

SCHOOL PSYCHOLOGY IN THE NEW MILLENNIUM: LEGAL INFLUENCES AND ETHICAL ISSUES

SUSAN JACOB-TIMM

Central Michigan University

This article presents a scenario describing federal education policy initiatives in the year 2008. The scenario depicts one image of the future and serves as a framework for discussion of legal influences and ethical issues school psychologists may encounter in the years ahead. In addition, it is anticipated that advances in technology and science will result in ethical and legal challenges for the profession, and those challenges are also discussed. © 2000 John Wiley & Sons, Inc.

The purpose of this article is to identify legal influences and ethical issues school psychologists may encounter in the new millennium. Such forecasts, however, must be based on assumptions about the future of the United States—its economy, society, and people—and the public schools. Coates, Mahaffie, and Hines (1997, p. 1) suggest that advances in information technology, materials technology, genetics, and energy technology, along with a rise in environmentalism, will be the key drivers of change as we move towards the year 2025. New federal education policy initiatives and legislation also are likely to drive change in the schools. These driving forces, along with a multitude of unknowns, will interact to influence the future of schools and school psychology.

This article is based on the belief that the US will continue to be an affluent nation with a commitment to providing equal educational opportunity for all children and a goal of providing a quality education for every child. According to Coates et al. (1997, p. 3), even if economic forecasts for the US are based on a modest and plausible 2 to 2.5% annual-growth rate of per capita income between 1995–2025, there most likely will be increasing discretionary funds available to support and improve public institutions such as schools.

In the past, federal and state law has had a profound influence on public education, and on the roles and practices of school psychologists. As Reschly and Bersoff (1999) observed, “. . . it is nearly impossible to think of any professional activity by school psychologists . . . that is not influenced by the law” (p. 1077). This article also is based on the belief that law will continue to shape the practices of school psychologists in the years ahead.

A third assumption underlying the view of the future presented here is that school psychology will be a vibrant profession in the new millennium, with practitioners assuming a variety of roles in the schools as specialists in human behavior (American Psychological Association, 1995a). Advances in science and technology will require the profession to struggle with difficult ethical questions. However, school psychologists will remain committed to protecting the rights and welfare of students and applying their skills in ways that safeguard the dignity and rights of all involved (NASP-PPE, IV, A, #1, #2, 1997).¹ The broad principles of respect for the dignity of persons (welfare of the client), responsible caring (professional competence and responsibility), integrity in professional relationships, and responsibility to community and society will continue to provide a foundation for ethical choices in the future (Canadian Psychological Association, 1991; also see Jacob-Timm & Hartshorne, 1998). Practitioners will continue to work to ensure that the science of psychology is used to promote human welfare (American Psychological Association, 1992).

A special thank you to Dr. Robert Trullinger, North Carolina Wesleyan College, for sharing his resources on future trends, and Julia Daniels, East Carolina University, for her assistance with the literature search.

Correspondence to: Susan Jacob-Timm, Ph.D., Department of Psychology, Central Michigan University, Mt. Pleasant, MI 48859. E-mail: Susan.Jacob_Timm@cmich.edu

¹References to the National Association of School Psychologist's (1997) "Principles for Professional Ethics" will be abbreviated "NASP-PPE."

I begin with a future scenario of federal policy initiatives. Coates et al. (1997) suggest that a scenario can be used as “a tool for presenting complex images [of the future] in a coherent, integrated picture.” (p. 13) This scenario provides the framework for a discussion of legal influences and ethical issues that school psychology may encounter in the years ahead.

FUTURE SCENARIO

In 2008, the successful candidate for the Office of President of the United States will be elected on a political platform that promises continued sustainable economic growth and low unemployment, continued improvement of the public schools, and phase in of a system of national health care that includes universal access to wellness clinics, coupled with affordable health insurance for all citizens.

In order to realize her political promises with regard to education and health care, the President will move quickly to re-organize the executive departments: the Department of Education and the Department of Health and Human Services will be combined and reorganized into three age-based divisions: Health, Education, and Human Services Youth and Family Division, Adult Division, and Senior Citizens Division. This restructuring will be designed to achieve “seamless” health, mental-health, educational, and other support services targeted to meet the unique needs of each age group. The new President also will work with Congress to pass the “Goals 2025: Educate America in the New Millennium Act.” This legislation will be a set of amendments to the 1994 “Goals 2000: Educate America Act” (Pub. L. No. 103-227), and it will provide a framework for continued reform of America’s public schools. Funds available under the Goals 2025 Act will promote school improvements consistent with eight new or revised national educational goals.

The Goals 2025 initiative will lead to changes in existing federal education legislation and changes in policies and practices regarding the flow of federal funds to states and schools. More specifically, monies previously available to states under a number of federal statutes such as the Elementary and Secondary Education Act of 1965 (Pub. L. No. 89-750; currently the Improving America’s Schools Act of 1994, Pub. L. No. 103-382), and the Individuals with Disabilities Education Act or IDEA (Pub. L. No. 105-17) will be available under the omnibus Goals 2025 legislation. Each of the eight national educational Goals 2025 are described in the paragraphs that follow, along with the implications for schools and school psychology.

GOAL 1: Physically and Mentally Healthy Children

By the year 2025, all children will have access to school-based health and wellness services and programs to improve physical and mental health and prevent disease.

Under the Goals 2025 Act, all public school districts will be eligible for federal funds to design and implement school-based health and wellness clinics. These wellness clinics will reduce the nation’s medical costs by providing low-cost routine health care, education and services to prevent physical- and mental-health problems, and early diagnosis and referral for treatment of nonroutine health and mental-health problems. These school-based clinics will be free (or at low cost) to all children in the district.

The system of wellness clinics will be funded in part by federal grants to states. Medicaid will be eliminated, replaced by wellness clinics and universal nationwide access to health insurance to cover nonroutine care. Under federal and state law, health-insurance companies will be prohibited from denying health insurance based on preexisting conditions, and all companies will be required to insure a proportion of high-risk and medically needy individuals randomly assigned by the state to their insurance pool. Federal guidelines will require that a nurse, physician assistant or other health-care provider who has prescription privileges, and a mental health specialist staff school-based wellness clinics. Most will be equipped with automated medical-lab equipment that can quickly analyze blood and urine samples and physical examination results for diagnostic purposes (Coates et al., 1997).

Schools and students will benefit from the new system of health services in numerous ways. First, as the nation faces increased threat from treatment-resistant diseases, and the potential spread of epidemics from less-affluent nations, communities will rely increasingly on quick identification and home quarantine of children with communicable illnesses to prevent the spread of disease. Second, immunizations, vision and hearing screenings, check ups, and routine health care will be available at school. Third, the new millennium will witness increased availability of medications to treat learning and behavior problems. School psychologists, working together with other clinic health-care providers, will prescribe and monitor the effectiveness of such drugs for individual students. Fourth, the clinics will provide education and treatment of health problems, such as obesity and substance abuse, and offer mental health counseling to students. Fifth, the clinic will assist parents of children who have health, learning, or behavior problems and ensure integrated health, mental-health, and educational services (American Psychological Association, 1995b; Phelps & Landau, 1995). School psychologists will work directly with parents to provide parent training and supportive counseling or refer families for more intensive services as needed. Sixth, the staff of the clinic will be an important school resource in light of the continued presence of medically fragile children in the schools.

The introduction of school-based wellness clinics will pose new ethical and legal dilemmas for school psychologists in the areas of pupil and family privacy, informed consent, confidentiality, and record keeping. Individual medical and mental-health records will be kept on a smart card or disk (Coates et al., 1997). Early in the new millennium, Congress will pass federal legislation clarifying that health records are the property of the individual (or his or her guardian) and under his or her full control (Coates et al., 1997). The Family Educational Rights and Privacy Act of 1974 or FERPA (Pub. L. No. 93-380) will be amended to differentiate more clearly between pupil health records and education records. Pupils will keep possession of their own health smart cards, or a copy will be kept in the school wellness clinic on parent request. Only wellness clinic staff will have access to health records, and disclosure of health information without parent consent will be a violation of federal law, with the exception being emergency situations.

Education records will be stored separately from health records and will be under the control of the school. As before, FERPA will ensure confidentiality of education records and parent access to the education records of their child. School psychologists often will help parents decide what information about their child should be restricted to health records and what information should be included in education records to assist the child in the classroom.

The Protection of Pupil Privacy Act (Pub. L. No. 103-227) will be amended in response to the establishment of school-based health and wellness clinics. The law will continue to require school programs receiving federal funds to secure parent consent before gathering certain types of private information from pupils (e.g., mental and psychological problems). However, consistent with the developmental psychology literature on the capacity of minors to make informed consent choices (e.g., Grisso & Vierling, 1978), the law now will recognize the right of mature minors to seek certain types of health and mental-health treatment in the schools without parent consent. In many states, mature minors (ages 14–18) will have “teen health smart cards” that will allow them access to routine health care (including contraceptives) and mental-health services in the schools without parent notice or consent. No information will be disclosed to parents or others unless the teen is a danger to self or others, a victim of abuse, or in need of nonroutine medical treatment.

Students and their parents will gain greater protection from disclosure of their private communications to school personnel in legal proceedings early in the new millennium. By the year 2010, triggered in part by *Jaffee v. Redmond* (1996), all states will have passed legislation granting privileged communication status to all school staff.

With advances in mapping of the human genome, information about an individual’s genotype will be included on his or her individual health-record smart card (Coates et al., 1997). A challenge

to schools and school psychologists will be developing early interventions for students identified as biologically at risk for learning and behavior problems while at the same time protecting pupil and family privacy and safeguarding the student from inappropriate discriminatory treatment (see Goal 2).

GOAL 2: Ready to Learn

By the year 2025, all children will have access to quality day-care and preschool programs, and they will start kindergarten ready to learn.

Under the Goals 2025 Act, all states will be eligible for federal funds to design and implement free or low-cost day-care and preschool programs, parent-training programs, and to ensure access to school-based wellness clinics (Goal 1) for all infants and preschoolers. Funds available under Goal 2 will replace monies previously available for Head Start, IDEA-Part C, and a number of other infant and preschool health and education programs. The programs will be free for infants and preschoolers who are at risk for developmental delay for any reason (i.e., biological or socioeconomic risk factors), and free or at low cost to all others. Infants and preschoolers at risk for developmental delay will be provided wellness, education and related services, and parent training in conformance with an individualized family-service plan.

Research in the medical and behavioral sciences will continue to explore the genetic bases of behavior, the biochemical processes that underlie disorders, and the interactions of the genotype with the environment in shaping individual outcomes (Coates et al., 1997). With advances in mapping the genome and genetic testing, couples will seek genetic testing prior to having children to determine whether they carry genes associated with certain diseases and disorders (e.g., gene for sickle cell anemia). If they are carriers of unfavorable genes, they may choose test-tube fertilization, allowing the physician to select for implantation only embryos that are shown by genetic analysis not to have the unfavorable genes. Embryo selection, pregnancy termination on the basis of genetic anomaly, and advances in prenatal and postnatal gene therapy are likely to result in fewer children in the school population with serious genetically based diseases and mental disorders (e.g., fragile X syndrome, trisomy 18, some types of autism and schizophrenia). In addition, improved understanding of brain chemistry may result in psychopharmacological treatment of many types of learning and behavior disorders. However, such advances in genetics, gene therapy, and psychopharmacological treatment of learning and behavior disorders will result in difficult ethical questions for society, schools, and school psychology in the years ahead.

For example, consistent with the broad ethical principle of respect for autonomy and self-determination, psychologists are obligated to respect the client's right to choose or refuse mental-health treatment (NASP-PPE,III,B,#3; American Psychological Association, 1992). In the past, the courts have allowed states to impose involuntary mental-health treatment only in unusual circumstances, such as when a seriously mentally ill individual is a danger to self or others. In the years ahead, will parents have the right to withhold disclosure of information regarding their child's genetic predisposition to learning or mental-health problems if early intervention might reduce the likelihood of the phenotypic expression of those traits? If parents disclose that their child has a genetic predisposition to learning or behavior problems, will they have a right to refuse early intervention services? Will such refusal be viewed as child neglect? How will schools ensure that students with genetic predispositions to learning or behavior problems are not treated in an inappropriate and discriminatory manner, that is, a return to "child blaming" rather than problem-solving by teachers and others?

Currently, court rulings such as *Valerie J. v. Derry CO-OP School District* (1991) suggest that pupils cannot be denied access to school because of parent refusal to consent to psychopharmacological treatment of their child's behavior problems. Parents, rather than the school, have been viewed as having the right to decide whether a child will receive medication. As improved medica-

tions are developed to treat learning and behavior problems, will court decisions of the future allow schools to override parent refusal to consent to psychopharmacological treatment of their child? What if the child has a genetic predisposition to violence that may put others at risk of harm and drug treatment will significantly reduce the likelihood of violent outbursts? What if the drug therapy is known to be effective, but it also has undesirable side effects? In such situations, how will school psychologists balance the rights and interests of the parents, child, and school?

GOAL 3: School Achievement

By the year 2025, 90% of children will leave grade 4 with demonstrated mastery of basic math, reading, writing, and technology literacy skills, and 90% will leave grades 8 and 12 having demonstrated competency over challenging subject matter. All children who fall below the 20th percentile in one or more core subject areas will receive specialized assistance in accordance with an individualized education program. Children with moderate-to-severe disabilities will be ensured an individually appropriate education and training program to maximize self-sufficiency and their potential as a contributing member of society.

The new millennium will witness the merger of special and regular education into one unitary system of quality education for all, an end to the quest for change in special-education policy and funding that began in the mid 1980s (e.g., Gartner & Lipsky, 1987). The Goals 2025 Act will require states receiving federal education funds to provide a free and appropriate education to all children with disabilities, and it will provide 50% of the cost of educating pupils with disabilities for 12% of each state's infant, preschool, and school-aged population. The key provisions of IDEA-Part B will be incorporated into the Goals 2025 legislation. Each state will be required to have a plan to assure that every child with disabilities receives wellness, mental-health, and education and related services in conformance with an individualized program developed by a team that includes the pupil's parents. Special programs and services will be provided without diagnostic labels. Federal law will continue to require that pupils with disabilities be educated with children who are not disabled to the maximum extent appropriate. Goals 2025 also will continue to provide parents the right to impartial resolution of disagreements with the school regarding the wellness, mental-health, and education and related services provided their child. School psychologists will continue to play an important role in ensuring that individualized programs are appropriate to the pupil's needs and that the rights of pupils with disabilities are safeguarded.

Goals 2025 also will provide special funding for all children who fall below the 20th percentile in one or more core subject areas but who do not qualify as disabled. Funds previously available under Title I of the Improving America's School Act of 1994 will be included in this portion of Goals 2025. Each educationally at-risk child will receive specialized assistance in accordance with an individualized program. Consistent with research findings of the late 1990s (e.g., Tennessee's Project STAR, see Viadero, 1999) and President Clinton's policy initiatives (U.S. Department of Education, 1999), many states and districts will use the Goals 2025 funds for educationally at-risk students to reduce class size to 18 students, particularly in the early and middle-school grades. The reduction in class size will benefit students and schools in numerous anticipated and unanticipated ways. Smaller classes will result in improved learning, a reduction of discipline problems, earlier identification of children with special needs, and improved mental health for pupils and teachers. With reduced class size, the field of education will attract greater numbers of talented college students to the profession of teaching.

With funding available under Goals 2025 (see Goal 8), all classrooms will be built or retrofitted for "face-to-face, voice-to-voice, person-to-data, and data-to-data communication" capabilities from any classroom or office using fiber optics (Coates et al., 1997, p. 7). All classrooms will be connected to the Internet and T.V. cable providers and be equipped with large, high-resolution, flat-screen

monitors. Pupils will have access to small, flat-screen computer units built into their desktops. This technology will provide pupils and teachers with easy access to challenging and exciting lessons via distance education. However, consistent with recommendations made by psychologists dating back to the 1970s, such technology will only be used to support learning, not to replace the teacher–pupil relationship and pupil interactions that are so critical to fostering healthy emotional and social growth and school success (e.g., Brooks, 1991; Brophy & Good, 1974).

School psychologists will continue to play an important role in diagnosing learning and behavior problems and ensuring appropriate adaptations are made in the child’s curriculum and instruction. Consistent with the ecological model of assessment called for in the 1980s (Ysseldyke & Christenson, 1988), in the 2000s, practitioners systematically will gather information regarding the multiple factors that affect learning and behavior, including evaluation of teaching procedures and other classroom and instructional variables, characteristics of the student, and support from the home for school achievement. As before, school psychologists ethically and legally will be obligated to ensure that their assessments of students are multifaceted, comprehensive, fair, valid, and useful (Jacob-Timm & Hartshorne, 1998).

Advances in the science of computerized assessment (e.g., further development of adaptive testing software and neuropsychological measures) will result in an increase in computer-administered tests, particularly in the assessment of student characteristics such as domain-specific knowledge and skills, attention, working memory, acquisition and retention rates, and preferred learning modes. Computer-assisted assessment will continue to be used in areas such as recording classroom observations of pupil and teacher behaviors and scoring and interpreting individually administered tests. As before, it will be the psychologist’s ethical responsibility to ensure that all assessment procedures, including those that are computer-assisted, yield valid results prior to using the results in decision making (Jacob-Timm & Hartshorne, 1998).

With the elimination of diagnostic labels in the education of children with special needs, most individual psychoeducational assessment will be for the purpose of developing effective interventions (Bradley-Johnson, Johnson, & Jacob-Timm, 1995). However, parents, at times, will request a psychological diagnosis, or a diagnosis will be required by the health-insurance company when psychopharmacological or other medical interventions are recommended. Expert automated diagnostic systems based on actuarial models will be available to assist with psychological diagnoses. These programs will integrate information from a variety of physiological, neuropsychological, and psychological measures with information about the student’s genetic makeup in rendering diagnostic classifications. Such programs may improve diagnostic accuracy, but they also will raise ethical questions for practitioners. It is likely that few psychologists will be qualified or competent to evaluate the validity of such programs or the accuracy of the diagnostic classification rendered. Practitioners will need to rely on expert reviews of such programs to ensure they meet high standards of technical adequacy. They will also need to collaborate with other professionals (e.g., professionals who have more extensive training in genetics or neuropsychology) to evaluate the accuracy of the diagnostic classifications rendered for individual children.

GOAL 4: Disciplined and Violence-Free Learning Environments

By the year 2025, all schools will provide a disciplined environment conducive to learning, one designed to promote nonviolent conflict resolution.

Goals 2025 will provide funds to states to promote safe and violence-free schools. These funds may be used to provide programs and services for all children and youth (disabled and nondisabled) who require special assistance because of emotional impairment, behavior or conduct problems. They also will be used to develop and implement “safe schools” plans. Safe school plans (as described by Stephens, 1994, among others) will be designed to foster a positive school climate for

all pupils, teach responsible citizenship and decision making, reduce school conflict, and ensure staff are prepared to manage difficult situations when they arise. These plans will incorporate many of the components recommended by psychologists in the 1990s (e.g., Furlong & Morrison, 1994).

By the year 2010, all states will pass legislation banning the use of corporal punishment in the schools. By 2025, many states will pass legislation prohibiting the use of school suspension or expulsion for any pupil (disabled or nondisabled) under age 18. In the schools of the future, as now, school psychologists will work closely with teachers and parents to plan and implement appropriate behavioral interventions for toddlers, preschoolers, and youth with behavioral difficulties. School buildings will have in-school “time-away” rooms for pupils who feel they need to remove themselves from the classroom and calm down or for the short-term removal of any student whose behavior is disruptive to classroom learning. Students in the time-away room will receive close adult supervision, counseling as needed, and they will continue to receive instruction from their classrooms via video monitors.

By the year 2015, partly as a result of IDEA 1997 and its descendants, all districts also will have alternative educational settings for pupils (disabled and nondisabled) whose pattern of behavior indicates a need for intensive intervention. Students will be placed in an alternative educational setting by a team which includes the parents if the student is thought to be dangerous to others, commits a serious violation of the school code of conduct (e.g., brings a weapon to school), or shows a pattern of noncompliant and disruptive behavior that does not respond to in-class interventions. Alternative educational settings will provide close adult supervision, individualized and small-group instruction, counseling, behavioral and pharmacological interventions, and parent training. They will be equipped with security devices, such as video monitoring of all halls and classrooms, and they will have limited and controlled access to school grounds. As alternative settings are more restrictive of personal freedoms and intrusive on student privacy than regular school settings, school practitioners will be ethically and legally obligated to ensure that due-process procedures are followed to protect students from inappropriate placement in alternative settings. They also will be obligated to see that students are returned to the regular school setting as soon as feasible, providing appropriate support for a successful transition.

An ethical and legal challenge for school psychologists will be (as in the past) to ensure that applied-behavior-analysis techniques are used in ways that safeguard the rights and well being of children and youth. Consistent with the ethical principle of respect for autonomy and self-determination, psychologists will ensure that parents and students participate in the selection of behavior-change goals and strategies. Practitioners will assist in the selection of behavior-change goals to ensure that the pupil will develop appropriate adaptive behaviors and not just suppress inappropriate ones. During the intervention stage, practitioners will assist in the selection of ethically acceptable behavior-change procedures that likely are to be effective. Consistent with the broad principle of responsible caring, psychologists will ensure that treatment plans are monitored closely and modified when the data indicate the plan is not achieving the desired goals. Similarly, when psychopharmacologic treatment is chosen, school psychologists will ensure there is careful monitoring of the pupil to determine whether or not the drug and dosage is effective and whether there are any adverse reactions (Jacob-Timm & Hartshorne, 1998).

GOAL 5: Celebration of Diversity

By the year 2025, all schools will create a learning environment designed to promote acceptance and celebration of individual differences.

In the years ahead, the public school population will become increasingly diverse in terms of the race, color, ethnicity, religion, and national origin. After the year 2050, people of color will be

the majority (U.S. Bureau of Census, 1995). With increased US participation in the global economy, there also will be more school children who speak a language other than English at home. Bilingual instructional modules and instruction for language minority students via distance education increasingly will be available. As now, school psychologists will help to ensure that all students, including those with limited English proficiency, have access to equal educational opportunities.

As a result of key Supreme Court rulings in 2009, and a better understanding of the biological bases of sexual orientation, federal antidiscrimination legislation will be extended to prohibit state and school authorities from discriminating against individuals on the basis of sexual orientation in employment and in any program or activity receiving federal funding. Also, states and some private employers will extend employment benefits to same-gender domestic partners. These changes will result in a greater number of gay and lesbian educators in the public schools, a greater number of school children from families with same-gender parents, and the inclusion of support programs for gay and lesbian students among the programs offered at most high schools (e.g., Gay/Straight Alliance After-School Program).

Consistent with the broad ethical principle of respect for the dignity of persons, school psychologists will work to create a school climate in which all persons are treated fairly, regardless of “physical, mental, emotional, political, economic, social, cultural, ethnic and racial characteristics, gender and sexual orientation, or religion” (NASP-PPE,III,A,#2) or genetic characteristics. School psychologists will play a leadership role in creating a learning environment that promotes not only understanding and acceptance, but also a respect for and valuing of individual differences.

Also, triggered in part by the 1999 Supreme Court ruling that schools can be liable for unchecked sexual harassment (Greenhouse, 1999), school practitioners will work to prevent pupil-to-pupil sexual harassment in the schools and intervene as appropriate when problems are identified.

GOAL 6: School–Parent Partnerships

Schools will promote school–parent partnerships and work with families to promote the social, emotional, and academic growth of children.

Strategies to enhance home–school collaboration in the years ahead will be based on research and successful practices in the 1990s (e.g., Christenson, 1995). School psychologists will work to create a school atmosphere that is inviting to all parents and respectful of families from diverse backgrounds. Through consultation with school administrators and teachers, they will strive to foster the belief that parents should be viewed as collaborators in the educational process (Christenson, 1995).

Advances in technology also will support improved school–parent communications and shared decision making. An increasing number of teachers will create their own websites so parents can have easy access to information about school, classroom activities, and homework assignments. E-mail and video conferencing will facilitate two-way communication between schools and parents.

As in the past, psychologists in the future will continue to recognize a number of ethical obligations to parents in the delivery of school psychological services. They will strive to ensure that services are explained to parents in an understandable manner, that options take into account the values of each parent, and that parents are encouraged to participate in decision making. Practitioners will strive to help parents gain skills to help their children (NASP-PPE,III,C, 1997).

GOAL 7: School Completion

By the year 2025, the high-school graduate rate will increase to at least 90%.

Consistent with their ethical responsibility to promote the welfare of all pupils, school psychologists will plan and implement individual, classroom, and system-level interventions to prevent early school withdrawal. Through consultation with school administrators and teachers, practitioners will encourage research-based policies and practices to reduce student alienation and social iso-

lation and motivate all students to actively participate in learning and school life (American Psychological Association, 1995a).

Funds previously available under the School-to-Work Opportunity Act (Pub. L. No. 103-239) and IDEA-Part B will be available under Goal 7 of 2025. This portion of the legislation will encourage schools to develop school-to-work transition plans for all students (disabled or nondisabled) who are not immediately college bound so that they can obtain the skills necessary for high-wage jobs after high school and have greater incentive to stay in school. Some school psychologists will assist in matching the interests and abilities of students with the job opportunities of the new millennium. A challenge will be to ensure that school-to-work programs meet high standards of excellence, and thereby open, rather than close, doors to good jobs and further educational opportunities. School psychologists will also be required to see that students are not inappropriately “tracked” into prevocational programs on the basis of race or ethnicity, limited English proficiency, socioeconomic background, gender, or disability.

GOAL 8: State-of-the Art Schools

All children will attend modern and safe school buildings equipped with information-age technology and designed to sustain and improve the planetary environment.

Goals 2025 will provide grants for the design of school buildings to replace the decaying and unsafe structures of the 1900s and bonds for school construction and renovation. The legislation will provide grants to selected school districts located in urban, suburban, rural areas, and in diverse climates to plan and build model school buildings. The planning teams will include architects, engineers, technology and communication specialists, educators, psychologists, and environmental experts. Grant funding will require that all models be designed with modular units that can be premanufactured to keep new schools affordable. Funding also will require model schools be energy efficient, built of fire- and weather-resistant materials, equipped with fiber optics, have on-site waste-handling capabilities, and have learning and work spaces designed to promote the physical and mental well being of students and staff (e.g., aesthetically pleasing indoor green spaces for quiet study) (Coates et al., 1997). Consistent with the ethical principle of responsibility to community and society, psychologists will use the science of psychology to make important contributions to the planning of model buildings, ensuring that schools are designed to create a welcoming environment, promote learning and positive mental health, and encourage the full participation of all students in school life, including those with disabilities. Also, as suggested by President Clinton’s 1999 school construction initiative (U.S. Department of Education, 1999), psychologists, teachers, administrators, students, and parents will work with community members to ensure that schools may be used as centers of community life.

CONCLUSIONS

This article presented one possible picture of the future of schools, school psychology, and the legal influences and ethical issues school psychologists may encounter in the years ahead. The picture of the future presented here is an optimistic one. Although no one can predict the future, it is likely that changes in federal education law and policies will provide solutions to some of the professional dilemmas school psychologists face today. However, advances in technology and science, and, in particular, advances in genetics will result in new ethical and legal challenges for the profession and individual practitioners.

REFERENCES

- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597–1611.
- American Psychological Association. (1995a). *Reforming America’s schools: Psychology’s role.* , Washington, DC: Author.

- American Psychological Association. (1995b). *School health: Psychology's role*. Washington, DC: Author.
- Bradley-Johnson, S., Johnson, C.M., & Jacob-Timm, S. (1995). Where will—and where should—changes in education leave school psychology? *Journal of School Psychology, 33*, 187–200.
- Brooks, R. (1991). *The self-esteem teacher*. Circle Pines, MN: American Guidance Service.
- Brophy, J.E., & Good, T.L. (1974). *Teacher–student relationships*. New York: Holt, Rinehart, & Winston.
- Canadian Psychological Association. (1991). *Canadian code of ethics for psychologists, revised 1991*. Ottawa, Canada: Author.
- Christenson, S.L. (1995). Supporting home-school collaboration. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology—III* (pp. 253–267), Washington, DC: National Association of School Psychologists.
- Coates, J.F., Mahaffie, J.B., & Hines, A. (1997). *2025: Scenarios of US and global society reshaped by science and technology*. Greensboro, NC: Oakhill Press.
- Furlong, M.J., & Morrison, G.M. (Eds.). (1994). Mini-series: School violence. *School Psychology Review, 23*(2).
- Gartner, A., & Lipsky, D.K. (1987). Beyond special education: Toward a quality system for all students. *Harvard Educational Review, 57*, 367–395.
- Greenhouse, L. (May 25, 1999). Court rules schools can be liable for unchecked sexual harassment. *The New York Times on the Web* [on line]. Available: <http://www.nytimes.com/>.
- Grisso, T., & Vierling, L. (1978). Minor's consent to treatment: A developmental perspective. *Professional Psychology, 9*, 412–427.
- Jaffee v. Redmond*, 51 F.3d 1346, 1358, 116 S.Ct. 334 (1996).
- Jacob-Timm, S. & Hartshorne, T. S. (1998). *Ethics and law for school psychologists* (3rd ed.). New York: Wiley.
- National Association of School Psychologists. (1997). *Professional conduct manual*. Bethesda, MD: Author.
- Phelps, L., & Landau, S. (Eds.). (1995). Mini-series: Health-related issues in early childhood. *School Psychology Review, 24*(2).
- Reschly, D.J., & Bersoff, D.N. (1999). Law and school psychology. In C.R. Reynolds & T.B. Gutkin (Eds.), *Handbook of school psychology* (3rd ed.) (pp. 1077– 1112). New York: Wiley.
- Stephens, R.D. (1994). Planning for safer and better schools: School violence prevention and intervention strategies. *School Psychology Review, 23*, 204–215.
- U.S. Bureau of the Census. (1995). *Statistical abstract of the United States, 1995* (115th ed.). Washington, DC: U.S. Government Printing Office.
- U.S. Department of Education. (1999, May 10). President's & secretary's priorities [on line]. Available: <http://www.ed.gov>
- Valerie J. v. Derry CO-OP School District*, 771 F.Supp. 492 (D.N.H. 1991).
- Viadero, D. (1999, May 5). Tenn. class-size study finds long-term benefits. *Education Week*, p. 5.
- Ysseldyke, J.E., & Christenson, S.L. (1988). Linking assessment to intervention. In J.L. Graden, J.E. Zins, & M.J. Curtis (Eds.), *Alternative educational delivery systems* (pp. 91–109), Washington, DC: National Association of School Psychologists.