DOCUMENT RESUME

ED 135 477 PS 009 109

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TITLE The Third Year of the Brookline Early Education Project.
INSTITUTION Brookline Public Schools, Mass.
SPONS AGENCY Carnegie Corp. of New York, N.Y.; Robert Wood Johnson Foundation, New Brunswick, N.J.
PUB DATE 15 Dec 75
NOTE 22p.; For related documents, see PS 009 106-108
AVAILABLE FROM Brookline Early Education Project, 287 Kent Street, Brookline, Massachusetts 02146 ($1.50)

EDRS PRICE MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS Child Development; *Clinical Diagnosis; Dental Health; Diagnostic Tests; *Early Childhood Education; Enrollment; *Health Programs; Interviews; *Outreach Programs; Parent Participation; *Preschool Children; *Primary Health Care; Program Descriptions; Social Services; Workshops
IDENTIFIERS BEEP; *Brookline Early Education Project

ABSTRACT

This is the third progress report of the Brookline Early Education Project (BEEP) which is a program designed to provide diagnostic and educational services to the family through their child's preschool years. This document provides information on (1) the BEEP center, (2) playgroups: transition phase of the education program, (3) dental screening and education, (4) lead and anemia screening, (5) parent interviews, (6) family count, (7) diagnostic referrals, (8) social services component, (9) interdisciplinary case reviews, (10) comparison group testing, (11) school evaluation plans, (12) seminars, (13) visits, (14) pediatric workshop, (15) prekindergarten phase, (16) computerized data analysis, (17) publication plans and (18) forthcoming proposal. (MS)

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THE THIRD YEAR OF THE BROOKLINE EARLY EDUCATION PROJECT

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December 15, 1975

PS009109

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INTRODUCTION

The Brookline Early Education Project has been operating as a pilot program of the Brookline Public Schools since November, 1972. This is the third progress report to its sponsoring foundations: the Robert Wood Johnson Foundation and the Carnegie Corporation of New York. It consists of two parts: documentation of major program components and a review of highlights of the year.

An important accomplishment this year has been an expansion of the documentation necessary to afford others a clear picture of the programs we are operating. Segments of the plans and procedures for administering the diagnostic services, for delivering the education services and for conducting the evaluations have been set forth in previous progress or special reports. This year we have been working to extend and amplify these descriptions so that others may fully understand the rationale and replicate the procedures. This task of building a complete description of the programs will continue as the project moves on to serve older preschool children and their families. We realize therefore the importance of trying to keep the documentation effort reasonably parallel to the currently operating programs. Three sets of documents have been prepared this year:

- Operations of the Diagnostic Program from Birth to 30 Months

This paper represents a first substantial step toward building a comprehensive operations manual for the diagnostic procedures and services. Later versions will add the rationale and procedures for all the diagnostic examinations up to age 54 months.

- Infant-Toddler Curriculum

This collection of materials is the expanded BEEP Teacher's Guide. The outlines reflect not only research on the state of knowledge about child development but also pragmatic considerations in operating an early education program. From the requests we are receiving, it is clear that such materials are in great demand by the many people who are already planning or conducting programs for parents and young children.

- Evaluation Primer and Related Reports

The primer is an overview and rationale of the entire evaluation design. It is followed by two progress reports on the process analysis aspect of the evaluation and by a third report which presents specific hypotheses and methods for the kindergarten evaluation.

These major program documents accompany this report under separate covers. Highlights of the year follow here, organized according to the outline below.

A. New Developments

1. New Location for the BEEP Center
2. Playgroups: Transition Phase of the Education Program
3. Dental Screening and Education
4. Lead and Anemia Screening
5. Parent Interviews

B. Status Reports

1. Family Count
2. Diagnostic Referrals
3. Social Service Component
4. Interdisciplinary Case Reviews
5. Comparison Group Testing
6. School Evaluation Plans
7. Seminars
8. Visitors

C. Work in Progress

1. Pediatric Workshop
2. Prekindergarten Phase
3. Computerized Data Analysis
4. Publication Plans
5. Forthcoming Proposal

A. NEW DEVELOPMENTS

1. New Location for the BEEP Center

During the first two years of operation, BEEP occupied the second floor of a former private residence. The rooms were quite adequate during the periods when enrollment was growing and when the children were only infants. With a full complement of families enrolled, however, the space could not accommodate facilities for infants and for the playgroups that were planned for children over two years of age. We especially needed a ground floor location with access to an outdoor play area.

After nearly a year of searching for sites and negotiating with the Town Building Commissioner over zoning regulations, we arranged to lease an old Victorian mansion at 287 Kent Street. The building is owned by Wheelock College and has served as a dormitory in recent years.

Two conditions of renovations were required to bring the building into line with Fire and Health Department regulations for areas open to the public. A heat and smoke detection system

had to be installed and Masonite panels had to be applied over the lead paint walls. In early September the building was ready for occupancy.

The ground floor is devoted entirely to facilities for families. There are rooms for the diagnostic examinations, the parent lounge, and the toy and book libraries. Several large rooms are used for the organized playgroups and similar areas accommodate the childcare playroom where infants as well as older children can play under staff supervision. An outdoor play area provides opportunities for exploration with tricycles and wagons, a huge sandpile, and a variety of outdoor activities.

Staff offices and meeting rooms occupy the second and third floors of the building.

Children's Hospital, a Brookline elementary school and a mass transit stop are all within easy walking distance.

2. Playgroups: Transition Phase of Education Program

In October 1975 the Education Program opened the second phase of its operation by beginning the first planned programs for the children themselves. Previously, while the children were infants, the staff had concentrated their efforts on work with the parents. Now, as the older BEEP children are reaching two years of age, they are invited to join a playgroup program where they meet a small number of other children in a variety of new activities.

By the age of 2 to 2½ years, most children are ready to benefit from some small group activities. They are showing greater interest in being with other children and their parents are eager for them to play with others and learn to share.

These playgroups are intended to ease the child's transition from the home to a more formal school setting. They also enable the staff to become well acquainted with the children and to plan more appropriately for the preschool program at age three years.

Twelve playgroups for 65 children started in early October. Most children meet once a week for two hours with the same group of five to eight children, led by the same teachers each time. For certain reasons, a few children attend two groups a week.

In conjunction with the playgroups, parents of the children meet individually with a BEEP teacher at regular intervals to observe the children playing together and in small groups to discuss related child development issues. The home visits continue during this Transition Phase.

The frequency of the guided observations, small group meetings and home visits is related to individual interests consistent with program cost requirements. That is, on an average, teachers meet with "A level" parents at least once a month, "B level" parents at least once every six weeks and "C level" parents at least twice each semester. The nature of the contacts, however, may be geared to family preferences.

The childcare playroom, the parents' lounge and the lending libraries are available to all families in the playgroup or "Transition Phase." These are also being used by the families whose children are under two years of age and are still receiving the usual infant program.

3. Dental Screening and Education

In September, 1975, BEEP initiated a program of dental screening and education. The goals of the BEEP Dental Program are consistent with the general program goals of contributing to the overall health and education of the BEEP child. Dr. Spencer Frankl and Dr. William Bourassa of the Department of Pediatric Dentistry at Boston University Graduate School of Dentistry are conducting this program.

The dental screening examinations are scheduled for children at 18 months and 30 months of age. Parents bring their child to the BEEP Center where the pediatric dentist examines the child's teeth and oral cavity. This examination includes a survey of: anatomical or functional irregularities in the oral cavity, manifestations of systemic disorders, eruption of teeth, presence of dental caries. This portion of the screening usually takes about 10 minutes. Following the child's examination, the parent and dentist discuss any significant findings. Referral to the family's own dentist is made when necessary.

The feedback session also affords the dentist an opportunity to advise the parent about dental hygiene and related topics. In addition to the individual sessions, dental education will take place through a series of parent meetings which are now being scheduled.

These educational programs will emphasize:

- benefits of proper oral hygiene
- nutrition as it relates to dental health
- the role of fluorides in reducing dental caries
- the importance of early periodic dental examination and treatment.

4. Lead and Anemia Screenings

In April, 1975, BEEP incorporated into its diagnostic services a routine lead and anemia screening for all BEEP children and siblings between the ages of 12 months and 6 years. The goal of the screening program is to reach all children on a yearly basis.

BEEP families were notified in advance by the BEEP News that the lead and anemia screening was available to them at the Brookline Health Department on Friday mornings. As children reach 18 months of age, BEEP arranges an appointment and, if necessary, provides transportation.

Testing is performed at the Brookline Health Department which, in turn, forwards the lab work to the Massachusetts State Health Department. A record of the exact values for both lead and anemia are forwarded to the BEEP nurse. Children with questionable lead levels are screened again before any action is taken. If a high level is confirmed, the child's pediatrician or health clinic is informed. If necessary, BEEP will assist in arranging for referral to a lead treatment clinic. Results that fall within the normal range are also forwarded to the family and to their physician or health clinic.

As of October 31, 150 BEEP children and their siblings have been screened. To date four cases of marginal lead level have been confirmed. None of these have yet required treatment, but all four are being followed at monthly intervals.

5. Parent Interviews

During the past summer and fall about 100 BEEP parents, selected on the basis of their child's age, have been interviewed by six Brookline School guidance counselors. The purpose of the interviews is to ascertain the opinions of parents about their experiences with BEEP thus far. We plan to use the information for summative and formative purposes: to report how the program has been received and to make improvements as we proceed.

Care has been taken to assure parents that it is the program (not the parents) being evaluated, that their candid opinions are desired, and that therefore their anonymity will be preserved.

Although the information has not been entirely analyzed, the following are excerpts from a preliminary summary of the results prepared by Betsy Mathis, Evaluation Consultant to BEEP.

> The main reported impact of the BEEP program is in the awareness of parents about their child, better understanding of their role as parent/mother, and the reassurance/support that is provided by the staff or "just knowing it's there." In some cases, BEEP has not been seen as making any difference, but those are relatively few. And the impact varies. Some parents find the toy or book libraries to be particularly good, while others have a generalized concept that BEEP is the most important thing to happen to them as parents.
>
> The home visitor program is the apparent strong point of the BEEP program in the eyes of the A and B families. The home visitor is seen in many positive terms: sensitive, warm, helpful, pleasant, good with children, makes an effort, gets back with answers to my questions, understandable, is a working mother too and understands my problems. With only a few exceptions, the function of the visitor is perceived as totally positive, a source of reassurance, informative, useful. There is a segment of mothers who rely to a goodly extent on the home visitor for moral support as opposed to dealing only with the child. Home visits have helped parents understand what is happening to the child, and made them more aware of child's behavior and parent's behavior. Specifically, parents are more conscious of safety and appropriate toys and how they can be used. Overwhelmingly, parents do not want home visits replaced with group meetings.
>
> The diagnostic examiners are seen as warm, sensitive, taking time to point out behaviors, answer questions and explain the "why" of what is happening. BEEP physical exams are viewed as thorough in general, and more thorough in areas of vision/hearing. A good portion of parents find that the BEEP exam staff have better rapport with their children than the private doctor and take more time with the child and parent.

Interviews with BEEP parents of older babies will take place in the coming months.

B. STATUS REPORTS

1. Family Count

Using participation in one or more exams as a criterion for being "en olled," a total of 313 children enrolled over the course of the ore and one half year recruiting period. Participation in the initial exam proved to be a tenuous bond with some families, and our highest net total of participating families was 285. Enrollment as of one year ago, on November 1, 1974, was 279.

Enrollment as of November 1, 1975 is 232. The rate of attrition over the past year has been 17 percent. This compares to our original projections of 10 to 15 percent annually. It reflects an unexpectedly high rate of mobility and an impressively low rate of drop out due to dissatisfaction with the program.

Three following tables show current frequency distributions, with numbers in parentheses reflecting frequencies as of one year ago. Table 1 shows that the distribution of enrolled families across levels has remained stable. Table 2 reveals that the relative proportion of Boston and Brookline families has remained the same.

Table 1

Number of Participating Children for Each Program Level
(1974 figures are shown in parentheses)

Age of Children	Program Level			
	A	B	C	Total
Born in 1973	36 (42)	30 (42)	34 (42)	100 (126)
Born in 1974	47 (52)	44 (52)	41 (49)	132 (153)
Total	83 (94)	74 (94)	75 (91)	232 (279)

Table 2

Residence of Currently Participating Children
(1974 figures are shown in parentheses)

Residence	Frequency	Percent
Boston	86 (105)	38 (38)
Brookline	146 (174)	62 (62)
Total	232 (279)	100 (100)

Table 3 indicates that the drop out reasons do not seem to be related to program level. Our records show that families who have left the program for reasons categorized above the dotted line tend to be more affluent, while families represented below the dotted line tend to be lower in socioeconomic status. Documentation of such interactions will be made when computer analysis of the data is complete.

Families who are shown as "Moved Nearby, Still in Contact" are still receiving diagnostic services and they have access to the BEEP Center. They do not receive home visits or participate in playgroups.

Table 3

Reasons for Dropping Out of BEEP

Reason	Program Level			
	A	B	C	Total
Moved Nearby, Still in Contact	10	13	11	34
Moved Away from Area	2	8	7	17
Moved out of Country	3	6	3	12
Dissatisfaction with Program	0	0	2	2
Lost Contact, Disappeared	3	2	1	6
Lack of Interest, Wouldn't Respond	3	4	1	8
Child Died	0	0	1	1
Child Placed in Foster Home	0	1	0	1
Total	21	34	26	81

2. Diagnostic Referrals

The diagnostic program attempts to identify, through periodic evaluations, conditions which may require further evaluation and/or treatment. A major consideration of the BEEP referral mechanism is to maintain cooperative relationships with primary care providers.

In October, 1975, the BEEP nurse reviewed all of the children's files to tabulate the number, kind and disposition of findings requiring referrals to date. Table 4 on the following page summarizes the number of referrals according to age at exams. Table 5 shows the nature of findings requiring referral.

3. Social Service Component

During the early phase of BEEP the social service staff was engaged primarily in the drive to recruit families for the project. Their role was to inform numerous community agencies about the BEEP programs and to enlist their help in reaching out to families who may not have heard about BEEP or who might be reluctant to contact us. They asked especially for names of multiproblem, single parent, low income and/or minority families who might particularly benefit from BEEP's services. Our social service staff then made an effort to contact and enroll these particular families.

Following conclusion of recruitment in October, 1974, the social work staff have continued contact with local agencies for the purposes of consultation and referral of program families needing various kinds of social service. These referrals may be made directly by telephone, or through the family's teacher. Occasionally it is necessary for the social worker to meet with a parent in order to clarify the family's particular needs and problems; a referral is then made to appropriate community resources. The family might need continued support from the BEEP social worker until family members feel comfortable in their use of other agencies. The social service staff continues to maintain an up-to-date resource file of the agencies available for families and children with special needs.

Consultation with teachers is an integral part of the BEEP social worker's role. Initially, before a social worker was part of the staff, some BEEP families tended to view their home visitor as a social worker instead of a teacher. Then, with the availability of a social worker, crisis situations consumed most of the time for collaboration between teachers and social workers. Within the past year social worker involvement has taken a more preventive nature. Teachers and social workers may confer about a particular family's need for counseling or psychiatric services, welfare problems, a sibling with a behavior problem, assistance in locating more adequate housing, and many other types of problems.

Table 4

Number of Exam Findings and Referrals for BEEP Children

Age at Exam	Findings: Number of Examinations	Findings: Findings Requiring Referral	Findings: Referred Findings Previously Unknown	Referrals: For Following by Family Pediatricians or Clinic	Referrals: For Higher Order Diagnosis
2 weeks	263	14	8	9	5
3½ months	274	17	9	10	7
6½ months	292	26	17	17	9
11½ months	119	12	7	1	11
14½ months	237	23	12	10	13
24 months	84	14	8	3	11
Total		106	61	50	56

Table 5

Frequency of Various Findings

	Findings		Referrals	
Category	Findings Requiring Referral	Referred Findings Previously Unknown	For Following by Family Pediatricians or Clinic	For Higher Order Diagnosis
allergy	1	1	1	0
anemia	3	2	3	0
cardiac	6	3	3	3
congenital	2	1	2	0
endocrine	1	0	0	1
failure to thrive	1	0	0	1
feeding problems	4	3	3	1
hearing	11	9	7	4
infections, chronic	6	3	3	3
lead poisoning	4	1	1	3
neurologic, hard findings	6	4	1	5
neurologic, soft findings	5	5	5	0
ophthalomology	11	6	2	9
orthopedic	21	8	6	15
otitis, acute	10	6	9	1
otitis, serous	10	5	1	9
respiratory	3	3	3	0
speech	1	1	0	1
Total	106	61	50	56

Social workers at BEEP participate regularly with members of other disciplines at the Diagnostic and the Education Team meetings. Families are discussed at these meetings with the social workers contributing an important perspective on the assessment of family functioning and on the identification of families in need of social service. A social service plan to meet the family's needs is formulated by social workers and other BEEP staff with whom the family has been involved.

Currently BEEP has two social workers, who together serve BEEP a total of 23 hours weekly. The Spanish-speaking social worker is involved exclusively with our Hispanic population and with the two teachers who work with these families. Many of these families are already utilizing various forms of social service. The BEEP social worker helps to coordinate and integrate the services of these other agencies.

Every other week the social workers, supervisors of Education and Diagnostic Programs and the teachers meet to discuss and review ongoing social service activity for a particular family and plan new social service effort when indicated.

During the past year 59 families have received social service support from BEEP. The support has included direct contact as well as consultation with BEEP staff and outside agencies. Table 6 lists the frequency of the various kinds of referrals. A given family may be reflected in more than one category.

Table 6

Types of Referrals to Outside Agencies

Types	Frequency
Health/Medical	13
Housing	6
Job Training/Employment	7
Welfare	9
Schools/Educational	6
Counseling/Therapy	14
Visiting Nurse/Homemaker Service	2
Legal Assistance	2
Recreational	1
Child Care	2
Total	62

4. Interdisciplinary Case Reviews

In January, 1975, the Supervisors of the Diagnostic, Education and Evaluation Programs plus the Pediatric Coordinator and the Project Director began a periodic review of the full records of each BEEP family. This systematic review serves as a means for evaluating our total program for each family, and also serves as a joint program planning effort for each family in the next time period. The reviews are held following the child's diagnostic examination at: 14½ months, 30 months and 42 months. Currently we are completing the 14½ month reviews and in January 1976 will begin to review 30 month records.

The Project Director has compiled a summary of the concerns expressed about each child's educational development. Following is a tabulation of the concerns expressed to date:

No Concerns	99
Possible Concerns	62
Clear Concerns	38
Total	199

This distribution reflects the fact that the BEEP group of children is basically a normal group. Concerns that have been expressed in a 14½ month review are translated into individualized program goals whenever possible. At 30 months, we will review whether these goals have been reached and will consider how concerns for each child have changed.

5. Comparison Group Testing

The diagnostic examinations of comparison group children have continued as we build up the bank of developmental information that will be needed for the program evaluation studies. In order to have comparable data for BEEP children and non-BEEP children, our evaluation plan dictates that comparison children be tested at: 14½ months, 30 months, entry into kindergarten and in second grade.

To date, a substantial number of examinations have been completed at the first three test points: 122 at age 14½ months, 155 at age 30 months, and 83 at entry into kindergarten.

A BEEP pediatrician reviewed the charts of the 155 comparison group children tested at age 30 months to summarize the number and types of problems being found, and the referrals being made as a result of the findings. The testing was done by an independent team of examiners at a neutral site.

Table 7 illustrates the number and kinds of findings, as well as referrals made. This table summarizes the results of 155 children examined. The numbers in the "Findings" section of the table refer to findings, not children; some children had more than one significant finding. This means that for this group of 155 children there were 78 significant problems found; 33 of these were new at this examination.

On the "Referral" section of the table each number refers to a particular course of action taken for a specific finding. The headings are mutually exclusive. For example, the "parent informed" section means that for 19 findings the BEEP pediatrician or psychologist discussed the finding with the parent and did not notify the pediatrician or suggest higher order referral or diagnosis. "Pediatrician or Clinic Notified" section means that for 39 findings, after obtaining parent consent, the BEEP pediatrician contacted the family's regular pediatrician or clinic. When a finding appears in the "Referral for Higher Order Diagnosis" section, this means that after discussion with parents and informing the family's doctor, the BEEP pediatrician or psychologist advised or arranged a referral to a specialist.

6. School Evaluation

Considerable work in the articulation of detailed long-range plans for the evaluation at kindergarten and second grade took place this year. Components of the kindergarten evaluation plans were finalized to include: a pediatric educational readiness exam, the McCarthy Scales of Children's Abilities, a parent interview on attitudes toward school, Martha Bronson's instrument* for observations of classroom functioning, teacher ratings of competence, and unobtrusive measures of school performance (such as attendance records and use of special services). The first three of the above instruments were administered during the summer to a comparison group of eighty children who have entered the kindergartens this fall. The pediatric instrument, interview questions, and teacher rating scale required many hours to develop and pilot test. The instruments, with accompanying manuals, will be available for distribution shortly.

Workshops to train observers in the observation procedures and to train teachers in the rating procedures have been held. Observations and ratings will be conducted in November and April in each kindergarten classroom.

Plans for the end point evaluation in second grade took shape with the guidance of Deborah Walker. A status report completed in the spring was forwarded to the foundations in May. Further crystallization and pilot testing will take place next spring.

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*Bronson, M.B. "Executive Competence in Preschool Children." Paper delivered to the American Educational Research Association Annual Meeting, Washington, D.C., April 3, 1975.

Table 7

Frequency of Various Findings and Referrals for

Comparison Group Children Tested at 30 Months

(n=155 children)

	Findings		Referral		
Category	Total Number of Findings	Previously Unknown	Parent Informed	Pediatrician or Clinic Notified	Higher Order Diagnosis
neurological	4	2	1	2	1
language	7	5	3	-	4
ophthalmological	9	4	2	5	2
behavioral	7	4	2	-	5
ears/hearing	13	8	1	12	-
nose	2	-	-	1	1
cardiac	6	3	-	5	1
teeth	3	1	-	2	1
skin	13	2	5	8	-
constitutional	4	-	4	-	-
orthopedic	5	2	1	3	1
health care of family	1	1	-	-	1
family concerns	1	1	-	-	1
urogenital	1	-	-	1	-
Totals	78	33	19	39	18

7. Seminars for Pediatricians and Teachers

Professional training in child development for the medical personnel affiliated with BEEP and for Brookline elementary school teachers continued to be an outreach effort this past year. Burton White conducted an average of two seminars per month for the medical personnel during the 1974-75 academic year. Donald Pierson, Martha Bronson, Melvin Levine and Burton White offered a series of five seminars to a volunteer group of about fifteen Brookline School teachers. Both sets of seminars were well received.

8. Visitors

Again this past year many interested individuals inquired for information about BEEP and early education in general. According to the Visitors Sign-In Book in the BEEP Center, 634 people came to see our facilities and to discuss our approach to early education. The national and international representation is shown by the frequency count in Table 8.

Table 8

Number and Residence of Visitors to
the Brookline Early Education Project
November 1, 1974 - October 31, 1975

Residence	Number	Residence	Number	Residence	Number
Boston Area, Massachusetts	483	Iowa	1	Pennsylvania	5
		Maryland	1	Texas	1
Outside Boston, Massachusetts	23	Michigan	3	Vermont	3
Alabama	1	Minnesota	2	Virginia	1
Arizona	1	Missouri	2	Washington, D.C.	4
California	4	New Hampshire	15	Wisconsin	1
Connecticut	18	New Jersey	6	Australia	5
Florida	1	New York	18	Canada	3
Georgia	1	North Carolina	2	Israel	19
Illinois	1	Ohio	2	Italy	1
Indiana	2	Oklahoma	3	Switzerland	1

C. WORK IN PROGRESS

1. Pediatric Workshop

In a major effort to make an impact on the pediatric community throughout New England, BEEP and the Children's Hospital Medical Center are sponsoring a series of conferences on developmental pediatrics. Under the direction of Melvin Levine, the initial conference will deal with language development in early childhood. This topic was selected because the language area has been traditionally neglected in medical schools and postgraduate training programs. Pediatricians, however, are in an ideal position, by virtue of their frequent contacts with young children, to detect the earliest signs of developmental disabilities in language and speech.

The first conference is taking the form of a one-day workshop to be held on Saturday January 24, 1976 from 9:00 A.M. to 5:00 P.M. at the Marriott Motor Hotel in Newton, Massachusetts. The day has been planned to provide a review of background knowledge, discussions of normal patterns and clinical disorders. A part of the day will be spent on assessment techniques applicable to everyday office practice and on remediation measures.

The workshop faculty of experts from various hospital and universities includes eminent speech and hearing authorities. Their presentations are being prepared for publication so that each physician attending the workshop may take home a book of the day's proceedings along with recommended office screening guidelines. This volume*will constitute the first of a series of publications covering the joint BEEP-Children's Hospital conferences. It will also be available for national distribution.

2. Prekindergarten Phase

Plans for the prekindergarten phase are nearing completion and will form an important part of our forthcoming proposal. Details on site locations, cost-level variations, and the proposed curriculum are still being worked out.

In this work we are attempting to build upon both our previous proposals as well as our experience in operating the infant-toddler phase. We are keeping in mind the need to explain and justify any changes that have taken place in our thinking.

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*Levine, M.D. (Ed.) Language Development in Early Childhood: Normal Patterns and Clinical Disorders. Proceedings of a Workshop for Physicians, Brookline Early Education Project, January 1976. Cost: $6.50.

3. Computerized Data Analysis

In the past four months research assistants have been coding and keypunching all information on the children's development through age 14½ months. Computer programs for analyzing this voluminous information have also been written and debugged.

All of the 14½ month exams will be completed by January, with coding and keypunching to follow.

Several analyses from these data will then be conducted:

- description of the various prenatal, perinatal and early infancy factors in our population which influence profiles of "at riskness" for educational development,
- utilization of the available services by various groups of parents,
- comparisons of the health, growth and development of the BEEP sample with the comparison group at age 14½ months,
- analysis of actual costs as well as replicable costs of all program components during the BEEP infant phase.

4. Publication Plans

Early in 1976 we plan to begin preparation of a series of books about the Brookline Early Education Project. We hope to have a first book in press within the year. Portions of the three documents accompanying this report will be adapted for the first manuscript.

5. Forthcoming Proposals

We believe that the federal and state governments should take more of a lead in sponsoring programs for parents and young children. We will be submitting proposals to agencies at both state and federal levels, hoping to enlist a public partner to sponsor continuation of the present pilot program.