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ABSTRACT

Evaluated with approximately 200 Head Start personnel in Iowa were two staff training models for serving handicapped children in Head Start--an experiential training model and a seminar-oriented training model. In the experiential model, Head Start staff (directors, education coordinators, health coordinators, and teachers) spent 2 days in a training program which stressed direct interaction between the trainee and the handicapped child. In the seminar oriented training model Head Start personnel gathered for 2 days of seminars which focused on the sharing of information, problems, and possible solutions. Results of participant evaluations indicated that both models were viable training approaches. Recommendations for future training included establishing objectives based on a needs assessment of the trainees, encouraging active participation, using the small group format, utilizing a variety of activities, evaluating training effectiveness, and planning followup activities. (DB)

HANDICAPPED CHILDREN IN HEAD START:

TWO STAFF TRAINING MODELS

by

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A thesis submitted in partial fulfillment of the
requirements for the degree of Educational Specialist
in the College of Education
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CERTIFICATE OF APPROVAL

ED.S. THESIS

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Chapter 1

THE PROBLEM

Early Education Of Handicapped Children

An interest in the education of handicapped children existed even as early as the middle sixteenth century. One of the first educational pioneers, John Comenius (1582-1670), wrote in his Great Didactic, "Nor is it any obstacle that some seem to be naturally dull and stupid, for this renders more imperative the universal culture of such intellects. The slower and the weaker the disposition of any man, the more he needs assistance....Nor can any man be found whose intellect is so weak it can not be improved by culture" (Keatinge, 1896, p.219).

The philosophy of John Comenius is also reflected in the efforts and activities of other educators down through the centuries. According to Braun and Edwards (1972), Johann Pestalozzi (1746-1827) spent most of his life working in orphanages with young beggar children. Many of these children by today's standards would probably be diagnosed handicapped. Jean Itard (1774-1838) was one of the first people to attempt to teach a retarded child (Dunn, 1963). A student of Itard's, Edward Seguin (1812-1880), actually developed instructional techniques for teaching retarded children. Dunn (1963) reported that Seguin eventually moved from France to the United States and started the first state residential facility for retarded in 1848.

Other educators, such as Maria Montessori (1870-1952) and Margaret

McMillan (1860-1931), were greatly influenced by Seguin in developing techniques in working with young children. Montessori first worked with retarded children at the psychiatric clinic at the University of Rome. One of her greatest achievements came when she presented retarded children from mental institutions at the public examinations for primary certificates, and her children passed the examinations (Braun & Edwards, 1972). McMillan was appalled at the conditions children were living under in Great Britain. This concern for children led her to establish an open-air nursery for culturally deprived children.

Even with the efforts of these early educational pioneers, there was, in general, no great concern for the education of young handicapped children. Most handicapped children did not participate in any kind of educational program.

Caldwell (1973) states that for many years the United States had a "forget and hide" attitude toward handicapped children. Children with severe disabilities were often hidden at home, cast into orphanages, or sent off to custodial institutions (Klein, 1975). In 1939, Skeels and his associates made a surprising discovery when two infants were transferred from an overcrowded orphanage to an institution for mentally retarded adolescent girls. The two children made significant gains in development. In an experimental study, Skeels and his associates (1939) placed thirteen babies in an institution under the care of retarded adolescent girls. Twelve babies were left in the orphanage. The babies receiving enrichment experiences from the adolescent girls made significant gains in development. In a follow-up study, Skeels found that this pattern continued into adulthood. Even with results such as those

found by Skeels, the "forget and hide" attitude toward handicapped children prevailed until the 1950's.

A "screen and segregate" attitude toward handicapped evolved in the 1950's (Caldwell, 1973). Handicapped children were tested and labeled, but then usually placed in special facilities out of the mainstream of public education. In 1958, Kirk completed a landmark study which gave impetus for the early education of handicapped children. In a five year study of preschool mentally retarded children, he found that children receiving an early nursery school experience showed the greatest gains in development and these gains were sustained for several years. Public support began to develop for the early education of handicapped children.

In 1963, President Kennedy's Panel on Mental Retardation proposed a national program of early intervention to prevent mild mental retardation due to environmental circumstances (DHEW, 1971). The following year, Bloom (1964) completed a study in which he proposed that about fifty percent of the development of a child takes place between birth and age four. The result of the newly accumulated information on young children, plus the efforts by the citizenry on behalf of children, led to the birth of Project Head Start in 1965.

Although Project Head Start primarily focused on the needs of the culturally deprived child, it did not exclude handicapped children. The Head Start Manual of 1967 states, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in programs which serve non-handicapped" (p. 5). Personnel who administer Head Start programs have always claimed that children with handicapping conditions

were being served in their programs. Upon closer investigation, it was discovered that many of these children with handicapping conditions were very minimally involved, i.e. mild hearing losses, mild speech disorders, mild emotional problems, or mild vision problems. According to LaVor (1972), children with moderate handicaps were generally refused access to Head Start programs while children with severe handicaps were often systematically excluded from the programs.

Through the efforts of parents, educators, service agencies, and interested citizens, much of the concern for the early education of handicapped children was translated into action. In legal suits, such as the Pennsylvania and the Mills cases, the federal district courts ruled that "the state has an obligation to provide a free public education for all children of school age and the concurrent right of all children to a free publicly supported education" (IARC, 1975). A new public attitude of "identify and help" was now in effect (Caldwell, 1973).

With court rulings in favor of the early education of the handicapped, and with public opinion shifting toward a new concern for all individuals, Congress in 1972 proceeded to amend the 1965 Economic Opportunity Act, that had originally created Project Head Start. This amendment (P.L. 92-424) contained the following section:

> The Secretary of Health, Education, and Welfare shall establish policies and procedures designed to assure that not less than ten per centum of the total number of enrollment opportunities in the Nation in the Head Start program shall be available for handicapped children (as defined in paragraph (1) of section 602 of the Elementary and Secondary Education Act of 1965, as amended) and that service shall be provided to meet their special needs (DHEW, 1973, p.5).

This new law made nearly thirty-eight thousand children eligible to attend Head Start programs (LaVor, 1972). It also went one step further in defining handicapped children as "...mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled and other health impaired children who by reason thereof require special education and related services" (DHEW, 1973, p. 1). It was expected that new problems and challenges would arise as a result of this legislative effort.

Problems With Integration

The simple passage of the new amendment did not dissipate the apprehension, uncertainty, and anxieties of Head Start personnel. Several areas of concern were vocalized by Head Start people.

Concern was expressed over having the proper equipment and facilities available to meet the handicapped child's needs. Several Head Start programs felt they could not serve the handicapped because they did not have necessary specialized equipment (DHEW, 1973). Klein (1975) reported that less than ten percent of the handicapped children needed modifications in the physical environment.

Another important area of concern dealt with attitude. Some Head Start staff members were quite frightened and upset at the possibilities of having handicapped children in their programs. Klein (1975) has suggested that the attitude of the teacher is the key to having the handicapped child accepted by the other children. Thus, the teacher's reaction toward the handicapped child is often modeled by the other children. It was felt that training sessions would help nurture more positive attitudes of the Head Start personnel toward handicapped children.

The greatest area of concern expressed by Head Start programs was over the lack of training. In the First Report to Congress (1974a), training was given high priority as an area of concern by Head Start personnel.

Purpose of Research Paper

Given the opportunity to provide training on handicapped children for Head Start personnel, a logical question is how to provide training and information in the most effective, practical manner. The purpose of this paper is to describe two staff training models, the experiential training model and the seminar-oriented training model, that were used in preparing Head Start people to program for handicapped children in the State of Iowa. A review of literature pertaining to the study will be undertaken in Chapter 2. Complete descriptions of both training models will occur in Chapter 3. In Chapter 4, the effectiveness of each training model will be discussed, and recommendations for future training sessions will be considered.

Chapter 2

RELATED LITERATURE

Before describing the two training models, the experiential approach and the seminar-oriented approach, it is important to first survey the literature on training models that have been used with Head Start personnel. At present, there appears to be a minimum amount of literature available related to training Head Start people in programming for handicapped children.

Lapides (1973) was one of the first to outline a training model. His model included keynote speakers, small group participation, and training modules. One special feature of the Lapides' model included the writing of a private journal by each of the participants.

Feldman (1974) discussed a training model that was used in a hospital setting. Six handicapped children were integrated with nine non-handicapped children to form a Head Start classroom. Head Start teachers were released from their programs throughout the year in order to observe the model classroom. Other elements of the training included seminars; opportunities to work with parents, as well as the children; and exposure to an interdisciplinary approach. According to Feldman, this is an ongoing model still in use at the Children's Hospital in Los Angeles, California.

Sanford, Semrau, and Wilson (1974) implemented a comprehensive training model in their Chapel Hill Training-Outreach Project. A

preservice course was offered on handicapped children at the beginning of the year. Head Start teachers also could refer a handicapped child from their classroom to a resource room for a period of time. The Head Start teacher was required to participate in the resource room, along with the child. Training in individualizing with the child and developing appropriate teaching strategies were offered to the teacher. At the end of the school year, the Head Start teachers published an activities book, completed a slide tape presentation on behavior management, and adapted several assessment tools. The teachers also conducted a workshop, in which they could apply all the ideas they had been exposed to throughout the year.

Kirby (1973) has suggested a forty hour program for training teachers. Modules would be used to develop goals, discussion sessions, and private conferences with individual participants. Half of the time allotment would focus on handicapping conditions in general, while the last half of the time would emphasize more specific disabilities.

The State of Alaska uses modular training packages to provide training to its widely scattered Head Start workers (DHEW, 1976). Correspondence materials, such as, videotapes, workshops, and occasional on-site visits are used in the training.

Hovell and Fry (1975) have developed an innovative training model. It is composed of a training manual and a trainees manual. The program consists of ten units on basic techniques for teaching handicapped children. Trainers must pass a test in the trainer's manual and then can provide training to other staff members. Currently, this training model is being used in several states, with very positive results.

The Office of Child Development and the Bureau of Education for the Handicapped (OCD/BEH) have both focused on the early education of children. In a collaboration effort, the two central agencies have funded pilot programs, which will be replicable models for other Head Start programs to use. The Portage Project, an OCD/BEH collaboration project, uses a home based model in programming for children (DHEW, 1976). Over twenty-five Head Start programs have used this model in serving children. The children are instructed at home two days a week and then come to the Head Start center the rest of the week. This program focuses on the parents as teachers, and utilizes a checklist of behaviors and a file of curriculum ideas.

Another OCD/BEH collaboration project is the Model Preschool Center for Handicapped Children in Seattle, Washington (DHEW, 1976). This project has developed a number of models in its efforts to help Head Start teachers in integrating handicapped children with non-handicapped children. A staff training model focuses on observation techniques, behavioral management and the impact of behavior on later performance. The project staff trains over 10,000 people a year in workshops.

The Council for Exceptional Children (CEC) has developed a Head Start Information Project, which develops resources and provides training for Head Start personnel working with handicapped children. A workshop model is used in training Head Start teachers, trainers, social workers, directors, and parents. Nazzaro (1974) reported that this training has been offered in 30 states and trainers from a variety of disciplines have been recruited to conduct the workshop.

Handicapped Children in Head Start

Shortly after the passage of the 1972 mandate (P.L 92-424) there was some confusion over which children should be counted as handicapped in meeting the ten percent nationwide requirement. There were many cases of "over-reporting" in which children who were not handicapped (or who might possibly outgrow a handicapping condition) were being labeled handicapped. Nazzaro (1974) stated that the Office of Child Development took immediate steps to insure that: (a) the child used in the counting must have a certifiable handicap, (b) efforts should be made to include more severely handicapped children, and (c) that the ten percent requirement be met by each state. In 1975, the Head Start, Economic Opportunity, Community Partnership Act of 1974 was signed into law. A key provision included that the ten percent mandate be met by each state, and that the handicapped children included in the counting should have a certifiable handicap (LaVor & Harvey, 1976).

Observations of handicapped children in Head Start programs have clearly demonstrated that even severely handicapped children can benefit from being in a setting with non-handicapped children (Klein, 1975). Non-handicapped children learn to deal with individual differences and develop a greater understanding of children with special needs (DHEW, 1972). Finally, teachers, who have been provided additional training, become more sensitive to the needs of all children (DHEW, 1974b).

According to the Head Start Policy Manual of 1967, "every Head Start program must have a training program for its entire staff" (p.18). Since training has always been given a high priority by Head Start, it would seem logical that this training also would continue with regard to handicapped children.

Head Start in Iowa

Healy (1973) reported that in the State of Iowa there were twenty-two Head Start agencies serving three thousand children. With the new legislative amendment, many Head Start centers expressed a concern over having handicapped children in their programs. They indicated a desire for more training, plus additional supportive services. In 1973, the Head Start State Training Office in Ames, Iowa requested that the University Hospital School in Iowa City, a University Affiliated Facility (UAF), provide training and ancillary support to Head Start progra throughout Iowa. Two staff training models evolved as a result of this request. In Chapter 3, both the experiential training model and the seminar-oriented training model will be described in detail.

Chapter 3

THE STUDY

The two training approaches, the experiential training model and the seminar-oriented training model, were used to train Head Start staff in Iowa to program for handicapped children. Each model will be examined in the following sequence: (a) population, (b) objectives, (c) training module, and (d) feedback and follow-up.

Experiential Training Model

The experiential training model was designed to include numerous opportunities for active participation by the Head Start personnel. Both educational and health components were stressed during the training. In addition, trainees were given experiences in both observing and instructing handicapped children either in the Head Start model classroom, in the self-contained classroom for handicapped children, or in both classrooms.

The Head Start model classroom was created solely for the eight training modules. Eight children comprised this classroom. Two of these children were diagnosed as mentally retarded, while two were diagnosed as physically handicapped. The four remaining children were of normal development and met the Head Start eligibility requirements. The purposes of this classroom were to demonstrate that both handicapped and non-handicapped children benefit from integration, and to provide

trainees with a classroom experience in which they could observe and/or instruct handicapped children.

The self-contained classroom for handicapped children was composed of nine developmentally delayed children. Six of these children had been diagnosed as physically or multiply handicapped. Three of the children were mentally retarded. The purpose of this classroom was to serve as a resource area in providing Head Start trainees with opportunities to observe and/or instruct handicapped children.

Population

Each Head Start agency was requested to send three or four representatives from their centers to the University Hospital School for the two day training module. Each group of representatives was to be composed of the following personnel: (a) director, (b) education coordinator, (c) health coordinator, and (d) teacher.

Objectives

The State Training Office in Ames in cooperation with Dr. Alfred Healy, Medical Director of the University Hospital School, assessed the training needs of Head Start personnel in Iowa. This information was collected through written surveys and through verbal feedback. According to Healy (1973), objectives for the training module included:

Director and education coordinator. (a) to learn how to plan effective, ongoing inservice programs relating to the child with a handicap, (b) to discuss "problem cases" with trainers, (c) to develop a plan for using local resources, (d) to learn how to plan in-house staffing, (e) to implement an inservice education program based on the one used during the two day session, and (f) to attend and participate in any of

the other training sessions in order to develop a more comprehensive perspective of the training.

Health coordinator. (a) to plan effective, developmental screening programs, (b) to learn how to form a local clinical team to assist the local Head Start program, and (c) to attend and participate in any of the other training sessions in order to develop a more comprehensive perspective of the training.

Teacher. (a) to observe handicapped children, (b) to assess individual differences in children, (c) to develop a mini lesson for a handicapped child, (d) to teach the mini lesson to the handicapped child, (e) to evaluate the effectiveness of the mini lesson, and (f) to discuss "problem cases" with trainers.

Training Module

From April 1, 1974 through May 7, 1974, seventy-two Head Start people came to the University Hospital School for training. Two sessions were held each week, lasting for two days each (Monday and Tuesday; Thursday and Friday). A total of eight training modules were offered, with two or three agencies sending representatives to each module. An average of nine representatives attended each training module.

The trainers, or resource personnel, used in the training were selected from the University Hospital School staff. The trainers comprised several professional disciplines, making the training more comprehensive in its scope. In using a variety of professionals, trainees were exposed to an eclectic, team approach of evaluating, educating, and assessing handicapped children.

Each of the Head Start trainees had a schedule for the two day training period (See Appendix B for complete derivation). Each schedule

incorporated a variety of training techniques, such as, videotapes, individual conferences, observation periods, and hand-outs. There were also small group sessions on such topics as feeding, attitude, and nutrition. The key training technique focused on direct interaction between the trainee and the handicapped child.

Feedback and Follow-up

During the two day training period, participants were encouraged to share their ideas concerning their present needs, their perceived future needs, and the relevance of the two day session. A written evaluation was completed by each of the Head Start trainees at the end of the second day.

Follow-up procedures consisted of an inservice training package which was designed from the two day training module, and was to be implemented in the local community. Twenty slides were taken of the Head Start trainees during the session, and were included as a part of the training package. University Hospital School also committed its resources to providing outreach training throughout the state. This training would be accomplished through inservice, workshops, or consultations with individual Head Start centers.

Seminar-Oriented Training Model

It became evident from the follow-up procedures that Head Start personnel still needed more training in meeting the needs of the handicapped children in their centers. As a result, another training model was developed. This was the seminar-oriented training model. The chief training techniques which were used in this approach were seminar sessions and concurrent sessions (multiple seminars). In this training module

trainees shared information, in addition to collecting information pertinent to their training needs.

Population

Each Head Start agency in Iowa was invited to send three or four representatives from their centers to the Iowa Memorial Union, Iowa City for the two day training session. It was requested that the group should be comprised of the following personnel: (a) education coordinator, (b) teacher, and (c) teacher assistant.

Objectives

As in the experiential training model, an assessment of training needs was conducted by the State Training Office and the Medical Director at Hospital School. In addition, three other methods were used in assessing needs for this training module: (a) University Hospital School received a grant to hire a Head Start Coordinator for the Handicapped. This individual had assessed training needs in the Head Start programs; (b) selected professional staff from University Hospital School had been assigned to specific Head Start agencies. Each professional had visited the Head Start agency and/or its centers to survey training needs; and (c) telephone calls were made to Head Start centers to determine what teachers wanted from the training session. All of this information was collated and kept on file in the Head Start Coordinator's office.

Pierce (1975) states that the following objectives were generated from the needs assessment: (1) To bring together nineteen Head Start agencies in Iowa in order to share information, problems and postulate possible solutions. (2) To provide a variety of activities in the two day training module, and allow trainees to choose specific topics most relevant to

their needs. (3) To help trainees become familiar with existing resources in their local communities. (4) To determine the training needs of Head Start personnel in order to develop appropriate inservice education programs for the 1975-1976 school year. (5) To provide a mechanism for requesting appropriate services from University Hospital School. This would be done by referrals through the Head Start Coordinator for the Handicapped.

Training Module

On April 28-29, 1975, one hundred and twenty-eight Head Start people came to the Iowa Memorial Union, The University of Iowa, for the two day training session (See Appendix C for complete derivation). These people represented nineteen Head Start agencies, who had four hundred and twenty handicapped children in their populations (Pierce, 1975).

The trainers or resource people were selected from a variety of professional staff at the University Hospital School. Each of the selected professionals had been originally assigned to a Head Start agency during the assessment of needs. Each trainer continued to serve as a facilitator to their respective agency during the seminar sessions and concurrent sessions.

During the seminar sessions, specific problems in Head Start centers were discussed. The various participants in each seminar sought solutions to the problems, as well as, brainstormed new teaching techniques and assessment components. On the second day of the session, trainees could choose to attend concurrent sessions (multiple seminars) on specific topics. The nine topic areas were: (a) management of impaired motor functions, (b) issues relating to severe emotional behaviors, (c) classroom management techniques, (d) health and nutrition, (e) curriculum

ideas, (f) mental retardation, (g) medical and genetics, (h) speech and language, and (i) parent and community involvement. Other training techniques used during the session were: film fair, tour of the University Hospital School (limited number), individual program planning session, and hand-outs.

Feedback and Follow-up

Trainees provided feedback throughout the two day session. They expressed concerns, perceived future needs, and attitudes toward handicapped children. A written evaluation also was completed by each trainee at the end of the second day. This information was used in determining future training needs for the 1975-1976 school year.

Currently, there is an ongoing, follow-up effort being maintained since the seminar-oriented training module. In August, 1975, University Hospital School received a Head Start grant to employ two Head Start Coordinators for the Handicapped to provide training and technical assistance (T/TA) to the Head Start centers. According to Pierce and Sandusky (1975b), it is their responsibility to: (1) Refer specific training needs to appropriate personnel at Hospital School. A professional or a team of professionals then travels to the Head Start center to assist with concerns and training needs. (2) Provide information on additional resources that may assist in serving the handicapped. (3) Provide in-service training and workshops relating to handicapping conditions. (4) Facilitate local community interest and participation in local Head Start programs, and in Area Education Agencies (AEA). (5) Inform Head Start personnel of planned training by University Hospital School and other state agencies. (6) Set up tours and training for Head Start agency staff at University Hospital School through the training coordinator.

Chapter 4

RESULTS AND CONCLUSIONS

The effectiveness of each training model must be assessed to determine the relevance of the training in meeting Head Start trainees' needs. The written evaluations (See Appendices D & E for complete derivation), which were completed at the end of the training sessions, will be used to find out how trainees perceived the training sessions.

Since there were many statements on the written evaluations that received very positive responses, it would be difficult to determine the four most favorable responses. Thus, each model will be discussed in relation to the four least favorable responses on the written evaluations. Upon completion of this discussion, recommendations for future training will be proposed.

Effectiveness of Each Approach

Experiential Training Model. A question dealing with the length of the program, received unfavorable response. Some Head Start trainees (21%) responded that they would have liked the training session to be longer. From verbal comments prior to the formal evaluation, trainees were expressing a desire for a longer training period. A majority (79%) of the trainees felt the training was adequate in length.

A question on the evaluation form dealt with need for more informal conversation. Ten percent of the participants wanted more time for informal conversations with trainers. During the session there were

many opportunities for trainees to discuss concerns with trainers. This is supported by the fact that the majority (90%) felt that there was enough time for informal conversations.

There was an evaluation statement on relating theory to practice. Twelve percent of the trainees indicated that more time should have been spent on this area. This could be related to the newness of the information that was presented during the two day session, and how this information can be applied.

One statement on the evaluation dealt with how the program related to priority needs in the community. Fifteen percent of the participants felt the training did not relate to their priority needs. Again, it is important to point out that a clear majority (85%) felt the training was relevant to their priority needs. A possible reason for a lower rating could be that, perhaps, trainees really are not sure of what their specific needs are. Perhaps, the newness of serving handicapped children had not given them time to actually establish priorities.

In discussing the preceding four evaluation statements which received the least favorable response by the participants, it becomes quite obvious that even these statements were still perceived in a positive manner by the majority of the trainees. In summation, over ninety-six percent of the responses on the evaluation were positive in nature. Head Start personnel felt the training was relevant to their needs, and the format was consistent with what they felt was needed in training.

Seminar-Oriented Training Model. One statement of the evaluation focused on the length of the program. Eighteen percent of the trainees indicated the program was not adequate in length. However, only approximately two percent of the trainees, or three of one hundred and twenty-eight

persons commented that the workshop was too long. Thus, in assessing this statement, it can be said that the trainees would have liked the training to be longer. The majority (82%) indicated it was adequate in length.

In looking at the statement regarding how well the program related to priority needs in the community, it was found that fourteen percent did not feel it was related. Perhaps, an ongoing needs assessment may help in the future. Also, perhaps, some of the trainees were not certain what their priority needs actually are.

In relation to the priority needs, some trainees (11%) indicated that the objectives were not what they expected. Again, this is a minority of the responses and may indicate that the trainees did not formulate objectives of what they wanted before they came. Also, during the needs assessment they may not have decided what topics they wanted to be covered in the session.

A statement on the evaluation form dealt with participation. Eleven percent of the participants felt their participation was not valued by the group. This could be related to the newness of the training situation, or to a lack of confidence on the part of those participants. The majority (89%) responded that their participation was valued by the group.

It becomes apparent that even the four least favorable responses on the evaluation form were still viewed positively by the majority of the trainees. Over ninety-three percent of all the responses on the evaluation form were responded to positively. This favorable reaction to the training indicates that the training was relevant in meeting the participants' needs.

Summary

Both the experiential training model and the seminar-oriented training model were viable training approaches, as perceived by the Head Start personnel. This is further reinforced by the statements dealing with future perceived training needs. In the experiential training approach, all the trainees felt that programs of this type should be offered in the future and an overwhelming majority (99%) indicated a perceived need for future inservice regarding handicapped children. In the seminar-oriented training approach, all of the participants indicated a need for future contact with University Hospital School. Thus, Head Start personnel felt that the training models were relevant to them, and want more training sessions in the future.

Recommendations for Future Training

Since Head Start workers are indicating a need for future training, it is important to consider elements which make for effective training models.

In both training models, priority needs of the trainees were rated less favorably than any of the other items. This could be related to the fact that needs are continually changing. Thus, in planning future training, it would be of paramount importance to include a thorough needs assessment of the trainees. According to Hayden (1974), training should be predicated on the needs of the trainees. Models then can be developed which will be relevant to the needs and priorities of the participants.

Establishing objectives for the training session is very important. In the experiential training approach, nearly all of the participants (99%)

felt the objectives were realistic, and that the purpose and content of the training session were clear to them. In the seminar-oriented training model, the majority (89%) felt the objectives were the ones they expected. Burke and Beckhard (1962) have emphasized the value of establishing objectives. Beckhard states, "...objectives create a yardstick against which all program planning can be measured" (p. 133).

Active participation is an important element in training models. In the experiential approach, a vast majority (94%) felt their participation was valued by the group. All the trainees indicated they learned a great deal by participating in the program. In the seminar-oriented approach, a vast majority of the participants (94%) felt they learned a great deal by participating in the program. A majority (89%) indicated that their participation was valued by the group. Several studies (Burke & Beckhard, 1962; Glass & Meckler, 1972; Kelley, 1951; MacIntyre, 1972; Pierce & Sandusky, 1976), have suggested the importance of active participation in training sessions.

The open ended comments from the seminar-oriented evaluation form suggested that the majority of the participants prefer to work in small groups (Pierce, 1975). This is further supported by Pierce and Sandusky (1976), who discovered from their survey of Head Start teachers and administrators that small group participation is one of the most desirable types of inservice.

Both training models utilized a variety of activities throughout the training. From the positive results of the models, it is apparent that this is an important element to include in training. Techniques, such as seminar sessions, concurrent sessions, micro teaching, individual

conferences, observation periods of children, and hand-outs were used. Ward (1974) has stressed the importance of using a variety of activities in training sessions.

An evaluation is a necessary part of any training session. In both training models, an evaluation form was used to determine the effectiveness of the training. According to Burke and Beckhard (1962) an evaluation also gives direction for future training.

In both the experiential training model and the seminar-oriented training model, follow-up activities were an important part of the training. Good training models must go beyond the immediate training being implemented, and include follow-up efforts as a part of the comprehensive training. Burke and Beckhard (1962) suggest that too many sessions are perceived as isolated activities, rather than a part of the total training package, from needs assessment to ongoing follow-up procedures.

In summarizing the elements of effective training approaches, it becomes evident, as MacIntyre (1972) has pointed out, that they contain the same elements as any good teaching programs does: (a) needs assessment, (b) objectives, (c) a variety of procedures and techniques, including active participation, (d) evaluation, and (e) follow-up procedures.

Conclusion

Two training models, the experiential approach and the seminar-oriented approach, were used in training Head Start personnel in Iowa to program for handicapped children. From the evaluations, both models were found to be viable in meeting the participants' training needs.

These are only two of an infinite number of training models that might be developed in training Head Start workers. In some cases, the models presented in this study might be duplicated or adjusted to other training situations.

According to LaVor (1976), assisting Head Start programs in training to improve the quality of services offered is one of the most important issues for consideration. Thus, it is hoped that the recommendations for future training, along with the descriptions of the two models used in this study, might facilitate the continued development of new and innovative staff training models.

As our interest in the education of young handicapped children continues to thrive, we must take steps to insure that teachers are adequately prepared to teach these children. Effective staff training models are a paramount component of this preparation.

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APPENDIX A

Chart of Training Models

EXPERIENTIAL TRAINING MODEL

Population: N=72
1. Directors
2. Education Coordinators
3. Teachers
4. Health Coordinators

Time: April 1 - May 7, 1974
2 day training sessions; 2 times per week; total of 8 training sessions offered 2-3 agencies attend each session

Training Site: University Hospital School, Iowa City, Iowa

Trainers: Selected interdisciplinary staff from University Hospital School

Needs Assessment: Conducted by the State Training Office and Hospital School Associate Medical Director

Format: model classroom, self-contained classroom for handicapped, individual conferences, hand-outs, observations of children, videotapes & films, minilectures

Evaluation: Written evaluation and verbal feedback

Follow-up: Inservice training package for each agency, workshops and consultations

SEMINAR-ORIENTED TRAINING MODEL

Population: N=128
1. Teachers
2. Teacher Assistants
3. Education Coordinators

Time: April 28 - 29, 1975
2 day session for all Head Start agencies

Training Site: Iowa Memorial Union, Iowa City, Iowa

Trainers: Selected interdisciplinary staff from University Hospital School - each had been assigned to a specific Head Start agency.
Workshop specialist - Dr. Walter Foley.
Coordinator for Handicapped - Katy Pierce

Needs Assessment: Conducted by State Training Office; Hospital School medical & education departments; coordinator for the handicapped; & field feedback from workshops

Format: seminar sessions, concurrent sessions (multiple seminars), hand-outs, general sessions (large group), videotapes & films, tour of Hospital School (limited number)

Evaluation: Written evaluation and verbal feedback

Follow-up: Coordinator for Handicapped referral system, workshops & consultations, small workshops at Hospital School

APPENDIX B

Experiential Training Model Schedules

DAY #1

HEAD START DIRECTOR:

8:00 - 9:30 (Healy)
- Orientation
- Overview
- Introduction of staff
- Coffee

9:30 - 10:00
- Slide show
  "Orientation to Hospital School"

10:30 - 11:00
- Nutrition, Occupational Therapy
  (Room 241)

11:00 - 11:30
- Observation of Feeding

11:45 - 12:15
- Film
- Healy & Staff

12:30 - 1:30
- Lunch

1:30 - 3:30 (Healy)
- Health Program

3:30 - 4:00
- "Debriefing"
(Healy, Hew Len, Turk, Landers, Henderson, Orr, Hodges)
- Coffee

4:00 - 5:00
- Frances Woods (Room 114)

CURRICULUM DIRECTOR:

8:30 - 9:30 (Hew Len)
- Pretests

10:00 - 10:30
- Meet teacher in observation room

10:30 - 11:00
- Nutrition, Occupational Therapy

11:00 - 11:30
- Observation of Feeding

CURRICULUM DIRECTOR:(Continued)

11:45 - 12:15
- Film
- Healy & Staff

12:30 - 1:30
- Lunch

1:30 - 3:30
- Hew Len

3:30 - 4:00
- "Debriefing"
(Healy, Hew Len, Turk, Landers, Henderson, Orr, Hodges)
- Coffee

4:00 - 5:00
- Frances Woods (Room 114)

TEACHER:

8:00 - 8:30 (Healy)
- Orientation
- Overview
- Introduction of staff
- Coffee

8:30 - 9:30 (Hew Len)
- Pretests

10:30 - 11:00
- Nutrition, Occupational Therapy

11:00 - 11:30
- Observation of feeding

11:45 - 12:30
- Break

12:30 - 1:00
- Hew Len

1:00 - 1:30
- Video Tape

1:30 - 3:30
- Hew Len

3:30 - 4:00
- "Debriefing"
(Healy, Hew Len, Turk, Landers, Henderson, Orr, Hodges)
- Coffee

4:00 - 5:00 (Frances Woods)

HEALTH COORDINATOR:

8:00 - 8:30 (Healy)
- Orientation
- Overview
- Introduction of staff
- Coffee

8:30 - 9:30 (Hew Len)
- Pretests

10:30 - 11:00
- Nutrition, Occupational Therapy

11:00 - 11:30
- Observation of feeding

11:45 - 12:30
- Break

12:30 - 1:00
- Hew Len

1:00 - 1:30
- Video Tape

1:30 - 3:30 (Healy)
- Health Program

3:30 - 4:00
- "Debriefing"
(Healy, Hew Len, Turk, Landers, Henderson, Orr, Hodges)

4:00 - 5:00
- Frances Woods (Room 114)

SCHEDULE FOR EXPERIENTIAL TRAINING MODEL

DAY #2

HEAD START DIRECTOR:

8:30 - 9:00 (Healy & Staff)
- Orientation & Questions
- Coffee

9:00 - 11:00
- Hodges

11:00 - 12:30
- Hodges

12:30 - 1:30
- Lunch & Staffing

1:30 - 3:00
- Hodges

3:00 - 4:00
- Wrap-up
- Post-tests
(Healy, Hew Len, Hodges, Henderson, Orr, Turk, Landers)
- Coffee

CURRICULUM DIRECTOR:

8:30 - 9:00 (Healy & Staff)
- Orientation & Questions
- Coffee

9:00 - 11:00 (Hew Len)
- Classrooms

11:00 - 12:30
- Hodges

12:30 - 1:30
- Lunch & Staffing

1:30 - 3:00 (Hew Len)
- Classrooms

3:00 - 4:00
- Wrap-up
- Post-tests
(Healy, Hew Len, Hodges, Henderson, Orr, Turk, Landers)
- Coffee

TEACHER:

8:30 - 9:00 (Healy & Staff)
- Orientation and Questions
- Coffee

9:00 - 11:00 (Hew Len)
- Classrooms

11:00 - 11:30
- Observation of feeding

11:45 - 12:30
- Hew Len

12:30 - 1:30
- Lunch & Staffing

1:30 - 3:00 (Hew Len)
- Classrooms

3:00 - 4:00
- Wrap-up
- Post-tests

(Healy, Hew Len, Hodges, Henderson, Orr, Turk, Landers)

HEALTH COORDINATOR:

8:30 - 9:00 (Healy & Staff)
- Orientation and Questions
- Coffee

9:00 - 9:30
- Speech & Audiology

9:30 - 10:00
- Medical

10:00 - 11:00
- Psychology

11:00 - 11:30
- Observation of feeding

11:45 - 12:30
- Hew Len

12:30 - 1:30
- Lunch & Staffing

1:30 - 3:00 (Healy & Henderson)
- Pedodontics
- Physical Therapy
- Medical

3:00 - 4:00
- Wrap-up
- Post-Tests

(Healy, Hew Len, Hodges, Henderson, Turk, Landers)

APPENDIX C

Seminar-Oriented Training Model Schedules

Get AHEAD, START Now!
presented by
University Hospital School
Iowa City, Iowa
for
Head Start Teachers and Education Coordinators in Iowa

Monday, April 28, 1975

11:30 - 1:00	Registration Illinois Room (3rd floor, Iowa Memorial Union)
1:00 - 2:30	General Session - Dr. Foley Illinois Room
2:30 - 3:00	Break
3:00 - 4:15	Small Group Sessions (see page 2 for rm. assignment) (Sign up for tour)* See page 4
4:15 - 4:30	Break
4:30 - 5:00	General Session - Dr. Foley Illinois Room

Tuesday, April 29, 1975

8:30 - 9:00	Coffee (Illinois Room)
9:00 - 9:30	General Session (Illinois Room)
30 - 12:00	Concurrent Sessions: "Children with Handicaps" See page 3
12:00 - 1:30	Lunch (on your own)
:30 - 3:00	Concurrent Sessions: A. Film Fair - Illinois Room See posted schedule & page 5 B. Individual Program Planning - New Len - Lucas/Dodge Room C. Tour of University Hospital School - page 4
3:00 - 3:30	General Session (Illinois Room) - Dr. Foley Questions
3:30 - 4:00	Evaluation of Workshop

GROUP ASSIGNMENTS FOR SMALL GROUP SESSIONS

Monday, April 28, 1975
3:00 - 4:15 p.m.

	Agencies	Room
1.	Des Moines/Creston	Lucas/Dodge
2.	Waterloo/Dubuque (Peosta)	Miller
3.	Toledo (Tama)/Davenport	Kirkwood
4.	Cedar Rapids-Iowa City/Carroll	Grantwood
5.	Dunlap/Emmetsburg	Wisconsin
6.	Burlington/Ft. Dodge	Princeton
7.	Ottumwa/Leon	Ohio State
8.	Remsen/Decorah	Hoover
9.	Sioux City/Mason City	Minnesota

CONCURRENT SESSION
Tuesday, April 29, 1975
9:30 - 12:00

Topic Areas	Group Leaders	Room
1. Management of Impaired Motor Functions	Occupational Therapy - Helen Brom, O.T.R. Physical Therapy - Dean Soder, P.T. Physical Education - Orrin Marx	Miller
2. Issues Related to Severe Emotional Behaviors	Psychology - Dennis Harper, Ph.D.	Lucas/Dodge
3. Classroom Management Techniques	Special Education - Hazel Turk, Dennis Corwin, Linda Boerner	Northwestern
4. Health & Nutrition	Nursing - Pauline Wright, R.N. Nutrition - Mary Wood	Grantwood
5. Curriculum Ideas	Special Education - Bill Landers, Ron Lough	Northwestern
6. Mental Retardation	Special Education - Stan Hew Len, Ph.D.	Wisconsin
7. Medical & Genetics	Medicine - Ai Healy, M.D. Marcia Henderson, P.N.P.	Princeton
8. Speech & Language	Speech Pathology - Carl Betts, Ph.D.	Illinois
9. Parent & Community Involvement	Social Work - Jack Powell, M.S.W. Frances Woods, M.S.W. Schael Engel, M.S.W.	Purdue

*SCHEDULE FOR OBSERVATION OF UNIVERSITY HOSPITAL SCHOOL
April 29, 1975
1:30 - 3:00 p.m.

Tuesday, April 29

Leave Iowa Memorial Union	1:30 p.m.
Arrive University Hospital School	1:50 p.m.
Observe	2:00 - 2:30 p.m.
Leave University Hospital School	2:35 p.m.
Arrive Iowa Memorial Union	2:55 p.m.

Observation Schedule

Class	Host/Hostess	# Accommodated
Severe/Profound (Boerner)	Powell	6
Kindergarten (Fitz)	Engel	6
Pre-School, Physically Handicapped (Landers)	Corwin	5
Pre-School, Atypical Behaviors (Turk)	Corwin	5
O.T. - Pre-School	Brom	
P.T. - Pre-School	DeCook	13
Speech - Pre-School	Munson	5
		40 TOTAL

Two persons from each agency will be selected by their respective agencies to observe at Hospital School. Selection will be made during the first small group session at 3:00 on Monday, April 28.

A University bus will depart from the Union Building at 1:30 Tuesday, April 29, for Hospital School. Upon arrival at the school, the group will be divided into 6-7 smaller groups and guided to observation areas listed above.

Due to limited time and space, we cannot accommodate more than the number of people listed above for each area.

LOCATION OF AUDIO-VISUAL PRESENTATION
April 29, 1975
1:30 - 3:00 p.m.

Subject	Room	Lengtn of Film
Film: "A Child is a Child"	Illinois	8 minutes
Film: "School Readiness"	Illinois	25 minutes
Film: "Special Child with Special Needs"	Illinois	22 minutes
Slide/Tape: "Every Child, Each Child"	Princeton	18 minutes
Slide/Tape: "More Alike than Different"	Princeton	20 minutes
Slide/Tape: "Overview of Hospital School"	Princeton	15 minutes
Slide/Tape: "You, Your Child & Language"	Princeton	15-18 minutes
Slide/Tape: "Auditory Discrimination"	Princeton	15-18 minutes
Video-Tape: "Language Development"	Grantwood	(10 lessons) 10-12 minutes/lesson

Materials Available:

Printed materials will be distributed in small group sessions and concurrent sessions. A limited number of copies of the booklet "Getting a Head Start on Speech and Language Problems" will be available during the workshop. You may purchase them individually or for an agency. Price is $1.00 per copy. Checks are preferred and should be made out to Mrs. Weslee D'Audney or Meyer Rehabilitation Center.

Agencies may also obtain several copies at the workshop and send payment to:

Meyer Rehabilitation Center
444 South 44 Street
Omaha, Nebraska 68131
ATTN: Mrs. Wes D'Audney

WORKSHOP RESOURCE PERSONNEL

Keynote Speaker: Dr. Walter Foley, Professor of Education

University Hospital School Staff - Community Consultants

Jane Albrecht, Occupational Therapist
Sue Baumgartner, Occupational Therapist
Carl Betts, Ph.D., Supervisor, Department of Speech & Hearing, SS/CC
Linda Boerner, Teacher
Helen Brom, Supervisor, Occupational Therapist
Dennis Corwin, Vice-Principal
Beverly DeCook, Physical Therapist
Schael Engel, Medical Social Worker
Dennis Harper, Ph.D., Department of Psychology
Alfred Healy, M.D., Medical Director
Marcia Henderson, Pediatric Nurse Practicioner
Stan Hew Len, Ph.D., Principal
Bill Landers, Teacher
Ron Lough, Workshop Supervisor
Orrin Marx, Supervisor, Physical Education
Grace Anne Orr, Program Director
Katy Pierce, Coordinator for the Handicapped in Iowa Head Start
Jack Powell, Supervisor, Medical Social Work
Dean Soder, Supervisor, Physical Therapist
Diane Synhorst, Pediatric Nurse Practicioner
Hazel Turk, Teacher
Rose Walsh, Occupational Therapist
Mary Wood, Supervisor, Nutrition
Frances Woods, Medical Social Worker
Pauline Wright, Supervisor, Nursing
Mary Ellen Brissey, Speech Pathologist

Iowa Head Start Training Office, Iowa State University, Ames, Iowa

Jo Herren	Training Manager
Bruce Gilberg	Mental Health
Mary Nachod	Nutrition
Helen Raikes	Early Childhood
Willis Bright	Parent Involvement
Kathy Sandusky	Parent Education and Early Childhood
Jane Sisk	Early Childhood
Jim Carlisle	Head Start Supplementary Training, Career Development Associate, Career Development Technical Assistance

Health Component Consultant - Rosemary Fee

CONCURRENT SESSION
Tuesday, April 29, 1975
9:30 a.m. - 12:00 Noon

1. Management of Impaired Motor Functions

   a. Ease of movement
   b. How to identify motor problems as it relates to getting around in classroom
   c. Positioning
   d. Activities to increase coordination

2. Issues Related to Severe Emotional Behaviors - Panel - Marie Tilly, Jeff Hammarstrom, Barbara Higgins, Julie Fitz and Dr. Harper

   a. Expectations of behaviors in a 3-5 year old child
   b. Clarify definition of terms - "severe" and "hyperactivity"
   c. Open discussion

3. Classroom Management Techniques

   a. General procedures or guidelines for managing children that pose problems in the classroom
   b. Defining normal behaviors
   c. Assessment Procedures
   d. Reinforcement techniques
   e. Attitude; classroom atmosphere
   f. Behavior modification

4. Health and Nutrition

   Health
   a. Dental health
   b. Health care of the special child, especially spina bifida

   Nutrition
   a. Nutrition for the pre-school child
   b. Nutrition for children with handicaps
   c. Suggestions for inclusion of snacks

5. Curriculum Ideas

   a. Curriculum balance
   b. Motor skills
   c. Educational concepts
   d. Work habits
   e. Social-emotional
   f. Adaptations
   g. Self-expression/creativity
   h. Goal writing

The above areas will hopefully lead to informal discussion from everyone related to curriculum ideas and children.

6. Mental Retardation

   a. Determining learning needs
   b. Developing training strategies
   c. Evaluating training efforts
   d. Reasons for training

7. Medical/Genetics

   a. Medical concerns in dealing with children with handicaps
   b. Genetic disorders: causes, detection, effects on the child in school
   c. Parental considerations

8. Speech and Language

   a. Child's ability to communicate needs
   b. Development of speech skills
   c. Hearing loss and effects of hearing loss on communication

9. Parent and Community Involvement

   a. Daily assistance in the program
   b. Special management techniques carried out in both home and program regarding special behavior problems
   c. Education of parents to generally assist children in health growth
   d. The use of various resources in accomplishing these kinds of things both in the community and Head Start structure
   e. Any other matters concerning parent, community or program

APPENDIX D

Experiential Training Model Results

UNIVERSITY HOSPITAL SCHOOL
Evaluation Form A

EXPERIMENTAL TRAINING MODEL

One of the objectives of any organization should be to continuously evaluate its effectiveness and to modify programs in an attempt to improve their quality. It is with this purpose in mind that the University Hospital School asks that you complete the following on-going evaluation form.

Response choices are as follows: SD-Strongly Disagree, D-Disagree, TD-Tend to Disagree, TA-Tend to Agree, A-Agree, SA-Strongly Agree. Encircle your choice.

1.	The geographic location of the program was satisfactory.	SD	D	TD	TA	A	SA
2.	The information presented was too elementary for me.	SD	D	TD	TA	A	SA
3.	Programs of this nature should be offered in the future.	SD	D	TD	TA	A	SA
4.	I learned a great deal by participating in this program.	SD	D	TD	TA	A	SA
5.	The objectives of this program were realistic for me.	SD	D	TD	TA	A	SA
6.	The length of the program was adequate.	SD	D	TD	TA	A	SA
7.	Possible solutions to some of my problems were considered.	SD	D	TD	TA	A	SA
8.	My time was well spent.	SD	D	TD	TA	A	SA
9.	The organization of the program was consistent with its purposes.	SD	D	TD	TA	A	SA
10.	We spent enough time relating theory to practice.	SD	D	TD	TA	A	SA
11.	I would recommend the program to others with experience and training similar to my own.	SD	D	TD	TA	A	SA
12.	I felt I was part of the group.	SD	D		TA	A	SA
13.	The physical facilities for the program were satisfactory.	SD	D	TD	TA	A	SA
14.	The instructors knew their subjects.	SD	D	TD	TA	A	SA
15.	The program was relevant to my own professional needs.	SD	D	TD	TA	A	SA

16.	The content presented was applicable to my work.	SD	D	TD	TA	A	SA
17.	The purposes of the program were clear to me.	SD	D	TD	TA	A	SA
18.	I received guidelines for future action.	SD	D	TD	TA	A	SA
19.	Programs such as this will contribute a great deal to changes in my practice.	SD	D	TD	TA	A	SA
20.	I had the opportunity to express my ideas.	SD	D	TD	TA	A	SA
21.	There was enough time for informal conversation.	SD	D	TD	TA	A	SA
22.	I was absorbed by the program content.	SD	D	TD	TA	A	SA
23.	I benefitted professionally from the program.	SD	D	TD	TA	A	SA
24.	We worked together as a group.	SD	D	TD	TA	A	SA
25.	The program objectives were the objectives I expected.	SD	D	TD	TA	A	SA
26.	I was stimulated to think.	SD	D	TD	TA	A	SA
27.	The program was related to priority needs in my community.	SD	D	TD	TA	A	SA
28.	I felt my participation was valued by the group.	SD	D	TD	TA	A	SA
29.	Too much time was devoted to trivial matters.	SD	D	TD	TA	A	SA
30.	The information presented was too advanced for me.	SD	D	TD	TA	A	SA
31.	I could have learned as much by reading a book.	SD	D	TD	TA	A	SA
32.	The material presented was valuable to me.	SD	D	TD	TA	A	SA
33.	Do you perceive a need for planning and implementing in-service program(s) regarding handicapped children?	SD	D	TD	TA	A	SA

Response choices are as follows: SD-Strongly Disagree; D-Disagree; TD-Tend to Disagree; TA-Tend to Agree; A-Agree; SA-Strongly Agree.

Question Number	SD	D	TD	TA	A	SA	Score
1			5	5	34	28	93%
3				2	18	52	100%
4				3	21	48	100%
5		1		6	34	31	99%
6		1	13	16	35		79%
7			3	14	45		96%
8				4	22	46	100%
9				3	39	30	100%
10		1	8	7	37	19	88%
11				4	28	39	100%
12			1	3	24	44	99%
13					23	49	100%
14					10	62	100%
15		1		7	37	27	99%
16				10	41	21	100%

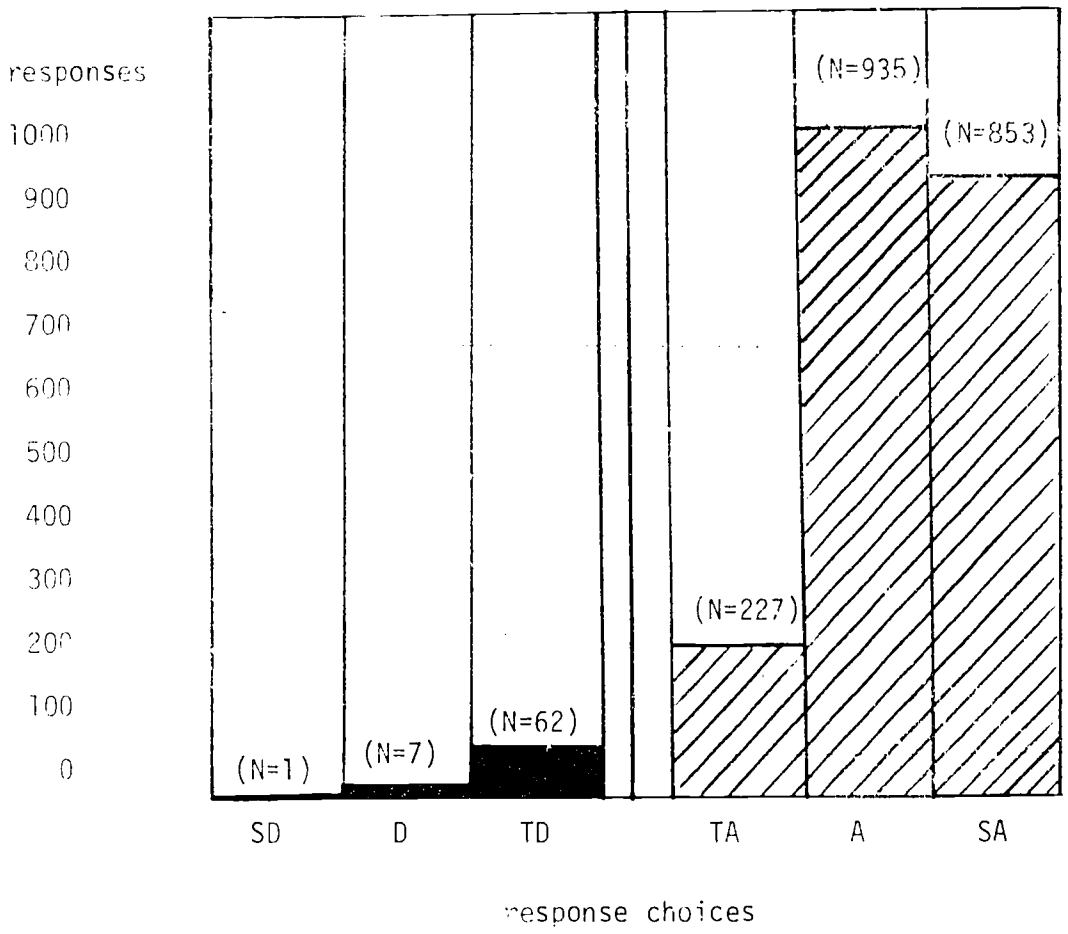
Summary of Experiential Training Model Written Assessments - Page 2

Ques Num	SD	D	TD	TA	A	SA	Score
17				5	40	27	100%
18			1	9	35	27	99%
19			6	22	36	8	92%
20			1	5	41	25	99%
21		3	4	13	36	16	90%
22				7	33	32	100%
23				3	38	31	100%
24				2	48	22	100%
25			1	18	40	13	99%
26			2	2	33	35	97%
27			11	28	28	5	85%
28			4	22	21	24	94%
32	1		1	3	34	33	97%
33			1	4	24	43	99%

The "score" represents the percentage of TA, A, and SA responses compared to the total number of responses for each item. Total number of surveys used to determine the group's feelings, reactions, and opinions of the training was 72.

EXPERIENTIAL TRAINING MODEL

Summary of Written Assessments



Summary

Of the 2088 possible choices (29 x 72 usable survey forms), 2085 were scored. Seventy persons chose the SD, D, TD categories, while 2015 chose the TA, A, SA categories. Simply stated, over 96% of the responses were positive.

APPENDIX E

Seminar-Oriented Training Model Results

UNIVERSITY HOSPITAL SCHOOL
Evaluation Form A

SEMINAR-ORIENTED TRAINING MODEL

One of the objectives of any organization should be to continuously evaluate its effectiveness and to modify programs in an attempt to improve their quality. It is with this purpose in mind that the University Hospital School asks that you complete the following on-going evaluation form.

Response choices are as follows: SD-Strongly Disagree, TD-Tend to Disagree, TA-Tend to Agree, A-Agree, SA-Strongly Agree. Encircle your choice.

1.	I learned a great deal by participating in this program.	SD	D	TD	TA	A	SA
2.	The length of the program was adequate.	SD	D	TD	TA	A	SA
3.	Possible solutions to some of my problems were considered.	SD	D	TD	TA	A	SA
4.	I would recommend the program to others with experience and training similar to my own.	SD	D	TD	TA	A	SA
5.	I received guidelines for future action.	SD	D	TD	TA	A	SA
6.	Programs such as this will contribute to changes in my practice.	SD	D	TD	TA	A	SA
7.	I had the opportunity to express my ideas.	SD	D	TD	TA	A	SA
8.	There was enough time for informal conversation.	SD	D	TD	TA	A	SA
9.	I benefitted professionally from the program.	SD	D	TD	TA	A	SA
10.	We worked together as a goup.	SD	D	TD	TA	A	SA
11.	The program objectives were the objectives I expected.	SD	D	TD	TA	A	SA
12.	The program was related to priority needs in my community.	SD	D	TD	TA	A	SA
13.	I felt my participation was valued by the group.	SD	D	TD	TA	A	SA
14.	I perceive a need for future contact with University Hospital School.	SD	D	TD	TA	A	SA

SEMINAR-ORIENTED TRAINING MODEL

HEAD START WORKSHOP SURVEY
April 28 - 29, 1975
Page 2

1. Which part of the workshop did you benefit from the most? (Check one or more)

   a. ____ coffee breaks

   b. ____ general session on Monday

   c. ____ small groups

   d. ____ "Children with Handicaps" concurrent sessions

      specify which one: _____

   e. ____ individual program planning

   f. ____ testing and evaluation materials

   g. ____ film fare

   h. ____ other, please specify _____

2. Why did you select the area you did above (#1) as the most beneficial?

3. What did you like the least? Why?

4. Order in number of preference which type of presentation you prefer. (#1 indicating most preferred; #6 indicating least preferred).

   ____ a. question/answer session

   ____ b. audience participation

   ____ c. lecture form an "expert"

   ____ d. audio-visual (films, etc.)

   ____ e. small groups

   ____ f. combination of all of the above

5. Did you feel the audio-visual presentations were worthwhile or could this time have been used more profitably?

HEAD START WORKSHOP SURVEY - Page 3

6. Were there topics covered that were of little or no importance to you? Please specify.

7. Were there any topics or areas that you felt where additional time should have been spent?

8. What areas, if any, were omitted that you felt should have been included?

OPEN-END COMMENTS

**Summary of Seminar-Oriented Training Model Written Assessments

Response choices are as follows: SD-Strongly Disagree, D-Disagree, TD-Tend to Disagree, TA-Tend to Agree, A-Agree, SA-Strongly Agree.

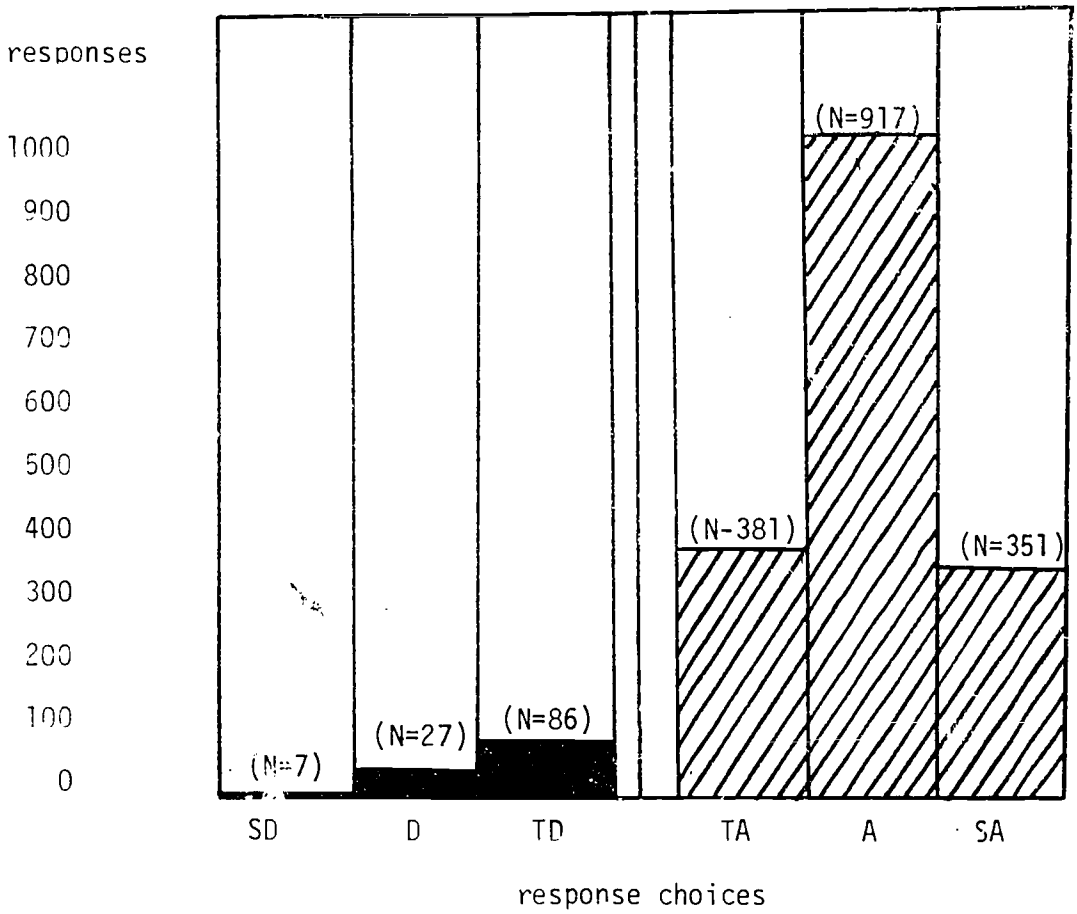
Question Number	SD	D	TD	TA	A	SA	N=128 Score
1		1	7	29	62	27	94%
2	4	5	14	22	73	10	82%
3		1	1	27	87	13	98%
4	1		7	24	45	51	94%
5		2	3	31	67	25	96%
6		2	4	30	71	21	95%
7			2	12	78	36	98%
8	1	2	5	14	73	34	94%
9			4	21	71	27	96%
10	1		5	23	71	26	95%
11		5	8	36	59	15	89%
12		5	13	46	50	11	86%
13		4	10	47	56	5	89%
14			3	19	54	50	98%
TOTALS	7	27	86	381	917	351	

The "score" represents the percentage of TA, A, & SA responses compared to the total # of responses for each item. Total number of surveys used to determine the groups' feelings, reactions and opinions of the workshop was 128.

** From Pierce, Katy. Get Ahead, Start Now! Head Start Workshop April 28-29, 1975. Unpublished Manuscript, University of Iowa, University Hospital School, 1975.

SEMINAR ORIENTED TRAINING MODEL

** Summary of Written Assessments



Summary

Of the 1792 possible choices (14 items x 128 usable survey forms), 1779 were scored. One hundred twenty persons chose the SD, D, TD, categories while 1,659 chose the TA, A, SA categories. Simply stated, over 93% of the responses were positive.

** From Pierce, Katy. Get Ahead, Start Now! Head Start Workshop, April 28-29, 1975. Unpublished Manuscript, University of Iowa, University Hospital School, 1975.