

SCHOOL POLICIES RELATED TO CHILDREN IN FOSTER CARE:

A NATIONAL ANALYSIS

BY

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A DISSERTATION SUBMITTED TO THE FACULTY OF

ALFRED UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

DOCTOR OF PSYCHOLOGY

IN

SCHOOL PSYCHOLOGY

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ALFRED, NY

APRIL 2013

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Acknowledgements

While looking up research articles day after day on Google Scholar, I would read the same quote below the search bar. That quote read “stand on the shoulders of giants.” At first, I disagreed with the quote, picturing Jack from Jack and the Bean Stalk standing on the shoulders of a 30 foot tall giant. Having a slight fear of heights, I would think to myself “the higher you are, the higher you have to fall.” Therefore, the thought of standing on the shoulders of giants only created a sense of anxiety about the potential to fall. However, after seeing the quote again and again, I began to interpret the phrase in a different way. Although the anxiety is always hovering in the background, the feeling of security, trust, and pride came to the forefront. I started to realize that when you stand on shoulders of giants, you gain a different perspective than you would have on the ground. You realize that the giants push you further than you have gone yourself. Sure the climb might be tough, nearly insurmountable at times, but with the giants’ support you are able to reach higher than you imagined. With the support of those giants beneath you, you not only have a better view of where you are going, but how far you’ve come.

I would like to take this opportunity to thank all of the giants in my life who allowed me to stand on their shoulders. First and foremost, I would like to thank Dr. Cris Lauback, my committee chair. Your guidance, encouragement, enthusiasm, and responsiveness are always very much appreciated. Next, I would like to thank Dr. Thomas Hogan, who mentored me throughout my undergraduate degree. Dr. Hogan, you never gave an easy A. You held high expectations and accepted only the best of work but would always inspire students to provide just that. I can’t thank you enough for agreeing to be on the committee and how responsive you have been to all of my questions. I don’t

think I would have been able to muddle through the statistics without your patient and responsive support. I would also like to thank Dr. Ellen Faherty, who took a chance on me as a research assistant, which provided me with countless opportunities for me to grow as a researcher and a professional. Dr. Young, I always appreciated your practicality, attention to detail, and knowledge of research and statistics. I truly appreciate all of the long hours everyone on the team has spent on my dissertation because without each and every one of you, this dissertation would have not been possible. I spent a long time selecting my committee to insure that I had giants to stand on and I believe that it paid off ten-fold and then some.

I would like to thank my family who has supported me through this process. Particularly, my husband, Chris, who loved me enough to support my dreams even when that meant moving five hours away, seeing each other only once a month, and dealing with my high stress levels throughout the process. I would also like to thank my parents for providing me with the foundation I needed to achieve my doctorate. Mom and Dad, you have instilled in me the importance of education, responsibility, and hard-work. You insisted upon giving me the tools I needed to be able to support myself and for that I am truly grateful.

I would also like to thank all of those other individuals that have assisted in the process. Particularly, I would like to thank Stacy Jaikaran, my number one research assistant for the countless hours but endless dedication and pure enthusiasm. I hope that you will be blessed with a research assistant as determined as you are to help when it comes your time to complete a dissertation. My gratitude goes out to the Powell Institute for its grant support, which helped fund this project. Finally, I would like to thank the

Green Tree School for allowing me to take time off work to complete this project. The endless support from my colleagues has been invaluable.

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Abstract

Children who live in foster care are more likely than their peers in the general population to have academic delays, special education needs, and social-emotional and behavior problems. Research suggests that a plethora of educational accommodations and interventions may help address these needs; however, it is uncertain to what extent these accommodations and interventions are routinely used in school districts and how prepared schools are to deal with the needs of children in foster care. One hundred and two school districts across the country were surveyed using the School Rating Scale for Children in Foster Care to examine policies and procedures routinely used to address the needs of children in foster care. Results suggest that school districts engage in several interventions and accommodations recommended by research for topics regarding policies and procedures, social-emotional and behavioral interventions, special education, homework, and collaboration. The results indicated a significant positive correlation between districts' average policy adherence and the presence of a written policy; however, many participants were unaware of their school district's policies suggesting a need for professional development.

Chapter 1: Introduction

In 2011, almost half a million children lived in a foster care placement in the United States (United States Administration for Children and Families 2012). Sixty-five percent of those children were school-aged which means that on average 22 children in foster care reside in each school district (U.S. A.C.F, 2012; NCES, 2010). Frequently, children who are placed in foster care experience multiple school transitions, which lead to disjointed and inconsistent educations (Advocates for Children of New York, Inc., 2000; Powers & Stotland, 2002; Webb, Frome, Harden, Baxter, Dowd, & Shin, 2007). Children who live in foster care are more likely than those in the general population to have academic delays, special education needs, and social-emotional and behavior problems (Choice, D'Andrade, Gunther, Downes, Schaldach, Csiszar, & Austin, 2001; Finkelstein, Wamsley, & Miranda, 2002; Scherr, 2009). Research suggests that a plethora of educational accommodations and interventions may help address these needs (Choice et al., 2001; Emerson & Lovitt, 2003; Martin & Jackson, 2002; McKellar, 2007); however, it is uncertain to what extent these accommodations and interventions are routinely used in school districts and how prepared schools are to deal with the needs of children in foster care.

Children in the foster care system may experience multiple foster care homes in multiple districts. Advocates for Children of New York (2000) found that 75% of children in the foster care system had to change school districts when they were placed in foster care. Sixty-five percent of the participants in the study reported that the move occurred during the school year. Some participants experienced multiple school changes within a school year. Almost one fourth of the participants reported changing school districts more than once in a school year and 10%

reported that they experienced more than five school placements within a year (Advocates for Children of New York, Inc., 2000). Powers and Stotland (2002) found that half of the youth in the foster care system experience four or more school transitions throughout their school careers.

With each school transition, the child may lose educational time, academic and social supports. On average, it takes a student four to six months to adjust to a new school district (Burley & Halpern, 2001). Research suggests that about 40-50% of this population experience a delay in enrollment and 12% of students are delayed two weeks or more (Advocates for Children of New York, Inc., 2000; Choice et al., 2001). Often times, insufficient school and medical records are responsible for the delay (Advocates for Children of New York, Inc., 2000). Zetlin, Weinberg, and Luderer (2004) found that less than one fourth of the student's academic files were easily retrievable. For the files that could not be easily retrieved, on average it took three to eight weeks to obtain the files and many of those files still had gaps in important information. The chances of lost or incomplete academic records increase with the amount of school transitions. Gaps in academic records could lead to a child being misplaced in an academic setting or prevented from receiving accommodations and/or interventions (Zetlin et al., 2004). Once the enrollment hurdle is complete, the child must then adjust to new teachers, classmates, rules, and curriculum (Vacca, 2008).

Inconsistent and disjointed academic careers lead to academic delays. Research suggests that three-fourths of the children in foster care perform below grade level, averaging grades in the 60's or D's (Finkelstein et al., 2002; Parrish, DuBois, Delano, Dixon, Webster et al., 2001). One study found that students in foster care performed 23 percentile points lower in reading and 28 percentile points lower in math than their peers on a standardized city-wide achievement test

(Finkelstein et al., 2002). Studies suggest that 33% of the children in foster care were retained at least one grade level, which is seven times more than their peers and they are half as likely to graduate high school (Parrish et al., 2001; Scherr, 2009; Zetlin et al., 2004). This information suggests that children in the foster care system are in desperate need of academic support.

Students in foster care often have additional problems that hinder their ability to perform academically. About one-third of children in foster care receive special education services, which is three to five times the rate of their peers (Advocates for Children of New York, Inc., 2000; Choice et al., 2001; Vacca, 2008; Scherr, 2009). Choice et al. (2001) found that 46% of this population displayed social-emotional or behavioral problems, 30% had a learning disability, and 10% had a developmental delay.

Children in foster care receive disjointed educations and have multiple special education needs which contribute to poor academic outcomes. School districts may address the needs of this population in different ways. Therefore, it is necessary to investigate practices across the country to see how schools address these issues. This study seeks to examine schools' ability to address the needs of children in foster care by investigating the interpretation and enforcement of federal laws, and the research-based practices routinely utilized in a nationally representative sample of school districts across the United States of America.

Chapter Two: Literature Review

Foster Care

The United States Code of Federal Regulations (CFR; 2001) defines foster care as:

24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility. This

includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. (§1355.20)

In 2011, almost half a million children in the United States lived in a foster care placement. The average age for children in foster care was 9 years 3 months. Fifty-two percent of the children were males. The ethnic and racial demographics for children in foster care are Caucasian (41%), African American (27%), or Hispanic (21%) race/ethnicity, American Indian (2%) and Asian (1%) (United States Health and Human Services, 2012).

Most children are placed in foster care because of abuse, neglect, parental incarceration, parental death, or delinquency (Scherr, 2008). The most common reason for entering foster care is maltreatment (Staub & Meighan, 2007). In 2005, it was estimated that 899,000 children experienced maltreatment; however, not all cases of maltreatment resulted in a foster care placement. Maltreatment consists of "...physical abuse, neglect or deprivation of necessities, medical neglect, sexual abuse, psychological or emotional maltreatment, and other forms included in State law" (U.S. A.C.F, 2008, p. 112). Neglect (68.1%) is reported to be the most common form of abuse followed by physical abuse (17.6%), sexual abuse (7.6%), and psychological/emotional abuse (2.2%) (U.S. A.C.F., 2008). Although the average length of stay in foster care was almost 24 months, great variability is seen. Twenty-six percent of children stayed in the foster care system less than six months. Twenty percent remained in the system after three years. Approximately half of the children in foster care reunite with their parents or primary caretakers, one fifth are adopted, and one tenth are emancipated. The remaining children live with other relatives who have guardianship, change agencies, or run away (U.S.

A.C.F., 2012). One factor which is highly correlated with children returning to live with their biological parents is the number of parental visits children receive when they are in foster care (McKellar, 2007). Parents are often allowed to visit their children while they are in foster care. Children who are visited by their parents on a weekly or biweekly basis display fewer behavior problems than children whose parents do not stay in contact; however, caretakers report that behavior problems increase directly after a visit from their parents but decrease soon after (McKellar, 2007). Parental visits vary according to the type of placement in which the child resides. Parents are more likely to visit their child in a kinship care setting (placement with relatives) than in other foster care placements. Children in group homes or institutions receive the fewest number of parental visits because those facilities may be further away than other foster homes or children in group homes may come from more troubled families than their peers (Barth, 2009).

Types of foster care placements. As the CFR definition above suggests, there are several types of foster care placement. Almost half of the children (47%) in the foster care system were placed in non-relative foster care homes and approximately one quarter (27%) were placed in foster care homes with their relatives. Fifteen percent lived in a group home or institution (U.S. A.C.F., 2012).

Roughly, half of the children in foster care live with non-relative or traditional foster care parents. Although many government agencies attempt to keep siblings together, one third of siblings are separated within the first year of entering the foster care system (Linares, Li, Shrout, Brody, & Pettit, 2007). Children living in non-relative foster care homes are more likely to experience multiple home placements than are children living in relative foster care placements,

and these transitions may occur several times a year (Advocates of New York, 2000; McKellar, 2007). Certain foster parents, referred to as therapeutic or specialized foster care placements, are specifically trained to help children with severe health or social-emotional problems (McKellar, 2007). Hawkins (as cited in Curtis, Dailey, & Kendall, 1999) states that most therapeutic foster care placements have one or two foster children at a time and the foster care parents are professionally trained to address the needs of their foster care children via interventions of treatments, crisis support, emphasis on education, and collaboration with other professionals.

Relative foster care, or kinship care, allows the child to live with his or her extended family. A child may adjust more easily to living in kinship care than in other foster care placements because the child usually knows the person he or she is living with, is able to remain with siblings, and is able to have more contact with biological parents (Barth, Guo, Green, & McCrae, 2007; McKellar, 2007). Kinship care also provides more stability because the child is more likely to remain in his or her first placement and may even allow the child to attend the same school if the relative lives within his or her home district (McKellar, 2007). Therefore, transitions into kinship care tend to be less stressful than transitions into other foster care placements (Barth et al., 2007; McKellar, 2007).

Group homes and institutions provide the most restrictive environment for children and adolescents in the foster care system. Six percent of children in the foster care system live in group homes and 9% live in institutions (U.S. A.C.F., 2012). Both group homes and institutions provide children and adolescents who experience intense social-emotional and behavioral problems with 24 hour supervision and varying levels of therapeutic interventions and both can be specially geared to children and adolescents with particular problems such as

substance abuse or sexual offences (California Department of Social Services, n.d.). Group homes usually house six to eight children at a time, but may house up to 12. If the placement houses more than 12 children, it is considered an institution according to the definition used by the United States Administration for Children and Families in the *Adoption and Foster Care Analysis and Reporting System (AFCARS)*; U.S. A.F.C., 2010a). Children in group homes are four times more likely to report seeing their biological mothers less than once a month as compared to children in kinship care and are more likely to have their parents cancel visits than other foster care placements (Barth, 2002). This population is more likely than children in other types of foster care placements to be separated from their siblings and change school districts since it is difficult to find a group home with available space within the child's home district.

Physical and mental health characteristics. Children in foster care tend to display more health issues than their peers. This population tends to be shorter and weigh less than their same age peers, perhaps due to the high rate of poor nutrition seen in this population (McKellar, 2007). Children in the foster care system also display more untreated acute and chronic illnesses (McKellar, 2007). One study found that 25% of children entering foster care tested positive for vision problems and 15% tested positive for hearing problems. More than half the sample needed referrals for additional medical care and 25% required an antibiotic (Chernoff, Combs-Orme, Risley-Curtiss, & Heisler, 1994). Therefore, it is important for the school to conduct routine screenings to ensure medical conditions do not go untreated.

Research suggests that children in the foster care system are more likely to display social emotional problems than their peers (Horwitz, Simms, & Farrington, 1994; Landsverk, Burns, Stambuaugh, & Reutz, 2006). Landsverk et al. (2006) conducted a meta-analysis which suggests

that children in the foster care system are five times more likely to meet the criteria for a mental health diagnosis. This population displays a higher prevalence rate of PTSD, abuse-related trauma, ADHD, depression, substance abuse, developmental disorders, anxiety, oppositional defiance disorder, and conduct disorder (Horwitz et al., 1994; Landsverk et al., 2006). Many of these problems continue into adulthood (Putnam, 2009). Therefore, it is important to intervene early in order to reduce the presence or severity of any mental health problems.

National Laws and Mandates

There are several national laws and mandates which influence the way in which schools address the needs of children in foster care. Due to differences in state laws or vague language, laws are not always interpreted in a way which helps children in foster care (McNaught, 2005). Policies and procedures may differ between states on how national laws impact school districts' policies on educational decision making, school stability, confidentiality, special education, and laws specifically created to meet the needs of children in foster care.

Mandated free and appropriate education. In the United States, a free and appropriate education is guaranteed to every child regardless of their level of needs. By 1918, each state developed its own laws on compulsory education. Compulsory education laws vary from state to state. However, the common element in all compulsory education laws is that every child must receive an education from homeschool or a public, parochial or private school (Phillips, 2003). There are national laws which prohibit the exclusion of children from public education. Section 504 of the Rehabilitation Act and Individuals with Disabilities Education Act of 2004 (IDEA, 2004) both state that every child in the United States has the right to a free and appropriate public education. Section 504 of the Rehabilitation Act is an anti-discrimination act which prohibits

any public organization which receives federal funding from discriminating against individuals who have physical or mental impairments. Since public schools receive federal funding, public schools are prohibited from denying a student an education because of their disability and are mandated to provide reasonable accommodations for that student (United States Department of Health and Human Services Office of Civil Rights, 2006). IDEA 2004 is a federal mandate which provides guidelines and funding to help meet the needs of students who require special education services, interventions, and accommodations in public schools (IDEA 2004). These federal statutes which guarantee every student a right to a free and public education are commonly referred to as FAPE. IDEA 2004 states “A free appropriate public education must be available to all children residing in the state between the ages of 3 and 21” (§ 300.101a).

Therefore, every child in foster care is guaranteed a public education no matter the roadblocks.

Educational decision maker. Currently, there is no federal law defining who can be considered a child’s education decision maker. An educational decision maker is a person who has legal authority to make a child’s educational decisions such as which school to attend and who can sign permission slips for the child. If the biological parent can no longer act as the educational decision maker, other individuals, such as foster care parents or child welfare workers, can be named the educational decision maker with a specific state statute or court order. However, laws vary from state to state resulting in different practices across the country (McNaught, 2005).

School stability. Many children in the foster care system are forced to change schools when they move into a new foster care placement. This lack of school stability is a problem for many children in foster care, because it causes disjointed and inconsistent education and hinders

the child's ability to keep and maintain social connections. The McKinney-Vento Homeless Education Act (2001) requires schools in states which accept grant funding to provide education to children without stable home environments. The McKinney-Vento Act was originally passed in 1987 and was reauthorized in 2001 in No Child Left Behind (§ 1031). The McKinney-Vento Act was designed to increase school stability for children who are homeless by allowing the children to remain in their previous school even if the child has moved out of the district (Julianelle, 2008). The act allows students to remain in their school of origin if it is of best interest to the child. The act requires school districts to provide transportation between the school of origin and the child's current address. McKinney-Vento Act also allows students to attend school provisionally without immunization and educational records once the school can verify the child's grade level. The current school is required to follow-up on receiving the child's records, but the student does not lose time in school. McKinney-Vento Act programs can also provide the child with immediate access to school supplies, clothing, free school meals, tutoring, counseling, and special education services (Julianelle, 2008).

Although McKinney-Vento Act is a federal law, individual states may interpret it differently. The definition of "homeless children and youths" includes "children awaiting foster care placement" (McNaught, 2005). However, the definition fails to define what "children awaiting foster care" means. Some states interpreted the statement more broadly to include all out-of-home placements, while other states interpreted the definition as simply a "temporary, emergency, or transitional placement" (Julianelle, 2008, p.31).

Confidentiality. Confidentiality is frequently cited as a hurdle in sending information to new districts, collaborating with outside agencies, and revealing the foster care status to school

personnel (Choice et al., 2001; Finkelstein et al., 2002; Vacca, 2008). Confidentiality is important because it protects the privacy of the student, avoids embarrassment for the child and preserves his or her dignity; however, sharing the information may help protect the child from harm, ensure he or she receives the services needed, and enable agencies to work together to support the child (McNaught, 2005).

The Family Education Rights and Privacy Act (FERPA, 2009) was originally passed in 1974 in order to protect the privacy of children and families. Specifically, FERPA prevents educational records from being released to other agencies without consent, provides parental access to the child's educational records and the opportunity to contest any information contained in that record (McNaught, 2005). FERPA defines educational records as records held by the school or institution which are directly related to the student (FERPA, 2009).

Schools and agencies gain access to educational records from written parental consent or consent if student is over 18 years old, or one of the FERPA exceptions. FERPA defines parent as "a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or a guardian" (FERPA, 2009, §99.3). However, the law fails to define "absence of a parent." Therefore, social workers or foster care parents may act as a parent to request records for their client (McNaught, 2005). FERPA includes several exceptions which may also help to share needed information among parties. Oral information about personal observations or knowledge from sources other than the educational records are not covered in the definition. Therefore, oral information can be passed along to those individuals who need to know information about the student without violating FERPA regulations. FERPA allows information without consent to be shared among professionals at school who have a legitimate educational interest and the officials

of another school where the student “seeks or intends to enroll” (FERPA, 2009, §99. 31).

Therefore, new school districts and social workers and/or foster parents who are acting as parents should have access to the foster child’s educational records without requiring consent from the biological parents.

The Child Abuse Prevention and Treatment Act (CAPTA; 2003) was designed to provide guidelines for child protection agencies. This law prevents sharing information about the specific circumstance which resulted in the child being placed in foster care. However, states can authorize the sharing of this information with the school system (McNaught, 2005). Therefore, educators may know that the child is in care but the state may deny the school information about the circumstances leading to a child’s placement in foster care.

Special education. Many children in foster care require special education services. The Individuals with Disabilities Education Act of 2004 (IDEA, 2004) is a federal law which provides states with federal funds to ensure that children with disabilities receive a free, appropriate, public education in the least restrictive environment. IDEA provides its own guidelines for who can give consent for a child’s assessment and placement in special education. IDEA states that parental permission is required for assessment and change of placement. IDEA defines parent as a biological or adoptive parent, a foster parent, a guardian chosen to act as the child’s parent, or an individual acting in place of a parent such as a grandparent or a surrogate parent (IDEA, 2004, §602.23). However, the definition includes exceptions for differing state laws, some of which prohibit foster care parents from acting as a parent (IDEA, 2004, §602.23). Another issue that arises is that many foster parents are not familiar with the process and laws

governing special education. Therefore, they may lack the appropriate knowledge required to get the foster child the services he or she needs (McNaught, 2005).

If the child is a ward of the state, a judge can appoint a surrogate parent to make decisions on behalf of the child regarding identification, assessment, and placement (IDEA, 2004 §300.519). A child is considered a ward of the state if the child's biological parents cannot be identified, and the child has no legal guardian or foster care parent. The surrogate parent should be appointed no later than 30 days after the court decides that one is necessary (McNaught, 2005). If the foster parent is appointed as a surrogate parent and the child is moved to another foster care home, another educational surrogate must be appointed. This especially applies to children in foster care who live in institutions because they do not have foster care parents. Caseworkers, school, and group home employees (many of whom work for the state) cannot serve as surrogate parents because of a possible conflict of interest. However, some states make exceptions for group home employees if no conflict of interest is apparent (Godsoe, 2000). No matter who is appointed the child's educational decision maker, all parties can advocate on behalf of the child. Social workers, foster care parents, and group home employees can all participate in the Individualized Education Program (IEP) process if they have the permission of the parents and/or the school (Godsoe, 2000).

Foster care law. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. §6893) is a law which is designed to help students in foster care maintain connections with their family and school. The law provides federal funding to kinship care parents in order to increase the number of children who live with their relatives. The law also allocates funding for the school district to transport children in foster care to their old school

district if they currently live outside the district, which increases the stability of a child's education. States are also required to make "reasonable efforts" to place children in foster care with their siblings, unless one of the siblings is in danger of harming the other. Siblings who are separated from each other are to be provided with frequent interactions. Finally, the act provides funds to help increase adoptions especially for older children and children with special needs (Stoltzfus, 2008).

The Fostering Success in Education Act is a bill currently in Congress (2012). This act is intended to ensure that children in foster care are getting the education they deserve. The bill addresses the need to collaborate between welfare agencies and present, past, and future school districts regarding school stability, attendance, and information sharing (§ 2801.3). This act requires that school districts allow a child in foster care, who has moved out of the district to remain in his or her previous district if it is in the best interest of the child. A school district would have to provide transportation for the student, who may live an hour away. A foster care liaison for the school must be appointed in order to ensure the fidelity of the implementation. As of July 28, 2010, this bill was introduced in both the House of Representatives and the Senate, but did not pass. It was reintroduced in May 2012 (Library of Congress, 2012).

The United States government instituted the Child and Family Service Reviews (CFSR) to help address the needs of children in foster care. CFSRs review all of the states' welfare systems in order to ensure the state is meeting the educational needs of children in foster care (U.S. A.C.F., 2010). Almost half of the states displayed problems with providing appropriate educational services. Twenty-one states displayed problems with multiple school transitions (Christian, 2003). Nineteen states were reported to have problems retrieving educational records

or not providing educational records to foster care parents (McNaught, 2005). Fourteen states did not provide appropriate educational advocates. Twelve states were documented as having problems with collaboration between schools and agencies. Five states failed to adequately address attendance, tardiness, and truancy. States that scored high on the CFSR made educational needs a priority for child welfare agencies, displayed high levels of collaboration between schools and agencies, and had strong advocates and educational decision makers (Christianson, 2003). Ten states were found to adhere adequately to practices which benefit children in foster care in the school setting.

Laws impacting schools' processes of addressing the needs of children in foster care are complex. Many Federal laws are unclear or inconstant with previous laws. Each state may have its own laws that impact the interpretation of the federal laws. Oftentimes, schools receive a financial incentive for adopting federal laws; however, schools may opt out of receiving funding. Page (1980) stated

Education law is one thing; educational action is quite another. Between the two events, the passing of law and the behavior of school, must occur a chain of events: The interpretation of the law in terms of practice; the study of the feasibility of the interpretation; the successive adjustments, reorganizations, retraining, and redesigning of administrative procedures; the self-monitoring and reporting. (p. 423)

Although the U. S. government tries to address the issues of children in foster care, many schools are not instituting these policies and procedures that will foster the educational success of this population (McNaught, 2005).

School Policies and Procedures

Children in foster care have lower standardized test scores, higher rates of repeating grades and are less likely to graduate than their peers (Finkelstein et al., 2002; Parrish et al., 2001). Schools are in a unique position to change a child's future by providing their students with academic, social-emotional, and behavior skills. Research suggests that schools are naïve or neglectful of the needs of children in foster care (Advocates for Children of New York, Inc., 2000; Finkelstein et al., 2002). Schools may be able to benefit from intervention strategies regarding enrollment, placement, attendance, and confidentiality regarding foster care status, social development, discipline, homework, mental health services, teaching executive planning skills, and intra-agency collaboration.

Enrollment, placement, and attendance. Several studies suggest that enrollment procedures delay children in foster care from starting school in their new district (Advocates for Children of New York, Inc., 2000; Choice et al., 2001; Finkelstein et al., 2002; Powers & Stotland, 2002). The Advocates for Children of New York, Inc. (2000) researched school districts in New York City to investigate how they address this population's needs. The study reported several problems with the enrollment process. One of the main problems that delayed enrollment for these children is incomplete or insufficient school records (Advocates for Children of New York, Inc., 2000). Eighty percent of social workers in this study reported that their clients experienced a delay in enrollment, which they attributed to missing school and immunization records. Over half of those clients were delayed two weeks to one month (Advocates for Children of New York, Inc., 2000). Another study in Pennsylvania found similar results (Powers & Stotland, 2002). Social workers reported that more than half of their clients

experienced delays greater than a week and over one quarter experienced delays between two weeks to one month. Children who live in group foster care homes experienced a longer delay than children who lived in traditional foster care homes. Children with special needs also experienced a longer delay in enrollment than children who did not require special education interventions and accommodations (Powers & Stotland, 2002).

Schools require different information in order to enroll students. One study found that of the 61 school districts sampled 93% required immunization records, 76.6% required a birth certificate, 66% required educational records, 64% required court orders, 54% required Individualized Education Programs (IEP) or Individualized Family Service Plans (IFSP), 26% required psychiatric evaluations, and 11.4% required biological parents' signatures. Additionally, some schools required custody forms from the foster care parents, agency placement forms, proof of residency for the foster care parents, and face-to-face meetings (Powers & Stotland, 2002). Even one piece of missing information can delay enrollment in some districts, which makes it clear why so many children's enrollment is delayed.

Research suggests several strategies to decrease the delay in enrollment and the resulting educational gap. Increased collaboration between schools may help speed up the enrollment process. Choice et al. (2001) suggested that schools may exercise stricter confidentiality policies than laws require which may slow down the ability to transfer records from one school to the next. If schools are still unable to obtain the required records, schools could offer school or home-based tutoring services for children. Powers and Stotland (2002) found that about 10% of the districts surveyed offered home-bound instruction. Some private agencies have also provided similar accommodations to address this problem.

Problems may arise if the child is enrolled without the proper records. The child may be assigned to the wrong placement or may not receive the special education services he or she needs (Choice et al., 2001). A child's IEP may not be implemented until the proper records are retrieved or until the child is reassessed by the new school district (Zetlin, Weinberg, & Luderer, 2004). If the child has to change classrooms, he or she experiences yet another transition into a new classroom and must once again adjust to a new teacher, set of rules, and peer group.

Care providers may take a *laissez-faire* attitude towards school especially for children in group homes, which results in truancy and poor attendance (Martin & Jackson, 2002). This may be due to a shared responsibility because several people care for the child or for a lack of focus on education. The lack of attendance may compound the previous attendance gaps and delays in enrollment. Therefore, school personnel should expect regular attendance from the child, yet be sensitive to court dates, parent visitations, counseling visits, and meetings with social workers (Finkelstein et al., 2002; Vacca, 2008).

Two programs currently exist to address these problems: the Health and Educational Passport and the Educational Liaison Model (Burley & Halpern, 2001; Zetlin et al., 2006). The Health and Educational Passport, a program mandated by the state of Washington, requires an ongoing record of important information be kept for children in the foster care system. The passport contains the child's important information regarding medical (including immunization records), dental, educational, psychological and behavioral problems. The educational portion contains information regarding the child's grade level, past school placements, start and end dates for a child's IEP, a school contact person and cumulative grade point average (Burley & Halpern, 2001). The Educational Liaison Model provides a liaison specially trained to work with

case workers and school districts to solve any school related problems. Educational liaisons help address obtaining a child's school records, refusal of a school district to enroll a child, unfair denial of special education services, inappropriate school placements, and inappropriate suspension. One study found having an educational liaison improved standardized reading and math scores (Zetlin et al., 2006).

Knowledge of foster care status. Research suggests that not all teachers are aware of their students' status in the foster care system because of varying degrees of confidentiality practiced at the school (Choice et al., 2001; Vacca, 2008). Teachers in small or rural communities may be aware of which families in the area care for children in foster care, and therefore are able to informally identify which children are in the foster care system. Some teachers also reported discovering the student's status via paperwork indicating the child's guardians or a school-based social worker (Peck, 2008). However, if teachers know that children are in the foster care system, they should only reveal the information on a need to know basis (Martin & Jackson, 2002; McKellar, 2007).

Foster care parents and children may be hesitant to identify themselves because they may fear being stigmatized. Many children are hesitant to let their peers know that they are in foster care and may even be reluctant to become close to peers because they fear that they may be found out (Finkelstein et al., 2002). School systems may also spend less time and resources on children who may be transferred to another district shortly. Schools may falsely believe that the children are a fiscal responsibility of their home district and, therefore, not wish to utilize resources on them (Finkelstein et al., 2002).

Research suggests that some teachers may have negative stereotypes of children in the foster care system (Finkelstein et al., 2002; Martin & Jackson, 2002; Powers & Stotland, 2004). Teachers may label children in the foster care system as behavior problems or expect them to have lower intelligence levels than their peers (Martin & Jackson, 2002; Powers & Stotland, 2004). Many children in the foster care system already have low self-esteem, which may be exacerbated by negative stereotypes such as these (Martin & Jackson, 2002). Despite the possible discrimination, students might benefit if their teachers are aware of their status in the system (Martin & Jackson, 2002). One study found that three-fourths of the children in foster care interviewed stated that they would have liked more support from their teachers (Martin & Jackson, 2002). Therefore, these children may look to teachers to be educators, role models, and mentors because they lack the parental support children who live with their family of origin receive. Teachers may be more supportive of the child if they are aware that he or she requires extra social-emotional support.

Teachers reported mixed views of foster care parents (Finkelstein et al., 2002; Peck, 2008; Powers & Stotland, 2004). Many teachers stated that foster care parents are not as invested in the child's education as biological parents; some teachers even suggested that the foster care parents were only "in it for the money" (Peck, 2008, p. 22). Some teachers criticized the foster care parents for taking care of too many children, not taking responsibility for the child's grades or behavior, not dressing the child appropriately, and not providing a structured environment (Finkelstein et al., 2002). However, other teachers reported that foster care parents were very involved in their foster child's education, attending several meetings and keeping open lines of communication regarding the child's progress (Peck, 2008).

Teachers may be unaware of the problems which children in foster care face and may not understand the unique needs of children in care (Peck, 2008). One study suggested that teachers might be reluctant to admit that children in care have different needs than their peers (Finkelstein et al., 2002). Some teachers reported that children in foster care shared the same problems as the rest of the population regarding dysfunctional families, poverty, and abuse. However when teachers were interviewed they were able to recall academic, behavioral, emotional and social problems of their students who were in the foster care system. Other teachers were able to identify that children in foster care may have unique needs that result from transitions and lack of adult investment, particularly that of the foster care parents (Finkelstein et al., 2002; Peck, 2008). This information suggests that educating teachers about the foster care system and interventions may benefit children who are currently in foster care (Martin & Jackson, 2002). An example of a teacher training program which might help is *Endless Dreams*, a 10 hour curriculum which educates teachers on strategies to use with children in foster care (Casey Family Programs, 2005). Teachers may view children in foster care differently and be more prepared to address their unique needs with the proper training.

Social development. Many children who are in foster care lack the ability to make meaningful relationships with their peers (Emerson & Lovitt, 2003). Research suggests that children who were physically abused are more likely to be avoided, isolated, or rejected by their peers when compared with children who were not physically abused. This may result from the fact that children who have a history of physical abuse display higher levels of aggressive behavior than their peers (Rogosh, Cicchetti, & Aber, 1995).

However, many children in the foster care system want to fit in with their peers and appear “normal” (Finkelstein et al., 2002; Martin & Jackson, 2002). Teachers may be able to help children develop friendships with other students. Clayton (1998) provided suggestions for helping students who transfer into the district mid-year to adjust. Teachers can prepare their class ahead of time by having the students brainstorm or role play about how to make a new student feel welcome or how to teach them the rules of the class. Teachers could pair a newly enrolled student with a current student who has advanced social skills for a few days to help the new student adjust to the school. The teacher could prepare the buddy by reminding him or her about some of the important things to explain to the new student. The buddy could help the student learn the new rules, sit with him or her at lunch, and introduce them to new students. Teachers could return to some of the beginning of the year activities such as having the students wear nametags, playing name games (e.g., have students rhyme their names with something they like), or making a class book to share with the new student. Other strategies to help students develop peer relations are utilizing cooperative learning exercises and group work, or recommending students who need additional help in social skills for a social skills group (Emerson & Lovitt, 2003; McKellar, 2007).

Children in foster care should also be encouraged to participate in after-school clubs and activities, which would connect them with children who have similar interests to themselves (Martin & Jackson, 2002; Vacca, 2008; White, 2005). White (2005) found that participation in extra-curricular activities was positively correlated with academic achievement. However, White cautions that fees might prevent children from becoming involved in activities and schools

should consider waiving fees or finding alternative means of funding so that the children can still benefit from the social interactions (2005).

Teachers can also help develop social skills by cultivating a relationship with a child in foster care. Grothberg (1995) stated that connecting to an adult, especially one the child views as a role model, promotes resiliency, or the ability to recover from difficult situations. Finkelstein, Wamsley, and Miranda (2002) interviewed twenty-five children in the New York City foster care system. Three-fourths of the children they interviewed stated that they developed a positive relationship with at least one member of the school staff; many of the children stated that those relationships were some of the most meaningful in their lives. The students reported that respect and trust were the primary reason why such a strong relationship developed.

Behavior and discipline. Children in the foster care system, especially those who have experienced maltreatment, are three times more likely to experience discipline problems at school than are their peers (Eckenrode, Laird, & Doris, 1993; Scherr, 2009). This population would benefit from a structured environment which promotes consistency that is often lacking in their lives (Finkelstein et al., 2002; McKellar, 2007; Scherr, 2009). Teachers need to orient new students to the classroom and set clear expectations for both academic success and behavior (McKellar, 2007; Vacca, 2008).

Children in the foster care system may not respond well to punishment and planned ignoring. If the child was maltreated, he or she may display an extreme response to the punishment. Research suggests that children who have a history of physical abuse display more physical aggression than children who were placed in foster care for neglect or sexual abuse (Eckenrode et al., 1993). Therefore, children who experienced physical abuse may react in a

physical manner to punishments, especially corporal punishments. Ignoring the child's negative behavior may also be ineffective because it may cause the child to escalate his or her behaviors to dangerous levels, especially for a child who has been previously neglected (McKellar, 2007).

It is important that clear rules are provided and followed with natural and logical consequences that are consistently reinforced (McKellar, 2007). Oftentimes, children in foster care will blame their teacher or other students for their behavior problems instead of taking responsibility for their own actions (Finkelstein et al., 2002). Providing natural and logical consequences with clear explanations for the cause of the consequences may help the child to take responsibility for his or her actions (e.g., because you choose to push over the desk, you need to clean it up). Oftentimes, suspension and/or expulsion are utilized to address these problems; however, both these methods remove children from the classroom which may further delay their educational progress (Scherr, 2009). Since children in the foster care system react differently to punishment than do their peers, using traditional methods of discipline may not be effective; therefore, it is important to provide positive behavioral supports when necessary to address these issues (Finkelstein et al., 2002; McKellar, 2007; Scherr, 2009). Functional behavioral assessments and behavioral intervention plans should be used to help decipher the cause of the behavior and appropriate ways to manage the behavior (Scherr, 2009).

Homework. Homework may be difficult for children who live in a foster care home. Teachers should also be sensitive to the emotional state of children in foster care and may need to modify some homework assignments regarding familial topics such as family trees, personal histories, and Mother's and Father's Day assignments (Emerson & Lovitt, 2003). It is also important to ensure that children know how to do their homework assignments before they leave

school because they might not always have access to adults to help them with their homework, especially in group homes (Emerson & Lovitt, 2003; Martin & Jackson, 2002). The employees at the group home may not have the education necessary to help with the homework or may not have time to help every child residing at the home (Martin & Jackson, 2002). Children may benefit from a resource room or access to a tutor to help with homework, if the foster care parents or group home employees are unable to do so (Zetlin & Weinberg, 2004). Foster Youth Services (2010) found that 74% of students who received one month of tutoring displayed at least one month of academic progress. On average, students gained four months of academic progress for every one month of tutoring. This information indicates that students in foster care may be able to counteract their academic gaps through tutoring services.

Mental health services. As stated above, children in foster care display a plethora of mental health issues (Horwitz, Simms, and Farrington, 1994; Landsverk, Burns, Stambuaugh, & Reutz, 2006). Schools can address these mental health concerns in a number of ways. A national study of over 2000 schools suggests that 87% of schools in the United States allow all of their students to access school-based counseling services, regardless of having a disability (Foster, Rollefson, Doksum, Noonan, Robinson, & Teich, 2005). School counselors, psychologists, nurses, and social workers are the most common mental health service providers in a school. Additionally, almost half of the school districts in the U.S. have a contract or formal agreements with outside mental health providers, such as county mental health clinics, some of which provide services in the school. Schools can provide a variety of mental health services to their students such as individual counseling (75%), group counseling (66%), and family support services (58%). Since children in foster care display more mental health problems than their

peers, access to school-based mental health services would prove beneficial (Landsverk et al., 2006).

Executive skills and future planning. Children in foster care would greatly benefit from learning executive skills such as problem solving, organization, goal setting, and self-advocacy (Emerson & Lovitt, 2003; Martin & Jackson, 2002; McKellar, 2007; Vacca, 2008). Children in foster care experience many transitions especially regarding home, school, and service providers. Although all children may benefit from learning executive skills, children in foster care may benefit more because children in care may lack a stable parental figure to teach them those skills. Learning executive functioning skills may help children to adjust to new placements and become more self-reliant instead of depending on adults for help. School personnel should help children set small, attainable goals, which will help the student become more self-sufficient and plan for future transitions (Emerson & Lovitt, 2003). Only half of children in foster care receive their high school diplomas as compared to over 80% of their peers. However, McMillen et al. (2003) found that 70% of students in foster care aspire to attend college. School counselors and teachers should help students to set and attain long-term goals such as completing their high school education, receiving professional training, or pursuing higher education (Emerson & Lovitt, 2003; McKellar, 2007; Vacca, 2008). Children in foster care may lack consistency in professional and parental care and, therefore, may not have adults to advocate for them. Teachers should help the students advocate for themselves. This will help students to gain independence and receive the services and accommodations they need in the future (Emerson, & Lovitt, 2003).

Special education. Children in the foster care system are more likely to need special education services than their peers (Scherr, 2009; Webb, Frome, Harden, Baxter, Dowd, & Shin, 2007). The United States Department of Education reports that roughly 14% of children ages 3-21 have a disability (U.S. NCES, 2009a). Scherr (2009) conducted a meta-analysis, which suggested that 31% of students in foster care qualify for special education services, a figure well above the national average. The increased prevalence for special education services may be partially accounted for by the high number of children in the foster care system who display behavioral and social-emotional problems. Webb et al. (2007) found that 23% qualified for special education due to behavioral problems. Children in the child welfare system who live in an urban environment were more likely to need special education services than children in the system who live in a suburban or rural environment (Webb et al., 2007).

However, receiving special education services in the school district may provide yet another barrier to receiving adequate educations (McNaught, 2005; Powers & Stotland, 2002). Half of the caseworkers interviewed reported that their clients frequently did not receive the special education services they required (Advocates for Children of New York, Inc., 2000). Webb et al. (2007) found that 57.7 % of children *identified* as needing special services by their study did not receive them after 12-18 months. Ninety-three percent of those children who were identified as needing services by the study and were *referred by their caseworker* received them. This suggests that when caseworkers refer their clients for special education services, they are more likely to receive them. Therefore, a failure to refer the child for services prevents the child from obtaining the special education services he or she requires. Referral for an initial assessment can occur by a parent or public agency and simply requires notifying the Committee

on Special Education (CSE; IDEA, 2004 §303.301). Therefore, teachers, foster care parents, and case workers can all refer a child for an assessment. Although caseworkers can be involved in referring a child, many caseworkers are not. The Advocates for the Children of New York (2000) found that over one-third of the caseworkers interviewed stated that they are not routinely involved in referring their clients for special education services and only 38% were familiar with special education laws. Therefore, a lack of knowledge about special education laws may negatively impact social workers' abilities to advocate for their clients with special needs.

County agencies and mental health providers cite additional problems related to obtaining special education services. County agencies cite the following roadblocks: parental consent, appointing surrogate parents, psychological evaluations, obtaining reevaluations and revisions to IEPs, and obtaining a child's IEP (Powers & Stotland, 2002). Parental consent is required in order to begin the special education process (IDEA 2004 § 614 a). Consent may be difficult to obtain, especially if the school is not sure who has the authority to provide parental consent (McNaught, 2005). Once a school and/or court decides who can make the educational decisions for the child and consent is received, the school district has sixty days to determine the educational needs of the child, unless state laws specify other time limits (IDEA 2004 § 614 a). However, sixty days can be a long time in a foster child's life. He or she may become used to one teacher or peer group, and then have to be moved into another class if the IEP warrants a change in placement.

Children in foster care may be over identified or placed in a more restrictive setting than required. The child must be identified as having a disability in order to receive IDEA funding for the services the child receives. Therefore, a child may be falsely identified as having a

disability in order to receive services he or she needs but are unable to obtain without an IEP.

The child is supposed to be placed in the least restrictive environment necessary to meet the child's needs. Children in foster care may also be placed in a more restrictive setting than their needs require, especially those with special needs. In one study, 60% of private service providers and county agencies reported that children in foster care who have special needs are more likely to be placed in a more restrictive setting than their peers who need special education services (Powers & Stotland, 2002). Children who live in a foster care setting and have an IEP are more likely to be placed in a more restrictive setting such as a group home or residential treatment center than children in foster care who do not have an IEP (Godsoe, 2000). However, this occurrence might correlate with the fact that many students in foster care qualify for an IEP due to social-emotional and behavioral problems (Webb et al., 2007).

It is also important to ensure that the student's IEP is being implemented with fidelity. White, Carrington, Freeman (as cited in National Working Group on Foster Care and Education, 2006) found that 39% of children in foster care had IEPs, but only 16% were receiving special education services. Therefore, it is important that all parties that work with the child advocate for them to ensure that the students are actually receiving the services specified on their IEPs. A child may enter his or her new school district with an IEP from his or her old school. However, a child in foster care may experience longer delays in enrollment because the current school may have difficulty obtaining the child's IEP from his or her past school (Powers & Stotland, 2002). In the event that the child already has an IEP when he or she enters a school district, then the current school must provide the child with comparable services to his or her old IEP. In the instance that the new school does not find the old IEP adequate, the school has sixty

days to conduct its assessments for a new IEP (McNaught, 2005). These 60 day periods do add up, especially if the child changes school districts multiple times within the school year.

Collaboration. Children in the foster care system have multifaceted needs, which are often addressed by several parties within the foster care and school systems. Children in foster care may have social workers, and/or caseworkers, parents, foster-parents, clinical service providers, mentors and advocates who must work together in order to meet the needs of the child. However, oftentimes these parties do not work collaboratively to address the needs of whole children. For example, upon being interviewed, many social workers stated that their main concern was the child's safety, not education; therefore education was solely viewed as the responsibility of the school system (Choice et al., 2001). Since education is a vital component of a child's development, communication should be established among the school, foster care system, and foster parents in order to maximize the academic progress or support services the child receives.

It is important for the school to communicate with social services. Sometimes, red tape established to maintain confidentiality hinders the ability to pass information from the school system to social services and vice versa, especially if those laws are misinterpreted. Oftentimes schools cannot obtain information about the child's history, which may help teachers, and other school personnel address academic and behavioral problems (Choice et al., 2001). In turn, social workers report that they have difficulty obtaining report cards from school, and thus do not have an accurate view of the child's academic progress (Finkelstein et al., 2002). However, social workers agree that opening the lines of communication with the school system will benefit the child (Choice et al., 2001; Finkelstein et al., 2002). Therefore, both parties should become

familiar with the limits of confidentiality and share useful information with the collaborating parties (Choice et al., 2001). The school should also communicate with foster parents.

However, some foster care parents may be more invested in their foster child's educational process than other foster parents. Kinship foster parents are more likely than other foster parents to take an interest in their foster child's academic achievement (Finkelstein et al., 2002). Many foster parents stated that most of the contact they had with the school was due to discipline, not educational problems. Foster parents rarely reported initiating communication with school personnel, but would respond to the school when they were contacted. The study found that several foster parents were not fully aware of their foster child's academic performance, which may contribute to foster parents not helping with the child's homework (Finkelstein et al., 2002). Many foster parents in this study stated that their foster children discussed problems related to teachers or peers and not problems with their academics. Therefore, it is important for school personnel to initiate and maintain contact with foster parents in order to ensure that everyone has an accurate view on the child's academic progress (Emerson & Lovitt, 2003; Finkelstein, McKellar, 2007; Wamsley, & Miranda, 2002).

Conclusion

Many studies suggest that children in foster care are not receiving appropriate educations. Several previous studies have documented common school-based problems and solutions. However, many of those studies assessed only one state at a time and most provided qualitative not quantitative data (Advocates of New York, 2000; Choice et al., 2001; Finkelstein et al., 2002). The federal government has enacted several laws intended to address these issues. However, those laws may not be adequately helping children in the foster care system due to

individual state laws and different interpretations (McNaught, 2005). Although CFSR reviews the progress of states, it is important to ensure that individual schools are actually following federal and state laws and utilizing research-based strategies to address the needs of children in foster care. Several studies have researched the effectiveness of strategies to improve the educational outcome of children in foster care (FYSP, 2010; White, 2005; Zetlin et al., 2006). The purpose of the current study is to investigate what research based practices are implemented to ensure that children in foster care are receiving an adequate education. Specifically, this study seeks to answer the following research questions:

- 1.) Are districts' policies and procedures routinely practiced in a manner which addresses the roadblocks commonly found for children in foster care regarding enrollment, confidentiality status, placement and attendance?
- 2.) Do schools and teachers address the social-emotional and behavioral needs of children in foster care?
- 3.) Do schools and/or teachers provide additional academic support or alternative assignments for children without an IEP who are in foster care, if necessary?
- 4.) Are children in foster care with special needs receiving the services necessary within the timelines specified by IDEA?
- 5.) To what extent do schools consistently collaborate with foster parents and caseworkers?
- 6.) Do schools' written policies reflect the practices schools use to address the needs of children in foster care?

Chapter 3: Method

Participants

The National Center for Education Statistics 2008-2009 database provided information from districts across the country in order to determine if they were eligible to participate in the study. The following criteria were used in order to select districts for the study: the district must meet the NCES definition of a district, must be located in one of the 50 States or the District of Columbia, must have contained grades pre-kindergarten or kindergarten up to grade 8 or higher, and enrolled 100 or more students. NCES (2010a) defines a school district as a “locally governed agency responsible for providing free public elementary or secondary education; includes independent school districts and those that are a dependent segment of a local government such as a city or county” (District Type, para.18). According to the National Center for Education Statistics, 10,842 school districts met the criteria stated above. The total number of students in these districts was 38,016,661.

All 10,842 school districts were placed in true random number generator from Random.org (2010). Districts were weighted by total number of students in order to represent the NCES census. The randomly selected districts were contacted for participation in the study. If a school district was selected twice, an alternate school district was selected to ensure that multiple parties from the same district did not complete the survey. Likewise, if the district could not be reached or did not wish to participate in the study, additional schools were randomly selected as replacements using the same method as previously described. The respondents were identified by the school secretary as the person most familiar with working with the foster care population in the school district. Respondents consisted of counselors,

McKinney-Vento Representatives, principals, school psychologists, social workers, special education chairs, superintendents, family-service coordinators, and home- school liaisons.

One hundred and sixty people agreed to complete the survey; however, only 126 started the survey and only 102 participants completed the survey. Therefore, only about 63% of those who agreed to complete the survey actually did so. According to the Creative Research Systems Sample Size Calculator (2009), a sample size of 95 districts provides a 95% confidence level with a 10% confidence interval. Therefore, the sample obtained provides at least a 95% confidence level.

Table 1 summarizes the positions of the participants. Respondents worked in the following positions: social worker (24.5%), special education chair (16.7%), school psychologist (15.7%), counselor (11.8%), McKinney-Vento Representative (6.9%), principal (2.9%), and other (21.6%). The *other* category consisted of job titles such as superintendent, family-service coordinator, and home-school liaison. The majority of participants worked over 10 years in the districts. Eighteen percent reported that they worked in their district less than 5 years. Almost 20% of participants indicated that they *never* (3%) or *rarely* (19 %) worked with children in foster care. Twenty-five percent reported that they *frequently* work with the foster care population. The majority of participants (59.8%) reported that they had *never* received any professional development or formal training on working specifically with this population.

Measures

The School Rating Scale for Children in Foster Care (SRS-CFC) was created to obtain information regarding the way in which schools address the needs of children in foster care (see Appendix A). The SRS-CFC was constructed by examining research regarding school-based

practices for children in the foster care system (FYSP, 2010; White, 2005; Zetlin, Weinberg, & Shea, 2006). The SRS-CFC consists of 32 Likert-style items regarding school policies and procedures, social-emotional and behavior interventions, homework, special education practices, and collaboration with parents and outside agencies. The response choices are: *never*, *sometimes*, *frequently*, *always*, and *don't know*. In addition to the Likert responses, each item also requires the respondent to circle *yes*, *no*, or *don't know* to indicate whether the practice is written in the school district's policy. The SRS-CFC was modified into an online format via SurveyMonkey.com.

Procedure

A pilot study of three schools was conducted in order to determine if any adjustments were needed for the online format and survey. The three schools selected varied in size and location: two from the Philadelphia area and one from rural New York. Appropriate alterations, mainly of minor word changes, were made in accordance with the suggestions from the pilot study.

Three to four graduate students in the School Psychology or Counseling program per semester were trained by phone conference to contact each district. Graduate students were provided with a packet containing background information and detailed instructions. Graduate students were provided with compensation in the form of graduate assistant hours and monetary incentives for their participation. Upon successfully completing the training, the graduate students along with the author called each randomly selected district. The school secretary was contacted and asked to provide the name of the school person most familiar with working with children in foster care in the school district. The identified person was contacted by phone and

asked to participate in the study (see Appendix B). If the person agreed to participate in the study, he or she was emailed a website link containing the School Rating Scale for Children in Foster Care.

Data was entered into SPSS for analysis. Descriptive statistics were calculated for each question. Characteristics of the participants were reported in the form of frequencies and percentages. Percentages were calculated for the Likert style responses. The means and standard deviations were calculated by removing the *don't know* response and averaging the Likert style responses which were converted into an ordinal scale as follows: *never* = 0, *sometimes* = 1, *frequently* = 2, and *always* = 3. Responses to the questions regarding whether or not the district had a written policy were recorded in the form of percentages which included the *don't know* response.

Once all surveys were collected, the data was analyzed to assess the representativeness of the sample versus the total population. A chi-square was conducted to insure the sample represented the NCES database used to randomly select the districts. There was no significant difference between the sample of school districts and the NCES population of school districts for the four regions: North, South, Mid-West, and Pacific ($\chi^2 = 4.44, p = .217$). The average number of students in the sample districts was 47,514 students. Of those school districts, on average, 9,772 students received special education services through an IEP.

Chapter 4: Results

School Policy and Procedure

Table 2 summarizes participants' responses to the ten questions about School Policy and Procedural Practices and Written Policies. (Each of Tables 2-6 uses abbreviated descriptions of

the items. See Appendix A for full wording) Table 2 provides frequency of responses to each of the Likert style questions as well as the responses to whether that question has a corresponding school policy. Means and standard deviations for each question are also recorded in the table.

The results suggest that many procedures and interventions recommended by research are *frequently* or *always* utilized in schools. Participants endorsed items that suggest about half of schools routinely enroll students immediately without immunization records or birth certificates (*frequently* = 7.8%; *always* = 49.0%). Schools are also easily able to retrieve old records and forward them to a new district when a student transfers (*frequently* = 26.5%; *always* = 43.1%). School personnel are familiar with whose consent (foster parents, case manager, or biological parent) is required for field trips and other permission forms (*frequently* = 29.4%; *always* = 57.8%). Over half of participants also reported that school personnel routinely are aware of a child's status in the foster care system (*frequently* = 33.3%; *always* = 27.5%) and keep information confidential (*frequently* = 17.6%; *always* = 69.6%). Almost all schools expect regular attendance for children in the foster care system (*frequently* = 4.9%; *always* = 94.1%). Many of the policies and practices mentioned also have written policies. Over 40% of participants reported that their schools have policies on enrollment documentation, student record retrieval, confidentiality, and attendance.

Some policies and procedures were closely split in the frequency of implementation. Roughly the same number of participants indicated that their district *always* or *frequently* utilizes curriculum based measurement when a child enters the district to assess their education level as those who selected *sometimes* or *never* (*never* = 13.7%; *sometimes* = 29.4%; *frequently* = 22.5%; *always* = 22.5%). Similarly, about one-third reported that children in foster care *always* (25.5%)

or *frequently* (8.8%) receive services under the McKinney-Vento Act, while 22.5% reported that this only occurs *sometimes* and 5.9% indicated that this *never* occurs. Roughly 37% of participants reported that they were unsure if children in foster care qualify for McKinney-Vento services.

There are also some research-based practices that are not regularly utilized by schools. Participants reported that tutoring is not routinely available for students who experience enrollment delays (*never* = 26.5%; *sometimes* = 19.6%); however a large number (39.2%) of participants were not sure about the availability of this service. Likewise, many school personnel reported that their districts did not routinely provide training in meeting the needs of children in the foster care system for school personnel (*never* = 21.6%; *sometimes* = 43.1%).

Social-Emotional and Behavioral Interventions

Table 3 summarizes participants' responses to the nine questions about Social-Emotional and Behavioral Intervention Practices and Written Policies. Overall, the majority of the respondents indicated that their district utilizes several researched-based interventions to address the needs of children in foster care. Teachers routinely discuss the rules and expectations for new students (*frequently* = 31.4%; *always* = 40.2%). Extra-curricular activities are often encouraged (*frequently* = 46.1%; *always* = 20.6%) and some districts waive fees for those extra-curricular activities if necessary (*frequently* = 18.6%; *always* = 24.5%); however, a large number of participants (41.2 %) did not know if their district engages in this practice. The majority of participants indicated that children are able to receive counseling services without an IEP (*frequently* = 11.8%; *always* = 71.6%). Positive behavioral supports (*frequently* = 48.0%; *always* = 24.5%) and natural and logical consequences (*frequently* = 50.0%; *always* = 22.5%) are

commonly utilized to address problematic behaviors. A substantial number of participants also indicated that suspensions and expulsions are only used as a last resort when addressing discipline for children in foster care (*frequently* = 30.4%; *always* = 45.1%).

Respondents indicated that teachers in their districts *sometimes* or *frequently* utilize interventions such as assigning a peer to help a new student orient to the classroom (*sometimes* = 28.4%; *frequently* = 36.3%) or teach organizational and goal planning skills (*sometimes* = 33.3%; *frequently* = 30.4%). Several of the policies and interventions used to address the social-emotional needs of children in foster care in the SRS-CFC did not have written policies.

Homework

Table 4 summarizes the participants' responses to the three questions about Homework Practices and Written Policies found in the SRS-CFC. Roughly half of participants selected items that suggest students *frequently* (22.5%) or *always* (26.5%) receive extra academic support to help with their homework. Similarly, just over half of teachers routinely explain the homework so that the child knows how to complete the assignment before the child leaves (*frequently* = 42.2%; *always* = 12.7%). Participants were less sure about whether teachers provide alternative assignments for sensitive topics such as family trees. Roughly half (47.1%) of participants stated that they did not know the frequency that teachers utilize this intervention. The other half of the participants were evenly distributed between selecting *never* (2.9%) or *sometimes* (23.5%), and *frequently* (22.5%) or *always* (3.9%). The majority of participants indicated that their district does not have a written policy about this intervention and 41.2% reported that they were unsure about their district's policies regarding teachers providing alternative assignments for sensitive topics.

Special Education

Table 5 summarizes the participants' responses for the seven questions on Special Education Practices and Written Policies found in the SRS-CFC. The majority of respondents indicated that they *always* follow guidelines set-forth by IDEA 2004. It is more interesting to note the districts that *sometimes* or *frequently* follow these guidelines. About 10% of respondents stated that children are only *sometimes* immediately referred for a psycho-educational evaluation when they are suspected of having a disability and 1.0% state that this *never* occurs. Roughly 4% of respondents stated their district is *sometimes* able to complete a psycho-educational evaluation within the timeframe set forth by IDEA 2004 and 9.8% reported that this *frequently* occurs. Similarly, several districts did not always evaluate the current IEP to ensure that it is up to date and accurate (*sometimes* = 6.9%; *frequently* = 7.8%). Likewise, several respondents stated that their district *sometimes* (2.9%) or *frequently* (7.8%) create a new IEP in a timely manner if the previous IEP is inadequate. Eighty-three percent of respondents indicated their district *always* implements the old IEP services until a new IEP is written; however, 8.8% stated this *frequently* occurs, and 2.0% endorsed that this only *sometimes* occurs. The majority of participants (57.8%) were not sure if their district appoints an educational surrogate within 30 days of the child's enrollment.

Most participants stated that their district has written policies about special education practices. Many of these policies and procedures are clearly stated in IDEA 2004. However, between 7.8-17.6% of participants reported that their district did not have a written policy on the seven questions addressed in the SRS-CFC Special Education Practices and Written Policies. About 15-20% of participants were unsure if their district had a written policy on most issues

which are clearly mandated by IDEA 2004; however, about half of participants were unsure about whether or not their district had a written policy on obtaining an educational surrogate for the student.

Collaboration with Parents and Other Agencies

Table 6 summarizes the participants' responses for three questions of the SRS-CFC's Collaboration Practices and Written Policies. Participants endorsed items which suggest that schools regularly engage in collaborating with foster care parents (*frequently* = 44.1%; *always* = 29.4%), social workers (*frequently* = 19.6%; *always* = 43.1%), and other school districts (*frequently* = 34.3%; *always* = 32.4%). Thirty percent reported that their district has a written policy on collaborating with foster care parents, while the remaining participants indicated that their district did not have a written policy (*don't know* = 35.3%) or they did not know (*don't know* = 34.4%). Only 16.7% of responders indicated that their district has a written policy regarding collaborating with social workers and only 12.7% have a written policy regarding collaborating with other school districts. A substantial number of participants did not know about their district's policy on communicating with social workers (*don't know* = 37.3%) or collaborating with other districts (*don't know* = 42.2%).

Practices Written in Policy

School districts have written policies on about 30% of the research-based interventions and practices assessed in the SRS-CFC. To determine the relationship between practices used in school districts and the presence of written policies in the school district, the mean response from the Likert question was correlated with the number of participants who responded *yes* to the presence of the written policy on the issue. The results yielded a robust correlation ($r(30) =$

.777; $p = .001$), suggesting that districts' practices and written policies are strongly related to one another. Since correlation does not indicate causation, it cannot be definitely stated whether the policy fuels the likelihood of the practice or common practice increases the likelihood of the policy.

Do Not Know Response

Participants did not know how their district addressed several practices in the SRS-CFC. For example, many participants did not know if children in foster care receive McKinney-Vento services (37.3%) or tutoring if they experience enrollment delays (39.2%). Similarly, 41.2% were unsure if their district waives extra-curricular fees if the foster family does not have the funds necessary. Forty-seven percent of participants were unsure if teachers provide alternatives to sensitive assignments. Over half of participants (57.8%) were unsure about the process of appointing an education surrogate for children who receive special education services.

Participants also indicated that they were unsure about the presence of many written policies. Over 30% of participants endorsed items which suggest that they are largely unfamiliar with the presence or absence of policies regarding School Policies and Procedural Practices, Social-Emotional and Behavioral Intervention Practices, Homework Practices, and Collaboration Practices found in the SRS-CFC. Participants were more confident in their knowledge about written policies regarding Special Education practices with the exception of appointing an educational surrogate (*don't know* = 52.9%). Participants were slightly more confident about issues such as attendance (*don't know* = 13.7 %), if a child can enroll without the proper document (*don't know* = 28.4%), availability of extra academic support (*don't know* = 28.4%),

confidentiality practices (*don't know* = 20.6%), and whose signature is needed to sign permission slips (*don't know* = 29.4%).

Conclusion

Districts across the country engage in several research-based practices assessed in the SRS-CFC for meeting the education needs of children in foster care. For example, districts are familiar with who needs to sign documentation and permission slips, allow students to enroll even if they are missing some information for their file, respect the confidentiality of the student, expect regular attendance, use positive behavioral supports to address behavioral issues, only use suspensions and expulsions when absolutely necessary, provide counseling without an IEP, discuss rules and expectations when a student enters the district, comply with IDEA guidelines for Special Education services, and communicate with social workers and foster care parents. Some interventions are rarely utilized in school such as providing tutoring for students who experience enrollment delays, and training staff to work with students in foster care. Other interventions are used more frequently such as respecting confidentiality, expecting regular attendance, accessing tutoring services without an IEP, and adhering to IDEA 2004 regulations.

A substantial correlation was found between the frequency a practice is utilized in a school district and the presence of a written policy. However, a large number of respondents did not know the practices utilized in the district regarding who qualifies for McKinney-Vento services, availability of tutoring services for students who experience enrollment delays, the ability to waive activity fees, whether teachers provide alternatives to family-based assignments, and how long it takes to appoint an educational surrogate. Participants were less confident about

their knowledge of a written policy for most intervention areas with the exception of special education services.

Chapter 5: Discussion

Although the results suggest that schools utilize many research-based practices to address the academic and behavioral needs of children in foster care, there is still much room for growth in many school districts. Previous research suggests that children in foster care have lower achievement scores, higher levels of social-emotional and behavioral needs and are less likely to graduate from high school than their peers (Parrish et al., 2001; Finkelstein et al., 2002; Zetlin et al., 2004; Scherr, 2009). Schools should enact policies and practices which remove the barriers that children in the foster care system routinely experience and implement research-based accommodations. The results of this study suggest that several different levels of interventions are needed for school districts in order to meet the plethora of needs for children in foster care. First and foremost, school districts need to recognize that the foster care population is a unique subset of their student body and that this subset exists in most districts across the country.

School personnel may not fully understand the complex needs of children in foster care. Several participants questioned the need for the study commenting that children in foster care are no different than their peers. However, research suggests that children in foster care clearly differ from their peers in several ways. Children in foster care are removed from their biological parents and therefore must deal with parental separation. The most common reason that children are removed from their biological families is maltreatment (Staub & Meighan, 2007), which may contribute to a host of physical, psychological, social-emotional, and behavioral problems. Children in foster care are retained in grade seven times more than their peers, are half as likely

to graduate from high school, and are three to five times more likely to qualify for special education services (Parrish et al., 2001; Finkelstein et al., 2002; Zetlin et al., 2004; Scherr, 2009). The foster care population has a unique set of needs which should be addressed in the school environment to provide them with the tools needed to have a successful future.

School personnel may not always recognize that children are in foster care. During phone conversations, several school personnel stated that they did not have any foster care students who resided in the district. However, each district has on average 22 school-age students in foster care (U.S. A.C.F., 2012; NCES, 2010). Research suggests that almost one fourth of children in foster care live with their biological relatives (U.S. A.C.F., 2012), which is referred to as kinship care. Schools may not identify children in kinship foster care as being involved in the foster care system but simply may assume that a grandparent or other relative has custody of the child. A child may not receive the accommodations and services that they need if they are not identified as being in the foster care system. Therefore, it is important that school personnel recognize when children in their district are in the foster care system and may have different needs from their peers.

Individual Practices

There are several practices that individual school personnel can implement in order to best meet the needs of children in foster care. Teachers are often at the fore-front of addressing the needs of their students. However, schools may not provide specific policies on how to address the needs of this population in the classroom. The results suggest that schools are less likely to regulate practices for teachers in the classroom than topics such as enrollment and special education procedures, attendance policies, and disciplinary actions. Even if schools do

not have written policies, teachers can take the initiative to implement research-based practices in their classrooms.

Teachers could ensure that students are well oriented to classroom rules and help facilitate peer relationships by peer pairing. They can provide alternatives to assignments that may have sensitive topics or spend some extra time with the student to help him or her better understand the homework. Teachers can also immediately refer students for assessment if there is a belief that the child may have a disability. The assessment process for qualifying a child for special education sometimes takes over two months. It is important that teachers work to cultivate a strong relationship with their students who are in the foster care system. Teachers spend more time with their students than most other school personnel. Children in foster care may have difficulty developing relationships with adults especially if they previously experienced several school transitions. Therefore, it is important that teachers develop a strong relationship with the child in foster care and provide support in whatever ways they are able to.

Mental health workers in schools can also engage in practices which assist children in foster care to become more successful in school. Social workers, school psychologists, and school counselors who work with the child should take special considerations to begin services immediately in order to start establishing a working relationship with the client and assist in addressing roadblocks the child might encounter. It may be beneficial to check in with students frequently to ensure that they are adjusting appropriately and are provided with the support they require. Mental health professionals can also attempt to increase communication and collaboration with other faculty members. The results of this study suggest participants displayed a gap in knowledge about what interventions teachers utilize in their classrooms.

Increasing collaboration between teachers and school personnel who frequently work with children in foster care may help in understanding the practices commonly implemented by teaching staff.

Essential personnel who work with children in foster care can advocate for the needs of their students. Oftentimes, children in foster care lack educational advocates. Case managers and foster parents may not have the knowledge to navigate school systems (National Working Group on Foster Care and Education, 2006); therefore, it is vital that school personnel take on that role in order to obtain the accommodations, interventions, and services needed.

In order to become effective advocates, school personnel need to become more knowledgeable of research-based interventions and current laws to best aid their students. Advocates should remain up-to-date through routine reading and training in foster care topics and collaborative contact with other professionals responsible for foster care children.

District Wide Practices

Districts can help children in foster care by utilizing researched-based practices and policies. School districts almost always require consistent attendance, indicating that being present in school and receiving regular access to educational services is important, but almost one-fourth of school districts reported that students in foster care *never* receive tutoring services for delays in enrollment. Research indicates that enrollment delays for foster care students occur quite commonly (Advocates for Children of New York, Inc., 2000; Choice et al., 2001; Finkelstein et al., 2002; Powers & Stotland, 2002). Social workers reported that more than half of their foster care clients experienced delays greater than a week and over one quarter experienced delays between two weeks to one month (Advocates for Children of New York,

Inc., 2000; Choice et al., 2001). Children with IEPs experience longer delays in enrollment than their peers in general education (Powers & Stotland, 2002). With no tutoring services, children in foster care essentially fall behind their peers as a result of not receiving formal education during those weeks. If enrollment delays occur multiple times throughout the year, the student may miss a significant amount of academic time in addition to requiring time to adjust into a new school district. This may be extremely detrimental especially for children with special needs, who may already have significant academic delays.

Schools should prepare children in foster care for their futures. When a child transitions into adulthood, fewer services are available from the foster care system. Schools should prepare the child for transitioning into an independent life by providing them with the skills necessary to take the next step, whether that be pursuing additional education or joining the workforce. These skills may come in the form of job training, assistance with college applications, or teaching important life skills such as budgeting money or writing a resume.

School districts should frequently review their policies and procedures with their staff members in order to increase familiarity with the school's policies. Surprisingly, about one-third of participants reported that they did not know about their school district's policies on most of the questions asked in the SRS-CFC. Almost 60% of respondents did not know the process for appointing an educational advocate. Thirty-seven percent of respondents did not know if their state includes children in foster care under the McKinney-Vento Act and about 40% did not know if tutoring is available for students who experience enrollment delays. Forty-two percent did not know if fees for extra-curricular activities can be waived if personal finances are

unavailable. Perhaps expanding school personnel's knowledge of their district's policies may increase the likelihood that the practice would be implemented.

One way to address school personnel's knowledge gaps is by conducting training sessions. Roughly, 60% of participants, who were identified by their secretary as being familiar with working with children in foster care, reported that they *never* received any professional development or formal training on working specifically with this population. Twenty-two percent of participants indicated that staff *never* receive training regarding working with this population and 46% indicated that school personnel only *sometimes* receive training in addressing the needs of children in foster care.

Therefore, conducting training sessions to address these issues may be beneficial to all staff who work with children in foster care. Training sessions could focus on why the foster care children are different from their peers and the legal aspects surrounding foster care placements. Issues such as multiple transitions, separation from their biological families, lower academic levels, possible histories of abuse and neglect, and an increased likelihood of mental illness and behavioral problems could be addressed. Most importantly, training sessions should focus on increasing the use of research-based practices such as those assessed in the SRS-CFC.

Limitations

Although the schools that participated in the study represent the United States population geographically, the survey may not wholly represent the practices of all public schools across the country. One should use caution when generalizing these results to schools that did not meet the selection criteria for the definition of "district" with the following parameters: the school must be located in one of the 50 United States or District of Columbia, must contain grades pre-

kindergarten or kindergarten up to grade 8 or higher, and enroll 100 or more students. Although similar policies and procedures may apply for schools not included in the sample, this study may not be validly generalized to any school district that does not fit the aforementioned criteria.

A self-selection bias should be noted with all survey research, despite measures put in place to minimize the bias. Schools were selected by a random number generator and weighted by number of students to ensure that the sample represented the population. Some randomly selected schools agreed to participate where others did not causing a selection bias (Stat Trek, 2013).

Several factors could have impacted the selection bias. One issue was the ability to navigate to the appropriate person in the school. Secretaries often did not know the school district personnel that was most familiar with working with children in foster care and often transferred the caller around to multiple parties or stated that no one in the school could assist with the project because the school did not have any children in foster care. School secretaries were able to direct the call immediately when a social worker or home/family liaison was employed in the district. Another factor, which may have contributed to participation in the study, was reaching the school district personnel identified by the secretary. Oftentimes, reaching the school district personnel required multiple calls because the person was not in their office. School district employees who are overloaded may not have time to complete a survey or may not wish to answer questions regarding their policies and procedures if they know them to be inadequate. Therefore, those schools with adequate services and specialized staff who work with children in foster care may be over-represented in the study.

Other factors that may have influenced data are the personal characteristics of the respondent. Only one participant was permitted to complete the survey from each district. Different representatives from the district may have responded to questions differently based upon their knowledge and experience in the school district. Therefore, social worker X may have endorsed items differently than social worker Y in the same district. However, having the secretary identify the appropriate personnel necessary hopefully yielded the most qualified person in the district to respond to the survey. Almost 83% of the respondents have worked in the district over five years, and 78% of respondents stated that they *occasionally* or *frequently* work with children in foster care. Likewise, 40% of respondents reported receiving specialized training in working with this population. However, 20% of respondents indicate that they *never* or *rarely* work with children in foster care despite being identified by the secretary as the person in the school district who is “most familiar with working with students in foster care” in the district. Those who *never* work with children in foster care may not be familiar with their school districts policies and procedures for working with this population of students.

A response bias may have also influenced the results. Although the informed consent page stated that all school identifying information would be removed from the study, participants may have still felt the need to endorse items which are more socially desirable, especially for those questions regarding compliance with IDEA 2004 in the special education section. Respondents may have avoided more extreme answers such as *always* and *never* when answering questions. Most participants tend to respond to answers that are more neutral. This is a common problem found with Likert scales and is commonly referred to as central tendency bias (Stat Trek, 2013). The combination of selecting desirable answers and endorsing items

towards a more neutral response may be the reason why there was not much variance in standard deviations between each individual question.

Future Research

This study suggests schools engage in many practices assessed by the SRS-CFC. A sample of 102 schools was utilized in this study which produced a 95% confidence level and a 10% confidence interval. Future studies should increase the sample size to insure that the sample represents the population of school districts across the country. Additionally, research should seek to assess new interventions for working with children in foster care, especially regarding developing and implementing training programs for school staff. It is hypothesized that increasing the number of research-based interventions may continue to improve the practices utilized by school districts to address the needs of children in foster care. Perhaps increasing staff knowledge of interventions may result in a greater likelihood to utilize those interventions routinely in the school environment. Studies may wish to assess the efficacy of training programs in increasing collaboration among school personnel since the results suggested that there is a gap in knowledge about practices routinely used by other school personnel. Future research may also wish to investigate schools use of transitional services with the foster care population. Transitional services may greatly assist children in foster care to plan for their futures since students age out of foster-care services soon after high school.

Conclusion

Children in foster care are a unique subset of the population who commonly display more educational, behavioral, social-emotional and advocacy needs than their peers. The results from this study suggest that several research-based practices assessed in the SRS-CFC are routinely

implemented to address the needs of the foster care population in schools across the country.

The results indicate several different levels of intervention which may help children who are in foster care become successful in school such as increasing collaboration, implementing training programs, and increasing knowledge of school policies for working with students in the foster care system.

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Table 1
Characteristics of Respondents

	N	%
Position		
Counselor	12	11.8
McKinney-Vento Representative	7	6.9
Principal	3	2.9
School Psychologist	16	15.7
Social Worker	25	24.5
Special Education Chair/Head of Child Study Team	17	16.7
Teacher	0	0
Vice Principal	0	0
Other	22	21.6
Years in the District		
<5	18	17.6
5-10	34	33.3
11-15	18	17.6
16-20	10	9.8
>20	22	21.6
Frequency Working with Foster Care		
Never	3	2.9
Rarely	19	18.6
Occasionally	55	53.9
Frequently	25	24.5
Specialized Training in Foster care		
Yes	41	40.2
No	61	59.8

Table 2

Percentage of Responses for School Policy and Procedural Practices and Written Policies

	<u>Utilized in Practice</u>					<u>Written in Policy</u>				
	Never	Sometimes	Frequently	Always	DK	Mean*	SD	Yes	No	DK
Q1. Enrollment without usual documentation	11.8	12.7	7.8	49	18.6	2.2	1.4	51	20.6	28.4
Q2. Records easily retrieved	0	20.6	26.5	43.1	9.8	2.2	0.8	44.1	19.6	36.3
Q3. Receives services under McKinney-Vento	5.9	22.5	8.8	25.5	37.3	1.8	1.1	43.1	12.7	44.1
Q4. Receives tutoring for enrollment delays	26.5	19.6	3.9	10.8	39.2	1	1.2	13.7	39.2	47.1
Q5. Who must sign permission slips	0	10.8	29.4	57.8	2	2.5	0.7	52	18.6	29.4
Q6. Assesses educational levels when entering	13.7	29.4	22.5	22.5	11.8	1.6	1	21.6	40.2	38.2
Q7. Staff knowledge of foster care status	1	34.3	33.3	27.5	3.9	1.9	0.8	12.7	52	35.3
Q8. Staff respect confidentiality	0	4.9	17.6	69.6	7.8	2.7	0.6	61.8	17.6	20.6
Q9. Regular attendance expected	0	0	4.9	94.1	1	2.9	0.2	69.6	16.7	13.7
Q10. Specialized training for school personnel	21.6	43.1	12.7	2	20.6	1	0.7	3.9	52	44.1
Total Average	8.05	19.79	16.74	40.19	15.2	1.99	0.85	37.35	28.92	33.72

*The mean and standard deviation were calculated by removing all "don't know" responses. Each response on the Likert Scale was assigned a numerical value: Never = 0, Sometimes = 1, Frequently = 2, Always = 3.

Table 3

Percentage of Responses for Social-Emotional and Behavioral Intervention Practices and Written Policies

	<u>Utilized in Practice</u>							<u>Written in Policy</u>		
	Never	Sometimes	Frequently	Always	DK	Mean*	SD*	Yes	No	DK
Q11. Teachers discuss rules and expectations	3.9	12.7	31.4	40.2	11.8	2.2	0.8	12.7	51	36.3
Q12. Teacher assigns peer to help orient	4.9	28.4	36.3	5.9	24.5	1.6	0.7	2.9	61.8	35.3
Q13. Encouragement of after-school activities	0	20.6	46.1	20.6	12.7	2	0.7	2.9	65.7	31.4
Q14. Waives extra-curricular fee if needed	2	13.7	18.6	24.5	41.2	2.2	0.9	16.7	36.3	47.1
Q15. Access to counseling without an IEP	1	7.8	11.8	71.6	7.8	2.7	0.6	20.6	47.1	32.4
Q16. Teaches organizational skills and goal planning	2.9	33.3	30.4	11.8	21.6	1.7	0.7	2.9	57.8	39.2
Q17. Staff use natural and logical consequences	0	14.7	50	22.5	12.7	2.1	0.6	14.7	50	35.3
Q18. Use of positive behavioral supports	0	21.6	48	24.5	5.9	2.1	0.7	19.6	46.1	34.3
Q19. Suspensions/expulsions are last resorts	1	11.8	30.4	45.1	11.8	2.4	0.7	43.1	26.5	30.4
Total Average	1.7	18.3	33.7	29.6	16.7	2.1	0.7	15.1	49.1	35.7

*The mean and standard deviation were calculated by removing all "don't know" responses. Each response on the Likert scale was assigned a numerical value: Never = 0, Sometimes = 1, Frequently = 2, Always = 3.

Table 4
Percentage of Responses for Homework Practices and Written Policies

	<u>Utilized in Practice</u>					<u>Written in Policy</u>				
	Never	Sometimes	Frequently	Always	DK	Mean*	SD*	Yes	No	DK
Q20. Extra academic support available?	4.9	29.4	22.5	26.5	16.7	1.9	0.94	23.5	48	28.4
Q21. Teacher provides alternative to assignment	2.9	23.5	22.5	3.9	47.1	1.6	0.75	2.9	55.9	41.2
Q22. Explains homework before leaving school?	1	14.7	42.2	12.7	29.4	2.0	0.63	4.9	56.9	38.2
Total Average	2.9	22.5	29.1	14.4	31.1	1.8	0.77	10.4	53.6	35.9

*The mean and standard deviation were calculated by removing all "don't know" responses. Each response on the Likert scale was assigned a numerical value: Never = 0, Sometimes = 1, Frequently = 2, Always = 3.

Table 5
Percentage of Responses for Special Education Practices and Written Policies

	<u>Utilized in Practice</u>						<u>Written in Policy</u>			
	Never	Sometimes	Frequently	Always	DK	Mean*	SD*	Yes	No	DK
Q23. Immediate referral for evaluation	1	9.8	42.2	44.1	2.9	2.4	0.67	65.7	17.6	16.7
Q24. Consent for special education services	0	3.9	10.8	77.5	7.8	2.8	0.52	67.6	11.8	20.6
Q25. Evaluations completed within 60 days of referral	0	3.9	9.8	75.5	10.8	2.8	0.52	74.5	10.8	14.7
Q26. Insures IEP is current after child enrolls	0	6.9	8.8	78.4	5.9	2.8	0.57	71.6	9.8	18.6
Q27. New IEP is created within a timely manner	0	2.9	7.8	82.4	6.9	2.9	0.44	73.5	9.8	16.7
Q28. Old IEP services are implemented until new IEP is written?	0	2	8.8	83.3	5.9	2.8	0.43	74.5	7.8	17.6
Q29. Educational surrogate is appointed within 30 days	2	3.9	2.9	33.3	57.8	2.6	0.84	29.4	17.6	52.9
Total Average	0.4	4.8	13	67.8	14	2.7	0.57	65.3	12.2	22.5

*The mean and standard deviation were calculated by removing all "don't know" responses. Each response on the Likert Scale was assigned a numerical value: Never = 0, Sometimes =1, Frequently =2, Always =3.

Table 6

Percentage of Responses for Collaboration with Parents and Other Agencies Practices and Written Policies

	<u>Utilized in Practice</u>					<u>Written in Policy</u>				
	Never	Sometimes	Frequently	Always	DK	Mean*	SD*	Yes	No	DK
Q30. Regular communication with foster parents	0	13.7	44.1	29.4	12.7	2.2	0.66	30.4	35.3	34.3
Q31. Regular communication with social workers	2	19.6	19.6	43.1	11.8	2	0.73	16.7	46.1	37.3
Q32. Communications with new district	1	20.6	34.3	32.4	11.8	2.1	0.79	12.7	45.1	42.2
Total Average	1	18	32.7	35	12.1	2.1	0.7	19.9	42.2	37.9

*The mean and standard deviation were calculated by removing all "don't know" responses. Each response on the Likert scale was assigned a numerical value: Never = 0, Sometimes = 1, Frequently = 2, Always = 3.

Appendix A: School Rating Scale for Children in Foster Care

School Rating Scale for Children in Foster Care

Please rate your school on the following statements regarding children in foster care using the following scale: 0= never; 1= sometimes, 2= frequently, 3=always for each item or DK=don't know. Then please circle yes, no, or DK to indicate whether or not the school has a written policy regarding the item. Please feel free to ask other school personnel for any information necessary to complete this document.

School Policy and Procedure	Never	Sometimes	Frequently	Always	Don't Know	Written in School Policy?		
						Yes	No	DK
1.) Students in foster care can be enrolled in school immediately without immunization records or birth certificates.	0	1	2	3	DK	Yes	No	DK
2.) Previous school records for children in foster care can be immediately retrieved and sent to a student's new school district	0	1	2	3	DK	Yes	No	DK
3.) The child in foster care receives services under McKinney-Vento	0	1	2	3	DK	Yes	No	DK
4.) If a student in foster care cannot enroll immediately, tutoring services are provided until the student is able to enroll	0	1	2	3	DK	Yes	No	DK
5.) The school knows who is legally allowed to enroll the child in foster care in school and provide permission for activities (foster parents, social workers, only biological parents, etc.)	0	1	2	3	DK	Yes	No	DK
6.) The school utilizes curriculum based assessments to determine a child in foster care's educational progress upon entering the school district	0	1	2	3	DK	Yes	No	DK
7.) Individuals such as teachers, counselors, and other	0	1	2	3	DK	Yes	No	DK

school personnel who work directly with the child know that the child is in foster care

8.) Individuals who know that the child is in foster care follow FERPA regulations in keeping the information confidential	0	1	2	3	DK	Yes	No	DK
9.) Regular attendance is expected of the child in foster care, with the exception of court dates, outside counseling services, and meetings with social workers	0	1	2	3	DK	Yes	No	DK
10.) School personnel have received specialized training in working with children in the foster care system	0	1	2	3	DK	Yes	No	DK

Social Emotional and Behavioral Interventions	Never	Sometimes	Frequentl y	Always	Don't Know	Written in School Policy?		
11.) Teachers spend time orienting the child in foster care to the classroom and clearly discuss the rules and expectations when the child first enters the classroom	0	1	2	3	DK	Yes	No	DK
12.) Teachers assign a peer to help orient the new student to the classroom	0	1	2	3	DK	Yes	No	DK
13.) Teachers encourage children in foster care to participate in extra-curricular activities	0	1	2	3	DK	Yes	No	DK
14.) The school waives the extra-curricular activity for children in foster care who can not afford it	0	1	2	3	DK	Yes	No	DK
15.) Students in foster care have access to counseling services without an IEP	0	1	2	3	DK	Yes	No	DK
16.) Children in foster care are taught organizational skills and goal planning	0	1	2	3	DK	Yes	No	DK
17.) Natural and logical consequences are used to help students in foster care link their behavior with the consequences	0	1	2	3	DK	Yes	No	DK

18.) Positive behavioral supports are utilized to correct problem behaviors for children in foster care	0	1	2	3	DK	Yes	No	DK
19.) Suspensions and expulsions are utilized only as last resorts for children in foster care to address behavior problems	0	1	2	3	DK	Yes	No	DK
Homework	Never	Sometimes	Frequently	Always	Don't Know	Written in School Policy?		
20.) Students in foster care can receive extra academic support such as access to a resource room or tutoring without an IEP	0	1	2	3	DK	Yes	No	DK
21.) Teachers provide students in foster care with alternative assignments when the original assignment regards family issues such as family trees.	0	1	2	3	DK	Yes	No	DK
22.) Teachers ensure that the student in foster care knows how to do the homework before they leave school	0	1	2	3	DK	Yes	No	DK
Special Education	Never	Sometimes	Frequently	Always	Don't Know	Written in School Policy?		
23.) Children in foster care who are suspected of having a disability are immediately referred for an evaluation	0	1	2	3	DK	Yes	No	DK
24.) The school is aware of state laws which specify who can provide consent for special education evaluation and placement for children in the foster care system	0	1	2	3	DK	Yes	No	DK
25.) Initial special education evaluations are completed within sixty days from the referral for children in foster care	0	1	2	3	DK	Yes	No	DK
26.) If a student in foster care enters the district with an IEP, the school reassesses the IEP to ensure it is adequate and up-to-date	0	1	2	3	DK	Yes	No	DK
27.) If the IEP from the previous district is inadequate, the	0	1	2	3	DK	Yes	No	DK

current district creates a new IEP within a timely manner
for children in foster care

28.) Children in foster care are provided with services specified by their previous IEP until the new IEP is constructed	0	1	2	3	DK	Yes	No	DK
29.) Children in foster care are appointed an educational surrogate within 30 days of the court decision that one is necessary	0	1	2	3	DK	Yes	No	DK

Collaboration with Parents and Other Agencies	Never	Sometimes	Frequentl y	Always	Don't Know	Written in School Policy?		
30.) Teachers regularly communicate with foster care parents about students' progress	0	1	2	3	DK	Yes	No	DK
31.) Teachers and school personnel regularly communicate with social workers and case workers about students' progress	0	1	2	3	DK	Yes	No	DK
32.) School personnel communicate with a new school district if the student in foster care transfers into another district	0	1	2	3	DK	Yes	No	DK

Appendix B: Script for Phone Conversation

Script for Phone Conversation

Hi! My name is _____ and I am calling on behalf of Jennifer McLaren, a doctoral student at Alfred University's Division of Counseling and School Psychology to see if you would be willing to participate in her dissertation regarding practices schools use to address the needs children in foster care. All you would be required to do is fill out a 32 question survey which should take you about 15-25 minutes to complete. All information about your responses will remain confidential. Would you be willing to complete our survey?

Yes: Thank you. Can I have your email address and I will send you the link to the survey? Your email will not be used for any other purpose than this study. I am sending you the link now. You will receive an email in two weeks as a reminder if you did not complete the survey. Thank you for your time. Goodbye.

No: Thank you for your time. Goodbye.

Appendix C: Informed Consent

Informed Consent

I agree to participate in this survey willingly and am aware that I can discontinue my participation in this study without penalty at any time. I hereby acknowledge that all of the information provided will remain strictly confidential. The data will only be viewed by the principle investigators and will be maintained on a password protected computer. I understand that no information regarding the school district will be released and all identifying information will be removed from participant surveys. All information will be analyzed by groups. No individual data will be able to be obtained and used for individual identification or analysis. Informed consent will be retained for three years and then shredded according to APA guidelines. If you have any questions, regarding the survey or results, please feel free to contact Jennifer McLaren at jam14@alfred.edu or Dr. Cris Lauback at laubackc@alfred.edu. If you have any questions regarding your rights as a participant in this study please contact Alfred University's Human Subjects Committee at hsrc@alfred.edu. Thank you for your participation in this research.

Sincerely,

Jennifer McLaren,
Doctoral Candidate in School Psychology
Alfred University
Email: JAM14@alfred.edu
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Human Subjects Research Committee
Alfred University
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Appendix D: Demographic Information Questionnaire

Please answer the following questions about yourself:

What best describes your position in the school?

- | | | |
|---|--|--|
| <input type="checkbox"/> Principal | <input type="checkbox"/> McKinney-Vento Representative | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Vice Principal | <input type="checkbox"/> Social worker | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Special Education Chair/Head of Special Education Committee/Head of Child Study Team | <input type="checkbox"/> Counselor | <input type="checkbox"/> Other |

How many years have you worked in the district?

- | | | |
|-------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> >5 | <input type="checkbox"/> 11-15 | <input type="checkbox"/> < 20 |
| <input type="checkbox"/> 5-10 | <input type="checkbox"/> 16-20 | |

How much often do you work with children in foster care?

- ☐ Never
- ☐ Rarely
- ☐ Occasionally
- ☐ Frequently

Have you ever received any special training regarding working with children in foster care?

- ☐ Yes
- ☐ No

CURRICULUM VITAE**Jennifer A. McLaren****jenmclaren@mail.com**

Education:

Doctoral Candidate in School Psychology, Alfred University, Alfred, NY,

C.A.S. in School Psychology, Alfred University, Alfred, NY,

B.A. in Psychology, University of Scranton, Scranton, PA, May 2007,

Certifications and Awards

National Certification in School Psychology, 2011

PA Certification in School Psychology, 2011

Gundaker Foundation Scholarship, 2007

Pi Gamma Mu, International Honors Society in Social Sciences, 2007

Psi Chi, International Psychology Honors Society, 2005

University of Scranton Honors Program, 2004 – 2007

Geiger Scholarship, University of Scranton, 2004 – 2007

Dean's List, University of Scranton, 2003 – 2007

Dean's Scholarship, University of Scranton, 2003 – 2007

Clinical Experience:

School Psychologist, The Green Tree School, Philadelphia PA, September 2011- present. Duties: conducted functional behavioral analyses, wrote corresponding behavioral intervention plans, conducted psycho-educational assessments, attended IEP meetings, engaged in professional development of staff, assisted with crisis interventions and interagency team meetings, served on teaming committees and planning committee for the Green Tree Autism Conference, coordinated with BHRS providers, wrote grants for student with autism and emotional and behavioral issues, engaged in community advocacy, presented at local conferences. Supervisor: Bonnie Farley

BHRS Master's Level Assessor and Writer. Green Tree School's BHRS, Philadelphia PA, July 2011- present. Wrote addendums to extend services for children, prepared and wrote bio-psychosocial evaluations, conducted bio-psychosocial evaluations under the supervision of a licensed psychologist, provided professional development for BHRS staff (3-5 hours per week). Supervisor: Zakia Robbins

Doctoral-level School Psychology Intern, The Green Tree School, Philadelphia PA, July 2010- June 2011. Duties: Administered cognitive, achievement, social-emotional and developmental assessments and wrote corresponding reports, conducted intakes, counseled students and wrote corresponding treatment plans, co-lead group counseling sessions for STS program, conducted functional behavior assessments, engaged in consultation and professional development with staff, assisted with bio-psycho social evaluations for to determine eligibility for BHRS services and assisted in writing corresponding reports, wrote addendums to extend services for children with social-emotional disabilities and autism spectrum disorders. Supervisor: Eric Mitchell, Ph.D.

Practicum Placement Student Counselor, Wellsville Counseling Center, Fall 2009-Spring 2010, Duties: Carried independent case load which required conducting play therapy, parent-child collateral sessions, and individual

therapy sessions, wrote corresponding treatment plans and reports, facilitated group supervision for interns. Supervisor: Mark F. Fugate, Ph.D. (8 hours per week).

Clinic Practicum Student, Child and Family Services Center, Alfred University, Alfred NY, Fall 2008- Winter 2009. Duties: Conducted play therapy, animal-assisted therapy, psycho-educational and social-emotional assessments, wrote corresponding reports and treatment plans, and provided peer supervision for student clinicians. Supervisor: Ellen Faherty, Psy.D. (8 hours per week).

Practicum Placement Student in Early Childhood Classroom, Dansville Primary School, Fall 2008. Duties: Conducted norm-referenced testing, academic interventions, classroom observations and teacher consultation in a preschool classroom. Supervisor: Nancy Evangelista, Ph.D. (3 hours per week).

Practicum Placement Student, Dansville Middle School, Fall 2007- Spring 2008. Duties: Administered norm referenced tests, socio-emotional assessments, and CBMs, conducted structured and unstructured observations and wrote corresponding psycho-educational reports and functional behavioral analyses, participated in teacher consultation, conducted academic interventions, attended IEP meetings. Supervisor: Kim Birmingham, Psy.D. (8 hours per week).

Direct Treatment Worker, Bethanna, Southampton, PA, Summer 2007. Duties: facilitated treatment plans for boys with behavior problems utilizing behavioral modification strategies, developed shift plans, attended treatment progress meetings. Supervisor: James Doe.

Practicum Student, Friendship House, Scranton, PA, Spring 2006. Duties: co-facilitated group therapy sessions, developed treatment plans, evaluated case histories, supported staff in residential and educational facility for children with behavior problems. Supervisor: Rose Lopes, M.A. (100+ hours).

Teaching Experience:

Adjunct Professor, Communication and Counseling Skills (2 2-credit classes), Alfred University, Spring 2010. Duties: prepared and presented lectures, facilitated counseling training exercises, graded reports and tests for undergraduate students.

Teaching Assistant, Fundamentals of Psychology, University of Scranton, Fall 2006. Duties: presented mini lectures, scored and performed item analysis on quizzes, entered grades using SPSS, and attended a weekly teaching seminar. Supervisor: Christie P. Karpiak, Ph.D. (3 hours per week).

Teaching Assistant, Behavioral Statistics, University of Scranton, Fall 2005. Duties: homework correction, SPSS assistance, grade entry. Supervisor: Thomas Hogan Ph.D. (5 hours per week).

Tutor, Psychological Testing, Research Methods, and Social Psychology, University of Scranton, Spring 2006 – Fall 2007. Duties: Assisted students in test preparation, homework completion, and paper writing. (4 hours per week).

Teacher's Aid, South Side Head Start, Scranton, PA, 2004 - 2005. Duties: Supervised preschool children, served meals, and assisted with educational activities. Supervisor: Melissa Kublius, M.A. (3 hours per week).

Research Experience:

Dissertation Proposal, Alfred University, Alfred NY Fall 2010. Duties: Conducted a lecture review regarding the ways in which schools across the United States address the needs of children in foster care, created a proposed methods and data analysis, and defended the corresponding proposal to the dissertation committee. Dissertation Chair: Cris Lauback, Psy.D.

Research Assistant (full assistantship), Rural Justice Institute at Alfred University, Alfred NY, Fall 2008 – Spring 2010. Duties: Conducted program evaluations on the Second Step program and a dating violence prevention program via classroom observations, pre- and post tests administration and scoring, created SPSS spreadsheets, and data entry. Supervisor: Ellen Faherty, Psy.D. (15 hours per week).

Honors Research, University of Scranton, 2006 - 2007. Duties: proposed and conducted an original empirical study on gender stereotypes in the media; data input and analysis using SPSS; write-up and thesis defense. Supervisor: Carole Slotterback, Ph.D.

Research Assistant, University of Scranton, Fall 2006. Duties: administered group tests, editing, data input and analysis using SPSS. Supervisor: Thomas Hogan, Ph.D. (3 – 5 hours per week).

Research Assistant, University of Scranton, Spring 2006. Duties: used observational coding system to rate naturally occurring animal behavior in rodents. Supervisor: Christie Karpiak Ph.D. (3 – 5 hours per week).

Presentations:

McLaren, J., Mitchell, E., Robbins, Z., Exuum-Thompson, L. (May, 2012). Navigating Educational and Behavioral Services: What Parents of Children with Developmental Delays Need to Know. 36th Annual Philadelphia Regional Conference on Developmental Disabilities

Young, H. L., Faherty, E., **McLaren, J. A.**, Lehman, L. D., & Sandefer, K. (February, 2011). Increasing Pro-social Behavior through Violence Prevention Programming. Poster presented for the 2011 National Association of School Psychologists (NASP) annual convention, San Francisco, CA.

Young, H. L., Faherty, E., Lehman, L. D., Sandefer, K., & **McLaren, J. A.** (February, 2011). Teaching Teenagers about Teen Dating Violence and Healthy Relationships. Poster presented for the 2011 National Association of School Psychologists (NASP) annual convention, San Francisco, CA.

Young, H.L., Faherty, E., **McLaren, J.A.** (February 2010). *Violence Prevention Programming: Evaluating Second Step in a Rural Setting*. Poster presented for the 2010 annual conference of the National Association of School Psychologists (NASP), Chicago, IL.

Young, H.L., Faherty, E., **McLaren, J.A.** (February 2010). *Helping Schools Assist Child Victims of Domestic Violence: Long-term Effects*. Poster accepted for the 2010 annual conference of the National Association of School Psychologists (NASP), Chicago, IL.

Young, H.L., Faherty, E., **McLaren, J.A.**, Maggio, A.M. & Hussar, J. (August, 2009). *Violence prevention programming in elementary schools: The rural setting*. Poster presentation at 117th American Psychological Association Conference, Toronto, Canada.

Young, H.L., Faherty, E., & **McLaren, J.A.** (August, 2009). *Teaching teenagers about healthy relationships: Evaluating a dating violence program*. Poster presentation at 117th American Psychological Association Conference, Toronto, Canada.

McLaren, J. A., & Slotterback, C. S. (April, 2007). *Can any man be a superman? An empirical investigation of gender stereotypes in comic books*. Oral presentation at the 22nd University of Scranton Psychology Conference, Scranton, PA.

McLaren, J. A., & Slotterback, C. S. (2007, March). *Can any man be a superman? An empirical investigation of*

gender stereotypes in comic books. Poster presentation at the 78th Eastern Psychological Association Convention, Philadelphia, PA.

Hogan, T. P., **McLaren, J. A.**, & Cerio, M. (2007, March). *Correlates of numerosity estimation*. Poster presentation at the 78th Eastern Psychological Association Convention, Philadelphia, PA.