DOCUMENT RESUME

ED 143 148 EC 101 370

TITLE The Status of Handicapped Children in Head Start Programs: Fourth Annual Report of the USDHEW to the U. S. Congress on Services Provided to Handicapped Children in Project Head Start.

INSTITUTION Office of Child Development (DHEW), Washington, D.C.; Office of Human Development (DHEW), Washington, D.C.

PUB DATE Dec 76

NOTE 34p.; Some tables may be marginally legible due to print quality of the original document

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.

DESCRIPTORS Clinical Diagnosis; Definitions; Educational Assessment; *Evaluation Criteria; Exceptional Child Services; *Handicapped Children; Policy; Preschool Education; *Program Descriptions; *Statistical Data

IDENTIFIERS *Project Head Start

ABSTRACT

Presented in the report is background information and statistical data on the distribution of handicapped children in Head Start programs, including numbers of children being served, their handicapping conditions, and the services being provided to them. Data provided includes the following: diagnostic criteria for reporting handicapped children in Head Start; an overview of Office of Child Development policies on Head Start Services to handicapped children, methods of diagnosis and assessment, and special efforts to facilitate services to handicapped children. Appended are survey results of handicapped children in Head Start by State. (IM)

THE STATUS OF HANDICAPPED CHILDREN IN HEAD START PROGRAMS

FOURTH ANNUAL REPORT
OF THE
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
TO THE
CONGRESS OF THE UNITED STATES ON
SERVICES PROVIDED TO HANDICAPPED CHILDREN
IN PROJECT HEAD START

U.S. Department of Health, Education, and Welfare
Office of Human Development/Office of Child Development
Washington, D.C.

December 1976

SUMMARY

The Headstart, Economic Opportunity, and Community Partnership Act of 1974 requires that for Fiscal Year 1976 not less than ten percent of the total number of enrollment opportunities in Head Start programs in each State be available for handicapped children. Handicapped children are defined in the legislation as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Outside the scope of this definition are children with correctable conditions who do not need special services or who will not require altered or additional educational or support services.

The program thrust in response to this mandate was to enroll children with *substantial and severe handicaps* into Head Start programs. *Children professionally diagnosed as handicapped account for at least 12.2 percent (32,671) of the children enrolled in reporting full year programs.*

The distribution of handicapped children in Head Start by category of handicap is as follows: 47.96 percent speech impaired, 16.20 percent health or developmentally impaired, 8.21 percent physically handicapped (orthopedically handicapped), 6.04 percent seriously emotionally disturbed, 5.98 percent hearing impaired, 5.80 percent mentally retarded, 4.48 percent learning disabled, 4.40 percent visually impaired, 0.55 percent deaf and 0.33 percent blind.

Comparison with 1975 indicates that the proportion of professionally diagnosed handicapped children increased from 10.2 percent to 12.2 percent. In part, this increase reflects a change in the time the data were collected in the Annual Survey. The Third Annual Report (June 1975) was based on information collected in December 1974. The current report is based on data collected in March 1976. As a result of conducting the Annual Survey later in the program year, these data reflect more accurate information on the number of children professionally diagnosed, their handicapping condition, and services provided to them.

A higher number of severely handicapped children were enrolled in Head Start programs. This is reflected in the increased proportion of children with multiple handicaps and the numbers of children reported as requiring more special assistance.

Nearly one of every three handicapped children (9,155) has multiple handicaps as compared to one out of every four handicapped children the previous year. Head Start staff were asked to assess the amount of special assistance required to serve handicapped children. Sixty-one percent of the handicapped children are reported to require a "fair amount" or "practically constant" special assistance compared with 57 percent last year.

Ninety-five percent of Head Start programs serve at least one handicapped child. The previous year only 87.7 percent of the programs included children with special needs. Not only are most Head Start programs now serving the handicapped, but two-thirds of the programs serve 10 percent or more handicapped children.

Nine out of ten programs launched special efforts to locate and enroll handicapped children. Seven of ten programs used other agencies to assist in outreach and recruitment.

All handicapped children who were enrolled in Head Start programs received the full range of child development services required in the Head Start Program Performance Standards for all Head Start children which comprise education, parent involvement, social services and health services (including medical, dental, nutrition and mental health). In addition, Head Start programs provided or arranged for special services. These special services include, depending on the child's specific needs: diagnosis, medical treatment, therapy (e.g., physical education exercises, speech training, play therapy), parent counseling and training, transportation, special equipment and materials, and modification of physical facilities.

One of the most important factors in the development of the preschool handicapped child is the opportunity to be in a *mainstream environment.* Head Start provides a setting for the child to learn and play with children who are not handicapped.

The basic premise of the Head Start handicapped effort is that children are more alike than they are different. Handicapped children, like non-handicapped children, learn, play, and need the organized support of parents and caregivers.

The Head Start budget for Fiscal Year 1976 included $20 million for services to handicapped children. This increased the local Head Start programs' ability to provide special services for handicapped children requiring such services. The availability of these funds made possible the total increase in the number of handicapped children enrolled in Head Start. It enabled more programs to enroll handicapped children and increased the availability of special services. There was a 12 percent increase in children receiving special educational services in the classroom. The number of programs reporting additional staff increased from 239 to 776. In addition there was a 35 percent increase in the number of programs that completed modification of their facilities. Increases in diagnostic capability, provision of transportation, and materials and training were also noted.

Eight out of ten programs provided pre-service and in-service training to staff to maintain and improve their ability to work with handicapped children. The training was aimed at increasing the staff competencies to serve handicapped children by equipping the staff with skills to enable them to reinforce professional special services provided by clinics, hospitals or specialized centers. Head Start staff also received training in working with parents (49 percent), mainstreaming (54 percent), resource identification (43 percent), and specific skills of working with each handicapping condition.

Parents are the prime educators of their children. Parents of handicapped children have a double role. They not only educate their children but manage their children's treatment and/or special services, and often provide some of the treatment.

A total of *12,803 parents in Head Start programs were receiving special services* related to their children's handicap. Parents of handicapped children require special assistance in the form of counseling, information about handicapping conditions, specific instructions for treatment and support and other services to deal with their child's every day problems.

The Office of Child Development (OCD) has given high priority to developing partnerships with other agencies to assist Head Start programs in the handicapped effort. *Sixty-nine percent of the Head Start programs reported that they were receiving various kinds of assistance from other agencies* in serving handicapped children. Head Start typically provides the comprehensive child development program which includes mainstreaming experiences in the classroom, medical, dental, and mental health services, nutrition services and parent involvement. The other agencies provide

additional special services to handicapped children based on their expertise, special facilities, and specialized staff. Head Start programs receive assistance in locating children, treatment and management concerning specific handicapping conditions and training. One out of four (7,936) of the handicapped children served by Head Start programs were referred by other agencies.

Twenty-two percent of the programs indicated that they received pre-service training from universities and colleges. Twenty-three percent of the programs received pre-service training from special purpose agencies such as cerebral palsy centers, speech and hearing clinics, schools for the deaf and hospital clinics.

The Summer Head Start program provides an opportunity for initial assessment of the child's skills at the time of entry into the program and the development and implementation of a program plan that can be continued as the child enters the school system in the fall. Summer Head Start programs appear to have been fairly successful in recruiting handicapped children. Handicapped children comprised *10.24 percent of children enrolled in Summer programs* in Summer 1976.

Forty-five of the 50 States met the mandate to provide handicapped children with at least 10 percent enrollment opportunities in full year Head Start programs. This represents a major improvement over the previous year when only 27 States averaged at least 10 percent enrollment of children with special needs. Arizona, California, Connecticut, Georgia, and Illinois fell short of the 10 percent enrollment target, although these five States served over 8 percent handicapped children. The other geographic entities treated as States in the Head Start legislation served the following proportions of handicapped children: Guam, 12.9 percent; Puerto Rico, 10.3 percent; District of Columbia, 5.6 percent; Virgin Islands, 4.0 percent; and Trust Territories of the Pacific Islands served 2.9 percent.

CHAPTER I

HEAD START AND PRESCHOOL HANDICAPPED CHILDREN

BACKGROUND INFORMATION

A. Purpose of this Report

This is the Fourth Annual Report to the Congress on Head Start services to handicapped children. The purpose of this report is to inform the Congress of the *status of handicapped children* in Head Start programs, including the *number of children being served, their handicapping conditions,* and the *services being provided* to them.

The data presented here record Head Start's progress toward implementing the legislative mandate in the Headstart, Economic Opportunity, and Community Partnership Act of 1974 (P.L. 93-644) which requires "that for Fiscal Year 1976 and thereafter no less than 10 percentum of the total number of enrollment opportunities in Headstart programs in each State shall be available for handicapped children...and that services shall be provided to meet their special needs." By requiring a 10 percent enrollment on a *State-by-State basis,* the 1974 legislation modified the Economic Opportunity Amendments of 1972 (P.L. 92-424) which required an enrollment of 10 percent handicapped children in Head Start programs *in the Nation.*

The term handicapped children is defined to mean "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." Handicapped children must meet the eligibility requirements for Head Start programs. Eligibility refers to the ages of the participating children (between three years and the age of compulsory school attendance) and family income (at least 90 percent of the children must be from low-income families, including families receiving public assistance).

B. An Overview of OCD Policies on Head Start Services to Handicapped Children

In response to the Congressional mandate to strengthen Head Start efforts on behalf of handicapped children, the Office of Child Development has given priority to assisting local Head Start efforts to identify, recruit, and serve handicapped children. These efforts are consistent with Head Start's philosophy of responding to the unique needs and potential of each child participating in the program. The following is an overview of OCD policies relative to handicapped children in Head Start:

1. **Outreach and Recruitment** — Head Start programs are required to develop outreach and recruitment procedures, in cooperation with other community groups and agencies serving handicapped children, to identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience might prove detrimental to the child.

2. **Needs Assessment, Screening and Diagnosis** — Needs assessment, screening, and diagnostic procedures utilized by Head Start programs address all handicaps specified in the legislation to provide an adequate basis for special education, treatment and related

services. Head Start programs must insure that the initial identification of a child as handicapped is confirmed by professionals trained and qualified to assess handicapping conditions. Assessment must be carried out as an on-going process that takes into account the child's continuing growth and development. Careful procedures are required, including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition.

3. **Diagnostic Criteria and Reporting** — In order to assist grantees in reporting on the status of handicapped children in Head Start as required by legislation, the Office of Child Development issued reporting criteria in 1973 to accompany and clarify the legislative definitions. The criteria were developed by OCD in conjunction with representatives from numerous professional organizations and agencies concerned with handicapped children, including the American Academy of Pediatrics, the American Foundation for the Blind, the American Speech and Hearing Association, The American Psychological Association, and the Bureau of Education for the Handicapped of the U.S. Office of Education. The purpose of these criteria is to facilitate uniform reporting. They are not, however, intended to prescribe the diagnostic protocols to be used by professionals in developing a functional assessment of a child and an individualized plan of services to address the child's special needs.

   During 1975, the reporting criteria were reviewed by three DHEW agencies serving handicapped children and the views of these agencies were incorporated into an expanded set of criteria issued by OCD in September 1975. (See Table A on following page.) The first set of criteria was augmented to include the addition of a new category "learning disabilities"; to clarify the "multiple handicaps" category; and to increase the emphasis on the child's ability to learn and function in everyday life. As a result of these modifications, the Head Start reporting criteria are consistent with the November 29, 1975, amendments to Section 602 of the Education of the Handicapped Act (P.L. 93-380) which are specified in the Head Start legislation as defining handicapped children to be served by Head Start. These definitions are also generally consistent with reporting criteria of other DHEW agencies serving handicapped children. OCD specifically tailored diagnostic criteria to the developmental level of the preschool population, aged 3-5.

4. **Severely and Substantially Handicapped Children** — Head Start policy distinguishes between two groups of children: children who have minimal handicapping conditions and *do not require special services* (e.g., children whose vision with eyeglasses is normal or nearly so); and those children who are handicapped, as defined in the legislation, and who by reason of their handicap *require special education and related services.* (See Table A, Page 3) The purpose in making this distinction is so that only children who require additional education or support services can be counted for the purpose of the 10 percent enrollment requirement. Head Start considers the children who need special services, namely those whose handicap cannot be corrected or ameliorated without such special services, as substantially or severely handicapped. Children with minimal or milder handicapping conditions will continue to receive appropriate Head Start services but these children are not considered as part of the Congressionally mandated enrollment target. For example, the category "speech impairment" states that "conditions of a transitional nature consequent to the early developmental processes of the child" are not to be considered as a handicap.

Table A

DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START

All children reported in the following categories must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses.

Blindness — A child shall be reported as blind when any *one* of the following exist: (a) child is sightless or who has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

Visual Impairment (Handicap) — A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes. e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

Deafness — A child shall be reported as deaf when any *one* of the following exists: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear, (c) legal determination of deafness in the State of residence.

Hearing Impairment (Handicap) — A child shall be reported as hearing impaired when any *one* of the following exist: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) hearing loss from 26-92 decibels (ANSI 1969) in the better ear

Physical Handicap (Orthopedic Handicap) — A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases. these conditions include for example spina bifida, loss of or deformed limbs, burns which cause contractures, cerebral palsy.

Speech Impairment (Communication Disorder) — A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairement, stuttering, chronic voice disorders. and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.

Health or Developmental Impairment — These impairments refer to illnesses of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or [illegible]utrition, diabetes, or neurological disorders.

Mental Retardation — A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is *never by itself sufficient* to make the diagnosis of mental retardation).

Serious Emotional Disturbance — A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to existence of the following conditions; dangerous aggressiveness, self-destructiveness, severe withdrawal and non-communication, hyperactivity to the extent that it affects the adaptive behavior, severe anxiety, depression or phobia, psychotic or autistic behavior.

Specific Learning Disabilities — Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual ~~handicaps, brain injury,~~ minimal brain dysfunction, dyslexia, and developmental asphasia. Such terms do not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantange. For preschool children, precursor functions to understanding and using language spoken or written, and computational or reasoning abilities are included. (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)

***Multiple handicaps:** Children will be reported as having multiple handicaps when in addition to their primary or most disabling handicaps one or more handicapping conditions are present.

Some of the children with severe handicaps have been referred from other agencies to Head Start in order that they can participate in a mainstream developmental environment. Not all handicapped children are best served in Head Start programs. Certain severely handicapped children (e.g., the profoundly retarded) require intensive special services on a one-to-one basis which often cannot be provided in a mainstream setting with non-handicapped children. Severely handicapped children are enrolled in Head Start only when the professional diagnostic resource recommends that placement in the program is in the child's best interest and when the parents concur.

5. Services for the Handicapped Child — Head Start grantees and delegate agencies must insure that all handicapped children enrolled in the program receive the full range of comprehensive services available to non-handicapped Head Start children, including provision for participation in regular classroom activities. These services—education, social services, parent involvement, and health services (including medical, dental, mental health, and nutrition)—should consider the child's needs, his or her developmental potential, and family circumstances. In addition, special educational services and support services are provided to meet the unique needs of the individual handicapped child.

6. Mainstreaming — Since its beginning in 1965, Head Start has maintained a policy of open enrollment for all eligible children, including handicapped children. As noted in the *Head Start Manual* of September 1967, "Head Start encourages the inclusion of mentally or physically handicapped preschool children in an integrated setting with other Head Start children." The legislative requirement that a specific portion of the enrollment opportunities be available to handicapped children is consistent with Head Start's approach of serving handicapped children in a mainstream setting. This mainstream experience of learning and playing with non-handicapped children helps foster a positive self-image and assists the handicapped child in enhancing his or her potential.

7. Program Models — Head Start programs are encouraged to consider several program models and to select the one best suited to meeting the individual needs of children. These program options, which include a home-based model, a locally-designed option, a variation in center attendance option, and the standard five-day center based model, allow the flexibility necessary to individualize services to handicapped children and their families. Within each model, Head Start programs are encouraged to develop an *individual service plan* based on the professional diagnosis, and with input from parents and the teacher, to respond to the child's unique needs and capabilities.

8. Collaboration with Other Agencies — As part of the effort to strengthen and expand services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies serving handicapped children in order to mobilize and maximize the available resources and services. Interagency collaborative efforts have been undertaken in the areas of outreach, recruitment, identification and referral assistance; screening, assessment, and diagnosis; provision of treatment and support services; and training and technical assistance. Local Head Start programs are required to take affirmative action to seek the support and involvement of other agencies on behalf of handicapped children.

While a number of public and private agencies have supported Head Start efforts to mainstream handicapped children, cooperation between OCD and the Bureau of Education for the Handicapped (BEH) in the Office of Education has been particularly successful. OCD and BEH administer the major programs within DHEW which provide direct educational and developmental services to preschool handicapped children. In addition, both OCD and BEH use the same legislative definition for a handicapped child (The Headstart, Economic Opportunity and Community Partnership Act of 1974 mandates the same definition used in Section 602 of the Education of the Handicapped Act). OCD's collaboration with BEH began in 1973 with the joint funding of six experimental programs for handicapped children. Completed in FY 1976, the purpose of these collaborative projects was to develop and test alternative approaches to delivering services to preschool handicapped children and their families. The results of these cooperative efforts led to the initiation in FY 1976 of a new three-year demonstration project entitled Resources Access Projects (RAPs). The purpose of this project is to establish a national network of 14 RAPs which will match regional resources for handicapped children with the needs of individual Head Start programs. Local Head Start programs are encouraged to participate in the preparation of State plans for allocating Education of the Handicapped Act funds. *Some Head Start programs are reimbursed by local school systems for providing services to preschool handicapped children under the Education of the Handicapped Act* and other state and local funding auspices, and OCD encourages such arrangements.

9. Ten Percent Handicapped Enrollment by State — OCD's objective is to achieve at least 10 percent enrollment of handicapped children by State and to provide the special services necessary to meet the children's needs. Primary responsibility for assuring that at least 10 percent of each state's Head Start enrollment opportunities are available to handicapped children is placed at the OCD Regional Office level. During the year, the Regional Offices worked with individual Head Start grantees to determine enrollment targets, to strengthen recruitment strategies, to develop plans for providing services, and to conduct liaison activities with other community resources. Regional training and technical assistance efforts were targeted on the handicapped effort with appropriate attention focused on building the capabilities of grantees in those states whose handicapped enrollment levels were below 10 percent.

CHAPTER II

STATUS OF HANDICAPPED CHILDREN IN HEAD START

The Headstart, Economic Opportunity, and Community Partnership Act of 1974 requires that "the Secretary shall report to the Congress at least annually on the status of handicapped children in Headstart programs, including the number of children being served, their handicapping conditions, and the services being provided such children."

The data contained in this report were obtained through a three-pronged survey effort conducted by the Office of Child Development, Division of Research and Evaluation. The basic information contained in this report on full year Head Start programs was collected by mail and telephone procedures. The *Annual Survey of Head Start Handicapped Efforts* forms were mailed to all Head Start grantees and delegate agencies in January 1976. Head Start *programs responded* on the status of handicapped children *as of March 15, 1976.* Full Year Head Start programs in this report refer to all Head Start grantees and delegate agencies who responded to this mail survey. (A similar survey was conducted of Summer Head Start programs.)

A total of 1,641 questionnaires were mailed out to Head Start full year programs. A final response rate of 87 percent was achieved (1,379 completed questionnaires representing 1,428 programs). The total number of responding grantees that submitted at least one completed questionnaire was 932 or 86 percent of 1,079 Head Start grantees.

The mail-out survey contained 172 questonnaire items organized into five major sections:

1. General information (enrollment rates, number of centers and classes)
2. Staffing
3. Staff training
4. Physical facilities, equipment and materials
5. Enrollment of handicapped children professionally diagnosed at the time of the survey and the services provided

Information concerning diagnosis and the types of services provided were addressed by the category of handicap: blindness, visual impairment, deafness, hearing impairment, physical handicap (orthopedic handicap), speech impairment, (communcation disorder), health or developmental impairment, mental retardation, serious emotional disturbance and specific learning disabilities.

Special telephone interviews were conducted in May 1976 with a selected sample of 10 percent of the non-respondent full year programs to obtain a profile of the non-respondents in comparison to the respondents. The data from the telephone interviews substantiates the findings from the survey as representative of all Head Start programs. The findings of the survey data are also consistent with information available from site visits of OCD staff to Head Start programs serving handicapped children and from other independent information.

A telephone validation survey was conducted with a 10 percent sample of those full year respondents for whom questionnaires were considered error free. The 110 programs were randomly sampled by Region and State in this survey. The data from these programs support the overall survey results, suggesting that, at the time of the original survey,

programs accurately reflected the status of the handicapped Head Start children.

A. The Number of Handicapped Children

Salient findings with respect to the number of handicapped children enrolled in Project Head Start in FY 1976 include the following:

—Children definitely diagnosed as handicapped account for at least 12.2 percent of all enrollment in full year programs.

Figures from the programs responding to the survey in January-March 1976 indicate that 32,671 or 12.16 percent of all children enrolled were definitely diagnosed as handicapped by qualified professionals (see Appendix A). An additional 10,960 or 4.07 percent of these enrolled were believed to be handicapped but diagnoses had not been completed at the time of the survey. This reflects an increase in the proportion of children reported as definitely diagnosed as handicapped compared with 10.4 percent the previous year.

—Children definitely diagnosed as handicapped account for at least 10 percent of all enrollment in programs in 45 of the 50 States.

Arizona, California, Connecticut, Georgia, and Illinois reported less than 10 percent of the children enrolled were definitely diagnosed as handicapped. Even these five States which fell short of the 10 percent target sharply increased their enrollment and services to handicapped children and were within 1-2 percent of the target.

The fact that 45 of the 50 States met the mandate represents a major improvement over the previous year when only 27 States averaged at least 10 percent enrollment of children with special needs.

The other geographic entities treated as States in the Head Start legislation served handicapped children in the following proportions: Guam, 12.9 percent; Puerto Rico, 10.3 percent; District of Columbia, 5.6 percent; Virgin Islands, 4.0 percent; and Trust Territories of the Pacific Islands, 2.9 percent.

—95.5 percent of all full year Head Start programs served at least one handicapped child.

The previous year only 88.2 percent of the programs included children with special needs. Not only are most Head Start programs now serving the handicapped, but two-thirds of the programs serve 10 percent or more handicapped children.

In summary, local Head Start programs made substantial progress to broaden their recruitment and enrollment of handicapped children. Four years after the enactment of the mandate, services to handicapped children has become an integral part of Head Start and one of the main features of the program's delivery of services.

B. Types of Handicaps

Head Start is mandated to serve children with a broad range of handicaps such as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired children or children with specific learning disabilities who require special education and

related services."

The types of handicaps for those children definitely diagnosed in full year programs as a proportion of the population of handicapped children in Head Start are presented in Table 1 and in Figure 1. The primary types of handicaps for children served ages 0-19, as reported by State Education Agencies to the Bureau of the Education for the Handicapped, are presented in Figure 2.

Table 1

	n	% of Total
Blind	111	.33
Deaf	181	.55
Visually	1,440	4.40
Hearing Impairment	1,995	5.98
Physical Handicap	2,683	8.21
Health or Developmental Impairment	5,294	16.20
Speech Impairment	15,670	47.96
Mental Retardation	1,896	5.80
Seriously Emotionally Disturbed	1,975	6.04
Specific Learning Disabilities	1,466	4.48

Close to five out of ten (47.96 percent) handicapped children enrolled in Head Start have been diagnosed as *speech impaired.* This reflects an increase over children so reported in the prior full year program (39.51 percent), but is consistent with national estimates of children requiring special assistance in speech and language development. BEH data report speech impairment constitutes 46.87 percent of handicapped between ages 0-19 (Figure 2).

For the 15,670 *speech impaired* children enrolled in Full Year Head Start programs, 15,085 specific conditions have been reported as follows:

Specific Conditions

Severe articulation difficulties	44.94%
Expressive language difficulties	38.87%
Severe stuttering	4.17%
Voice disorders	3.36%
Cleft palate	2.29%
Other speech impairments	6.39%
Total	99.99%

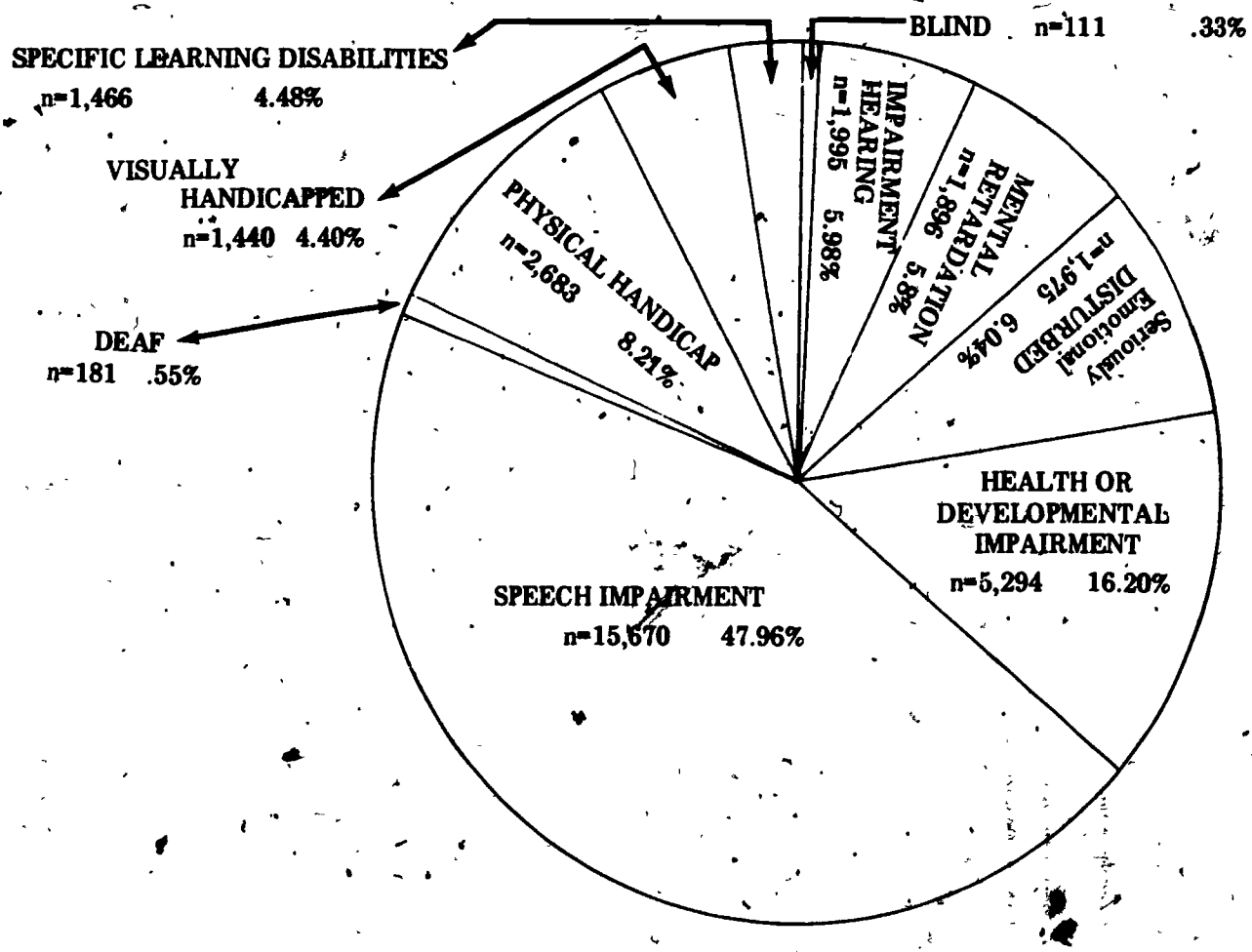
—Of children who had speech impairment as their primary handicap, 3,067 or 19.57 percent had one or more additional handicapping conditions (see Table 2).

The second largest category, *Health or Developmentally Impaired,* accounted for 16.20 percent (5,294) of all handicapped children in full year programs. This reflects a decrease over those children so reported in the prior full year program (25.30 percent).

FIGURE 1 (Not to Scale)

PRIMARY OR MOST DISABLING HANDICAPPING CONDITIONS
OF HANDICAPPED CHILDREN IN HEAD START*

FULL YEAR – MARCH 1976

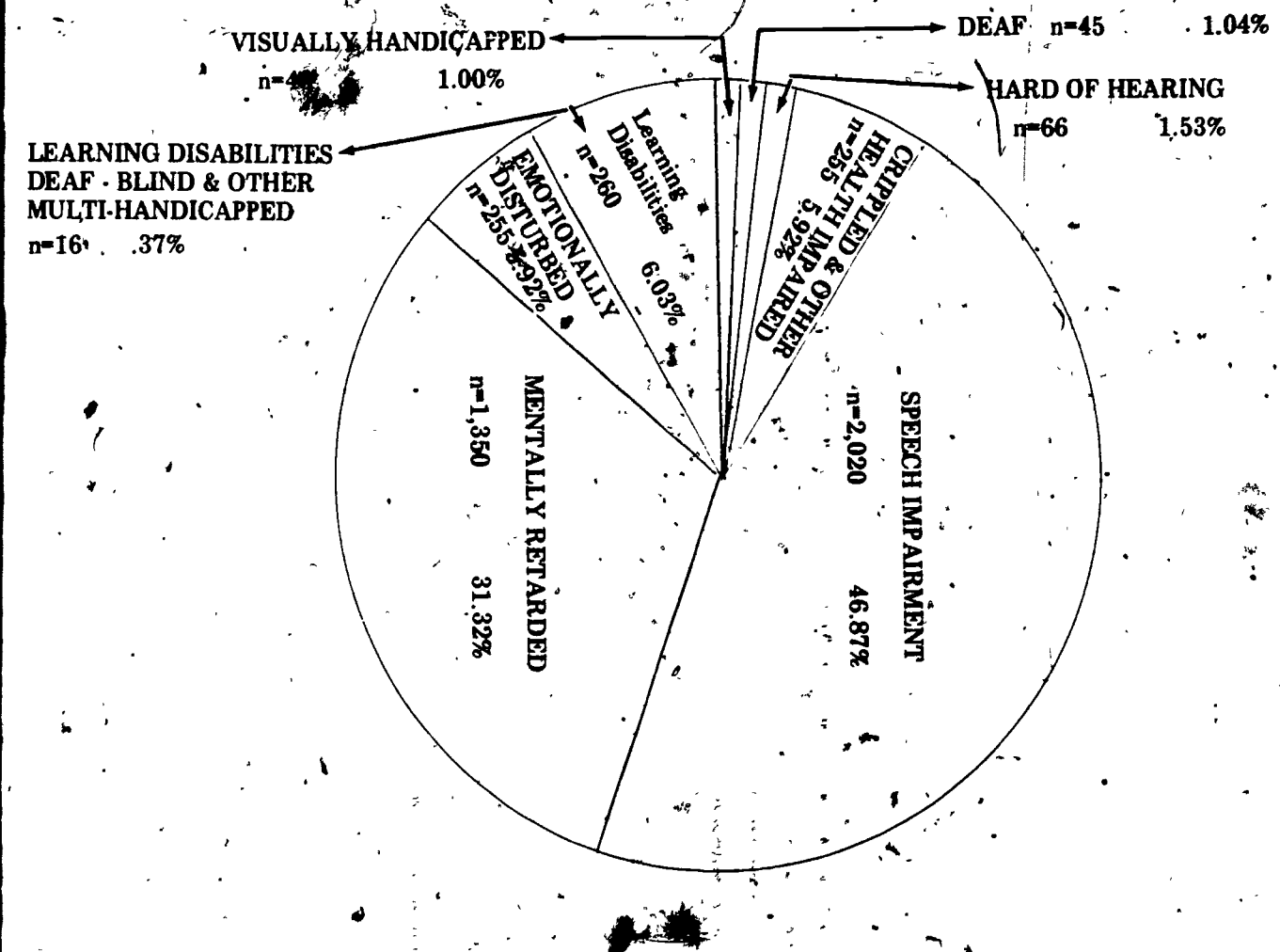


*Source: Annual Survey of Head Start Handicapped Efforts

FIGURE 2 (Not to Scale)

HANDICAPPING CONDITIONS OF
HANDICAPPED CHILDREN AGES 0-19 SERVED*

(NUMBERS IN THOUSANDS)



*Source: Estimated Number of Handicapped Children Served by Type of Handicap as Reported by State Education Agencies to the Bureau of Education for the Handicapped, U.S. Office of Education, Fall and Winter 1975-76, dated March 1976.

The following is a breakdown of the specific conditions of the 5,294 health or developmentally impaired children in full year programs, and reflects 5,200 specific conditions reported:

Specific Conditions

Epilepsy/Convulsive Disorders	13.21%
Respiratory Disorders	14.17%
Anemia/Blood Disorders	20.15%
Malnutrition	5.58%
Heart/Cardiac Disorders	14.36%
Diabetes	1.56%
Developmental Problems, including hyperactivity	12.90%
Brain Damage/Neurological Disorders	7.36%
Other Disorders	10.69%
Total	99.98%

A review of the distribution of conditions for children who are health or developmental impaired indicates that close to 6 percent are reported as malnourished. In addition, if one considers anemia/blood disorders as indicators of malnourishment it is suggested that approximately 26 out of 100 health impaired children in Head Start may be malnourished. The proportions of malnourished children are substantially higher on Indian reservations and in some geographically isolated rural areas.

Of the children who were reported as health or developmentally impaired as their primary handicap, 1,162 or 21.94 percent had one or more additional handicapping conditions (Table 2).

Pertinent findings with regard to severity of the handicapping conditions of Head Start children reveals that:

—Almost three out of every ten handicapped children enrolled in Head Start have multiple handicapping conditions.

Over the past three years, the proportion of multiply handicapped children has increased: 1974, two out of ten; 1975, 2.5 out of ten; 1976, three out of ten. The multiply handicapped child of preschool age is generally more severely handicapped than a child the same age with only one handicap. About 28 percent of the children with one primary handicap report a second handicapping condition as noted in Table 2. Of the 32,671 handicapped children served by Head Start, 9,155 children were multiply handicapped. For example, of the 2,683 children primarily diagnosed as physically handicapped, 40 percent (1,072) had at least one other handicapping condition. A case in point was reported by a Head Start program which provided services to a multiply handicapped four-year-old boy. The professional diagnosis was as follows:

1) Cerebral Palsy - spastic dyplegia

2) Severe language delay

3) Seizure disorder

4) Severe hyperactivity

The boy started full time in Head Start in 1975. Observations indicated that the boy was able to communicate some of his needs to the adults around him by using gestures, tugs and some isolated words. There were indications that the boy's expressive language was more severely impaired than his receptive abilities. Head Start staff were able to help the boy increase his language responses, teach him to match simple objects and to listen to words. Placement after Head Start was arranged by the Child Service Specialist employed by Head Start and a community agency.

In addition, the extent of staff assistance required in working with a handicapped child can be taken as an indicator of the severity of a child's handicap.

—Of those handicapped for whom special assistance was required, 60.93 percent of the handicapped children are reported to require "a fair amount" of "almost constant" special assistance.

This reflects an increase over programs so reporting in the two previous years. In 1974, 47 percent of Head Start programs and in 1975, 57 percent of programs reported such need for special assistance for children.

Table 2

DISTRIBUTION OF NUMBER OF CHILDREN BY PRIMARY OR MOST DISABLING HANDICAP WHO HAVE ONE OR MORE OTHER HANDICAPPING CONDITIONS

(Definitely Diagnosed)

FULL YEAR HEAD START PROGRAMS
MARCH 1976

Handicapping Condition	Number of Children Reported	Number of Children with One or More Other Handicapping Conditions	Percent of Children by Primary Handicapping Conditions Who Have One or More Other Conditions
Blindness	111	47	42.34
Visual Impairment	1,440	409	28.40
Deafness	181	121	66.85
Hearing Impairment	1,955	731	37.39
Physical Handicap	2,683	1.072	39.95
Speech Impairment	15,670	3,067	19.67
Health or Developmental Impairment	5,294	1,162	21.94
Mental Retardation	1,896	1,160	61.18
Serious Emotional Disturbance	1,975	735	37.21
Specific Learning Disability	1,466	651	44.40
Total	32,671	9,155	28.02

CHAPTER III

SERVICES TO HANDICAPPED CHILDREN

Local Head Start programs initiated and maintained various activities for services of direct and immediate benefit to handicapped children. These included active recruitment of handicapped children by referrals from other agencies and outreach efforts using door-to-door canvassing and various media. Head Start programs increased their own capability to serve handicapped children through additional staff and linkage with community resources. Special services to handicapped children and their parents were expanded. Training activities for Head Start staff were conducted and on-site technical assistance support was provided to programs. This chapter discusses the methods and resources used to recruit and provide services for handicapped children and some of the issues that local Head Start programs continue to face.

A. Outreach and Recruitment

Of the total 1,379 programs responding to the survey, 92 percent of the programs reported making special efforts to locate and recruit handicapped children. This represents an important increase over the previous year's outreach efforts when 78 percent reported making such efforts.

Further evidence of intensified efforts to recruit handicapped children is reflected in the proportion of programs reporting the utilization of outside agencies to assist in these activities. About 7 out of 10 programs used other agencies to assist in outreach and recruitment.

Activities utilized to perform outreach and recruitment by Head Start programs include: referrals by other agencies (75 percent), referrals by welfare agencies (72 percent), referrals by public health departments (70 percent), referrals by former Head Start parents (70 percent), Head Start siblings (68 percent), referrals by local school systems (64 percent), door-to-door canvassing (53 percent), newspaper articles and community meetings (43 percent).

In order to facilitate the referral process, Head Start programs and other agencies serving handicapped children had to recognize the roles of each agency in providing services. In many communities the Head Start program has come to be seen as a primary provider of the mainstream learning experience while other agencies provide the needed special services.

—Some children (1,942) that had been located by or referred to Head Start for enrollment could not be enrolled. The reasons given by the programs for not enrolling these children included:

1. Thirty percent of the programs indicated that the children referred were not eligible for Head Start because of family income.

2. Twenty-seven percent of the programs reported that the parents declined placement in Head Start.

3. Thirty percent of the programs indicated that they lacked appropriate transportation or facilities for the referred handicapped children.

B. Diagnosis and Assessment of Handicapped Children

Handicapped children are defined as "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired or other health impaired children or children with specific learning disabilities who by reason thereof require special education and related services." This definition excludes children with correctable conditions who do not need special services or children who will not require services additional to those which Head Start programs regularly provide.

In order to meet the legislated requirement for reporting and, more importantly, to insure that children who are considered handicapped are not mislabeled or misdiagnosed, OCD requires that each child reported as handicapped be diagnosed by an appropriate professional. At the time of the survey 32,671 or 12.2 percent of all the children enrolled were definitely diagnosed as handicapped by qualified professionals.

Roughly 33 percent of handicapped children were diagnosed by professionals working in hospital clinics or other public agencies; 31 percent by private physicians, or other medical professionals (e.g., optometrists, psychologists, speech pathologists); and approximately 35 percent were diagnosed by professionals who were employed by Head Start.

Head Start programs either augmented existing diagnostic services in their communities or were the sole provider of diagnosis to preschool handicapped children. This was evidenced by the purchase of services from private or public sources or employment by Head Start or diagnostic teams and/or individual providers

OCD encourages Head Start programs to work with other agencies and private diagnostic providers and to utilize the following strategy for each child suspected of being handicapped:

Step 1: An *interdisciplinary diagnostic team* (or an appropriate professional qualified to diagnose the specific handicap) will utilize the Office of Child Development diagnostic criteria to make a categorical diagnosis solely for reporting purposes. Head Start programs must follow procedures to insure confidentiality and guard against mislabeling.

Step 2: The diagnostic team will develop a *functional assessment* of the child. The functional assessment is a developmental profile that describes what the child can and cannot do and identifies areas that require special education and related services. The parents and the child's teacher should be active participants in the functional assessment and contributers to the *diagnostic file.*

Step 3: *An individualized program plan* will be developed based upon the functional assessment and become part of the diagnostic file. The plan will reflect the child's participation in the full range of Head Start comprehensive services and will describe the special services needed to respond to the child's handicap. The plan spells out activities that take place in the classroom, involvement of parents, and special services provided by other agencies. The plan will be developed in concert with the diagnostic team, the parents and child's teacher.

Step 4: *Ongoing assessment* of the child's progress will be made by the Head Start teacher, the parents and as needed by the diagnostic team. The individualized program plan and the delivery of services will be modified based on this periodic evaluation.

Step 5: The Head Start program will make appropriate arrangements for *continuity* of services when the child leaves the program. This may include an exit interview with parents, schools and other agencies describing the services rendered the child, recommendations for future treatment and the transfer of files.

In 1975-76, the Office of Child Development conducted an *information gathering effort* through a contract with the American Academy of Pediatrics to assess the diagnostic process at the local level. The Office of Child Development and the American Academy of Pediatrics sent out to Head Start programs a multidisciplinary cadre of 100 professionals representing some 15 disciplines, involving a number of agencies and organizations serving handicapped children. The consultants analyzed the local diagnostic process and determined the types of diagnostic providers, Head Start staff and parents involved in this process. The sampling method used for this activity was *judgmental but not random.* Programs were specifically selected because they had previously reported enrollment of handicapped children which seemed either significantly higher or lower than the average Head Start figures reported to the Congress. Although generalizations to all Head Start programs cannot be made from this effort, information available suggests that the problem areas identified may be characteristic of Head Start programs.

Results from the American Academy of Pediatrics study showed that Head Start programs utilized two major groups of diagnosticians. About 25 percent of the children were reported as diagnosed by an interdisciplinary diagnostic team. The majority of these professionals were employed by public or voluntary agencies and were located in urban areas. The second group responsible for diagnosis of 75 percent of the children, represented a single discipline or single diagnostician. This latter situation was typical in rural areas where over 60 percent of diagnoses were conducted by private practitioners, predominantly physicians, psychologists and speech pathologists.

Community resources such as diagnostic and evaluation clinics and University Affiliated Facilities often have existing teams of professionals which Head Start programs utilize for diagnosis and assessment of handicapped children. Head Start personnel determines in what way such a resource can best participate in providing a categorical diagnosis for reporting, functional assessments, and an individualized program plan.

The staff interchange between Head Start programs and outside diagnostic providers to form a combined diagnostic team appears to be the best way to assure that the above strategy of diagnosis and assessment is implemented.

The parents were found in the study to be relatively uninvolved in the diagnostic process. It was the belief of many of the diagnostic providers that families could not participate meaningfully in the diagnostic assessment process. Diagnosticians indicated that additional time, staff, and funding is required to adequately involve families in the diagnostic process.

Less than one-sixth of the teachers reported active involvement in the diagnostic process. This notwithstanding the fact that a majority of parents relied on the Head

Start teacher as having a role in interpreting diagnostic and assessment findings and having complete responsibility for their child's program.

The Office of Child Development is taking steps to broaden the utilization of multidisciplinary diagnostic teams with systematic involvement of parents and teachers.

C. Mainstreaming and Special Services

Head Start programs provide a vital developmental setting for the handicapped child to learn and play with non-handicapped children. About 95.5 percent of all full year programs have enrolled at least one handicapped child. This reflects an increase in the proportion of programs so reporting for last year (88.2 percent). Moreover, handicapped children are present in 88 percent of all centers and about 80 percent of all classrooms. (This reflects an increase over the prior year - 83 percent of all centers and 71 percent of all classrooms.) These figures indicate that the enrollment and mainstreaming of handicapped children has become a characteristic feature of local Head Start programs.

The basic Head Start comprehensive child development services are furnished to all children enrolled. These services are provided in an individualized manner tailored to the specific capabilities and needs of each child. In addition, handicapped children receive various special education, health, or other services. Specialized services may be provided by other agencies. Parents of handicapped children were given training, counseling and support to help manage their handicapped child.

The table below describes the services rendered handicapped children. The previous year's data are provided for comparison:

	1976	1975
Total number of children who are receiving special medical, or nutritional services from Head Start	6,089	5,451
Total number of children who are receiving special educational services in the Head Start classroom	16,828	9,571
Total number of children who are receiving special services from other agencies	14,940	10,837
Total number of parents receiving special services from Head Start related to their child's handicap	12,803	12,457

About 82 percent of the programs indicated a person had been designated to coordinate services for handicapped children reflecting a slight increase over the previous year. Over two-thirds of the handicaped coordinators worked on a full-time basis.

A case in point illustrating activities of the handicapped coordinator is that of a four-year-old girl who was recruited into Head Start because she had "major problems of expressive and receptive communication and seizures." Head Start arranged for an evaluation at a nearby Medical Center. The clinic made a definite diagnosis and recommended medication and outlined a medical and educational regimen to meet the unique needs of this girl.

After a year in Head Start, the girl showed marked improvement in language development and the medical treatment had reduced seizures so that they had ceased to occur. The Head Start staff, after receiving instruction in speech and language training, planned a special program for the girl to increase her verbalization and attentiveness. The coordinator arranged for the continuation of the educational treatment plan in the public school.

The parents were provided with training to increase the girl's verbal responses and to reinforce the progress she made in Head Start.

In order to better meet the unique needs of handicapped children, *Head Start programs acquired or developed a variety of special equipment and materials:*

—Over two-thirds of the programs had acquired or were planning to acquire special equipment or materials for handicapped children.

—Over half of the reporting programs indicated that they were acquiring equipment for gross motor skill development, fine motor skill development, and/or materials for language and speech development.

—Over 40 percent of the programs were acquiring spec. materials for staff development and special institutional equipment.

—A small number indicated that they were acquiring transportation equipment to serve handicapped children.

D. Training and Technical Assistance

Staff capability in working with handicapped children is a critical feature of quality services to insure appropriate educational and developmental experiences. For these reasons, OCD has mounted priority efforts to make training available to Head Start staff, with emphasis on teachers, aides, and health services coordinator. *About 78 percent of the programs reported that pre-service training* had been provided to current staff. *In-service training* had been provided or was being provided to current staff in *84 percent of the programs. Seven out of ten programs reported that their staff will require additional training.*

Training provided included:

—Recognition of handicapping conditions

—Techniques of screening diagnosis and assessment

—Mainstreaming techniques

—Working with parents

—Working with seriously disturbed children

—Working with children with learning disabilities

—Speech and language development

—Special education and curriculum

—Child development

A major national event to provide training to Head Start staff was the Head Start Workshop on Services to Handicapped Children held in September, 1975 in Houston, Texas. The workshop was designed to:

—focus on materials available to work with handicapped children in Head Start

—aquaint Head Start staff with mainstreaming approaches and activities being used successfully around the country

—help Head Start staff learn where and how to secure services for handicapped children in the local community

—provide for communications between national, regional and local Head Start staff

Over 3,000 Head Start staff, specialists in all handicapping conditions, exhibitors, and BEH First Chance program staff met to learn how to successfully deliver Head Start services to handicapped children. A major product of the workshop was "Tool Kit 76" which is a catalog of materials, methods, and media for Head Start teachers of handicapped children. This catalog has been widely utilized by Head Start and other children's programs and won an award for excellance from the Society for Technical Communication, Washington, D.C. Chapter.

As part of the overall training and technical assistance effort, OCD funded a three-year demonstration project entitled *Resource Access Projects*. The RAPs function as brokers, facilitating the delivery of training and technical assistance to meet local Head Start programs' needs in the area of services to handicapped children. Each RAP is a facility which also receives BEH funds. Most of the projects funded as RAPs are associated with the BEH Handicapped Children's Early Education Program projects, giving the RAP system access to an extensive network of methods, media and materials developed by nearly 200 projects.

Each RAP helps Head Start programs to clarify their needs and establish priorities to develop a responsive and effective delivery system for handicapped children.

Fourteen Head Start experimental programs for handicapped children concluded their third and final year of operation in 1976. The experimental programs developed ways to deliver services to children with special needs. Each published a manual which contains detailed accounts of the procedures which they developed and have used successfully in their projects. The manuals have been offered to all Head Start programs through the regional training and technical assistance networks.

E. Parents

Head Start believes that the gains made by a child in the program must be understood and built upon by the family. Head Start provides for the involvement of the child's parents and other members of the family in the experiences of the child in the Head Start center by furnishing them with many opportunities for participation and involvement in decisions concerning their child. The parents of handicapped children are afforded special support to work through feelings associated with the child and the child's handicap and their own worth as parents.

Parents of handicapped children are trained to participate in activities with their child that will foster development and learning. A total of *12,803 parents in full year Head Start programs were receiving special services related to their child's handicap.* These special services included counseling, providing information regarding the handicap, lectures and group sessions, therapy, and transportation assistance.

The *home-based* option of delivery of developmental services to young children is appropriate to meet the special needs of certain handicapped children and their families. The home-based approach involves home visitors who are trained to help parents better understand their children and to learn new ways of relating to them. The home visitor builds parents' knowledge about child development and parenting skills. Not all children, however, can benefit from a home-based experience. Moreover, special effort must be made in home-based programs to provide group experiences in mainstream settings where the handicapped child can socialize with non-handicapped children.

F. Working with other Agencies

OCD has initiated interagency collaborations to better serve handicapped children in Head Start. In September 1975 OCD and BEH jointly announced the participation of Head Start in State Plans for Preschool Handicapped Children. The Education Amendments of 1974 (P.L. 93-380) mandated that in order for States to receive funds under part B of the Education of the Education of the Handicapped Act, the State Education Agency must submit to BEH a State Plan for the education of *all* handicapped children residing in the State.

As a result of the OCD-BEH announcement, *Head Start children are to be counted in the State plans* and the State Departments of Special Education are informed of the services being provided by Head Start to preschool handicapped children. Head Start programs have been encouraged to work with State Departments of Education in implementing the *Child Find* Network.

OCD and DHEW's Developmental Disabilities Office jointly announced in January 1976 the Participation of University Affiliated Facilities (UAF's) in Head Start Programs. The Developmental Disabilities Office and OCD sought ways to share their expertise and resources in an effort to strengthen and expand services to handicapped children. A *University Affiliated Facility* is a university based or university affiliated interdisciplinary program for the development of skilled manpower in the field of developmental disabilities. UAF training and demonstration programs are service oriented toward child and family development and include such areas as early and special education, pediatrics, child development, child psychology, social work, child neurology, speech pathology, physical and occupational therapy, nutrition and nursing.

In various parts of the country, some of the UAFs have already become involved with local Head Start programs by providing services that include screening, diagnosis, evaluation and treatment planning for children, plus staff training, family counseling and technical assistance. UAFs can also offer assistance in treatment of severe problems in children, social services and referral to other appropriate community resources.

Two UAFs, the University of West Virginia and the University of Kansas were funded as of July 1, 1976, as part of the Resource Access Projects network.

The existing policies and guidelines of Head Start and *Community Mental Health Centers* coincide closely. OCD and the National Institute of Mental Health (NIMH) issued a joint announcement of collaboration in May 1972. The collaboration is conducted in the context of the separate missions of each agency to provide preventive, diagnostic and treatment mental health services for Head Start children and families. Collaboration is based on the working relationships between Head Start programs and local NIMH Community Mental Health Centers (CMHC).

Based on reports from 295 CMHCs, 59 percent reported that they served Head Start programs. The primary services rendered by the reporting CMHCs were case consultation with teachers, screening and diagnosis, and treatment for children. The CMHCs also assisted Head Start programs in providing the basic comprehensive developmental services as outlined in the Head Start Performance Standards.

A primary resource for the early identification of Head Start children with special needs is the *Medicaid Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program.* Approximately 50 percent of all Head Start enrollees nationwide are eligible for this Title XIX program. During the past two years, Head Start has worked with the EPSDT programs in forty-two States to maximize the utilization of the program by Head Start families.

G. Continuity of Services After Head Start

Priority is now being given to finding ways to insure continuity in the handicapped child's education and development after Head Start. A fundamental concern of OCD is that handicapped children leaving Head Start continue their mainstream experience when they enter the public schools. Another important aspect of continuity is the ongoing availability of needed special services. As Head Start children move to the public schools, the schools will be receiving handicapped children who have experienced comprehensive individualized care in a mainstreamed setting. The schools, therefore, should make plans for the *developmental continuity* of children that will span the early childhood years and the transition from preschool to elementary school.

Such plans for developmental continuity for handicapped children are built upon the Head Start comprehensive, individualized approach to the total child. The strategies and approaches developed for this effort include:

- the various options, developed by the Head Start Experimental Programs, of continuing to integrate preschool and school age handicapped children with non-handicapped children;
- effective linkages with the community service network to provide continuity in support services and specialized help for individual handicapped children;
- continued parent participation through the early primary years.

Head Start staff, school teachers, parents and administrators, along with resource persons from State and local service agencies have begun to plan together to develop a pluralistic community level delivery system that insures developmental continuity in a mainstream setting for handicapped children.

Head Start hopes that the handicapped children it refers to schools receive services and assistance within the regular classroom program, insofar as these least restrictive educational environments are conducive to the child's learning, social, physical and emotional development.

H. Resource Utilization

As indicated in previous reports, lack of resources has frequently been cited by local Head Start grantees and other State and local agencies as a major contributing factor to their inability to provide the full range of needed special services for all of the handicapped children diagnosed as requiring such services. Head Start programs have been confronted with severe pressure on available resources to maintain the basic comprehensive services for all children, including the handicapped.

Head Start received $20 million in FY 1976 for the handicapped effort. These resources were used to: improve diagnostic services for children; recruit additional qualified staff (professionals and paraprofessionals with expertise in special services); train staff in techniques of working with specific handicapped conditions; purchase services from other agencies when such services are not available without charge; purchase special equipment and materials, and modify physical facilities to meet the specific requirements of the children.

These supplemental resources enabled Head Start grantees and delegate agencies to increase services to handicapped children and accept more handicapped children in the program. Head Start programs also added a significant number of specialists to their staff thus increasing their capacity to diagnose and provide services to handicapped children.

Based on estimates of the data provided by the Head Start programs responding to the questionnaire, the *average annual cost of providing special services to handicapped children ranges from $1,150 to $1,490 per child above and beyond the average base cost per child* for the normal range of Head Start services.

The full range of needed special services for handicapped children provided by Head Start grantees and delegate agencies includes:

—Diagnostic services

—Purchase of special diagnostic service from other agencies

—Special education services

—Purchase of special services from other agencies

—Special health, medical and nutritional services

—Modification of physical facilities

—Acquiring special equipment and materials

—Pre-service training for staff

—In-service training for staff

Head Start grantees and delegate agencies tap various resources to provide all these special services. Based on estimates from reporting programs:

47 percent of the cost in 1976 was provided by supplemental funds.

27 percent came from the basic Head Start grant.

26 percent were provided by other sources such as State, local and voluntary agencies.

The supplemental funds enabled Head Start programs to make substantial progress in providing quality mainstreamed services to preschool handicapped children.

I. Summer Head Start Programs

A survey of Head Start handicapped efforts in summer programs was conducted in July and August of 1975. The final response rate was 69.6 percent for all summer Head Start grantees and delegate agencies.

Salient findings with respect to Summer Head Start programs are as follows:

—Children definitely diagnosed as handicapped account for 10.24 percent of the children in summer programs. This reflects an increase over the 9.44 percent of the children in summer 1974 programs reported as definitely diagnosed as handicapped.

—About 84 percent of the summer Head Start programs are serving at least one handicapped child. This reflects an increase over the 75 percent so reported in the previous summer.

The distribution of handicapped children in Head Start by category of handicap is represented in Table 3.

Table 3

Speech impaired	34.06
Health or developmentally impaired	17.57
Mentally retarded	9.57
Physically handicapped (orthopedically handicapped)	8.78
Visually impaired	7.96
Hearing impaired	7.62
Specific learning disabled	7.28
Seriously emotionally disturbed	6.12
Deaf	0.62
Blind	0.37

—Summer Head Start programs served severely handicapped children:

More than one out of every five handicapped children in summer programs have multiple handicaps representing a slight increase over children so reported in the prior summer program (20 percent).

—About one-half of those handicapped children required "a fair amount" or "almost constant" special assistance.

—Summer Head Start programs work with other agencies:

About one-third of the children definitely diagnosed as handicapped were referred to Head Start by other agencies.

—Of those children diagnosed as handicapped, 56 percent were diagnosed by private medical professionals, 23 percent by Head Start staff, and 21 percent by other qualified professionals.

—Of the handicapped children, about one-third were receiving special services from other agencies, 28 percent were receiving special education services in the Head Start classroom and 10 percent were receiving special health, medical or nutritional services.

—About 71 percent of the summer programs indicated a person had been designated to coordinate services for handicapped children reflecting an increase over the 64 percent so reported in the prior summer program.

—About one-half of the programs had provided training to current program staff regarding services to handicapped children.

CHAPTER IV

SPECIAL EFFORTS TO FACILITATE HEAD START SERVICES TO HANDICAPPED CHILDREN

OCD's concern with serving handicapped children led to the award of a major contract to evaluate the process of mainstreaming of handicapped children into Project Head Start.

The objectives of this two-year study are to:

- —conduct a description study of methods currently used by local Head Start programs for identifying, recruiting, enrolling and providing services to meet the special needs of handicapped children;
- —conduct a comparative study of services being provided to Head Start eligible handicapped children and those not being served by Head Start;
- —assess the overall effectiveness of the process of mainstreaming handicapped children into a preschool setting with non-handicapped children in Project Head Start; and
- —assess the effectiveness of services being provided to non-Head Start handicapped children and their families who are eligible but not being served by Head Start.

In addition, OCD is developing a series of eight program manuals for use by Head Start teachers in planning appropriate classroom activities for handicapped children in a mainstreamed Head Start classroom. The manuals will address the full range of handicapping conditions. The manuals will be completed by August 1977. Special training sessions will be held to assist teachers in the use of the manuals. These manuals will also be made available to schools and other child development programs.

The major national voluntary organizations and professional associations that are involved in programs for preschool handicapped children will assist in the development of the manuals.

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE

STATE (or Geographical Entity)	(a) Number of Grantees and Delegate Agencies Responding	(b) Total Number of Children Reported Enrolled	(c) Number of Handicapped Children Reported Enrolled As of March 1976	(d) Percent of Enrollment Reported Handicapped March 1976
Alabama	32	7,036	880	12.50
Alaska	3	900	183	20.33
Arizona	14	2,158	183	8.48
Arkansas	18	4,733	582	12.29
California	109	18,185	1,558	8.56
Colorado	27	4,140	634	15.31
Connecticut	16	2,209	202	9.14
Delaware	5	733	89	12.14
District of Columbia	7	2,076	117	5.63
Florida	27	9,420	1,231	13.06
Georgia	46	5,744	520	9.05
Hawaii	4	991	124	12.51
Idaho	7	877	97	11.06
Illinois	39	9,601	769	8.00
Indiana	23	3,978	719	18.07
Iowa	27	3,579	556	15.53
Kansas	18	2,952	321	10.87
Kentucky	38	7,939	1,547	19.48
Louisiana	28	7,366	1,042	14.14
Maine	13	1,411	243	17.22

APPENDIX A (Continued)

SURVEY RESULTS OF HANDICAPPED CHILDREN
IN HEAD START BY STATE

STATE (or Geographical Entity)	(a) Number of Grantees and Delegate Agencies Responding	(b) Total Number of Children Reported Enrolled	(c) Number of Handicapped Children Reported Enrolled As of March 1976	(d) Percent of Enrollment Reported Handicapped March 1976
Maryland	19	3,111	354	11.37
Massachusetts	20	3,801	460	12.10
Michigan	56	6,977	928	13.30
Minnesota	22	3,075	453	14.73
Mississippi	22	27,844	3,112	11.17
Missouri	21	8,210	1,323	16.11
Montana	7	681	93	13.65
Nebraska	11	1,392	149	10.70
Nevada	3	364	53	14.56
New Hampshire	6	646	110	17.02
New Jersey	21	4,196	440	10.48
New Mexico	19	2,384	263	11.03
New York	115	11,017	1,202	10.91
North Carolina	39	8,583	1,344	15.65
North Dakota	4	318	121	38.05
Ohio	55	8,479	1,181	13.92
Oklahoma	23	5,640	763	13.52
Oregon	10	966	151	15.63
Pennsylvania	51	6,580	846	12.85
Rhode Island	8	802	124	15.46
South Carolina	19	5,525	813	14.71

APPENDIX A (Continued)

SURVEY RESULTS OF HANDICAPPED CHILDREN IN HEAD START BY STATE

STATE (or Geographical Entity)	(a) Number of Grantees and Delegate Agencies Responding	(b) Total Number of Children Reported Enrolled	(c) Number of Handicapped Children Reported Enrolled As of March 1976	(d) Percent of Enrollment Reported Handicapped March 1976
South Dakota	6	568	88	15.49
Tennessee	23	7,655	1,037	13.54
Texas	98	16,361	1,729	10.56
Utah	11	916	132	14.41
Vermont	5	720	83	11.52
Virginia	22	3,125	403	12.89
Washington	24	3,208	516	16.08
West Virginia	22	3,237	379	11.70
Wisconsin	22	3,169	357	11.26
Wyoming	5	533	81	15.19
Trust Territory of the Pacific Islands	1	140	4	2.85
Guam	1	363	47	12.94
Puerto Rico	24	10,490	1,076	10.25
Virgin Islands	1	827	33	3.99
State Subtotal*	1,317	257,931	31,845	12.34
Indian Programs**	50	6,391	626	9.79
Migrant Programs**	12	4,280	200	4.67
TOTAL	1,379	268,602	36,671	12.16

*Includes States and geographic entities treated as States according to Head Start legislation.

**Indian and Migrant programs are reported separately and are not included within the totals within individual States.

☆ U S GOVERNMENT PRINTING OFFICE 1977 241-205/5028