

Family Communication Worksheet and Plan

SAMPLE

The program should introduce the concept of planning for communication with families and explain why this is important in a college setting. This is an example of what your communication plan could look like, but ultimately, it should reflect your program's approach to communication. We have provided sample text that can be modified or edited to fit your program's needs.

This sample plan covers a lot of information that may be sensitive to some individuals based on family and cultural dynamics. We encourage you to consider reviewing this material in a workshop or training that facilitates discussion among participants on the topic of communication.

SAMPLE TEXT

The purpose of this plan is to outline expectations for communication between the program and family members who are supporting the student. Our program will be supporting the student for a short time, but you have supported them to date and will continue to do so long after they graduate. We all share the goal of the student developing independence and agency over their own lives, and family members are an important part of the transition process.

As students move into college or university, it is less common for college staff to communicate directly with family members. While we want to offer as typical an experience as possible for students in our program, including giving them the opportunity to manage their daily lives and make decisions on their own, there are some circumstances in which program staff will communicate directly with family members to best support the student on campus.

As an adult, it is important that college students decide what is communicated with certain people and that those permissions are documented. This is required under the Family Educational Rights and Privacy Act, or FERPA. This is different for students in high school.

This plan is created to ensure that the program, students, and family members are aware of why and when they will be contacted. It also outlines how family members can actively engage in supported decision-making. We all rely on people we trust to make decisions, and college is no different! This document includes the following sections:

Section 1: Family Communication Plan

Section 2: Family Educational Rights and Privacy Act

Section 3: Research and Data-Sharing

Section 4: Type of Information Shared with Family Members

Section 5: Guardianship and Decision-Making

Section 6: Additional Considerations

Section 1: Family Communication Plan

We need to work together to ensure we all understand how and when information will be shared. The group must come to an agreement and modify this plan when the student's support needs require individualization.

The program will:	The student will:	The family member(s) will:
<ul style="list-style-type: none"> • communicate as needed with the student to monitor and review their progress • discuss progress toward goals during two semester meetings per year • communicate relevant program updates to students and family members as necessary, and immediately when the students' health and safety is at risk • communicate as needed with campus and community partners • encourage students to respond to email requests from parents • respond to requests for information and updates from parents with permission of the student 	<ul style="list-style-type: none"> • communicate as needed with their family member(s) regarding their progress and decision-making • communicate with program staff as needed regarding their progress and support needs • communicate with university partners and employers as needed, with the support of the program 	<ul style="list-style-type: none"> • communicate as needed with the student • direct any email correspondence regarding questions or concerns about student progress to the student, with program staff copied on the email • not communicate directly with university faculty or employers • honor the decisions made in Section 4 regarding the topics that students have given the program permission to share information on • communicate only with full-time program staff and not with student employees/mentors or other university students

Student signature: _____ Date: _____

Family member/guardian signature: _____ Date: _____

Program director signature: _____ Date: _____

Section 2: Family Educational Rights and Privacy Act (FERPA)

Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the educational privacy and records of students. Once a student turns 18 or attends a postsecondary educational institution, the right to access student records is transferred from the parents to the student. Students can make educational decisions at any time without parental consent. The University maintains and makes available student records and personal information in accordance with FERPA.

This means that students control what type of information is shared with other people/offices on campus and with family members. As a program, we need student permission to share information with people to best support you at our university and in our community. It is important that you understand that our program will use our professional judgement to share information with other offices and/or your family member(s) when we feel your health and safety are at risk.

Student/family member/program staff: Please review and sign the following statement to give your permission to share information about you, the student, while enrolled in our program. Some of this language is very specific due to legal requirements, so we will discuss what it means as a group since it isn't necessarily in plain language.

I hereby give my permission for program staff to release or obtain information to or from other professionals, on and off campus, relevant to the impact of my disability concerning my education and college program. I understand sharing of information is necessary to assist me in the pursuit of my educational/career goals. This authorization shall remain in effect during my enrollment in the program or until revoked in writing by me. I have been informed that signing this form is voluntary.

Please note that your name will be shared proactively with some offices, such as Housing and Conduct, so that they can inform the program when you're navigating a situation with their office that may require additional support. Offices where information is shared proactively have an asterisk (*) by them.

- I give permission to the exchange of information about me to community and university partners, including, but not limited to:*
- » Admissions, financial aid, bursar, and registrar's offices*
 - » University housing*
 - » Student conduct/Title IX office*
 - » Student health services and Student Care and Outreach Team*
 - » Student disability resource center
 - » University instructors*
 - » Program staff*
 - » Department of Vocational Rehabilitation Office
 - » Center for Independent Living
 - » Community/technical college
 - » Campus/community employers
- I do not want information about me shared with the offices listed above.*

Student signature: _____ Date: _____

Guardian signature (if needed): _____ Date: _____

Program director signature: _____ Date: _____

Section 3: Research and Data-Sharing

Program staff are always trying to make the program better, which means they study and complete research around how to best meet the needs of students and collaborators. They also write grants and receive funding to support the program. Both activities include sharing data about the student's experience in the program with others. This data does not include the student's personal information. It only includes data the staff collect from each domain of our program: employment, academics, independent living, personal development, and social engagement.

Student/parent/program staff: Please review and sign after the following statement to confirm your understanding that general program data that does not include personal information may be shared in research and/or funding reports.

I understand that data associated with my enrollment in the program will be used for research initiatives being conducted by the program for the purpose of program improvement and refinement. I also understand that these data may be shared with organization or individuals who have provided funding for the program.

Student signature: _____ Date: _____

Guardian signature (if needed): _____ Date: _____

Program director signature: _____ Date: _____

Section 4: Type of Information Shared with Parents

Students will experience many aspects of campus life, and parents are naturally curious about what and how their student is doing. Ultimately, students determine what information is shared with family members.

Student: Please complete the following form to confirm what type of information the program can share with family members.

I give permission to the exchange of information on the following topics to the following:

Topics	Name(s) of who the program can share this information with
Academics (grades, attendance, schedules)	
Employment/internships (attendance, employer feedback, employment preferences)	
Social engagement (club/organization involvement, friendships, dating)	
Housing/independent living (including support needs around physical health and hygiene)	
Personal development (including mental and emotional support needs)	
Billing (including academic decision-making that would affect financial aid/academic standing)	

Student signature: _____ Date: _____

Family member/guardian signature: _____ Date: _____

Program director signature: _____ Date: _____

Section 5: Guardianship and Decision-Making

The guardianship status of the students in your program may impact communication plans, so it is important to discuss this with families in the context of making this plan. In the example text below, the philosophy of the program as it relates to guardianship is outlined. The purpose is to be clear about how this will be handled within your program so there are no misunderstandings. We recommend that programs confirm guardianship status via official court documents and review these documents for specific language around decision-making and communication. Also, state law and institutional policy may differ. Please confer with your college/university legal office.

Guardianship: When students turn 18, they have the right to make decisions for themselves as a legal adult. However, if a family member legally has guardianship of the student, that means they believe that they need to make decisions for the student and legally have the power to do so.

Supported Decision-making: Allows individuals with disabilities to make choices about their own lives with support from a team of people they choose. Individuals with disabilities choose people they know and trust to be part of a support network to help with decision-making.

Student: Does a family member have legal guardianship or a power of attorney over you*?

Yes No

**If yes, parents will be required to submit proof of legal action and will continue to answer the remaining questions in this section.*

Family Member: Do you understand that you've chosen to pursue this opportunity for your student to build independence, which requires them to make decisions for themselves without the ability to consult with you each time?

Yes No

Family Member: Please review and sign the following statement to confirm your understanding of how the program will approach decision-making with the guardianship agreement in place.

The program exists so that students will enjoy the same rights and responsibilities as their university peers. It is the student and guardian(s) responsibility to communicate about expectations regarding decision-making between themselves. Program staff will default to the student's preferences under the assumption that they have discussed their choices with their family members. The program will inform and encourage students to understand how guardianship affects their daily lives and will be made aware of alternatives to guardianship, like supported decision-making. If a guardianship agreement is in place, the program will require additional paperwork confirming the court's decision.

I understand the philosophy of the program and my responsibilities to confirm and discuss decision-making with my student. It is not the responsibility of the program to confirm with me the choices my student makes while enrolled and attending the program.

Signature: _____ Date: _____

Section 6: Additional Considerations

This worksheet and plan will need to be revisited, at minimum, once per year to ensure that expectations around communication are being met by all parties.

It is important to talk about how and why information is shared as a family.

All communication should flow first between the family members and the student. If you require additional information from the program, copy the correct person in your communication with the student.

All communication should include the student. Having a private conversation about their progress without the student's participation is against program philosophy.

When in doubt — ask us! We need to communicate regularly and honestly. Feel free to ask questions about the process now or later.

The text in this document is given as an example of the information that can be shared in a Family Communication plan document. It provides some suggested policies and practices related to establishing clear communication expectations with students and their families that you may wish to consider for your own program. Your practices will be based on the program philosophy you have established and what you determine to be the most effective communication plans for your program. Whatever you decide about family communication, the important thing is that you are able to clearly explain and define those practices to families and students.

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