

Family-Professional Partnerships as Catalysts for Successful Inclusion: A United States of America Perspective

Ann P. Turnbull, H.Rutherford Turnbull, III, and Kathleen Kyzar
University of Kansas. Lawrence, Kansas, USA

Abstract

This article includes an overview of family-professional partnerships and inclusion. Regarding family-professional partnerships, U.S. policy emphasizes that families and professionals should be equal partners in making educational decisions. Research has focused on the process of implementing partnerships as contrasted to outcomes. Regarding inclusion, U.S. policy stipulates that students with disabilities may be removed from the general education classroom only when their needs cannot be met through supplementary aids and services. Approximately one-half of students spend 79% or more of their school day in the general education classroom. Research on the perspectives of parents of students with disabilities highlight both advantages (e.g., greater acceptance, improved skills, better preparation for the real world) and disadvantages (e.g., inadequate teacher training, inadequate individualized instruction, lack of system support demanding more parental time).

Family-professional partnerships include six components – professional competence, communication, respect, commitment, equality, and trust.

- A strategy for addressing professional competence is to provide a course for undergraduate and graduate students focusing on family-professional partnerships.
- The component of communication can be fostered by providing the best available knowledge to families and educators and guiding them to make and implement evidence-based decisions.
- A critical aspect of respect is to develop family-professional partnerships that are responsive to each family's cultural values.
- The commitment component of family-professional partnerships involves partnering with families in developing and implementing an inclusive vision.
- Equality involves implementing a family-centered approach of focusing on the family as the unit of attention, maximizing family choice, and emphasizing family strengths.
- Trust is enhanced when families and professionals learn to think and act wisely in being able to balance interests and adapt environments.

The authors highlight future directions for research, practice, and professional development.

Key words: family-professional partnerships, inclusion, advocacy, knowledge translation, inclusive education

Denise Poston is the parent of a teenager, AJ, who has autism and experiences significant behavior challenges. Denise has a trusting partnership with the three key professionals who most influence AJ's education and his opportunity to be included in his school community – a teacher, the school's principal, and the special education director of the school district. She characterizes their partnership below.

When I encounter a teacher such as Deb Engstrom, a school principal such as Steve Nilhas, or a special education director such as Bruce Passman, then I can trust them.

Why? Because they regard my son in a positive way and respect him for what he is and can be. They share the same values that I have. They are professionally competent and exercise professionally defensible judgments....All of them know about effort and failure and about being humble in the face of challenging behavior. Each of the them advocates to keep AJ in school so he can continue to learn; they don't want to be the cause of his failure. They call me and take my calls anytime and anywhere. They treat each other as equals and include me in their circle of equals.

I trust them because I know that their action... comes from a concern for AJ and for me, too. I trust them because I know that they have decided, among themselves, to back each other up so long as what they are doing helps AJ and does not result in him hurting anyone. I trust them because I know they will operate as a team, with consistent behavior that AJ and I can count on, day after day. And I trust them because AJ himself thinks of them as his allies, not his opponents.

So I don't have to confront them every time they act. I don't have to demand that they do this or that. I avoid creating an antagonistic relationship with AJ and me. I trust them because I know that they have to balance the needs of all of AJ's schoolmates, all 1,300 of them, with what is good for him. I know that, in striking the balance, they will consider AJ's needs, my vision for him, and the reality of AJ's school.

Denise has identified the key components of family-professional partnerships – professional competence, communication, respect, commitment, equality, and trust – that we will address in this article. Before doing so, however, we provide a brief overview of family-professional partnerships and the practice of inclusion as currently implemented in the United States.

Overview of Family-Professional Partnerships

Policy Perspective

The United States Congress first enacted the Individuals with Disabilities Education Act in 1975; it has amended the law several times since then, most recently in 2004. In the early 1970s, parents of students with disabilities persuaded various federal and state courts to grant their children access to public schools. The right to an education, the courts had ruled, was a matter of federal constitutional law that the states may not legally deny. Relying on these decisions, parents were successful in persuading Congress to enact IDEA and help fund special education (Turnbull & Turnbull, 1996).

From the very start, IDEA was revolutionary because it granted parents the right to participate as equal partners with professionals in making educational decisions. This principle of parent participation rested on the well-established evidence that parents could make no assumptions that the public school would provide an appropriate education to their child. Accordingly, it was necessary for parents to have the right to be partners with educators and to have procedures by which they could hold schools accountable for providing students with a free appropriate education in the least restrictive setting (Turnbull, Turnbull, & Wheat, 1982).

To carry out the parent participation principle, IDEA provided that parents have a right to collaborate with professionals in developing the child's individualized education program (IEP) for students 3 through 21 years of age, and the individualized family service plan (IFSP) for infants and

toddlers (birth through two years of age). IDEA also gave parents the right to consent or not consent to having their child evaluated for special education placement, to object to a special education program, and to do so by requiring mediation or an administrative (quasi-judicial) hearing to determine whether the school complied with IDEA as applied to the child (Turnbull, Stowe, & Huerta, 2007). Refer to Turnbull et al. (2007) and Erwin and Soodak (2008) for a comprehensive analysis of IDEA's history, provisions, and implications for educational practice, including the principle of parent participation and parent-professional partnerships.

Research Perspectives

Because of IDEA, effective family-professional partnership is a recommended practice in special education programs across the age span (Turnbull, Turnbull, Erwin, & Soodak, 2006). During the last three decades, relevant research has focused on: (a) parents' participation in decision-making related to evaluation (Crais & Belardi, 1999; Woods & McCormick, 2002), (b) parent-professional collaboration in IEP conferences (Salembier & Furney, 1997; Smith, 1990), and (c) parents' overall satisfaction with special education services (Blackorby et al., 2004; Johnson & Duffett, 2002). Only a limited amount of research has focused on empirically documented outcomes of family-professional partnerships. A national longitudinal study of family involvement in the education of secondary students with disabilities is one of the exceptions to that general rule. It reported the following outcomes:

- Youth whose families are more involved in their schools are less far behind grade level in reading, tend to receive better grades, and have higher rates of involvement in organized groups (many of which are school-based) and with individual friendships than youth with less family involvement at school.
- In the independence domain, youth whose families are more involved in their schools are more likely than youth from less involved families to have had regular paid jobs in the preceding year (Newman, 2005, p. ES-5).

Although the research community has emphasized the importance of family-professional partnerships, it has failed, until recently, to offer an operational definition of family-professional partnerships or quality indicators that enable measurement of this construct. Because of this, we and our colleagues at the *Beach Center on Disability* at The University of Kansas have engaged in research over the last decade that has focused on developing this operational definition and determining the core elements of family-professional partnerships. There have been three phases in our research: (a) qualitative foundation, (b) tool development, and (c) measurement. We will briefly describe each of these phases.

Qualitative foundation

The Beach Center's first study used qualitative inquiry to understand in depth the meaning of family-professional partnerships and to elicit examples of successful and unsuccessful partnerships (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004). This study involved 33 focus groups conducted with adult family members (mostly parents) of children and youth with and without disabilities, as well as service providers and administrators. Using rigorous qualitative data analysis techniques, the research team identified six components of partnerships and indicators associated with each component. The six components resulting from this research are professional competence, communication, respect, commitment, equality, and trust. (These are the components highlighted in the article's opening vignette.) Qualitative research on Japanese parents' perspectives on family-professional partnerships has underscored the importance of the same components (Kasahara & Turnbull, 2005). Later in this article, we will address each of these components and their relationship to fostering successful inclusive practices.

Tool development

We used the qualitative study's six components and related indicators as the basis for developing the *Beach Center Family-Professional Partnership Scale* (hereinafter referred to as Partnership Scale) (Summers et al., 2005). Relying on the qualitative study's data, we developed 60 items for the pilot version of the *Partnership Scale*. We conducted two national field tests to assess ratings of importance and satisfaction for the 60 items. Throughout this process, an exploratory and confirmatory factor analysis resulted in the *Partnership Scale* having two factors: Child-Focused Relationships and Family-Focus Relationships. Each factor contains nine items so that the entire Partnership Scale has a total of 18 items. Psychometric analyses revealed that the Partnership Scale and Subscales have sufficient internal consistency. The final scale measures only satisfaction since all items are routinely rated as highly important.

Zuna (2007) replicated the confirmatory factor analysis by using a sample of parents whose children do not have disabilities. She also found the same two-factor model – Child-Focused Relationships and Family-Focused Relationships – that was originally derived based on a sample of families of children with disabilities (Summers et al., 2005).

Using the Partnership Scale and considering it to be a research tool, we then developed another version, the Beach Center Family-Professional Partnership Self-Assessment, that includes 18 items professionals may use to reflect on what helps and what hinders their practice. More information about these two tools can be obtained by visiting www.beachcenter.org/families/family_research_toolkit.aspx/.

Measurement

We have used the *Beach Center Family-Professional Partnership Scale* in a study to investigate the nature and outcomes of partnerships. We found that:

- Families from three age groups of children (birth to 3, 3 through 5, and 6 through 12) place equal importance on different aspects of partnerships (Summers, Hoffman, Marquis, Turnbull, & Poston, 2005).
- Regarding satisfaction with partnerships, parents of children ages 6 through 12 are uniformly less satisfied than parents of children ages 3 to 5, who also are less satisfied than parents of children birth to 3 (Summers, Hoffman, Marquis, Turnbull, & Poston, 2005).
- Families who have higher satisfaction with partnerships also have higher family quality of life (Hoffman et al., 2006).
- Partnerships can partially mediate the positive difference that services make for families (Hoffman et al., 2006).
- Families who have higher satisfaction with partnerships also tend to have more communication with their child's teacher and to participate more in school activities (Summers, Gotto, Epley, & Zuna, 2007).
- Family-professional partnerships explain a significant portion of variance in the extent of parent involvement and the nature of parent-teacher communication (Zuna, 2007).

Overview of Inclusion in the United States of America

Having given an overview of family-professional partnerships, we offer an overview related to the definition and implementation of inclusion in the U.S.A. From its very beginning (in 1975), IDEA has sought to advance the inclusion of students with disabilities in general education. The law's principle, known as the principle of the least restrictive environment, (a) requires schools to educate students with a disability with students who do not have a disability to the maximum extent appropriate for the student

with a disability; and (b) permits them to remove students with a disability from the general education classroom only when it is not possible to educate them successfully in that setting with the provision of supplementary aids and services. IDEA defines supplementary aids and services as «aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate» [20 U.S.C. Sec. 1402(33)].

Figure I identifies the percentage of students ages 6 through 21 in different educational environments during the 2006-2007 school year. Over a 10-year period from 1993-2003, the percentage of students with disabilities educated in general education classrooms for 79% or more of the school day increased from 44.4% to 49.9% (U.S. Department of Education, 2007). In terms of age, younger students as contrasted to older students are more likely to be educated in the general education classroom. In terms of type of disability, students with speech or language impairments are most likely to be educated in the general education classroom and students with intellectual disability or multiple disabilities are least likely to be educated in the general education classroom.

FIGURE I. Knowledge-to-action framework.



Source: Adapted from Graham, I.D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe, J., Casell, W., & Robinson, N. (2006).

Research on inclusion identifies both benefits and concerns from different stakeholder groups. Table 1 highlights perceived benefits and concerns from parents' and students' perspectives. It should be noted that these studies did not document the quality of inclusive experiences that these parents and students encountered and that respondents in these studies varied in terms of grade level, as well as the type and extent of disability.

TABLA I. Parent and Student Perspectives on Inclusive Settings and Practices

Perspective	Advantages	Disadvantages
Parents of Students with Disabilities	<ul style="list-style-type: none"> Promotes acceptance of their child with a disability (Frederickson, Dunsmuir, Lang, & Monsen, 2004; Duhaney & Salend, 2000) and benefits to students without disabilities in terms of awareness and sensitivity (Leyser & Kirk, 2004; Palmer, Fuller, Arora, & Nelson, 2001) Facilitates improvement in social, academic, and 	<ul style="list-style-type: none"> Causes concerns about teacher training and qualification as well as availability of adequate time, resources, and appropriate curricula to meet the needs of students with disabilities (Duhaney & Salend, 2000; Moreno, Aguilera, & Saldaña, 2008; Palmer, Fuller, Arora, & Nelson, 2001; Yssel, Engelbrecht, Oswald,

Perspective**Advantages**

functional skills for students with disabilities (Duhaney & Salend, 2000; Frederickson, Dunsmuir, Lang, & Monsen, 2004; Palmer, Fuller, Arora, & Nelson, 2001) as well as self-image (Duhaney & Salend, 2000; Leyser & Kirk, 2004)

- Prepares their child with exceptionalities for real-world experiences (Duhaney & Salend, 2000; Leyser & Kirk, 2004)
- Allows for the legal and ethical right of child with a disability to be educated with students without disabilities (Leyser & Kirk, 2004; Palmer, Fuller, Arora, & Nelson, 2001; Yssel, Engelbrecht, Oswald, Eloff, & Swart, 2007)
- Enables their child with a disability to remain in home community where school is located and family ties have been established (Frederickson, Dunsmuir, Lang, & Monsen, 2004; Palmer, Fuller, Arora, & Nelson, 2001)
- Fosters a positive outlook for child with a disability (Frederickson, Dunsmuir, Lang, & Monsen, 2004)

Disadvantages

Eloff, & Swart, 2007)

- Causes concerns about amount of individualized instruction students with disabilities will receive in inclusive environments (Duhaney & Salend, 2000; Palmer, Fuller, Arora, & Nelson, 2001; Xu, 2006)
- Can result in lack of system support, necessitating demands on parents' time and energy (Duhaney & Salend, 2000; Yssel, Engelbrecht, Oswald, Eloff, & Swart, 2007)
- May result in the social isolation of students with disabilities and negative attitudes from peers without disabilities (Leyser & Kirk, 2004; Palmer, Fuller, Arora, & Nelson, 2001)
- Causes parental concerns about their child with a disability's ability to achieve the academic expectations of the general education curriculum (Frederickson, Dunsmuir, Lang, & Monsen, 2004)

Parents of Students without Disabilities

- Enables students without disabilities to experience improvements in academic achievement as well as social awareness, responsiveness, and acceptance of diversity (Peck, Staub, Gallucci, & Schwartz, 2004; Duhaney & Salend, 2000)
- Allows for the decrease in behavior problems for students without disabilities in addition to increased self-concepts, and friendships with students with disabilities (Peck, Staub, Gallucci, & Schwartz, 2004; Duhaney & Salend, 2000)

- Causes concerns about the impact of less than optimal teacher training in inclusive practices and pedagogy related to the needs of students with disabilities on the outcomes of all students in inclusive settings (Duhaney & Salend, 2000)
- May result in students without disabilities having less time with the teacher; causes concerns that their own child's (without disabilities) special needs may be overlooked (Peck, Staub, Gallucci, & Schwartz, 2004)
- Concerns about children without disabilities being educated with children who have behavioral challenges (Peck, Staub, Gallucci, & Schwartz, 2004)

Students with Disabilities

- Provides for more learning opportunities and promotes higher academic achievement for students with disabilities (Angelides & Aravi, 2007^a; Frederickson, Dunsmuir, Lang, & Monsen, 2004; Wiener & Tardif, 2004)
- Enables student with a disability to remain in home community (Frederickson, Dunsmuir, Lang, & Monsen, 2004)
- Lessens social isolation and improves behavior: students with learning disabilities feel «less lonely» (p. 27), experience more friendships, and exhibit fewer behavior challenges because of exposure to peers without disabilities (Wiener & Tardif, 2004).

- May result in social isolation and marginalization for students with disabilities (Angelides & Aravi, 2007^a; Frederickson, Dunsmuir, Lang, & Monsen, 2004)
- Causes concerns about meeting academic expectations for students experiencing disability (Frederickson, Dunsmuir, Lang, & Monsen, 2004)

Students without Disabilities

- Increases academic and social skills of students without disabilities (Bunch & Valeo, 2004)
- Promotes equality (Bunch & Valeo, 2004)
- Enables students without disabilities to form friendships with students that experience disability (Bunch & Valeo, 2004; Siperstein, Parker, Bardon, & Widaman, 2007)

- Causes students without disability to be concerned about the abilities of students with disability to learn academic subjects (Siperstein, Parker, Bardon, & Widaman, 2007) and carry out functions of independence required in inclusive settings (e.g., use public transportation or handling money) (Siperstein, Parker, Bardon, & Widaman, 2007)

Note: This study reflected only the perspective of students that were deaf or hard of hearing.

Family-Professional Partnership Components and their Implications for Fostering Inclusion

Having provided overviews of family-professional partnerships and inclusion, it is appropriate for us to offer an in-depth analysis of the components and indicators of family-professional partnerships and how these partnerships can be catalysts for successful inclusion. In this section we will briefly highlight each of the six components of partnerships identified in the qualitative study we described earlier (Blue-Banning et al., 2004) and draw implications for partnerships with both students and parents. For each component we will point out implications for future practice and/or research.

Professional Competence

There are four indicators of professional competence:

- Implementing evidence-based practice
- Providing a quality education
- Setting high expectations
- Meeting individual needs

Because IDEA and the federal general education law, No Child Left Behind Act, require special and general educators to implement evidence-based practice, we will focus on that indicator. The legal premise is that, in large part, positive student outcomes result from evidence-based practice, namely, educators' use of scientifically-based methods and research-based practices (Buysse, Wesley, Snyder, & Winton, 2006). This premise, however, faces a challenge, namely, the research base in special education is not sufficiently robust to address the delivery of every practice.

In response to this challenge, researchers, theorists, and educators agree that it is appropriate for educators to consider sources of knowledge other than those that are research based. We concur with that consensus; accordingly we define evidence-based knowledge as integrating three components: (a) the best available research, (b) relevant experience-based knowledge, and (c) current policy; further, we hold that the integration of these three components should be the basis on which educators and parents make educational decisions that lead to positive outcomes for students and families.

Inarguably, professionals must be competent in family-professional partnerships in order to implement inclusive practices. The most typical strategy for addressing professional development related to family-professional partnerships in the U.S. is to provide a course for special educators in family-professional partnerships. The most recent (but still dated) research shows that slightly less than half of special education teacher preparation programs have a separate course in working with families in all their programs of study (Knight & Wadsworth, 1998). A more recent and more encouraging perspective comes from the special education editor at one of the leading publishers of special education textbooks. She estimates that approximately 75% of the 711 accredited college/university programs in special education in the U.S. now include a course on family-professional partnerships (A. Davis, personal communication, October 3, 2008).

The textbook that two of us have written (i.e., first two authors), *Families, Professionals, and Exceptionality: Positive Outcomes through Partnerships and Trust*, is the most frequently adopted textbook on family-professional partnerships (Turnbull et al., 2006). We first published this textbook in 1986; the fifth edition was published in 2006. We will soon be undertaking the preparation of the sixth edition. The book includes four parts: (a) a family systems analysis (four chapters), (b) history of partnerships and current policies (two chapters), (c) overview of the components of partnerships with a major emphasis on trust (two chapters), and (d) strategies for partnering with families related to topics such as evaluation, individualized education planning, and supporting students' achievement and performance (five chapters). In addition to the textbook, a website is available that includes a sample

syllabus, objectives for each class session, role plays, resources, PowerPoint presentations of key points, and text questions (www.prenhall.com/turnbull).

Consistent with our belief that there are three components of evidence-based practice, our textbook combines a comprehensive review of research, experience-based knowledge of families and professionals who have been successful in their partnerships, and current policy.

No single textbook sufficiently responds to professional development in family-professional partnerships, especially given that approximately 25% of all teacher-training programs do not offer a course on family-professional partnerships. More is needed, specifically four different but complementary approaches: (a) review the available resources related to professional development of educators in the area of family-professional partnerships available internationally, (b) determine what is appropriate to use, (c) modify what is inappropriate, and (d) extend resources to meet the needs of professionals and families.

Communication

Effective communication, a second component of family-professional partnerships, entails the qualitative elements of being positive, clear, and respectful, and the quantitative elements of communicating regularly and predictably. Key indicators of effective communication include:

- Providing and coordinating information
- Listening
- Being honest
- Being friendly
- Being clear

Information –the first indicator– is especially relevant to family-professional partnerships. That is so because, on the topic of inclusion, there are many strong opinions, both pro and con, in terms of the appropriateness of inclusion for students with disabilities, in general, and especially for students with intensive support needs. That is why families need access to evidence-based knowledge that is current, accurate, family-friendly, and accessible. An analysis of research reveals families' preferences for receiving information. Families want information

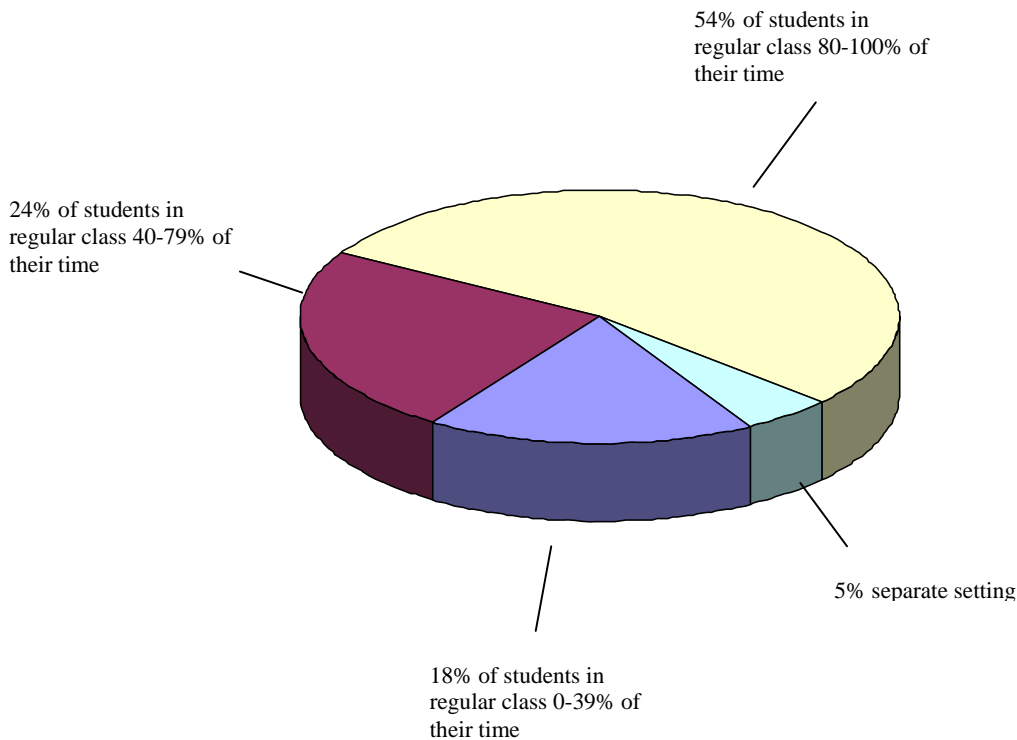
- From a single person who coordinates information and services across systems (Sontag & Schact, 1994; Westling, 1996);
- From another parent who has faced similar challenges and found successful solutions (Ainbinder et al., 1998; Cooper & Allred, 1992; Mitchell & Sloper, 2002; Ruef & Turnbull, 2001; Shapiro, Monzo, Rueda, Gomez, & Blacher, 2004);
- In a user-friendly style using a variety of formats (especially stories) and providing for varying degrees of detail (Edinippulige, 2007; Mitchell & Sloper, 2002; Ruef & Turnbull, 2001; Turnbull & Ruef, 1996);
- In their primary language and with flexible levels of literacy (Shapiro, Monzo, Rueda, Gomez, & Blacher, 2004); and
- Through technology enabling immediate access (Cook, Rule, & Mariger, 2003).

Future research should capitalize on the tremendous growth in theory and research from the field of information science. A comprehensive literature review identified 31 models/ frameworks related to knowledge translation (Graham, Tetroe, & The KT Theories Research Group, 2007).

Our review of this literature has lead us to adopt a Knowledge-to-Action (KTA Framework). This framework consists of a two-step process: (a) funneling knowledge and (b) guiding users to use knowledge to make informed decisions (Graham et al., 2006; Graham & Tetroe, 2007; Gravel, Legaré, & Graham, 2006; Kothari et al., 2008; Tugwell et al., 2007).

Figure II illustrates the knowledge funneling and action process that we adapted from the work of Graham and colleagues (2006).

FIGURE II. Percentage of students (rounded upward) ages 6-21 in different education environments during the 2006-2007 school year.



Source: U.S. Department of Education, (2007).

For many families and professionals, trying to secure an answer to a question in the era of «infoglut» (Denning, 2006, p. 19) can be frustrating or even overwhelming. They seek to simplify their search for knowledge. The triangle in Figure 2 responds to their search; it illustrates the process of moving knowledge through a funneling process, simplifying the «infoglut» so that knowledge will be useful and relevant to families and professionals. Funneling involves simplifying and presenting the condensed research in formats that are easy for families and professionals to use.

The «action-cycle» on the right side of Figure II illustrates the decision-making and implementation process that families and professionals use as they apply knowledge to improve student outcomes – that is, as they act. In this cycle, families and professionals identify their questions and dilemmas; they consider their values, visions, and the context in which they will be partners to educate the child; they match the existing knowledge to their values, visions, and context; they make balanced decision; they take action with fidelity; and they monitor and refine their action.

Research and development could be undertaken to develop an online knowledge epicenter that would apply this model to the complex task of funneling the best available knowledge on inclusion in ways that will produce relevant information for families and professionals. The ultimate goal would be to increase the success of inclusion through providing the right information to the right people at the right time to increase the likelihood of successful outcomes.

Respect

The third component of family-professional partnerships is respect. This term means that families and professionals regard each other highly and treat each other with dignity. Indicators of respect include:

- Honoring cultural diversity
- Valuing the child
- Affirming strengths
- Being nonjudgmental

Honoring cultural diversity is important in the U.S. because there is a disproportionate representation of students from diverse racial/ethnic backgrounds in special education. African American students are three times more likely to receive special education and related services if they experience an intellectual disability and 2.3 times more likely to receive the services for behavioral and emotional disorders than students from other racial/ethnic groups (U.S. Department of Education, 2007). Furthermore, African American students are least likely to spend the greatest amount of time in the general education classroom and are more likely to spend the greatest time in special settings (U.S. Department of Education, 2007).

These data mean that families and professionals need to be partners in fairly identifying a student for special education services and then delivering an appropriate (outcome-driven) education for the student in the least restrictive environment. Research on family perspectives about the special education process, however, reveals that families from diverse racial/ethnic backgrounds and also families with lower incomes are less satisfied with special education than are families from other backgrounds (Bailey, Hebbeler, Scarborough, Spiker, & Mallik, 2004; Johnson & Duffett, 2002). Kalyanpur and Harry (1999), two of the leading researchers in the U.S. on issues of cultural diversity related to family-professional partnerships, recommend a strategy that they call the posture of cultural reciprocity. They describe this strategy as follows:

Awareness of cultural differences provides merely the scaffolding for building collaborative relationships. Knowledge of the underlying belief and value that brings about the difference in perspective provides the reinforcing strength to the relationship...We suggest that professionals...engage in explicit discussions with families regarding differential cultural values and practices, bringing to the interactions as an openness of mind, the ability to be reflective in their practice, and the ability to listen to the other perspectives. Furthermore, they must respect the new body of knowledge that emerges from these discussions and take allowances for differences in perspectives when responding to the family's need. (Kalyanpur & Harry, 1999, p. 118)

To enhance special education for families and students that are culturally and linguistically diverse, the U.S. Department of Education supports Community Parent Resource Centers (CPRCs). These centers operate in culturally diverse communities and provide information, training, and other assistance to families who have children with disabilities or who have limited English proficiency. They have four major functions:

- Preparing new family leaders
- Providing one-to-one assistance to families
- Distributing family-friendly materials, including materials translated into languages other than English
- Engaging in outreach to families to address their priority needs.

CPRCs are typically directed and staffed by families from diverse backgrounds who have children with disabilities. A promising future direction is to fund such centers, engage in empowerment evaluation to identify the strategies that these family leaders use that work particularly well with the diverse families they serve, and have these family leaders serve as technical assistance advisors to people from the majority culture who are seeking to be more culturally responsive.

Commitment

The fourth component of family-professional partnership is commitment -- moving beyond a work obligation to loyal commitment characterized by high expectations. Indicators of commitment include:

- Embracing the vision of great expectations for the child.
- Being available and accessible.
- Going «above and beyond».
- Being sensitive to emotional needs.

Great expectations drive behavior; they express visions and values about partnerships, inclusion, and an inclusive life after school. They run counter to the traditional advice from professionals to parents about being «realistic». The advice to be «realistic» asks parents to regard their child's disability as his or her defining trait; in turn, it reduces their commitment to their child's inclusive education and inclusive adult life. Cousins (1989), one of America's most highly regarded editors and authors, wrote about his responses to being diagnosed with cancer. He commented that many professionals were too focused on worrying about giving him «false hope» as a result, they gave him «false despair». When educators offer only false despair to families, they implicitly say, «lower your expectations». When families resist and adhere to great expectations, professionals respond by telling them they are «being unrealistic».

Our qualitative research on family-professional partnerships underscored the critical importance of families and professionals (a) developing a positive vision of inclusive education and inclusive living and (b) pursuing that vision vigorously. The use of person-centered planning has been highly successful for many individuals with disabilities and their families in actualizing an inclusive vision. Person-centered planning typically involves pulling together key individuals who are committed to the child and family to engage in creative problem solving in order to envision great expectations and then to develop and implement an action plan to actualize the expectations (Bui & Turnbull, 2003; Holburn & Vietze, 2002; O'Brien & O'Brien, 1998). Having a group of committed people rather than just a single teacher and family member enables more input in terms of creative ideas and also shares the responsibility for follow through.

One technique for person-centered planning groups is called Making Action Plans (MAPs). It consists of developing a vision and aligning it with a plan. The MAPs process includes responding honestly and creatively to the following seven questions (Turnbull, Turnbull, Erwin, Soodak (in press):

- What is the student's history or story? Typically, the student and family share background information, highlighting triumphs and challenges associated with the student's visions, great expectations, strengths, interests, and preferences.
- Who is the student? The group will use as many adjectives as it takes to get behind the exceptionality label and describe the real or essential aspects of the student's personhood.
- What are the student's strengths, interests, gifts, and talents? Teachers, friends, family members, and others can lose sight of all the positive characteristics the student can bring to bear to achieve his or her dreams.
- What are the student's priorities? What will it take to make the student's and family's dreams come true? What barriers exist between where the student is at the present time and having the dreams come true?

- What are the dreams for this student? It is especially important for students to share their dreams for the future. Families also should share their dreams and supplement what the student is saying if the student cannot or chooses not to communicate with group members.
- What are the nightmares for this student? Students with exceptionalities and their families may have fears that serves as barriers to their working toward great expectations. Identifying these fears or nightmares allows the team to put adequate supports into place.
- What is the plan of action? A plan of action includes specific steps to accomplish the dream. The plan of action can involve tasks, timelines, resources, and other information that will help lead to real progress.

A future direction is to conduct research on person-centered planning as a tool for enhancing partnerships between families and professionals and also enhancing creative solutions to challenges associated with inclusion. Since often «a picture is worth 1,000 words», developing videos of person-centered planning meetings can provide excellent examples for people who would like to use this technique but are unsure about how to implement it.

Equality

The fourth component of family-professional partnerships is equality. That term refers to partnerships in which professionals and families have equal status as distinguished from working arrangements in which professionals have authoritarian «power-over» parents. Indicators of equality in family-professional partnerships include:

- Sharing power
- Fostering empowerment
- Providing options
- Affirming others

The field of special education has evolved in its understanding and practice of equality in family-professional partnerships. Turnbull, Turbiville, and Turnbull (2000) explored the historical development of partnerships and presented this development in terms of four sequential models: (a) parent counseling/psychotherapy, (b) family involvement, (c) family-centered services, and (d) collective empowerment.

Family-centered practice is a major approach for rebalancing and redistributing power in family-professional partnerships. Allen and Petr (1996) conducted a thorough review of literature across the disciplines of health, education, and social services; and, based on that literature, they proposed the following consensus definition:

Family-centered service delivery (their emphasis), across disciplines and settings, recognizes the centrality of the family in the lives of individuals. It is guided by fully informed choices made by the family and focuses on the strengths and capabilities of these families. (p. 68)

Thus, the three key elements of family-centeredness include the family as the unit of attention, the maximization of family choice and families as the ultimate decision-maker, and a focus on the strengths and capabilities of families.

Because many professionals have been trained to «be in charge», it is important to prepare them to be partners by teaching them how important «equality» is in partnerships. They can foster equality by focusing on the family as the unit of attention and not just the child, maximizing family choice in terms of what is most important to them, and focusing on the families' strengths and capabilities. In terms of

inclusion, a family-centered focus often means recognizing the importance for the child to be included in the family, neighborhood, and community, as well as in school. This point is illustrated well by a sibling, Shay Brill, who has a sister, Alexa, with cerebral palsy:

I think it is important to make sure that focus is placed on the child within the context of the entire family, and not just the child herself. It's important to help siblings find successful ways to have fun with their brother or sister. Until my sister was almost three years old, we knew relatively few ways to include her in our regular family activities, and this created a lot of stress in our lives....It made my other sister and me feel guilty for having fun when we knew Alexa was being excluded. Then, Alexa got a new PT [physical therapist] who started showering us with all sorts of adaptive devices, such as swings which Alexa could use at home and also have transferred to public playgrounds, switches for games which allowed Alexa to be included in the fun, etc...That PT changed our lives. We were able to problem-solve most things ourselves after that initial lesson, and Alexa today is an independent young woman of age 18, who refuses to ever consider any type of segregation... She's one of my best friends. I often think about what might have been the outcome for her, for me, for our entire family, had we not had that divine intervention.

Thus, a major component of power sharing is being responsive to the family's preferences in terms of the multiple environments where inclusion needs to happen. Future directions for research and development include the following:

- Conduct research with students and adults with disabilities who have experienced success and highlight the creative strategies that were used to actualize a sense of belonging in family, neighborhood, and community that is consistent with their priorities.
- Conduct research with professionals and parents who have had highly successful partnerships on practical ways that they have shared power to achieve positive inclusive outcomes.
- Develop information through the public media on the outcomes of this research.

Trust

All five of the components of family-professional partnerships that we have addressed so far ultimately lead to the lynchpin of trust. Trust is «having confidence in someone else's reliability, judgment, word, and action to care for and not harm the entrusted person (Turnbull et al., 2006, p. 161). When parents truly trust the professionals in a partnership, parents believe that the professional will act in the best interest of the family and child and will make good faith effort to follow through on their word. Indicators of trust include:

- Using sound judgment
- Being reliable
- Keeping the child safe
- Maintaining confidentiality

Using sound judgment –deciding how best to discharge one's professional duties– has received very little attention in the family-professional partnership literature or even in the larger special education/general education literature in the U.S. That is so because school administrators and even IDEA itself have assumed that, if teachers strictly comply with the procedures laid out in IDEA and in their school districts, their students will have effective outcomes. Arguably, this assumption leaves some, but not much space, for educators to exercise judgment. Even more arguably, this assumption holds that

teachers do not exercise much judgment. Yet that is not the case; to be a professional is to exercise judgment, and teachers and other professionals do that daily, including in their partnerships with families.

To exercise judgment –to be discerning, thoughtful, and analytical– is to seek to act wisely. As we considered the matter of trust and judgment, we did so by learning from the field of positive psychology. One of the leading U.S. scholars in positive psychology, Sternberg (2003) has extended his field by bringing into it the concept of wisdom. He defines wisdom as follows:

Wisdom is defined as the application of successful intelligence and creativity as mediated by values toward the achievement of a common good through a balance among (a) intrapersonal, (b) interpersonal, and (c) extrapersonal interests, over (a) short and (b) long terms, in order to achieve a balance among (a) adaptation to existing environments, (b) shaping of existing environments, and (c) selection of new environments... (p. 152)

Finally, Sternberg (2003) also emphasizes that people who are wise do not just think in a wise way; they also «act wisely» (p. 188).

Sternberg (2003) describes a project in which he and his colleagues developed a curriculum to embed the teaching of wise decision-making within a history curriculum for secondary students. Based on the definition above, they measured the students' progress in terms of how they solved 24 problems according to the following criteria:

- Demonstration of attempt to reach a common good.
- Balancing of intrapersonal, interpersonal, and extrapersonal interests.
- Taking into account both short- and long-term factors.
- Justification for adaptation to, shaping of, and selection of environments.
- Mindful use of values.
- Overall quality (wisdom) of process of solution.
- Overall quality (wisdom) of the solution itself. (p. 171-172)

Some of our current research and development at the Beach Center is focusing on the application of the wisdom literature to family-professional partnerships and related decision-making. Table II includes the components of what we are currently referring to as wisdom-based action. In our future research, we will particularly center our attention on fostering wisdom-based action through family-professional partnerships focusing on fostering inclusion for (a) students with significant problem behavior and (b) students with significant intellectual disabilities as they transition from school to adulthood.

TABLE II. Elements of Wisdom-Based Action

- **Being attuned to**
 - Your values
 - Your vision
 - Your context – factors you need to consider associated with your child, family, local service system, and community.
- **Locating, evaluating and synthesizing knowledge**
 - Experience-based knowledge from families and practitioners
 - Research
 - Policy
- **Making a balanced decision in planning your next steps**
 - Judging with knowledge to use in light of your values, vision, and context
 - Identifying whose interests (your child only, your other children, you whole family) should be considered in making a decision
 - Considering what resources will be needed for you to take action
- **Taking action**

- Implementing your next steps
- Learning from successes and setbacks
- Solving unanticipated problems
- Staying connected to reliable allies
- Confronting next challenges

Summary

We believe that fostering family-professional partnerships is an excellent strategy for ultimately implementing inclusion and achieving the positive benefits that accrue from inclusive education. We are eager partners with others who would like to join in research, professional development, and family development related to fostering professional competence, communication, respect, commitment, equality, and trust in building a more inclusive society. We embrace the words of Mahatma Gandhi: «I am a dreamer. I am, indeed, a dreamer. My dreams are not airy nothings. I want to convert my dreams into realities, as far as possible».

Dreams can be converted into realities as families, researchers, and professionals share their visions and adopt effective partnership strategies in advancing a students' educational outcomes through inclusive education.

References

- AINBINDER, J., BLANCHARD, L., SINGER, G. H. S., SULLIVAN, M., POWERS, L., MARQUIS, J. et al. (1998). How parents help one another: A qualitative study of Parent to Parent self-help. *Journal of Pediatric Psychology*, 23, 99-109.
- ALLEN, R. I. & PETR, C. G. (1996). *Toward developing standards and measurements for family-centered practice in family support programs*. En G. H. S. SINGER, L. E. POWERS & A. L. OLSON (eds.), *Redefining family support: Innovations in public-private partnerships* (pp. 7-86). Baltimore: Paul H. Brookes.
- ANGELIDES, P. & ARAVI, C. (2007). A comparative perspective on the experience of deaf and hard of hearing individuals as students at mainstream and special schools. *American Annals of the Deaf*, 151(5), 476-487.
- BAILEY, D. B., JR., HEBBELER, K., SCARBOROUGH, A., SPIKER, D. & MALLIK, S. (2004). First experiences with early intervention: A national perspective. *Pediatrics*, 113(4), 887-896.
- BLACKORBY, J., WAGNER, M., CAMETO, R., DAVIES, E., LEVINE, P., NEWMAN, L., et al. (2004). *Engagement, academics, social adjustment, and independence: The achievements of elementary and middle school students with disabilities*. Washington, DC: Office of Special Education Programs, U.S. Department of Education.
- BLUE-BANNING, M., SUMMERS, J. A., NELSON, L. L. & FRANKLAND, C. (2004). Dimensions of family and professional partnerships: Constructive guidelines for collaboration. *Exceptional Children*, 70(2), 167-184.
- BLUE-BANNING, M., TURNBULL, A. P. & PEREIRA, L. (2000). Group Action Planning as a support strategy for Hispanic families: Parent and professional perspectives. *Mental Retardation*, 38(2), 262-275.
- BUI, Y. N. & TURNBULL, A. (2003). East meets west: Analysis of person-centered planning in the context of Asian American values. *Education and Training and Mental Retardation and Developmental Disabilities*, 38(1), 18-31.
- BUNCH, G. & VALEO, A. (2004). Student attitudes toward peers with disabilities in inclusive and special education schools. *Disability & Society*, 19(1), 61-76.
- BUYSSE, V., WESLEY, P. W., SNYDER, P. & WINTON, P. (2006). Evidence-based practice: What does it really mean for the early childhood field? *Young Exceptional Children*, 9(4), 2-11.

- COOK, R. S., RULE, S. & MARIGER, H. (2003). Parents' evaluation of the usability of a web site on recommended practices. *Topics for early childhood special education*, 23, 19-27.
- COOPER, C. S. & ALLRED, K. W. (1992). A comparison of mothers' versus fathers' needs for support in caring for a young child with special needs. *Infant-Toddler Intervention*, 2(2), 205-221.
- COUSINS (1989). Falta toda la referencia.
- CRAIS, E. R. & BELARDI, C. (1999). Family participation in child assessment: Perceptions of families and professionals. *The Transdisciplinary Journal*, 9(3), 209-238.
- DENNING, P. J. (2006). Infoglut: Overload of cheap information threatens our ability to function in networks; value-recognizing architectures promise significant help. *Communications of the ACM*, 49(7), 15-19.
- DUHANEY, L. M., & SALEND, S. J. (2000). Parental perceptions of inclusive educational placements. *Remedial and Special Education*, 21(2), 121-128.
- EDINIPPULIGE, A. P. S. (2007). Parents of deaf children seeking hearing loss-related information on the internet: The Australian experience. *Journal of Deaf Studies and Deaf Education*, 12(4), 518-529.
- ERWIN, E. J. & SOODAK, L. C. (2008). *The evolving relationship between families of children with disabilities and professionals*. En T. C. JIMÉNEZ & V. L. GRAF (eds.), *Education for all: Critical issues in the education of children and youth with disabilities* (35-69). Wiley
- FREDERICKSON, N., DUNSMUIR, S., LANG, J. & MONSEN, J. J. (2004). Mainstream-special school inclusion partnerships: Pupil, parent and teacher perspectives. *International Journal of Inclusive Education*, 8(1), 37-57.
- GRAHAM, I. D. & TETROE, J. (2007). How to translate health research knowledge into effective healthcare action. *Healthcare Quarterly*, 10(3), 20-22.
- GRAHAM, I. D., LOGAN, J., HARRISON, M. B., STRAUS, S. E., TETROE, J., CASWELL, W. & ROBINSON, N. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuing Education in the Health Professions*, 26(1), 13-24.
- GRAHAM, I. D., TETROE, J. & THE KT THEORIES RESEARCH GROUP (2007). Some theoretical underpinnings of knowledge translation. *Academic Emergency Medicine*, 14, 936-941.
- GRAVEL, K, LÉGARÉ, F. & GRAHAM, I. D. (2006). Barriers and facilitators to implementing shared decision-making in clinical practice: A systematic review of health professionals' perceptions. *Implementation Science*, 1(16), 1-12.
- GRIGAL, QUIRK & MANOS (1998). FALTA TODA LA REFERENCIA.
- HOFFMAN, L., MARQUIS, J. G., POSTON, D. J., SUMMERS, J. A. & TURNBULL, A. (2006). Assessing family outcomes: Psychometric evaluation of the family quality of life scale. *Journal of Marriage and Family*, 68, 1069-1083.
- HOLBURN, S. & VIETZE, P. M. (2002). *Person-centered planning: Research, practice and future directions*. Baltimore: Paul H. Brookes Publishing Co.
- JOHNSON, J. & DUFFETT, A. (2002). *When it's your own child: A report on special education from the families who use it*. New York: Public Agenda.
- KALYANPUR, M. & HARRY, B. (1999). *Culture in special education*. Baltimore, MD: Paul H. Brookes Co.
- KASAHARA, M. & TURNBULL, A. P. (2005). Meaning of family-professional partnerships: Japanese mothers' perspectives. *Exceptional Children*, 71(3), 249-265.
- KNIGHT, D. & WADSWORTH, D. (1998). A national study of special education teacher preparation programs regarding their inclusion of family focused components of the CEC common core of knowledge and skills. *Teacher Education and Special Education*, 21(3), 214-26.
- KOTHARI, A., DRIEDGER, M., BICKFORD, J., MORRISON, J., SAWADA, M., GRAHAM, I. D. & CRIGHTON, E. (2008). Mapping as a knowledge translation tool for Ontario early years centres: Views from data analysts and managers. *Implementation Science*, 3(4), 1-9.
- LEYSER, Y. & KIRK, R. (2004). Evaluating inclusion: An examination of parent views and factors influencing their perspectives. *International Journal of Disability, Development and Education*, 51(3), 271-285.

- MENZIES, H. & FALVEY, M. A. (2008). *Inclusion of students with disabilities in general education*. En T. C. JIMÉNEZ & V. L. GRAF (eds.), *Education for all: Critical issues in the education of children and youth with disabilities* (71-99). Wiley
- MITCHELL, W. & SLOPER, P. (2002). Information that informs rather than alienates families with disabled children: Developing a model of good practice. *Health and Social Care in the Community*, 10(2), 74-81.
- MORENO, J., AGUILERA, A. & SALDAÑA, D. (2008). Do Spanish parents special prefer schools for their children with autism? *Education and Training in Developmental Disabilities*, 43(2), 162-173.
- NEWMAN (2005). *Family involvement in the educational development of youth with disabilities: A special topic report of findings from the National Longitudinal Transition Study-2 (NLTS-2)*. Menlo Park, CA: SRI International.
- O'BRIEN, J. & O'BRIEN, C. L. (1998). *A little book about person centered planning*. Toronto, Ontario, Canada: Inclusion Press.
- PALMER, D. S., FULLER, K., ARORA, T. & NELSON, M.. (2001). Taking sides: Parent views on inclusion for their children. *Exceptional Children*, 67(4), 467-484.
- PECK, C. A., STAUB, D., GALLUCCI, C. & SCHWARTZ, I. (2004). Parent perception of the impacts of inclusion on their nondisabled child. *Research and Practice for Persons with Severe Disabilities*, 29(2), 135-143.
- RUEF, M. B. & TURNBULL, A. P. (2001). Stakeholder opinions on accessible informational products helpful in building positive, practical solutions to behavioral challenges of individuals with mental retardation and/or autism. *Education and Training in Mental Retardation and Developmental Disabilities*, 36(4), 441-456.
- SALEMBIER, G. & FURNEY, K. S. (1997). Facilitating participation: parents' perceptions of their involvement in the IEP/transition planning process. *Career Development for Exceptional Individuals*, 20(1), 29-42.
- SHAPIRO, J., MONZO, L. D., RUEDA, R., GOMEZ, J. A. & BLACHER, J. (2004). Alienated advocacy: Perspectives of Latina mothers of young adults with developmental disabilities on service systems. *Mental Retardation*, 42(1), 37-54.
- SIPERSTEIN, G. N., PARKER, R. C., BARDON, J. N. & WIDAMAN, K. F. (2007). A national study of youth attitudes toward the inclusion of students with intellectual disabilities. *Exceptional Children*, 73(4), 435-455.
- SMITH, S. W. (1990). Individualized education programs (IEPs) in special education from intent to acquiescence. *Exceptional Children*, 57 (1), 6-14.
- SONTAG, J. C. & SCHACHT, R. (1994). An ethnic comparison of parent participation and information needs in early intervention. *Exceptional Children*, 60(5), 422-433.
- STAUDINGER, U. M. & BALTES, P. B. (1996). Interactive minds: A facilitative setting for wisdom-related performance? *Journal of Personality and Social Psychology*, 71, 746-762.
- STERNBERG, R. J. (2003). *Wisdom, intelligence and creativity synthesized*. New York: Cambridge University Press.
- SUMMERS, J. A., GOTTO, G., EPLEY, P. & ZUNA, N. (2007). Contributions to school success: Child care and parent involvement. Presented to the annual conference of the Kansas Division for Early Childhood, Wichita, KS.
- SUMMERS, J.A., HOFFMAN, L., MARQUIS, J., TURNBULL, A. P. & POSTON, D. (2005). Parent satisfaction with their partnerships with professionals across different ages of their children. *Topics in Early Childhood Special Education*, 25(1), 48-58.
- TUGWELL, P. S., SANTOSSO, N. A., O'CONNOR, A. M. & WILSON, A. J. (2007). Knowledge translation for effective consumers. *Physical therapy*, 87, 1.728-1.738.
- TURNBULL, A. P. & RUEF, M. (1996). Family perspectives on problem behavior. *Mental Retardation*, 34(5), 280-293.
- TURNBULL, A. P., TURBIVILLE, V. & TURNBULL, H. R. (2000). *Evolution of family-professional partnership models: Collective empowerment as the model for the early 21st century*. En J. P.

- SHONKOFF & S. L. MEISELS (eds.), *The handbook of early childhood intervention* (2nd ed.). New York: Cambridge University Press.
- TURNBULL, A. P. & TURNBULL, H. R. (1996). Participatory action research. In National Council on Disability, *Improving the implementation of the Individuals with Disabilities Education Act: Making schools work for all of America's children. Supplement* (pp. 685-711). Washington DC: National Council on Disability.
- TURNBULL, A. P., TURNBULL, H. R. & WEHMEYER, M. L. (2007). *Exceptional lives: Special education in today's schools* (5th ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- (in print). *Exceptional lives: Special education in today's schools* (6th ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- TURNBULL, H. R., TURNBULL, A. P. & WHEAT, M. J. (1982). Parent participation: A legislative history. *Exceptional Education Quarterly*, 3(2), 1-8.
- TURNBULL, A. P., TURNBULL, H. R., ERWIN, E. & SOODAK, L. (2006). *Families, professionals, and exceptionality: Positive outcomes through partnerships and trust* (5th ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- TURNBULL, H. R., STOWE, M. J. & HUERTA, N. E. (2007). *Free appropriate public education* (7th ed.). Denver: Love Publishing Co.
- US DEPARTMENT OF EDUCATION (2007). 27th annual report to Congress on the implementation of the Individuals with Disabilities Education Act, 2005 (Vol. 1). Washington DC: US Department of Education.
- WESTLING, D. L. (1996). What do parents of children with moderate and severe mental disabilities want? *Education and Training in Mental Retardation and Developmental Disabilities*, 31(2), 86-114.
- WIENER, J. & TARDIF, C. Y. (2004). Social and emotional functioning of children with learning disabilities: Does special education placement make a difference? *Learning Disabilities Research & Practice*, 19(1), 20-32.
- WOODS, J. J. & MCCORMICK, K. M. (2002). Welcoming the family. *Young Exceptional Children*, 5(3), 2-11.
- XU, J. (2006). Worldview of one black family in a middle school inclusion program: An ethnographic study. *Teachers College Record*, 108(7), 1.496-1.530.
- YSSEL, N., ENGELBRECHT, P., OSWALD, M. M., ELOFF, I. & SWART, E. (2007). Views of inclusion: A comparative study of parents' perceptions in South Africa and the United States. *Remedial and Special Education*, 28(6), 356-365.
- ZUNA, N., SENIG, J. P., SUMMERS, J. A. & TURNBULL, A. P. (en prensa). Confirmatory factor analysis of a family quality of life scale for families of kindergarten children without disabilities. *Journal of Early Intervention*.

Electronic resources

THE UNIVERSITY OF KANSAS. Retrieved from:

www.beachcenter.org/families/family_research_toolkit.aspx

TURNBULL GATEWAY. Retrieved from: www.prenhall.com/turnbull

Contact: Ann P. Turnbull. University of Kansas. Haworth Hall, room 3111H 1200 Sunnyside Avenue Lawrence, KS 66045-7534 Kansas, Lawrence, EEUU. E-mail: turnbull@ku.edu

â€¢ â€œCatalyzing Transformational Partnerships between the United Nations and Businessâ€, developed by the UN Global Compact, Unilever and Dalberg (2011), highlights the characteristics of a transformational partnership and outlines the key recommendations to take UN-Business partnerships to scale. â€¢ â€œbusiness.un.orgâ€ offers a user-friendly process to match business resources with needs from UN organizations. IELTS Essay (D^{1/4}): some people say that advertising is extremely successful at persuading us to buy things. Other think that advertising is so common that we no longer pay attention to it. Discuss both these views and give your own opinion. IELTS Essay (D^{1/4}): some people say that advertising is extremely successful at persuading us to buy things. Other think that advertising is so common that we no longer pay attention to it. Discuss both these views and give your own opinion. Policies - Written family/school policies establish the expectation and authority for school leaders to comprehensively address family involvement. While building-level policies provide specific guidance for activities, state- and district-level family involvement policies provide leverage for change at the local level. Leadership - Effective school administrators continually reflect on and adapt their approaches to leadership in terms of their own roles and the leadership roles of others, including parents. Family-School-Community Partnerships 2.0 outlines 10 strategies that are the foundation for creating effective partnerships, like building one-to-one relationships between families and teachers that are linked to learning. That tactic was the key to success for the Parent-Teacher Home Visit Project in Sacramento, which is now being replicated in school districts across the country with support from NEA. The program grew out of a desire to disrupt the cycle of blame between families and schools, and it is now recognized as a national model. One of this reportâ€™s greatest values is its portrayal