



## **A Comparison of Teacher and Caregiver Perspectives of Collaboration in the Education of Students with Autism Spectrum Disorders**

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Special education regulations in the United States have provided guidelines for the active participation of caregivers in the education of their children. The Individuals With Disabilities Education Act, most currently revised in 2004, has specific provisions for caregiver participation. Furthermore, research has demonstrated the benefits of collaborative relationships between school and home, which include improved academic and social outcomes (Benson, Karlof, & Siperstein, 2008; Blair, Lee, Cho, & Dunlap, 2011; Chu, 2014; Ludicke & Kortman, 2012; Moes & Frea, 2002; West & Pirtle, 2014) and enhanced family well-being (Koegel, Bimbela, & Schriebman, 1996; Renty & Roeyers, 2005).

Caregiver perspectives are vital in the evaluation of schools' collaborative efforts. In this article, we use the term *caregivers* to mean parents, families, or anyone involved in raising a child with autism spectrum disorders (ASD). The terms *caregivers*, *parents*, and *families* are used interchangeably in this report. Caregiver evaluation of classroom practices, the development of family-focused interventions,

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and teacher initiatives to facilitate collaboration can provide valuable feedback to schools and to university teacher training programs. Results from studies that have examined views of caregivers of children with disabilities have provided valuable information about how to facilitate meaningful school–family partnerships.

## **Literature Review**

A number of factors influence collaboration and equal membership in a school–family partnership. Potential facilitators of collaboration include a number of educational practices, family-centered practices, and collaborative practices that are highlighted in this article. Research findings indicate that, for meaningful collaboration to occur, caregivers value receiving information from educators about their child’s progress, being provided opportunities to participate in decision making, and incorporating the needs and desires of the family when developing interventions (Hebel & Persitz, 2014; Paige-Smith & Rix, 2006; Park & Turnbull, 2002). As a whole, these research reports highlight the importance of understanding caregivers’ perceived needs. Caregivers serve a key role in the education of student with disabilities, and for that reason, schools should undertake efforts to encourage caregiver involvement and to facilitate meaningful home–school partnerships that will ultimately benefit the students.

## **Educational Practices**

A number of experimental studies have demonstrated that caregivers have opinions about what facilitates effective collaborative partnerships (Brewin, Renwick, & Schormans, 2008; Chu, 2014; Granlund & Roll-Pettersson, 2001; Hebel & Persitz, 2014; Renty & Roeyers, 2005; Stoner et al., 2005). Caregivers in these studies tended to rate a higher degree of satisfaction with teachers who understood the unique learning needs of children with ASD, who created a safe and calm learning environment, who kept them updated on their child’s progress, and who possessed an overall eagerness to help children with ASD make progress academically and socially. Caregivers of children with ASD want their children to have teachers who show genuine respect for their children, possess the training and skills necessary to successfully support their children’s appropriate behaviors, and continually search for new knowledge and resources to update their skills (Brewin et al., 2008; Hebel & Persitz, 2014; Mueller, Singer, & Draper, 2008; Park & Turnbull, 2002).

Another key finding in the research lies in effective communication processes between home and school. In several studies (Chu, 2014; Granlund & Roll-Pettersson, 2001; Staples & Diliberto, 2010), caregivers reported a greater sense of unity and a shared desire to work toward their children’s success when teachers actively communicated information to caregivers about children’s school performance. Research findings have indicated that caregivers are more

inclined to collaborate with teachers when teachers share concrete information about children's learning needs (Ludicke & Kortman, 2012) and when they are informed about their children's achievements or any problems that teachers may have encountered during the school day (Stoner & Angell, 2006; Stoner et al., 2005). Communication was emphasized in Mueller et al.'s (2008) research, particularly listening and maintaining ongoing contact with caregivers.

### ***Family-Centered Practices***

Facilitating effective family-school partnerships requires that educators be family centered as they develop interventions. Being family centered refers to approaches to interventions where goals are established in true partnership with families. In a family-driven paradigm, schools understand that the family has expert knowledge, gained from experience or training, and are therefore entitled and expected to contribute the effective interventions for their children (Bacon & Causton-Theoharis, 2013; Osher & Osher, 2002).

The importance of a family-centered approach in the education of students with intellectual disabilities has been well documented (e.g., Bacon & Causton-Theoharis, 2013; Fishman & Nickerson, 2014; Hebel & Persitz, 2014; Osher & Osher, 2002; Park & Turnbull, 2002). To increase the likelihood of meaningful home-school collaboration, findings from several investigations have shown that school must take the initiative to create partnerships, based on mutual respect and understanding, as they work together as equal partners in developing educational programs for their children (Bacon & Causton-Theoharis, 2013; deFur, 2012; Hebel & Persitz, 2014; Osher & Osher, 2002; Park & Turnbull, 2002).

It is important to appreciate the knowledge and strength that families bring to a partnership and to value their input in decision making, according to several researchers (e.g., Burke, 2012; Hebel & Persitz, 2014; Paige-Smith & Rix, 2006). Paige-Smith and Rix discussed the need for families to be consulted and "listened to" as essential to any educational plan, as it increases caregiver satisfaction with the intervention plan. Many times, parents or caregivers are motivated to participate in Individualized Education Program (IEP) meetings and decision making but feel that school personnel do not demonstrate their efforts to listen to or value parental input (Burke, 2012). Furthermore, a prerequisite to successful partnerships between families or caregivers and school professionals is the establishment of trust (Summers et al., 2005).

### ***Collaborative Practices***

Collaborative practices are the intentional efforts of educators to create effective partnerships with families. Practices that intentionally build relationships based on trust, that demonstrate an attitude of respect toward families and welcome their input, and that invite caregivers to be full partners in the educational decisions of their children fall into this category. Studies have shown that caregiver involve-

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ment increases in response to teacher initiatives to involve caregivers (Hornby & Lafaele, 2011; Rodriguez, Blatz, & Elbaum, 2014). In fact, findings from several studies have indicated that the most significant predictor of caregivers' special education involvement is specific teacher invitations (Benson et al., 2008; Fishman & Nickerson, 2014; Rodriguez et al., 2014).

Overall, research has shown that school and teacher initiation, or the extent to which teachers actively encourage opportunities for caregivers to become involved as equal partners in their children's education, increases the likelihood of caregiver involvement (Benson et al., 2008; Hornby & Lafaele, 2011). Collaborative partnerships that provide a welcoming school climate and include specific opportunities to participate were critical to facilitating effective partnerships with families in several studies (Benson et al., 2008; Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004; Ferrara & Ferrara, 2005; Hoover-Dempsey et al., 2005; Sheehey & Sheehey, 2007; Staples & Diliberto, 2010). School initiation of family or caregiver involvement is even more important than parental education, family size, marital status, or socioeconomic level in determining parent participation in a child's education (Staples & Diliberto, 2010). In fact, "the extent to which teachers and other school personnel encourage, provide opportunities for, and actively support involvement was found to be the single most powerful predictor of maternal educational involvement" (Benson et al., 2008, p. 58).

In summary, educators who work with children with ASD have a significant influence on the degree to which families are active participants in the collaborative process. Therefore it is important for research to explore the attitudes and practices of those who work with children with ASD, and which of these practices have a greater influence on parental involvement. The body of research outlining the educational practices that encourage parental involvement and more meaningful home-school partnerships is an important line of investigation.

#### **Research Aims**

To date, there has been little research into the school's practices that influence caregiver involvement in the education of students with ASD that gives voice to both families and teachers, and little research has used a mixed-methods approach. Research has increased our understanding of the indicators of behaviors associated with meaningful collaborative partnerships. The majority of those investigations, although highly informative, have been limited to qualitative inquiry. Of those investigations specifically examining the perspectives of caregivers of children with ASD regarding involvement in their children's education, we found the majority to present qualitative results exclusively. The development of a measure of meaningful partnerships is therefore in order, so that we may gain a broader perspective about how to promote school-family collaboration to enhance the academic and social achievement of students with ASD.

In contrast to those studies that mainly concentrate on qualitative inquiry to increase our understanding of caregiver participation, the purpose of the current study was to evaluate caregivers' and teachers' satisfaction with the school's collaborative efforts through both quantitative and qualitative methods. We used a mixed-methods design to focus on measuring caregiver and educator satisfaction with the critical components of collaboration identified in the literature, which we grouped into recurring themes: educational practices, family-centered practices, and collaborative practices. Two major research questions guided this research:

1. With what practices related to collaboration in the education of students with ASD are parents and teachers most satisfied?
2. Which of these practices predict overall satisfaction with the collaborative process for parents and teachers?

## **Method**

### ***Participants***

Twenty-eight caregivers and 102 educators of children with ASD participated in this study, for a total of 130 participants. Participants ranged in age from 22 to 75 years ( $M = 49$ ,  $SD = 11.3$ ). Inclusionary criteria were that participants self-reported having at least one child with autism who was receiving educational services in a school outside the home or having a job as an educator of students with autism. The author did not seek to confirm a diagnosis of autism or the severity by any means, such as through examination, diagnostic chart reviews, or contacting professionals who gave the diagnosis, nor was there confirmation of current employment status for the educators in the sample. Of the total participants, there were 112 women and 18 men. All participants resided in various states within the United States. Responses showed that 8% of participants resided in California, 8% resided in Ohio, and the remaining 84% resided in other states.

### ***Measure***

A Web-based questionnaire consisting of open-ended and Likert-type rating scale items was designed for this study, which used SurveyMonkey for collecting data. Following demographic questions about age, gender, state of residence, and role in working with children who have ASD, the survey instrument included questions to caregivers and teachers about their satisfaction with the educational practices and collaborative efforts of their children's school (see the Appendix for the complete survey, including means and standard deviations).

Open-ended questions were posed to both groups to gather qualitative data. Qualitative research is helpful for providing in-depth understanding of the worlds of research participants by learning about their circumstances, experiences, and

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perspectives (Snape & Spencer, 2003). Open-ended questions can reveal perspectives that researchers cannot ascertain through quantitative, Likert-type rating scales. Descriptions provided from the perspective of the participants serve to enhance the meaning of a study, and they can be used to provide deeper understanding of particular phenomena (Snape & Spencer, 2003). Therefore, based on the belief that open-ended questions are particularly well suited to exploring a concept in more depth, questions that allowed participants to share their own thoughts about the topic of study were purposefully included in this mixed-method research design.

**Caregivers.** Caregivers were asked to rate their satisfaction with three key concepts: (a) the teacher's use of educational practices through Likert-type responses (e.g., My child/children's teacher(s) demonstrate understanding of the unique learning needs of my child/children with ASD), (b) the teachers' use of family-centered practices (e.g., My child/children's teacher(s) take the needs of the family into consideration when designing interventions for my child/children), and (c) the teacher's collaborative practices (e.g., My child/children's teacher(s) invite me to be a full partner in the educational decisions of my child/children). Caregivers were asked to rank their overall satisfaction with the collaborative process with the question "Overall, I am satisfied with my level of involvement in the collaborative process." Finally, open-ended questions designed to better understand participants' overall satisfaction with the collaborative efforts of the teachers and/or the school provided qualitative data. Questions included the following: "What do you feel is going well with the collaborative efforts of your school?," "What barriers to meaningful collaboration have you experienced?," and "As a parent, what advice would you give to teachers about working effectively with parents?" After giving their consent to participate, caregivers were asked to respond to 26 questions, including those related to demographics.

A 16-item subscale was devised for caregivers, exclusive of items asking for demographic information. Items included responses to questions such as "My child's teacher helps me sort through large amounts of information," "My child's teacher suggests helpful strategies that I can use at home," or "My child's teacher takes initiative to create effective partnerships with families built on trust, collaboration, and authentic caring." Reliability statistics were computed for this scale using SPSS software. Cronbach's alpha for this scale was .86. This inventory was found to be highly reliable (16 items;  $\alpha = .86$ ) and represents a high degree of internal consistency.

**Teachers.** Teachers were asked to respond to similar questions designed to evaluate their own educational practices, family-centered practices, and efforts to collaborate with caregivers. Questions were the same as those posed to caregivers but were written from the teacher's perspective (e.g., "I demonstrate understanding of the unique learning needs of my students with ASD" or "I take initiative to create effective partnerships with families built on trust, collaboration, and authentic caring"). Teachers were also asked to rate their overall satisfaction with the collaborative

process through Likert-type questions, followed by open-ended questions to provide qualitative opinions about collaboration that were similar to those posed to parents, written from the teacher's perspective (e.g., "As a teacher, what advice would you like to give parents about working effectively with teachers?"). Teachers were asked to respond to the same number of questions as the parents in this study.

A 16-item subscale was devised for teachers, exclusive of items asking for demographic information. Items included responses to questions such as "I help parents sort through large amounts of information," "I suggest helpful strategies that parents can use at home," or "I take initiative to create effective partnerships with families built on trust, collaboration, and authentic caring." Reliability statistics were computed for this scale using SPSS software. Cronbach's alpha for this scale was .96. This inventory was found to be highly reliable (16 items;  $\alpha = .96$ ) and represents a high degree of internal consistency.

Items in the surveys were based on themes identified in existing research regarding school–family partnerships in the education of children with ASD, the author's experience in training special education credential candidates, and the author's personal experience working with children and families of children who have ASD and other intellectual disabilities.

### **Procedure**

Participants were recruited by means of advertisements about the study and links to the Web-based questionnaire. Advertisements were posted online with organizations serving individuals with autism, their families, and educators (e.g., Autism Speaks) and in a magazine serving the families of individuals with autism (*Autism Parenting Magazine*), and additional recruiting flyers were distributed to special educators employed in a county department of education that offers support services to school districts in southern California.

Participants were directed to the survey on SurveyMonkey and were given the opportunity to give their informed consent with the first question. Participants who did not grant informed consent were not allowed to proceed to the questionnaire; those who did were automatically taken to the next question. After providing age, gender, and state of residence, participants were asked, "What is your role with students who have ASD?" If they selected "parent/caregiver," they proceeded to the set of questions designed for this group; if they selected "educator," they were taken automatically to the set of questions designed for educators. No identifying information was transmitted, and so confidentiality was maintained. The Institutional Review Board at the author's university approved the study.

### **Data Analysis**

Descriptive statistics (frequency, *M*, *SD*) were used to analyze beliefs about educational practices, family-centered practices, and collaborative practices in

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the education of students with ASD for caregivers and professionals. Independent samples *t*-tests were conducted in each category (education practices, family-centered practices, and collaborative practices) to compare differences in beliefs between the two groups (caregivers and professionals). Qualitative analysis was used to determine what caregivers and professionals feel is going well with collaboration and what they believe to be the barriers to meaningful collaboration in their experience.

Two linear regression analyses were conducted to explore the extent to which educational practices, family-centered practices, and collaborative practices predicted overall satisfaction with collaboration for caregivers and professionals. Overall satisfaction was entered as the dependent variable, and questions related to the three categories of educational, family-centered, and collaborative practices were entered as predictors.

## **Results**

Data from this survey provided insight into caregivers' perspectives of collaboration with their children's school professionals as well as educators' evaluations of their own practices related to collaboration. Results are organized around participants' responses in the following areas: educational practices, sensitivity to family needs, collaborative practices, and overall opinions about collaboration. Caregivers were asked to rate educators' ability or efforts to provide the preceding, and educators were asked to rate their own ability or efforts to provide the preceding. Results from both groups, caregivers and teachers, are presented in the following paragraphs.

### **Research Question 1**

**Educational practices.** Caregivers and educators rated their satisfaction with a list of factors on a 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Six questions were used to assess satisfaction with the teacher's knowledge and use of appropriate educational strategies.

Whereas 64% of caregivers ( $n = 18$ ) agreed that their children's teachers showed an understanding of the unique learning needs of their children with ASD, 91% of educators ( $n = 94$ ) rated themselves more highly in this category. In addition, 93% of caregivers ( $n = 26$ ) agreed that their children's teachers created a safe, calm learning environment in the classroom for their children, and 100% of educators ( $n = 102$ ) agreed with this statement. Among caregivers, 93% ( $n = 102$ ) believed their children's teachers made their children feel welcome at school, and 100% of teachers agreed ( $n = 102$ ). Whereas 79% of caregivers agreed that their children's teachers appeared eager and willing to help their children make progress, 100% of educators ( $n = 102$ ) agreed with this statement. Caregivers (68%,  $n = 19$ ) agreed that their children's teachers



were advocates for their children, whereas 100% of educators ( $n = 102$ ) agreed with this evaluation. And 53% of caregivers ( $n = 15$ ) agreed that their children's teachers kept them informed about their children's education, whereas 100% of educators ( $n = 102$ ) agreed that they keep caregivers informed.

**Differences between groups regarding educational practices.** To determine whether there were significant differences between groups on measures of satisfaction with educational practices, an independent samples  $t$ -test was conducted. Using responses to the six questions about educational strategies as test variables and group membership (caregivers, teachers) as the grouping variable, results are presented herein.

This study found that caregiver participants had statistically significantly lower ratings of satisfaction with the teachers' educational practices compared to teachers' ratings of their own educational practices with students with ASD on all measures. There was a significant difference in scores of understanding the unique learning needs of children with ASD between caregivers ( $M = 2.64, SD = 0.73$ ) and teachers ( $M = 3.51, SD = 0.52$ ),  $t(121) = 7.05, p < .001$ ; on measures of beliefs of creating a safe, calm learning environment between caregivers ( $M = 2.96, SD = 0.51$ ) and teachers ( $M = 3.65, SD = 0.48$ ),  $t(128) = 0.66, p < .001$ ; on measures of beliefs of making children feel welcome at school between caregivers ( $M = 3.28, SD = 0.59$ ) and teachers ( $M = 3.72, SD = 0.48$ ),  $t(128) = 4.25, p < .001$ ; on measures of eagerness to help children make progress between caregivers ( $M = 3.11, SD = 0.74$ ) and teachers ( $M = 3.77, SD = 0.42$ ),  $t(128) = 4.25, p < .001$ ; on measures of advocacy for children between caregivers ( $M = 3.00, SD = 0.90$ ) and teachers ( $M = 3.76, SD = 0.42$ ),  $t(128) = 6.38, p < .001$ ; and differences on measures of keeping caregivers informed of their children's education between caregivers ( $M = 2.65, SD = 0.78$ ) and teachers ( $M = 3.40, SD = 0.49$ ),  $t(126) = 6.25, p < .001$ . These results suggest that caregivers and teachers view measures of educational practices differently so that teachers in our sample tended to rate themselves more highly than did caregivers to a statistically significant degree.

**Family-centered practices.** Participants were asked to rate the teachers' use of family-centered practices with five questions on a 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*).

Whereas 39% of caregivers ( $n = 11$ ) thought that the teacher showed concern for helping families sort through large amounts of information about ASD (possible treatment, interventions, therapies, etc.), 80% of teachers ( $n = 82$ ) agreed that they help caregivers sort through large amounts of information. In response to the questions about the teacher suggesting strategies that caregivers can use at home to help their children develop skills, 21% of caregivers ( $n = 6$ ) agreed, whereas 99% of teachers ( $n = 100$ ) believed they suggested helpful strategies to caregivers. Among the two groups, 32% ( $n = 9$ ) of caregivers and 69% of teachers believed that the teacher has a great deal of understanding about how ASD can affect families.

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While 44% of caregivers ( $n = 12$ ) agreed that their teachers take the needs of the family into consideration when planning interventions for their children, 92% of teachers ( $n = 94$ ) believed they take family needs into consideration when planning for children. Finally, 71% of caregivers ( $n = 20$ ) and 97% of teachers ( $n = 99$ ) in the sample agreed that they are sympathetic to the challenges and frustrations that families encounter related to ASD.

**Differences between groups regarding family-centered practices.** There were statistically significant differences between groups on all five measures of satisfaction with family-centered practices, revealed through t-test results. Ratings related to showing concern about helping caregivers sort through large amounts of information differed significantly between caregivers ( $M = 2.07$ ,  $SD = 1.01$ ) and teachers ( $M = 2.98$ ,  $SD = 0.61$ ),  $t(128) = 5.94$ ,  $p < .001$ . Evaluations related to suggesting helpful strategies that caregivers can use at home to help their children master skills differed significantly between caregivers ( $M = 2.14$ ,  $SD = 0.65$ ) and teachers ( $M = 3.47$ ,  $SD = 0.52$ ),  $t(127) = 11.31$ ,  $p < .001$ . Evaluation of teachers' understanding about how ASD can affect families differed significantly between caregivers ( $M = 2.07$ ,  $SD = 0.76$ ) and teachers ( $M = 3.00$ ,  $SD = 0.79$ ),  $t(127) = 5.55$ ,  $p < .001$ . Caregivers ( $M = 2.37$ ,  $SD = 0.84$ ) and teachers ( $M = 3.28$ ,  $SD = 0.59$ ) differed significantly in their evaluation of teachers taking the needs of the family into consideration when designing interventions for their children,  $t(126) = 6.53$ ,  $p < .001$ . Finally, caregivers in the sample ( $M = 3.03$ ,  $SD = 0.79$ ) differed significantly from teachers ( $M = 3.67$ ,  $SD = 0.49$ ) in their ratings of sympathy toward the challenges and frustrations that families encounter related to ASD,  $t(126) = 5.91$ ,  $p < .001$ .

**Collaborative practices.** Caregivers and educators rated their satisfaction with a list of factors on a 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Five questions assessed satisfaction with the teachers' knowledge and use of collaborative practices.

In response to the question about taking initiative to create effective partnerships, 57% of caregivers ( $n = 16$ ) agreed, whereas 94% of teachers ( $n = 94$ ) agreed that they take initiative to create effective partnerships with families. Just over 85% of caregivers ( $n = 24$ ) agreed that the teacher was approachable, welcomed caregiver input, listened to caregiver concerns, and was responsive to questions, and 100% of teachers ( $n = 102$ ) agreed that they were approachable. An equally impressive 82% of caregivers ( $n = 23$ ) agreed that the teacher made efforts to hear and understand caregivers, and 100% of teachers ( $n = 101$ ) believed they made efforts to hear and understand caregivers. Only 64% of caregivers ( $n = 18$ ) believed that the teacher invited caregivers to be full partners in educational decisions, whereas 100% of teachers ( $n = 100$ ) believed they invited caregivers to be full partners. Finally, over 85% of caregivers ( $n = 24$ ) believed the teacher considered their viewpoint as valid even when they disagreed, and 98% of teachers ( $n = 98$ ) believed they considered caregivers' viewpoints as valid even when they disagreed.

**Differences between groups regarding collaborative practices.** To determine whether there were significant differences between groups on measures of beliefs about collaborative practices, an independent samples t-test was conducted. Using responses to the five questions about educational strategies as test variables and group membership (caregivers, teachers) as the grouping variable, results are presented herein.

There were statistically significant differences between groups on all five measures of beliefs about collaborative practices, revealed through t-test results. Ratings related to taking initiative to create effective partnerships built on trust and collaboration differed significantly between caregivers ( $M = 2.57, SD = 0.90$ ) and teachers ( $M = 3.41, SD = 0.61$ ),  $t(119) = 5.52, p < .001$ . Beliefs about teachers' approachability differed significantly between caregivers ( $M = 3.18, SD = 0.67$ ) and teachers ( $M = 3.51, SD = 0.50$ ),  $t(119) = 2.66, p < .001$ . Beliefs about making a conscious effort to hear and understand what caregivers say differed significantly between caregivers ( $M = 3.11, SD = 0.68$ ) and teachers ( $M = 3.65, SD = 0.47$ ),  $t(119) = 4.87, p < .001$ . Beliefs about invitations to be full partners in educational decisions differed significantly between caregivers ( $M = 3.00, SD = 0.86$ ) and teachers ( $M = 3.66, SD = 0.47$ ),  $t(119) = 5.09, p < .001$ . Finally, beliefs about whether teachers consider caregivers' viewpoints as valid, even if there is disagreement, differed between caregivers ( $M = 3.11, SD = 0.63$ ) and teachers ( $M = 3.61, SD = 0.53$ ),  $t(119) = 4.19, p < .001$ .

**Collaborative efforts: What is going well?** Participants responded to an open-ended question about what they feel is going well with the collaborative efforts of their school. Results from caregivers and teachers are presented in the following paragraphs.

**Caregivers.** Sixteen caregivers provided a response to this question. Several caregivers felt that team members are open to communication and felt that their suggestions were welcomed. Four caregivers believed the collaborative effort between team members facilitates academic progress. Although one caregiver believed that the teacher "has developed a strategy to address concerns," she also felt that "content development is lackluster; my child is not advancing on reading levels." Some caregivers indicated a negative response to this question. One caregiver in particular expressed exasperation with the teacher's communication when she said, "There is absolutely no communication. It is the 'on your own' mentality. I'm tired of being on my own."

**Teachers.** Forty-five teachers provided a response to the question about what they feel is going well with collaboration. The majority of responses indicated that regular meetings, open lines of communication, availability to caregivers, and trust were important for collaboration. One teacher said, "Weekly team meetings about any student who is falling through the cracks, caregiver/teacher conferences, these are very important." One teacher communicated with caregivers in this way, which

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she believed to be important: "Parent notes are sent home, parents have my personal phone number, and they are invited to visit as often as they would like." Several teachers expressed their satisfaction with parents' involvement in the decision-making process. One teacher said, "We have a high rate of parent involvement. We have been recognized by the state for our high parent involvement." Several others believed in the importance of understanding the needs of families for effective collaboration. One caregiver stated, "I love that my school has been understanding toward the needs of families from various culture groups."

**Collaborative efforts: What are the barriers?** Participants were asked to respond to an open-ended question: "What barriers to meaningful collaboration have you experienced?" Caregivers and teachers provided qualitative responses to this question, and the results are presented in the following paragraphs.

**Caregivers.** Seventeen caregivers provided a response to this question. Lack of knowledge and training of staff to address issues in autism was blamed as a barrier to collaboration by a number of caregivers. One caregiver said, "The special education teacher is not trained in dealing with a child that has autism." Many of the caregivers in this study blamed the dispositions and attitudes and lack of effective communication exhibited by teachers. One caregiver believed that, "perhaps it is not voiced, but some teachers view parents as the enemy. This is reflected in their words 'dealing with difficult parents' instead of 'working with parents.'" Another caregiver lamented,

The sped teacher is terrible and just pawns our son off to gen ed classes even if it is inappropriate. She is unfamiliar with IEP goals, she does not update progress, she does not communicate with us at all, and she is not available at reasonable times.

Inconsistent or delayed communication was named as a barrier by a number of caregivers. One reported, "If my son has an outburst at school, the teacher doesn't write in the notebook daily; I can't do anything about an incident that was a week earlier."

**Teachers.** Forty-nine teachers responded to the open-ended question about perceived barriers to meaningful collaboration. A significant number of educators in this study indicated that time was the major barrier. Others felt that lack of caregiver knowledge or understanding was the main issue. One teacher said, "Parents not understanding the educational system and educational needs" was the problem, and another stated, "Parents do not make efforts to understand professionals." Still another teacher felt that "parents are in denial of their child's disability." Several teachers believed that two-way communication with parents was the main challenge. As one teacher expressed, "it feels like we share info but don't always get a response back. Silence." A number of teachers felt that caregivers were simply not willing to participate or collaborate with professionals. One reported that "parents make too little effort to continue skills learned at school in the home setting," and another felt that "parents are entirely unwilling to become involved in their child's

education.” However, another teacher named the school as a barrier to effective collaboration, admonishing, “Schools need to be more inviting to parents, and teachers need to see the child as part of a family.”

**Overall satisfaction with collaboration.** Caregivers were asked to respond to the question, “Overall, I am satisfied with my level of involvement in the collaborative process,” using a 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Teachers were asked to respond to a similar question, “Overall, I am satisfied with caregivers’ level of involvement in the collaborative process,” using the same scale. Caregivers and teachers reported similar levels of satisfaction with the extent of their involvement in the collaborative process (60% of caregivers,  $n = 15$ ; 67% of teachers,  $n = 64$ ). Differences in the means between the two groups did not reach statistical significance,  $t(118) = 0.91, p = .365$ .

### **Research Question 2**

**Predictors of overall satisfaction.** As caregivers and teachers were asked slightly different questions in the survey, the variable related to overall satisfaction was analyzed separately for each group. Stepwise multiple regression analyses were conducted for both groups (caregivers and teachers) to evaluate the predictors of overall satisfaction. Variables related to educational practices, family-centered practices, and collaborative practices were entered as potential predictors, and overall satisfaction with the collaboration process was used as the dependent variable.

**Caregivers.** Together, the factors “My child’s teacher makes a conscious effort to hear and understand what I say” and “My child’s teacher makes my child feel welcome at school” accounted for 77% of the total variance in parental “overall satisfaction with collaboration.” The standardized beta coefficients revealed that making an effort to hear and understand caregivers was the strongest predictor of overall satisfaction (see Table 1). Caregivers who perceived their child’s teacher to make a conscious effort to hear and understand what they have to say and to make their child feel welcome at school were more likely to rate their satisfaction with collaboration more highly.

**Teachers.** Together, the factors “I have a great deal of understanding about how ASD can affect families,” “I am an advocate for my students,” “I take the time to keep parents informed about their child’s education,” and “I suggest helpful strategies that parents can use at home to help their child develop necessary skills” accounted for 53% of the variance in overall satisfaction with collaboration for teachers (see Table 2).

## **Discussion**

This study highlighted the lenses through which caregivers and teachers

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view collaborative experiences related to the education of students with ASD. The first intent of this investigation was to learn more about how caregivers view the collaborative efforts of their school and also to gain understanding from teachers' perspectives. The second intent was to determine which factors were most predictive of overall satisfaction with the collaborative experiences of caregivers and teachers. Both groups of participants, caregivers and teachers, responding to this survey described their satisfaction with the school's collaborative efforts. The results suggest that special educators should strive toward a deeper understanding of caregivers' perspectives so that school professionals can use this information to be proactive in establishing meaningful partnerships that meet the academic and social needs of students with ASD.

#### **Evaluation of Practices**

One important finding of this study was that of caregiver versus teacher evaluations of collaboration. Teachers were asked to rank their own effectiveness on a number of factors related to collaboration, and caregivers were also asked to rank their perceptions of teachers. Both caregivers and professionals held positive attitudes toward collaboration; however, educators tended to evaluate their own practices in a much higher light than did the caregivers. Overall, caregivers reported satisfaction with teachers' educational practices but reported statistically significantly lower on

**Table 1**  
**Predictors of Overall Satisfaction With Collaboration for Caregivers**

	Making an effort to hear and understand caregivers	Making children feel welcome at school
$\beta$	.678**	.644*
SE	.167**	.188*

Note.  $n = 22$ .  $R^2 = .773$ .  
\* $p < .05$ . \*\* $p < .001$ .

**Table 2**  
**Predictors of Overall Satisfaction With Collaboration for Teachers**

	Understanding how ASD can affect families	Being an advocate for students	Keeping parents informed about their child's education	Suggesting strategies parents can use at home
$\beta$	-0.301*	-1.049**	0.987**	-0.385***
SE	0.102*	0.193**	0.174**	0.174***

Note.  $n = 84$ .  $R^2 = .527$ . ASD = autism spectrum disorders.  
\* $p = .004$ . \*\* $p < .001$ . \*\*\* $p \leq .05$ .

their ratings of teachers compared to the teachers' self-evaluations. Caregivers also reported satisfaction with teachers' family-centered practices and with collaborative efforts, but again, results were significantly higher for professionals. Overall, educators in this sample believed in the importance of collaboration; however, opinions of their own practices were reportedly much higher than those of the caregivers who rated them.

The finding that teachers rate themselves more highly than do caregivers is not surprising, however. It seems that throughout research, parents have described the need for more services and support from schools (Brewin et al., 2008). Parents have not felt like equal partners, they have felt unable to express their discontent with educational services (Burke, 2012), or they may have different goals for their children's education than do teachers (Hornby & Lafaele, 2011). Alternatively, among teachers, there can exist a deficit model whereby parents are viewed as "problematic" or "less able" and are therefore "best kept out of schools" (Hornby & Lafaele, 2011, p. 45). Parents and teachers each bring different attitudes about collaboration that are deeply rooted in their own historical, economic, or educational experiences (Hornby & Lafaele, 2011). Parents and teachers may simply differ in their views of who has the most knowledge, skills, power, or expertise. In this context, it is not surprising that there is a lack of mutual understanding between caregivers and teachers about whose needs are or are not being met. What is important in this research is that both caregivers and educators feel, overall, positive about the collaborative efforts of schools. Collaboration between home and school is important because it is an essential part of providing an effective education for students with ASD, and it is encouraging that both groups in this study reported similar findings. Despite differences in viewpoints between caregivers and parents, the findings in this study nevertheless improve our understanding. However, future research is needed to pursue a better understanding of the various influences on caregiver ratings and teacher self-ratings.

#### ***What Caregivers Find Important***

Findings of this study indicate that, for caregivers, the teachers' efforts to hear and understand caregivers, combined with making children feel welcome at school, were the strongest predictors of overall satisfaction with collaboration. Caregivers who believe that schools actively seek out their opinions, who make efforts to initiate their involvement, and who seek understanding of their perspectives are more likely to participate in their children's education, according to these findings and to a rather large body of research (Benson et al., 2008; Blue-Banning et al., 2004; Ferrara & Ferrara, 2005; Fishman & Nickerson, 2014; Hoover-Dempsey et al., 2005; Hornby & Lafaele, 2011; Rodriguez et al., 2014; Sheehey & Sheehey, 2007; Staples & Diliberto, 2010; Tucker & Schwartz, 2013), and these sentiments were echoed in the current research.

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Feeling like their voices are heard and that they are adequate partners in special education processes is very important to families (Bacon & Causton-Theoharis, 2013). Caregivers in this research wanted to feel like their children's teachers make an effort to hear and understand their perspectives. Rather than being seen as isolated, uninformed, underinvolved, or uninterested in their children's education, caregivers tended to treat the teachers' efforts toward collaboration as critical to educating their children. It is imperative that schools understand what parents feel is important with respect to collaboration. This research has sought to shed light on the experiences of caregivers as they interact with their children's teachers and to offer suggestions to improve the collaborative process. The findings of this study underscore the importance of examining caregivers' views of how to collaborate effectively in the education of children with ASD.

#### **What Educators Find Important**

Professionals believed that their understanding about how ASD can affect families, being an advocate for students, keeping caregivers informed, and suggesting strategies that caregivers can use at home were the strongest predictors of overall satisfaction with their collaborative efforts.

In a true partnership, the parties have a joint interest with a common vision and shared goals; they communicate honestly and openly, sharing and seeking information; they share power and decision making; and they solve problems jointly (deFur, 2012). The teachers in this study believed that working together with caregivers was important. They seemed to take pride in their efforts to advocate for students, to understand what families experience in raising a child with ASD, to keep caregivers informed, and to offer helpful strategies that teachers could implement at home. These findings highlight the need for mutual trust, respect, and openness between service providers and family members in the education of students with ASD. Educators should take a leadership role in this partnership, and schools should not ignore the significance of building collaborative teams with their students' families and caregivers.

**Communication.** Both groups of participants identified open communication as a critical tool for facilitating effective collaboration. A strong desire for effective communication was universally shared, underscoring how communication and collaboration are tightly linked, especially in the education of students with unique learning needs. These findings highlight the need for educators and caregivers to work in partnership to develop good communication and information sharing. Clear communication is imperative to gaining and maintaining mutual trust. Effective collaboration is founded on a relationship of trust and positive communication between families and schools, and it is critical that caregivers and parents keep an open channel of communication to support the unique needs of their children. Ineffective communication between home and school can have a profound influence on student learning progress (Ludicke & Kortman, 2012), and we should therefore



support good communication practices that may contribute positively to the well-being of the child and enhance overall learning outcomes.

### ***Implications***

The issues of teacher training and dispositions and effective two-way communication were highlighted in this study. Caregivers in this study wanted to know that teachers are fully trained to meet their children's needs. It also became clear in this investigation that caregivers want to work with teachers who actively listen and understand their needs, who value their expertise, and who encourage their participation in making educational decisions for their children. Frequent, open communication was also emphasized heavily as a critical factor in forming positive partnerships. The current study included the voices of caregivers with disabilities and identified important characteristics of meaningful partnerships.

Knowing the practices that encourage caregivers to take an active role in their children's education has implications for professionals and for teacher preparation programs. In preservice and in-service teacher education, we must attend to caregivers' and teachers' beliefs and work toward promoting an attitude that will foster success in working with students with ASD and to creating opportunities to build knowledge, helpful dispositions, and effective communication—and to integrate these into classroom practice.

Research investigating caregivers' satisfaction with school partnerships in ASD has suggested that many caregivers are less satisfied with the school's efforts in collaboration (e.g., Fishman & Nickerson, 2014; Granlund & Roll-Pettersson, 2001; Hornby & Lafaele, 2011; Tucker & Schwartz, 2013). It is apparent that caregivers find the collaborative efforts of their schools to be lacking in some way, based on findings from several prior investigations, and from the current study as well. Given these insights, it is important to educate school professionals on which practices are more influential in motivating caregivers to become involved in meaningful partnerships with their schools. The benefits of parental involvement have been well documented (e.g., Friend & Cook, 2013; Stoner & Angell, 2006; Tucker & Schwartz, 2013; West & Pirtle, 2014), and given that it is mandated by the IDEA, anything schools can do to facilitate greater parental involvement is worth exploring.

### ***Limitations***

There are limitations to this study that should be taken into account when reviewing results and making recommendations based on these findings. First, groups of participants in this sample were not equally matched in terms of numbers—28 caregivers and 102 teachers responded to the survey. The group of caregivers was relatively small in comparison. This exploratory study nevertheless provided insights from the caregiver perspective and reinforced others' findings, but it also highlighted the need for continued study.

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Research should continue to explore and develop a deeper understanding of practical ways to involve caregivers in educational decision making, with a much larger sample size. Another limitation is that this study provided no measurement of the reasons these factors were important to caregivers. Future research is therefore warranted to determine why caregivers place value on knowledge, dispositions, and communication and how we as educators can best use this information. Further research could facilitate greater understanding of those behaviors that promote positive partnerships and collaboration.

This research was conducted entirely through the Internet, through Web-based surveys and primarily through online participant recruiting advertisements (a small number of flyers was also distributed to a school district in southern California). Paper surveys were not offered. For those reasons, the study may not be representative of all caregivers who have children with ASD or all teachers who work with students with ASD. The Internet-only nature of this survey essentially excluded those who did not have access to the Web, and the flyers distributed to a local school district did not include those outside the district.

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## **Appendix**

### **Survey Questions**

#### **Basic Questions**

1. Consent to participate
2. What is your age?
3. What is your gender?
4. In what state do you live?
5. What is your role with students who have ASD?

#### **Parents’ Questions**

##### ***Beliefs About Educators***

##### ***Educational Practices***

Question	Mean	SD
6. My child/children’s teacher(s) demonstrate understanding of the unique learning needs of my child/children with ASD.	2.64	0.73
7. My child/children’s teacher(s) create a safe, calm learning environment in the classroom.	2.96	0.51
8. My child/children’s teacher(s) make my child/children feel welcome at school.	3.28	0.59
9. My child/children’s teacher(s) appear eager and willing to help my child/children make progress.	3.11	0.74
10. My child/children’s teacher(s) seem to be advocates for my child/children.	3.00	0.90
11. My child/children’s teacher(s) take time to keep me informed about my child/children’s education (assessments, interventions, goals, progress, etc.).	2.65	0.78

**Robin LaBarbera**

Question	Mean	SD
<i>Sensitivity to Family Needs</i>		
12. My child/children's teacher(s) show concern about helping me sort through the large amounts of information about possible treatments, interventions, therapies, etc.	2.07	1.01
13. My child/children's teacher(s) suggest helpful strategies that I can use at home to help my child/children develop necessary skills.	2.14	0.65
14. My child/children's teacher(s) has a great deal of understanding about how ASD can affect families.	2.07	0.76
15. My child/children's teacher(s) take the needs of the family into consideration when designing interventions for my child/children.	2.37	0.84
16. My child/children's teacher(s) appear to be sympathetic to the challenges and frustrations my family encounters.	3.03	0.79
<i>Collaborative Practices</i>		
17. My child/children's teacher(s) takes initiative to create effective partnerships with families built on trust, collaboration, and authentic caring.	2.57	0.90
18. My child/children's teacher(s) are approachable, welcome my input, listen to my concerns, and they are responsive to my questions.	3.18	0.67
19. My child/children's teacher(s) make a conscious effort to hear and understand what I say.	3.11	0.68
20. My child/children's teacher(s) invite me to be a full partner in the educational decisions of my child/children.	3.00	0.86
21. My child/children's teacher(s) consider my viewpoint as valid, even if we disagree.	3.11	0.63
<i>My Overall Opinions About Collaboration</i>		
22. Overall, I am satisfied with my level of involvement in the collaborative process.	2.88	.83
<i>Open-Ended Questions</i>		
23. What do you feel is going well with the collaborative efforts of your school?		
24. What barriers to meaningful collaboration have you experienced?		
25. As a parent, what advice would you like to give to teachers about working effectively with parents?		
26. Please provide any further comments about collaboration below.		

**Educator's Questions**

***Beliefs About My . . .***

*Educational Practices*

Question	Mean	SD
6. I demonstrate understanding of the unique learning needs of my students with ASD.	3.51	0.52
7. I create a safe, calm learning environment in the classroom for my students.	3.65	0.48
8. I make my students feel welcome at school.	3.72	0.45

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Question	Mean	SD
9. I am eager and willing to help my students make progress.	3.77	0.42
10. I am an advocate for my students.	3.76	0.42
11. I take time to keep parents informed about this child/children's education (assessments, interventions, goals, progress, etc.).	3.40	0.49
<i>Sensitivity to Family Needs</i>		
12. I help parents sort through the large amounts of information about possible treatments, interventions, therapies, etc.	2.98	0.61
13. I suggest helpful strategies that parents can use at home to help their child/children develop necessary skills.	3.47	0.52
14. I have a great deal of understanding about how ASD can affect families.	3.00	0.79
15. I take the needs of the family into consideration when designing interventions for my students.	3.28	0.59
16. I am sympathetic to the challenges and frustrations my students' families encounter.	3.67	0.49
<i>Collaborative Practices</i>		
17. I take initiative to create effective partnerships with families built on trust, collaboration, and authentic caring.	3.41	0.61
18. I am approachable, welcome parent input, listen to parent concerns, and I am responsive to their questions.	3.51	0.50
19. I make a conscious effort to hear and understand what parents say.	3.65	0.47
20. I invite parents to be a full partner in the educational decisions of my students.	3.66	0.47
21. I consider parent's viewpoint as valid, even if we disagree.	3.61	0.53
<i>My Overall Opinions About Collaboration</i>		
22. Overall, I am satisfied with parents' level of involvement in the collaborative process.	2.70	.92
<i>Open-Ended Questions</i>		
23. What do you feel is going well with the collaborative efforts of your school?		
24. What barriers to meaningful collaboration have you experienced?		
25. As a teacher, what advice would you like to give to parents about working effectively with teachers?		
26. Please provide any further comments about collaboration below.		