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ABSTRACT

Presented are seven papers delivered at the March, 1975 National Child Find conference sponsored by the Coordinating Office for Regional Resource Centers and the National Association of State Directors of Special Education. The presentations describe identification, diagnostic and evaluation programs for handicapped children in the following states: New Jersey (Project Child: A Special Education Early Childhood Identification Project); North Carolina (Count the Children); Maryland (Early Identification Sub-System of the Maryland Special Services Information System); Idaho (Idaho Child Find); Pennsylvania (COMPILE: Commonwealth Plan for Identification, Location and Evaluation of Mentally Retarded Children); Colorado (Early and Periodic Screening, Diagnosis and Treatment Program); and California (Whittier Area Comprehensive Plan for Special Education). Among five appendixes is a matrix of 26 child find systems with an accompanying address list of contact persons for each system. (CL)

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PROCEEDINGS FROM THE
Child Find
CONFERENCE

Sponsored by

NATIONAL COORDINATING OFFICE
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Appreciation also is especially expressed to Mike Lubin and Janet Marr, CORRC graduate assistants, who spent many hours reading the child find systems collected. Their efforts were invaluable and simplified the task of identifying, reviewing, and selecting those child find systems which were presented at the conference and which are included in this document.

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INTRODUCTION

The purpose of this document is to share some of the best experiences and expertise in Child Find methodologies in the United States. The material contained here was presented at a national child find conference sponsored by the Coordinating Office for Regional Resource Centers (CORRC) and the National Association of State Directors of Special Education (NASDSE) March 26-27, 1975, in Washington, D.C.

Motivation and impetus for the conference were provided by recently enacted provisions in federal legislation (PL 93-380), the Education Amendments of 1974, which require state departments of education to develop plans to identify, evaluate and diagnose all handicapped children in order to receive federal funding for special education programs.

In response to this federal legislative requirement and to an expressed need of state departments of education for training and assistance in child find methodology, the staffs of CORRC and NASDSE collaborated in an effort to sponsor the March conference.

In October 1974, NASDSE conducted a national survey to identify those child find systems currently operating in the states. CORRC surveyed the Regional Resource Centers to identify child find programs which might have been excluded from the NASDSE survey.

A National Child Identification Advisory Board representing state, local, and consumer interests was formed. This board provided direction for selecting child find systems to be presented at the conference. They suggested that those attending the conference would benefit from the presentation of systems which were representative of many criteria as well as some systems which addressed especially well a particular area or aspect of child find in depth, such as early childhood, screening, or computer-based programs.

Based on the suggestions of the advisory board, the CORRC staff analyzed all systems sent to NASDSE, gathered input from practitioners, and visited projects to conduct in-depth interviews. It was from these efforts that the child find systems were selected for inclusion in the conference.

It would be nearly impossible to report in a document such as this all the child find systems reviewed by CORRC. The systems were complex in structure and each was many months in planning, developing, and implementing. To attempt to create a detailed analysis of each system would not only be presumptuous but would do great injustice to both the child find system analyzed and the professional staff involved in its development.

There were many questions raised by those attending the conference, such as 1) the costs involved in development, 2) the step-by-step plan on the development of a system, 3) specific problems encountered during planning and implementation, and so on. These concerns are very difficult to answer, though hopefully the information obtained from the conference and this document can guide those interested to appropriate sources to find the answers to such questions.

One method of developing a statewide child find system, regardless of its level of sophistication, requires two preliminary steps: 1) identification of a system(s) which would be appropriate and specific to the state and 2) contacting individuals associated with the system(s) who could assist in the detailed planning. Through this procedure the specific questions of costs, expected results, and step-by-step planning can better be answered by those individuals responsible for and involved in child find activities.

A post conference document on child find was considered to be of equal importance to the conference itself. This is a record of that conference. It includes seven presentations, a matrix of 26 child find systems with an accompanying address list of contact persons for each system, an evaluation of the conference proceedings, and a conference participants list.

We hope this document will be of timely value to State Directors of Special Education and their staffs, RRC personnel, universities, and other professionals who are or may eventually be involved in performing the challenging task of identifying unserved handicapped children.


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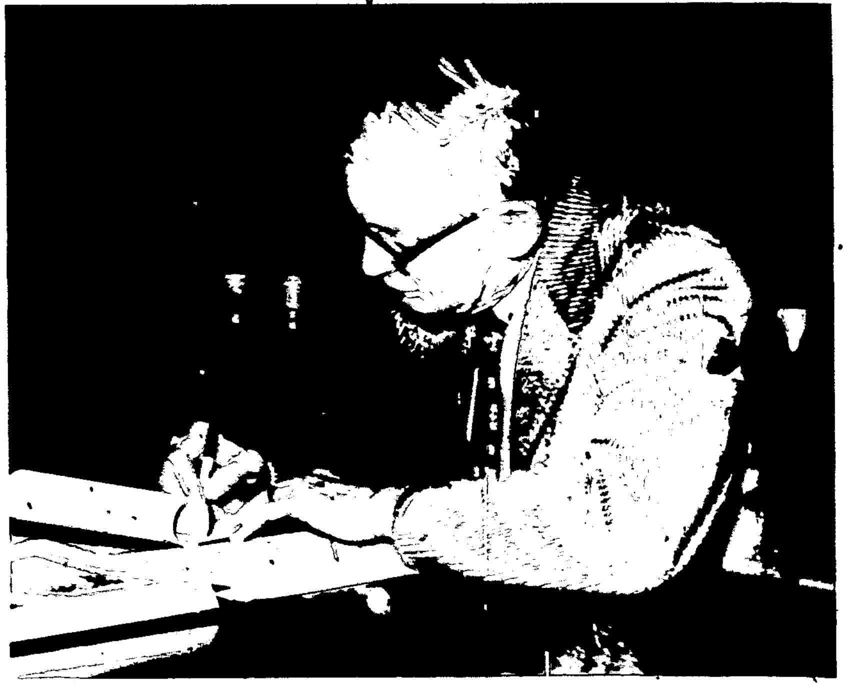

NEW JERSEY

PROJECT CHILD: A SPECIAL EDUCATION EARLY CHILDHOOD IDENTIFICATION PROJECT

Dr. Paul Winkler
Director

In New Jersey, as in most other states throughout the nation, little was known in schools about handicapped children prior to the late fifties and early sixties. There was some legislation on the books which provided for the blind, mentally retarded, and the emotionally disturbed, but even some of this was optional as opposed to mandated.

The Role of Parent Organizations

Strangely, the impetus for Project Child was a rubella epidemic in the early 1960s. Affecting the unborn fetus of the mother adversely between the third and eighth month of pregnancy, rubella often renders the newborn child blind, deaf, hard of hearing, heart defected, or a number of other problems and their combinations. Parents of the thousands of children born in New Jersey during those years with such handicaps began to pressure the legislature and school systems for immediate help.

The beginnings of "special interests groups" were laid more out of desperation than the pursuit of academic interest on the part of mom and dad. Parents came together in open hostility directed towards the many personnel within the community who should have helped, but didn't. This was not the best way to bring about change for their children, but the only way left open to them, and certainly, in retrospect, a natural one to follow.

Looking back now we can justly feel that the beginnings of the "prime mover" towards a more reasonable and reliable program for the handicapped was certainly the parent organizations. Legislators, superintendents, and boards of education began to feel the pressure of the resounding question, "How will you provide?"

Parents Pressure for Services

As a result, both the federal government and the state governments moved to provide funding and services by the creation of a half dozen special school districts throughout the state in the Summer of 1967. These districts were to provide for diagnosis and remediation of handicaps to preschool children affected by the rubella epidemic of 1964-65.

Soon, of course, additional pressure was brought to bear upon the state for identification and prescription programs for preschool handicapped children other than those afflicted by the rubella epidemic. Similarly, Boards of Education throughout the state began to be interested in projecting handicapped populations several years in advance of school age. This would give the boards the opportunity to be both fiscally prepared as well as prepared personnel-wise. Parents were interested in programs. The state was interested in legislation and funding.

The Responses of the Department of Education

With all these variables aloft, the State Department of Education began a move in two distinct areas. One was the revision of existing legislation for the handicapped known then as Chapter 27 of Title 18A and the second was the development of an instrument and a vehicle of execution to expose the massive number of preschool handicapped by name, address, and disability to the Department of Education.

The first consideration was realized with the legislation of comprehensive and refined laws regarding the handicapped. These first appeared in their present state in June of 1966 and are known as Chapter 46, Title 18A. These laws provided mandated guides for each board of education to provide for 11 classes of handicapped children. Services are specific as are the diagnostics which would lead to these services.

Requirements and certification for diagnostic and team personnel are spelled out. Types of classes for the appropriate learning problem area are also clear as well as alternatives to specific class placement.

The second consideration, that of identifying preschool handicapped, was given to the Educational Improvement Center – South Jersey Region, Pitman, New Jersey, for study and resolution. The initial request came in early 1968. A director for the project, thereafter termed "Project Child," was hired in July 1968. This, then, is the story of Project Child.

The Project

The original efforts of Project Child were limited to the eight southern counties of New Jersey. The southern section of the state was chosen for its rural composition which, until this time, had not lent itself well to either detection of the preschool handicapped or their remediation. Primarily, the crucial issue defying coverage of the South Jersey preschool handicapped was one of sparse geographical positioning of its inhabitants. This was a good proving ground for Project Child.

Developing the Instrument

The initial problem of "how" to get at the young population took several forms. Arguments raged back and forth as to "what was best" and "how the best" should be implemented. The outcome, a result of hundreds of person hours of debate, took the shape of a one-page questionnaire directed at the parent of the preschool child and called for a conclusion from this very same parent. There were 18 possible problem areas in which parents could indicate their opinion of their child's problem ranging in 17 of these areas from mild, moderate, or severe. One of the areas was left open and the word "other" was used so that a parent who could not identify with the printed categories of suggested difficulties might better describe their child's problem. Both physical and behavioral problems were included. The survey was accompanied by an introductory letter. Forms were printed in both Spanish and English.

It must be clearly stated at this time that Project Child was a project

designed to "identify" preschool handicapped. Any and all the activities which were to follow this initial identification were the province of the Educational Improvement Center in cooperation with the New Jersey State Department of Education as it related to the needs of the children in other Project endeavors.

In an attempt to achieve a measure of validity, the form was field tested with members of the Gloucester County Association of Retarded Children. With a few recommended changes, principally in the sequential order of the questions, the instrument was considered to be valid.

Due to the emphasis being placed on parental identification of exceptionalities, project staff members felt that a parent-to-parent relationship would be most beneficial in achieving maximum cooperation. Therefore, assistance from the largest parent organized parent groups, the public and parochial parent-teacher associations, was solicited.

> *. . . the beginnings of the "prime mover" towards a more reasonable and reliable program for the handicapped was certainly the parent organizations.*

Initially, a resume of Project Child was presented to the state presidents of both groups. Consequently, arrangements were made with the county officers of the public school associations and the regional officers of the parochial school groups for a meeting where detailed explanation and discussion of the project took place. At these initial meetings, each group made a commitment to participate. Each county or regional president was asked to appoint a coordinator and schedule a meeting with their local officers. Project staff members would attend these meetings to orient the group to the project and define their role in it. Each local president was to be asked to prepare for the survey by appointing a local coordinator, dividing their district into survey neighborhoods, and recruiting a survey team member for each neighborhood.

Subsequently a welcome letter for volunteers, a job task description, and a suggested plan of action were written to be dispersed by way of the project coordinator to county or regional coordinator, then on to local coordinator and finally to survey team members. Letters explaining the project and the parent-teacher organizations' role in it were mailed to all involved school administrators.

> *Project Child was a project designed to "identify" preschool handicapped*

Through the media of television, radio and newspapers, publicity was disseminated informing parents of the survey. Copies of an attractive flyer describing Project Child were given to school districts to duplicate and distribute to children in the elementary schools for the purpose of spreading the word about the upcoming survey.

Simultaneously, county superintendents were contacted regarding current kindergarten enrollment figures for each district under their jurisdiction. This figure was multiplied by the number five to approximate the number of preschool children from birth to [illegible]ve present in the total population.

After questionnaires were received from the printer, they were packaged along with other materials needed to conduct the survey. The county meetings were then held and the materials were distributed to the coordinators of each school district within the county. Project staff members attended these meetings and conducted training on how to do the survey.

> *Of all the alternatives used, it was felt that the most effective method was the general one of house-to-house canvassing in which the questionnaires were taken directly to the homes by the volunteers and later collected directly from the homes.*

Following the county meetings, the local coordinators held their own training sessions with their survey team members and the distribution of the questionnaires to the homes of preschool children began. Subsequently the completed questionnaires were collected by the team and returned to their coordinator who in turn gave them to the county coordinators. From there they were returned to the project office.

Alternative methods for distributing and collecting the questionnaires were used in some districts where it was felt necessary. Some of the other methods used were:

1. Parent and child were to come to central location on specific dates.
2. Questionnaires were printed in local newspapers and parents were requested to complete them and mail them in.
3. Questionnaires were sent home to families with preschool children by way of children from school and returned.
4. Questionnaires were sent to parents of preschool children to be completed and returned through the mail.

Of all the alternatives used, it was felt that the most effective method was the general one of house-to-house canvassing in which the questionnaires were taken directly to the homes by the volunteers and later collected directly from the homes.

Additional questionnaires were sent by mail to pediatricians, hospitals, institutions, day care centers, nursery schools, preschool programs, and social agencies requesting information regarding handicapped children under their care. Replies from these sources were combined with information received from parents. During the months of February and March, parent-teacher organization members and other volunteers canvassed their neighborhoods, distributing and collecting the survey questionnaires.

The completed questionnaires were then returned to the Educational Improvement Center, screened for responses indicating possible handicaps and coded according to the provided information. Positive coded responses were forwarded to an electronic data processing firm, transferred to key-punch cards, and computer processed through a program specifically designed for this survey.

Analysis of the data collected produced concern as to whether the questionnaire designed for parental response could accurately serve as an identification instrument for preschool exceptional children. It was felt that the parents interpreted and responded to the form on a medical basis since many problems were reported as mild for such reasons as, "wears glasses," "wears corrective shoes," and "has allergies to specific foods." Therefore, it was felt that the instrument **could not accurately serve as an identification device but should, in reality, be considered a screening device.**

In the years that followed the survey, during actual clinical follow-up on the questionnaires which indicated a potential learning problem, one out of two parent indicators were found to have been correct. They were correct in that the child did, in fact, have a problem even though it might not have been the specific area checked by the parent.

For those who had worried about the reliability of the parent indicator, all fears were laid to rest!

The Process

At this point, it may be of help to see a list of activities in chronological order of occurrence necessary for the completion of Project Child. The following represents such a list.

1. Establish area to be covered by Project Child.
2. Sample willingness of State Department and local county superintendents to allow the project to occur.
3. Investigate funding possibilities for support of project.
4. Meet with appropriate members of State Department and county superintendents to discuss time line.
5. Call individual meetings by county of all school superintendents. Investigate their interest to participate in project.
6. Call corresponding meeting of county PTA presidents as well as representatives of large affective organizations which would complement PTA in carrying out survey.
7. Meet with school administrators or personnel appointed by school superintendents who are to be school liaison persons during survey.
8. Call meeting of all local school district PTA presidents or their

representatives as well as representatives of allied organizations to discuss survey in detail.

9. Send lists of PTA presidents or representatives to school liaison personnel. Send corresponding list of school liaison personnel to PTA presidents and representatives of allied groups.
10. Help key personnel by school districts arrange training session for their workers by school district.
11. Establish time and place for pick up and return of questionnaires.
12. Notify all "media" of project and solicit publicity support in behalf of public interest. (Send out publicity-package to same.)
13. Deliver materials to central point by county and disburse to school liaison personnel.
14. Notify PTA and allied organizations that materials are available, through school liaison personnel and may be picked up on a certain date at a certain place.
15. Check pick ups and remind those who did not pick up material to do so.
16. Conduct survey (dissemination of questionnaire).
17. Spot check districts by telephone and evaluate progress.
18. Check to see who has not returned questionnaires on appropriate return date. Call!
19. Pick up questionnaires at central point and deliver to place of printout.
20. Notify district school representatives and survey workers of follow-up meeting, time and place.
21. Hold follow-up meeting and discuss possibilities by county for each school district to engage in some type of preschool activities.
22. Be available for consultation and help in constructing proposals for preschool program as requested.
23. Encourage districts to update their preschool information on a yearly basis.

What are the principle components for a statewide preschool survey? With excellent leadership, defined needs and consequent goals, a proven instrument, organization, planning, training and dissemination, you could do a state the size of New Jersey in 18 months. There would be many factors in your favor. It would be cheaper. It would reveal a truer and more comprehensive picture. Publicity, could be statewide at any given time. The impact on needful legislation and services would be far greater when data speaks for the entire state. Concurrently, your changes of federal funding support would also be much greater due to the number and types of children you would be attempting to reach.

Why, then, wasn't New Jersey done in 18 months? Why a period of six years? The original interest in Project Child was localized and rose from the communities most frustrated and hampered by geographical difficulties in terms of providing. Project Child was a response to this initial need. The success in the original eight southern counties boomeranged throughout the state when children were identified and helped as well. Project Child, originally designed to screen 20,000 children, screened 125,000 children before it ended six years later.

Question: Is Project Child a one-time thing?

Answer: No. The State Department of Education has recommended to the legislature in a "Twenty Year Report on Special Education in New Jersey" that Project Child be refined and continued as an ongoing effort to support the preschool handicapped.

Can other states anticipate this type of support from their State Departments and Legislatures? We live in a decade of awareness to the exceptional child. The time and atmosphere are right. The project, starting at the very grass roots, cannot be denied. Why wait until the child is five? Why deny the youngster his best years for repatriation?

If we were to suggest numbers and types of personnel needed to carry out such a project in a state the size of New Jersey, we would make the following recommendations: one administrator, three assistant administrators, two public relations personnel, and two full time secretaries. In addition, it would be helpful to train about 10 parents of handicapped children who would be willing to speak for the project and travel with administrators throughout the state. All of the county superintendents and those persons in each county responsible on a state level for handicapped children in school should make up an advisory board for the project.

Findings

Over 120,000 parents returned the questionnaire with over 18,000 (or 15 percent) indicating a problem. This 15 percent was consistent whether forms were collected in rural, urban, suburban or inner city areas. Follow-up projects to Project Child made several findings which centered on the following: first, the number of children identified in Project Child, when screened in the individual programs, showed a considerable degree of parent-identification reliability. Every other child seen as a result of the Project Child survey was, in fact, handicapped to some degree. Second, the Projects were received extremely well by the parents of the identified children. In most cases parents were, themselves, more than willing to attend instructional sessions. Third, the children involved generally responded significantly to programs. Fourth, the children in such programs were carefully guided into their formal school districts which were completely aware of their problems and ready to take up any follow through, if needed, on the child.

Another factor which strongly supports the effectiveness of Project Child was the extent to which organizations and professionals outside of the school systems were affected and responded to the thrust for help for these preschool handicapped. Projects solicited and received support from hospital clinics, social services, community special interest groups, and state and federal departments of child care.

In the 1973-74 school year the New Jersey State Legislature provided a half million dollars to carry on work with preschool handicapped. In the school year 1974-75, the state legislature has provided one million dollars for the support of preschool programs. This funding in itself is another testimony to the work begun in 1968 by Project Child.

There are presently 45 preschool facilities and programs functioning in New Jersey which can trace their origins to the Project. These programs see upwards of 10,000 preschool handicapped children a year in their clinics, educational studies areas, and classrooms. Some of these children stay for a year. Others stay several years. Many make regular kindergarten. Many will be provided essential and meaningful special programs in the formal school setting.

Recommendations

It is recommended that any state pursuing such a task as Project Child first establish sources of local, state, and federal funding for programs for the preschool handicapped. Once these sources are established, the people asked to participate in the identification may proceed with more faith that they will be able to do something for the children they find.

An additional suggestion made by the Project Child staff was to have mandatory registration of every child in a district at the age of three. The parent would bring the child to the school as is done with kindergarten registration. At that time, a questionnaire would be issued and completed during the course of registration. There are several advantages to this method. First, the school would have an accurate record of its incoming population two years in advance. Second, the in-person registration would provide the opportunity for an initial screening of any potential problems in the school population. Third, if the questionnaire is completed at that time, there is ample opportunity for discussion of any points in the questionnaire. Fourth, should any questionnaire indicate a potential learning handicap, there is ample time for further testing and possible correction of the problem. It is hoped that the present emphasis on early childhood education might result in legislation which would make this type of screening mandatory in the near future on a national basis.

In any event, it is strongly felt that Project Child should be an ongoing program and that the project was extremely valuable in serving to reach the goal of equal education for each member of society.[1]

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[1] See booklet *Project CHILD–A Special Education Early Childhood Identification Project*, for details and forms. Write to Educational Improvement Center-South, Box 426, Pitman, N.J. 08071.

NORTH CAROLINA

COUNT THE CHILDREN

Mrs. Mamie Hubbard
Special Assistant for Regional Services

Approximately 500,000 children in North Carolina between the ages of birth and 21 years have temporary or permanent disabilities. Current estimates indicate that only 40 percent of these exceptional youngsters are receiving the educational programs and services that they need in order to develop useful and personally rewarding lives. This means that there are about 300,000 special children in North Carolina whose needs are not being met. One of the main reasons for the apparent failure in this area is that those who are in a position to provide needed services do not know who these children are. If they are to receive appropriate comprehensive services. these children must first be identified and their specific needs and problems determined. In recognition of this fact, the North Carolina General Assembly recently enacted the Equal Educational Opportunities Act, Senate Bill 1238 which provides for a statewide census for all children with special needs in public and private schools, at home, in day care, or in residential facilities. This Bill also outlines the areas of special needs to which the census addressed itself.

The Census Procedure

The North Carolina State Department of Public Instruction's Division for Exceptional Children has designed a census procedure which will provide local school administrators with the information they need to plan appropriate services for all exceptional children within their units.

A pilot procedure was developed during the spring of 1974, funded under the Education of the Handicapped Act, Title VI-B, Public Law 91-230. This pilot procedure was developed in the Cleveland County school system, which consists of three school units: Shelby City, Kings Mountain City, Cleveland County. From the Cleveland County experience the Division for Exceptional Children developed a five-step procedure which was then utilized in cooperation with the Department of Human Resources to organize a statewide census of all children with special needs.

Several things make the North Carolina census different from others previously conducted. One, this census was mandated by the State Legislature, and, two, funds were provided for a cooperative effort between the two State agencies responsible for the majority of child services–The Department of Public Instruction (State Education Agency), and Department of Human Resources.

Five-Step Pilot Procedure

After a thorough study of other states' census procedures, and consultation from both in-state and out-of-state specialists, the following five-step procedure was developed through a field test process.

1. A local task force should be selected and headed by a coordinator who is familiar with the community and its leaders.
2. All children who have special needs and are not enrolled in the public

schools should be identified. This would include children who are receiving services as well as those who are without services. Baseline information on children currently receiving services would be sought from state and local service agencies. Efforts directed toward the identification of children currently without services would include an extensive media campaign and personal solicitation for help from local civic and other community organizations.

3. All children with special needs in public school should be identified. Again, this includes both those enrolled in special programs and those currently without special services. Information about children currently enrolled in special programs might best be obtained from local directors of special services; and information about children currently without services could be obtained from individual classroom teachers. Forms and procedures for both in-school and out-of-school surveys have been developed.

4. The information which is collected should be collated and sent to the State Department of Public Instruction in Raleigh for computer analysis.

5. The census results should be used by local units for the formulation of plans for the allocation of unit resources. The collective results of surveys conducted throughout the state will be extremely useful in the development of comprehensive state plans for the provision of appropriate services to all of North Carolina's estimated 500,000 exceptional children.

This five-step procedure was enlarged upon and utilized in the statewide census of children with special needs which is described below.

The Statewide Census and Registration

A committee, appointed jointly by the State Superintendent of Public Instruction and the Secretary of the Department of Human Resources, began a review of known census procedures and a more in-depth study of the procedure utilized in the pilot study. Because of time and financial restraints, it was decided a sample of the state would be selected for an in-depth census based on the pilot study. This plan was then presented to the Legislative Commission on children with special needs. This Legislative Commission was established by the North Carolina State Legislature as outlined in Senate Bill 1238. The commission approved the sampling process as a feasible procedure to fulfill the legislation.

Coupled with the in-depth sample census was a statewide school registration of all children (birth - 21 years) with special needs, who were not receiving services. This statewide school registration--"Count the Children"--was conducted jointly by the Department of Public Instruction, Department of Human Resources, and Parents and Professionals for Handicapped Children (PPHC). The plan then became twofold- one, an in-depth census of a selected sample of school administrative units: and two, a statewide school registration of all children with special needs, birth to 21 years of age. Following is a more detailed description of these two activities.

The in-depth census count in the sample school units was conducted during October at the same time a mass statewide media campaign was underway to alert all persons of the need to register children with special needs in the "Count the Children Drive."

The 10 sample counties, 18 school systems, were selected by sample design. Representatives from each of the school systems came together for a planning session and an explanation of the in-depth census procedure. Forms developed by the State census committee were provided to the selected school systems along with copies of the special needs explanations. The reporting forms and special needs explanations were then provided to each regular class teacher who in turn completed the reporting form according to the instructions. All teachers of exceptional children completed a form indicating the number of students they were currently working with including supportive data. These two forms were collected by the local school system representative and tabulated on the summary reporting form. Identification numbers were assigned as the instruction sheet directed. This was to insure complete confidentiality at the state level.

> *If they are to receive appropriate comprehensive services, handicapped children must first be identified and their specific needs and problems determined.*

The statewide school registration drive "Count the Children" was a cooperative effort between the State Department of Public Instruction, Department of Human Resources, and Parents and Professionals for the Handicapped. At the local level the activities were coordinated by Council on Developmentally Disabled field workers.

Through a volunteer effort conducted by PPHC, both parents and professionals were available at registration sites in each county during one week in October. Public schools were selected as registration sites. Each registration site was provided with copies of a census manual and registration forms. The statewide school registration drive had two major objectives: (1) providing information on Senate Bill 1238--The Equal Education Opportunities Act and (2) alerting parents and guardians of the need to bring to the attention of public school and Human Resource personnel, children with special needs. Parents and/or legal guardians could register any child, birth to 21 years of age, who they felt had a special need or was in need of special services.

> *The joint effort between public instruction, human resources, and consumers, has forged links of communication and cooperation that never before existed in the state.*

In an effort to obtain data on all children with special needs who reside within a county, the following procedures were undertaken to supplement the registration data and in-depth census figures:

1. Survey of all non-public schools utilizing forms adapted from in-depth census.
2. Survey of all state special schools, institutions, day care facilities, hospital schools, training schools, mental health facilities, and expense grant applications.

These four areas, the in-depth census data, "Count the Children Drive" data, survey of non-public schools, and the data available from a survey of special schools, institutions, day care facilities, training schools, etc., will be combined to represent the data which will be projected statewide to determine the estimated number of children who will need special services.

Strengths and Weaknesses

For 1974-75 the census has been completed. The data has been computerized and will be analyzed by state statistical personnel as well as the independent organization who drew the sample. The data printout and analysis will provide the two state agencies with needed, reliable figures to project the areas of needed concentration and future funding requests.

In retrospect and in an effort to aid others who may wish to explore this procedure, listed below are some apparent weaknesses and strengths:

Weaknesses:

1. Publicity, while good for the most part, should have started earlier.
2. Contact with local Department of Human Resources agencies should have been much better developed. A series of workshops on the census/registration at least two months before the Count the Children Drive would have given people at the local level a better idea of what was to come and what their part would be.
3. Count the Children Committees should have been organized much earlier and each should have been given a well developed manual describing in detail their activities, how they should be organized and what they should do to follow up the census week.

Strengths:

1. School people, agency personnel, parents and volunteer organizations can meet and work together when they are given a common task, a clear set of responsibilities and are approached from a positive standpoint.
2. People are turned on by the idea of helping handicapped children. With the right approach, volunteers will come out of the woodwork.
3. As a result of the Count the Children Drive, there is a public awareness of children with special needs that never before existed. This awareness has extended to the General Assembly which, this year, is showing signs of willingness to respond to the needs of exceptional children in ways that are sometimes surprising.
4. The joint effort between public instruction, human resources, and consumers, has forged links of communication and cooperation that never before existed in the state.

The Future of "Count the Children"

The census has provided needed data as well as informing professional and lay persons of the intent of Senate Bill 1238, the Equal Education Opportunities Act. This census is only the beginning—an initial effort to determine where we are, and where we need to go. We do not consider this a final product. The Division for Exceptional Children will continue to analyze and evaluate the initial census data and process.

Plans are being discussed to sample the in-school population referred by regular class teachers (those not confirmed) as children with special needs in an effort to validate the referral procedure. With more children with special needs coming to the attention of school personnel, the Division for Exceptional Children will provide technical assistance to systems in an effort to assist them in planning and developing a continuum of service, in designing instructional alternatives, in planning better utilization of manpower, and in developing a support system for exceptional children in the public schools.

To insure complete confidentiality at the state level. identification numbers were assigned.

We know where we are, and our final destination will not be reached until all children in North Carolina with special needs are receiving full and appropriate services.

The following pages show examples of the public relations campaign which was carried on in North Carolina. Also included are a procedures manual for the census, and a copy of the census registration form.

"COUNT THE CHILDREN" OCTOBER 21 - 26

Suggested Public Relations Campaign for 10-County Target Area

PURPOSE: Conduct an awareness program to solicit support from public to determine numbers of children with special needs (0-21)

SPECIFIC GOAL: Concentrate for media saturation during two-week period; utilize organizations for additional support

I. Media Determine Availability - Personal Contacts - Constant Flow Of Information
  A. Newspapers News Stories - Before, During, After - Pictures
    Features - Editorials - Columns - Statistics
    Cartoons Space Fillers - Advertising Drop Lines
    Public Service Advertisements
  B. Radio
    News Interviews - Public Service Spots - Comments - Reminders
    Progress Reports - Statements - Explanations
  C. TV
    News Interviews - Public Service Spots

II. Organizational Cooperation
  A. Handbills - House-to-House
    (Scouts) - Youth Groups - Newspaper Delivery - Milk Man - Shopping Bags - Parking Lots - Football Games, etc.
  B. Posters (Local Poster Contest) - Banks - Post Offices - Schools - Factories - Stores - Centers - Churches, etc.
  C. Public Events Announcements - Posters
  D. Churches Bulletin Notices - Announcements - Sermons
  E. Civic Clubs Programs - Announcements
  F. Chambers - Cooperation
  G. Government
  H. Schools
  I. Others

III. Method-Format
  In every message tell:
    a. What it is -
    b. When it is -
    c. Why
    d. Where
      Be consistent in all information
      Use local situation to best advantage

PUBLICITY

The following checklist and information on the "Count the Children" drive was distributed to Developmental Disabilities Directors and Area Coordinators. The information was sent from the office of the Governor's Advocacy Council on Children and Youth and was provided by the state Count the Children committee.

Approx. Date	
Oct. 6	Sample press releases—You may fill in the blanks or modify as you see fit and send them to local media.*
Oct. 6	Brochures—4-fold brochure encapsulating census plan. You will receive an average of 1000 per county. They will arrive in two mailings.*
Oct. 7	Second press release*
Oct. 7-8	Press packets (brochures, press releases, and handbills)*
Oct. 8	Radio tapes (three 30-second spots)*
Oct. 8	TV tapes and slides*
Oct. 8	Posters (one "slick" copy for each newspaper)*
Oct. 9	Posters—Posters give basic information on Drive. Approximately 200 per county will be allocated.*
Oct. 14	Flier/Registration form—Flier on one side gives basic information on census; actual registration form is on reverse side, to be filled out by parent and returned. For distribution to school children and at drop-off sites throughout county.
Oct. 14	Registration forms—for use at registration sites, etc.
Oct. 14	Procedures manuals—explanation on how to fill out forms; gives definitions of special needs. Approximately five copies per county to be used at registration sites. It is not essential for all registrants to see procedures manual. It is desirable for registrars to have access to a manual.
Oct. 17	Third press release*

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*These will be sent directly from Raleigh to all daily and weekly newspapers and all radio and TV stations (including nearby out-of-state stations). You will receive a sample copy of each.

PUBLICITY CHECKLIST

1. CONTACT EDITOR OF EVERY DAILY AND WEEKLY NEWSPAPER IN YOUR COUNTY. If possible, go to see him and explain the why's, when, how's, etc. of the Drive. Ask him specifically to:

   Print a copy of the registration form in the paper at least one day during the registration week. Ask him to do it free as he probably did with sample election ballots. We must know as soon as possible how many newspapers will print it free. If you cannot persuade him (try hard!) to print it gratis, get an estimate on what it would cost to have it printed.

   Ask him to respond to the Department of Human Resources and to your own news releases. Call him after each press release is sent to him to ask that he print it.

   Use sample news releases sent to you or write your own whenever appropriate and send to all local media.

   Ask him to follow the preparations and progress of the Drive and to write news stories.

   Ask him to do feature articles on children, preferably from your county, who have special needs that are not being adequately met. If you know of such children, ask their parents permission and then give their names to the editors.

   Encourage your committee members to write letters to the editor as many as possible—relating to the Drive (e.g., parents telling how services are needed or how drive will benefit their children; letters urging community cooperation; letters referring to articles or feature stories in paper).

2. MAKE PERSONAL CONTACTS WITH ALL TV AND RADIO STATIONS IN YOUR COUNTY. Ask them to:

   Carry public service announcements sent to them on tape by the Department of Human Resources. Ask these to be run during prime time, especially during registration week.

   Carry news stories about the preparation, progress, etc., of the Drive and any special events related to it in your county.

   Ask them to schedule you or a "Count the Children" spokesman on a talk show before or during registration week.

3. POSTERS. You will receive approximately 200 8½" x 11" posters calling attention to "Count the Children." Place posters in conspicuous places in every supermarket, in other stores, in laundromats, and in as many other locations as possible.

   Don't overlook rural areas a small neighborhood store in a rural area may be as important as a big supermarket in a populated area.

   Ask art teachers and classroom teachers to have their students make attractive posters to supplement your supply from Raleigh.

4. CHURCHES

   October 30th is "Count the Children Sunday." Ask ministers to call attention to it during services.

   Ask to have information on the Drive printed on church programs, in church bulletins, and on the signs outside churches.

   Ask ministers to inform individual members of their congregation who have a child with special needs.

   Meet with church clubs to recruit volunteers, and give information.

5. INFORMATION BOOTHS Try to set up information/registration tables at shopping centers, in downtown shopping areas, and at any fairs or special events in your county before and during registration week.

6. GENERAL REMINDERS

   Be sure to get ample publicity and outreach to minority groups. Take advantage of such things as black radio stations and newspapers; make contacts with organizations, churches, and residential areas with minority group populations.

   In counties with populated areas don't neglect the rural parts of the county. Publicity and outreach here is vital. Remember county stores, rural sports events.

   Remember to aim appeals at fathers as well as at mothers.

   Remember this must be sold as a **community effort**. Nobody is doing you a favor by cooperating. The Count the Children Drive should be everybody's concern.

   Distribution of brochures, posters, fliers, and registration forms will be made to coordinators on an estimate of average need per county. Please balance your own distribution of these materials to counties based on the size, population, whether in-depth county, etc.

   Press releases, posters and other publicity that originates with your committee should emphasize phone numbers and registration sites.

   If you have questions, don't hesitate to call anyone at the state level. For PPHC or volunteer questions, call me or Frank Warren at (919) 829-4433. Mamie Hubbard (919) 829-3921 can answer questions related to DPE and the 10-county census. Danny Graves' number is (919) 829-7029.

Registration Checklist

1. MEET WITH SCHOOL OFFICIALS

Explain census procedures.

Get commitment of cooperation and assistance.

Negotiate for registration sites, times, etc.; and for loan of school personnel.

Arrange to have flier/registration forms distributed to all school children grades K-6 (in case they have siblings, neighbors, relatives with special needs or if parents want to register children receiving inappropriate services in public schools).

Arrange to retrieve all completed forms that are mailed to superintendent's office or returned to schools by school children.

2. FIND ONE OR MORE PHONE LOCATIONS IN YOUR COUNTY. ADVERTISE THE TELEPHONE NUMBER FOR PEOPLE TO CALL FOR INFORMATION AND TO REGISTER BY PHONE. The phone should be available and manned for at least an eight-hour period daily. (One experienced source recommends 9:00 A.M.–9:00 P.M.)

In highly populated areas, it may help to find a two or three-line phone (one number rings on any of three phones if other lines are busy). County committees cannot be reimbursed for purchase of such phone lines. Try agencies, banks (especially banks), businesses, and already-existing information/referral/crisis, etc., centers. Or, you might get an organization or business to donate money to purchase such phones. The Telephone Workers Association often has funds for such donations and also has off-duty operators who frequently volunteer to answer phones for projects like this.

One or more community volunteers, particularly those who have babysitting problems, may be willing to stay at home and have their own phones used for information/registration lines. If they have to leave the house at times, other volunteers could "phone-sit" during their absence.

Try to have enough phone lines in different parts of a county so that callers don't have to make long-distance calls for info/registration.

Be sure to publicize phone numbers that you have arranged.

Human Resources toll-free Hotline will also be available for info/registration – 1-800-662-7950.

3. COMMUNITY INVOLVEMENT

Contact the heads of local clubs and organizations (church clubs, civic and service organizations, business and professional organizations, labor unions, etc. get list from Chamber of Commerce or look in Yellow Pages under "Associations").

Where possible, arrange to have a speaker from your committee attend club meetings to talk about the Drive. At least provide copies of pamphlets to be distributed at club meetings. Ask members to:

1) Register their own children if they have children with special needs.
2) Inform people they know who have children with special needs about the Drive.
3) Volunteer to help with Count the Children Drive.

4. PREPARE A SCHEDULE OF VOLUNTEERS TO MAN REGISTRATION SITES AND TELEPHONES.

Stress to volunteers the importance of fulfilling every commitment they make without fail. Try to identify a few "reserves" who can be called on short notice if a volunteer does not show up as scheduled.

Try to arrange for at least one agency person to be assigned to each registration site at all times.

One committee (Mecklenburg) has arranged for a professional advisory team to be within reach by telephone to help volunteers answer technical questions. This is an excellent idea!

The same committee is holding volunteer training sessions one in the afternoon and one in the evening to enable all volunteers to attend.

5. AGENCY INVOLVEMENT

All public and private agencies who have contact with parents should be asked to notify their clients who have children with special needs and inform the clients and/or assist them in registering. Such agency personnel should have copies of the registration form (perhaps with flier on back) and should have adequate training or information. These agencies should include, but not be limited to:

1) Social Services
2) Public Health
3) Mental Health
4) Vocation Rehabilitation
5) Court Counselors
6) Hospital Clinics
7) DEC's
8) Private pediatricians

6. REGISTRATION FORM DROP-OFF SITES Certain crucial locations should be provided with flier/registration forms. Form should be available at factories, doctor's offices, banks, beauty parlors, and other places where people gather.

7. DAY CARE CENTERS All day care centers (for handicapped and normal children) that you can possibly locate should be asked to inform parents of children with special needs of the Drive and in many cases to assist them in registering. They should be provided with some forms and might be willing to mail flier/registration forms to parents with their own cover letter. You may wish to assure day care centers that school registration will not endanger their programs: that school-age children should have the opportunity to attend public schools; that there may be a possibility for contracts between public schools and their facilities, that pre-school and after-school programs will always be in great demand.

8. RESIDENTIAL FACILITIES Any group homes or private institutions in your county that house children with special needs should be asked to inform and assist parents or guardians of those children to register the children.

9. RETRIEVAL OF FORMS Keep a list of all agencies and locations where you leave registration forms. During the week of October 28th, please check each location to retrieve completed forms. Many forms will be mailed to the office of the superintendent of schools. Be sure that such forms are also retrieved.

IMPORTANT: One very effective way to reach families of children with special needs is to ask Social Services, Mental Health, Public Health and all agencies serving high risk families to include registration forms and/or fliers with every mailing to these families!

Procedures Manual
Census of Children with Special Needs

The 1973-74 General Assembly passed the Equal Education Opportunities Act (Senate Bill 1238) which calls for a census of all children with special needs. The Department of Human Resources and the Department of Public Instruction have cooperatively developed a plan for conducting the census.

The drive will include: One, an indepth census in 10 selected counties (18 administrative units) of all children ages 0-21 both in and out of school; and two, a statewide school registration of those children who are not currently receiving services. The registration will be conducted with the assistance of the Council on Developmental Disabilities and Parents and Professionals for Handicapped Children (PPHC).

Please read the entire procedure guide before you begin to complete the census form. Every attempt has been made to keep both the form and procedures as concise and easy to manage as possible.

The census form is divided into four areas:

1. Identifying Information
2. Present Status
3. Special Need
4. Diagnosis

Accuracy is of utmost importance as you complete each portion. Information indicated by an asterisk (*) represents the information which will be computerized. Each section is explained in depth on the following pages.

Identifying Information

- Date–The date information is completed.
- Identification Number–This number will be assigned by regional census coordinator after entire census is complete.
- Person Reporting–Indicate name of person reporting information and relationship to child (parent, relative, teacher, physician, agency personnel).
- Age–Child's age
- Sex Indicate by "x".
- Name of Child–Indicate full name of child being reported.
- Birthdate Indicate birthdate of child being reported.
- Parent/Guardian–Indicate name of parent and/or guardian.
- Address/phone Indicate current address and telephone number of parent and/or guardian.

Present Status

This section will provide necessary information regarding current status of the child with regard to where he is currently receiving services, if he has been excluded, if he has not been presented for school, or if he is in school and receiving services.

A.

1. *Not been presented for school.* This refers to a child who has not been presented for public day school services this year. In most instances, this will refer to preschool age children but should not be limited to that age group, if for some reason an older child has not been presented by his parents and/or guardian (also includes children in private schools).
2. *Attending public day school and receiving appropriate services.* If a child has been properly identified as a child with special needs and is receiving the appropriate service within the public day school.
3. *In public day school and not receiving appropriate services.* In-school screening will be conducted in sample area schools to determine the number of pupils currently in public day schools but not receiving appropriate services.
4. *Excluded from public day school.* Enter those children who are currently excluded from services by the public day schools.
5. *On waiting list.* Enter program title if child is on current waiting list.

B.

1. *Receiving homebound instruction.* Children receiving instruction through a homebound teacher program in conjunction with public day school.
2. *In approved private program:* Children enrolled in approved private programs either in or out-of-state.
3. *Residential Program (institutions, care centers and schools).* Children currently receiving services through an institution, special hospitals, or schools (O'Berry, Asheville Orthopedic), or residential care center.
4. *In detention home.* Those children with special needs presently in a detention home.
5. *Dropped out of school.* Those children with special needs who have dropped out of public day school voluntarily. This does not include children excluded.
6. *Graduated from public day school.* Those children with special needs graduated from regular or special classes in a public day school.
7. *Employed in community.* Those children with special needs who are graduated, dropped out, or excluded who are also employed.
8. *In continuing education program.* Those children with special needs who are graduated, dropped out, or excluded but currently in a continuing education program through community college, technical institute, or other program where they may be receiving further training.
9. *In sheltered workshop.* Children with special needs who work full time in sheltered workshop.

10. *In out-of-state program*. Children with special needs currently receiving services out-of-state in an appropriate program.
11. *At home*. Children with special needs presently at home below school age or who have not been presented for school or who have been excluded from public day school or who have completed existing school programs but are below the age of 21.
12. *Withdrawn from school*. Children with special needs who have been withdrawn from public day school at parents' request.
13. *Receiving services from (agency/school)*. Enter agency or school child is receiving services from if other than public day school.

Special Needs

Place child in a primary special need area. the one that best meets his special needs at this time.

Hearing Impaired

Hearing impaired children are those with hearing losses which are handicapping educationally and developmentally and include those children who may later be educationally classified as hard-of-hearing as well as those who may later be classified as deaf.

1. Hard-of-hearing children are those whose hearing is defective but still functional, with or without a hearing aid, for the ordinary purposes of life.
2. Deaf children are those whose hearing is not functional for the ordinary purposes of life.

Speech and/or Language Impaired

Children requiring speech and/or language services are those who have one or more of the following communicative problems:

1. Misarticulation (trouble with speech sounds. such as substituting one sound for another. as wittle for *l*ittle: omitting speech sounds. as *ed* for red; distorting the speech sounds so that they are unintelligible)
2. Voice disorders (too high or too low pitch: too loud or too soft voice: nasality: hoarseness: breathiness)
3. Stuttering
4. Cleft palate
5. Language handicap (trouble in arranging words to form sentences: inadequate vocabulary: may be labeled as aphasic).

Visually Impaired

Definitions

1. Blind Children: Those who have so little remaining vision that they must use braille as their reading medium.
2. Partially Seeing Children: Those who have a loss of vision but are able to use regular or large type as their reading medium. These will generally be children who have a visual acuity between 20/70 and 20/200 in the better eye after correction.
3. Legal Blindness: Those who have a visual acuity of 20/200 or less in the better eye after correction or a peripheral field so contracted that the widest diameter subtends an arc no greater than 20 degrees.

Physically Handicapped: Crippled; Epileptic

Any child who has a crippling physical disability making it inadvisable for him to participate in the regular classroom program of the public schools. Qualifying disabilities are those of a serious, long-term permanent, or progressive nature and may include disabilities resulting from orthopedic, cardiac, or other systemic conditions.

Emotionally Troubled

The emotionally disturbed child or adolescent is one who, after receiving supportive and counseling services available to all students designed to improve adjustment and learning, continues to either manipulate or be manipulated by emotional factors and fails to cope with the regular education program. This may be manifested by an inability to develop emotionally and socially, to learn at the same rate as his or her classmates and by a need for special education services. Children and youth served by this program may be said to have "primary emotional problems," i.e., behavior and learning difficulties often referred to as social maladjustment, adjustment reaction, neurosis, psychosis, autism, etc. This definition does not include those students whose learning and adjustment problems are primarily due to: 1) mental retardation, 2) severe sensory or physical handicaps, 3) ordinary classroom behavior problems and social problems resulting from delinquency and drug abuse.

Learning Disabled

Children who exhibit a disorder in one or more of the basic psychological or physiological processes involved in understanding and in using spoken or written languages. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling, or arithmetic. They include, but are not limited to, conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and/or developmental aphasia. They do not include learning problems which are due primarily to visual, hearing, mental retardation, emotional disturbance, or motor handicaps.

Mentally Handicapped

Mental retardation refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior. (American Association on Mental Deficiency—definition adopted 1959).

The term educable mentally retarded refers to the individual's current status with respect to his intellectual functioning and adaptive behavior. The intellectual functioning of the educable mentally retarded is equivalent to the "mildly retarded" range in the American Association of Mental Deficiency classification system, but also includes an extension upward into the lower portion of the A.A.M.D. "borderline" range and an extension downward into the upper portions of the A.A.M.D. "moderately retarded" range. This functioning level requires adaptations, modifications, and additions to the regular classroom program and its curriculum.

The adaptive behavior refers primarily to the effectiveness of the individual in adapting to the natural and social demands of his environment. It has two major facets: one, the degree to which the individual is able to function and maintain independently, and two, the degree to which he meets satisfactorily the culturally imposed demands of personal and social responsibility.

In addition, the educable child is one who may be expected to profit from special education facilities designed to make him economically useful and socially adjusted. His mental development is approximately one-half to three-fourths that of the average child. He will require special help for vocational placement but may become self supporting and capable of handling his own affairs.

Moderate Retardation (Trainable)

This child is one who may be expected to benefit from training in a group setting to further his social adjustment and usefulness at home, in a sheltered environment or on a job in the community. This child is one who cannot be trained or educated in a class for educable retarded children. They usually develop intellectually at a rate of approximately one-third to one-half that of the average child. By and large the group will need varying degrees of supervision throughout their lives.

Severely and Profoundly Retarded

A child who requires extensive care even to his simplest need. Some may never walk or talk and may require total nursing care. Others will learn varying degrees of self care.

Gifted and Talented

The term "gifted and/or talented child" shall mean a pupil properly enrolled in the public school system of North Carolina who possesses the following qualifications (amended by the State Board of Education on March 4, 1971):

1. An intelligence quotient test (IQ) of 120 or higher on a standardized group test of intelligence
2. A majority of marks of A and B
3. A standardized academic achievement test score of average or above
4. A recommendation by his teacher or principal
5. And/or possess other characteristics of giftedness and talents to the extent that they need and can profit from programs for the gifted and talented.

Autistic

Professionals have used a variety of names for severe disorders of childhood. These include childhood psychosis, childhood schizophrenia, infantile autism, severe emotional disturbance and aphasia with behavior disturbance. Some children who suffer from these disorders are often:

1. Unresponsive to their parents, neither smiling nor seeming to recognize them
2. Others cling to their parents excessively
3. Speech is often impaired or absent
4. Some autistic children who do speak play with words and phrases without meaning, or only repeat words or phrases said to them
5. Many autistic children collect objects to be used with no constructive purpose
6. There is often an intense dislike of change which may be expressed in an excessive attachment to specific clothes or objects
7. Various unusual physical movements are very common, such as spinning, rocking, walking on tiptoe, or flapping movements of the arms, especially when excited
8. Some are over active and always on the go, while others seem withdrawn or unusually slow in their movements
9. Many such children are suspected of being deaf at some time in their lives as they seem to pay no attention to speech
10. On the other hand, at other times these children may be distressed by certain noises or talking.

Hospitalized

Any child who is confined to a general or psychiatric hospital for treatment or for a long period of convalescence is eligible for a program for hospitalized children. He must be capable of profiting from an educational program, be eligible for enrollment in a public school, and be expected by competent medical authority to be away from the classroom for a minimum of four weeks.

Homebound

Any child who is disabled to the degree that it is impossible or inadvisable for him to attend public school even with the provision of special classes and transportation is eligible for a program for homebound children. He must be capable of profiting from an educational program, be eligible for enrollment in a public school, and be expected by competent medical authority to be away from the classroom for a minimum of four weeks.

Eligibility for home instruction does not include children whose major disability is a communicable disease, mental retardation, impaired speech, language, hearing or vision, or serious emotional disturbance. (However, if an attending physician deems home instruction a necessary part of the child's habilitation, that child may receive home instruction.)

Pregnant School Age Girl

A girl of school age whose attendance in the public school system has been interrupted due to pregnancy.

Socially Maladjusted

A child who has been adjudicated delinquent or undisciplined by a court exercising juvenile jurisdiction.

Multihandicapped

Any child who has a combination of two or more handicaps that would generally result in exclusion from other educational programs and services provided by the public schools would be eligible for a special program for multihandicapped children.

NOTE: An example of a multihandicapped child would be the deaf-blind child whose educational needs cannot be met adequately in any of the programs for children with one handicap. There might also be other multi-handicaps that might require special classes.

Diagnosis

1. Confirmed. If diagnosis of child has been confirmed by appropriate person and/or test, enter No. 1 in box. Example: Hearing-Automonitor-Autologist.
2. Pending. Enter No. 2 if diagnosis has not been confirmed by testing and/or appropriate personnel, but is pending.

CENSUS REGISTRATION FORM

(Please Print)

I.	Identification Number	NAME OF PERSON REPORTING /RELATIONSHIP TO CHILD
II.	AGE	NAME OF CHILD (*Last* *First* *Middle*)
III.	MALE / FEMALE	BIRTHDATE: *MONTH* / *DAY* / *YEAR*
		GUARDIAN/PARENT
		GUARDIAN/PARENT ADDRESS / PHONE

IV. PRESENT STATUS OF CHILD

A.
1. Not present for public day school.
2. In public day school receiving appropriate service.
3. In public day school not receiving appropriate services.
4. Excluded from public day school.
5. On waiting list for ____________________ (*program*).

B.
1. Receiving homebound instruction.
2. In approved private program.
3. Residential program (includes institutions, care centers, and schools).
4. In detention home.
5. Dropped out of school.
6. Graduated from public day school.
7. Employed in community
8. In continuing education program.
9. In sheltered workshop.
10. In out-of-state program.
11. At home.
12. Withdrawn from school.
13. Receiving services from ____________________ (*agency*).

V. SPECIAL NEEDS – Indicate primary special need

1. Hearing Impaired (includes deaf)
2. Speech and/or Language Impaired
3. Visually Impaired (includes blind)
4. Physically Handicapped/Crippled (includes epilepsy)
5. Emotionally Troubled
6. Mentally Handicapped – mild, moderate, severe, profound
7. Learning Disabled
8. Gifted and Talented
9. Autistic
10. Hospitalized
11. Homebound (chronic illness and others
12. Pregnant School Age Girl
13. Socially Maladjusted (adjudicated delinquent)
14. Multihandicapped

VI. DIAGNOSIS

1. Confirmed
2. Pending

Return to your local office of Superintendent of Schools.

Any questions? Call HOTLINE (toll free) 1-800-662-7950.

MARYLAND

EARLY IDENTIFICATION SUB-SYSTEM OF THE MARYLAND SPECIAL SERVICES INFORMATION SYSTEM

Mr. Stanley Mopsik
Coordinator of Special Education

Mr. Richard White
Director, Special Services Information Systems

Mrs. Ruth Kurlandsky
Project Director, Early Identification Sub-system

The Maryland Special Services Information System, originally known as the Data System for the Handicapped, was developed out of an urgent need to know--a need to know how we, as a state, as child caring agencies within that state, were serving our handicapped children. The story is told of an interagency meeting, prior to a hearing before Maryland state legislators in Annapolis, where the question arose: "Just how many emotionally handicapped children *are* there in Maryland?" A completely different answer, one bearing no relation to the other, came from each agency person present in that room. That was the force that generated the development of our system.

The Beginnings of the SSIS

The not so enviable task of designing an operating interagency system was given to Dr. Francis X. McIntyre with the Department of Education, and now Assistant State Superintendent in Special Education. His approach was the development of a seminar system using an input and synthesis format.

Initially, determination was made as to those administrations which were mandated to provide programs and services to those who might be defined as handicapped children. Within Maryland this involved the then Office of Special Education within the Department of Education, the Mental Retardation, Mental Health, Juvenile Services (delinquency), and Preventive Medicine (health services) Administrations within the Department of Health and Mental Hygiene and the Social Services (welfare) Administration within the Department of Employment and Social Services.

Using a key-man approach, going administratively through the State Superintendent of Schools to the secretaries of the other two departments, Dr. McIntyre stressed the importance of the project, and elicited support. Then, the heads of those six agencies involved were approached with the idea, already supported from above, and a request was made for a most important donation. Time. Each agency head was asked to serve as contact person to the system, or to appoint instead a key person from that administration who could speak as a decision maker for that agency. In that way, a six person contact group was formed. In addition, each contact person was asked to select six to 12 persons who would represent the cross section of the concern for that administration. This would form an agency input group. Let me stress that the input groups were made up of local and state people, and, in some instances, of representatives of influential interest groups.

> *Forms are completed when a child, birth through 20 years of age, comes to the attention of that agency, is diagnosed as a handicapped child, and is found to be in need of services from that agency.*

With the staffing complete, the seminar series was ready to begin. Tasks were selected; for example, what is our target population, what environmental or personal factors do we need for planning, what services are needed and offered, what reports are needed, and so on. Taken to a plush suburban hotel, away from the more sterile State Office complex, each input group, including their contact person, met for a full day; Mental Retardation on Monday, Education on Tuesday, etc. Each had the same task. First, target population. Therefore, by Monday there was a list describing the target population as Mental Retardation saw it, on Tuesday, Education (completely independently) developed their list, and on through the creation of six views of what a target population should include. Then came the fun. The seventh meeting was for synthesis.

After all input meetings had been completed on the task, the contact group met. Each brought the listing of what had been determined by their input, or, their agency's stance on the issue. In this meeting those input decisions were synthesized into a unified output, with compromises and a more complete interagency understanding as the product. Then, the next task was taken and the same procedure followed. When all tasks were accomplished, the system was designed.

Operating the System

Throughout this process, the staff of the system itself, Dr. McIntyre and his program staff, were present and directing the task. The importance of such a catalyst rapidly becomes obvious. The staff was able to assume the role of making certain that all went smoothly without taking an active part.

One of the most crucial, and seemingly most difficult to understand, points throughout the seminar was that the system did not exist from the beginning, but it was the seminar system that created it. Often input and contact people alike would ask: "What can the system tell me?" The answer must always be: "What do you need to know?" Another point that I want to discuss in a little more detail later is that the input and contact people who developed the system had no background in computer technology. They were handicapped child program specialists. Only after the system was developed were computer people involved to the extent of making the machine perform the needed tasks.

Once the system has been designed and readied for field and pilot testing, it becomes the responsibility of the system staff to orient the users at the local level as to the manner of entering information and the uses to which this information may be put. Training responsibility rests with the system staff. However, program decisions related to the information collected from the local counterpart of any of these agencies must rest with that agency and not with the system. Following the decisions made through the synthesis meetings of the contact group, it is the responsibility of the system staff to assure the compatibility of the data from the agencies.

Of critical importance from the beginning must be a clear understanding of the uses which can and will be made of an operating system. If there is no useful purpose for the system, then it should not exist. In addition, there must be a pay-off for the people at the local level, or the system cannot exist for long. Recognizing this, a motto preceded all early materials in use from the Maryland system. It stated; "Governments are very keen on amassing statistics, they collect them, add them, raise them to the Nth power, take the cube root and prepare wonderful programs. But you must never forget that everyone of these figures comes, in the first instance, from the village watchman who just puts down what he pleases." It is the responsibility of the system to make the pay-off of sufficient importance that what that "village watchman" pleases to put down is accurate and of value.

For the Maryland system the principal uses have been in planning, both programs and physical facilities; in the justification of expanded budgeting requests and the support of uses of present monies; and in the creation of regularly generated and specifically requested output reports which deal with questions of special pertinence to state, regional and local decision makers. All of the output of the system is of a statistical nature. The Maryland system is not an administrative personal data system and has no desire to be such. It is anticipated though, that there will soon be sufficient input to have some start toward a referral service, so that a local person, with the input of certain characteristics, none of which need to identify a particular child, can be directed to those programs or facilities which have been successful in the treatment of such children.

How a Child is Entered into the System

Forms from the local counterparts of the six agencies are completed when a child, birth through 20 years of age comes to the attention of that agency, is diagnosed as a handicapped child, and is found to be in need of services from that agency, including referral. Indeed, the ramifications of that statement are far reaching.

First, the child must come to the attention of that agency. Second, there must be a diagnostic opinion either by the agency or through a previous, but valid assessment that the child is handicapped. Third, it must be shown that the child is in need of special services from that agency. An orthopedically handicapped child who needs no special educational services from the educational system is not entered since the child is not considered "handicapped" from an educational viewpoint. However, it should be noted that the system, in gathering information from the autonomous agencies, does provide more information than on the children already known. Information is just as available on the children who aren't known to a possibly applicable agency or service. Reports going to local and state agencies on a quarterly basis provide to them information such as that, indicating the numbers of children who are known to more than one agency, the numbers of children for whom they are purchasing care in and out of the State of Maryland, the numbers of children receiving appropriate and inappropriate services as well as those who are on waiting lists, a demographic census by handicap by each local jurisdiction and each agency, and how long, by service, it takes between the time a child is referred for service and the time service begins.

Problems and Solutions

As you may have heard about us, no program of this nature exists without some problems. It appears that the basic concerns of people regarding the development of a system of this nature center around a handful of major areas. Let me outline them, and indicate what steps we have taken to deal with them.

First and foremost is confidentiality. This is a real issue that won't go away if it is ignored. The term "personally identifiable data" has been used to describe those data that include the name, Social Security number, or other information which, when seen, will allow you with reasonable certainty to identify that child. In Maryland, even though we collect an individual form on each child, we do not receive, maintain or store, at the State level, personally identifiable data. Rather, in Education the forms enter with a Soundex number instead of a name. The Soundex number, nine digits in length, is generated from the first three consonants in the first and last name, coupled with the middle initial. Since the relation of single digit numbers to consonants is a one to many relationship, many different names can generate the same Soundex number. Since the Soundex number is always generated in the same manner, the same name will always lead to the same Soundex number.

So, we are now left with a number which could relate to any of several persons. In order to obtain record identifiability, we match on the nine digits of Soundex, the six digits relating to birthdate, the one digit relating to sex, the one digit for race/ethnic background (using the INSOX), and the two digits for county of residency. All 19 digits must match exactly for us to decide that a form being entered applies to a record that we presently have as a part of the system. The local agency has a listing, supplied by our system or through their own computer facility, which provides a match of the name of each child on whom they submit information and the Soundex number which applies. In that way the local agency has personally identifiable data on the child, while the State level does not. Nonetheless, the State is able to have record identifiability so that information can be updated, corrected, withdrawn or otherwise changed. We have found that there is no necessity through our system for any State agency to have personally identifiable data on any of its children. This would then allow for longitudinal studies. Within the Maryland system, however, this has not been at the forefront for reasons that I want to discuss further on.

The next problem area that must be given careful consideration is the question of labeling and categorization. Within Maryland, and particularly within the field of education, this has been a major problem area, and one which has continued long after questions regarding confidentiality have died down. There is a great questioning of the need to label children and the possible stigmatization of such labels. Certainly the Hobbs Report from Vanderbilt will have far reaching effect on the subject, and it is just as certain that any data collection system which collects information on set categories of children must suffer all of the questioning of that decision. Within Maryland, the State Teachers Association proposed that a completely non-categorical services oriented approach data system could be developed, and would provide better information than had previously been available. A task force created to determine the feasibility of such a system has reported, and their report will be pilot tested this year. From all indications, their system has merit. In many instances we should recognize that telling us what kind of child this is does not necessarily indicate the type of program or staffing that will be needed. If that is the next question to be asked *anyway*, then there is little need for the first piece of information. The interest in this approach among educators, psychologists and, interestingly, legislators within Maryland is quite encouraging.

A third point to be considered is the concept of Big Brother and governmental invasion of privacy. While this has been questioned in Maryland, we have answered it with a complete openness of our policies and procedures and in providing as much awareness as possible about what we are doing. It must be recognized that much of this type of questioning has its basis in the level of perceived governmental credibility. Within Maryland the high credibility of the State Department of Education has aided us in providing answers to these concerns.

> *There is a great questioning of the need to label children and the possible stigmatization of such labels.*

Questions and concerns regarding the maintenance of data must be given high priority. Maryland has, at this time, compromised its ability to conduct significant longitudinal studies for this concern. There has been recognition that, all too often, information regarding a child can be entered into a computerized system and, although the child may be withdrawn from service, the information is inadvertently left in the system. In this way, all reports are just that much more inaccurate, and possible abuses of child rights may occur. Because this concern was an initial one of the contact group members, the Maryland system has required an update of information for each record annually or the record is erased. The update need only indicate that there has been no program change, but it must occur. Automatically, a record is erased when the child reaches 21 years of age, so concerns about the availability of information to other governmental agencies or potential employers is eliminated.

Finally, a concern that must be recognized is the possibility that erroneous data is being entered into the system, or that there is misdiagnosis occurring which is then entered into the system. Dealing with that area is not easy. We have indicated that we agree and recognize that misdiagnosis does occur and that it most definitely occurs with or without a data collection system. In partial response to the problem, we have been able to supply to the regulatory state agencies information for on-site validity checks of submitted data. and to aid them in determining the validity and reliability of program reporting.

Warnings

Let me end this part of the presentation with several short caveats to those of you who are considering putting together such a system:

1. Too often when an agency wants to have an automated system of this nature, the first thing they do is hire a computer consultant firm. Don't. They will tell you what the computer can let you know. You, as program people decide what you need to know, then have it computerized. Computer technologists will tell you not to spindle, fold or mutilate their cards; we must tell them not to do the same with our children.
2. Do not make it a one agency system. If one agency designs a system it will tell you only about those children you know. Also, since other agencies did not have input at the beginning, it will be virtually impossible to convince them to join later and give you information.
3. Don't start collecting information on one disability or program level hoping to expand it later. Determine what your needs really are and gather what you need for your purposes.
4. If you go to an extensive inter-agency system, don't anticipate that you can collect all agencies' information on the same form and in the same jargon. Notoriously, physicians do not understand educators, who do not understand psychiatrists, etc. Let information come in a manner that the agency is comfortable with.
5. Don't anticipate that you can take another state's or region's system and that it will fit your needs. It will only fit to the extent that your state resembles that other one. Seek their aid, get their input, but don't use their system directly.
6. At the same time that you begin the design of the system and determine administratively who will direct it, also set up an advisory committee made up of parents and interest groups. Invite both antagonists and advocates to participate in the committee and use it extensively in an advisory capacity.
7. If you are going to use your system for budget allocation or other fiscal matters, involve people from auditing and accounting in its design and operation.
8. And finally, show the use that the system has at the level of the person who is completing the form. If it adds another form and gives back nothing, you won't get information. If it can reduce other paperwork and can be directly linked to the provision of more and better services to children, it will work effectively.

We discovered over two years ago that our system did not have much of a grasp on the very young child. Toward that we applied for a Developmental Disabilities grant last year and established the Early Identification Subsystem of the SSIS. The description of that system will comprise the second portion of this paper.

How the EIS Came to Be

As the Special Services Information System began operating on a statewide basis, a shortage of data on the early childhood population became obvious very quickly. In the May 1974 data book, there were 89,241 records, of which 6,356 referred to children from the ages of 0 to 5, and 1,577 referred to infants ages 0 to 3.

It is possible that there is little need for special services in this age group. Possible, but not likely. The age range 0 to 5 is one-fourth the total SSIS range of 0 through 20. Even if this group's realistic need for service is not fully one-fourth of the total, the 7 percent represented by these figures is still too small. Most of the reports entered on children from 0 to 5 seemed to be from Social Services adoption and foster care cases, from developmental programs for the severely and profoundly handicapped, and from what few preschool programs exist.

Several factors could be considered as possible reasons for this shortage of data. One is the participating agencies: perhaps those agencies reporting to the SSIS really don't see very young children, maybe there are other agencies or agents which have early childhood responsibility, maybe there are few services for the very young child, or possibly parents don't seek help until the child reaches school age.

Another factor is the design of the system itself. Since the SSIS accepts reports only in cases of diagnosed handicap, even the very young child must be diagnosed in order to be reported. Insofar as diagnosis can be construed as labeling in the pejorative sense, there seems to be reluctance to complete the diagnostic process for the very young child. The refrain "he'll grow out of it" or "wait 'til she gets to school" becomes an often sung chorus. Although a child may need a service, he can't be reported to the SSIS without his tag.

The last factor that seems influential in this situation is that the SSIS is oriented toward the school-age population more than to anyone else. The system originated in education. The conceptualization of it seemed to be in terms of school services or other agency support service for the child in a school program.

In view of the situation, a grant to establish the Early Identification Subsystem was sought and received through the Maryland State Planning and Advisory Council on Developmental Disabilities. This time, a preliminary approach was made to the Maryland Medical and Chirurgical Faculty (our State Medical Association) for support. The Faculty approved the idea behind the project and referred it to their Child-Welfare Committee. This committee has provided invaluable advice. In line with their recommendations, it was decided to solicit the support of the Maryland chapters of the American Academy of Pediatrics and the American Academy of Family Practice.

Planning the EIS

Using the same seminar system for interagency problem solving as described for the SSIS, input groups were arranged. The medical input group was composed of representatives of the Medical and Chirurgical Faculty and the Academy of Pediatrics. The Academy of Family Physicians approved the idea but felt that ages 0-5 was rather a small range of their area of concern and did not send representatives. As a matter of fact, during the pilot test I met one family physician who doesn't see patients until they are six years of age, feeling that the early childhood population requires the specialized attention of a pediatrician. In many areas, however, the family physician is the only doctor and the EIS will continue to request the cooperation and support of these important generalists, who see a great number of our children.

The other input groups were composed of representatives, state and local, of four public agencies: Education, Social Services, the Mental Retardation Administration and Health Departments. The state health agency in Maryland has several reporting systems. For the SSIS, only Crippled Childrens Service reports are used; for the EIS, Child Health Services reports, which include such things as well-baby clinics, will be used. The consensus at this time is that with more widespread public health reporting and the all-new inclusion of private health reporting, the prospect for being able to identify the service needs of the early childhood population is brighter than it has ever been.

If the pilot test results indicate, as expected, that this is the case, one of the tasks for the near future will be to build in private clinic and hospital reporting as well as private physician reporting.

Working around Labels

Bearing in mind the possibility of parental and professional resistance to diagnostic labels in and of themselves, the Early Identification Subsystem's interagency Governance Committee decided to deal with the issue of defining the target population in terms of developmental delay. Observable behaviors such as whether or not a child rolls over, sits up or walks within the expected age range are used as determiners of developmental lags, such as "gross motor delay," which can then be reported to the EIS along with the service needs for that child. Confidentiality safeguards are the same as those for the SSIS.

In addition to developmental delays, the committees came up with sensory impairments and a category known as "other conditions requiring modification of program or setting." A child without legs is not developmentally delayed in the sense that he can be helped to develop natural walking skills by professional intervention, but, on a statistical basis, the data referring to needs for ramps, walking rails and other such modifications are important.

Also in line with the avoidance of diagnostic labels, it was decided that the EIS should accept reporting of suspect as well as diagnosed cases. The consensus of the input and Governance committees was that data provided by personnel with expertise in early childhood, including parents, would be valuable in terms of identifying service needs. Even though not diagnosticians in the medical sense, those who work with children can provide earlier and more complete information than agencies have ever before had available for use in planning.

A side effect of accepting suspect-case reports is that those who must do the work of filling out forms at the service delivery level, feel that their contribution is appreciated and therefore have a greater sense of commitment to the system than in the SSIS case where the service provider can only report someone else's judgment.

In addition to suspect and diagnosed cases, physicians have been asked to report high-risk cases: those children too young to have a specific developmental delay pinpointed but whose birth or medical history indicates a high probability of need for special service. EIS at this time is also exploring the possibility of creating a high risk register from birth certificates.

It is not within the scope of EIS at this time to provide a checklist or assessment tool by which to determine developmental delay. There are arguments both for and against such an idea. However, for the present, the EIS, as well as the SSIS, accepts the professional judgments of all those already in the field working with children. The information system is a mechanism to record results of screening procedures (and consequent service needs) being done by the providers of direct service.

Identifying Service Needs

Although much attention has been focused on the issue of labeling the child, the most important and useful information collected and reported is the service needs of the children and the extent to which those needs are being met. On the EIS reporting form, for each service need listed, there must be an indication of what is being done to meet that need. A child could be reported as receiving the service needed or receiving an alternate service. If he's not receiving any service, the reason, such as waiting list, service not available, parents refused the service, moved out of jurisdiction, or unknown can be indicated.

The discrepancy between the services needed and the services provided indicates an area where further investigation may be needed. A long waiting list might indicate a need for program expansion; many children reported as needing a service which is not available might indicate a new funding priority, a large number reported as status unknown might indicate a need for follow-up service or public education.

In an effort to provide information of greatest usefulness in obtaining as well as using funds, the Governance Committee of the EIS asked that the report form provide a space to indicate whether a child needs transportation in order to participate in a program or benefit from a service. If a significant number of the target population for a particular program require transportation, an agency might be able to use this data to justify buying and staffing a special bus.

Another item provided on the report form is a box to be checked if the child is a member of a family involved in migrant labor. Realistic data in this case may enable the agency to request funds available for programs for these children.

Other Uses for Early Identification Data

The data collected by the Early Identification Subsystem can be used in two phases of planning. One is the immediate phase. The data will indicate current service gaps and unmet needs of the population. This data can be used in setting funding priorities, in obtaining physical facilities, in hiring staff, in predicting how many children will need to be served the day a new program opens its doors. The second use is for the long range. With children and their needs identified early, the data can be used to give a rough indication of the service need five or 10 years from now. The point of caution in this instance is that early intervention itself may decrease the later need for special service.

In this very case, then, the EIS must be recognized as a potential research tool. It may help answer questions such as, does early identification make a difference in service need? Does early intervention (one step beyond identification) make a difference in later need for special service? Agencies may also wish to use the EIS in computing the cost effectiveness of early intervention as opposed to later remediation.

The staff of the SSIS and EIS will be happy to answer inquiries about the information system. Please contact Richard E. White, Director, SSIS or Ruth J. Kurlandsky, Program Director, EIS at 1001 North Calvert Street, Baltimore, Maryland 21202; telephone (301) 383-3240.

IDAHO

IDAHO CHILD FIND

Dr. Judy Schrag
Director

During the 1972 regular legislative sessions, Idaho H.B. 754, amending Section 33-2001, Idaho Code, mandated special education for all exceptional children in the state. Exceptional children were defined as those children "whose handicaps, or whose capabilities are so great as to require special education and special services in order to develop to their fullest capacity." This definition includes those children who are physically handicapped, mentally retarded, emotionally disturbed, chronically ill or who have perceptual impairment as well as those children who are academically talented.

During the next year, the Idaho legislature asked for a report concerning how well this mandate was being implemented. In order to provide the legislature with the needed information and to develop a comprehensive state plan which would assist local school districts in planning and implementing special education programs and services for exceptional children, a Special Education Needs Assessment Study was initiated.

Barriers to Service

At the time this study was initiated, it was estimated that approximately 18 percent of the projected numbers of exceptional children were being served (utilizing national incidence figures). Several factors were identified which could be acting as potential barriers to comprehensive service delivery:

Children with Handicapping Conditions

Informational/ Communication Barriers
Legislative Barriers
Fiscal Barriers
Administrative/ Organizational Barriers
Social Barriers
Technological Barriers

Several needs assessment objectives were established in order to determine the existence of one or more of these potential barriers.

Objectives:

1. To determine the prevalence of exceptional children.
2. To determine available and needed services for exceptional children.
3. To determine the manpower presently available and the adequacy of potential training resources to meet the manpower demands of full implementation of mandatory special education.
4. To determine consumer satisfaction with the present service delivery system for exceptional children in Idaho and possible satisfaction with future alternatives.
5. To identify possible funding patterns compatible with program alternatives.
6. To identify legislative considerations necessary to implement various training, programming, and finance patterns.

The Prevalence Study

In order to carry out Objective 1, a prevalence study was conducted in 60 randomized school districts over a five-month period of time. An overall prevalence estimate of 15.21 percent handicapping was found (See Table 1 for estimates for various kinds of exceptionality and for each region of the state).

Throughout the Idaho Exceptional Child Survey (prevalence study), field researchers attempted to locate exceptional children not enrolled in an education program. All school and service agency personnel, as well as parents, were asked to report exceptional children within the community who were not receiving an education program. Only nine children were located utilizing this approach. It was determined that a more intensive public information campaign and identification strategies were needed in order to find and locate out-of-school exceptional children.

TABLE 1. Prevalence Estimates of Various Areas of Exceptionalities Within Each Planning Region and for the Total State as Found by the Exceptional Child Survey (1973-74).

Type of Exceptionality	Regions I	II	III	IV	V	VI	Total Estimate
EMR	2.83	1.60	2.48	2.09	1.62	2.43	2.21
TMR	.13	.18	.02	.07	.07	.08	.08
Physical	.48	.66	1.34	.72	.73	2.40	1.15
Speech	1.91	1.64	1.26	.86	1.83	1.54	1.54
Visual	.45	.33	.34	.36	.38	.50	.39
Auditory	.57	.47	.42	.58	1.16	.91	.69
Learning Disability	4.36	4.78	3.32	3.10	2.18	3.23	3.39
Emotional	1.56	2.08	1.42	1.80	2.40	1.77	1.81
Academically Talented	1.85	4.12	2.29	3.53	1.42	4.46	2.73
Multiply Handicapped	.35	1.35	1.04	.86	1.71	1.69	1.22
Total	14.49	17.21	13.93	13.97	13.50	19.01	15.21

Information received from the Children's Defense Fund (1974) and the publication *Social and Economic Characteristics of Idaho* (1970) indicated that from the 1970 census data, approximately five percent of the nation's children ages 7-15 were out of school. Idaho figures indicated 3.6 percent of the non-institutional population ages 7-15 not in school; 3.9 percent urban and 3.7 percent rural children in the same age range out of school; and 3.6 percent white and 13.2 percent non-white ages 7-15 out of school. The reliability of these figures was considered to be ± 2.6 percent of the estimated number two times out of three, and within ± 5 percent 19 times out of 20. Percentages of individual children not enrolled in school by county varied 1.0 percent to over 10 percent depending on different age ranges. Reasons for being out of school included handicapping conditions, as well as pregnancy, mobility, truancy, religious conflict, institutionalization or disciplinary problems.

Selecting a Sample to Search

After reviewing Child Find activities of other states, procedures and survey materials tailor-made to Idaho (posters, information sheets, manuals, etc.) were developed. Because of certain time and fiscal constraints, it was determined that a one-month, intensive search would be conducted. Because of these same constraints and the geographic nature of Idaho, it was further decided that while a mass-media effort would be conducted statewide, an intensive search of children would be made within a sample. In order to establish a workable, yet statistically acceptable sample, all counties were stratified according to out-of-school percentages as reported on the 1970 census data. The following stratified groupings were established:

Percentage of Children 7-13 Not Enrolled in School	Number of Counties to be Selected
Above or 8.1	4
8.0 - 5.1	4
5.0 - 3.1	4
3.0 - 1.1	4
1.0 - less	4

After all Idaho counties were stratified, 19 randomized counties were selected—four from the first four groupings and three from the latter (1.0 percent or less). This sample represented 60 percent of the total population of the state or 52 percent of the total school-age population of Idaho.

Identification Strategies

Five field researchers were hired to help plan and initiate Child Find activities. A one-day training workshop was held on April 26, 1974, to train the staff in the project procedures and activities to be conducted during May. Standard procedures to be carried out by the regional coordinators and volunteers included interviews with agency personnel serving exceptional children, school personnel, physicians, ministers, parents of children with handicaps, and other community members. Coordinators were also given information (films, speech material, etc.) to utilize in speaking to PTA's and local civic groups to generate support of Idaho Child Find. Similar formal and informal training workshops were held to train volunteers in the various

Idaho regions. A standard child registration form was developed and prototyped for purposes of reporting out-of-school children.

Idaho Child Find Month

On May 1, 1974, Governor Andrus and Mr. D. F. Engelking, State Superintendent of Public Instruction, formally declared May as Idaho Child Find Month and launched a statewide campaign to locate and identify children out of school. This campaign was jointly supported by the Department of Public Instruction. Idaho Office of Child Development, Idaho Association for Retarded Citizens, Idaho TORCH, Governor's Advisory Council on Developmental Disabilities, Idaho League of Women Voters, local PTA's, school districts, public and private agencies, and local civic and social groups.

Public Information Campaign

A statewide mass-media effort was carried out during May through the use of television, radio, and newspaper in order to appeal to the public to join and support Idaho Child Find by reporting children ages 6-15 out of school. It is estimated that Idaho Child Find was covered by approximately 12 television stations, 36 radio stations, and 55 newspapers throughout Idaho. The state and regional coordinators were interviewed on radio and television at various times throughout May in order to publicize the advocacy effort of Idaho Child Find.

Other Child Find Activities

In addition, the following Idaho Child Find activities were carried out:

1. A 24-hour, toll-free telephone service was established and maintained during May for purposes of reporting out-of-school children.
2. Approximately 85,000 bank statements were distributed to 111 participating Idaho banks to be included in May bank statements to ~~community patrons.~~
3. Approximately 110,000 grocery sack stuffers were distributed to Idaho grocery stores to be included on the top of grocery sacks during May.
4. Posters and information sheets were displayed in local banks, drug stores, businesses, doctors' offices, etc., in order to publicize and generate community support of Idaho Child Find.
5. Approximately 200 volunteers were mobilized to help carry out Idaho Child Find activities.
6. All Jay-Cees and Jay-C-Ettes, Lions, Chamber of Commerce groups, Elks, Women's Business Clubs, PTA's, League of Women Voters, and other community groups were sent a packet of information concerning Idaho Child Find soliciting their support and participation. Regional coordinators and volunteers spoke to approximately 35 of these groups during May.
7. All agencies serving exceptional children, physicians, nurses, ministers, parents of children with handicaps, local business proprietors, and school personnel were interviewed by regional coordinators and/or project volunteers in an effort to locate children out of school.

Results of the Search

As stated earlier, a mass-media Child Find effort was conducted statewide during May. In addition, regional coordinators and community volunteers conducted an in-depth search in 19 randomly-selected counties. Approximately 280 out-of-school children were located in the 19 counties. An additional 155 children were reported in counties outside the sample as a result of mass-media and volunteer efforts. Another 25 children were reported as out of school, but were not identified by specific counties. A total of 468 out-of-school children throughout Idaho were found during the month of May and through efforts in the Exceptional Child Survey. As can be seen from Figure 1, the majority of children were identified during the last 10 days of May (in particular the last eight). Because of the increased reporting late in the month, more children would probably have been identified if Idaho Child Find activities had been extended beyond a one-month period.

A one-month, mass-media effort is a definite constraint when attempting to arrive at the true figure of out-of-school children. Other constraints included community attitude toward reporting such children; differences in intensity of time spent on the project by coordinators and volunteers within the different Idaho regions; and differences in television, radio, and newspaper coverage in different areas of the state.

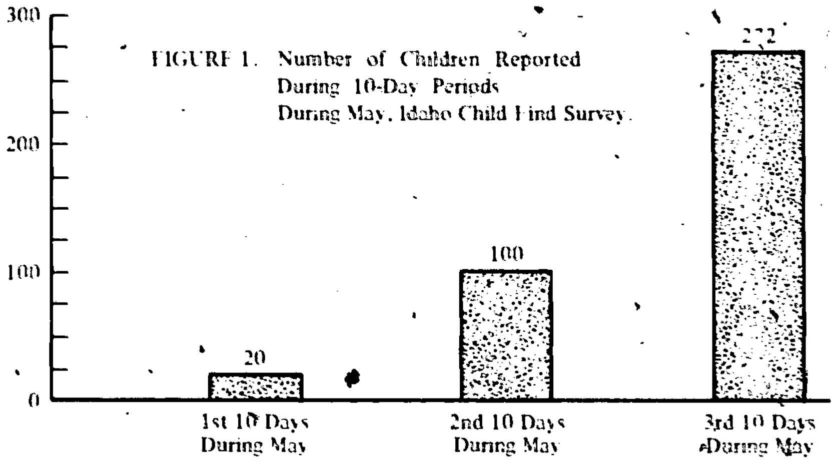


FIGURE 1. Number of Children Reported During 10-Day Periods During May, Idaho Child Find Survey.

Reasons for non-attendance identified in Idaho Project Child Find are found in Table 2. As can be observed from this table, 34 percent of the total non-attendance was due to handicapping. Drop-outs accounted for 32 percent of out-of-school children. Other reasons included: 6 percent, religious; 4 percent, institutionalization; 8 percent, expulsion because of disciplinary reasons; and 6 percent, parental neglect.

TABLE 2. Reasons for School Non-attendance as Reported by Idaho Project Child Find.

Reason for Non-attendance	Percent
Handicapped	34
Expelled/Disciplinary Problem	8
Pregnancy	2
Parental Neglect	6
Religious Conflict	6
Mobility	2
Institutionalization	4
Drop Out	32
Sentenced to St. Anthony/ Court Commitment	1
Unknown	5
	100

It is interesting to note and to emphasize that handicapping conditions accounted for the most frequent reason for being out of school. It must be noted that complete lists of school dropouts were not available within all regions. If names of all dropouts had been available, this reason for being out of school would have accounted for a greater variance. The following are the numbers of different types of handicapping conditions reported:

Physical Handicap	19
Deaf	5
Mongolism	9
Other Retardation	65
Brain Damage	6
Severe Learning Disabilities	6
Blind	5
Cleft Palate	1
Emotionally Disturbed	22
Multiple Handicap (Deaf/MR; Physical Handicap/MR)	15
Speech Handicap	4
Health Impaired	3
	160

Methods used to find Children

Vehicles utilized in Idaho Child Find to help locate and identify children out of school included posters, grocery sack stuffers, bank statement stuffers, personal contact by coordinators and/or volunteers, letters sent home to parents of school children, and media (television, radio, and newspaper) releases. Table 3 shows the percentage of children located by these different vehicles. It is apparent that actual communication by staff personnel with groups and individuals (such as agency personnel, physicians, ministers and parents of exceptional children) was the best single vehicle, as 74 percent of the children were identified by such contacts. Approximately 13 percent of the children identified were reported through the use of the 24-hour telephone service. Some people who called were concerned about confidentiality of their reporting. Others called to report a child and also to find out specific information regarding the educational rights of their child or friend.

TABLE 3. Vehicles Utilized in Idaho Project Child Find to Locate Children Out of School.

Vehicle of Reporting	Percent
Volunteer and/or Coordinator Contact	73
Radio and/or Television	2
Letters to Parents	2
Bank Statement Stuffers	4
Reporting from Agencies	10
Posters	3
Newspaper	4
Grocery Sack Stuffers	2
School Personnel Reporting	1
Unknown	1
	100

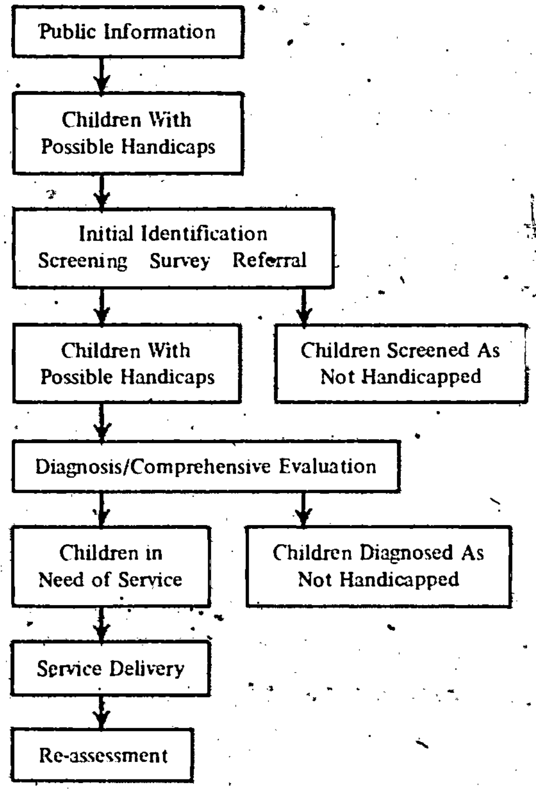
Follow-Up Activities

After Project Child Find was completed, names of handicapped children identified as out of school were followed up and validated with various strategies emphasizing the privacy rights of parents so that programs and services could be planned.

In addition, strategies have and are being planned to make Child Find activities ongoing and part of overall child identification procedures in Idaho. Figure 2 shows how public information and search (survey) efforts are part of initial identification of handicapped children and relate to other child identification components such as diagnosis/comprehensive evaluation, service delivery, and reassessment.

Data is also collected on a continual basis to determine whether factors such as information/communication, legislative, fiscal, administrative/organizational, social, and technological may be operating singly or together to facilitate or complicate the development and implementation of comprehensive special education programs and services for identified exceptional or handicapped children.

FIGURE 2. Components of Child Identification in Idaho



PERSONAL IDENTIFICATION

1. Name of Child: ____
(Last) (First) (Middle)

2. Sex: M________ F________

3. Parent or Guardian's Name: ______________________________________
(last) (First) (Middle)

4. Parent or Guardian's Address: ____________________________________
(Number) (Street)
____
(City) (State) (County) (ZIP Code)

5. Date of Birth: ____
(Month) (Day) (Year)

6. Place of Birth: ____
(City) (County) (State)

EDUCATIONAL STATUS

7. Has the child ever attended any type of school? Yes________ No________

8. If Yes, last school attended:

Name: ____________________ Location: ______________________ Date: ______________

9. For what reason is the child not attending school:

____ Child is institutionalized, if so, where? ______________________
____ Child is blind or otherwise visually impaired
____ Child is deaf or otherwise aurally impaired
____ Child is mentally retarded
____ Child is physically handicapped (crippled)
____ Child has serious health problem.
____ Child is disadvantaged or from migrant family
____ Religious conflict
____ Child has dropped out
____ Other ______________________
____ Other ______________________
____ Other ______________________

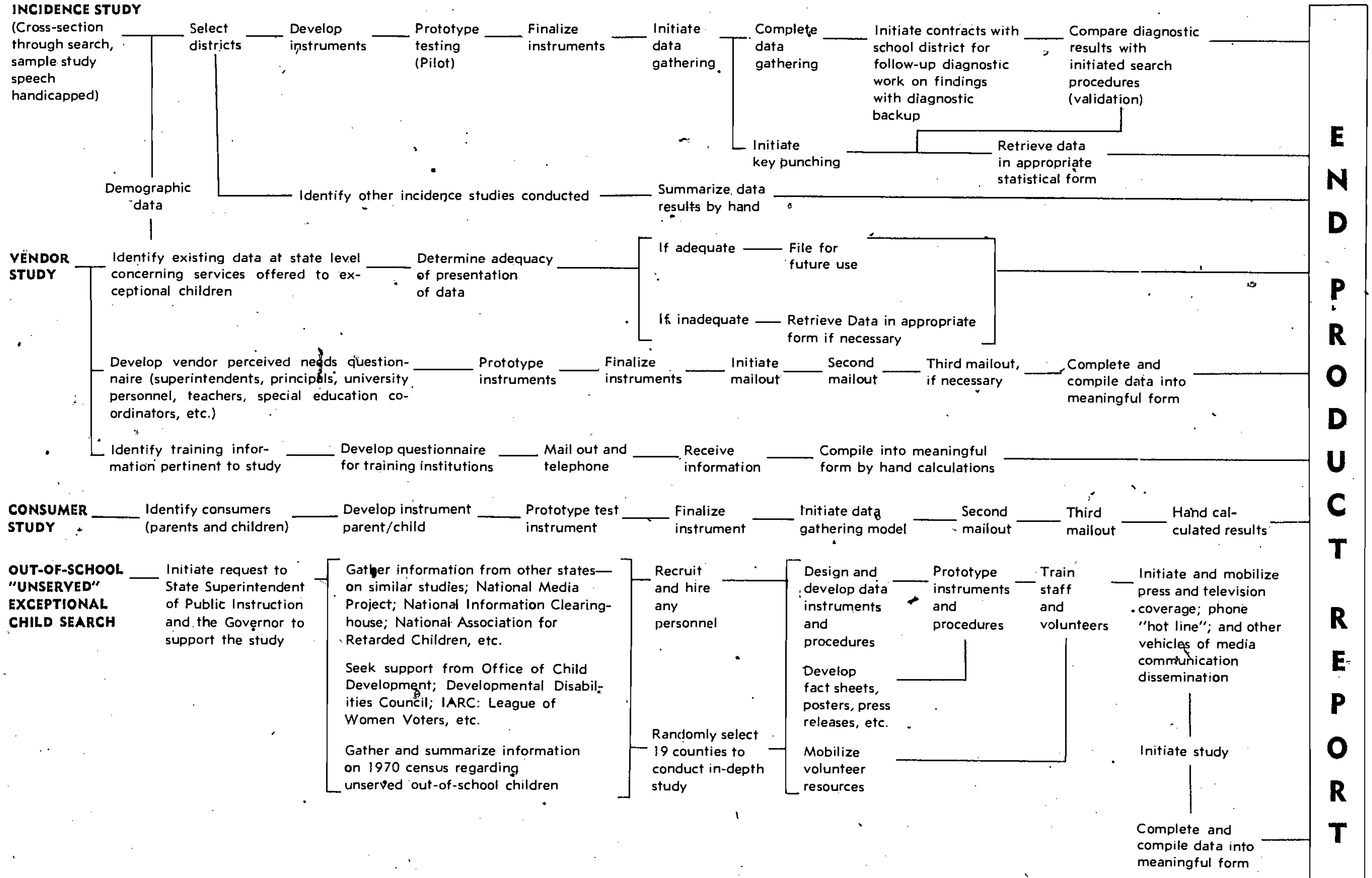
HELP FROM SOCIAL AGENCIES

10. Is the child currently receiving any type of assistance from a social agency? Yes________ No________

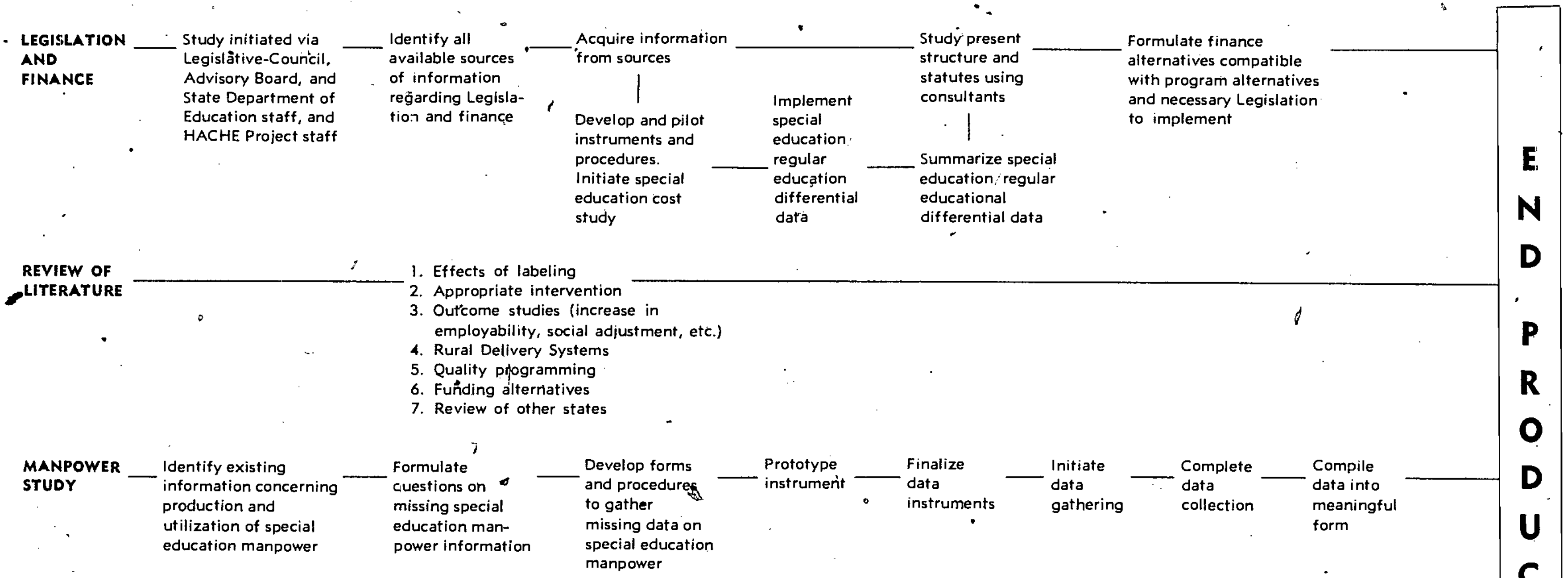
11. If yes, what is the name of the agency and the type of service: ______________________
____
____

12. How did you hear about Idaho Project Child Find? (Please check)
____ Newspaper
____ Radio
____ Poster
____ Television
____ Information Sheet in grocery sack
____ Information Sheet in bank statement
____ Other
____ Other

IDAHO—SPECIAL EDUCATION NEEDS ASSESSMENT STUDY



IDAHO—SPECIAL EDUCATION NEEDS ASSESSMENT STUDY



LEGISLATION AND FINANCE — Study initiated via Legislative-Council, Advisory Board, and State Department of Education staff, and HACHE Project staff — Identify all available sources of information regarding Legislation and finance — Acquire information from sources — Study present structure and statutes using consultants — Formulate finance alternatives compatible with program alternatives and necessary Legislation to implement

Acquire information from sources | Develop and pilot instruments and procedures. Initiate special education cost study — Implement special education regular education differential data — Summarize special education/regular educational differential data | Study present structure and statutes using consultants

REVIEW OF LITERATURE —

1. Effects of labeling
2. Appropriate intervention
3. Outcome studies (increase in employability, social adjustment, etc.)
4. Rural Delivery Systems
5. Quality programming
6. Funding alternatives
7. Review of other states

MANPOWER STUDY — Identify existing information concerning production and utilization of special education manpower — Formulate questions on missing special education manpower information — Develop forms and procedures to gather missing data on special education manpower — Prototype instrument — Finalize data instruments — Initiate data gathering — Complete data collection — Compile data into meaningful form

END PRODUCT REPORT

PENNSYLVANIA

COMPILE: COMMONWEALTH PLAN FOR IDENTIFICATION, LOCATION AND EVALUATION OF MENTALLY RETARDED CHILDREN

Dr. Bill Ohrtman
Chief, Division of Special Education

The Commonwealth of Pennsylvania and all other states have educational laws which pertain to annual census taking. The laws stress that those responsible for taking school census should regard this as one of their most exacting duties. With the aid of the school census, the administrative staff and the local board of education can predict, estimate, and make projections of school populations and registrations with a reasonable degree of accuracy.

Child Census Instrument Needed for Planning

The identification of exceptional children is a difficult task. Census instruments should be planned so that all who use them can report results that are reasonably reliable.

It is essential that census information concerning pre-school and school aged children be accurate, current, and readily available if the educational programs and services are to be administered efficiently by the local school district. This is especially true in developing each school didtrict in the Commonwealth of Pennsylvania and elsewhere.

What is needed, then, by the local school administrator is an instrument or instruments for collecting census information on exceptional children in his school district. The information gathered by the census instrument should provide the school district administrator and school board with a reliable statistical picture of the number and types of physically, emotionally, and mentally atypical children in the district so that the proper plans can be made to meet the educational needs of the children.

The major task of this project was to develop an instrument or instruments that would provide accurate census data that could be effectively administered by those required to take the school census.

Background of the Project

This project, which deals with the development of procedures and forms for collecting census information on handicapped children in the Commonwealth of Pennsylvania, came about as a result of the realization on the part of the State Advisory Committee for Special Education that an instrument for collecting data on exceptional children was needed. This need was being partially met under Section 1351 of the School Laws of Pennsylvania which outlines the procedures to be followed by local school districts in conducting the school census. It was felt, however, that many of the Commonwealth's exceptional children were not being identified because of the lack of specificity in the existing census forms. As a consequence, local school districts were not well informed concerning the number of exceptional children for whom some future special educational provisions should be planned.

Acting upon a request by the Department of Public Instruction, the Department of Special Education and Rehabilitation of the University of Pittsburgh submitted a proposal for a project to develop procedures and forms for collecting census information on handicapped children in the

Commonwealth of Pennsylvania. As a result of the proposal a contract was entered into between the Pennsylvania Department of Public Instruction and the Department of Special Education and Rehabilitation, School of Education, University of Pittsburgh. The project was initiated on July 1, 1968, and terminated June 30, 1969.

Dr. Paul H. Voelker, Professor and Chairman, Department of Special Education and Rehabilitation, served as Project Director. Prior to his present assignment Dr. Voelker served as Divisional Director of the Department of Special Education in Detroit, Michigan. For several years he worked with the Census Division in preparing forms for collecting census data of handicapped children in Detroit. Mr. Louis Mazzoli, a doctoral candidate at the University of Pittsburgh, served as Assistant Project Director. Mr. John Hickey, a graduate student, served as graduate assistant.

An advisory committee of eight state leaders in the field of special education was chosen to offer advice and make suggestions as to the design of the census form. The committee consisted of Dr. William F. Ohrtman, State Director of the Bureau of Special Education; Father James L. Aaron, Assistant Superintendent of Schools, Diocese of Pittsburgh; Dr. Gertrude A. Barger, Assistant Superintendent of Erie Public Schools; Dr. William H. Mackaness, Director of Special Education for the Pittsburgh Public Schools; Dr. Jerry G. Miller, Director of Special Education for the Philadelphia Public Schools; Dr. Richard K. Meyers, Supervisor of Special Education of Beaver County; Dr. Jack Sabloff, Director of Maternal and Child Health, State Department of Health and Dr. Joseph S. Tezza, Coordinator of Special Pupil Services for Bucks County.

The project was designed to study procedures for gathering census data on exceptional children, in the Commonwealth of Pennsylvania, from birth through 21 years of age and to develop a manual and form or forms for the accumulation and recording of data. The form or forms were to be constructed for easy transfer of information to data processing procedures.

Phases of the Project

The project was divided into the following three phases:

Phase I, the preliminary stage

- Relevant literature was reviewed
- Census taking procedures were studied
- State regulations and laws were reviewed
- Needs of the school districts were sought

Phase II, the developmental stage

- A trial census form was developed
- The form was evaluated by county and local directors of Special Education in the Commonwealth
- A draft of the census manual and forms was reviewed by the Advisory Committee
- The pre-school and out-of-school form was developed

Phase III, the final stage

- The census forms and manual were field tested and revised

Preliminary Procedures

Review of the Literature

Literature pertaining to census taking procedures, identification of exceptional children, and census instrument development were reviewed in order to become better acquainted with methods of information gathering and to obtain some idea of the problems that might be encountered in preparing this particular instrument. Four major sources of information were reviewed. These included Educational Journals from 1900 to 1969, text books related to census taking procedures, United States Department of Health, Education and Welfare documents, and Education Administration handbooks and manuals.

The following points about school census taking were brought out in the review of this literature:

1. The enactment of compulsory educational laws reflected a change in educational thoughts and practices in the United States.
2. An accurate, continuous and reliable school census is important for educational planning.
3. The objectives of the system of census taking should be determined in the light of the uses to which the information will be put.
4. The items selected for the census should reflect the needs and ability to collect the necessary information.
5. All involved in census taking should periodically evaluate the procedures and instruments being used in order that effectiveness and efficiency be kept at a high level.
6. The efficiency in gathering, manipulating and processing of census data can be improved by use of data processing techniques.
7. The forms for collecting census information should be easy to understand, complete and process.

Survey of National Census Taking Procedures

A letter of introduction explaining the purposes of the project of the 50 states and the District of Columbia was sent out. This same material was also sent to 10 major cities in the United States and 11 school districts or social agencies which were involved in census taking procedures related to exceptional children.

The questionnaire was used to obtain information relative to the following inquiries:

1. Is there a statewide school census for exceptional children?
2. What areas of exceptionality are included in the school census?
3. Do local school districts within the state take a census of exceptional children?
4. Is the school census for exceptional children conducted at the same time as the regular school census?

An additional provision was made for the respondent to offer appropriate comments and suggestions concerning census taking procedures. Also, census taking materials were requested.

Of the original 71 questionnaires sent out, a total of 66 were returned.

After a review of the materials gathered by the national survey the following points can be made:

1. Twenty-six of the 51 states reported having state wide censuses that included exceptional children. It would be noted that the 26 states were required by state law or code to do so.
2. Handicapping conditions such as mental retardation, emotional disturbance, blindness, deafness, and physical handicaps headed the list of conditions most frequently mentioned on census forms.
3. From the census materials provided it was found that the definitions of handicapping conditions were either in medical or human-growth and development terminology.
4. Information on school age children with handicapping conditions was usually gathered from school attendance records and teacher reports.
5. Additional sources of information about children with handicapping conditions were medical reports and door-to-door census data.
6. The age range of those exceptional children being identified through census was from birth to 24 years of age. The majority of those reporting stated that children between birth and 15 were the most frequently included.
7. Two methods of census taking mentioned were the door-to-door census and the mailed questionnaires.
8. Those providing the study with information noted that the responsibility for selecting enumerators was left to the school superintendent or school board secretary. They did not specify who should be hired, but those being selected should have a one or two day training session for greater effectiveness.
9. Many of those responding to the questionnaires indicated that they questioned the validity of the numbers of emotionally disturbed and mentally retarded children identified but felt that the figures for the blind and deaf were more reliable.
10. The frequency of census taking was regulated by state law. The majority responding to the questionnaire indicated that school districts were generally required to take a school census once every three years.
11. The purposes for census taking varied with each group. The following reasons appeared the most frequently:
    a. To provide accurate data to be used for checking compliance with compulsory attendance laws.
    b. To predict enrollments in kindergarten and grade one.
    c. To assist in making long-range projection of school enrollments, planning new schools and planning for pupil needs.
    d. To identify children with handicaps.
    e. To use for follow-up purposes to obtain services for pre-school children.
    f. To gather factual data for possible research studies.

Review of State Regulations and Laws Affecting Census Taking

A review of the School Laws of Pennsylvania and the manual for Child Accounting and Pupil Personnel works reveals that there is a legal basis for dealing with compulsory attendance, school census, and special education for exceptional children. The authority and duty to enact and provide the necessary services are stated in the following Sections of the School Code: Sections 1351, 1352, 1353, 1355, 1371 and 1372.

The First Advisory Committee Meeting

The Advisory Committee on Census Taking Procedures met with the project members on October 31, 1968 to assist in determining the appropriate steps that should be taken in developing the census form or forms and manual of instruction needed for census taking in the Commonwealth of Pennsylvania.

As a result of the meeting the following points were made by the Advisory Committee and project staff:

1. That the present definitions for exceptional children used by the state be used by the project.
2. That only those exceptionalities that are mentioned in the Standards for Special Education Programs Booklet be dealt with (mentally retarded, brain-injured, physically handicapped, visually impaired, deaf, hard of hearing, speech, aphasic, social and emotionally maladjusted).
3. That the census include children from birth to 21 years of age.
4. That a new census card for exceptional children be developed that would follow present IBM card guidelines so that data could be processed on existing computers that are being used by the Department of Education.
5. That a central information center be developed so that information can be procured quickly and efficiently when needed.

The Development of the Census Instrument

The Trial Census Form

With the information obtained from the review of the literature, the analysis of various state census taking manuals and instruction booklets, and the suggestions offered by the Advisory Committee, a Trial Census Form was developed. This form was sent to the 68 county directors and supervisors of Special Education and five city directors of Special Education in the Commonwealth for their evaluation and suggestions. The supervisors and directors were asked to rate each item on this census form as to its relevance for gathering information pertaining to exceptional children. Five basic criteria for evaluating the items were provided as guides in order that some type of uniformity would be established when evaluating the census items. The criteria used were as follows:

1. Is the item important to and needed by the local school system?
2. Is the item needed to provide information required by the State Department of Education?
3. Can the item aid in making projection of school enrollment?
4. Can the item aid in identifying children with exceptionalities?
5. Can the item be maintained as a record with reasonable effort?

Of the 73 forms sent, a total of 66 were returned.

A vast majority of the respondents reported that the items on the form were relevant. Those who felt that some of the items were irrelevant suggested that the items be made more general.

From an analysis of the responses to the Trial Census Form a first draft of a manual of instructions and census forms was developed and presented to the Advisory Committee.

Second Advisory Committee Meeting

The Advisory Committee met with the project staff for the second time on February 28, 1969. The meeting was opened by inquiring of the committee members whether the manual had been mailed to them in advance of the meeting.

Generally the committee was in agreement with the materials as they were presented. After reviewing the form and manual and suggesting several minor modifications in the materials, the committee spent some time in discussing whether census data for in-school children should be collected by census takers or special education personnel in the schools. In reviewing various points on this subject, the committee finally concluded that pertinent information about Exceptional Children in the school could be more easily and accurately obtained from school records by supervisors and teachers. Consequently, it was recommended:

1. That the manual and census card be accepted with the proposed alterations but that it be used only for those children attending school.
2. That a separate census form and manual be devised for pre-school and out-of-school children.

The Pre-School and Out-of-School Exceptionality Census Form

Following the recommendation of the Advisory Committee that a separate manual and census form be devised for pre-school and out-of-school exceptional children, work was started toward reaching these objectives.

The Pre-School and Out-of-School Exceptionaltiy Census Form was developed in the following manner:

1. A census form format was developed to gather information in siz areas: (a) Personal Identification of Exceptional Child; (b) Educational Status; (c) Exceptionality Information; (d) Treatment and Medical Care; (e) Help from Social Agencies; and (f) Follow-up Information.
2. Data gathering items were selected for each area. The Exceptionality Information area required the greatest amount of effort in its development, because of the list of descriptive exceptionality items that had to be developed. (See Item 10.1, pp. 24-25 in Manual.)
3. The Descriptive Exceptionaltiy Items were developed in the following manner:
   a. The various exceptionality categories were listed and the literature was reviewed in order to develop a list of descriptive items. The review of the literature produced a list of 120 items.
   b. The list of descriptive items was then reduced by applying the following criteria:
      1) Apparent duplication of descriptive items.
      2) Understandability by parents.
      3) Time limitation for census taker.
      4) Items which could hopefully identify pre-school children with handicapping conditions.

After applying the above criteria the list was reduced to 34 items.

The instrument was then field tested. After field testing two descriptive items were eliminated and the terminology of several items were changed to increase understandability.

After careful consideration it appears that there would be some value in applying the exceptionality descriptive items in the census forms to all pre-school children with the thought that this procedure could assist in identifying exceptional children who might otherwise emain undetected.

Field Testing

The final stage of the project dealt with the field testing of the Pre-School and Out-of-School Exceptionality Census Form.

This task was accomplished with the cooperation of the Highlands School District Administration of Allegheny County and the 147 selected families of the school district.

The families that were selected for the field test represented various socio-economic levels, ethnic and racial groups.

Mr. Louis A. Mazzoli, one of the investigators of this study, conducted the door-to-door test of the census instrument. The major aims of the field test were to determine: clarity of directions, amount of time needed to conduct individual interviews, whether the terminology used by the enumerator was understood by the person interviewed and, what special problems the enumerator might encounter while gathering data on exceptional children.

It was found during the course of the interviews, that the directions prescribed for the enumerator were sufficiently clear. However, the enumerator should become well acquainted with the manual and directions before conducting the census.

A time check was kept on each interview conducted. The total interviewing time ranged from two to 10 minutes with the average time of the interview being six minutes.

After each census interview, the respondent was asked a series of questions to determine whether he or she understood the terminology used during the interview. In most instances the parents had no difficulty in understanding the questions and responding to them. However, in isolated instances the enumerator may have to assist the parent in understanding certain words.

The investigator for the study encountered few problems during the course of the interviews. The persons interviewed were generally very cooperative. It should be noted that a possible problem could arise if the enumerator did not have the proper credentials. Many individuals at first confused the census taker with a salesman. Therefore, credentials that clearly identify the census taker are a must.

Summary and Recommendations

A census manual containing procedures and forms was developed for gathering data on exceptional children from birth through 21 years of age.

The manual contains general and specific instructions for the completion of two census forms: The Pre-School and Out-of-School Exceptionality Census Form and The Exceptional Child's Census Form.

The Pre-School and Out-of-School Exceptionality Census Form is to be used for gathering information on pre-school age, school age children not attending school, and children beyond mandatory school age and under 21 years of age not attending school.

The Exceptional Child Census Form is to be used for gathering data on school age exceptional children attending school and those exceptional children who have been identified but are not being provided with special educational services.

The census manual and forms were reviewed, field tested and revised to increase useability.

The following recommendations are made as a result of the questions raised concerning the study:

1. That uniform definitions of the various exceptionalities be developed and adopted on a statewide basis.
2. That those hired for census enumeration of exceptional children have an in-service training period before beginning the census.
3. That standard procedures for reporting census data to the Department of Education be developed to insure efficiency of data collection and accuracy of information.
4. That mass media be used to inform the public about the nature and purpose of the census prior to enumeration.
5. That provisions be developed for the dissemination of census information to the various educational and welfare agencies of the Commonwealth.

COMMONWEALTH OF PENNSYLVANIA

Department of Education

PRE-SCHOOL AND OUT-OF-SCHOOL EXCEPTIONALITY CENSUS FORM

This form is to be used to gather the names of children with handicapping conditions who are either of pre-school or beyond compulsory school age or who have been excluded.

____

_______________ School District of _______________

_______________ County _______________ Pennsylvania

Personal Identification of Exceptional Child

1. Name of Child _______________ (Last (first) (Middle)
2. Sex M _______ F _______
3. Date of Birth _______________ (Month) (Day) (Year)
4. Place of Birth _______________ (City) (County) (State)
5. Parent or Guardian's Name _______________ (Last) (First) (Middle)
6. Parent or Guardian's Address _______________ (Number) (Street) (City)

_______________ (County) (State) (Zip Code)

Educational Status

7. "Has the child ever attended any type of School?"

Yes _____ No _____

7.1 *Last School Attended*

Name _______________ Location _______________

8. "For what reason is your child not attending school?"

Check only one (Read the list of reasons to the parent, if necessary).

8.1 __ Pre-School Age (0-6 age group)
8.2 __ Admission postponed (6-8 age group)
8.3 __ Excluded on the grounds of extreme mental retardation (3-17 age group)
8.4 __ Excused on the grounds of being unable to profit from further school attendance. (8-17 age group)
8.5 __ Became 17 and dropped out of school.
8.6 __ Has completed school district program and has received certificate or diploma.
8.7 __ Has attained the age of 16, and is regularly engaged in useful and lawful employment or service during school hours, and holds employment certificate issued according to law
8.8 __ Beyond compulsory school attendance age (17-21 age group) and not in school
8.9 __ Child has been institutionalized

Exceptionality Information

9. "You said earlier that your child had some difficulty, problem or handicap. Can you tell me the exact nature?"

Yes _______________ No _______________ (See Item 10)

9.1 "What is the difficulty, problem or handicap called?" (Write name or description of condition that the parent provides) _______________

____

9.2 "Who made this diagnosis?" _______________

____

(Proceed to Item 11 if answers are satisfactory. If information is inadequate, change response of Item 9 and continue interview with Item 10.)

10. "Please indicate if any of the following items which I am going to read to you applies to your child most of the time."

10.1 *Descriptive Exceptionality Items.* Check those items which apply to the child in question

*1 __ Has limited use of _____ hand, _____ arm, _____ foot, _____ leg, _____ back, _____ neck

*2__ Has difficulty handling small objects.
*3__ Eyes always red.
*4__ Doesn't do things as well as brother or sister did at same age.
*5__ Slow to learn new things.
*6__ Doesn't talk or has limited speaking ability and cannot make needs or wants known.
7__ Is very tense, is easily upset or is extremely fearful.
8__ Cannot hear radio, television or voices at normal levels.
9__ Is very hostile, is cruel to other children, enjoys harming animals.
10__ Is unable to play successfully with children his own age, usually plays with younger children.
11__ Child must be closely watched at all times to avoid danger.
12__ Seems to daydream frequently.
13__ Is confined to bed.
14__ Speech is not clear and hard to understand.
15__ Requires more than usual assistance in: ______ dressing, _______ undressing, ________ toileting, ________ eating.
16__ Has poor coordination—extremely awkward when jumping, running, walking or skipping.
17__ Doesn't play well with other children.
18__ Holds book or playthings close to eyes.
19__ Squints to look at objects.
20__ Cannot pronounce words correctly.
21__ Child seeks a large amount of attention from parents.
22__ Is easily confused when given directions.
23__ Stumbles frequently or trips over small objects.
24__ Complains of ear-aches, or has "running" ears.
25__ Shuts or covers one eye, tilts or thrusts head forward when looking at objects.
26__ Frequently loses temper when not given own way screams, kicks, and so forth.
27__ Does not know common colors such as red, blue, green and yellow.
28__ Tilts head or cups ear towards source of sound when listening.
29__ Is very unhappy, moody, or depressed most of the time.
30__ Is confined to wheel chair, or must use braces, crutches or other aids
31__ Other (specify) ____

____

Treatment and Medical Care

11. "Is your child receiving any type of special medical care or help?"

Yes ____________ No ____________

(Proceed to Item 12)

11.1 If "yes," care is given by ________________________________

____

(Name of Physician, Clinic or Hospital)

Help from Social Agencies

12. "Is your child receiving any help, such as guidance, physical therapy or speech training?"

Yes ____________ No ____________

(Proceed to Item 13)

12.1 If "yes," care is being given by ________________________________

____

(Name of agency providing assistance)

Follow-up Information

13. "Would you like to have more information about the education of your child?"

Yes ____________ No ____________

Signed ____________________

(Enumerator)

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*For children under two years of age

COLORADO

EARLY AND PERIODIC SCREENING DIAGNOSIS AND TREATMENT PROGRAM

Dr. William van Doorninck
Assistant Professor, Department of Pediatrics
University of Colorado Medical Center

I want to share with you a child-find system for the early identification of potential school learning problems. The approach described has roots in two traditions: one, the identification of infectious and chronic disease process in public health medicine, and two, the efforts of early childhood specialists to tease out the medical and psychological processes which detract from school readiness.

What is Public Health Screening?

The concept of screening, in the public health tradition, may need explanation. Health Screening has been defined as the identification of probable disease process in presymptomatic persons. The identification procedures, that is, the screening tests, were meant to be brief, easily administered devices suitable for low cost and convenient application to large numbers of persons.

Large scale public health screening began around World War II, when infectious diseases such as tuberculosis and venereal disease were sufficiently epidemic to threaten whole communities. In order to protect communities, large scale screening programs were devised to identify individuals who might have the disease process. To be effective, screening had to precede the time when individuals could communicate the disease. Second, screening had to precede the time when the obvious and detrimental symptoms of the disease appeared.

Third, it was desirable for screening to precede the optimal time for treatment. Of course, prior to WW II, the only protection for the community was the isolation of diseased persons rather than curative treatment.

Since WW II, the public health concern over infectious disease epidemics has lessened, thanks to the numerous wonder drugs. Attention has shifted to the more chronic illnesses and conditions. Again, the value of screening was to identify presymptomatic illness at a time when diagnosis and preventive treatment were possible. In many chronic conditions, treatment results in a more favorable outcome, that is, less handicap, when it is applied prior to the full blown stage of the illness.

Large Scale Screening

In the 1960's, screening infants and preschool children was begun on a large scale in California by the Kaiser-Permanente health and school adjustment.

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1. An invited presentation to the CORRC NASDSE Child Find Conference, Washington, D.C., March 26-27, 1975.

In Great Britain, high risk registers were developed in order to track children with perinatal complications. So many types of complications were added to the list, that in some locales 60 percent of infants found themselves on the register. Even so, most of these children did not develop later development problems. And many children with later problems were missed. Thus, the conditions qualifying infants for further tracking were not accurate predictors of future problems.

Among the various screening programs developed in this country, inaccuracies sometimes occured due to inappropriate age of screening. For example, a screening project at our medical center was designed to discover congenital hearing loss in newborns. The "Warblet" method resulted in 250 overreferrals for every case found. This program was too costly. Better results might be obtained between 3 to 6 months of age, when the infant's responses are more reliable.

A case of overkill was the attempt by pathologists to run automated chemical analyses of human body fluids. The hope was to run numerous tests simultaneously by automation and thereby reduce costs. Unfortunately, a cut-off point of two S.D.'s beyond the mean was used for each test. This criterion selects three to five percent of a population. For conditions with true incidence rates far less than three percent, too many non-diseased will be included. When such errors are compounded over the several chemical tests, a normal individual could have a 40 percent chance of being called back for further diagnostic work. This generates needless anxiety among patients and wasted professional and technical time.

Other screening programs have had dubious value, even though well-intended. Sickle cell anemia screening is one example. No treatment exists for the asymptomatic individual. Further, black families with this trait may have suffered the stigma of being so labeled.

Congress's EPSDT

Congress enacted in 1967 the Title XIX Amendment to the Social Security Act. Title XIX is known as Early and Periodic Screening, Diagnosis, and Treatment or EPSDT. EPSDT expanded health services to 13 million medicaid eligible children. One and one third million were under age six. These children were to be quickly screened for potential handicapping medical, psychological, and social conditions, and sent for further evaluation and treatment if necessary. From 1967 to 1971, nothing happened.

Guidelines were issued in 1971 at the federal level but these did not help sufficiently. Because most of these children were reachable through pediatric clinics, the Medical Services Administration of HEW contracted in 1972 with the American Academy of Pediatrics to develop more detailed guidelines. At the very least, public health nurses, welfare departments, pediatricians, and their treatment resources could collaborate under a common set of guidelines. These EPSDT efforts are just beginning in some states.

Current Screening Programs

Other current screening programs affecting preschool and primary-aged children are the following:

1. Two hundred Head Start programs across the country are screening for conditions listed in the EPSDT guidelines. Handicapped children must now make up 10 percent of the enrollment of a local Head Start Program.
2. The National Society for the Prevention of Blindness, with local chapters in most states, screens several million children per year for vision handicaps. This program is run by opthalmologists.
3. Volunteers for Vision, a screening program run by optometrists, represents a more visual-perceptual approach to handicapped vision. To date, however, we have been frustrated by the lack of hard evidence which details the relationships between deficiencies in visual-perceptual skills, remedial exercises designed for them, and academic performance.
4. State Health Departments, especially the divisions of Maternal and Child Health and the Crippled Children's, often run screening programs in rural settings in an effort to identify acute illnesses, nutritional needs, developmental delays, immunization needs, and so on.
5. Finally a Kiwanis International group in Arizona will sponsor a large scale screening program for young children. Arizona has not voted for Medicaid and the private sector has to pick up the effort there.

You can see by the number of screening programs mentioned that a good possibility exists for duplication of efforts on the one hand and "passing the buck" on the other. Later, we will consider recommendations for coordinating screening programs at the local level. These will be important because it is highly desirable that the community of educators have closer ties with the early childhood and pediatric communities.

Principles of Screening

Let us next consider some principles of screening developed from the public health and early childhood traditions. Our research group at CUMC has put together a slide-tape show which distills and illustrates these principals.

Our research group has gathered experience over a 10-year period on screening tests in a handful of areas relevant to school readiness among preschoolers. The areas of screening most likely to be of interest to the educational community are development, articulation, hearing, and vision.

In one large scale project, non-professional screening aides combed Denver's low-income housing tracts for all children who might live there. Over 2,000 children were screened; all non-normal results and a percentage of normal results were validated for each procedure. When validation testing was also non-normal, referral for treatment was initiated. In this group of low-income children, about four percent had IQ's less than 70, 13 percent had speech articulation problems, 8 percent had vision problems, and 16 percent had hearing problems. These estimates may be slight underestimates because not all normals on the screening were validated by diagnostic tests.

Further, diagnosticians such as opthalmologists, optometrists, language pathologists, audiologists, and psychologists disagree on what constitutes an abnormal finding as well as what conditions deserve treatment. Well-designed longitudinal studies are needed to determine the significance of various degrees of abnormal findings in preschool for the later functioning of the child in school. These large scale screening projects have taught us the many ways in which parents can be sidetracked, shelved, duplicated, turned away, or simply ignored between screening and treatment.

Developmental Screening

Most of our experience has been with developmental screening. The purpose of developmental screening is to identify children with significant deviations in cognitive, neurological, social, or emotional development. One of the most prevalent correlates of borderline deviations in development is lack of cognitive stimulation at home. Lack of guided stimulation is especially detracting to language development, which gets a rapid start between 15 and 36 months of life. Because developmental and cognitive tests become increasingly language oriented after 15 months, children without sufficient home stimulation are likely to show deceleration in general development as early as 18 months. We know from the literature and preschool that 90 percent of children who score below two S.D.'s below the mean during infancy will have substantial school problems at age 10. Children who score so deviantly during infancy represent less than three percent of the population and are likely to have biologically related handicaps.

But what about the borderline range–say between one and two S.D.'s below the mean? We have data on the prediction of school problems from pre-school developmental screening and Stanford-Binet results but not from infancy. One of our associates. Dr. Bonnie Camp, followed up children eight years old or more who had the Denver Developmental Screening Test and the Stanford-Binet during infancy. The DDST Abnormal score was designed to select children who scored greater than two S.D.'s below the mean on an intelligence test. The DDST Questionable score was designed to select children who score between one and two S.D.'s below the mean. The DDST Normal score was designed to select children whose IQ's were greater than 85.

The DDST Abnormal and Normal scores did very well in predicting which children were problems in school and which were not. Questionable scores did not predict as well. But enough Questionables had later school problems that the best prediction of school problems from preschool resulted when Questionables were combined with Abnormals.

The best prediction of school problems from the Binet resulted when all children scoring less than one S.D. below the mean were grouped together. The DDST and the Stanford-Binet predicted school problems equally well. But the interesting thing is that the DDST correspondence with the intended IQ ranges is not completely accurate. So we learned from that study to refer preschoolers with Questionable and Abnormal scores. Even though their IQ's might be in the normal range (now defined by the AAMD as IQ 8 or above on the Binet), other factors which depress their screening test results could operate to depress future school achievement.

Behavioral excesses, behavioral deficiencies, specific learning delays and poor coordination should be considered. General deficits in test-taking behavior, poverty of information, poor verbal skills and impulsiveness are most often found among delayed children. The same might be said for school-aged children who achieve below grade level. Cognitive enrichment programs seem to help such children in general ways, by reducing distractions, by increasing their attentiveness to detail, relating what they are offered to what they know already, learning to think out problems, increasing verbal control over behavior, improving one's identification with adults, and improving self-confidence.

The Prescreening Developmental Questionnaire

The predictive accuracy of the DDST has been encouraging. But the need to screen masses of children means that the DDST is impractical for use with every child. The DDST takes a trained examiner, 20 minutes and a testing room. In order to improve efficiency, we have developed a Prescreening Developmental Questionnaire or PDQ. The PDQ is a set of parent-answered questions based on DDST items. Over a three to four-year period, we have experimented with different item formats, and different item combinations which would maximize agreement between PDQ findings and DDST findings. The limitations to agreement are PDQ's extreme brevity and the relatively unstandardized judgments of parents. Nevertheless, when the 10 PDQ items closest to the child's age are administered by parents, two or more non-passes on the questionnaire will include about 90 percent of the children who subsequently score Abnormal on the DDST. About 55 percent of the DDST Questionables are also identified. Overall, about one-third of a random sample of children would have two or more non-passes. About 75 percent of these would be Normal on the DDST. Thus, follow-up testing with the DDST would be necessary to prevent overreferral to diagnostic facilities. When this two-stage screening process is employed, almost all severely deviant children are picked up, over half of the mildly deviant ones are picked up, and only a few normal children are referred for more extensive work-up.

As I mentioned earlier, we have screened large numbers of children with the DDST in Denver, using non-professional screening aides often chosen from the neighborhoods in which we screened. The use of volunteers and minimally educated screening aides is possible because the screening tests and the training procedures have been designed to be as simple and objective as possible.

Recommendations

Finally, several recommendations for setting up screening programs will be mentioned.

1. Get together with local community groups who have an interest in screening, diagnosis and treatment.

2. Devise committees representing these groups. The committees will coordinate activities in order to prevent duplication and "buck-passing." The specific groups might include.
   a. Early childhood education or special education associations.
   b. City, County and State Health Departments
   c. City, County and State Medical Societies. Have these societies designate one of their pediatricians as a committee member.
   d. EPSDT representative from the State Department of Social and Rehabilitation Services.
   e. Speech and Hearing Association
   f. Head Start
   g. Volunteers
   h. Society for Prevention of Blindness
   i. Parent advisers—especially those with clout in the community.

3. Have the various disciplines come up with recommendations for screening in their area.

We in the early childhood and pediatric communities are quite anxious to increase our ties with the early education community. These ties are necessary since early cognitive stimulation is perhaps the most prevelant need among preschoolers not ready for the demands of school, and since changes in primary school demands may well be crucial in continuing gains made while preschoolers are enrolled in cognitive enrichment programs.

CALIFORNIA

WHITTIER AREA COMPREHENSIVE PLAN FOR SPECIAL EDUCATION

Mr. Don Miller
President, Viable Systems Planning Institute

Exceptional pupil identification refers to a distinct set of educational service actions that seeks to identify individuals with exceptional needs. Operationally, this set of educational service actions is a five-part process that seeks to: detect individuals who demonstrate indications of possessing handicapping conditions, screen individuals suspected of having handicapping conditions to select individuals with exceptional needs, confirm the presence of exceptional needs on the part of selected individuals, register essential data and information regarding confirmed individuals in a district-wide registry of individuals with exceptional needs, and finally, refer confirmed and registered individuals for appraisal, educational programming, and/or placement as warranted on the basis of available data and information pertaining to individual cases. The remainder of this paper will address these five components in the process of identification.

Detection

Detection, very simply, is discovering and locating preschool, school, and postschool age individuals who possess handicapping conditions and, as a result, either have or are thought to have exceptional needs. The purpose of detection is to assure and facilitate individual access and ready admission to a system of public special educational programs and services. Provisions for detection must reach out to each home in each neighborhood as well as to each classroom in each school in the district-wide or area-wide community to be served.

For this reason, detection must be a cooperative endeavor that involves public health, welfare, and rehabilitation, as well as education agencies. It must also involve private physicians, medical specialists, psychologists, psychiatrists, and other professional consultants who provide services to individuals with exceptional needs. In addition, it is most important that the detection process involve the parents of handicapped children, parent organizations, advocacy groups, private schools and other facilities serving handicapped children, and other interested and concerned individuals, groups, organizations, etc. in the community who volunteer to participate or desire to be involved.

> *The handbook will specify the agreed upon rules, criteria, standards, descriptions, instruments, and procedures for the detection of all categories of handicapping conditions explicated in the classification system.*

Everyone to be involved must be adequately and appropriately oriented and trained with respect to the uniform rules, criteria, standards, descriptors, instruments, and procedures that will be used in the detection of handicapped individuals. The governing boards of each district are responsible for making continuous, comprehensive, and systematic efforts to detect preschool, school, and postschool age individuals with exceptional needs who either reside within the district's boundaries or are within its legal jurisdiction. Several activities to accomplish this effort toward detection are suggested in California.

Activities of the District Governing Board

As part of the district's component of the Conprehensive Plan for Special Education (CPSE), the board may submit details describing the specific manner in which the district will proceed to detect individuals with exceptional needs, during the 12-month period beginning with August of the calendar year in which the plan is submitted. As an alternative, the district governing board may choose to adopt a resolution to participate in an area-wide plan for the detection of individuals with exceptional needs that is defined as part of the CPSE. Whatever procedure is chosen, an intensive annual community-wide campaign that provides maximum support for the discovery and/or location of individuals with exceptional needs must be conducted. The main thrust of the campaign will be **Citizen Alert and Appeal to Help Find Individuals With Exceptional Needs**. The campaign shall feature the following elements:

- Annual or more frequent orientation workshops for the parents or guardians of young handicapped children.
- Annual or more frequent community-wide communication by circulars and by mail to all residents designed to: (1) describe the characteristics of individuals with exceptional needs, (2) describe available special educational programs and services for such individuals, and (3) specify the steps that the parents or guardians of such individuals must take to help their children gain access and ready admission to such programs and services.
- Selective house to house canvassing by volunteers to discover and/or locate individuals with exceptional needs.
- Annual or more frequent direct inquiry of and continuous liaison with professional persons in the community, private nursery schools, day care facilities, group homes, organizations of parents of various types of handicapped children, clinical and health care agencies, welfare and rehabilitation agencies, and other agencies and/or groups which serve preschool, school, and/or postschool age populations which could include individuals either having or demonstrating the probability of having exceptional needs.
- Annual or more frequent direct inquiry of and continuous liaison with other public and private schools and school systems, agencies and organizations from which individuals with exceptional needs may ordinarily be expected to come to the district, including parochial schools and clinical or special nursery schools.
- Ongoing public information articles and programs in local media that: (1) describe the characteristics of individuals with exceptional needs, (2) describe available special education programs and services for such individuals, (3) specify the steps that the parents or guardians of such individuals must take to help their children gain access and ready admission to such programs and services, and (4) announce the time, date, and site of free orientation workshops and free screening clinics.
- Development, publication, and dissemination of informational brochures which: (1) describe the characteristics of individuals with exceptional needs, (2) describe available special educational programs and services for such individuals, and (3) specify the steps that parents or guardians of such individuals must take to help their children gain access and ready admission to such programs and services. These brochures will be used at orientation workshops and will be disseminated on a community-wide basis through the cooperative involvement of public utility agencies which will include the brochures as enclosures in monthly public utility billing statements mailed to consumers residing in the community.

The district governing board will also develop, publish, and disseminate a **Handbook for the Detection of Individuals with Exceptional Needs** that can be used by professional persons in the community and school district instructional staff members for orientation and training purposes as well as for guidance in the detection of individuals with exceptional needs. The Handbook will specify the agreed upon rules, criteria, standards, descriptions, instruments, and procedures for the detection of all categories of handicapping conditions explicated in the classification system.

District-wide provisions will be made for: (1) the annual registration, (optional on the part of parents or guardians), of young handicapped children, ages two through four inclusive, and (2) the conduct of kindergarten roundup conferences at each local school in May of each year to survey all prospective kindergarten pupils for indications of exceptionality as well as for other factors. In addition, new student school entry conferences will be held at each school in the district. Such conferences shall be held upon receipt of new student applications for enrollment. The purpose of such conferences is to survey all new student applications for indications of exceptionality as well

> *The school board will conduct biannual surveys of school age children for the purpose of detecting individuals who demonstrate indications of exceptionality.*

as for other factors. The board will conduct biannual surveys of school age children for the purpose of detecting individuals who demonstrate indications of exceptionality. The survey shall encompass all children enrolled in: (1) regular education programs provided by the district, (2) special educational programs and services provided by the district, and (3) developmental and/or educational programs and services provided by public and private agencies (other than the district) within the boundaries of the district. The district governing board will make suitable provisions for establishing and maintaining a system of facilitation for discovering and locating individuals with exceptional needs on a continuous basis as well as for reporting discovered indications of exceptionality to the appropriate educational authority. This report (**The Indications of Exceptionality Report**) should be designed as a checklist that can be used to indicate the type(s) of handicapping condition(s) that the individual is believed or known to possess. The form should record:

1. The individual's full name, date of birth, and sex; the name(s), address(es), and telephone number(s) of the individual's parents or guardian;
2. a checklist of handicapping conditions featuring end item categories of such conditions detailed in the classification system, and
3. the full name and signature of the person who prepared the report.

The **Indications of Exceptionality Report** will be submitted to either a school principal or other special education administrator, as appropriate for each special case under consideration.

Screening

Screening is the process of separating those individuals who have or are suspected of having, handicapping conditions that give rise to exceptional needs, from other members of the total population of preschool, school, and postschool age individuals. The purpose of screening is to select those individuals with handicapping conditions who manifest a high probability of eligibility for special education programs and services on the basis of exceptional needs.

Screening involves the use of sets of rules, criteria, standards, and/or descriptors detailed in the classification system in the form of simple tests, scales, surveys, other instruments, and related procedures. It must be both routine and continuous, and it should be made a regular, more or less unvarying, process that is conducted at regular intervals or in response to specific demands on a continual basis to select those individuals who demonstrate a high probability of being communicatively, physically, learning, and/or severely handicapped.

Routine and continuous screening is necessary to determine the presence of significant handicapping conditions that: (1) have an adverse impact or effect on the individuals who possess them, (2) have been overlooked previously, (3) are exhibited at higher age and/or developmental levels, and/or (4) improve with the delivery of adequate and appropriate programs and services.

The school principal or the special education administrator who receives an **Indications of Exceptionality Report** shall review it to insure that it has been properly prepared and signed. Following such review, the school principal or the special education administrator (as the case may be) shall initiate the following four parallel courses of action:

1. Forward a copy of the **Indications of Exceptionality Report** to the School Appraisal Team (SAT) or the Educational Assessment Service (EAS) whichever body is appropriate for coordinative purposes.
2. Secure the consent of the individual's parents or guardian for screening and/or appraisal of the individual as well as their authorization for release or exchange of information regarding the individual.
3. Notify appropriate educational staff to identify potential sources of data and information and to initiate the collection and collation of available data and information concerning the individual's handicapping conditions and prior intervention efforts. Data and information collection and collation efforts shall be limited to school district sources pending the receipt of written consent and authorization from the individual's parents or guardian.
4. Integrate, or cause to be integrated, a **Comprehensive Individual Screening Report** regarding the individual under consideration.

The consent of the individual's parents or guardian should be acquired in writing prior to the initiation of screening. A form must be used that is written in the principal language of the parents or guardian as well as in English to assure due process as well as effective communication. **The Parent's or Guardian's Consent for Screening and/or Appraisal Form** details the following information:

1. Full name of the individual to be screened and/or appraised.
2. Individual's date of birth and sex.
3. The detailed statement of consent.
4. Signature of the individual's parent or guardian.
5. Date of parent's or guardian's signature.
6. Parent's or guardian's place of residence.
7. Parent's or guardian's telephone number.
8. Parent's or guardian's relationship to the individual to be screened and/or appraised.

An authorization for release of information from an individual's parents or guardian must be acquired in written form before release or exchange of information concerning the individual is made. Such authorization should be acquired prior to the initiation of screening. This form should also be written in the principal language of the parents or guardian as well as in English to assure due process and effective communication. The **Parent's or Guardian's**

Authorization for Release or Exchange of Information Form details the following information:

1. Full name of the individual concerning whom information will be released or exchanged.
2. Individual's date of birth and sex.
3. The detailed statement of authorization.
4. Signature of the individual's parent or guardian.
5. Date of parent's or guardian's signature.
6. Parent's or guardian's place of residence.
7. Parent's or guardian's telephone number.
8. Parent's or guardian's relationship to the individual concerning whom information is to be released or exchanged.

After securing the written consent of the individual's parents or guardian for screening and appraisal and their authorization for release or exchange of information, the school principal or the special education administrator should immediately schedule screening appointments for the individual with appropriate professional and technical specialists. The authorized person should also notify appropriate educational staff to initiate efforts to secure information from outside sources which have provided prior programs services to the individual.

For school and postschool age individuals currently enrolled in the schools of the district, screening shall include such activities as:

1. Completion of a **Description of Individual Behavior Report** by the individual's teacher(s) or instructor(s).
2. Completion of a **Personal Health Status Report** by the school nurse.
3. Completion of a **Pupil Progress Report** by each teacher or instructional specialist working with the individual.
4. Conducting of designated observations of the individual's behavior and the completion of a **Report of Observations** by the school psychologist, the program specialist, and other members of the district's or school's instructional staff.

Screening should give careful consideration to categories of handicapping conditions which are detailed in the classification system. These include: auditory handicaps, visual handicaps, deaf-blind handicaps, severe language handicaps (including aphasia), speech and oral language handicaps, orthopedic handicaps, other health impairments, learning disabilities, behavior disorders, educational retardation (EMR), developmental handicaps, moderate to severe mental retardation (TMR), autism, serious emotional disturbances.

Screening should feature the collection, collation, and review of all available records and information regarding the detected handicapping conditions of the individual or pertaining to the questionable status of the individual suspected of having handicapping conditions. The sets of information gathered during personal conferences with the parents or guardian of the individual are essential to the screening process.

Suitable provisions should be made for the routine and continuous screening of young children of ages two, three, and four years whose parents or guardians request such action because they believe their children have a reasonable likelihood of having serious handicapping conditions.

The district governing board should provide for the routine and continuous screening of preschool children at kindergarten roundups or upon entry to kindergarten. In addition, suitable provisions must be established and maintained also for the routine and continuous screening of school and postschool age individuals upon entry into the schools of the district and periodically thereafter while they are in attendance at such schools.

All screening efforts must utilize personnel who are duly credentialed, certified, and/or licensed in a specialty area qualifying them to perform the specific screening responsibilities assigned to them. Each specialist shall have both the training and experience required to assure the quality and effectiveness of the screening effort.

The data and information acquired as a result of screening efforts will be summarized in an **Individual Screening Report Form** designed to facilitate the recording of each speciality area participating in screening. Each specialist will record his or her signature attesting to the accuracy of the data and information that he or she entered in the report.

The school principal or special education administrator is responsible for the development of a **Comprehensive Individual Screening Report** and will submit the completed set of documents to the appropriate SAT or the EAS for further consideration.

Prior to the consideration of a specific case by the SAT or the EAS, the school principal or the special education administrator may be required to initiate preliminary actions specific to the individual case under consideration based upon available data and information. The school principal or special education administrator may feel it is necessary or advisable to:

- Recommend that specific actions be taken with regard to the individual by his or her parents or guardian.
- Place the individual, on a temporary basis, in a particular educational program.
- Maintain the individual in his or her current program without change.
- Maintain the individual in his or her current program but with supplements and/or modifications.
- Transfer the individual from his or her current program to an alternative program.
- Refer the individual to an outside specialist who and/or agency which is qualified to provide the individual with necessary assistance and/or services.
- Initiate suspension proceedings to remove the individual from school.

Confirmation

The purpose of confirmation is to verify that an individual has, or promises to have, exceptional needs that make him or her eligible for participation in special education programs and services. Several activities are involved in the process of confirmation:

The SAT or the EAS will conduct a review and appraisal of the documentation, data, and information included in the **Comprehensive Individual Screening Report** as submitted by the school principal or the special education administrator.

The SAT or the EAS will attest to the fact that the **Comprehensive Individual Screening Report** provides ample evidence in the form of documents prepared and signed by professional and technical specialists, that the individual possesses or does not possess handicapping conditions that gives rise to exceptional needs. In addition, they will confirm the internal consistency of the evidence presented which, in turn, attests to the truth and validity of the documentation, data, and information contained in the report.

The SAT or the EAS will establish acceptable documentary evidence of individual exceptionality. If either feels that additional data and information are required for such purposes, the team or service will request that it be secured and provided by the school principal or the special education administrator (as the case may be).

The SAT or the EAS will prepare written documentary evidence, in summary form, that can be used to justify the individual's eligibility to participate in special education programs and services.

The SAT or the EAS will prepare a **Confirmation of Eligibility Report** and submit it to the special education administrator, with the summary documentary evidence of eligibility (mentioned above) attached. A copy of this report should be retained for reference purposes.

Registration

Individuals who have been confirmed as exceptional should have pertinent data recorded in a district-wide **Register of Individuals with Exceptional Needs**. The register is established and maintained by the special education administrator for the required legal and data reporting purposes. The purpose of registration is to establish and maintain a uniform centralized source of essential data and information pertaining to all individuals who possess confirmed eligibility for participation in special education programs and services. The register should be a complete listing of preschool, school, and postschool age individuals with exceptional needs who either reside within the boundaries of the district or who are within its legal jurisdiction; and should include the following information:

1. Personal information and location:
    Individual's full name.
    Date of birth, age, and sex.
    Place of birth and nationality.
    Racial and/or ethnic origin and religion.
    Place of residence and telephone number.
    Contact person's full name and telephone number.
    Contact person's relationship to the individual.
2. Parental or custodial information and location:
    Mother's full name and home telephone number.
    Mother's occupation and business telephone number.
    Mother's place of residence.
    Father's full name and home telephone number.
    Father's occupation and business telephone number.
    Father's place of residence.
    Guardian's full name and home telephone number.
    Guardian's occupation and business telephone number.
    Guardian's place of residence.
3. Educational information and location:
    Date of initial enrollment in district special education.
    Date of entry to the register.
    Date and place of most recent appraisal by a SAT or the EAS.
    List of handicapping conditions and related special educational needs.
    Implementation date of current educational plan.
    Current level of educational setting.
    List of current programs and/or services with beginning dates, names of providers, and sites of delivery for each.
4. Terminal information and location:
    Last date of school attendance.
    Last place of school attendance.
    Reason for termination of school attendance.

For legal and data reporting purposes, preschool, school, and postschool individuals will be presumed to be without exceptional needs unless entered to the district-wide register. No individual should be entered to such register unless such individual has been determined to possess special educational needs. As soon after such determination is made as is reasonably possible, the individual shall be entered immediately to the register. An individual who has not been entered to the register will be considered an individual without exceptional needs and will be excluded from special education programs and services.

The district governing board will prepare and submit as part of its annual CPSE component plan, a census of all preschool, school, and postschool age individuals with exceptional needs who either reside within the district's boundaries or are within its legal jurisdiction. The census information submitted should be a true copy of the data and information included in the register, listing the number of individuals by the categories of exceptionally detailed in the classification system.

For all individuals enrolled in special education, the census shall be an expanded listing of individuals with exceptional needs by levels of educational setting and by special education programs and services involvement. Such census information should be reported in an aggregate manner with explanations for interpreting duplication of individual accounting. It should not, however, reveal the identity of the individuals being served or that of their parents or guardians.

Referral

The referral process entails transferring or reassigning the responsibility for disposition of an individual's case from one organizational unit to another in a formal manner. In this case, the purpose of referral is to transfer the responsibility from the general education administration in the district to a specific school jurisdiction or to a district-wide special education jurisdiction. Referral to a regular school reassigns responsibility for individual case disposition from general education administration to the individual school principal or administrator who, in turn, shares portions of that responsibility with the individual's teacher(s), other instructional staff members, and the membership of the SAT. Referral to a special school, center or class, on the other hand, reassigns responsibility for individual case disposition from general education administration to the special education administrator who, in turn, shares portions of that responsibility with subordinate administrators, the individual's teacher(s), other instructional staff members, and the membership of the EAS. In the case of the SAT and the EAS, shared responsibility can only be discharged through collective decision making and action by the membership of a SAT or the EAS. Individual members of the SAT or the EAS possess no authority to make decisions or to take action as individuals—all responsibility is shared with the membership as a whole and it can be discharged only through collective decision making and action.

The SAT and the EAS should recommend the referral of confirmed and registered individuals with exceptional needs for purposes of appraisal, educational programming, and/or placement by means of a list of **Case Disposition Recommendations** to be prepared for submission to the appropriate school principal or the special education administrator (as the case may dictate). **Case Disposition Recommendations** should delineate the specific service requirements and needs of the individual, the settings in which such requirements can best be fulfilled, and the reasons why the membership of the SAT or the EAS believes that the recommended referral action must be taken in the interest of the individual.

Individual school principals and the special education administrator will immediately upon receipt of SAT or EAS recommendations for referral, review the advisability of the recommended referral in light of school district administrative rules and regulations and either initiate prompt follow-up action or notify the SAT or the EAS that such action will not be taken. In all instances where follow-up action is not taken, individual school principals and the special education administrator will explicitly define the specific reasons why follow-up action was not taken and submit them to the SAT or the EAS.

After an individual has been confirmed as being exceptional on the basis of screening results, and the school principal or the special education administrator has reviewed the **Case Disposition of Recommendations** of the SAT or the EAS, prior to any final decision or referral action, the school principal or special education administrator will provide the parents or guardian of the individual under consideration with written notification regarding the **Case Disposition Recommendations** made by the SAT or the EAS. Such notification will fulfill due process requirements. Upon receiving the written concurrence of the parents or guardian of the individual regarding **Case Disposition Recommendations**, the school principal or the special education administrator will initiate prompt referral action.

APPENDIXES

Appendix A – Child Find Matrix and Address List

Appendix B – Conference Evaluation

Appendix C – Public Information Campaign Samples

Appendix D – Community Resource Checklist

Appendix E – Conference Participants

Appendix A – Child Find Matrix and Address List

Evidence of the need for a child find workshop is based on information received from state directors regarding handicapped child identification and child census. Of 32 responses, 30 state directors indicated an interest in a CORRC/NASDSE training effort on this topic. State requirements as well as recent federal legislation (Title VI-B of P.L. 93-380) also indicate a need for such training.

In October 1974 Bill Schipper from NASDSE conducted a survey attempting to identify child find programs. At the same time, the staff at CORRC surveyed the Regional Resource Centers to identify additional child find programs which might have been excluded from the NASDSE survey.

From the above efforts, 26 programs were identified and collected for review.

In order to provide a brief overview of the 26 programs the attached matrix was developed. The intent of this matrix is not to provide a comprehensive report of the child find programs but rather to show some components which are important criteria for a child find program. Hopefully, this matrix will give you a brief and concise concept of "who is doing what" in the area of child find, census, and screening. By no means is this list all-inclusive, especially when considering census and screening procedures; however, these programs were sent in response to both CORRC's and NASDSE's attempt to collect child find programs.

In order to get a full understanding of any one program it would be necessary to obtain a copy and study it in detail. To facilitate your efforts in obtaining information about a particular program, an address list has been developed which corresponds to the states listed in the matrix.

Child Find Program Matrix

	TYPE OF PROGRAM	TARGET POPULATION	AGE RANGE	MULTI-AGENCY	USE OF MEDIA	PARENT CONSUMER REPRESENTATION	CONFIDENTIALITY	METHODS OF COLLECTION
Arizona	Screening	Public School Children	5-21	No	No	No	Not reported	Teacher rating scale administered by classroom teacher
California	Census	Children in special classes, programs or who have applied for such services	Not Rep.	No	No	No	Not reported	Reports children presently in school and those which have made application for special education
Florida	Screening	District school system to find Children	Not Stated (School age)	Yes	Not Reported	Yes	Not reported	Referral form completed by principals listing suspected exceptional children
Guam	Screening	All Handicapped Children	3-21	No	No	No	Not reported	Screening inventory listing suspected exceptional children
Idaho	Child Find	All Handicapped Children	All ages (School children only)	Yes	Radio TV Newspaper	Yes	Yes	24-hour toll free phone. Child registration form. Letters to parents, posters, TV, newspaper ads, radio ads requesting people to report handicapped children
Illinois	Census	All Handicapped Children	Not Rep.	No	No	No	Not reported	Director of Special Education reporting children in different program

Child Find Program Matrix

	TYPE OF PROGRAM	TARGET POPULATION	AGE RANGE	MULTI-AGENCY	USE OF MEDIA	PARENT CONSUMER REPRESENTATION	CONFIDENTIALITY	METHODS OF COLLECTION
Kansas	Census	All Handicapped Population (Projected)	Up to 18 (Projected)	Developed Registry of Service Agencies	Radio Newspaper	Yes	Not reported	Agency contact forms. Organization of info and referral directors to coordinate collection activities. Status of developmental disability service
Maine	Screening	School aged children	5-20	Contract w/agencies to provide educational services	No	Yes	Not reported	Pupil evaluation teams (PET). Evaluate all children referred for special services
Maryland	Census	Preschool early identification	0-20	Heavy agency involvement	Not reported	Yes	Yes	Six agency group provides input to the data system for the handicapped
Minnesota	Child Find	Handicapped population	0-21	Yes	Use of public media (type not specified)	Yes	Not reported	Census process should allow for identification of handicapped children. Referral arrangements made w/agencies, schools and public
Missouri	Census	All school districts	0-21	Yes	Radio TV Newspapers	Yes	Yes	Questionnaire to parents referring preschool children. Local school district compiled census forms
Nebraska	Census	All resident children who would benefit from special ed programs	Not Reported	No	No	No	Yes	Child data reported by school district using the information system on the handicapped form

Child Find Program Matrix

	TYPE OF PROGRAM	TARGET POPULATION	AGE RANGE	MULTI-AGENCY	USE OF MEDIA	PARENT CONSUMER REPRESENTATION	CONFIDENTIALITY	METHODS OF COLLECTION
New Jersey	Child Find	Preschool	0-5	Yes	TV Radio Newspaper	Yes	Yes	Questionnaire sent to parents, house-to-house canvassing. Questionnaire printed in newspaper. Request to report children made on TV and radio
North Carolina	Child Find Census	All children with special needs	0-21	Yes	Newspaper Radio, TV Posters Church Bills	Yes	Yes	Teacher reporting forms State-wide school registration In depth census review
North Dakota	Screening	Children in grades 1-6	Not Reported	Not Rep.	Not Reported	Not Reported	Yes	Group Classroom Screening Instrument
Ohio	Screening	All handicapped children (Projected)	Not directly stated Have data for programs for 5-19	Not Rep.	Not Reported	Not Reported	Yes	Solicited and/or unsolicited names from any source. Referrals from parents, teachers, agencies, etc
Oregon	Child Find	All handicapped children	6-21	Yes	Newspaper Radio, TV Posters	Yes	Yes	Child Find Task Group to assist in data collection. Survey Report Forms completed by schools, agencies, and people in the community
Pennsylvania	Child Find	Mentally Retarded	0-21	Yes	Posters Radio TV	Yes	Not reported	House-to-house canvassing. Toll free phone number Carry home letters from school

Child Find Program Matrix

	TYPE OF PROGRAM	TARGET POPULATION	AGE RANGE	MULTI-AGENCY	USE OF MEDIA	PARENT CONSUMER REPRESENTATION	CONFIDENTIALITY	METHODS OF COLLECTION
Puerto Rico	Census	All handicapped children in grade school	3-18	No	No	No	Not reported	Students take home forms to parent
Rhode Island	Census	Handicapped in school	School Age	No	No	No	Not reported	Children currently attending the public and private schools
South Carolina	Incidence Census	All handicapped children	Children being served in school district	Not Rep.	Not reported	Not reported Not reported	Not reported Not reported	Not reported Not reported
Texas	Screening part of large system	Multi-handicapped and young	Multi-handicapped 0-9	Yes	No	Parent Organizations	Yes	Referral. Parent contact.
Trust Territory	Child Find	Major emphasis on deaf-blind. Includes other handicapped children.	0-19	Yes	Radio	Yes	Not reported	Record search at agencies, hospitals, schools, etc. Interview w/principals, teachers, magistrates, missionaries. Referral from teacher. Special Ed survey forms
Virginia	Screening	All handicapped children including the gifted	2-21	Yes	No	Yes	Yes	School and community survey forms Scanning of cumulative records Letters to parents requesting the reporting of any child w/suspected handicaps

Child Find Program Matrix

	TYPE OF PROGRAM	TARGET POPULATION	AGE RANGE	MULTI-AGENCY	USE OF MEDIA	PARENT CONSUMER REPRESENTATION	CONFIDENTIALITY	METHODS OF COLLECTION
Washington	Child Find	All handicapped children	Not reported	Agencies were contacted to report children	Radio TV Newspapers	Parents were asked to register their children	Not reported	24-hour toll-free phone. Advertisement to report children to local schools. Child report form.
Whittier Co., California	Screening	All handicapped children	3-21	Yes	Use of public media	Parents were asked to register their children	Yes	Referral. Mail circular, house to house canvassing, professional liaison with public and private agencies and organizations. bi-annual survey of school children.

Child Find Address List

ARIZONA
Operation Screen
Thomas A. Hannon
Education Program Specialist
Division of Special Education
Department of Education
153 West Jefferson
Phoenix, Arizona 85007

CALIFORNIA
Leslie Brinegar
Associate Supt. and Manager
Special Education Support Unit
721 Capital Mall
Sacramento, California 95814

FLORIDA
Child Find
Landis M. Stetler, Chief
Bureau of Education for Exceptional Students
Department of Education
Tallahassee, Florida 32304

GUAM
Julia T. Certeza
Associate Superintendent
Division of Special Education
P.O. Box DE
Agana, Guam 96910

IDAHO
Idaho Child Find
D. F. Engelking
State Supt. of Public Instruction
Department of Education
Len B. Jordan Office Building
Boise, Idaho 83720

ILLINOIS
Quadrennial Census of Handicapped Children
Gail Lieberman, Coordinator
Services to Deaf and Blind
Office of the Superintendent of Public Instruction
Springfield, Illinois 62706

KANSAS
Developmental Disabilities Survey
Phyllis Kelly, Coordinator
Programs for the Multi-Handicapped
Special Education Section
120 East 10th Street
Topeka, Kansas 66612

MAINE
Administrative Handbook
John T. Kierstead, Acting Director
Division of Special Education
Dept of Education and Cultural Services
Augusta, Maine 04330

MARYLAND
Special Services Information System
Stanley Mopsik, Coordinator
Office of Special Education
Maryland State Department of Education
P.O. Box 8717, BWI Airport
Baltimore, Maryland 21240

MINNESOTA
Total Special Education System for Handicapped Children
State of Minnesota
Department of Education
Capital Square Building - 550 Cedar St
St. Paul, Minnesota 55101

MISSOURI
Identifying Missouri's Handicapped Children
Graham Williams, Director of Special Services
State Department of Education
Division of Public Schools
Jefferson Building
P.O. Box 480
Jefferson City, Missouri 65101

NEBRASKA
Information System of the Handicapped
Cecil E. Stanley
Commissioner of Education
State of Nebraska
Department of Education
233 South 10th Street
Lincoln, Nebraska 68508

NEW JERSEY
Project Child
Paul Porado, Director
Bureau of Program Development and Evaluation
Division of Curriculum and Instruction
225 West State Street
P.O. Box 2019
Trenton, New Jersey 08625

NORTH CAROLINA
Count the Child
Mamie W. Hubbard (Mrs.)
Special Assistant for Regional Services
Division for Exceptional Children
State of North Carolina
Raleigh, North Carolina 27609

NORTH DAKOTA
Handicapped Child Census
Janet M. Smaltz
Director of Special Education
Dept. of Public Instruction
Bismarck, North Dakota 58501

OHIO
Guidelines for Reporting Names
of D.B.C.LD-BD and EMR children
Sam Bonham, Director
Division of Special Education
State Department of Education
933 High Street
Worthington, Ohio 43085

OREGON
Oregon Project Child Find
Mason McQuiston
Oregon Department of Education
Special Education Division
Salem, Oregon 20036

PENNSYLVANIA
COMPILE
Ronald J. Simanovick
Division of Educational Statistics
Bureau of Information Systems
Pennsylvania Department of Education
Box 911
Harrisburg, Pennsylvania 17126

PUERTO RICO
Ligia Rivera Valentin, Director
Special Education Program
Commonwealth of Puerto Rico
Department of Education
Hato Rey, Puerto Rico 00919

RHODE ISLAND
Census of Handicapped Pupils
Charles J. Harrington
State of Rhode Island
Department of Education
199 Promenade Street
Providence, Rhode Island 02908

SOUTH CAROLINA
First Ninety Day Enrollment Report on Programs
for Handicapped School Children
Robert P. Armstrong, Consultant
Office of Programs for Handicapped
Department of Education
Columbia, South Carolina 29201

TEXAS
Family Education Assistance and Training Project
Vilma T. Falck, Ph.D.
The University of Texas
Health Science Center at Houston
Division of Continuing Education
P.O. Box 20367
Houston, Texas 77025

TRUST TERRITORY
Project Search Conference
David R. Percy
Special Education
Office of the High Commissioner
Saipan Mariana Islands 96950

VIRGINIA
Virginia State Plan for the Identification and
Diagnosis of Handicapped Children
Wayne B. Largent
Supervisor of Special Projects
Education of the Handicapped
State Department of Education
Richmond, Virginia 23216

WASHINGTON
Handicapped Awareness Week
Wayne M. Spence
Supervisor of Special Services
Old Capital Bldg.
Olympia, Washington 98504

WHITTIER
Whittier Area Comprehensive Plan for Special
Education
Keith B. Walton
East Whittier City School District
14535 East Whittier Boulevard
Whittier, California 90605

Appendix B — Conference Evaluation

The conference evaluation was divided into three parts. Part one represents the child find system and relevancy rating. Ninety percent of the system ratings fell within the range of "Some Value" to "Great Value" while 86 percent of the "Relevancy to State" rating fell within the same range.

Part II evaluated whether the conference objectives were met. Again, 90 percent of the responses fell within the "Objectives Somewhat Met" to "Objective Met" range.

Part III contained three questions relating to conference effectiveness. The responses obtained for these three questions were most favorable and highly supported the efficacy of the conference.

The following information was collected from the participants at the end of each day. The number of responses for each item varies because of items either being overlooked or omitted for evaluation by the rater. Participants were asked to rate each system on its merit as a child find system, and its relevancy to his/her needs.

PART I

Rate each system on its merits as a child find system and its relevancy to your needs.

RATING SCALE

1. Great Value
2. Considerable Value
3. Some Value
4. Little Value
5. No Value

	SYSTEM RATING					RELEVANCY TO MY STATE				
CHILD FIND SYSTEM	1	2	3	4	5	1	2	3	4	5
New Jersey- Project Child	11	13	6	2	0	5	12	10	0	1
North Carolina Count the Children	8	8	11	5	0	6	6	11	4	1
Maryland Early Identification	12	7	9	3	1	7	5	10	3	3
Idaho Idaho Child Find	10	10	8	2	0	9	9	8	1	0
Pennsylvania COMPILE	1	8	17	4	0	1	4	13	6	1
University of Colorado Medical Center Early and Periodic Screening, Diagnosis and Treatment Program	8	10	9	1	0	7	5	7	2	0
Whittier, California Whittier Area Comprehensive Plan for Special Education	1	10	13	2	0	2	9	8	2	0

PART II

Choose the following rating that best exemplifies your evaluation of the attainment of the conference objectives.

RATING SCALE

1. Objectives Met
2. Objectives Somewhat Met
3. Objectives Not Met

	RATING		
CONFERENCE OBJECTIVES	1	2	3
To present child find procedures and models	29	1	1
To assist states in conforming to P.L. 93-380 performance requirements	10	16	1
To utilize resources of CORRC/NASDSE and other agencies in addressing identified state needs	13	12	4
To provide an opportunity for Regional Resource Center personnel and State Education Agency personnel to mutually address commonly identified state needs	9	14	5

PART III

QUESTIONS:	YES	NO
Did this conference provide useful information on child find systems presently in existence?	31	0
Did the conference provide meaningful information for implementing a child identification procedure in your state?	30	0
Were your objectives for attending the conference realized?	26	1

Appendix C — Public Information Campaign Samples

SAMPLE RADIO AND TELEVISION ANNOUNCEMENTS

- 30 Seconds -

Project Child Find needs your help. All children in Idaho have the right to a free educational opportunity - even if they are handicapped. If you are a parent, friend, or know of a child not in school, JOIN and SUPPORT Idaho Project Child Find.

CALL: 1-800-632-5997
(toll free 24 hour service during May)

or

WRITE: Project Child Find
Idaho Department of Education
Boise, Idaho 83720

- 10 Seconds -

JOIN and SUPPORT IDAHO PROJECT CHILD FIND! If you are a parent or a friend of a child (ages 6-15) not in school.

CALL: 1-800-632-5997
(toll free 24 hour service during May)

Agency

Idaho legal statutes guarantee that all school-age children have the right to free public education. However, there are children currently not enrolled in school for various reasons. Many of these children have unusual learning needs: the physically, mentally, and emotionally handicapped; and the victims of socio-economic and cultural differences.

In order to provide appropriate educational programs for these children, they must be found. The State Office of Public Instruction has initiated a statewide campaign to identify children (ages 6-15) who are out of school. We are calling this survey "Idaho Child Find."

Your help is very important to our statewide search. Because your agency provides services to the handicapped, you may know of children in your community who are in need of an educational program. If you know of such a child,

CALL: 1-800-632-5997 (toll free 24 hour service during May)

or

WRITE: Idaho Child Find
Idaho Department of Education
Boise, Idaho 83720

SAMPLE NEWSPAPER AD

BY LAW

ALL SCHOOL-AGE CHILDREN IN IDAHO HAVE THE RIGHT TO A FREE PUBLIC EDUCATION.

Some children, however, are not in school.

They may be handicapped
or
Just left out.

If you know of a child (age 6-15) not in school,

CALL: 1-800-632-5997
(toll free 24 hour service during May)

or mail this coupon to:

Project Child Find
Idaho Department of Education
Boise, Idaho 83720

Name of Child ____ Address ____ Age ____

Parent's Name ____ Address ____

Reason for not being in school ____

SAMPLE NEWSPAPER RELEASE

Newspaper Filler:

IDAHO
CHILD
FIND

Join and Support
Idaho Child Find

If you know of a child, age 6-15, not in school,

CALL 1-800-632-5997 (toll free 24 hour service during May)

or

WRITE Project Child Find
Idaho Department of Education
Boise, Idaho 83720

Dear Parent

Governor Andrus has declared May as Idaho Child Find Month. Perhaps you have heard of this project on radio or television. It is a statewide effort to locate and identify children (age 6-15) who are presently out of school and not receiving an educational program.

Idaho legal statutes guarantee that all school-age children have the right to a free public education. There are, however, children currently being excluded from school. Some of these children are handicapped or out of school for other reasons. Even though you probably do not have a child in your home who is of school-age but not attending school, you may know about a child like this.

Please join and support this campaign to locate Idaho's unserved children. If you know of such a child,

CALL 1-800-632-5997 (toll free 24 hour service during May)

or

Return the coupon below to:
Project Child Find
Idaho Department of Education
Boise, Idaho 83720

Name of Child ____ Address ____ Age ____

Name of Parent or Guardian ____ Address ____

Reason for not being in school ____

Appendix D – Community Resource Checklist

Public Agencies:

____ State Department of Education
____ Public Health Department
____ Welfare Department
____ Children's Services Division
____ Juvenile Department
____ Crippled Children's Division
____ Probation Office
____ Park and Recreation Department
____ School Board(s)
____ Vocational Rehabilitation
____ Intermediate Education Districts
____ Councils of Government
____ Social Security
____ Fire Department
____ Mail Carriers
____ Police Department
____ Child Development Centers
____ Mental Health Centers
____ Youth Training Center
____ State School for Deaf & Blind
____ State School and Hospital

Social and Civil Groups:

____ Senior Citizens Groups
____ Elks
____ Lions
____ Moose
____ Soroptimists
____ Masons
____ International Order of Odd Fellows
____ Knights of Columbus
____ Area Alumni Clubs
____ Jaycees
____ Jay-C-Ettes
____ Boy and Girl Scouts
____ YM–YWCA
____ Rotary
____ Kiwanis
____ Area Women's Clubs
____ Optimists
____ League of Women Voters
____ Eagles
____ Altrusa
____ Red Cross
____ Shriners
____ American Legion
____ Veterans of Foreign Wars
____ Cystic Fibrosis
____ Delta Gamma
____ TORCH
____ Other ______________________

Private Organizations:

____ Elks Rehabilitation
____ Idaho Association for Retarded Citizens
____ Idaho Epileptic League
____ Easter Seal Society for Crippled Children
____ Council for Exceptional Children
____ Idaho Association for Children with Learning Disabilities
____ Idaho Association for the Deaf
____ Idaho Congress of Parents and Teachers
____ Panhandle Child Development Association
____ Blind Commission
____ Idaho Mental Health Association
____ March of Dimes Foundation
____ Society of Autistic Children
____ United Cerebral Palsy of Idaho
____ Sectarian and/or non-sectarian community centers
____ All area churches and church groups
____ Planned Parenthood

Vocation/Professional Organizations:

____ Teachers' Organizations
____ Foresters
____ Grange
____ Farm Bureau
____ National Farmer's Organization
____ Farmer's Union
____ 4-H
____ Labor Unions
____ Businessmen's Associations
____ Employee's Associations
____ Chamber of Commerce
____ Medical Society
____ Dental Society
____ Business and Professional Women
____ 4-C Programs
____ Local Hospitals
____ Community Colleges
____ College Special Education Departments
____ Head Start/Preschool Programs
____ Day Care Programs
____ Parents of Handicapped Children
____ Cooperatives
____ Public Utilities

Appendix E — Conference Participants

Akin, Allan, Director of Pupil Services
Alexandria City Schools
Robert E. Lee School
Alexandria, Va.
703/750-6465

Allen, Connie Irish, VI-B Coordinator
Delaware Department of Public Instruction
Townsend Bldg., Lockerman Street
Dover, Delaware 19901
302/678-4667

Anderson, Earl B.
Learning Resources System Coordinator
ME-LRS Virginia SEA
State Education Agency
Division of Special Education
Richmond, Va.
804/770-2681
804/770-2673

Bankston, Verlene
Consultant, Special Education Division
Texas Education Agency
201 E. 11th Street
Austin, Texas 78701
512/475-3501

Barden, James, Coordinator Title VI-B
North Carolina Department of Education
Raleigh, North Carolina 27609
919/829-3921

Barone, C. S., State Plan Officer
BEH
OE/BEH/DAS/ASH
400 Maryland Avenue
Washington, D.C. 20202
202/245-9815

Bartel, Joan
MFLRS, University of North Carolina
625 Cameron
Chapel Hill, North Carolina 27514
919/967-8241

Beaumont, Gail
Project Officer, USOE/BEH
7th and D St. S.W. - ROB No. 3
Room 2026
Washington, D.C 20202
202/245-2987

Bigelow, Robert, Planning Supervisor
Delaware Dept of Public Instruction
Planning Research & Evaluation Division
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302/678-4583

Binder, William, Part B Coordinator
Indiana Dept of Public Instruction
120 West Market St. - 10th Floor
Indianapolis, Indiana 46204
317/633-4763

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Baton Rouge, La. 70813
504/771-3950

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Office of Programs for the Handicapped
South Carolina State Dept of Education
Rutledge Office Building
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Columbia, South Carolina 29201
803/758-7432

Brown, Eloise F., Supervisor
D.C. Schools - Division of Services
for the Handicapped
4820 Howard St. N.W.
Washington, D.C. 20016
202/363-3712

Brown, Ruth Fletcher
Ed. Services Specialist
New Mexico Dept of Education
Division Special Education
State Education Building
Santa Fe, New Mexico 87501
505/827-2793

Buffmire, Judy Ann, Director
Southwest Regional Resource Center
2363 Foothill Drive
Salt Lake City, Utah 84109
801/581-6281

Burns, Juanita
Director of Special Services
Shelby City Schools
310 E. Marion St.
Shelby, North Carolina 28150
704/487-6367

Campbell, Tony, Consultant
Vermont Department of Education
120 State Street
Montpelier, Vermont
802/828-3141

Carder, Gerald M.
Acting Director, Title III-B
Kansas State Department of Education
Special Education Office
120 East Tenth
Topeka, Kansas 66612
913/296-3866

Chiesa, Daneta Daniel
Services Coordinator
Northwest Regional Resource Center
Clinical Services Bldg.
University of Oregon
Eugene, Oregon 97403
503/686-3591

Chisholm, Robert L., Superintendent
Clover Park School District No. 400
5214 Steilacoom Blvd., S.W.
Tacoma, Washington 98499

Chitwood, Janet L.
Assistant Director for Outreach
(Liaison w/City of Alexandria Schools Child Find)
Resurrection Preschool
3905 Terry Place
Alexandria, Virginia 22304
703/751-1141

Christensen, Genelle
SDE Acting Director, Special Education
SDE Len B. Jordan Office Building
650 W. State Street
Boise, Idaho 83720
208/384-2186

Clausen, Thomas G.
Assistant Superintendent
Louisiana Department of Education
P.O. Box 44064
Baton Rouge, La. 70804
504/389-6427

Cohen, Belle, Operations Coordinator
MI RRC
1901 Pennsylvania Ave., N.W.
Suite 505
Washington, D.C. 20006
202/676-7200

Cottrell, Raymond C., Director
Mid East Regional Resource Center
George Washington University
1901 Pennsylvania Ave., N.W.
Suite 505
Washington, D.C. 20006
202/676-7200

Cox, John E., Asst. Commissioner
Tennessee Department of Education
122 Cordell Hull Building
Nashville, Tennessee 37219
615/741-2455

Cummings, Veda, CORRC Secretary
CORRC-Washington Liaison Office
610E NEA Building
1201 16th Street, N.W.
Washington, D.C. 20036
202/833-4193

Dantona, Robert
BEH - Coordinator Deaf-Blind
Centers Program
400 Maryland Ave.
Washington, D.C. 20202
202/245-7134

Davis, Fredrick, Evaluation Specialist
NLRC/P
1A Progress Plaza
Harrisburg, Pa. 17109
717/545-5552

Davis, Karen Ann
Education Program Specialist
Division of Special Education
5523 E. Rosewood
Tucson, Arizona 85711
602/885-0421
and Arizona State Department of Education
1535 W. Jefferson
Phoenix, Arizona 85007
602/271-3183

Davis, Smokey
Nevada State Department of Education
400 West King Street
Carson City, Nevada
702/885-5700

Deaton, Sandra L., Unit Director
Bureau of Education for Exceptional Children
Kentucky Department of Education
Capital Plaza Tower
Frankfort, Kentucky 40601
502/564-4970

Ellum, Arthur H., Consultant
105 Loudon Road
New Hampshire Department of Education
Special Education Section
Concord, New Hampshire 03301
603/271-3741

Elser, Roger P
Director, Division of Special Education
West Virginia Department of Education
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Charleston, West Virginia 25314
304/348-8830

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Coordinator of Federal Programs
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Georgia State Department of Education
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404/656-6319

Flynn, Nona, Education Program Specialist
Mid-East Regional Resource Center
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Washington, D.C. 20006
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Specialist, Federal Programs
Division of Special Education
Maryland State Department of Education
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Baltimore-Washington International Airport
Baltimore, Maryland 21210
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202/833-4193

Gates, Earl, Supervisor
Alabama State Department of Education
Room 416, State Office Building
Montgomery, Alabama 36111
205/832-3032

Gefroh, Peter M., VI-B Coordinator
Department of Public Instruction
Bismarck, North Dakota
701/224-2247

Gerbrandt, D. J., Director VI-B and 89-313
Oklahoma Department of Education
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Oklahoma City, Oklahoma 73105
405/521-3351

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Midwest Regional Resource Center
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Des Moines, Iowa 50311
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Coordinator, Office of Exceptional Children
Wyoming State Department of Education
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Asst. Director of Instruction
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Department of Education
Office of Associate Supt. Careers and Occupations
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Charles County Public School Learning
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Charles County Board of Education
La Plata, Maryland 20646
301/934-3322

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Harrisburg, Pennsylvania 17126
717/787-7459

Holloway, Gary L. C., Data Coordinator - BEC
Wisconsin Department of Public Instruction
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126 Langdon Street
Madison, Wisconsin 53701
608/266-2819

Holmquist, Larry
Superintendent of Special
Education, Montana
512 So. California
Helena, Montana 59601
406/449-2057

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Learning Resource Branch
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U.S. Office of Education
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Lakewood Center, Washington 98499
206/552-3663

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Kerry, Kathleen S., Asst. Supervisor
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Kern, Joseph W., Coordinator
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