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ABSTRACT

Presented is the 1974 Virginia state plan for the education of handicapped children below 5 years of age. The tentative program is outlined, examples of potential service components (such as mobile classrooms and small group programs) are given, and personnel categories are reviewed. Summarized are administrative and technical assistance available from the State Department of Education. Cost factors and evaluation are briefly considered. Included in the two appendixes which comprise more than half of the document are a list of selected references and sample evaluation checklists for gross motor, fine motor, social, cognitive, linguistic, and verbal development. (CL)

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A Comprehensive State Plan for the Education of Young Handicapped Children Below Age 5 in Virginia



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Division of Special Education
State Department of Education
Richmond, Virginia 23216
February 1974

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The program presented in this document emerged from the best professional judgment of many individuals. However, the Division of Special Education would like to acknowledge particularly the efforts of the consultant for the project, Dr. Nancy Fallen, Associate Professor, Virginia Commonwealth University, Department of Special Education, Richmond, Virginia 23220. Her guidance from conceptual discussion to final report proved invaluable. Dr. Fallen was assisted by a planning task force whose unselfish contributions resulted in the basic concept and plan. Serving on that task force were:

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Although many groups reviewed the plan and made suggestions for minor changes, the time and effort spent by the State Special Education Advisory Committee was of significant benefit and thereby deserves specific acknowledgment. The plan was approved by the Board of Education on December 7, 1973.

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INTRODUCTION

During the past decade professional literature has warned that remedial and compensatory educational programs have come too late for many children. The damage inflicted by abnormal physical, mental, and social conditions had become irreversible by the time the children entered school and a large portion of the child's prime time for acquiring knowledge had been lost or misapplied.

Acknowledging the debilitating effects such handicaps inflicted upon its young, the 1972 General Assembly of Virginia mandated the Board of Education "jointly and in cooperation with each school division" to assume the responsibility for educating all handicapped children ages 2-21 residing in the Commonwealth. Until then, legislation regarding the education of handicapped children had been permissive. Decisions concerning the number of special education classes, the kinds of services provided and the entering age for special services were made by local school boards.

Despite this situation, only 4 of the 140 school divisions in Virginia failed to provide any educational service for its handicapped children. Among the remaining 136 school divisions, the programs ranged from only one class to comprehensive educational programming with adequate service from the health, mental health and social services organizations of the local community. The kinds of programs ranged from that provided by one speech therapist to those which offered alternative programs for the varying degrees of severity. As might be expected, rural areas generally have had fewer programs with no alternatives while the more comprehensive programs have been found in the heavily populated areas. However, this has not been true in every case. Several exemplary programs have been initiated in sparsely populated areas of the State.

Preschool programs for handicapped children, however, have been few in number. Responding to mandated legislation in 1970, early intervention programs for the hearing impaired have increased. Parent groups have established preschool programs for the particular exceptionality they represent. Three projects funded under the provisions of P.L. 91-230 Title VI-C, Early Education for Handicapped Children, have been operational. At least one school division has lowered its entry age below that of kindergarten.

Slowness in developing preschool programs for handicapped children has seemed to persist throughout the United States. While many effective programs are now in progress, they are scattered, and the numbers of children served are relatively small. Statewide programs seem to be non-existent.

In response to this need the State Department of Education sought and received a planning grant from Technical Assistance Development

Systems (TADS), a USOE project at the Frank Porter Graham Child Development Center in Chapel Hill, N. C. Through the utilization of a State consultant, members of the Division of Special Education staff, and a planning task force, the basic plan for the education of young handicapped children throughout Virginia's diverse school divisions has emerged. Primarily the plan reflects consideration and concerns expressed by the planning task force, however, refinements of wording and procedure have been made at the suggestions of professional groups upon numerous presentations.

The plan as presented also reflects the overall goal of the State concerning its young handicapped population. to provide at least a minimum program of service to every handicapped child below age 5 and to encourage the development of a multiplicity of services to appropriately meet the needs of young handicapped children.

This plan is designed to fulfill the mandatory requirement for the provision of service to handicapped children 2 to 5 years of age. The program, with State support, is available on a permissive basis to children below age two if a school division elects to provide service to the very young.

IDENTIFICATION

The legislation enacted by the 1972 session of the General Assembly of Virginia, placed the responsibility of identifying handicapped children on the local school divisions, and defined the terms "handicapped children" and "special education" as follows:

- (a) "Handicapped children" includes those who are mentally retarded, physically handicapped, hearing impaired, emotionally disturbed, learning disabled, speech impaired, multiple handicapped or otherwise handicapped as defined by the Board of Education.
- (b) "Special education" means classroom, home, hospital, institutional or other instruction to meet the needs of handicapped children, transportation, and corrective and supporting services required to assist handicapped children in taking advantage of, or responding to, educational programs and opportunities.

In accordance with regulations and guidelines established by the Board of Education, each school division has developed locally appropriate schema for the identification of handicapped children living in its boundaries.

However, the Governor of Virginia and his cabinet have urged the full cooperation of all State agencies in the implementation of the mandatory legislation. Subsequently, in a meeting of State agency heads and the Secretary of Education and the Secretary of Human Affairs, the responsibility for developing a State wide system for the early identification of young handicapped children was assigned to the State Health Department. Proposed is a system of child development clinics throughout the Commonwealth for the purpose of identification and assessment of handicapped children. Because the local school divisions have been encouraged to make identification an on-going process, it is assumed that the systems will be maintained and will feed information concerning handicapped children to the nearest child development clinic. Also, anyone suspecting handicapping conditions in a child may make referral to the local public health department.

The difficulties involved in the early identification of certain handicaps is recognized as is the concern for the use of labels in the early years for fear of a "Pygmalion effect." For those reasons the following definition is used as the basis for the State Plan:

A handicapped child is one who deviates significantly from established milestones or norms in motor, adaptive and social, sensory and/or language development. Normal limits in these

areas of development have been established by professional groups including:

- a. Education
- b. Medicine
- c. Other Child Development Specialists such as:

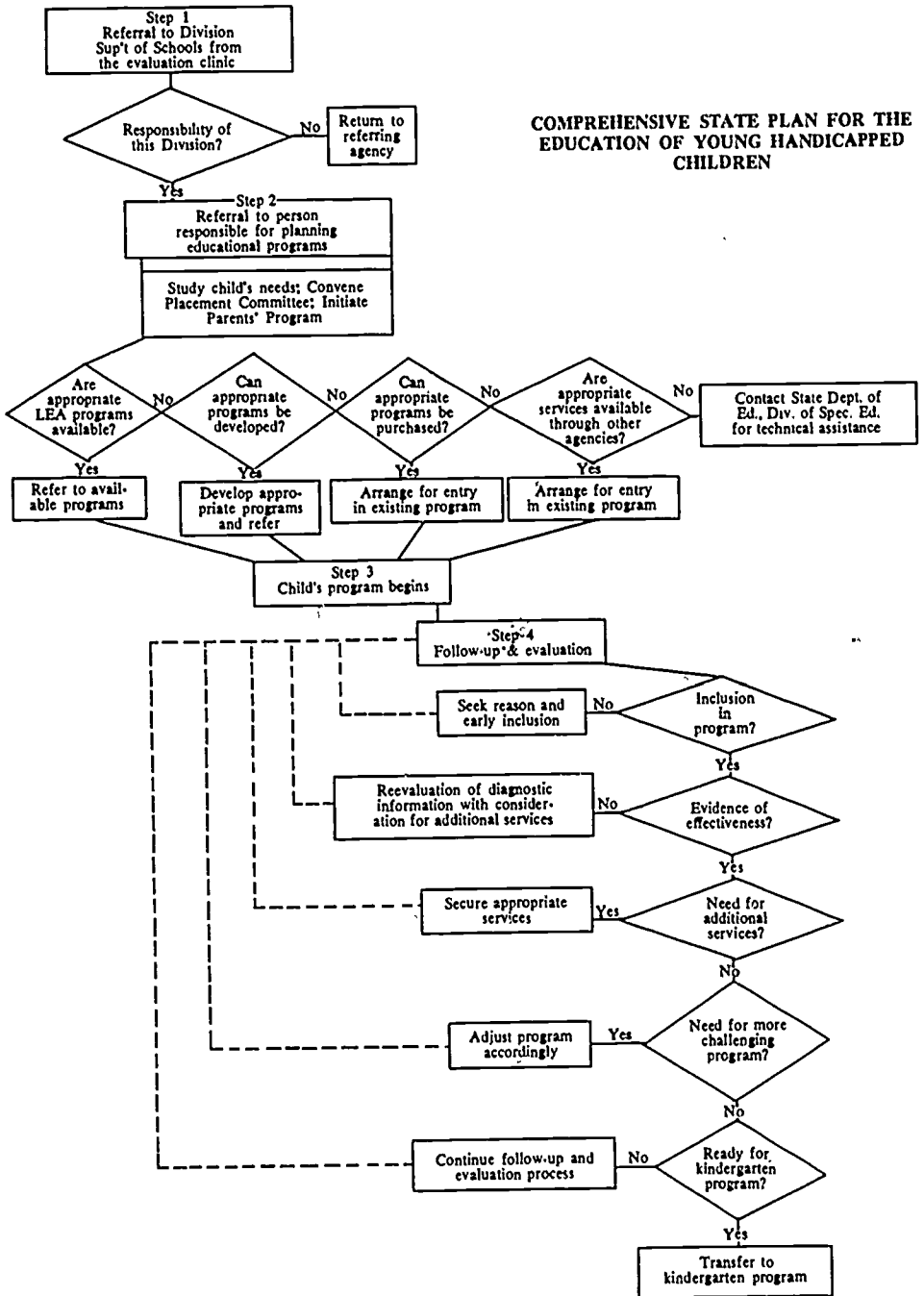
Social Workers
Psychologists
Nurses
Occupational Therapists
Physical Therapists

Significant deviance will be identified and verified by child development clinics. In those instances where such clinics are administered by the State Department of Health, the State Department of Education, Division of Special Education, will assign educational specialists to the staffs.

To expedite the delivery of educational services, child development clinics will notify the appropriate Division Superintendent when a child has been identified as handicapped. The Division Superintendent will assign appropriate educational personnel to the assessment team, including but not confined to visiting teachers, school psychologist, prospective teacher of the child, etc., in order that appropriate services can be made ready to include the child without delay.

To further expedite the planning and initiation of the child's educational program, it is proposed that the referral from child development clinics to the Division Superintendent provide comprehensive information concerning the developmental deficiencies of the child, a summary description of services received before referral and a description of services which will continue.

COMPREHENSIVE STATE PLAN FOR THE EDUCATION OF YOUNG HANDICAPPED CHILDREN



TENTATIVE PROGRAM PLAN

A. General

Step 1. Referral to Superintendent of Schools

Upon identification, the child shall be referred by child development clinics to the División Superintendent of Schools who will ascertain the child's legal residence within the division's boundaries.

Step 2. Referral to person responsible for planning educational programs.

Within one week the referral shall be delivered to the person responsible for coordinating educational resources and program planning for young handicapped children. It is assumed that this person will be a qualified Child Development Specialist.* Arrangements for the involvement of the child and his family, and contact with the referring agency to verify acceptance of the referral should be established immediately. Also, the local special education placement committee shall be made aware of the child and his problems.

A thorough study of information concerning the child should be conducted by the Child Development Specialist or some designated person competent in the field of educational assessment. The study would include a review of available data, the gathering of additional information, the use of educational instruments and personal observations. From the accrued knowledge, immediate and long-range educational plans for the child shall be developed, and at-home training shall become a serious consideration. If the child has been in a program before referral, consideration should be for continuation with a gradual addition of specialized educational techniques.

Consultation with the parents should reveal specific personal needs and those of the family as a group. Comprehensive educational programming shall be directed not only toward the child's progress as an individual but also toward his inclusion as a contributing member in the family structure. To that end, the early phases of the

* The qualifications and competencies for this specialist will be developed as part of the projected pre-service training program.

parent's program will include interpreting the child's needs and the educational program designed for him/her. Family involvement in the child's education will be one strategy used to reach established goals. (See Parent Program, Page 7.)

Although training programs organized in the local community are viewed as highly desirable, appropriateness of the program should be of prime concern. Determining the availability of appropriate programs will entail numerous interrelated considerations with regard for the specific characteristics of each child. Careful study of local resources may show that existing programs for non-handicapped children may be adapted to the needs of handicapped children by the addition of trained personnel. However, the multiplicity of determining factors may lead to the development of new programs, or arrangements made with other school divisions for the sharing or purchasing of facilities and service, or referral to the program of another State agency. In cases for which the provision of appropriate education seems impossible, request for technical assistance should be sent to the State Department of Education, Division of Special Education.¹ Parents not only should be kept informed concerning the child's program plans and the availability of appropriate services but also be included in the decision making process.

Not more than twenty working days shall pass between the referral to the Division Superintendent and the time the child's program begins.

Step 3. Child's program begins

The child's program will recognize the discrepancy between his/her level of development and that expected of non-handicapped children of the same age. An analysis of those developmental tasks that have been achieved and those yet to be mastered will provide the basis upon which the child's program will be built.

With consideration for the whole child, the program shall be concerned with the following areas of development:

1. Gross Motor
2. Fine Motor

1. See Flow Chart. p. 3

3. Social
4. Self-help
5. Cognitive, linguistic and verbal

The overlapping of these areas is recognized,² but the use of established scales will counteract confusion. It is also recognized that adaptation of existing scales will be necessary for children who have severe auditory and visual impairments.

With reference to the scales of developmental tasks the unattained tasks will become the curricular content of each child's program. Broken down into small component parts, each step in the development of that task becomes a sub-task to be achieved. The attainment of each sub-task presented in sequential order will provide a readiness level for the introduction of the next sub-task. Eventually the developmental milestone will have been achieved.

Step 4. Follow-up and Evaluation

Following a child through the program designed for his specific needs and the evaluation of its effectiveness are the components of a continuous process with special attention directed to certain concerns throughout the program period.

- a. Once a child is assigned to a program, whether it is the initial one or a new assignment to provide additional service, his inclusion in the program should be ascertained within one month with baseline data collected within two additional weeks.

- b. Personnel working with the child and/or his parent will be encouraged to be sensitive to evidence of program effectiveness and the need for change in the overall instructional design. However, semiannually these concerns will be subjected to formal evaluation which will provide direction for program adjustment.

- c. The child for whom services have been provided and who the placement committee determines can no longer be classified as handicapped shall be dismissed from the program with the follow-up and evaluation process continuing at least until the child enters the kindergarten program. If, at a later date and before the

2. For more specific guidelines, see Initial Entry Form.

age of 5, the child's needs require early programming, services should be resumed immediately.

d. For more severely handicapped children, the follow-up evaluation process continues with great care given to providing effective services and the establishment of realistic goals.

e. When the child is ready to enter kindergarten, smooth transition from the preschool program must be assured. The child development specialist and staff should provide tutorial assistance and other support to the instructional program.

The plan as outlined above is the minimum program which must be available to all handicapped children below age 5. It is oriented toward arranging for each child an environment which will foster opportunities for growth and development commensurate with potential. It is built upon the following premises:

1. No one program is successful for all children, even for those with similar handicapping conditions.
2. The more problems a child presents, the more careful the education planning must be to insure his development.

B. Specific: Multiplicity of programs for the Delivery of Services

Programs throughout the country have developed and field-tested a variety of models for the delivery of services to handicapped children. The basic or minimum program design proposes the services of a trained child development specialist in each school division to coordinate services and develop programs. Trained paraprofessionals will be needed according to the number of children and the severity of the handicapping conditions. The notion of a variety of programs (developed in recognition of the need for alternatives in program design to serve all of the problems presented in handicapped children) reflects an overriding consensus to supplement rather than to duplicate existing local programs and service delivery systems. When necessary, trained personnel, instructional material and equipment may be added to fill the gaps in local resources to meet the needs of each child.

The following items in the supermarket of services are presented as examples for consideration. With the exception of the first item, the order of presentation is not significant.

Parent Involvement: Literature supports the notion that there is no better teacher than the parent who has been taught to recognize and to meet the developmental needs of his, her children. From birth, the child is dependent upon his family for behavior and language models

which will influence his development throughout life. Family members are in unique positions to stimulate the child and to encourage early social interaction. *Parent education* is seen as a supplement to an existing structure. It may be directed specifically to the child's developmental needs, or it may also include instruction directed toward the acquisition of skills related to food selection and preparation, consumer education, oral language and/or working with other parents. *Parent counseling* is a service closely related to parent education but is seen as a different program for those families who find it difficult to accept the presence of a handicapped child. *Foster grandparents* may spend several hours a day with several children in a family (from which the parents are absent) or in a children's home. This service is also appropriate for pediatric wards and treatment centers. *Parent substitutes* may be trained to fit into any of the above named roles or become tutors in a variety of settings. Individualization of programs for parents is as important for them as it is for children. Family structure, habits, interests and concerns must be considered in program development. Also, use of parent time should be primarily directed toward the development of his child rather than serving on committees, driving buses and similar tasks.

Home Visitor: The home visitor program is closely related to that of parent education. A specially trained paraprofessional visits families on a regular basis bringing instructional materials from a central source to assist parents in guiding the development of their children. Also, the home visitor can assist the parent in the creative use of things, can bring in new recipes and news from community functions. The purpose of the program is to assist parents in their roles and to enrich the quality of life for the children including the handicapped child.

Home Program: The child development worker visits the home once a week to provide an enriched program of developmental education and therapeutic activities which will minimize problems caused by the handicapping condition and to promote improvement in the ability of the child to function. Each week at a regular mutually satisfactory time, the worker demonstrates for the mother the task the child must learn to perform independently. Simple typewritten instructions are left with the mother as a reminder of the work to be accomplished. Upon the instructor's return a week later, the child's progress is noted and further instructions are provided.

Small Group Programs: A similar program may be used in group sessions involving the mothers (or fathers) and three or four children. As the children learn, and/or as their conditions improve, the size of the groups may be extended to seven or eight.

Day Care Centers: The addition of trained child development

workers to the staff of a day care center may be the adaptation necessary to make it an appropriate educational setting for a handicapped child of working parents. Using prescribed strategies to develop specific skills, the child development worker assumes the teacher-role for four or five children assigned to her care. Interpretation of the child's program to the parents is an important responsibility.

Day care centers may take a variety of forms, for example, *neighborhood day care homes*. These are selected on the basis of close proximity to the homes of the children they will serve. The day care mother is specially trained in social growth, discipline, nutrition and child development. She is paid for her services and for the food she serves. Play equipment, books, and other instructional materials are provided, and the program is supervised by the child development specialist who provides assistance in the planning of special activities for each child.

Neighborhood Group Centers: These centers are similar to neighborhood day care homes with the exception of the children's age range. This service is more comprehensive in that it attempts to keep all of the children from one family together and therefore it must offer nursery day care also.

Nursery Schools: These are experience-oriented to promote social, emotional and physical growth.

Child Development Hostels: Intended for severely and profoundly handicapped children, the hostel is designed to serve three children at a time. The program attempts to prepare them in social skills and to offer them physical therapy, recreation and education in addition to a day care experience at a developmental center.

Transportation: For some children, the greatest need will be transportation to existing services. The provision of transportation facilities could be assumed by local service organizations.

Child Information Library: In addition to educational programs for parents, the library provides a loan service of games, records, films and other learning materials.

The Toy Lending Library: A library of toys from which the parent may choose play equipment for their children may be appropriate. The loans are for a given length of time. When a toy is broken, its parts are returned to the library. No charge is made for this service.

Educational Facilitator: These are paraprofessionals trained to assist in the cognitive, affective and motor development of the child. The concept changes the role of baby-sitters providing custodial care to education facilitator.

Hospital/Clinic Based Classrooms: Instructional programs are provided for children as they wait for treatment or to recover from illness.

Learning Centers: The learning center provides special instruction using unusual aids too expensive to be housed and used in individual classrooms or day care centers. These are usually centrally located to serve a large geographic area and are equipped to accommodate children with a variety of handicapping conditions.

Out-patient Institutional Care: The service of an institution may be extended to provide residential care on a short-term basis for children whose parents need a vacation from them. Special programs are provided to make the children's stay a happy vacation from their parents.

Television Programs: Programs designed to develop listening skills or to offer special instruction are developed and shown on a regular basis. Parents are notified concerning program dates, and the children are prepared for the lesson periods. The content of the TV lessons is carefully coordinated with other phases of the child's program.

Parent's Guide: This is a newsletter-type publication designed to provide parents with background information and suggested activities to make TV and radio programs more meaningful for children.

Guidebooks: These are how-to books created to inform parents of existing resources in the community and to suggest ways of instructing their children.

Mobile classrooms: These are vans which travel to selected locations where children meet in groups for social and educational experiences. The vans are equipped with instructional materials and equipment appropriate for the children they serve. In one preschool program, each unit makes two stops daily. During the first hour of the morning, 20 three-year-olds and their parents come aboard for instruction. After their departure, 20 four-year-olds and their parents arrive for the class session. After the lunch hour, the staff drives the bus to another stop within the community where the pattern is repeated. The schedule operates four days a week. The fifth day is reserved for in-service training of all staff members.

Mobile Laboratories, Libraries, Day Care Units, Art Galleries, Clinics: Vans may be used for a variety of services for sparsely populated areas and where transportation is a problem.

The above program descriptions have been found in operation throughout the United States. Adaptations of these basic ideas are encouraged in order that local programs be made sufficient for local needs.

TIME FRAME FOR THE DELIVERY OF SERVICES

Local School Division

Activity	Week																												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
Identification of Handicapped Children																													
Referral to Division Superintendent *																													
Referral to Child Development Specialist																													
Child's Program Begins																													
First Follow-up																													
Baseline Data Complete																													
Periodic Evaluation																													
Exit from Program (when child's condition is no longer considered handicapping)																													
Reentry into Program (when condition makes reentry advisable)																													

on-going process



PERSONNEL

To implement the proposed State Plan, it is anticipated that three categories of personnel will be needed.

A. Professional: The basic program projects the need for services from a qualified child development specialist in each school division. In the larger school divisions it is possible that several assistants to the child development specialist will be needed, while the smaller divisions may employ one such person on a regional basis. The case load and the severity of the handicapping conditions will determine the number of people needed for planning, coordination and in-service training activities of the program.

In addition to the above, where appropriate to group certain young handicapped children, qualified special education teachers will be employed for group instruction.

B. Paraprofessionals: The number of paraprofessionals needed to implement the proposed State Plan will depend upon a variety of factors. The number of children involved, the severity of their handicapping conditions, the types of instructional programs required, and their geographic locations will pose serious consideration and determine manpower needs.

C. Supportive Services Personnel: The kinds and number of supportive services personnel needed within each school division to implement the proposed State Plan will depend upon the number of children served. An important point is the fact that the more handicapping conditions found in a child and the more severely he is handicapped, the more services will be needed. It is anticipated that medical and social services will be more readily available than some others. The services of the following people should be planned for, at least on a consultative basis:

- Audiologist
- Speech Therapist
- Physical Therapist
- Occupational Therapist
- Psychologist (Child/Educational)
- Psychiatrist
- Pediatric Neurologist
- Pediatrician
- And others as appropriate

Additionally, each community should survey its existing services, resources and organizations which could contribute special talents to the children's programs and volunteers to serve in a variety of ways.

STATE DEPARTMENT OF EDUCATION SERVICES

A. Administrative Organization

The Director of the Division of Special Education will recommend to the State Board of Education that a new full-time staff position be created to coordinate the plan as outlined. The position, which should be filled by July 1, 1974 will carry responsibilities for coordinating services to young handicapped children at the State level, working with other State agencies to develop appropriate new services, providing technical assistance to local school divisions, presenting in-service training programs and monitoring the flow of services to the identified population. The role will be that of facilitator or enabler and, as with similar positions in the Division of Special Education, he/she will work as a member of the team under the leadership of the Director of Special Education.

B. Technical Assistance

Personnel of the Division of Special Education, State Department of Education provide leadership and consultive services concerning: educational services for the speech and hearing impaired, mentally retarded, learning disabled, emotionally disturbed and physically handicapped, hospital and home instruction, the visiting teacher program, and the school psychology program. With the addition of the new staff position, coordination of services for young handicapped children at the State level will be added to this list. Assistance is offered to local school divisions by:

Collecting, interpreting, and disseminating significant information relative to the various phases of Special Education.

Preparing bulletins, manuals, guides, and other materials useful in Special Education services.

Participating in conferences, workshops, and meetings of various kinds such as those planned for: orientation, in-service training, program planning, evaluation informational purposes, professional stimulation.

Holding conferences with individuals and small groups.

Participating, on invitation, in meetings with professional and lay groups.

Demonstrating of representative samples of educational materials related to Special Education.

Planning and conducting State conferences, seminars and workshops to develop understanding and to assist in the training of

those who are engaged in Special Education services or those who are prospective personnel in this area of education.

Providing staff members for speaking engagements and other kinds of program participation related to services for exceptional children.

Preparing forms and collecting data through records and reports which become useful information for national, state and local purposes.

Cooperating in various ways with professional associations and institutions of higher education for the improvement of educational practices for children in all areas of exceptionalities.

Offering consultive services to local school divisions.

Reimbursing local school divisions, from State funds, on programs for handicapped children.

Serving as a clearing house for information, suggestions, and resources relating to Special Education services.

Making available essential information to citizens, organizations, and agencies, so that they can participate with school administrators in planning a program for exceptional children within a framework of the State's philosophy.

Developing libraries and files of information from local, state, and national sources concerning the nature of education of exceptional children.

Assisting in the development of curriculum materials for exceptional children.

Assisting local divisions in planning and establishing experimental or pilot programs for the improvement of instruction for exceptional children.

Helping to establish valid criteria for the process of identifying various classifications of exceptional children.

Supplying information and guidance to local school systems, parent organizations, and other groups in an effort to elicit full and intelligent cooperation in providing differentiated education for exceptional children.

Assisting in the development, implementation, and evaluation of applications for use of other than State funds for Special Education programs in relation to existing educational programs.³

3. *Services for Exceptional Children. A Guide for Program Improvement.* Richmond, Va., State Department of Education, Special Education Service, May 1970, pp. 66-67.

COST FACTORS

The cost of the program as outlined in the Comprehensive State Plan for the Education of Handicapped Children will be determined by the following factors:

1. The number of handicapped children residing within the boundaries of the local school division.
2. The severity of the handicapping conditions.
3. The appropriateness and effectiveness of existing resources.
4. The proximity of useful resources.
5. The extent to which the local school division can supplement (with additional staff and programs) the minimal services which must be made available to all handicapped children.

It is anticipated that by September 1, 1975 each school division (singly or on a consortium basis) will have the services of a qualified child development specialist, thus adding one professional position to the division's present organizational structure. The need for extensive and accurate record keeping will require secretarial assistance. Additional trained professionals and paraprofessionals will be needed in geographically large school divisions and in heavily populated areas. Also, supportive services personnel will be required as full-time employees or on a contractual basis depending upon the specific needs of the identified population. These are seen as the minimal staff for the provision of services for each handicapped child.

Evaluation

Program evaluations will follow the plans established by the State Department of Education, Division of Special Education for the evaluation of special education programs throughout the Commonwealth.⁴ Local program personnel will be required to keep necessary records and to make this information available to evaluation teams. Evaluations will focus on all aspects of the program including the extent to which community resources have been used and the effectiveness of the services. The Special Education Placement Committee, the local Special Education Advisory Committee, parents of handicapped children, the child development specialist, other professionals, paraprofessionals and volunteer workers should be included in the evaluation process.

The effectiveness of instructional strategies planned for individual children will be evaluated during use to identify flaws in techniques or omissions in the sub-task design. This will be a continuous evaluation.

The development of children included in the program will be more formally evaluated every six months throughout their preschool years (Step 4. Follow-up and Evaluation), and the developmental status of each child will be compared with that of normal children as measured by the charts of developmental tasks.

School divisions desiring more formal evaluation will find that statistical regression analysis and synthetic matching will provide information on the similarities and differences between the children included in the preschool programs and various control groups. Also, cost/benefit analysis will provide information on the relative effectiveness of different services for similar handicapping conditions. Follow-up studies should provide information concerning the effectiveness of programs for individual children.

The evaluation process should provide information leading to the development of more efficient programming with specific criteria for evaluating their worth. Also, it should define the processes involved in developing and implementing needed services for handicapped children.

4. *Services for Exceptional Children. A Guide for Program Improvement.* Special Education Service, State Department of Education, Richmond, Virginia 23216, May 1970. pp. 62-65.

APPENDIX A

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(Early Childhood Education Programs)

Center for Early Development and Education
 814 Sherman Street
 Little Rock, Arkansas 72202
 Phone: 501/372-1853

Project Mother-Child Learning Team
 Wilson School District #7
 Phoenix, Arizona 85034

AID
 The Atypical Infant Developmental Program
 Department of Health Services
 Mental Retardation Division
 1030 Sir Francis Drake Blvd.
 Kentfield, California 94901
 Phone: 415/456-2184

A Model Early Education Program
 Los Angeles City Unified School District
 Special Education Branch
 450 N. Grand Avenue
 Los Angeles, California 90012

Community Cooperative Nursery School
 Laurel and Ravenswood
 Menlo Park, California 94025

ME
 Media for the Exceptional
 6345 Clybourn Avenue
 North Hollywood, California 91606
 Phone: 213/877-3077

Claremont Colleges Preschool for Multi-Handicapped
Casa Colina Hospital
255 E. Bonita Avenue
Pomona, California 91767
Phone: 714/593-1336

Project Parent-Child
Department of Speech Pathology and Audiology
University of Denver
Denver, Colorado 80210

CFRP
Child and Family Resource Program
U. S. Department of Health Education and Welfare
Office of Child Development
P. O. Box 1182
Washington, D. C. 20013
Phone: 202/755-4523

HI
High Impact Pre-School for Children with Special Problems
District of Columbia Public Schools
Department of Special Education
5th & Martin L. King, Jr. Avenue, S. E.
Washington, D. C. 20032

Home Start
Office of Child Development
P. O. Box 1182
Washington, D. C. 20013
Phone: 202/755-4523

A Community Psychoeducational Center for Emotionally Disturbed
Children
Rutland Center
Athens, Georgia

Auditory Perceptual and Language Developmental Training Program
Speech, Hearing and Language Department
The Independent School District of Boise City
Boise, Idaho 83702

PEECH
Precise Early Education of Children with Handicaps
University of Illinois
Champaign, Illinois 61820

Urbanna Mother's Training Program
Institute for Research on Exceptional Children
4th and Healy
Champaign, Illinois 61820

O-3

O-3 Project

AAC Developmental Training Program

Allied Agencies Center
320 E. Armstrong Avenue
Peoria, Illinois 61603
Phone: 309/673-6481

Early Education Program

School City of Gary
620 East 10th Place
Gary, Indiana 46402
Phone: 886-3111

Parent/Child Home Stimulation

The Marshalltown Project
Department of Special Education
Marshall-Poweshick Joint County School System
9 Westwood Drive
Marshalltown, Iowa 50158

Model Early Childhood Learning Program

Title III ESEA Project
Baltimore City Public Schools
3 East 25th Street
Baltimore, Maryland 21218
Phone: 301/467-4000 Ext. 810

Model and Demonstration Pre-School Program

The Easter Seal Treatment Center
1000 Twinbrook Parkway
Rockville, Maryland 20851
Phone: 301/424-5200

First Chance Project

Boston Center for Blind Children
147 S. Huntington Avenue
Boston, Massachusetts 02130
Phone: 617/232-1710

BEEP

The Brookline Early Education Project
Early Education Center
40 Centre Street
Brookline, Massachusetts

UNISTAPS

550 Cedar Street
St. Paul, Minnesota 55101

A Model Early Childhood Program
Early Childhood Educational Center
New Albany City Schools
331 Washington Avenue
New Albany, Miss.
Phone: 601/534-7614

Children's Developmental Hostels
Greater Omaha Association for Retarded Children
Omaha, Nebraska

Vista Larga Therapeutic School Project
2600 Marble N.E.
Albuquerque, New Mexico 87106
Phone: 505/265-1251

Project Child ESEA Title III
Education Improvement Center
South New Jersey Region
P. O. Box 426
Pitman, New Jersey

PSSEP
Preschool Special Education Program
50 Plymouth Avenue, North
Rochester, New York 14614
Phone: 716/232-2310

Infant Care Project
University of North Carolina at Greensboro
Greensboro, North Carolina 27412

IPSIP
Impact of Pre-School and Interracial Program
Cincinnati Public Schools Education Center
230 E. Ninth Street
Cincinnati, Ohio 45202

The Day Nursery Association of Cleveland
2084 Cornell Road
Cleveland, Ohio 44106

PLAN

Freschool Learning Adjustment Needs
Title III ESEA Project
Sandusky County Board of Education
Fremont, Ohio 43420
Phone: 419/334-2669

Speech Tele-Van Project
Title III ESEA Project
681 Center Street N.E.
Salem, Oregon 97301
Phone: 503/585-6210

Modification of Children's Oral Language
Department of Communication Disorders
Bloomsburg State College
Bloomsburg, Pennsylvania 17815

CPEC

Early Childhood Education Program
Clinch-Powell Education Cooperative
Harragate, Tennessee 37752
Phone: 615/869-3605

Foster Development Program
Senior Citizens, Incorporated
Nashville, Tennessee 37202

NRO

Migrant Child Development Centers
Northwest Rural Opportunities
110 N. Second Street
Pasco, Washington 99302

Neighborhood House Child Care Services
9415 18th Avenue, S.W.
Seattle, Washington 98106

Appalachia Preschool Education Program
P. O. Box 1348
Charleston, West Virginia 25325
Phone: 304/344-8371

Early Childhood Education At Home
Title II ESEA Section #306
Curriculum Improvement Center RESA-VIII
615 W. King Street
Martinsburg, W. Va. 25401
Phone: 304/263-8948

The Milwaukee Project
(Dr. Howard Garber and Dr. Rick Heber)
University of Wisconsin
Madison, Wisconsin

A Home Approach to the Early Education of Multiple Handicapped
Children in a Rural Area
412 E. Slifer Street
Portage, Wisconsin 53901

Strategies in Early Childhood Education
Cooperative Educational Service Agency
908 W. Main Street
Waupua, Wisconsin 53963

APPENDIX B

DEVELOPMENT TASKS

EVALUATION CHECKLISTS

Observations should be dated and coded according to child's performance.

- 0—failure to accomplish task
- 1—emergent behavior as poorly done
- 2—successful performance
- 3—exceptionally well done

Codes 0 and 1 become considerations in the planning of the child's program. Evaluations encompass only those items appropriate for the individual child according to his chronological age and apparent rate of development.

INITIAL ENTRY FORM

Name of child _____

Age _____ Sex _____ No. in family _____ girls _____
boys; ages _____

Name of parent(s) guardian, foster parents
(indicate which) _____

Address: _____

Occupation: Father _____
Mother _____

Hours away from home _____

Milestones achieved: (with regard for the expected)

Gross Motor
Fine Motor
Cognitive, Linguistic, Verbal
Social
Self-Help. Eating
Dressing
Toileting

Milestones not yet achieved: (with regard for the expected)

Gross Motor
Fine Motor
Cognitive, Linguistic, Verbal
Social
Self-Help. Eating
Dressing
Toileting

Existing program available: yes _____; no _____

If yes, distance from home: _____

Transportation available?

Program Design

Immediate Services

Special Services Needed

Long-range Plans

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Record of Development

Child's Name _____

Birth Date _____ Age _____

Parents' Name _____

Address, Tel. _____

	Gross Motor	Fine Motor	Cognitive Linguistic Verbal	Self Help			
				Social	Eating	Dressing	Toileting
Date _____ 1st Observation							
Date _____ 2nd Observation							
Date _____ 3rd Observation							
Date _____ 4th Observation							
Date _____ 5th Observation							
Date _____ 6th Observation							
Date _____ 7th Observation							
Date _____ 8th Observation							
Date _____ 9th Observation							
Date _____ 10th Observation							



GROSS MOTOR

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
1 mo.	1	Rooting and sucking reflex				
	2	Lifts head slightly from prone position and maintains position for 5 seconds				
	3	Ventral suspension from prone, head droops				
	4	Straightens leg when pressure is applied to bottom of feet				
	5	Fencing position with head and arms (assymetrical tonic reflex—should disappear by at least 6 months)				
	6	Head lags, falls back when pulled to sit				
	7	When placed in sitting position, head slumps forward on chest; back is evenly rounded				
	8	On flat surface head rotates—baby makes small crawling movements—legs in fetal position				
2 mos.	1	Lying on stomach, baby can lift head				
	2	Reflexive reciprocal kicking				
	3	Head erect—bobbing when in sitting position				
3 mos.	1	Rolls from side to side, left and right				
	2	When lying on stomach, rests on forearms raising head and chest				
4 mos.	1	Hands are usually near face and chest—uses both hands in unison				
	2	Ventral position from prone—baby holds head up				
	3	Props body up on forearms—tends to fall on side—just on verge of rolling to supine				
	4	Legs are stretched out				
	5	Swipes at object				
	6	Unilateral hand raising				
5 mos.	1	Lifts head from supine				
	2	When supported sitting baby's back is sturdy—head erect but set forward and steady				
	3	Alternating glances (hand and object)				

GROSS MOTOR—Sheet #2

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
6 mos.	1	Rolls on stomach				
	2	Lifts legs high—holds them out straight				
	3	Grips object with whole hand voluntarily—Palmar grasp				
	4	Top level reach				
7 mos.	1	Bring feet to mouth				
	2	Sits on hard surface—trunk erect with minimal support—adults hands on hips—head and trunk aligned				
	3	When held in standing position child bounces				
8 mos.	1	Creeping or belly crawling—abdomen is dragged over supporting surface using mainly shoulders and elbows—legs remain extended				
	2	Independent sitting balance				
	3	Bridging movements—when lying on back, bends knees—puts feet on support—lifts hips to make bridge				
	4	Forward and backward creeping or crawling—abdomen raised weight supported				
9 mos.	1	Pulls to standing position on 4 extremities				
	2	When hands supported will maintain standing position at least 5 minutes				
	3	Can make stepping movements				
	4	Can sit alone and change positions without falling				
10-12 mos.	1	Begins cruising—sidestepping around furniture				
	2	Walks with one or both hands held				
	3	Is able to stand alone for at least 1 minute				
13 mos.	1	Stands alone with feet apart				
	2	Bends and regains balance				
	3	Can crawl up one step				
14-15 mos.	1	Can maintain kneeling position at least 1 minute				

GROSS MOTOR—Sheet #3

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks			Observations
	2	Walks independently but may still fall occasionally			
	3	Can crawl up several steps			
16-17 mos.	1	Runs flat-footed; eyes fixed on ground			
	2	Pushes toys both standing erect and bending			
18-20 mos.	1	Walks up stairs—one hand held			
	2	Throws ball overhand			
	3	Kicks ball forward after demonstration			
	4	Backs into small chair to sit—climbs forward into adult chair then turns to sit			
21-23 mos.	1	Walks downstairs—one hand held			
	2	Jumps into place			
24-29 mos.	1	Runs with ease—stopping, starting and avoiding obstacles			
	2	Squats to rest and rises to feet without using hands			
	3	Walks up and down stairs holding rail two feet on each step			
	4	Walks on tiptoes at least two steps			
	5	Walks backward 10 feet			
30-35 mos.	1	Jumps distance of 4-14 in. or jumps over string 2 in. high			
	2	Walks up and down stairs alternating feet			
	3	Hops on one foot—2 or more hops			
	4	Can stand on tiptoe after demonstration			
3-4 yrs.	1	Pedals a trike			
	2	Can turn around obstacles while running and while pushing or pulling big toys			
	3	Can balance on one foot 2-5 sec.			
	4	Can walk a line at least 5 ft. heel to toe			
	5	Uses shoulder and elbow in throwing ball			
	6	Catches ball when bounced			
4-5 yrs.	1	Turns sharp corners running, pushing, pulling			

GROSS MOTOR—Sheet #4

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks	Observations			
	2	Climbs ladders and jungle gym equipment				
	3	Pedals trike and guides it around obstacles				
	4	Can run on tiptoe				
	5	Maintains balance on beam at least 4 inches off ground				
	6	Walks backward heel to toe.				

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FINE MOTOR

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
0-1 mo.	1	Closes eyes against glare of bright light				
	2	Looks at object for 5 seconds				
	3	Clenches finger on contact				
	4	Hands fisted rest near or in mouth				
	5	Body movements are reflexive not voluntary				
2 mos.	1	Can follow moving object (rattle, bell) horizontally or vertically for 10 seconds				
	2	Moves arms vigorously when awake and lying on back				
	3	Can hold rattle for 5-10 sec. then drops it				
3 mos.	1	Follows moving object in circle with eyes when in supine position				
	2	When held sitting or when lying looks at own or adult's moving fingers				
	3	Glances at rattle placed in hand for 5-10 sec.				
4 mos.	1	Opens hands, looks at and plays with fingers—puts hand in mouth				
	2	Reaches for and grasps a rattle				
	3	Visually explores surroundings				
5 mos.	1	Clutches a dangling toy				
	2	Puts toy to mouth				
	3	Grasps one small block and looks at second				
	4	Reaches for a toy with one hand				
6 mos.	1	Transfers toy from hand to hand				
	2	Picks up block that has been dropped				
	3	When sitting pats palm of hand against surface				
	4	Is able to grasp 2 small blocks—one in each hand				
7 mos.	1	Holds rattle 3-5 minutes				
	2	Bangs toys against surface				
	3	Pulls strong to attain toy				
	4	Looks in direction of lost toy				

FINE MOTOR—Sheet #2

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks	Observations			
8 mos.	1	Has voluntary Palmar grasp				
	2	Hits one block against another				
	3	Will drop one block to secure a third				
9 mos.	1	Beginning to grasp with thumb and fore-finger—bits of food				
	2	Holds toy in one hand and plays with string attached to another toy				
	3	Watches adult place toy under box and attempts to lift box to find toy				
	4	Shakes box with block inside to hear noise				
10 mos.	1	Pokes at things with index finger				
	2	Throws toys -				
	3	Removes lid from box				
	4	Will attempt to pick up 3 blocks with the third between the two in either hand				
11-12 mos.	1	Uses index finger to point				
	2	Can remove small object from cup				
	3	Picks up small object (bits of food) with thumb and forefinger				
	4	Drops toys and watches them fall				
	5	Searches in proper place for toys that have gone out of sight				
	6	Builds tower of two blocks				
13-15 mos.	1	Imitates scribbling with pencil after demonstration				
	2	Rolls a ball to adult				
	3	Removes and replaces round object in formboard				
	4	Is able to hold 3 blocks—one in one hand; two in other				
	5	Puts in and takes blocks out of box without demonstration				
16-17 mos.	1	Can build tower of 3 or 4 blocks				
	2	Scribbles spontaneously with pencil				
	3	Places square shape in formboard				
	4	Is able to place lid on box				

FINE MOTOR—Sheet #3

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
18-23 mos.	1	Turns pages of book 2-3 at a time				
	2	Begins to use one hand more often than the other				
	3	Turns knob on toy radio				
	4	Places 6 round pegs in holes				
	5	Imitates vertical line				
	6	Places 3 forms correctly on formboard—triangle, circle and square				
	7	Builds tower of 6 blocks				
	8	Makes circular scribble after demonstration				
24-29 mos.	1	Turns pages singly				
	2	Takes things apart and puts together 5 piece stacking cups or rings				
	3	Imitates vertical and horizontal line				
	4	Manipulates egg beater 1 of 3 trials				
	5	Imitates folding paper				
	6	Imitates making train of cubes				
30-35 mos.	1	Vertical and horizontal buildings with blocks				
	2	Holds crayon or pencil by fingers instead of whole hand				
	3	Makes a bridge of blocks after demonstration				
	4	Closes fist and moves thumb after demonstration				
	5	Two lines—picks longest or smallest one on request				
	6	Strings beads—at least four				
3-4 yrs.	1	Cuts with blunt scissors				
	2	Picks up pins-thread, etc.; each eye covered separately				
	3	Attempts to lace shoes				
	4	Draws head of man and one other part after demonstration				
	5	Can touch thumb to 2 of 4 fingers on same hand				



FINE MOTOR—Sheet #4

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks	Observations			
	6	Imitates line drawings of capital letters or numbers				
4-6 yrs.	1	Draws a man on request with at least 2 parts				
	2	Draws a simple house (roof, door, window)				
	3	Copies cross and square				
	4	Traces a star				
	5	Builds a tower of 10 or more cubes				
	6	Prints capital letter using first letter of name—on request "show me how to write your name"				

COGNITIVE, LINGUISTIC, AND VERBAL

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
0-1 mo.	1	Little or no facial expression				
	2	Loud sound causes startle reaction—arms extend, body stiffens				
	3	Soothed by soft intimate talking-singing				
	4	Vocalization—crying—small throaty noises				
2 mos.	1	Makes sucking sounds				
	2	When spoken to looks at person's face; expression is alert				
	3	Smiles in response to being talked to				
	4	Eyes follow a moving person				
	5	Begins to make some single vowel sounds—(ah, eh, uh)				
	6	Sometimes ceases all activity to stare when sharp sounds are made—ringing bell				
3 mos.	1	Searches for sound with eyes				
	2	When lying on back responds to sight of bright colored object				
	3	Adult face still holds interest longer than anything else				
	4	Can coo, chuckle, or gurgle				
4 mos.	1	Responds to tone of voice—smiles or cries				
	2	Laughs aloud when lightly tickled or talked to				
5-6 mos.	1	Eyes locate source of sound				
	2	Entertains self (vocalizing) when alone instead of crying				
	3	Begins babbling spontaneously to person's face				
7 mos.	1	Language includes cooing, squealing and combined vowel sounds (m-m-mum) when crying				
	2	Pats and smiles at mirror image				
	3	Inspects objects with eyes and hands				
	4	Shows recognition of name—responds with eye contact, smile or turns head toward person calling name				

COGNITIVE, LINGUISTIC, AND VERBAL—Sheet #2

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
8 mos.	1	Can imitate physical movements—peek-a-boo, hand-clapping, etc.				
	2	Vocalizes and can imitate single syllables (da, ba, ka)				
9-11 mos.	1	Shakes head no-no				
	2	Watches and attempts to imitate demonstration in use of toy				
	3	Has two or three words which he uses with meaning (ma,ma; da,da; bye, bye, etc.)				
	4	Expressive jargon appears—child gives adult impression that vocalizations have meaning				
12 mos.	1	Obeys simple commands accompanied by gesture such as no, no; sit down, etc.				
	2	Responds to music with some vocalization				
13-15 mos.	1	Has speaking vocabulary of 4 or more words—names objects familiar in daily environment				
	2	Can point to nose, eyes, ears, mouth or hair (3 out of 5) upon request				
16-17 mos.	1	Enjoys picture book and can turn pages				
	2	Uses jargon and a few clear words in conversation at least one to an utterance				
	3	By 17 mos. uses 6-7 words with meaning				
18-23 mos.	1	Continues to jabber tunelessly to himself at play				
	2	Echoes prominent, or last word addressed to him				
	3	Names at least 1 picture of 5 common objects (cat, dog, man, baby, ball)				
	4	Locates two objects hidden by examiner as child watches (2 out of 3 trials)				
	5	Joins 2 or more words in speech				
	6	Uses me and you				
	7	Matches 3 body parts of self and doll				
24-29 mos.	1	Recognizes fine detail in pictures				
		Refers to himself by name				

COGNITIVE, LINGUISTIC, AND VERBAL—Sheet #3

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations	
24-29 mos.	3	Constantly asking name of objects					
	4	Shows correctly and repeats words for hair, hands, feet, nose, eye, mouth on request					
	5	Responds correctly to 2 of 3 commands: Give me the ball; put block in cup; put block on table					
	6	Identifies self in mirror					
	7	Has size concept (big and little)					
	8	Uses plurals					
	9	Answers correctly "What do you hear with?" (pointing or saying ears)					
	30-35 mos.	1	Knows full name				
		2	Continually asks questions beginning—What, where				
3		Does some color matching with blocks (1 out of 3 trials)					
4		Identifies action in pictures					
5		Names one color					
6		Identifies object by use—"What do we drink out of?" "What de we eat with?", etc.					
7		Understands concept of 1 (Show me one finger. etc.)					
8		Comprehends cold, tires, hungry—"What do we do when we're cold?" etc.					
9		Can answer "Are you a boy or a girl?"					
3-4 yrs.	1	Comprehends 3 of 5 prepositions—on, under, over, out					
	2	Speaks in approximately 6 word sentences					
	3	Names own drawing					
	4	Shows some appreciation of past and present					
	5	Relates experience and describes activities					
	6	Uses most frequently words: I, it, you, that, a, do, this, not, the					
	7	Matches pictures					

COGNITIVE, LINGUISTIC, AND VERBAL—Sheet #4

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
	8	Has a concept of 2 or more				
4-5 yrs.	1	Can name 1 primary color correctly				
	2	Matches 4 primary colors				
	3	Reads by way of pictures				
	4	Can group objects—food, animals, toys				
	5	Counts 4 objects and answers how many				
	6	Listens to and tells long stories—sometimes confusing fact and fantasy				
	7	Can answer sensibly why do we have houses, books, clocks, eyes, ears, at least 3)				
	8	Appreciates past, present and future				

SOCIAL

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
1 mo.	1	Sometimes stops all activity to stare at surroundings				
	2	Ceases crying when picked up, cuddled-fed				
2 mos.	1	When spoken to regards a person's face				
	2	Eyes follow a moving person or object				
	3	Smiles				
	4	Recognizes mother				
3 mos.	1	Attempts some vocalization when talked to				
	2	Looks at own hands				
	3	Enjoys people without distinguishing strangers from familiars				
	4	Pulls at clothes				
4 mos.	1	Pulls back when adult playfully tries to take toy				
	2	Sits propped 10-15 mins.				
	3	Hand play—mutual fingering				
	4	Laughs				
5 mos.	1	Smiles at mirror image				
	2	Turns head toward sound of voice or bell				
6 mos.	1	Smiles and vocalizes at mirror image				
	2	Sits propped for 30 mins.				
7 mos.	1	May sometimes be frightened of strangers				
	2	Likes pat-a-cake and peek-a-boo games				
	3	Reaches and pats mirror image				
8 mos.	1	Bites and chews toys in play				
	2	Tries persistently to get toys out of reach				
9 mos.	1	May object loudly to disappearance of toy or person				
10 mos.	1	Waves bye-bye and pat-a-cakes				
11 mos.	1	Offers toy to person but does not release				
	2	Gives affection—hugs, pats-to-familiars				
12 mos.	1	Likes to be within sight and hearing of adult				
	2	Releases toys to adult on request and sometimes spontaneously				

SOCIAL—Sheet #2

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
13 mos.	1	Chasing and hiding games are great favorites				
	2	Puts toys to mirror				
14 mos.	1	Indicates wants by pointing and vocalizing				
15 mos.	1	Often indicates refusal by bodily protest				
	2	Throws toys in play or rejection				
	3	Is curious, active, needs to be restricted to places where he can't get into trouble				
	4	Dependent on adults reassuring presence				
16 mos.	1	Shows or offers toys to adult				
17 mos.	1	Is easily diverted and entertained				
18-23 mos	1	Explores environment energetically				
	2	Briefly imitates simple actions—i.e., reading book, kissing doll, etc.				
	3	Alternates between clinging and resistance with familiar adults; may have sit down temper tantrums				
	4	Often does the opposite of what is asked of him				
	5	Understands what belongs to different people—i.e., Mom's or Dad's shoes, siblings toys				
	6	Plays near other children but not with them—no exchange of toys				
24-29 mos.	1	Has pride in own clothes—especially shoes and socks				
	2	With adult help begins to exchange toys with other children				
	3	Follows mother around the house and copies domestic activities				
	4	Has strong feeling of ownership and constantly refrains me or mine				
	5	Throws tantrums when thwarted and is no longer easily distracted				
30-35 mos.	1	Independent dramatic play—putting dolls to bed, feeding them, driving cars, etc.				
	2	Snatches and grabs toys from other children				

SOCIAL—Sheet #3

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks	Observations			
	3	Watches other children at play—and may join in without adult help				
	4	Enjoys using same playthings as child next to him				
	5	Likes routine in daily activities and clings to familiar toys and clothing				
3-4 yrs.	1	Joins in play with other children without adult play				
	2	Understands waiting for or taking a turn				
	3	Shows affection for babies, younger siblings				
	4	Helps at household tasks (picking up toys dusting—bring items on request)				
	5	Performs for others				
	6	Likes to play with 2 or 3 children—may have a favorite friend				
	7	Separates easily from mother				
4-5 yrs.	1	Is competitive in games				
	2	Tends to go out of prescribed bounds				
	3	Talks back when does not get own way				
	4	Prefers group play with other children				
	5	Bosses and criticizes				
	6	Shows off—calls attention to self				

EATING

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
1 mo.	1	2 night feedings				
2 mos.	1	1 night feeding				
3 mos.	1	Sucks pureed food off spoon				
	2	Coordinates sucking, swallowing and breathing				
	3	Sleeps 4-10 hours at night without a feeding				
4-6 mos.	1	Recognizes bottle on sight—searches for nipple with mouth when bottle is in line of vision				
	2	Uses tongue to move food in, out and inside mouth				
	3	Gums solid food				
	4	Feeds self cracker				
	5	Able to drink from cup when held for him				
	6	Lifts empty cup in imitation				
7-11 mos.	1	Picks up spoon—bangs in imitation				
	2	Finger feeds—dry cereal, bits of meat, vegetables				
12-17 mos.	1	Holds own cup to mouth for drinking but may spill some				
	2	Can take full spoon to mouth but may spill some—difficulty in inserting spoon in mouth—may turn bowl over				
	3	Chews well				
	4	Refuses foods he doesn't like—turns head away—closes mouth tightly				
18-23 mos.	1	Lifts cup and drinks—bottle discarded				
	2	Inserts spoon in mouth without turning bowl				
24-29 mos.	1	Drinks from cup—replaces on table—plays with food				
30-35 mos.	1	Feeds himself at least first half of meal unassisted				
	2	Eats skillfully with spoon—can scoop and insert food without spilling				
3-4 yrs.	1	Pours from pitcher without spilling				

EATING—Sheet #2

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks	Observations			
3-4 yrs.	2	Eats with fork and spoon				
	3	Likes to help set table				
4-5 yrs.	1	Spreads butter on bread with knife				
	2	Uses fork without spilling				
	3	Attempts to cut up food				
	4	Uses napkin				

DRESSING

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks				Observations
12-17 mos.	1	Cooperates in dressing—extends arm or foot				
	2	Removes shoes and socks				
18-23 mos.	1	Takes off clothes, needs help with buttons				
	2	Attempts to put on shoes				
	3	Can unzip front and side zippers				
24-29 mos.	1	Puts on pants or shorts—May put them on backwards				
	2	Puts on shoes and hats				
30-35 mos.	1	Undress completely				
	2	Needs supervision and help to dress; can put on socks				
	3	Can unbutton front buttons				
	4	Puts on coat or dress unassisted				
3-4 yrs.	1	Pulls on shoes				
	2	Intent on lacing shoes: (usually does incorrectly)				
	3	Buttons coat or dress				
4-5 yrs.	1	Dresses self except for tying shoes				
	2	Distinguishes front and back of clothes				

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TOILET TRAINING

Evaluation Scale

Child's Name _____

Age Level	No.	Developmental Tasks	Observations			
9-12 mos.	1	Beginning to show regular patterns in bladder and bowel elimination				
	2	Has 1 to 2 stools a day				
	3	Interval of dryness does not exceed 1-2 hours				
	4	Shows discomfort when wet or soiled				
13-18 mos.	1	Will set on nursery chair for short periods				
	2	Child can control bowel movement; the Sphincter muscle has developed				
	3	Will have bowel movement if put on toilet at appropriate time				
18-23 mos.	1	Indicates toilet needs by restlessness or vocalization				
	2	Bladder control transitional, 1-2 accidents per day				
24-29 mos.	1	Verbalizes toilet needs in reasonable time				
	2	Some word for both functions				
	3	Will go to toilet for urination—will pull down pants				
	4	Will go to toilet by self for bowel movement				
	5	Dry during the day				
	6	Requires assistance (reminding, dressing, wiping)				
	7	Makes inadequate attempts to wash hands				
30-35 mos.	1	Is able to pull pants up and down				
	2	Will go to toilet by self for urination				
	3	Seldom has accidents with bowel movements				
3-4 yrs.	1	Can flush toilet after use				
	2	Can wash hands after toileting				
4-5 yrs.	1	Stays dry at night				

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