Educational Diagnosticians' Role in Home–School Collaboration: The Impact of Efficacy and Perceptions of Support

Margo Collier, Sunaina Shenoy, Brigid Ovitt, Yi-Ling Lin, and Ricky Adams

Abstract

Assessment in special education is a shared practice by a number of professionals. Educational diagnosticians are one such group of licensed professionals who assess students to determine eligibility and service recommendations. This study examined educational diagnosticians' perceptions of their role in fostering home–school collaborations. In particular, we focused on the following: (a) educational diagnosticians' competency to facilitate collaboration, (b) educational diagnosticians' self-efficacy and belief that fostering collaborative efforts between home and school should be done, and (c) educational diagnosticians' perceptions of administrative support of such collaborative efforts. The *Facilitating Home–School Collaboration Questionnaire (FHSCQ)*, which was developed by the authors specifically for this study, was completed by a statewide sample of educational diagnosticians and school administrators in a southwestern state. The FHSCQ was found to have good internal reliability and construct validity. Findings are discussed in relation to future research and implications for graduate preparation programs and professional development initiatives to examine, cultivate, and nurture efficacy for collaboration between parents and schools.

Key Words: home–school collaboration, support staff roles, educational diagnosticians, preparation programs, self-efficacy, administrator support

Introduction

Extensive research has established the link between home–school collaboration and student success. Parents' involvement in their children's education increases student academic achievement and overall success (Epstein, 2005; Epstein & Sanders, 2009; Flores de Apodaca et al., 2015; Henderson & Mapp, 2002; Jeynes, 2005; Pomerantz et al., 2007; Zhang et al., 2011). Positive relationships between schools and parents have been vital in providing effective educational services and support for children with disabilities (Colarusso & O'Rourke, 2007; Gross et al., 2015). Forming positive relationships is mutually beneficial for parents, students, and professionals. Unfortunately, the level of collaboration between parents and educational professionals is less than optimal (Dunst & Dempsey, 2007; Forlin & Hopewell, 2006). This article examines the role of educational diagnosticians by measuring their perceptions of self-efficacy and administrative support for facilitating home–school collaboration. It should be noted that throughout this paper, the term "parent" is used to refer to any adult caregiver who might interact with the diagnosticians on behalf of the student.

The U.S. federal government has repeatedly affirmed the positive effect of parental involvement in the education of children with and without disabilities as evidenced by federal mandates such as the most recent revision of the Individuals with Disabilities Education Act (IDEA, 2004) and the Every Student Succeeds Act (ESSA, 2015). Schools, districts, and states are required to ensure that schools provide parents with tools to participate in their children's education and that they actively seek out, welcome, and respond to parents' involvement, especially parents of students who receive special education services. Although educators recognize the need for home–school collaborative relationships, establishing collaboration can be difficult (Epstein, 2005; Forlin et al., 2006; Murray et al., 2008). Teachers, in particular, are in a prime position to develop productive collaborative relationships with parents; however, they frequently feel that they do not possess the necessary skills to do so successfully.

IDEA also stipulates that students with disabilities receive special education services in the least restrictive environment (Cartledge, 2006). General educators are now expected to deliver instruction to students with disabilities within general education classes. Students with disabilities may require culturally responsive instruction, differentiated instruction, application of universal design of instruction, and positive behavioral supports (Heward, 2013; Morningstar et al., 2015; Office of Special Education and Rehabilitative Services [OSERS], 2015). However, Friend (2011) noted that many general educators are ill prepared to provide inclusive general education for students with disabilities in

their classes without support services such as special education teachers, educational diagnosticians, school psychologists, speech-language pathologists, social workers, and school counselors.

Roles of Support Professionals

Legal mandates have promoted interdependency among a variety of support professionals. Within inclusive settings, special educators are trained to meet the needs of students with disabilities, implement educational strategies, and ensure that accommodations are executed in the general education classroom. Speech-language pathologists often help children with disabilities develop communication skills (American Speech-Language-Hearing Association, 2008). School counselors have expertise in career and transition planning, social skills instruction, and group dynamics (Costner & Haltiwanger, 2004). School psychologists and school counselors have been identified as the initial and primary mental health service providers for many students (Zambrano et al., 2006). Additionally, school psychologists conduct assessments, design behavioral interventions, provide consultation regarding social–emotional issues, and implement and evaluate services and schoolwide programs (Meyers et al., 2004; NASP, 2010). Educational diagnosticians, a lesser known profession of licensed assessment specialists, also assess student's intelligence, academic performance, behavior and socialization, and link assessment to instruction (NCPSE, 2000).

The Unique Role of the Educational Diagnostician

Educational diagnosticians typically have a background as a general or special education teacher or other education-related licensed profession and have completed a graduate-level certificate program of study prior to becoming a licensed assessment specialist. Educational diagnosticians play a central role in the evaluation and assessment for determining student eligibility for special education services. With their classroom experience, they are in a unique position to assess students. They assist in the educational planning, appropriate instruction, and implementation of special education support services in the classroom. They also help to ensure compliance with IDEA rules, regulations, and procedural requirements (Guerra & Maxwell, 2015).

Given their teaching background, the National Clearinghouse for Professionals in Special Education (2000) indicated that educational diagnosticians are skilled to help the general education teachers understand implications of disabilities as they pertain to the classroom as well as assist in the development of appropriate programming in the classroom. Teaching experience "adds a dimension to the interpretation of assessment results and subsequent

communication with teachers and parents not provided by other assessment professionals" (Sutton et al., 2009, p. 2). Educational diagnosticians are also in a unique position to facilitate collaboration and make assessment results relevant and meaningful for parents, teachers, and other professionals.

Educational diagnosticians are typically required to have a minimum of three years of classroom experience and a Master's degree in special education or other closely related field of study. The position of the educational diagnostician is one that is less recognized than that of school psychologists. Unlike school psychologists who are nationally certified, educational diagnosticians are state licensed. As of 2019, training is provided in only three states: New Mexico, Louisiana, and Texas. Nonetheless, educational diagnosticians are now employed in a growing number of states.

The ongoing critical shortage of school psychologists (Clopton & Haselhuhn, 2009) has compounded the need for more educational diagnosticians to determine the eligibility of students suspected of needing special services. Caranikas-Walker et al. (2006) noted a critical shortage of educational diagnosticians. Over a decade later, a shortage still exists.

Home–School Collaboration

The term *collaboration* appears frequently in educational literature and has varied definitions. In the context of working with students with disabilities and their parents, collaboration is a process characterized by participation, shared decision making, mutually agreed upon goals and objectives, and is a key factor in fostering positive outcomes (Friend & Cook, 2003).

For years, research has confirmed the benefits of collaborative relationships between schools and parents, particularly those with students in special education (Dallmer, 2004; Forlin et al., 2006; Gross et al., 2015). In addition to providing support services for students with disabilities, collaboration with other educational professionals may facilitate the development of productive collaborative relationships between parents and teachers. Educational diagnosticians are frequently in a position to promote collaboration and make assessment results relevant and meaningful for parents, teachers, and other professionals. In order to forge relationships, educational diagnosticians need to create opportunities for parents and teachers to listen to one another and together devise an effective educational program for the student. Prior to the Individualized Educational Program (IEP) meeting, at which an exchange of ideas among parents, teachers, and other professionals is typically shared, the educational diagnostician can arrange to meet with the parents. Such a meeting can include the assistance of a translator if needed. A preliminary meeting allows the educational diagnostician time with parents to discuss their concerns,

clarify findings related to assessment results, and answer questions that parents may wish to ask. Parents are thus provided the opportunity to process information in a less stressful setting and as a result may feel less overwhelmed or less intimidated at the IEP meeting. Initiating such practices can reinforce the educational diagnostician's collaborative role as unifying or orchestrating rather than exclusively leading the Eligibility Determination Team (EDT) meeting or, in some cases, the Individualized Education Plan (IEP) meeting.

Self-Efficacy

Bandura defines self-efficacy as the belief in one's capacity to accomplish tasks and achieve desired goals (1986) and, further, suggests that an individual's personal perception of efficacy is significant when making decisions related to their desired goals and the effort and persistence they are willing to put forth to achieve those goals (1977). The stronger a person's efficacy, the more effort they will exert. Educators with high self-efficacy are more likely to achieve successful outcomes when they initiate collaborative efforts with parents and to persist when faced with initial parental resistance than educators with less self-efficacy.

In addition to having skills, knowledge, and competency, educational diagnosticians need to perceive themselves as being capable in these settings. Upon reflection, the researchers of this study decided to further break apart the concept of self-efficacy into two elements—beliefs and competency. By separating out the element of efficacy, we can then focus on an educational diagnostician's beliefs or values when it comes to fostering productive relationships between home and school. Thus, effective collaboration should be central to a diagnostician's responsibilities. Educational diagnosticians' *self-efficacy* incorporates both the *competency* to collaborate with teachers and parents in the interest of students and the *belief* that this should be done. Another factor that influences educational diagnosticians' success in collaboration is their perceptions of administrative support.

Administrative Support

The school environment affects the extent to which educational professionals seek out and work to strengthen relationships with students' parents (Manz et al., 2009; Moolenaar et al., 2012; Sanders & Harvey, 2002; Smith et al., 1997). In a large-scale study, Seitsinger et al. (2008) found that the more educational professionals reached out to parents, the more likely parents were to make reciprocal efforts to engage with the school. Studies conducted by Griffith (1991) and Krumm and Curry (2017) found that school principals were critical in creating, building, and sustaining positive school environments.

Strickland-Cohen et al. (2014) found that administrators play a significant role in the implementation and sustainability of practices that impact students with disabilities. Research has indicated that school professionals who receive support from their administrators engaged significantly more in actual collaboration (Krumm & Curry, 2017; Pang & Watson, 2000; Staton & Gilligan, 2003; Wade et al.,1994).

Purpose of the Study

The purpose of our study was to examine educational diagnosticians' attitudes, beliefs, and perceptions toward their role in fostering home–school collaboration, their competency to accomplish facilitating collaboration, administrators' support of such collaborative efforts, and educational diagnosticians' perceptions of that support. Our conception of home–school collaboration draws on Epstein's concept of *parent involvement*, which encompasses parent communication with children about education, parent participation in school decision making, parental engagement with schools and teachers, and parent collaboration with the school community (Epstein, 1995). We use Christenson's and Cleary's (1990) definition of *home–school collaboration* as "addressing parents' and teachers' concerns about children, engaging in problem solving with parents and teachers to resolve educational problems, and establishing a partnership based on mutual respect, an understanding of the roles and responsibilities of home and school, and shared decision making" (p. 226).

Method

This study employed both survey design and structured, open-ended interviews to explore educational diagnosticians' perceptions of what their role in facilitating home–school collaboration should be and to determine the frequency of their participation in facilitating home–school collaboration.

Instrumentation

In order to measure how educational diagnosticians' perceived self-efficacy, competency, and administrative support for their collaboration with parents influences their practice, a questionnaire was developed entitled *The Role of Educational Diagnosticians: Facilitating Home–School Collaboration Questionnaire* (FHSCQ). Prior research conducted by Epstein (2005) and Mellon and Winton (2003) provided a foundation. Additionally, items incorporated into the questionnaire were constructed to reflect some of the skills and knowledge related to the concept of collaboration as stated within the Special Education Advanced Roles Content Standards (ARCS) developed by National Certification of Educational Diagnosticians Board (NCED, 2012).

The instrument was initially reviewed by a panel of five educational professionals, including a special education director, director of a parent advocacy program, and three educational diagnosticians. The questionnaire was adjusted based on the panel's feedback. The questionnaire was then field-tested by 12 educational diagnosticians, providing information used to refine the questionnaire. The resulting FHSCQ contained 24 items to evaluate educational diagnosticians' perceptions of their self-efficacy, competency, and administrative support for collaboration with parents. Using a 4-point Likert scale, participants indicated their agreement with items related to their perceptions of facilitating collaboration with parents and teachers, increasing communication, encouraging participation in decision-making practices, providing information related to the child's learning, and clarifying assessment results as they relate to interventions (see Appendix A).

An abbreviated version of the questionnaire, *The Role of Administration: Supporting Practices of Home–School Collaboration Questionnaire* (SPHSCQ), was also developed to rate lead administrators' perceptions of the support that they provided to educational diagnosticians related to home–school collaboration (see Appendix B). The SPHSCQ contains 18 items, many of which were constructed to align with the FHSCQ. The FHSCQ and the SPHSCQ each contain a section to obtain information on participants' demographics, employment background, and current practices. The FHSCQ and the SPHSCQ were recreated as online questionnaires and distributed via SurveyMonkey.

Procedure

With the approval of each superintendent, we invited educational diagnosticians and special education directors/administrators from all 89 public school districts across the state of New Mexico to participate in this study. Each superintendent received an email containing a description of the study and online consent forms and questionnaires, as well as access to pass them on to professionals in their district.

The authors used an online questionnaire as well as follow-up interviews conducted over the phone to collect the data. We designed a structured set of questions to use for the phone interviews. We coded educational diagnosticians' phone interview responses using interviewer notation. Sample responses of participants who engaged in the phone interviews can be viewed in Appendix C. Participants were not offered an incentive for participating in either the online questionnaire or the phone interviews.

Participants

Emails requesting participation and providing electronic links to access the online surveys were sent to the superintendents of each school district.

Although incumbent upon the superintendents to provide access to educational diagnosticians and special education administrators within their school district, not all superintendents followed through in providing access. Of those professionals who received access, 49% (n =116) of educational diagnosticians and 51% (n = 45) of special education administrators completed the questionnaires. The number of participants was further reduced by the exclusion of those whose questionnaires were incomplete or those who failed to consent. The response rate was 26% of licensed statewide educational diagnosticians (n = 61) and 28% of the lead special education administrators (n = 25) throughout the state who received access to and completed the questionnaires. The majority of both educational diagnosticians and administrators responding was female, 62% and 40%, respectively. Although 33% of the educational diagnosticians and 52% of administrators failed to identify their ethnicity, the majority of those who reported their ethnicity for both groups was Caucasian (n = 23 and n = 7, respectively), followed by Hispanic (n = 12 and n = 4, respectively, see Table 1).

Phone Interviews

Fifty-one educational diagnosticians who had participated in taking the online questionnaire indicated that they were also willing to be interviewed. A stratified purposive sampling strategy (Creswell, 2008; Miles & Huberman, 1994) was used to select 12 participants from those who had indicated interest in being interviewed based on the type (urban or rural) and size of school districts. The participants interviewed included six educational diagnosticians employed at urban schools and six at rural schools.

Data Analysis

Descriptive statistics were employed for all demographic variables. In order to examine the structure of the FHSCQ, we conducted a factor analysis to determine construct validity and calculated the Cronbach's alpha reliability coefficients to determine the internal consistency.

We conducted an independent samples t-test to compare educational diagnosticians' perceptions with those of their administrators. We used regression analyses to ascertain the relationship between the independent variable, the educational diagnostician's current practices of collaboration, and the dependent variables: efficacy, competency, and perceived administrative support.

Table 1. Demographics

Questionnaires	Administrator		Educational Diagnostician	
Characteristics	*n* = 25	%	*n* = 61	%
Gender				
Male	2	8	4	6.6
Female	10	40	38	62.3
Not reported	13	52	19	31.1
Ethnicity				
Caucasian	7	28	23	37.7
Hispanic	4	16	12	19.7
Native American	1	4	0	0.0
African American	0	0	0	0.0
Asian	0	0	1	1.6
Other	0	0	5	8.2
Not reported	13	52	20	32.8
Years administering/assessing				
0–5 years	5	20	12	19.7
6–10 years	3	12	7	11.5
11–15 years	0	0	7	11.5
16–20 years	1	4	3	4.9
21–25 years	0	0	3	4.9
more than 25 years	3	12	6	9.8
Not reported	13	52	23	37.7

Results

The primary purpose of this study was to examine educational diagnosticians' perceptions of their role in fostering home–school collaborations. Findings from this study are reviewed in this section.

Construct Validity and Internal Consistency

In order to examine the construct validity of the FHSCQ, a promax rotation factor analysis was undertaken. The factor analysis of responses produced a four-factor solution accounting for 65.46% of the variance. The overall alpha coefficient was ≥ .916. Each of the four broad categories of items (current practices of collaboration, efficacy, competency, and perceived administrative support) ranged from 0.748–0.851, indicating acceptable internal consistency of the FHSCQ (see Table 2).

Table 2. Internal Consistency

Reliability Statistics (Cronbach's Alpha)	*N* of Items
Self-Efficacy	
0.748	6
Current Practices	
0.851	6
Perceived Administrator Support	
0.778	6
Competency	
0.81	6
Overall	
0.916	24

Comparison of Perceptions

An independent-samples *t*-test was conducted to compare the educational diagnosticians' perceptions of administrators' support of collaboration with administrators' perceptions of their support for educational diagnosticians' home–school collaboration. Table 3 shows the results of the independent samples *t*-test for which there were statistically significant differences between the perceptions of educational diagnosticians and those of the administrators. For example, a significant difference was noted for question 3 (Q3; District administrators support Educational Diagnostician in providing parents information about how to support their child's learning) between school administrators' (M = 3.48, SD = 0.59) and educational diagnosticians' (M = 2.89, SD = 1) perceptions; $t(77) = 2.49$, $p = 0.015$. Similarly, a significant difference was noted for Q15 (School district administrators support educational diagnostician in encouraging parents and teachers to participate in decision-making practices that relate to test results) between school administrators (M = 3.12, SD = 1.01) and educational diagnosticians (M = 2.41, SD = 0.98) perceptions; $t(75) = 3.55$, $p = 0.001$. Finally, a significant difference was noted for Q18 (School district administrators support educational diagnostician in encouraging the development of trust, respect, and sense of community as part of facilitating home and school collaboration) between school administrators (M = 2.96, SD = 0.79) and educational diagnosticians (M = 3.24, SD = 0.9) perceptions; $t(74) = 2.12$, $p = 0.037$. In all these instances, educational diagnosticians did not feel adequately supported by their administrators to deal with issues related to collaborating with parents and teachers.

Table 3. Independent Samples *t*-Test Results

Question	Position	*N*	Mean	SD	Sig.
1 Providing parents information about how to support their child's learning should be part of educational diagnostician's duty	Admin.	25	3.48	0.65	0.638
	Ed. Diag.	61	3.46	0.81	
2 Providing parents information about how to support their child's learning is currently part of educational diagnostician's duty	Admin.	25	3.6	0.65	0.113
	Ed. Diag.	61	3.25	0.81	
3 District administrators support Educational Diagnostician in providing parents information about how to support their child's learning	Admin.	25	3.48	0.59	0.015*
	Ed. Diag.	61	2.89	1	
4 Planning and coordinating recommended interventions with teachers and parents should be part of educational diagnostician's duty	Admin.	25	3.16	0.85	0.134
	Ed. Diag.	61	3.33	0.79	
5 Planning and coordinating recommended interventions with teachers and parents is currently part of educational diagnostician's duty	Admin.	25	2.8	0.91	0.185
	Ed. Diag.	61	2.98	1.02	
6 School district administrators support Educational Diagnostician in planning and coordinating recommended interventions with teachers and parents	Admin.	25	2.8	0.87	0.377
	Ed. Diag.	61	2.52	1.1	
7 Monitoring recommended interventions by teachers and parents should be part of educational diagnostician's duty	Admin.	25	2.04	0.98	0.042*
	Ed. Diag.	61	2.46	1.12	
8 Monitoring recommended interventions by teachers and parents is currently part of educational diagnostician's duty	Admin.	25	1.48	0.71	0.000***
	Ed. Diag.	60	2.92	1	
9 School district administrators support Educational Diagnostician in monitoring recommended interventions by teachers and parents	Admin.	25	2	1.04	0.243
	Ed. Diag.	59	1.68	0.86	

Table 3, continued

10 Facilitating communication between parents and teachers should be part of educational diagnostician's duty	Admin.	25	2.36	1.04	0.000***
	Ed. Diag.	59	1.56	0.88	
11 Facilitating communication between parents and teachers is currently part of educational diagnostician's duty	Admin.	25	1.96	0.98	0.467
	Ed. Diag.	59	1.76	0.95	
12 School district administrators support Educational Diagnostician in facilitating communication between parents and teachers	Admin.	25	2.16	0.94	0.147
	Ed. Diag.	59	2.44	1.12	
13 Encouraging parents and teachers to participate in decision-making practices that relate to test results should be part of educational diagnostician's duty	Admin.	25	3.44	0.77	0.000***
	Ed. Diag.	59	2.37	1.05	
14 Encouraging parents and teachers to participate in decision-making practices that relate to test results is currently part of educational diagnostician's duty	Admin.	25	3.04	1.02	0.001***
	Ed. Diag.	59	2.32	1.12	
15 School district administrators support Educational Diagnostician in encouraging parents and teachers to participate in decision-making practices that relate to test results	Admin.	25	3.12	1.01	0.001***
	Ed. Diag.	59	2.41	0.98	
16 Encouraging the development of trust, respect, and a sense of community as part of facilitating home and school collaboration should be part of educational diagnostician's duty	Admin.	25	3.08	0.86	0.615
	Ed. Diag.	59	2.97	1.02	
17 Encouraging the development of trust, respect, and a sense of community as part of facilitating home and school collaboration is currently part of educational diagnostician's duty	Admin.	25	2.8	1.08	0.001***
	Ed. Diag.	59	3.44	0.82	
18 School district administrators support Educational Diagnostician in encouraging the development of trust, respect, and sense of community as part of facilitating home and school collaboration	Admin.	25	2.96	0.79	0.037*
	Ed. Diag.	58	3.24	0.9	

Notes. Sig. = Significance; Admin. = Administrator; Ed. Diag. = Educational Diagnostician

Although the sample size is quite small, the results are informative. Administrators tended to have higher perceptions of their support to educational diagnosticians than was perceived by the educational diagnosticians. While administrators clearly believe in and care about their diagnosticians' involvement in forging home–school collaboration, diagnosticians do not always feel supported in this role.

Multiple Regression: Impact on Current Practices

Regression analysis was used to ascertain the relationship between the educational diagnosticians' collaborative practices and the three dependent variables: efficacy, competency, and perceived administrative support. An initial analysis depicted that the categorical variables—gender, ethnicity, and work experience—did not have a significant impact on educational diagnosticians' sense of self-efficacy, competence, or perception of support while facilitating home–school collaborations.

A second analysis was conducted, holding educational diagnosticians' current practice constant as the independent variable, and the authors examined each of the dependent variables. A significant regression equation was found ($F(3, 54) = 48.278$, $p < .000$), with an R^2 of 0.728. The regression resulted in the following equation: Current Practices = 0.561 x Efficacy + 0.397 x Perceived Administrator Support + 0.055 x Competence-0.976. Thus, efficacy was found to account for 39% of the variance, indicating that if educational diagnosticians had higher self-efficacy, they were four times more likely to collaborate with teachers and parents as compared to educational diagnosticians who had lower self-efficacy.

Strategies Currently Used by Educational Diagnosticians

Educational diagnosticians who participated in the phone interviews responded to questions similar to those on the questionnaire. The open-ended format of the questions allowed respondents to answer in more detail about their current collaborative practices, additional collaborative practices they wished they could include, and barriers that prevented them from doing more.

Many of the strategies reported by the educational diagnosticians reflected both a strong sense of efficacy and competency. For example, one of the educational diagnosticians who participated in a phone interview wished she could include collaborative practices such as "…following up with parents and staff involved at the school level, communication with ancillary service providers, [and to] spend time in classrooms." Another described a current collaborative practice which involved "discussing evaluation results with parents and school staff in terms that are comprehensible to everyone."

As noted by Friend and Cook (2009), the biggest challenge that teachers faced in terms of collaboration was time. A third educational diagnostician recalled a barrier that prevented him from doing more by sharing:

> If the parents are new to special education, it is ideal to spend extra time to explain the process. If the parents are upset with the school, taking the time to meet and discuss their concerns before I evaluate—all of which means finding more time in my day, something that is always in short supply.

Summary of Results

The results of this study indicate that educational diagnosticians are strongly supportive of home–school collaboration and believe it is important for them to facilitate collaboration between educators and parents. The results also indicate that administrators perceive themselves to be strongly supportive of educational diagnosticians facilitating home–school collaboration. Furthermore, the results also revealed that many educational diagnosticians are currently engaged in collaborative interactions with parents and teachers.

Discussion

Given the limited research that has been published on educational diagnosticians' practices, this study provides several important findings. We studied how educational diagnosticians' efficacy, competency, and perceptions of administrative support influenced their ability to facilitate home–school collaboration. In addition to obtaining acceptable internal reliability, the factor analysis of the 24-item FHSCQ yielded three reliable dimensions of educational diagnosticians' perceptions of collaboration—their efficacy, competency, and perceived administrative support. This information showed that the FHSCQ is a psychometrically sound measure.

Using independent samples *t*-test analysis to compare the educational diagnosticians' perceptions of administrative support to the administrators' perceptions of their support revealed an interesting discrepancy. Administrators perceived themselves as more supportive of facilitating home–school collaboration than educational diagnosticians perceived them to be. Examining this discrepancy has the potential to provide administrators insights into how they might ensure that educational diagnosticians feel supported.

The strong positive attitude toward home–school collaboration voiced by the sample of administrators in this study provides a good foundation for strengthening the educational diagnosticians' role in facilitating such collaboration. Administrators strongly influence the nature of a school's environment

(Christenson et al., 2009; Sanders, 2012). Knowing that they have administrators' support should give educational diagnosticians the confidence to take on the risk of reaching out to parents and, through collaboration, bring about the high quality of education that children with disabilities deserve.

The importance of perceived administrative support was also demonstrated in the multiple regression analyses. These analyses revealed a significant relationship between efficacy and educational diagnosticians' practices, indicating that educational diagnosticians with a better sense of efficacy were four times more likely to forge home–school collaborations compared to educational diagnosticians with a lower sense of efficacy. Personal beliefs shape behavior by influencing how individuals perceive and understand the environment (Bandura, 1986). Educational diagnosticians' efficacy/belief contribute significantly to their collaborative practices. This study, using Bandura's concept of self-efficacy and Manz et al.'s (2009) findings on the impact that self-efficacy and school climate have on school psychologists' collaboration with families, confirms these results can be extended to educational diagnosticians.

Bandura (1986) found that educational professionals operate in a collective manner within an interactive social system. Manz et al. (2009) found that the quality of leadership impacts school climate. Findings from this study suggest that educational diagnosticians' engagement in collaborative practices are related to their perceived efficacy and perceived administrative support. When the educational diagnosticians' perceptions of administrative support were high (Q18), their current practices of facilitating home–school collaboration were also high (Q17). When the educational diagnosticians' perceptions of administrative support were low (Q15), their current practice of encouraging parent and teachers to participate in decision making were also low (Q14).

The value of collaboration with parents and teachers is central to the educational diagnostician's role, even within unsupportive environments (Osher & Osher, 2002). Educational diagnostician preparation programs need to strengthen preservice educational diagnosticians' feelings of efficacy by emphasizing home–school collaboration. Much can be learned from teacher preparation programs that include communication training. Such programs have demonstrated that teachers benefitted from specific training on how to better communicate with parents and families (Denessen et al., 2009; Symeou et al., 2012).

Implications for Practice

The purpose of this study was to examine educational diagnosticians' attitudes, beliefs, and perceptions toward their role in fostering home–school collaboration. Based on the findings of this study, including the regression

analysis which provided insight into the importance of both efficacy and perceived administrative support, we have drawn implications that can influence educational diagnostician preparation programs and professional development for educational professionals. The FHSCQ, designed for this study, proved to be a psychometrically sound measure and can serve a number of valuable purposes. First, it can inform administrators about how their efforts to support educational diagnosticians' role in home–school collaboration are perceived and how they might make this support more explicit. Second, it can also inform educational diagnosticians about the extent to which their administrators support collaboration with parents. Such information could be particularly helpful for educational diagnosticians who are unsure of their responsibility or feel ill-prepared to initiate collaboration with parents. Third, the FHSCQ may serve as the basis for the education of preservice educational diagnosticians and professional development of practicing educational diagnosticians by providing encouragement for building effective collaboration skills. It can function as a guide for instruction by reinforcing the importance and recognizing the complexity of school–parent relationships. It can also provide closer examination of the need for the development of stronger listening communication skills for educational diagnosticians. Fourth, the items in the FHSCQ could provide points around which dialogue can be developed among groups of preservice and practicing educational diagnosticians, as well as administrators, teachers, and parents. Dialogues could include in-depth discussions about how the items relate to the importance of building home–school relationships and could lead to a greater understanding of the factors that facilitate home–school collaboration. Lastly, paired with the questionnaire for administrators, the FHSCQ may be valuable in pinpointing areas of strength and weakness related to collaborative practice within schools.

One of the issues raised by educational diagnosticians who participated in telephone interviews was the emphasis placed on assessment at the expense of finding sufficient time to collaborate with parents and educators. Discussions around the discrepancy in perceived administrative support could lead to an understanding that collaboration takes time and is essential in building trust and bringing about the kind of dialogue and shared responsibility that characterizes effective home–school collaboration (deFur, 2012). When educational diagnosticians take the time to arrange meeting with parents prior to the IEP meeting, they are practicing good partnership skills. According to deFur (2012), partnerships require intentional development. Such considerations allow parents time to process information in a less stressful circumstance, and they will likely be better able to participate as a partner at their child's IEP meeting.

Limitations

There are a number of limitations to the findings of this study. The most significant limitation was the compromised access both educational diagnosticians and administrators had to the questionnaires which resulted in a low response rate. The state in which this study was conducted has no statewide association of educational diagnosticians, so there was no databank from which to directly contact licensed educational diagnosticians throughout the state. Contact with the educational diagnosticians was entirely contingent upon the willingness of each superintendent to allow the study to be conducted in their school district and to provide educational diagnosticians online access to the questionnaire. It was our intention to invite all educational diagnosticians and special education directors and administrators from all 89 public school districts across the state to participate in this study.

The Institutional Review Board responsible for oversight of research conducted by the university stipulated the guidelines for our study. We were required to individually request permission from the superintendent of each school district in order to provide access to the online questionnaire to all of the educational diagnosticians and special education directors employed in his or her district. Each superintendent received an email containing a description of the study, online consent forms and questionnaires, as well as an online access link designed to be passed on to educational diagnosticians in each district. Although there were 640 educational diagnosticians recorded as employed in the public schools throughout the state at the time of the study, a far smaller percentage of the questionnaires actually reached educational diagnosticians throughout the state. In addition to the number of completed questionnaires (116) and the number of questionnaires for which access had been permitted but not completed (120), we were able to determine that 49% of those educational diagnosticians provide access to the survey participated in the study.

A second and equally important limitation was the absence of a more explicit discussion related to cultural factors in home–school involvement and in the competency and self-efficacy of school professionals. It is important to ensure that diversity of parents is reflected in the examination of educational diagnosticians' attitudes, beliefs, and perceptions toward their role in fostering home–school collaboration. A stronger and more explicit emphasis was needed on the importance of the interactions of language, diversity, culture, and religion with contextual factors when it comes to enhancing opportunities for individuals with exceptional learning needs and interacting with their parents.

Additional limitations include the size of the study. Given that the study was small, generalizability was limited. The construction of the questionnaire

allowed participants to skip items, which resulted in missing data. This study dealt with the higher level of district administration; however, the role of principals was not studied. Lastly, the study was conducted in the middle of the spring semester when schools are busy conducting statewide tests and which proved a less optimal time to seek participation of educational diagnosticians and administrators. Nonetheless, the questionnaire results provide preliminary insights into the factors that contribute to the collaborative practices of educational diagnosticians.

Conclusion

In conclusion, the results of this study provide considerations into how educational diagnosticians' current practices are impacted by their self-efficacy and by perceived administrative support for their role in facilitating home–school collaboration. The findings of this study suggest that it is important to encourage educational diagnosticians to participate in collaborative practices with teachers and parents. Graduate preparation programs and professional development initiatives should incorporate opportunities that encourage and assist preservice and practicing diagnosticians to examine, cultivate, and nurture efficacy that brings about collaboration between parents and schools.

It is important that administrators of preparation programs and administrators responsible for professional development programs construct collaboratively supportive environments in which preservice and practicing educational diagnosticians learn and work. Supportive climates have the power to influence educational diagnosticians' collaborative beliefs, skills, and work practices and to give them the confidence needed to be successful. This "gift of confidence" (Mahn & John-Steiner, 2002) will in turn help educational diagnosticians have confidence to reach out to parents and parents the confidence to give their insights to educational professionals. Combined with confidence and preparation in collaboration and communication skills, educational diagnosticians will be in a better position to promote collaboration with parents and teachers.

Given the strong influence that school administrators have on the collaborative practices of educational diagnosticians, administrators also need help creating school environments that support the collaborative practices of their educational diagnosticians. The aim should be for both educational diagnosticians and administrators to actively infuse a collaborative spirit related to home–school relationships.

A focus on improving home–school collaboration that supports both educators and parents requires communication, collaborative problem-solving,

and well-integrated interventions. Educational diagnosticians can make significant differences in the lives of children with disabilities by drawing educators and parents together, listening to and honoring their concerns, and collaborating with them on how assessment results can be transformed into meaningful classroom and home interventions.

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Margo Collier is an associate professor in special education at the University of New Mexico. She coordinates and teaches in the educational diagnostician certification program. Her research interests include home–school partnerships, multidisciplinary collaboration in teaching and research, and meaningful assessment for all students. Correspondence concerning this article may be addressed to Margo Collier, PhD, Department of Special Education, MSC 05 3045, 1 University of New Mexico, Albuquerque, NM 87131-0001, or email collierm@unm.edu

Sunaina Shenoy is an assistant professor in the Department of Special Education at the University of New Mexico. She teaches in the Educational Diagnostician Certificate Program. Dr. Shenoy's research interests are in assessment, early identification of reading disabilities in bilingual and multilingual populations, and international special education.

Brigid Ovitt is a PhD student in the special education program at the University of New Mexico. She is a licensed educational diagnostician and director of learning support services at a private school in Albuquerque, New Mexico. Her research interests focus on writing assessment and teaching writing to diverse groups of learners.

Yi-Ling Lin is currently an elementary school teacher working for Gallup McKinley County Schools. She is also a PhD candidate in the special education program at the University of New Mexico. Her education philosophy is all children can learn. She believes parental involvement is the key to better the education of children with special needs. Her research interests focus on the needs of parents with children with special needs and how to improve their involvement in education.

Ricky Adams worked as an elementary school counselor for five years. He has been a licensed educational diagnostician in the State of New Mexico for 25 years and has worked as an educational diagnostician in the Albuquerque Public Schools for the past 23 years. In addition, he has taught graduate courses in the educational diagnostician certificate program at the University of New Mexico for the past five years.

Appendix A. Facilitating Home-School Collaboration Questionnaire (FHSCQ)

Items 1–12: Rate the extent to which you agree that the following statements are relevant to your practice of evaluation as an educational diagnostician:

1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree

Item
1. Planning interventions is enhanced by incorporating interagency collaboration.
2. Encouraging parent involvement in the review of their child's evaluation provides opportunities for parents to participate in decisions related to their child's educational goals.
3. Explaining assessment results in a manner that parents and teachers can understand is a critical communication skill.
4. Contacting parents prior to the eligibility determination team or IEP meeting at which a child's evaluation results will be discussed can reduce tension that some parents may feel.
5. Developing recommendations that affirm diverse cultural, family, and societal differences is an important part of inclusive collaboration.
6. Resolving conflict and building consensus is an important part of facilitating collaboration.
7. Consulting with families about specific ways that they support their child's learning at school should be part of educational diagnostician's duty.
8. Encouraging parents and teachers to participate in decision-making practices that relate to test results should be part of educational diagnostician's duty.
9. Planning and coordinating recommended interventions implemented by teachers and parents should be part of educational diagnostician's duty.
10. Monitoring recommended interventions implemented by teachers and parents should be part of educational diagnostician's duty.
11. Encouraging communication between parents and teachers as it relates to the evaluation process should be part of educational diagnostician's duty.
12. Encouraging the development of trust, respect, and sense of community as part of facilitating home and school collaboration should be part of educational diagnostician's duty.

Items 13–18: Rate the frequency of the following practices in your work as an educational diagnostician:

1 = never; 2 = infrequently; 3 = frequently; 4 = always

Item
13. Consult with families about specific ways that they support their child's learning at school.
14. Encourage parents and teachers to participate in decision-making practices that relate to test results.
15. Plan and coordinate recommended interventions implemented by teachers and parents.
16. Monitor recommended interventions implemented by teachers and parents.
17. Encourage communication between parents and teachers.
18. Encourage the development of trust, respect, and sense of community as part of facilitating home and school collaboration.

Items 19–24: Rate the extent to which you feel that you have administrative support for the following practices in your work as an educational diagnostician:

1 = no support; 2 = little support; 3 = some support; 4 = extensive support

Item
19. Consult with families about specific ways that they support their child's learning at school.
20. Encourage parents and teachers to participate in decision-making practices as they relate to test results.
21. Plan and coordinate recommended interventions implemented by teachers and parents.
22. Monitor recommended interventions implemented by teachers and parents.
23. Encourage communication between parents and teachers.
24. Encourage the development of trust, respect, and sense of community as part of facilitating home and school collaboration.

Appendix B. Supporting Practices of Home-School Collaboration Questionnaire (SPHSCQ)

Items 1–6: Rate the extent to which you agree that the following statements are relevant to the evaluations that educational diagnosticians conduct in your school district:

1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree

Item
1. Consulting with families about specific ways that they support their child's learning at school should be part of educational diagnostician's duty.
2. Encouraging parents and teachers to participate in decision-making practices that relate to test results should be part of educational diagnostician's duty.
3. Planning and coordinating recommended interventions implemented by teachers and parents should be part of educational diagnostician's duty.
4. Monitoring recommended interventions implemented by teachers and parents should be part of educational diagnostician's duty.
5. Encouraging communication between parents and teachers as it relates to the evaluation process should be part of educational diagnostician's duty.
6. Encouraging the development of trust, respect, and sense of community as part of facilitating home and school collaboration should be part of educational diagnostician's duty.

Items 7–12: Rate the frequency of the following practices in daily work of educational diagnosticians in your school district:

1 = never; 2 = infrequently; 3 = frequently; 4 = always

Item
7. Consulting with families about specific ways that they support their child's learning at school.
8. Encouraging parents and teachers to participate in decision-making practices that relate to test results.
9. Planning and coordinating recommended interventions implemented by teachers and parents.
10. Monitoring recommended interventions implemented by teachers and parents.

11. Encouraging communication between parents and teachers.
12. Encouraging the development of trust, respect, and sense of community as part of facilitating home and school collaboration.

Items 13–18: Rate the extent to which you support the following practices of the educational diagnosticians in your district:

1 = no support; 2 = little support; 3 = some support; 4 = extensive support

Item
13. Consulting with families about specific ways that they support their child's learning at school.
14. Encouraging parents and teachers to participate in decision-making practices as they relate to test results.
15. Planning and coordinating recommended interventions implemented by teachers and parents.
16. Monitoring recommended interventions implemented by teachers and parents.
17. Encouraging communication between parents and teachers.
18. Encouraging the development of trust, respect, and sense of community as part of facilitating home and school collaboration.

Appendix C. Examples of Participants' Phone Interview Responses

Strategies	Example of Participants' Phone Interview Responses
1. Current collaborative practices	"Discussing evaluation results with parents and school staff in terms that are comprehensible to everyone."
	"Experience as a classroom teacher gives me a better perspective of what challenges the child may be facing."
	"Clear explanation of the tests and acronym. Also, I provide a printout that includes a description of the assessment process at the beginning."
	"I mediate, rephrase, explain, query, reflect and clarify during a meeting."
	"I explain things in simpler/non-jargon terms."
	"Making testing comfortable for student and parent."
	"Sharing information about student strengths and weaknesses and providing parents recommendations that boost skills at home."
	"Providing parents and teachers the opportunity to express their opinions and their views on what their child needs."
	"I work to be a good listener and to facilitate positive communications."
	"Ensuring that the assessment information is understood."
	"I attempt to see the child through the parents' eyes."
	"Treating parents and students with utmost respect and dignity."
	"Giving respect and listening to concerns, using positive language."

2. Collaborative practices that participants wished they could include	"Phoning parents; contacting and consulting with the teacher; sending out a newsletter; working with principals and/or administrators to educate the families and teachers about my role; sending home additional information to parents." "Following up with parents and staff involved at the school level, communication with ancillary service providers, spend time in classrooms." "Providing for the parents a packet of activities they can do at home to support their child." "Having an open door policy, open communication with parents, student, teachers, and any other professionals working with the student, availability, providing parents with convenience of meetings, extensive input from parents, student, teachers." "Meeting with parents individually to review results before those results are reviewed in an IEP meeting."
3. Barriers that prevent them from doing more	"The primary focus of my responsibilities is on assessing, which makes engaging in collaborative activities secondary." "If the parents are new to special education, it is ideal to spend extra time to explain the process. If the parents are upset with the school, taking the time to meet and discuss their concerns before I evaluate—all of which means finding more time in my day, something that is always in short supply." "My caseload is too large to allow for time enough to allow me the time and opportunity to facilitate collaboration between parents and educators."