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ABSTRACT

The Wyoming Infant Stimulation Program (WISP) provides a comprehensive preschool program utilizing both center-based and home-based intervention for handicapped preschool children (age 0-3 years) and their families in rural Wyoming. A developmental-prescriptive model is used and the curriculum objective is that each child will progress according to his/her own individual educational plan (IEP) in the developmental areas of social-emotional, gross motor, fine motor, adaptive reasoning, receptive and expressive language, and self care skills. After screening and diagnosis the IEP for each child is determined and a home-based (with caregiver as primary teacher) or classroom program is chosen according to age of the child (0-18 months at home, 18-36 months in the classroom). Program effectiveness is assessed formally several times a year. Since the program inception eight other facilities have adopted the WISP model and it appears to work successfully in metropolitan as well as rural areas. A table describing components of the program and a section describing the materials used in the WISP program are appended. (Author/PHR)

The Wyoming Infant Stimulation Program--

Go WISP, Young Baby, Go WISP

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The Wyoming Infant Stimulation Program--

Go WISP, Young Baby, Go WISP

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The Wyoming Infant Stimulation Program (WISP) provides a comprehensive preschool program utilizing both center-based and home-based intervention. Services are provided to multi-categorically handicapped preschool children (age birth to three) and their families residing in Laramie, Wyoming, a significantly rural area. Children served by the project represent all socio-economic levels. The project's overall objective is to facilitate the development of the target population so that they can function in the least restrictive environment (LRE).

Model

The basic model used in this program is developmental-prescriptive. Each child's developmental skills (strengths and weaknesses) are defined. Following this, an Individual Educational Plan (IEP) is developed with parent interface, for each child. An analysis is made to determine skills needed to reach each developmental potential. Objectives are developed as demonstrated by activities. Each child's progress is charted according to the prescription written for the individual child.

Staff

Staff members include: project director; project coordinator; classroom teacher; home teacher; classroom aide; parent coordinator; physical therapist;

and speech and language pathologist. The project director and coordinator do not provide direct services to children and families other than identification and assessment procedures.

Curriculum

The curriculum objective is that each child will progress according to his/her Individual Educational Plan (IEP) in the developmental areas of 1) social-emotional; 2) gross motor; 3) fine motor; 4) adaptive reasoning; 5) receptive language; 6) expressive language; 7) feeding; and 8) dressing/simple hygiene, and the curriculum is organized into these eight developmental areas. The curriculum is eclectic in nature, utilizing a developmental prescriptive approach and a variety of techniques, materials and activities as a means of implementing each child's IEP.

Referrals and Screening

Referrals are accepted from parents, physicians, public health nurses, child protection team, school personnel, day care center personnel and other professionals. Referrals to the program have been stimulated by a wide range of dissemination efforts. Processing of a referral involves having the parent(s) sign a screening release form, administering a short screening interview to the parents, and notifying the attending physician of the referral and/or scheduling of the referral. Each child is administered the Developmental Screening Inventory (DSI) (Knobloch, Pasamanick and Sherard, 1974; Lundwall, 1976). The results of this screening can be converted to a maturity level for each of five developmental areas screened. Screening information is reviewed by the project staff, as consistent with P.L. 94-142, relative to accepting the child into the project. The general criteria for accepting children into the project are a six-month delay in one or more developmental areas (C.A., 18 months-3

years); one to three month delay in one or more developmental areas (C.A., birth to 18 months). Contributing factors (prematurity, child abuse, medical implications) may add to the consideration in the enrollment process.

Intake

After the screening team determines that the child is a candidate for the project, intake and diagnostic procedures are initiated. The intake diagnostic battery/procedures include: 1) indepth parent interview conducted by the parent coordinator to include pregnancy and birth history, the child's attainment of developmental milestones (rolling, sitting, etc.), the child's health history, aspects of the child's behavior, and the familial history of the child; 2) the SEED Developmental Profile (1975), a criterion referenced instrument administered by an interdisciplinary team (pre- post-); 3) the Bayley Scales of Infant Development, a norm referenced test administered pre- post- by a third party evaluator, and used primarily as a program evaluation instrument; 4) an otoscopic evaluation, impedance screening and sound-field testing by a certified audiologist; and 5) a physical examination by the child's attending physician--any contraindications are stated. Should the child's presenting problem (e.g., blindness) make him/her an appropriate candidate for the total evaluation battery, another appropriate instrument (e.g., Collier-Azusa, 1975) is used. If these procedures indicate a need for additional assessment, such assessments are provided/obtained.

Staffing

Subsequent to the completion of the intake and diagnostics procedures, a staffing is conducted to determine whether the child is appropriate for placement in the project. All staff who participated in the intake and diagnostics process attend the staffing to discuss the child's strengths and weaknesses and appropriateness for placement in the program. The parents are invited to this

staffing conference consistent with state and federal guidelines and also because the parents can be a significant resource in providing specialized services to their own child. The staffing results in one of three recommendations: 1) placement in the program and development of an initial Individualized Educational Plan (IEP) for the child and his family; 2) referral to another agency which can more effectively meet the needs of the child and his/her family; or 3) no recommended specialized services for either the child or his/her family.

Placement

The completion of the staffing process occurs with the conferences with the parents and the referral source (often conducted simultaneously) to share the recommendation from staffing. If the staffing recommendation is for placement and the parents support the recommendation, an IEP is developed with parent and staff input. If the staffing recommendation is for referral to another agency, the staff work with the parents to meet with that other agency including arranging appointments and transportation. If the staffing recommendation is for no specialized placement, this is discussed with the parents.

Home-Based Program

The focus of the home-based program (0-18 months) is training the parent/caretaker to be the primary programmer for the child. This teaching is conducted in the framework of weekly home visits, 1 and 1/2 hours in length, employing written weekly activity plans, data collection sheets, materials making or lending, and re-evaluation of progress made. A feature of the home program is that the trainer models the activities for the parents and has the parent "practice" the activities; thus, providing immediate feedback to the parent(s).

Since socialization is strong for young children and primarily for parents,

these young children and their parents meet together once a week with the Home Teacher and volunteers while the parents meet with the Parent Coordinator. Further discussion on the Parent Program will be included later in this paper.

Classroom Program

The classroom program (18-36 months) provides each child with daily individual work with an adult (e.g., teacher, aide, volunteer or parents) on monthly goals as well as group activities. The weekly schedule of activities is designed to work on specific skill acquisition as determined by the IEPs. A monthly group gross motor program is set up by the physical therapist to be managed by the classroom teacher. The physical therapist also carries out individual programs for the more severely motorically involved children. The speech pathologist also brings activities into the classroom twice weekly which are designed to work on short term activities. Additionally, individual speech therapy is provided for those children with more severe speech/language problems.

The classroom teacher visits the homes once weekly to provide home activities for the children. Parents are instructed in the teaching methods used in the classroom to insure carryover and consistency of methods in class and at home.

Parent Program

As children enter the program, their parents' needs are assessed by the parent coordinator and an individual parent program written based on these needs. Figure 1 outlines the cycle of WISP parent activities. When the parents are enrolled, they are teamed with parents who have been in the program for a period of time. Termed "The Buddy System," parents find safety and comfort in numbers. Each family is given a file folder filled with pertinent information intended to assist the family in identifying commonalities.

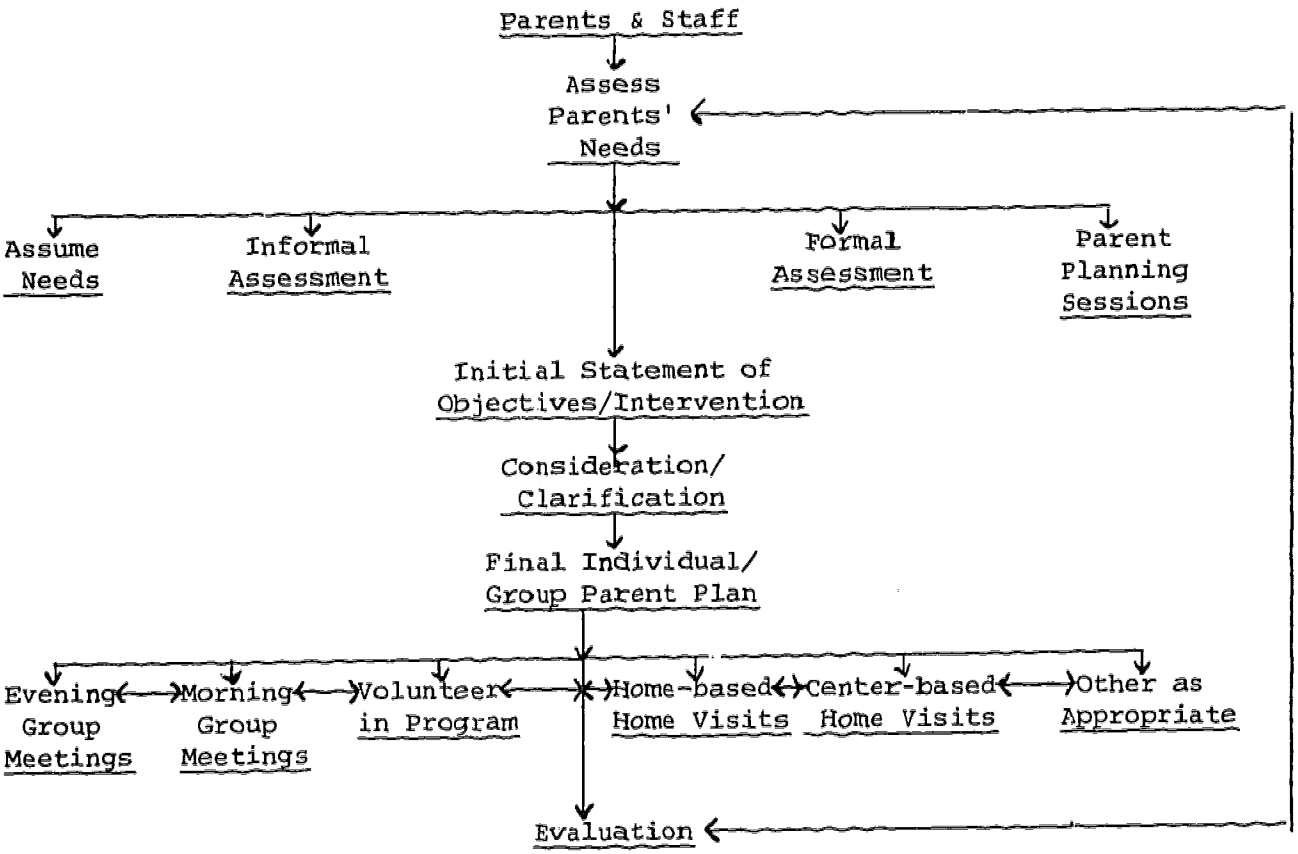

Figure 1: Cycle of WISP Parent Activities

In addition to teacher visits, the Parent Coordinator will visit each family at least once every two weeks. The Coordinator will schedule topics for the Weekly Mother Meetings and the Evening Meetings. Parents have also assisted with the selection of topics such as the law, epilepsy, foster grandparents. Parents have also been responsible for the Monthly Newsletter and social events. The Parent Coordinator will also monitor progress on the Family IEPs and may give report cards.

Data Collection

Program effectiveness data is gathered and analyzed on a pre-test/post-

test basis for project children. Pre- post-instruments used are the SEED Developmental Profile (1975) and the Bayley Scales of Infant Development (1969). Other data gathering procedures include: 1) objectives set and met and percentage of objectives met for each curricular area; 2) teacher rating of child progress; 3) anecdotal records; and 4) placement information.

The SEED is formally used three times per year. The first set of data is collected within the first two weeks of the child's entry into the project. The second set of data is collected at mid-year for purposes of revising the child's IEP. The last set of data is collected within two weeks of the end of the project year. Should a child terminate (e.g., move) from the program at a time that does not coincide with the planned administration times, every effort is made to administer the SEED at that time. The first and last sets of data are considered pre- and post- data.

The Bayley is formally used twice a year. The first administration is given within two weeks of the end of the program year. Several extenuating circumstances (e.g., child has ability inappropriate at pre-test time or age inappropriate at post-time, child entered program too late in the year for both pre- post-testing, consultant was unavailable when child left before end of program year) precluded Bayley administration to the entire sample. The mean pre-test PDI was 83.13; the mean post-test PDI was 95.18. The mean pre-test MDI was 85.38; the mean post-test MDI was 102.5. A paired (correlated t-test) was used to analyze the pre- post- data on both the PDI and MDI for statistical significance. The pre-post- differences for both indexes were significant at the $<.0005$ level of confidence (MDI: t [df-15]=4.14; PDI: t [df=15]=4.42).

Pre- post-test data provides one measure of child progress. Further evidence that progress is a result of the intervention program is produced by the percentage of objectives (e.g., subobjectives of the IEP in terms of task

analysis) accomplished within a given time frame. During the project year, a total of 1,104 objectives were set and 914 (or 82.79%) were achieved by the sample of 27 children.

In making placement recommendations, a continuum of restrictiveness is adhered to, ranging from continuance in the program to normal nursery school placement. Table 1 summarizes the placement decisions for the sample of children.

Table 1
Summary of Placement Recommendations

N	Placement
10	Normal Nursery School
1	Normal Nursery School with Ancillary Services
5	Other Center for Preschool Handicapped
8	Continue in Project
3	Moved from Region
27	

Forty-one percent of the project children were recommended for normal or near normal placement. This is considered very good as project staff approached the normal placement recommendation very cautiously considering the young C.A. of the population.

There are two other areas in which information on effectiveness can be presented: 1) parent/family involvement and 2) teacher rating of child progress. Of the 27 families in this sample, 90% had missed less than two appointments with project staff; 95% of the in-center parents volunteered regularly in the classroom; and 60% of the parents had attended all group meetings. Interview questionnaires on "Parent Satisfaction with Children's/Parents' Programs" do not yield readily analyzable data (e.g., checklist format); however, a review

of these questionnaires suggests a high degree of satisfaction with both programs. Teachers rate child progress, in the eight curricular areas, on a five-point Likert (1=poor; 5=excellent) scale. A mean rating, for all curricular areas, of 4.12 was provided.

Future considerations

As the project is in its third year of model-demonstration programming, efforts are coming to a crux in providing continuation funding. These efforts have been manned by local legislators, project advisory board, and many other professionals. Over 300 visitors have observed the project in action the past two years, over 275 professionals/pre-professionals have received short-long term inservice training, over 225 community parents have attended project sponsored workshops, and over 2,000 persons have been sent additional materials concerning project efforts.

Eight other sites are now utilizing the WISP model. Two sites are entering their second year of model utilization and six are in their first year of using the model. Data from the original three sites suggested that this model is generalizable to other sites. While each site has made some adaptations of the model based on each site's constraints and resources, the curriculum for the children is being maintained as are all other critical procedures.

Community Workshops

During the first year of the project, staff members were requested to make presentations to pre-natal classes sponsored by the Albany County Public Health Nurses, at the local hospital relative to various handicapping conditions and normal development. Many prospective parents reported--"before our baby is born, there are pre-natal and Lamaze classes, but what is there to keep us going after the baby is born?" In response to many parent requests, Project WISP staff initiated Community Education Workshops which focused on normal development.

After three months of "doing this on our own," we developed an interface with the University of Wyoming School of Extended Studies and these workshops are now being offered as a part of their regular adult education program.

Outreach

Since the inception of Project WISP, staff have been planning for replication. The model, as developed, was targeted for use in rural, sparsely populated areas. It appears, however, that the model is generalized to more metropolitan areas.

Components of Demonstration Model to be Utilized as Basis for Assistance to Other Agencies

Figure 2 displays model components which the project has for demonstration purposes including content of each component. These components include 1) identification and referral; 2) intake and diagnostics; 3) program planning; 4) WISP curriculum model; 5) parent services; 6) dissemination strategies; 7) community awareness strategies; 8) materials development; 9) program evaluation; and 10) development of toy lending libraries. Depending on the needs and capabilities of individual target groups, all or part of these components can be used for demonstration purposes.

Model Components	Workshops/Topics	Materials	Audio-Visual Productions
1. Identification and Referral	Screening the Infant: A Developmental Approach to Identifying Needs The Brazelton Neonatal Assessment Establishing a High Risk Registry for Wyoming	Screening and Assessment of Young Children at Developmental Risk. The President's Committee on Mental Retardation, Washington, D.C. Refer to Developmental Screening Inventory (Knobloch, Pasamanick, Sherard) Developmental Diagnosis 3rd Ed. (Knobloch, Pasamanick, Eds.) Project WISP Training Manual--Competency Guide Identifying Handicapped Children. Lee Cross, Kennith Gain, Eds. Milani-Comparetti Motor Screening Reflex Test Brazelton Neonatal Assessment The High Risk Register. Marion Downs	Slide/Tape Introduction of Pediatric Screening Video-Tape Milani-Comparetti Motor Screening Test Film Brazelton Neonatal Assessment
2. Intake and Diagnostics	Assessment of the Young Infant Getting the Story Straight	Screening and Assessment of Young Children at Developmental Risk. The President's Committee on Mental Retardation, Washington, D.C. Infant Education. Caldwell, Stedman, Eds. Sewall Early Education Developmental Program (SEED). Herst, et al Competency Guide. Stile, S. Project WISP Training Manual--Competency Guide Objectives in Curriculum Design. Davies, I. Parent Involvement The Transdisciplinary Process. United Cerebral Palsy Association The Denver Eye Screening Exam Hearing in Infants. Downs, M., & Northern, J.	Video-Tape SEED Video-Tape The Family Case History
3. Program Planning	Writing the IEP for Children, Birth to Three Years	Project WISP Training Manual--Competency Guide	Film The Perfect Fit: Making the Program Work

Figure 4: Components of Demonstration Model to be Utilized as Basis for Assistance to Other Agencies

Figure 4: Continued

Model Components	Workshops/Topics	Materials	Audio-Visual Productions
3. continued	Selecting the Right Program	P.L. 94-142, Federal Register, August 8, 1977 Exceptional Children and Youth. Meyen, Edward L. Hofmeister's suggested I.E.P. format Project WISP's Monthly Plans, Weekly Goals forms Behavior Charasteristics Progression DASIE Refer to #6 Parent Services Infant Toddler Resource Guide for Parents COMP Curriculum Forsberg, S., et al	Conversations about Children: 1. Defining children's needs 2. Meeting children's needs
4. WISP Curriculum Model	How the WISP Was Won Go WISP Young Baby, Go WISP The Curriculum That Works	Project WISP Information Guide Performance Objectives for Preschoolers Teaching Your Down's Syndrome Child Handling Your Cerebral Palsied Child Baby Exercise Book Babies' Lib Mothers Can Help Karnes Infant Curriculum It Takes All Parts Home-Made Baby Toys The Taming of the C.A.N.D.Y. Monster Nisonger Curriculum Home Teaching with Mothers and Infants Teaching Children with Mothers and Infants	Project WISP Slide/Tape Presentation
5. Follow Through Liaison	Following Your Graduates Long-Term Planning and Evaluation	"The Effects of Day Care: A Critical Review", Steinberg, L. Infant Education, Caldwell, B., Stedman, D. "The Development of a Prototype Infant and Child Day Care Center in Metropolitan Toronto" Determinants of Infant Behavior. Foss, B. M., Ed. Is Early Intervention Effective? Brofenbrenner, N.N.	Slide/Tape Parenting Handicapped Children

Figure 4: continued

Model Components	Workshops/Topics	Materials	Audio-Visual Productions
6. Parent Services	Making Your Parent Program Work Writing Family I.E.P.s	Project WISP Training Manual--Competency Guide Teaching Parents to Teach. Lillie, Ed. Out of the Home Visitor's Bag. DARCEE publications Communicative Disorders and Parent Training Program. Jelinek, J. Materials Bibliography. Stile, et al Parent Involvement Managing Behavior: A Parent Involvement Program	Slide/Tape Parenting Handicapped Children Parent Involvement: A Program for Teachers and Educators, Sets 1-5 Conflicts between Parents and Children
7. Program Evaluation	Proving Yourself Worthy Data Collection--What to Use and How to Use It	Project WISP Training Manual--Competency Guide Training for Home Intervention. Foster, M., et al Home Visiting with Mothers and Infants. Forrester, B.J., et al University of Wyoming's Management by Objectives. Albrecht, K. Objective Forms Successful Management by Objectives. Albrecht, K. A Management Model for Competency-Based HPER Programs. Nechter, J. Leadership Effectiveness Training. Gordon, T. Project WISP Evaluation Model for Staff Project WISP Evaluation Model for Administrators	Evaluating Your Program --a WISP film

Materials Descriptions

Materials described in this section include 1) awareness materials developed during the model-demonstration phase of the project--these materials may be deleted or revised for the Outreach phase of the project; 2) screening and assessment materials routinely used for screening, assessment, and as training aids; 3) training/resource materials which have been developed by the project or are commercially available.

Awareness Materials

WISP poster. Disseminated to physicians' offices, public health nursing offices, D-PASS offices, preschool programs, etc., throughout the State of Wyoming and used in conjunction with conference displays.

WISP diaper. Provides basic program information. Disseminated to parents and prospective parents of project children, at conferences, to physicians' offices, public health nurses' offices, D-PASS offices, preschool programs, etc.

The Wyoming Infant Stimulation Program Welcomes You. This booklet was developed primarily for parents. It has, however, been used for awareness activities to various target audiences.

Project WISP Information Guide. This guide provides a summary of all project components, has been disseminated at conferences, and is disseminated to individuals requesting information relative to the project.

Screening and Assessment Materials

Developmental Screening Inventory (Knobloch, Pasamanick, and Sherard, 1974; Lundwall, 1976). This instrument is used to screen children, age four weeks to 36 months (via Lundwall's extension) in five developmental areas--adaptive learning, gross motor, fine motor, language, and personal-social. Screening information can be converted into maturity levels for each of the developmental areas.

The Milani Comparetti Motor Development Screening Test (Milani, Comparetti and Gidoni, 1967; Meyer Children's Rehabilitation Institute, 1977). This instrument provides for neurodevelopmental screening for children, age one month to 24 months.

Developmental Profiles: Sewall Early Education Developmental Program (SEED) (1975). This criterion referenced instrument is composed of 729 developmental milestones, hierarchially ordered, for eight developmental areas: social-emotional, gross motor, fine motor, adaptive reasoning, receptive language, expressive language, feeding (tongue and lip reactions and self-feeding behaviors), and dressing and simple hygiene. Children age four weeks to four years of age can be assessed with this instrument. The scoring of this instrument provides for a developmental age in each of the eight areas tested.

Bayley Scales of Infant Development (1969). This norm-referenced test has both a Motor Scale and a Mental Scale. Scoring of this instrument provides both a Psychomotor Development Index (PDI) and a Mental Development Index (MDI). This instrument is designed to assess children age 0.1 months to 30+ months.

Training/Resource Materials

The materials mentioned in this section are not designed to be all inclusive; however, they are materials that WISP staff have used in training or as resources for training.

WISP Training Guide. The first draft of this guide has been used in training staffs of the pilot replication sites. Input from various sources has provided information to be utilized in its revision.

An Annotated Bibliography of Some Recent Articles that Correlate with the Sewall Early Education Developmental Program (SEED). This bibliography was developed by the WISP project coordinator and a graduate research assistant. It is intended to be used as a resource material.

Infants and Toddlers Resource Guide for Parents. This guide provides a listing of materials relative to infant/toddler programming and a bibliography which provides information on developmental areas and other topics. The guide was prepared by the WISP project coordinator and a graduate research assistant.

The Parent-Child Summer Book: Activities, Recipes and Things for Summer Fun for Moms, Dads and Kids, Birth-Three Years. This 60 page book was designed to be used by parents during the summer when WISP is not in session. It can also be used by teachers in developing classroom activities. The book was developed by the WISP project coordinator and two graduate research assistants.

Baby Exercise Book (Levy, 1975). This book serves as a guideline for parents in utilizing their child's natural movements to facilitate motor activities. The simple activities and exercises are staged in four groups, according to ages: 0-3 mo., 3-6 mo., 6-9 mo., 9-15 mo. Specific, practical advice is provided on such things as handling the infant and building self-image through play activities.

Baby Learning Through Baby Play (Gordon, 1970). This book serves as a guide for parents of children ages 0-2 years. It provides parents with games and activities for their children to stimulate pleasure, security, self-esteem, and intellectual growth.

Babys' Lib (Bowles, 1976). This experimental edition, intended primarily for parents, focuses on developmental behaviors found in children ages 0-3 years in the areas of motor, language, emotional and intellectual development, as well as details concerning parent and baby health.

Handling the Young Cerebral Palsied Child at Home (Finnie, 1975). This practical guide is for all those involved in the management of cerebral palsied children up to five years of age. It emphasizes the vital role of parents in the daily handling of their child, describes common difficulties, gives the

causes of these difficulties and offers advice on how to deal with them.

Infant Activities (Bowles, 1978). This publication provides simple activities which will enhance and stimulate the learning process of infants. The activities are divided into four age groups ranging from birth through three years. The activities involve such things as seeing and moving, talking and listening, body awareness and self-concept, and feeling and touching.

Karnes Infant Activities (Karnes, 1975). This structured curriculum is designed to stimulate the physical, intellectual, and emotional development of the young (0-18 months) baby. However, these materials can also be used with older children with developmental lags. The program, which can be utilized by parents, contains developmental guidelines, definitions of terms, progress forms, teaching tips and instructions on assessing a child's performance.

Mothers Can Help (Cliff, et al, 1974). This book serves as a therapist's guide for formulating a developmental text for parents of children (6 mo.-3 years) who have developmental delays. It is intended to (1) aid mothers in the instruction of methods that will aid all areas of their child's development, and to (2) aid in their adjustment and acceptance of their handicapped child.

No-Cost, Low-Cost Playthings: Toys for Fun and Learning (Von Nieda, et al, 1974). This book, primarily for parents, contains 41 sets on instructions for making simple toys which can help children learn through play. Each set of instructions provides suggestions for play activities appropriate for the following age groups: babies--0-15 months; toddlers--16-36 months; preschoolers--3 years.

Performance Objectives for Preschool Children (Schirmer, 1974). These performance objectives are based on the growth and development expected in the normal child from birth to six years of age. The objectives focus on the

following skills: cognitive, language and speech, self-care, social, gross and fine motor. Also included are references, developmental milestones for speech and language, height and weight norms and tooth eruption sequence.

Portage Guide to Early Education (Shearer, 1976). This program was developed to serve as a guide for the assessment of a child's behavior and to develop individualized curriculum goals for each child. The materials were designed for use with children between the mental ages of birth to six years and focuses on five developmental areas: cognition, language, self-help, motor, and socialization. The program consists of a checklist and a card file to be used in the assessment and remediation of developmental skills.

Portage Parent Program (Boyd, et al, 1977). This manual provides information concerning the establishment of parent programs. A book of parent readings is included and is designed to give parents the basic information needed to be better teachers and managers of their child's behavior. The readings provide information on developing objectives, behavior modification techniques, charting behavior, aids to use in teaching, and the importance of family involvement.

Promoting Infant Development: A Guide for Working with Parents (Foster, 1974). This booklet was compiled as an aid to those persons working with parents of young infants. It outlines the sequence of development during the first year of life in four areas of development (motor, language, personal-social, cognitive) and suggests activities which parents might use to promote each developmental landmark. An approximate age level is provided for each infant behavior.

Teach Your Baby (Painter, 1971). A complete tested program of simple daily activities designed for every stage of development from infancy to four years of age. The activity programs are divided into age groups and sample daily programs are provided.

Developmental Activities (Sewall Early Education Developmental Program, 1975). A series of developmental activities that serve as a guide for those working with young children (0-4 years) to stimulate simultaneous growth in the following areas of development: gross motor, fine motor, speech/language, social-emotional, adaptive reasoning, and self-help.

The Community Workshop Guide: A How-To Approach to Infant Stimulation Workshops for the Community. This guide has been prepared by WISP staff.