failure, 39(1) – "Family-School Collaboration"
26. (1994) Dimensions of Early Childhood, 22(2) –
27. (1995) Early Child Development & Care, 111 – "Focus on Caregivers"
28. (1996) Exceptional Children, 62(3) – "Families of Children & Adolescents w Special Needs"
29. (1998) Educational Leadership, 55(8) – "Engaging Parents and the Community in Schools"
30. (1998) Educational Leadership, 56(2) – "Whose Schools?"

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