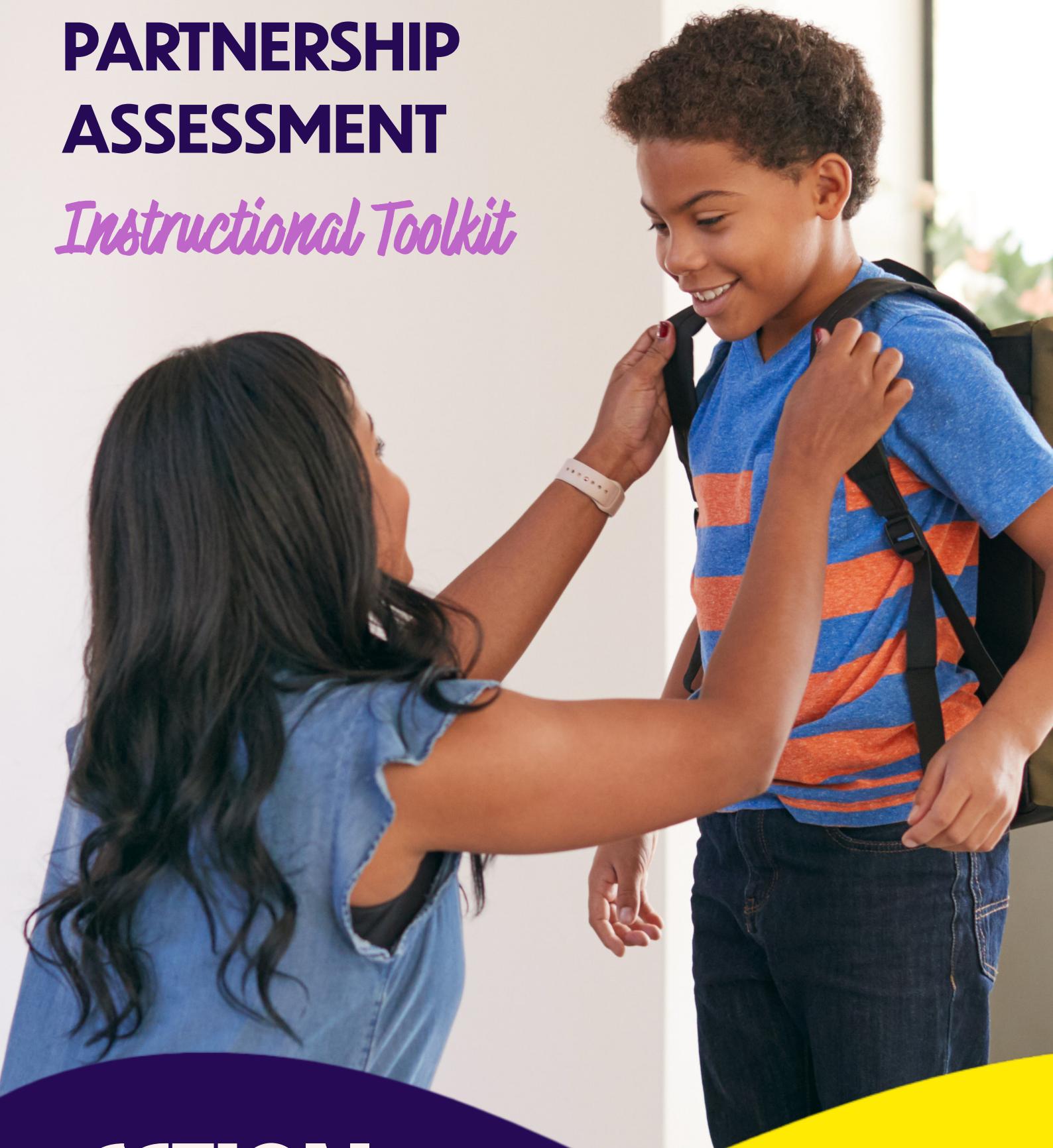


FAMILY-SCHOOL PARTNERSHIP ASSESSMENT

Instructional Toolkit



ACT!ON
FOR HEALTHY KIDS



Table of Contents

Introduction and Overview	3
STEP 1: Create a plan	5
STEP 2: Launch the survey	7
Family-School Partnership Assessment (FSPA)	11
STEP 3: Understand the data	17
STEP 4: Use data to inform action	20
References	21
Appendices	23
Appendix A: Survey Development Process	24
Appendix B: Spanish Version of FSPA	25

Introduction and Overview

Purpose

This toolkit is a guide for using Action for Healthy Kids' **Family-School Partnership Assessment (FSPA)** for child health and well-being. This toolkit is designed to be used by school staff, administrators, or other practitioners involved in developing family-school partnerships within school settings. The toolkit includes guidelines to assist with implementing the FSPA, understanding the data collected, and using the data to inform action that improves family-school partnerships.



What are family-school partnerships for child health and well-being?

Family-school partnerships are shared responsibilities between the school, families¹, and communities to promote positive outcomes for young people (Epstein, 1995; Sheridan et al., 2016). Family-school partnerships for child health and well-being can be an effective strategy to promote school staff and families working together to understand student or school health needs and develop effective and equitable solutions. Family-school partnerships are guided and informed by the Whole School, Whole Community, Whole Child (WSCC) model (ASCD & Centers for Disease Control, 2014), the Dual Capacity Building Framework for FamilySchool Partnerships (Mapp & Bergman, 2019), and the Epstein framework for family-school partnerships (Epstein, 1995). Research has supported that stronger family-school partnerships result in positive outcomes for young people, including improved academic performance, social-emotional well-being, and other health outcomes (Smith et al., 2020).

What is the Family-School Partnership Assessment (FSPA)?

Regularly engaging school staff and caregivers in reflection of their collaboration and partnerships can improve outcomes for students and school communities (Epstein & Sheldon, 2020). The FSPA provides an effective, yet simple, way to measure the strength of family-school partnerships and identify strategies for their improvement.

The FSPA was developed in partnership with the University of Cincinnati Evaluation Services Center, based on survey development best practices (Lessard et al., in press). The survey builds on existing research and practice of family-school partnerships and incorporates diverse stakeholder voices, including school staff, parents or caregivers, and content and survey development experts. (For more information on the survey development process, see Appendix A.)

¹The terms family/families, parent and caregiver all refer to the adult(s) that are the primary caregiver(s) of a child's basic needs (e.g., feeding, safety). This includes biological parents, family members, and nonbiological parents such as adoptive, foster, or stepparents.

How to use the FSPA

This toolkit is organized into the following four sections to support school staff, administrators, and other practitioners to implement the FSPA within school settings:

1. *Create a plan*
2. *Launch the survey*
3. *Understand the data*
4. *Use data to inform action*

STEP 1. Create a Plan

Convene your stakeholder team

Convene a group of dedicated individuals who can support the four steps of the FSPA process. You can create a new team or leverage an existing one, such as a School Health Advisory Council or Wellness Team. The stakeholder team can include members of any of the following groups and should include a diversity of stakeholders with a range of roles, resources, and responsibilities.

POTENTIAL STAKEHOLDERS

- Administrative staff
- Family liaison staff
- Parent/caregiver leaders (e.g., PTO, PTA)
- Teachers
- Physical health educators
- Nurses
- Mental health professionals
- Students
- Community partners or service providers
- Data or communication specialists

Examining the ten domains of the Whole School, Whole Community, Whole Child model (ASCD & Centers for Disease Control, 2014) may be helpful for identifying additional stakeholders that could be included in the FSPA process and provide valuable insight into health issues and challenges that need solutions.

Key roles and responsibilities within the process might include:

- **Folks that understand the school community** who can help identify key populations or groups, uplift any special considerations, and raise awareness for existing opportunities to reach families.
- **Folks with additional resources to support the process** such as a community partner or local business who can help provide incentives, if relevant.
- **Folks who can analyze or manage survey data** such as a data manager, school administrator, or a research/evaluation partner.
- **Parent, staff, or educator leaders** who can help to promote buy-in across the school community by leveraging their existing relationships.

Build awareness and commitment among the stakeholder team

Completing the four steps of the FSPA process will require strong commitment among the stakeholder team members. Consider how you can help team members understand the purpose and importance of family-school partnerships, and how you can build their buy-in for the process. This may require hosting a few meetings with the stakeholder team (or others) to discuss the meaning of family-school partnerships, why they are important, and the specific strategies that build meaningful relationships between school staff and families.

Before launching an FSPA process, the stakeholder team may choose to implement strategies that build collective awareness about family-school partnerships within the broader school community, such as:

- Preparing an “elevator pitch” and sharing with important school or family leaders
- Including key information, terms, or relevant topics at the beginning of each meeting
- Using current newsletters and other communications to “announce” specific initiatives or activities
- Posting information or key efforts using different communication channels (e.g., posters, fliers, social media)
- Sharing key terms and initiatives within other school/district workgroups or committees

Define your process

Once the team is created, the key elements around your FSPA process should be identified, including why you want to collect this information and how it will be used to inform decision making. The following questions can be helpful for planning the overall strategy for the FSPA process:

How will this data be used?

Before collecting data, it is important to identify specific avenues for using this data. For instance, the data could be used to inform a district or building level strategic plan, or it could be informative for planning future actions for an existing school health team. It could also be informative for identifying general strengths and areas of improvement within relationships between schools and families.

Who will participate in the process?

There are several ways in which this assessment can be used. Consider if you would like to include all staff and caregivers in this process, or if you aim to only select certain individuals that are involved in specific groups (e.g., wellness committee). You can also choose to gather feedback from only one participant group (i.e., staff, caregivers) at a time.

How often will this data be collected?

Create a timeline or plan for how often this data will be collected. Schools may choose to collect data annually, bi-annually, or with more frequency depending on the context and types of decisions the information will inform.

STEP 2. Launch the Survey

Review the survey

This toolkit provides both an English and Spanish (see Appendix B) version of the FSPA. Before you begin to recruit participants, review the entire Family-School Partnership Assessment (see page 11) to familiarize yourself with the questions. Ensure the survey adequately applies to your setting or context by considering the following questions:

Does the survey introduction language work with my setting?

Review the language that describes the survey and how it will be used. Identify any edits that need to be made, such as how the survey will be used and if there are any benefits or incentives for participating.

Are there any words or phrases I need to modify or define for my context?

If you would like to adjust wording in the survey, try keeping these edits to a minimum. Be aware that the more edits you make to a survey, the less aligned it is to the research-supported version. You may also choose to define specific terms in a way that is relevant to your setting, which can be added to the beginning of the survey.

Plan for distribution and recruit participants

Create a thoughtful plan for distributing and collecting survey responses, based on the specific context of your school or setting. Consider the following questions to help you plan:

How will people participate in the survey?

What is the best way to gather survey responses from your staff and caregivers: Paper, online, or both? Online surveys can be a simple way to gather feedback within some communities, however, in other settings internet and/or devices may not be accessible. If paper surveys are needed, you'll need to plan for printing surveys, keeping responses safe, and entering responses into a digital system (e.g., Excel) so the data can be analyzed.

How will you recruit school staff and families to complete the survey?

Consider what are the most successful methods for reaching your target audience of staff and family members or caregivers. You might need to incorporate several different recruitment strategies to ensure you reach as many people as possible, or you may have existing processes for collecting feedback or communicating that can be utilized for this process. Here are a few ideas for sending the survey invitation:

- Email with survey link
- Text message with survey link
- Messaging apps or other communication platforms
- Automated or individualized phone calls
- Printed fliers with a QR code
- Newsletter, social media, or school website with link/QR code
- Parent organization communications or existing meetings

Note: You do not need to implement all recruitment strategies! Choose the option/s that you feel will work best to connect with folks in your setting.

How will you explain the purpose of the survey and encourage participation?

It will be helpful to consider what recruitment strategies may be most effective to encourage participation. The following techniques may be helpful to promote survey responses:

- Enlist a trusted staff to send communications (e.g. principal, family engagement specialist).
- Send communications through regularly used channels (e.g., text, messaging apps).
- Emphasize the importance of each person's insights and describe how the data will be used.
- Explain who will have access to the data and ensure that the survey is anonymous.
- Clearly describe the survey and expectations, including how much time it will require to complete, and the time frame for completion

How will you send reminders or incentivize participation?

Messages can get lost, and it is easy to forget to do things. Sending a few reminders can boost participation.

Consider also if there are ways you can increase participation through incentives, such as a gift raffle. Community partners may be able to support by providing gift cards or other in-kind donations that can be used as participation incentives.

Reminders might be sent through the same or different communication channels. For example, a phone call could remind caregivers to check for an email invitation.

Determine when to end data collection

The stakeholder team may want to determine participation goals for collecting survey responses from school staff and families, to ensure enough voices and perspectives are included in the FSPA process. The following aspects can be considered when determining how and when to conclude data collection efforts.

Percentage of responses

The stakeholder team may want to strive for a certain percentage of feedback to ensure a number of voices are included. First, the group will need to determine how many folks can be included in the survey (total possible responses), for example, by determining how many staff are employed at the school or estimating the number of caregivers. Then, you can use the following formula to calculate the “response rate.”

$$\text{RESPONSE RATE} = \frac{\text{SURVEY RESPONSES}}{\text{TOTAL POSSIBLE RESPONSES}} \times 100$$

Inclusion of key groups

The stakeholder team may prioritize collecting responses from specific groups or individuals in the school community. For instance, it may be most helpful to hear from all members of a specific group or committee (e.g., PTA/PTO, wellness committee), key roles within the school (e.g., principal), or certain personal demographics (e.g., race). The group will need to identify any key individuals or specific groups that should be included in the FSPA and create a process for monitoring the extent to which those goals are achieved.

Timeline or other logistics

The stakeholder team may also have timeline limitations or other logistical factors that may impact data collection. For example, if the data is being used to inform a specific plan or report, you will want to ensure that you have enough time to compile and review the data before the report deadline. For this reason, you may set a specific deadline for when the surveys need to be completed and try to gather as many responses as you can during that time.

Once the stakeholder team has determined their data collection goals are achieved or the deadline has been met, the group can proceed to the next step.

Family-School Partnership Assessment for Child Health and Well-being

INFORMATION ABOUT THE SURVEY

The **purpose** of the assessment is to capture how families and schools work together to build partnerships that support children's health and well-being.

In this assessment, you will be asked to answer survey questions about the family-school partnerships that are in place at the school you are connected with, as a parent/caregiver or school staff member.

Please answer openly and honestly. It is okay and expected that not all aspects of family-school partnerships will be in place. This is **not a test** of you or your school's partnerships, there are no right or wrong answers.

This survey should take about 5–10 minutes to complete. You do not need to answer every question. Taking part in the survey is up to you and you can stop taking the survey at any time. There are no known risks if you participate.

DEFINING CHILD HEALTH AND WELL-BEING

In this survey, we will ask you questions about partnerships and activities that relate to **child health and well-being**.

Action for Healthy Kids defines child health and well-being to include:

- Physical health
- Mental well-being
- Social-emotional health
- Child growth and behaviors

This could include topics such as hunger and food access, physical activity, school attendance, high school graduation, meeting education goals, etc.

Please keep this definition in mind as you respond to the questions that follow.

School Information

Name of your school district:

Name of your school:

What state is your school in?

Which of the following best describes your school? You may check more than one option if your school serves several grade levels.

- Elementary School (Grades PreK-5) (1)
- Middle School (Grades 6-8) (2)
- High School (Grades 9-12) (3)
- Other, please specify: _____

What is your relation to this school? If you are both, please select only one option, regarding how you will answer this survey.

- School staff member: I am an employee of [SCHOOL NAME], or other entity that works at the school.
- Parent, guardian, or caregiver: I care for a child that attends [SCHOOL NAME]

Family-School Partnership Assessment

Please rate your level of agreement with the following statements about communication, engagement, and culture.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. Information sent to families from the school is clear and understandable to all families	<input type="radio"/>				
2. The school has clear processes for communication, so families and school staff feel heard (from home to school; from school to home).	<input type="radio"/>				
3. It is easy for families to bring up issues or concerns related to child health & well-being with the school staff.	<input type="radio"/>				
4. Communication is culturally respectful and responsive.	<input type="radio"/>				
5. School staff works hard to build trusting relationships with families.	<input type="radio"/>				
6. School staff and families have frequent opportunities to meet and get to know each other (e.g., class meetings, school events, observations, volunteering, athletic events).	<input type="radio"/>				
7. School staff connect with families to share positive feedback about their children such as their progress or their behavior.	<input type="radio"/>				
8. Families and school staff treat each other as equal partners when discussing health related topics	<input type="radio"/>				
9. Families feel welcomed when they call or visit the school.	<input type="radio"/>				
10. The school communicates with families using a welcoming and inviting tone.	<input type="radio"/>				
11. The school makes it easy for families to be involved in school health related activities.	<input type="radio"/>				
12. If attending school meetings, families are invited to voice their opinion with the school staff regarding their children's school health needs	<input type="radio"/>				
13. Families feel included regardless of their cultural background (e.g., income level, education, race, ethnicity, language).	<input type="radio"/>				
14. Information about health and wellness is provided to families in their home language.	<input type="radio"/>				

Family-School Partnership Assessment

Please rate your level of agreement with the following statements about the existing opportunities and supports for family engagement.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
15. The school hosts opportunities for families to discuss health concerns	<input type="radio"/>				
16. The school provides opportunities for families within the school community to connect about child health and well-being topics.	<input type="radio"/>				
17. The health and well-being resources or programs provided by the school support the health needs of children in the school community.	<input type="radio"/>				
18. Relevant health and well-being activities are sent home to support topics learned at school (e.g., nutrition tips, physical activity ideas, games, etc.).	<input type="radio"/>				
19. The school provides families with relevant information about how to help their children in areas related to their health and well-being that need improvement.	<input type="radio"/>				
20. The school connects families to education and recreation resources in the community that can help students' health and well-being.	<input type="radio"/>				
21. The school offers organized family-school events that relate to student health and well-being.	<input type="radio"/>				
22. Families are aware of opportunities to be more involved at the school in the area of child health and well-being.	<input type="radio"/>				
23. The school provides opportunities for families to learn about health and well-being topics.	<input type="radio"/>				
24. The school provides information to all families, not just to the few who can attend workshops or meetings at the school building.	<input type="radio"/>				

Barriers to Family-School Partnerships [Optional]

Parent/Caregiver Questions

As a parent or caregiver, please rate your level of agreement with the following statements about aspects that may be a barrier to your engagement at this school.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. My schedule is too busy.	<input type="radio"/>				
2. School staff seem too busy.	<input type="radio"/>				
3. School staff are not welcoming.	<input type="radio"/>				
4. I feel unsure about how to communicate with school staff.	<input type="radio"/>				
5. The school provides little information about involvement opportunities.	<input type="radio"/>				
6. The school does not communicate well with people from my culture.	<input type="radio"/>				
7. I do not feel a sense of belonging with my child's school community.	<input type="radio"/>				
8. I have negative memories of my own school experience.	<input type="radio"/>				
9. My child does not want me to contact the school.	<input type="radio"/>				
10. I worry that adults at the school will treat my child differently if I raise a concern.	<input type="radio"/>				
11. I feel that my opinion would be diminished or unheard by the school.	<input type="radio"/>				
12. I do not trust school staff to keep my child's health information private.	<input type="radio"/>				

Barriers to Family-School Partnerships [Optional]

School Staff Questions

As a school staff member, please rate your level of agreement with the following statements about aspects that may be a barrier to your engagement at this school.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
1. I don't have enough time to involve families in school health programs or activities.	<input type="radio"/>				
2. I feel unsure about the channels to communicate with families about students' school health needs	<input type="radio"/>				
3. The school provides little information about school health partnership opportunities.	<input type="radio"/>				
4. I feel families are not willing to share their child's health and well-being needs.	<input type="radio"/>				
5. I feel unsure about families' expectations for child health and well-being.	<input type="radio"/>				
6. I feel unsure about my role and families' role in the school health partnership between school and families.	<input type="radio"/>				
7. There are no or limited training opportunities for staff members on family school partnerships for students' school health.	<input type="radio"/>				
8. Families have conflicting schedules or priorities.	<input type="radio"/>				
9. Families are proactive about addressing their children's health needs before challenges and conflicts arise.	<input type="radio"/>				
10. There are no or limited training opportunities for families on family school partnerships for students' school health.	<input type="radio"/>				

STEP 3. Understand the Data

Compile data

After data collection is complete, the stakeholder team will need to compile all individual responses to the FSPA (i.e., “raw data”) from paper and/or online surveys into one spreadsheet or similar type file with a dataset structure (e.g., Excel Workbook, CSV file, Google sheets, etc.) with separate rows for each respondent.

Note that the FSPA has a total of 24 items (or survey questions) and is structured into two components:

- **COMPONENT 1** Communication, engagement, and culture (Items #1-14)
- **COMPONENT 2** Existing opportunities and supports for family engagement (Items #15-24)

Responses to the items were provided using a Likert scale rating (from 1-5) - where higher scores on any survey item or component correspond to stronger family-school partnerships, and lower scores signify areas to improve or strengthen family-school partnerships. You will need to ensure that all responses to the survey are converted from text to the following numerical values:

- Strongly Disagree = 1
- Disagree = 2
- Neutral = 3
- Agree = 4
- Strongly Agree = 5

NOTE ON SPANISH SURVEY

If the Spanish version of the FSPA was used (see Appendix B), consider how these data will be integrated. The item numbers included in the Spanish version are directly aligned with the numbers in the English version, so responses can be combined into one dataset. If a significant number of folks used the Spanish version, consider adding a column in your dataset to indicate the survey version used (i.e., English/Spanish), so later you can examine any differences in the data based on these subgroups.

Create FSPA individual and group averages

First, you will need to create averages for everyone who responded to the survey. Knowing the overall FSPA score will enable you to track efforts over time, and component scores can allow you to better understand where you might focus any improvement efforts. To do so, you will need to use formulas or other analysis functions available to do the following for each individual that took the survey:

- **Create individual FSPA average:** Add all responses to all items, divide by 24.
- **Create individual Component 1 average:** Add all responses for items in Component 1 (Questions #1-14), then divide by 14.
- **Create individual Component 2 average:** Add all responses for items in Component 2 (Questions #15-24), then divide by 10.

Then, you will need to create an overall group average for all people who responded to the survey. To do so, you will need to use formulas or other analysis functions available to do the following:

- **Create an overall FSPA average:** Add all individual FSPA average scores (that you just created), then divide by the number of individuals who completed the survey.
- **Create an overall Component 1 average:** Add individual Component 1 scores (that you just created), then divide by the number of individuals who completed the survey.
- **Create an overall Component 2 average:** Add individual Component 2 scores (that you just created), then divide by the number of individuals who completed the survey.

Interpreting your scores

Once you have an average response for the overall FSPA and for each component of the FSPA (ranging 1-5), then you can use the following formula to calculate an FSPA score: Overall FSPA average, multiplied by 100.

Creating an FSPA Score: Example

$$\begin{array}{rcl} 3.78 & & 100 \\ \text{OVERALL} & \times & \text{MULTIPLIER} \\ & & = \\ & & \text{FSPA} \\ & & \text{AVERAGE} \\ & & \text{SCORE} \end{array}$$

For each FSPA component, you can compare your scores against the following groupings. These groupings are suggestions to facilitate data interpretation and should not be interpreted as diagnostic.

FSPA Score from 368 – 500	=	Strong FamilySchool Partnerships
FSPA Score from 234 – 367	=	Adequate FamilySchool Partnerships
FSPA Score from 100 – 233	=	Emerging FamilySchool Partnerships

For further exploration

After examining overall FSPA averages and scores, the stakeholder teams may want to dig deeper into the data they collected to explore additional nuances or trends. The following strategies may be helpful to consider:

Item Analysis

After examining the component averages, it may be helpful to examine average responses to individual survey items. Using formulas or other analysis functions available to you, create an average for each survey item. To create an item average, add all individual responses to a question, divide by the total number of individuals who responded to that item. Identify the two highest scored items (i.e., closest average to 5) and lowest scored items (i.e., closest average to 1).

This item analysis can provide further insight and interpretation.

- **Highest scored items** are strengths that can be celebrated.
- **Lowest scored items** are areas that need further exploration or improvement.

Examine Barriers [Optional]

If you chose to use the items around barriers to family-school partnerships, this data will help to identify perspectives, structures, or beliefs that limit the potential and impact of family-school partnerships. Note that school staff and caregivers each have a unique set of items, which do not overlap exactly, so responses to these items must be examined separately.

Again, using formulas or other analysis functions available to you, create an average for each barrier item. To create an item average, add all individual responses to an item, divide by the total number of individuals who responded to that item. Identify the two highest scored items (i.e., closest average to 5). For these questions, the higher the score, the more present this barrier is.

- **Highest scored items** are areas that need further exploration or improvement to reduce the impact of those barriers.

Examine subgroups

Further insights can be gathered by exploring differences between subgroup populations within the school, setting, or context. The stakeholder team should include individuals that know the community well and can help to identify the subgroups of interest. For example, the following comparisons may help to shed light on discrepancies in how different subgroups perceive family-school partnerships within your school community, such as:

- **Role:** School staff, parent/caregivers
- **Relevant identity characteristics** (e.g., gender, race, ethnicity)
- **Preferred language/Survey language:** English, Spanish

Using techniques as previously described, it may be helpful to examine component averages or item averages for unique subgroups — as relevant and needed — to inform planning.

STEP 4. Use Data to Inform Action

Discuss key findings

Based on the analysis in Step 3, share these findings with all members of the stakeholder team. Be prepared to discuss these findings with the team to identify important lessons learned and work toward next steps. The following questions may be helpful for facilitating dialogue:

- What did the data confirm for you?
- What surprised you?
- In which areas do caregivers, staff, and/ or other groups have aligned perspectives? Where do they differ?
- What else is missing? (e.g., data, perspectives, etc.)
- What can we celebrate?
- Which areas are most important to improve?
- What actions should be taken based on this data?

Strategies for planning next steps

Each context may have a particular process or system for developing goals or plans, so stakeholder teams are encouraged to use the system that works best or has been established with your setting. If you do not have a specific system, the following processes may be helpful for determining next steps.

Use a Dot Voting Process to generate and decide next actions

As a group, brainstorm strategies that could help improve areas of family-school partnerships that need strengthening (e.g., low ranked survey items).

First, generate a list of all the possible strategies that could be used to improve that area. Then have the group vote on feasibility and impact of the strategies, using sticker dots or different color markers. After all strategies have been voted on by the group, identify the strategies that could be “quick wins” (i.e., higher feasibility, low/moderate impact) and more “long term projects” (i.e., high impact, low feasibility).

Potential Strategies	Impact	Feasibility
Host a new monthly meeting for parents and teachers to socialize	••••••••••••	••••••••••••
Distribute monthly health newsletters for parents and caregivers	••••••••••••	••••••••••••
Conduct home visits for all students with a chronic health condition	••••••••••••	••••••••••••

Use an Action Planning Guide to identify next steps.

Once the group has determined the general strategies that are most critical to address, you can use a planning guide to break the strategy into smaller actions that members of the team could take. You can use smaller groups to facilitate dialogue for planning, if necessary.

An example planning guide is provided below, but you are welcome to use other existing tools.

Action Step	Lead or Champion	Timeline or Important Dates	Resources Needed	Potential Barriers	Additional collaborations



References

- ASCD & Centers for Disease Control and Prevention (2014). Whole school, whole community, whole child: A collaborative approach to learning and health. Centers for Disease Control and Prevention. https://www.cdc.gov/healthyschools/wsc/WSCCmodel_update_508tagged.pdf
- Boateng, G. O., Neilands, T. B., Frongillo, E. A., MelgarQuiñonez, H. R., & Young, S. L. (2018). Best practices for developing and validating scales for health, social, and behavioral research: A primer. *Frontiers in Public Health*, 6, 149.
- Epstein, J. L. (1995). School/family/community/ partnerships: Caring for the children we share. *Phi Delta Kappan*, 76, no. 9:701-712.
- Epstein, J. L. & Sheldon, S. B. (2019). The importance of evaluating programs of school, family, and community partnerships. *Aula Abierta*, 48(1), 31–42. <https://doi.org/10.17811/rifie.48.1.2019.31-42>
- Lessard, L.M., Stacy, S.T., Culotta, C., & Alexander Glueckert, K.M. (In Press). Development and validation of the Family-School Partnership Assessment (FSPA) for child health and wellbeing. *Journal of Pediatric Psychology*.
- Mapp, K. L. & Bergman, E. (2019). Dual capacitybuilding framework for family-school partnerships (Version 2). www.dualcapacity.org
- Sheridan, S. M., Holmes, S. R., Smith, T. E., Moen, A. L. (2016). Complexities in field-based partnership: Exemplars, challenges, and an agenda for the field. In S. M. Sheridan & E. M. Kim (Eds.), *Family-school partnerships in context* (pp. 1-23). Springer

Appendices

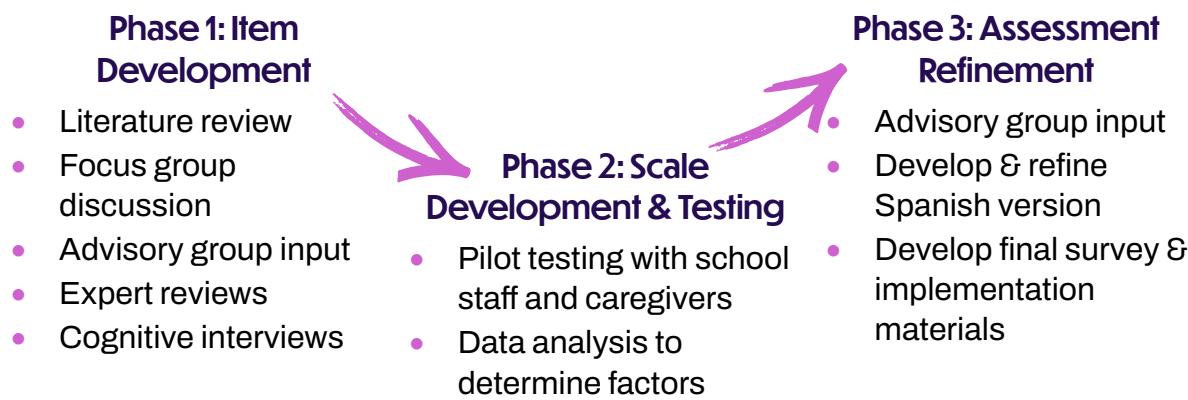


Appendix A

Survey Development Process

Action for Healthy Kids partnered with the University of Cincinnati Evaluation Services Center to collaboratively design and validate the Family-School Partnership Assessment (FSPA). The process incorporated best practices and principles of assessment development (Boateng et al., 2018), including validity, reliability, flexibility, and fairness, following the following phases:

1. Item development
2. Scale development and testing
3. Assessment refinement



PHASE 1: ITEM DEVELOPMENT

This phase included the following project elements:

- **Conducted a literature review** to identify key concepts within the empirical research and existing assessments focused on family-school partnerships, within the academic and health contexts.
- **Designed and conducted a focus group discussion** with intended users of the family-school partnership assessment (school staff and caregivers), to explore their perspectives on key concepts identified within the existing literature and assessments of family-school partnerships.
- **Established an advisory group** of representative stakeholders to collaboratively inform the development of the new family-school partnership assessment.
- **Facilitated two expert reviews of the assessment** with researchers who have significant content knowledge and practice experience within the field of family-school partnerships to examine construct and content validity of a preliminary assessment draft.
- **Conducted two cognitive interviews** with intended users (school staff and caregivers) to examine face validity of a preliminary assessment draft.

PHASE 2: SCALE DEVELOPMENT AND TESTING

This phase included the following project elements:

- **Launched a pilot test of the assessment** with a diverse group of intended users (school staff and caregivers, total participants (N) = 106).
- **Analyzed pilot testing data** using exploratory factor analysis and principal component analysis methods, to examine psychometric properties of the survey items.

PHASE 3: ASSESSMENT REFINEMENT

This phase included the following project elements:

- **Developed a revised assessment** that adequately measures family-school partnerships within the context of child health and well-being and is responsive to key insights from the data analysis.
- **Gathered feedback from the advisory group** on the new family-school partnership assessment and implementation materials to support use within schools.
- **Adapted the assessment for Spanish-speaking audiences** by translating the assessment and conducting a cognitive interview with a bilingual user to gather feedback on cultural appropriateness.

Appendix B

Spanish Version of FSPA

Evaluación de la Sociedad Familia-Escuela para la Salud y Bienestar Infantil

INFORMACIÓN SOBRE LA ENCUESTA

El propósito de la evaluación es capturar cómo las familias y las escuelas trabajan unidas para construir sociedades que apoyen la salud y el bienestar de los niños.

En esta evaluación, se le pedirá que responda a preguntas de la encuesta sobre las sociedades entre la familia y la escuela con la que se conecta como parente/tutor como parente/tutor o miembro del personal de la escuela.

Por favor, responda abiertamente y honestamente. Es posible que no todos los aspectos de las sociedades entre la familia y la escuela estén completos. Esto no es una evaluación de usted o de las sociedades de su escuela, no hay respuestas correctas ni incorrectas.

Esta encuesta debe tardar entre 5 y 10 minutos en completarse. No es necesario responder a cada pregunta. Participar en la encuesta depende de usted y usted puede dejar de tomar la encuesta en cualquier momento. No asumirá ningún riesgo si usted participa.

DEFINICIÓN DE LA SALUD Y BIENESTAR INFANTIL

En esta encuesta, le haremos preguntas sobre sociedades y actividades relacionadas con la salud y el bienestar infantil.

Action for Healthy Kids dice la salud y el bienestar infantil incluye:

- Salud física
- Bienestar mental
- Salud socioemocional
- Crecimiento y comportamientos infantiles

Esto podría incluir temas como el hambre y el acceso a los alimentos, la actividad física, la asistencia a la escuela, la graduación de la escuela secundaria, el cumplimiento de los objetivos educativos, etc.

Tenga en cuenta esta definición al responder a las preguntas que siguen.

Información de la escuela

Nombre de su distrito escolar:

Nombre de su escuela:

¿En qué estado está su escuela?

¿Cuál de las siguientes opciones describe mejor su escuela? Puede marcar más de una opción si su escuela sirve a varios niveles de grado.

- Escuela Primaria (Grados Preescolar a 5)
- Escuela Intermedia (Grados 6 a 8)
- Escuela secundaria (grados 9 a 12)
- Otro grado, especificar: _____

¿Cuál es su relación con esta escuela? Si aplica a las dos opciones, seleccione solo una opción, con la cual responderá a esta encuesta.

- Miembro del personal de la escuela: Soy un empleado de [NOMBRE DE LA ESCUELA] u otra entidad que trabaja en la escuela.
- Padre, guardián o tutor: Cuido a un niño que asiste a [NOMBRE DE LA ESCUELA]

Evaluación de la sociedad familia-escuela

Marcar su nivel de acuerdo con las siguientes declaraciones sobre comunicación, compromiso y cultura.

	Totalmente en desacuerdo (1)	En desacuerdo (2)	Neutral/Imparcial (3)	De acuerdo (4)	Totalmente de acuerdo (5)
1. La información enviada a las familias desde la escuela es clara y comprensible para todas las familias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. La escuela tiene procesos claros para la comunicación, para que las familias y el personal de la escuela se sientan escuchados (desde la casa a la escuela y desde la escuela a la casa).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Es fácil para las familias plantear problemas o inquietudes relacionadas con la salud y el bienestar infantil con el personal de la escuela.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. La comunicación es respetuosa culturalmente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. El personal de la escuela trabaja arduamente para construir relaciones de confianza con las familias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. El personal de la escuela y las familias tienen oportunidades frecuentes de reunirse y conocerse (por ejemplo, reuniones de clase, eventos escolares, voluntariado, eventos deportivos).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. El personal de la escuela se conecta con las familias para compartir comentarios positivos sobre sus hijos, como su progreso o su comportamiento.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Las familias y el personal de la escuela se tratan mutuamente iguales cuando hablan sobre la salud.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Las familias se sienten bienvenidas cuando llaman o visitan la escuela.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. La escuela se comunica con las familias utilizando un tono respetuoso.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. La escuela hace que sea fácil participar en actividades de salud.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Si asisten a las reuniones escolares, se anima a las familias a expresar sus opiniones con el personal de la escuela con respecto a la salud de sus hijos.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Las familias se sienten incluidas independientemente de su cultura (por ejemplo, nivel de ingresos, educación, raza, etnia, idioma).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. La información sobre la salud y el bienestar se proporciona a las familias en su idioma materno	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Evaluación de la sociedad familia-escuela

Marcar su nivel de acuerdo con las siguientes declaraciones sobre las oportunidades y apoyos existentes para la participación familiar.

	Totalmente en desacuerdo (1)	En desacuerdo (2)	Neutral/Imparcial (3)	De acuerdo (4)	Totalmente de acuerdo (5)
15. La escuela ofrece oportunidades para que las familias hablen sobre sus problemas de salud.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. La escuela ofrece oportunidades para que las familias se conecten sobre temas de salud dentro de la comunidad escolar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Los recursos o programas de salud proporcionados por la escuela apoyan las necesidades de salud de los niños.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Las actividades relevantes de salud se envían a casa para apoyar los temas aprendidos en la escuela (por ejemplo, consejos de nutrición, ideas de actividad física, juegos, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. La escuela proporciona a las familias información relevante sobre cómo ayudar a sus hijos en asuntos de salud que necesitan mejorar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. La escuela conecta a las familias con recursos educativos y recreativos en la comunidad que ayudan a la salud de los estudiantes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. La escuela organiza eventos para las familias que se tratan de la salud de los estudiantes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Las familias son conscientes de las oportunidades para participar más en la escuela en el área de la salud infantil.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. La escuela proporciona oportunidades para que las familias aprendan sobre temas de salud y bienestar.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. La escuela proporciona información a todas las familias, no solo a los pocos que pueden asistir a talleres o reuniones en la escuela.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Barreras a las Sociedades Familia-Escuela [Opcional]

Preguntas de los padres/tutores

Como parent o tutor, marcar su nivel de acuerdo con las siguientes declaraciones sobre aspectos que pueden ser una barrera para su participación en esta escuela.

	Totalmente en desacuerdo (1)	En desacuerdo (2)	Neutral/Imparcial (3)	De acuerdo (4)	Totalmente de acuerdo (5)
1. Mi agenda está demasiado ocupada.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. El personal de la escuela parece demasiado ocupado.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. El personal de la escuela no es respetuoso.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. No estoy seguro de cómo comunicarme con el personal de la escuela.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. La escuela proporciona poca información sobre las oportunidades de participación.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. La escuela no se comunica bien con la gente de mi cultura.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. No experimento un sentido de pertenencia con la comunidad escolar de mi hijo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Tengo recuerdos negativos de mi propia experiencia escolar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Mi hijo no quiere que me comunique con la escuela.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Si planteo una inquietud, me preocupa que los adultos en la escuela traten a mi hijo de manera diferente.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Siento que mi opinión sería disminuida o no escuchada por la escuela.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. No confío en que el personal de la escuela mantenga privada la información de salud de mi hijo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>