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Families and Schools Together: Designing a Model for University-Community Partnerships to Support Home-School Collaborations

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Families and Schools Together: Designing a Model for University-Community Partnerships to Support Home-School Collaborations

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Abstract

Collaboration between school staff, families, and community partners is vital for ensuring all students' success, particularly those with disabilities. In this case study, we will discuss a community-university partnership involving a university school psychology graduate program, several local school districts, and a specialized medical facility for children with autism and related neurodevelopmental disorders. These partners came together to create the Families and Schools Partnership Program (FSPP). Facilitated by School Psychology faculty and graduate students, FSPP offers support to families and schools through a cohesive multidisciplinary approach to intervention. In this study, we examined the experiences of 700 families referred to the FSPP consultation team and evaluated the reasons for referral, levels of intervention required by each family, and case outcomes. As a result, we offer a series of steps and tips for developing collaborative interagency relationships, an outline of the consultation framework and processes developed, and lessons learned throughout implementation.

Keywords: consultation, university-community partnerships, parent collaboration, community partnerships, family-school relationship

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With growing support in the literature and practice guidelines set by organizations such as the National Association of School Psychologists (NASP), and the National Network of Partnership Schools (NNPS), partnerships between families, schools, communities, and outside providers are vital in ensuring the success of all students. When these stakeholders work together to develop individualized plans for children across settings, children have more positive attitudes toward school and learning (Epstein, 2011; NASP, 2012), and parents experience better understanding, enhanced communication, and more positive interactions with educators and schools (NASP, 2012). This collaboration, in turn, leads to better academic, social-emotional, and behavioral outcomes for students and higher levels of communication, trust, and mutual respect among school staff and community providers (Griffths et al., 2020; Henderson & Mapp, 2002; Hill & Torres, 2010; Jeynes, 2012).

Although the initial relationship formed between these team members provides the foundation for a student's educational program, the quality of this relationship is often a determining factor of its effectiveness (Reiman et al., 2010). Therefore, it is critical to develop collaborative relationships between stakeholders to ensure children are receiving appropriate and consistent supports across all settings. The purpose of this paper is to provide practitioners with a potential model, the Families and Schools Partnership Program (FSPP), that has demonstrated promise in cultivating and strengthening relationships between families and their school community.

Family-School Partnership

Collaboration between home and school has evolved in the literature, originating as parental involvement, shifting toward parent engagement, and finally to family-school partnerships (Yamauchi et al., 2017). When first addressed in the literature, Wiley et al.(1973) defined three general approaches to parental involvement in the schools: 1) to assist the parents in their role as an educational facilitator for their child; 2) to provide mutual benefit to the parent and the educational program, and 3) to support the educational program. In their pioneering work on collaboration between families and schools, Christenson and Sheridan (2001) defined family-school partnering as the shared goals and responsibilities between families and schools that allow for the flow of information in both directions. NASP (2012) describes family-school partnering as open communication, mutually agreed-upon goals, and joint-decision making. In practice, this may involve family members as volunteers or committee members, adult educational opportunities offered by the school, the establishment of school-based teams that include families and community members to assess needs and develop plans, and regular communication between families and school about a child's expectations and progress.

Regardless of the definition and specific strategies used in developing these partnerships, a growing body of research indicates that a strong relationship between families and school leads to many positive benefits for children, families, and teachers, including higher student achievement (Benzies & Mychasiuk, 2009; Jeynes, 2005; NASP, 2012), improved behavioral and social-emotional functioning (NASP, 2012; Weis & Stephen, 2010), increased family trust in educators (Hill, 2009), higher teacher perception of the student and family (Hill, 2009; Hill & Torres, 2010), and increased teacher retention (Allensworth, Ponisciak, & Mazzeo, 2009).

Academic Outcomes. Family-school partnerships can lead to higher student achievement and test scores, increased homework completion, improved academic engagement, higher grade

attainment, and an increase in on-time high school graduation rates (Benzies & Mychasiuk, 2009; Jeynes, 2005; NASP, 2012). Further, the fidelity, dosage, and magnitude of these partnerships are positively related to student outcomes, as more frequent engagement with parents results in greater benefits for children and families (Raikes et al., 2006; Reschly & Christenson, 2012). Family involvement and time spent learning outside of the classroom are also associated with student academic achievement (Christenson, 2003). For example, parental involvement in academically engaging activities that aid in cognitive development at home, such as reading and helping with homework, in addition to imparting high academic expectations, can improve student academic achievement (Goldring & Bauch, 1993). School-family partnerships are key for improving outcomes for all students and are of particular importance to efforts aimed at ameliorating educational disparities (Rothstein, 2004). Alternatively, the discontinuity students experience in terms of expectations and support for learning between their home and school environments can account for low school performance (Comer et al., 1996).

Social-Emotional Outcomes. Children whose families are more involved in their education also demonstrate a more positive attitude toward school, more socially appropriate behaviors, and fewer problem behaviors (NASP, 2012; Weis & Stephen, 2010). For those living in lower socioeconomic conditions, research indicates a link between family engagement and lower rates of grade retention and dropout, as well as fewer years in special education (Domina, 2005). For students and families who are at higher risk of poor outcomes (for example, those living in poverty and students with disabilities), the partnering between home and school, or lack thereof, is of even greater importance and can be looked at as a factor that either exacerbates these risks or minimizes them (Reschly & Christenson, 2012). Behaviorally, family-school partnerships can help decrease disruptive behaviors for those with externalizing problems and

increase adaptive and social skills for those with internalizing problems (Semke & Sheridan, 2012). As such, educators should emphasize family-school collaboration when developing and implementing behavioral interventions. In a study involving parent-school collaboration for children with autism, a Positive Behavior Support (PBS) model that included parent-school collaboration showed increases in appropriate behavior, decreases in problem behavior both at school and at home, and improved interactions between adults and children (Blair et al., 2010).

Family and Educator Outcomes. Although research regarding family-school partnerships often focuses on student outcomes, families and educators similarly benefit from developing strong collaborative relationships. Families who engage in family-school partnerships can build a greater understanding of and regard for the school system and often take on a more active role in their child's education (NASP, 2012; Walker et al., 2011).

Educators who participate in family-school partnerships are evaluated more positively by parents and administrators, build more positive relationships with their students' families, and display greater overall job satisfaction (NASP, 2012). Additionally, teachers are more likely to remain in their current role when teacher-family partnerships are established (Allensworth et al., 2009).

Community-School Partnerships

Similar to the idea of family-school partnerships, community-school partnerships play an essential role in optimizing the healthy development of children. Park and Turnbull (2003) assert that "no one agency or service provider has all the knowledge and skills necessary to meet the multiple needs of children and families" (p. 48). The American Academy of Pediatrics (AAP) similarly recognizes the importance of coordinating systems. In 2016, the AAP published recommendations that pediatricians establish collaborative and working-relationships with

school nurses and that physicians ask parents and school personnel about symptoms and functional impairment as they treat children for medical and psychological disorders. Creating new partnerships among schools, service providers, community members, and families allows stakeholders to more successfully adapt evidence-based strategies for use in the school and community settings (Powers, 2003).

Barriers to Collaboration and Partnerships

Regardless of these definitions and associated outcomes, various barriers stand in the way of effective family-school partnerships. According to a study on the perceived barriers by preservice teacher candidates, respondents rated time constraints and cultural differences between parents and teachers as the most significant barriers impeding family-school partnerships (Patte, 2011). These concerns further compound for children with disabilities.

A lack of time for both teachers and parents to engage meaningfully can lead to mistrust and miscommunication (Bowers, 2017). When school teams and families put in the time, effort, and energy to develop trust upfront, they can develop a reliable system of communication (Gajda, 2004). This sense of trust and open communication, in addition to the resulting mutual respect, is the first step to effective collaboration between parents and teachers and allows for increased communication regarding classroom activities, student progress, and accomplishments (D'Haem & Griswold, 2016; Griffiths et al., 2020).

Cultural differences and linguistic barriers between teachers and parents add an additional hurdle to family-school partnerships. In a study regarding teacher educator and student-teacher beliefs on preparation for family-school partnerships, D'Haem and Griswold (2016) found that teacher education programs provide few opportunities to address teachers' stereotyped beliefs regarding families of diverse backgrounds. Hill and Torres (2010) assert that

when interacting with their children's educators, many Latinx parents may feel unwelcome, misunderstood, and confused, resulting in either a feeling of disconnectedness or alienation from their child's education. The disconnection among culturally diverse families and schools can create misunderstandings and barriers that influence relationships and, ultimately, the student's educational progress (Hill, 2009).

These barriers are often magnified for families of children with disabilities, as a lack of trust, power imbalances, and discrepant views over special education services can lead to increased stress (Brobst et al., 2009; Hoffman et al., 2009; Lake & Billingsley, 2000; Lee & Mortimer, 2009). High levels of parental stress, combined with unbalanced power dynamics and differing views regarding services, have led to numerous due process hearings that may have otherwise been resolved through collaboration.

Contributors designed the FSPP program with these concerns in mind. The program is grounded in a collaborative and team-based problem-solving model situated in a multi-agency effort to design solutions to student problems that span the home, school, and agency environments. By developing collaborative relationships and providing a common language, it is the goal of the FSPP to eliminate the barriers that stand in the way of family-school partnerships. In this paper, researchers aim to examine the approach taken by FSPP to support student outcomes in a community-university-school partnership. Authors outline the steps taken by FSPP to facilitate family-school partnerships and provide an appropriate level of support to children, families, and schools based on a multi-tiered consultative model.

Training Model

Model Program Description

In response to the growing body of literature promoting increased communication and support for children with disabilities, a university school psychology training program partnered with a local university medical school's center for autism and neurodevelopmental disabilities to create a collaborative training and school/family support program: Families and Schools Partnership Program (FSPP). The FSPP program offers assistance to families and schools as they collaborate and plan for youth with Autism Spectrum Disorders (ASD) in the school settings, while also providing intensive training experiences for school psychology graduate students.

The goals of this program include increasing communication and trust, enhancing services across settings, and improving student academic development by providing increased education and support to all team members, including parents, schools, and outside service providers. In addition to supporting children and their families, this program serves as a training site for future school psychologists allowing graduate students to hone skills in communication, consultation, and collaboration with multiple team members, and enhance their knowledge and expertise of ASD and related disorders.

The model developed by FSPP uses a multi-disciplinary approach to intervention that includes medical providers, social workers, occupational therapists, speech and language pathologists, nurses, clinical psychologists, behavior interventionists, and the core FSPP team (e.g., children, families, schools, and school psychology faculty and graduate students).

The Team

The FSPP Team consists of a group of faculty members and trained school psychology graduate students who are working to obtain their Educational Specialist Degree. Team members are skilled in building collaborative relationships, special education law, Individualized Education Plan (IEP) development, behavioral and academic intervention, psychoeducational

assessment interpretation, and mental health interventions. The FSPP team changes from year to year, but generally includes two to three students in their first year of graduate school and four to five students in their second and third years of graduate school. Faculty members include two assistant professors and one full clinical professor.

Services Offered

Parents. The FSPP offers services to parents, school districts, and outside providers. Families receive support services through a multi-tiered support system (see Figure 1). The first tier includes educational workshops and trainings that provide parents with a basic understanding of ASD and related disorders, the school system, and the special education process. These educational opportunities were developed based on the need to enhance family-school partnerships while decreasing the knowledge gap between families and schools. The trainings provide a common language for parents and schools to share when collaboratively addressing the child's needs. Most workshops are offered in English, Spanish, and Vietnamese, as these are the primary languages of individuals in the local community.

Workshops beyond a basic introduction to ASD, school systems, and the special education process are based on community interest and need, and are referred to as "specialized workshops." Previous specialized workshop topics include understanding psychoeducational assessment, dealing with "difficult behaviors" in the school setting, and building strong collaborative relationships among all IEP team members. If parents have questions beyond the scope of basic and specialized workshops, professionals invite them to attend tier two IEP navigation groups.

The IEP navigation group is a small group-based consultation service for families. Participating families provide information about their concerns, their child's educational and

medical background, and any related school documents (e.g., IEP, behavior plans, report cards). The graduate student responsible for leading the meeting reviews all relevant materials beforehand and consults with the FSPP supervisor on potential next steps for the case. During the IEP navigation group, parents are provided with a brief 20-minute overview of the group's purpose, how to navigate the school systems, and tips on effectively communicating with all team members. Facilitators, including the school psychology graduate student and an FSPP supervisor, then provide individualized feedback and support in small groups. Parents with additional questions following IEP navigation may receive a referral to more intensive support at the tier three level: individualized consultation.

Individualized consultation can include three levels of service: (1) a one-time parent consult in which the team will meet or speak with the parent(s) via phone or in-person to support with a specific area of need; the parents will then complete the recommended steps independently; (2) multiple parent family interactions, in which the team will meet with the family multiple times over the phone or in person, and can include parent participation in IEP navigation groups, specialized workshops, etc.; and (3) team interactions with the family and their child's school, in which the FSPP team may attend IEP meetings with the parents, meet with other service providers on the child's team, and/or provide other services to the family.

School Districts. In addition to family services, a number of services are available to school districts through FSPP, including educational workshops and individual consultations. Educational workshops and training opportunities facilitated by a faculty member at the local university and a graduate student on the FSPP team are available to district personnel and cover various related topics. Previous trainings have included sessions on working with families to support students with ASD, best practices in Autism assessment, collaboration with outside

providers, special education law, and supporting students and families through transitions, as well as trainings hosted by FSPP at the Center for Autism. When additional support is required, or when a family receives a referral to the FSPP team, school districts may receive additional individual consultation. In individual consultation sessions, school districts work directly with an FSPP team member on a one-on-one basis to address student and family needs.

Beyond these services, schools are invited to call and consult with the FSPP team if they require support or additional expertise when working with a student or family in their district, even if the family has not been referred to the FSPP. By offering support to both schools and families, FSPP can focus on the needs of each particular team and open a direct line of communication and collaboration.

Outside Providers. Outside providers include anyone based outside of the school who is working with the individual student or family. This can include medical providers, speech and language pathologists, behavior interventionists, occupational therapists, or other providers. Similar to the FSPP services offered to school districts, services for outside providers include education and training, and individual consultation. Like districts, outside providers can request specialized trainings or participate in trainings hosted by the Center for Autism. They may also work directly with the FSPP team if they would like to refer an individual child or family or FSPP is already serving a child they are working with.

Throughout the process of working with families, school districts, and outside providers, the focus of FSPP is to facilitate collaborative relationships built on open communication and trust. By sharing a common language and encouraging active participation and shared responsibility, teams can develop strategies and interventions that consider all perspectives and lead to better outcomes for children.

School Psychology Graduate Student Training Program Component

Although graduate student involvement on the FSPP team varies from year to year, the team averages approximately 8 graduate students at any one time. Supervisors ask that students commit to at least one year of service on the team for at least 8 hours per week. Approximately 80% of students continue on for two years or more years during their graduate school training. This time commitment allows students to benefit from the supervision process and provides families with a consistent contact person on the team. The supervision structure consists of a university faculty member (a school psychologist by training) who directs the program and provides weekly supervision to all students. Supervision is structured based on the needs of each participant .

The training program for school psychology graduate students consists of both didactic trainings and supervised experience. These components are set up to meet the students' needs as they progress through the graduate program. As such, the level of supervision, training, and participation will vary greatly from students in their first year to those participating in their third year of graduate training (Figure 2).

Didactic Trainings. Throughout FSPP participation, graduate students receive didactic trainings on key areas, including assessment, intervention, special education process and law, and effective collaboration. Students receive hands-on training in multidisciplinary team interaction (outside of the schools), data-based decision making, consultation, and collaboration with school professionals and parents. Additional trainings occur once a month and take approximately 1 to 2 hours. Twice a year, students are offered a 3-day Autism assessment workshop. In addition to didactic trainings, students participate in weekly supervision.

Supervised Experience. Faculty provide graduate students with weekly supervision that ranges from 30 minutes to one hour of individual supervision, depending on their caseload and the number of days they are working on the team. They also received group supervision twice per month, which involves sharing information and receiving feedback about their cases with their faculty supervisor and peers. The students are trained on data-based decision making using the data collected from families, children, referring providers, school districts, and outside providers throughout the FSPP team process. Table 1 includes information typically collected from the families at various points throughout the process. After consultation with their supervisor, graduate students remain in contact with their consultee(s) (e.g., family, school professional, medical provider, etc.) and walk them through the process of collaborating in the educational context, as it relates to their specific referral question. As the case progresses and issues arise, the graduate student remains in weekly contact with their supervisor and their consultee(s) to ensure that communication is open and everyone is well-informed.

Method

Data Collection Process

As the model was developed, the team established key data that would assist with identifying needs, tracking progress, determining intervention outcomes, and further enhancing the collaborative model. Throughout the first three years, the types of data collected were adjusted based on the feedback from essential stakeholders, including the FSPP team, medical staff, outside providers, school professionals, and families/parents. The team worked to find a balance between collecting a large amount of data that would inform the components above, while still making the data collection process manageable for the team members. Critical data identified throughout the process included demographic data regarding the family, special

education eligibility, the reason for referral to FSPP, types of consultation/level of support necessary, and family outcomes (e.g., whether the referral question was answered).

Results

Initial Outcome Data used for Model Development

Over a three-year period, the FSPP consultation team worked with 700 families with varying levels of need. The majority of children were between ages 3 and 11 years old, with the largest proportion (34%) of children between 6 and 8 years old. The majority of children served were of Hispanic backgrounds, reflecting the demographics of the local communities served. Teams utilized interpreters with about a quarter of all families. Nearly two-thirds (63.3%) of students were receiving special education services at the time of their referral, and the majority had a medical diagnosis of Autism (67.6%). Table 2 reflects additional demographic data regarding consultees.

For those eligible for special education services, the majority of children were eligible for under the category of Autism (55.1%), with the next largest group being eligible under Speech-Language Impairment (22.6%). Table 3 provides further detail regarding the eligibility categories for children receiving FSPP consultation services.

Researchers included the reasons for referral collected from both families and service providers in Table 4. The reason for referral was examined by the FSPP team and categorized for descriptive purposes. As shown in Table 4, the majority of parents who accessed FSPP services had children currently enrolled in special education services and who held concerns regarding specific services (15.9%), progress toward annual IEP goals (10.8%), or educational placement (13.4%). Similarly to parent referrals, the majority of referrals by medical service providers were for students receiving special education services needing support with specific services (21.1%),

educational placement (10.6%), and/or navigation of the school system (7.1%). Table 5 includes descriptions of the types of consultation services provided to families by the FSPP team. Over two-thirds of families (68.7%) received two or more types of consultation services (i.e., family consultation, team interactions, or the IEP navigation group).

Data regarding the outcomes of families who participated in FSPP were collected from 209 families, or approximately 30% of the overall sample (see Table 6). Of the 134 families that received consultation services, 88, or approximately 60%, reported that their referral questions were answered by FSPP services. Of the 15 families who participated in the IEP Navigation groups, 10, or approximately 66%, had their referral questions answered.

In order to explore any differential impact FSPP based on demographic differences, service provisions and case outcomes were examined by the primary language of participating families as well as self-reported ethnicity. Results are included in Tables 7 and 8. As shown, families received proportionally similar services through FSPP across the represented languages and ethnic groups, although differences are difficult to interpret due to small sample sizes for some of the groups. There are some proportional differences in outcomes, with families speaking Spanish (76.7%) and from Hispanic backgrounds (66.4%) being the most likely to have their referral concerns resolved from FSPP services. As FSPP continues and additional data are collected, these differences will be further explored in order to better inform the service needs of diverse families.

Discussion

Family-school-community partnerships have a positive impact on students' academic, social-emotional, and behavioral outcomes (Henderson & Mapp, 2002; Jeynes, 2012). As such, fostering effective partnerships is important in ensuring that students receive the best possible

educational supports. Despite the research suggesting the critical importance of strong collaborative family-school-community partnerships, there is little literature on the functional steps that school psychologists or graduate students can take to develop these skills effectively. This study took a preliminary look at the design and effectiveness of one such model implemented with 700 families over a three-year period.

A school psychology training program initially developed the FSPP model in response to a growing community need to increase communication between families and schools partnering with a local Center for Autism, school psychology faculty worked to develop a collaborative training and school/family support program that would educate and support all team members. It was proposed that this approach would allow team members to collaboratively enhance services across settings and ultimately improve outcomes for the children served, while also preparing school psychology graduate students for effective collaboration and consultation, and enhancing their knowledge and expertise of ASD and related disorders.

The purpose of this study was to look at the structure of the FSPP model, recognizing that the model grew organically out of the community's needs. As the data-informed model developed, our goal was to identify key strategies that were successful and approaches that could be enhanced. Researchers share strategies in an effort to offer suggestions to replicate and implement a similar model, specifically around family-school-community-university partnerships, with the inclusion of graduate students.

Consulting in Context

Throughout the development of FSPP, various data helped shape the direction of the model, partnerships, and training opportunities. In response to data that indicated the majority of children referred to FSPP were receiving special education services and carried a medical

diagnosis of ASD, the team developed specific trainings, readings, and problem-solving meetings regarding the special education process and ASD. Using data collected throughout consultation sessions with families and schools, the team developed interventions and workshops that addressed common concerns. Some workshops and trainings developed out of this process include: The Autism Education Series (multi- part series on supporting your child with ASD); Collaborating with your Special Education Team; Understanding Psychoeducational Assessment; Behavioral Principles and Behavior Management at Home and School, Evidence-Based Strategies and Interventions for Challenging Behavior; Autism and Mental Health.

This data also supported the development of a hierarchy of services to ensure each family received the appropriate level of assistance to answer their specific referral questions. For the cases in which outcome data were available, we were able to demonstrate that the majority of families had their referral concerns addressed with multiple consultations or interactions with the FSPP, and that many also had concerns addressed by participating in particular interventions, such as the IEP Navigation groups.

Based on the collected data, it was apparent that the FSPP served diverse families, particularly those of Hispanic origin. The team used this information to brainstorm ways to enhance services for this particular subgroup. They engaged with families at the center and asked for ways to improve communication and access. Through this process the team was able to change aspects of the program to better suit the families served. For example, times of workshops were varied to account for families who could not attend due to work constraints, workshops were offered using different approaches (e.g., conversational, formal presentations, and community led), and were provided in locations within the medical center, as well as within the local communities (e.g.,places of worship, school halls, and community centers). In addition,

the team worked to provide meals and childcare for many of the workshops, in order to improve access to all families. Finally, materials and educational offerings were provided in multiple languages. As this program continues, we will continue to collect data to help us make more conclusions regarding which particular interactions are the most impactful for families based on referral concern, demographic differences, or educational placement.

As the program continued to grow and practitioners gathered more data, additional services, such as district-wide trainings for school staff and families, were developed. Over the course of three years of data collection and analysis, FSPP was able to tailor each specific development of the FSPP model to the needs of families, schools, and outside providers. As the program continues, we anticipate the ability to analyze the efficacy of these trainings and to have the ability to examine differential impact based on referral concerns or demographic differences.

Recommendations

When designing a family-school-community-university partnership, there are various components to consider. We found the collection and analysis of data from participants and collaborators most helpful in making informed data-based decisions about the model and the direction of the program. We are encouraged by preliminary analyses that found proportional services and outcomes across languages and ethnic backgrounds of the families served, and will continue to examine these data to find better ways to tailor services to the needs of diverse families.

. The integration of these data contributed significantly to our understanding of the varying perspectives of parents, school personnel, and outside providers. And preliminary adjustments to the program education offerings, based on early data demonstrated promising engagement. By facilitating collaboration and interaction opportunities, both across and within

systems, we found that families and schools were better able to work through various concerns. Lastly, we found that it was essential for families, service providers, and graduate students to have positive training experiences using a common language to maintain engagement.

Regarding staffing and engagement, there are many ways to promote and incentivize graduate student participation for a program such as FSPP. Graduate student training programs should consider establishing university-community partnerships as fieldwork sites in which students can develop strong skills in collaboration, gain specific practicum experience, potentially receive elective course credit, and have the option to access additional supervision opportunities. Similarly, programs may want to identify various funding opportunities and resources to aid in collaborative partnerships. Foundation grants currently fund the FSPP program and the involved agencies provide some level of support for the supervisor's salary. Collaborators can think creatively and identify in-kind costs and share resources (e.g., space, supplies, supervisors, service providers, etc.).

Benefits

Including universities in family-school-community partnerships have many identified benefits. Utilizing graduate students allows for providing services at low to no cost to families, schools, and outside providers. Further, these partnerships allow graduate students a broader, more collaborative perspective and an opportunity to experience the parent perspective "from the other side" rather than having a narrower "school-based" perspective. These collaborative training opportunities enhance confidence and the ability to effectively manage "difficult cases" once hired in the schools. Partnerships also grow the graduate students' community and network of professional support.

In addition, medical providers were provided with critical information about how school's function, the laws that govern special education, and the best way to effectively collaborate with schools in identifying the best course of action for a student. This was particularly helpful for school districts, as they often have trouble "speaking the same language" as medical providers and their recommendations may appear to end up in conflict with one another. School professionals have the opportunity to learn about the outside support and approaches to helping youth with disabilities, and can gather critical information and support from all team members.

Finally and most importantly, children with disabilities and their families benefit from the partnership. Through this process, critical team members are able to collaborate more effectively, identify common goals, and work together to improve student outcomes.

Limitations

While the development of family-school-community-university partnerships, particularly with the inclusion of graduate students, has many benefits, there are also limitations to consider. Primarily, there needs to be a local agency or group of agencies that are available and open to collaboration. Not all training programs have local agencies willing and able to engage in collaborative efforts to serve the needs of families and students. Training programs can consider unique partnerships and may need to start small to address a specific need before expanding to a more comprehensive and integrated intervention program. It is also important to consider the supervision that is required for graduate students both informally to learn a new skill and formally per state and national accrediting bodies. Finally, identifying funding or designated resources can be a challenge if grants or other financial resources are not readily available.

Conclusion

Family-school-community-university partnerships offer a collaborative opportunity for service providers, families, school staff, trainers, and school psychology graduate students to come together to ensure that students, particularly those with disabilities, receive the best possible educational supports. School psychology training programs are in a unique position to identify needs and foster such partnerships. Through analysis of common referral questions or challenges in local schools and/or communities, training programs can cultivate opportunities to offer assistance and mitigate these challenges. These partnerships not only serve the families, schools, and outside providers but offer graduate students valuable learning opportunities.

Declarations

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Conflicts of Interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

Compliance with Ethical Standards

All procedures performed in studies that involve human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

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Table 1 Sample Data Collected from Caregiver

Topic	Data Type(s)	Frequency	Sample Items
Child Demographic Information	Open-Ended, Multiple Choice	Once, at intake	Name, date of birth, school, language, ethnicity, medical diagnosis, level of support required
Caregiver Demographic Information	Open-Ended, Multiple Choice	Once, at intake	Name, language, ethnicity, marital status, best contact information, education level
School Intervention Information	Multiple Choice	Multiple times, intake, throughout consultation, and post intervention	Type of plan/service agreement (e.g., IEP, 504, SST), special education eligibility, services child receives
Parent understanding of process and rights	4-Point Likert Scale indicating level of agreement with statements	Twice, at intake, and post intervention	Understanding of assessments, service plan, rights, special education law and procedures. Satisfaction with current program and services
Parent experience of collaboration with the team	4-Point Likert scale indicating level of agreement with statements	Twice, at intake, and post intervention	Parent perspectives on collaboration related to trust, communication, mutually agreed upon goals, shared ownership and flexibility, conflict management, idea generation, and decision making process
FSPP and school-based Services	Open-Ended	Multiple times, intake, throughout consultation, and post intervention	Services caregivers would like to receive from the FSPP and the school. Any other information about child's disability, educational, or school experiences
Litigation history	Yes/No Response, Dates, Open-Ended , Likert Scale regarding the likelihood of using legal support	Once, at intake	History of using an advocate or lawyer, current interactions with advocate or lawyer, dates of interactions, and details of disagreements with school district. Likelihood of using advocate or lawyer at this point
Length of time working with school team	Multiple Choice	Once, at intake	How long they have been working with current team

Table 2. Consultee Demographics

	n	%
Age at Referral		
0-2	13	1.9
3-5	185	26.4
6-8	238	34.0
9-11	153	21.9
12-14	57	8.1
15+	36	3.9
Unspecified	18	2.6
Ethnicity		
White	174	24.9
Hispanic	323	46.1
Black/African American	10	1.4
Asian	6	.9
Native Hawaiian or Other Pacific Islander	30	4.3
Unspecified	157	22.4
Primary Language		
English	423	60.4
Spanish	151	21.6

Vietnamese	22	3.1
Other	13	1.9
Unspecified	91	13.0
Interpreter Used		
Yes	177	25.3
No	479	68.4
Unspecified	44	6.3
Receiving Special Education Services		
Yes	443	63.3
No	128	18.3
Unspecified	129	18.4
Medical Diagnosis		
Autism	473	67.6
ADHD	90	12.9
Speech-Language Impairment	18	2.6
Other	19	2.7
Unspecified	100	14.3

Table 3. Educational Support Services of Consultees

		n	%
Special Education			
	Specific Learning Disability (SLD)	28	6.3
	Other Health Impaired (OHI)	52	11.7
	Autism	244	55.1
	Speech/Language Impairment (SLI)	100	22.6
	Other	19	4.3
504 Plan			
	Yes	36	5.1
	No	524	74.9
	Unspecified	140	20.0

Table 4. Reason for Referral for Consultation Services

		Parent		Medical Provider	
		n	%	n	%
Students not currently in Special Education Services					
	Concern over initial assessment or eligibility	13	1.7	10	1.4
	Support in accessing services (acquiring new or additional services)	36	5.1	45	6.4
	General Concerns	21	2.3	18	2.6
Students currently receiving Special Education Services					
	Assessment concerns (initial or annual)	11	1.6	2	.3
	Transition services	41	4.6	30	3.3
	Support in accessing services (acquiring new or additional services)	111	15.9	148	21.1
	Progress concerns or not meeting annual goals	97	10.8	57	8.1

	General Concerns	82	11.7	138	19.7
	Placement Concerns	94	13.4	74	10.6
	Communication issues among team members	22	3.1	33	4.7
Currently receiving 504/ADA support services					
	Concern over initial assessment or eligibility	2	.3	2	1.9
	General concerns	6	.9	6	.9
Other Concerns					
	Speech- Child having difficulty with speech skills	20	2.9	10	1.4
	Social Skills- Child having difficulty with social skills	25	3.6	21	3.0
	Parents need support understanding and navigating the school system	-	-	50	7.1
	Unspecified	119	17.0	53	7.6
Total		700		700	

Table 5. Consultation Services Provided to Families

		n	%
Broad Category of Services Received			
	Multiple Family Interactions	481	68.7
	Family Consultation	54	7.7
	Team Interactions	41	5.9
	IEP Navigation Group	24	3.4
	Unspecified	100	14.3

Table 6. Case Outcomes for Service Categories (n=209)

	Multiple Family Inter-actions	Family Consul-tation	Team Inter-actions	IEP Navigation Group	Unspecified	Total
Referral Question Answered with FSPP Support/Consultation	88	14	9	10	16	137
Referral Question Answered without FSPP Support/Consultation	7	3	2	3	3	18
Lost Contact- unable to contact family for outcome information	33	4	3	1	4	45
Use of Advocate or Lawyer after FSPP consultation occurred	6	2	0	1	0	9

Table 7. Comparison of Services and Outcomes by Primary Language of Families

		English n=172	Spanish n = 47	Vietnamese n=11	Other n=4
Services					
	Multiple Family Interactions	298 (70.4%)	94 (62.3%)	17 (77.3%)	10 (76.9%)
	Family Consultation	34 (8.0%)	9 (6.0%)	3 (13.6%)	1 (7.7%)
	Team Interactions	26 (6.1%)	9 (6.0%)	1 (4.5%)	1 (7.7%)
	IEP Navigation Group	15 (3.5%)	8 (5.3%)	0 (0.0%)	0 (0.0%)
Outcome					
	Lost Contact	63 (36.6%)	9 (19.1%)	5 (45.5%)	2 (50.0%)
	Problem Resolved with FSPP	89 (51.7%)	36 (76.6%)	5 (45.5%)	2 (50.5%)
	Problem Resolved Other	20 (11.6%)	2 (4.3%)	1 (9.1%)	0 (0.0%)

Table 8. Comparison of Services and Outcomes by Ethnicity

		White n=174	Hispanic n = 323	Black/African American n=10	Other n=33
Services					
	Multiple Family Interactions	124 (71.3%)	224 (69.3%)	8 (80.0%)	24 (72.7%)
	Family Consultation	17 (9.8%)	24 (7.4%)	1 (16.7%)	4 (12.1%)
	Team Interactions	9 (5.2%)	18 (5.6%)	1 (16.7%)	3 (0.9%)
	IEP Navigation Group	15 (3.5%)	18 (5.6%)	0 (0.0%)	2 (0.6%)
Outcome					
	Lost Contact	25 (37.3%)	33 (27.7%)	2 (40.0%)	12 (36.4%)
	Problem Resolved with FSPP	36 (53.7%)	79 (66.4%)	3 (60.0%)	18 (54.5%)
	Problem Resolved Other	6 (9.0%)	7 (5.9%)	0 (0.0%)	3 (9.0%)